

## Continuation of Benefits (COB) For Members Over Age 21 Years

January 14, 2009

On September 9, 2008, Volunteer State Health Plan (VSHP) began the implementation of home health/private duty nursing benefits in accordance with the Bureau of TennCare guidelines.

When an enrollee over age 21 files an appeal and requests Continuation of Benefits, and it is determined the current services will continue, the appeal will be expedited and a decision made quickly. As an expedited appeal, it is important for home health agencies to work with VSHP in obtaining a new physician order that can be used in the event the appeal is upheld.

Continuation of Benefits requests for members over the age of 21 for Private Duty Nursing and/or Home Health Aide will be approved if

- a) The enrollee is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula) **or**,
- b) The enrollee has a functioning tracheotomy and **all** the following elements are met:
  1. requiring suctioning
  2. oxygen supplementation
  3. receiving nebulizer treatments or requiring the use of cough assist/inexsufflator devices
  4. for persons with a functioning tracheotomy, **at least one from each** of the following medication and nutrition items must be met:
    - c) Medication (1) receiving medication via a gastrostomy tube (G-tube), or (2) receiving medication via a Peripherally Inserted Central Catheter (PICC) line or central port and
    - d) Nutrition (1) receiving bolus or continuous feeds via a permanent access such as a G-tube, Mickey Button or Gastrojejunostomy tube (G-J tube), or (2) receiving total parenteral nutrition.

Continuation of Benefits for any services pending resolution of a member's appeal must be provided when **all** of the following criteria are met:

1. The member files an appeal and requests Continuation of Benefits within 20 calendar days from notice of action by VSHP.
2. The service at issue is a covered benefit under the TennCare Program for the eligibility category in which the member is enrolled.
3. The member has not exceeded applicable benefit limits for the service being requested.
4. The appeal is a service (not a billing or reimbursement) appeal.
5. The appeal is for a type and amount of care the member is currently receiving from TennCare (or was receiving at the time of notice of adverse action from VSHP). **Note:** If the care is being paid by third party insurance and TennCare is subject to financial responsibility for the care, Continuation of Benefits is applicable even if TennCare is not reimbursing any part of the care.
6. Except for certain exceptions as defined in Grier Section C.5, there is a current physician order for the service being requested.

Our dedicated fax lines are available for home health agencies to submit requests for services or new physician orders.

East Grand Region - 1-865-588-4663

West Grand Region - 1-800- 919-9213

Members or providers wishing to file an appeal can be mailed or faxed to:

TennCareSolutions  
P O Box 593  
Nashville, TN 37202-0593  
Fax Number: 1-888-345-5575