

Weekly CHOICES News Alert

Volunteer State Health Plan

February 19, 2011

Provider Hotline

Provider Hotline for Nursing Facilities

Did you know that Nursing Facilities have a separate provider hotline to assist with claims and billing questions? The number is 1-866-502-0056.

Care Coordination Line

Care Coordination Phone Number

For questions concerning authorizations, care coordination, plans of care or items of that nature, please contact 1-888-747-8955. You may also send your authorization questions to the providerauthissues_gm@bcbst.com mailbox. Please keep in mind that the turnaround time for the Care Coordination mailbox is 5 business days.

Network Representatives

CHOICES Network Representatives

Nathan Key – Middle TN
Phone: (615) 760-8707
Email: Nathan_Key@bcbst.com

Buffy Bass-Douglas – East TN
Phone: (423) 535-3856
Email: Buffy_Bass-Douglas@bcbst.com

Sheldon House – West TN
Phone: (901) 544-2170
Email: Sheldon_House@bcbst.com

CHOICES Claims

Timely Filing Limitations

The February 28, 2011, timely filing extension is quickly approaching. Please remember, if you have dates of service that have not been previously submitted, those claims should be submitted as soon as possible to avoid any delays in payment. If you have any questions regarding claims submission, please contact your network representative.

For a claim to be considered timely, a claim and all information necessary to process the claim must be received within 120 days:

- From the date of service for services filed on a [CMS1500](#) claim.
- From the date of discharge for services filed on a [CMS1450](#) claim.

In the case of retroactive or updated BlueCare/TennCare Select eligibility determinations, claims must be submitted within the latter of either:

- 120 days from the date of service or discharge, as applicable, or
- 120 days from the first transmission date reflecting eligibility for the date of service in question, whichever is greater.

Billing Reminders

If you have multiple provider numbers, please verify that you are using the correct provider number for the specialty service being billed.

Assisted Living Facility Authorizations

Authorization is required for all ACLF services. Services are authorized on a monthly basis unless the provider notified Care Coordination otherwise. Please remember if a patient is discharged or put into a nursing facility during their monthly ACLF stay, you must contact the Care Coordination department immediately in order to update

the authorization for services so that you are able to bill the daily HCPCS code T2031 versus the monthly HCPCS code T2030. Also, remember to bill the appropriate dates of service on the claim in order for the claim to pay appropriately.

Minor Home Modifications

Currently, the I/T department is working to develop a fix for the web portal to allow minor home modification providers to bill over \$999.99. For the time being, if you need to bill for services with a total charge exceeding \$999.99, please contact your network representative to receive detailed instructions on the work around currently in place.

Reminder: Anyone wishing to obtain a contract as a Minor Home Modification provider must possess a contractor's licenses active in the state of Tennessee.

Authorization Reminders

In-Home Respite

The member/caregiver or the provider should notify Care Coordination at least 24 hours prior to the need for in-home respite. There have been several incidents where the usual respite provider could not provide the respite due to short notice from the members. The member/caregiver may call in the request with specific days and hours, or the provider can fax in the request sheet with the member's name, member ID number, days and times requested and the Provider ID number. Please remember in-home respite authorizations are now spanned. The more notice provided to Care Coordination, the better. This will allow time for the authorizations to crossover into the EVV system for the provider to view, schedule and bill appropriately. Please only fax requests to Care Coordination Support Center. **Do not** e-mail these requests to the provider auth mail box.

Home Delivered Meals

All meals are authorized as one meal per day, even if you deliver several meals at one time. Meals cannot be billed until they are consumed. Please refer to the Sandata Documentation Library for helpful hints.

Pest Control

Every new member to the CHOICES program will receive authorization for two sprays at the beginning of their service. If more sprays are required, the provider will need to call the Care Coordination call center and request additional authorizations. This only applies to new

CHOICES members. For continuation of services, the providers will need to call in and request additional sprays/authorizations as needed. Please remember, Pest Control authorizations are now spanned.

EVV Reminders

EVV Exceptions and Missed/Late Visits

Please remember to work your EVV exception and missed/late visit report daily. This will ensure errors are corrected more quickly.

Scheduling EVV Services

Please remember to schedule staff according to the timeframes specified in the authorization in order to avoid conflicts on visits and denials on claims. If you are aware of an authorization timeframe that needs to be updated or rescheduled, please contact the Care Coordination department immediately to ensure proper changes are made.

Retro Authorizations

As retro authorizations are added to the EVV system, please remember to work and schedule them within 24 hours to avoid the authorizations disappearing in the system. For any questions on this, please contact Care Coordination or your network representative.

Reminders

Critical Incident Reporting

Critical incidents shall include but not be limited to the following incidents when they occur in a home and community-based long-term care service delivery setting:

- Unexpected death of a CHOICES member;
- Suspected physical or mental abuse of a CHOICES member;
- Theft or financial exploitation of a CHOICES member;
- Severe injury sustained by a CHOICES member;
- Medication error involving a CHOICES member;
- Sexual abuse and/or suspected sexual abuse of a CHOICES member; or
- Abuse and/or suspected abuse of a CHOICES member.

Providers must provide a report to VSHP CHOICES:

- Within 24 hours of the discovery/ awareness of the critical incident.
- If the initial report is submitted verbally, a written Critical Incident Form must be submitted within 48 hours.
- Reports may be submitted verbally by calling 1-888-747-8955 or by fax using fax number (615) 396-8589.

HCBS providers with a critical incident must conduct an internal critical incident investigation as soon as possible and submit the findings to VSHP no more than 30 days after the date of the incident.

Providers are required to cooperate with any investigation conducted by VSHP or outside agencies (e.g., TennCare, APS and law enforcement). Attached to the newsletter is the updated Critical Incident Form available for your use.

Pre-Admission Evaluations (PAEs)

For ALL PAEs, including those for recertification, you must enter the Medicaid Only Payor Date (MOPD) into TPAES. Failing to enter this date, will result in claims denials.

Remittance Advice

Remember: Remittance Advices should be worked upon receipt for accurate book keeping.
EVV Providers Special Note: The number listed under the patient's last name, (the Hosp Chart #), is the invoice number submitted to Sandata.

Eligibility Verification

To verify a member's CHOICES eligibility and their MCO, please request a copy of the member's card for your files. The identification card will identify the MCO and will say CHOICES on the front of the card.

| VSHP Volunteer State Health Plan | | TennCareSelect a state of Tennessee program |
|--|---|--|
| Member Name CHRIS B HALL | Medical/Behavioral Effective Date: 1/1/2008 | |
| Member ID ZEB123456789 | Member DOB: 05/09/1998 | |
| Group No.: 125000 | Medicaid Benefit Level: A | |
| RXBIN 011271 GRP TENNCARE PCN: P016011271 VER: 5.1 (PCP) Primary Care Provider JOHN J JONES | Copayments: PCP: 0 SPEC: 0 ER: 0 IPH: 0 CHOICES | |

| VSHP Volunteer State Health Plan | | vshtn.com |
|---|--|--|
| Volunteer State Health Plan, (VSHP) provides administrative services only and assumes no financial risk or obligation as to claims. VSHP is a licensed HMO affiliate of BlueCross BlueShield of Tennessee, Inc., and each is an independent licensee of the Blue Cross BlueShield Association. | | Member Service: 1-800-782-2433 Network Provider Outside Tennessee: 1-800-676-2583 (BLUE) |
| Providers: File all claims with local HCBS Plan. Prior Authorization is required for all medical and behavioral inpatient admissions, designated medical outpatient surgery and other designated medical outpatient services, and all behavioral outpatient services. Benefits will not be provided for unauthorized services or for non-emergency services provided by out-of-network providers. | | Provider Service: 1-800-276-1978 Prior Authorization: 1-800-711-4104 Pharmacists: 1-866-434-5520 24/7 NurseLine: 1-800-262-2873 Pharmacy Benefits: SXC Health Solutions Corp: 1-888-816-1680 Dental Dental: 1-888-233-5935 *Not BlueCross BlueShield products |
| TennCareSelect Claims Service Center PO Box 182277 Chattanooga, TN 37422-7277 | | Members: Always show this card and tell your provider to check for prior authorization. Remember, you get your care from your primary care provider (PCP) listed on the front of this card, except in an emergency. Call your PCP within 24 hours of any emergency care. This card is for identification, not for proof of eligibility. 740 (07/08) |

To verify dates of eligibility, please call the customer service number on the back of the card. Tennessee Anytime may also be used to verify MCO (www.TennesseeAnytime.org/tncr/).

Adult Day Care Transportation

Prior to CHOICES, TennCare did not pay for transportation to Adult Day Care (ADC) facilities in the HCBS Waiver Program. However, if a facility provides transportation as a part of their ADC service and without additional charge to TennCare, then the Bureau did not prohibit waiver enrollees from being transported by the vendor. It was considered a non-covered benefit that was being offered at no cost to the enrollee.

When CHOICES was implemented, the Bureau carried forward the same policy. Transportation to ADC is not reimbursed, but the provider may offer it to their participants if they want; however, the MCO will not cover these charges.

If the provider is offering transportation to ADC participants at no additional cost to the MCO, Non-Emergency Medical Transportation (NEMT) requirements and standards do NOT apply. It is not a benefit provided by the MCO.

However, the MCO must provide NEMT to members receiving Adult Day Care services if: (1) due to network

inadequacy, the MCO had to transport the member due to distance constraints, or (2) it was deemed an overall cost effective alternative as indicated in TennCare Rules 2.11.1.8.1 and 2.6.5.2.6. Only in these two instances is NEMT a fully applicable benefit for ADC participants.

Town Hall Meetings

February 2011 Town Hall Meetings

Volunteer State Health Plan (VSHP) has scheduled Town Hall Meetings to assist with various provider questions related to the CHOICES program. Each Town Hall meeting will be held in two different sessions, one in the morning and one in the afternoon. Each morning session will be designed specifically for Sandata EVV providers. A representative from Sandata will be present to assist with questions pertaining to the EVV system. Each afternoon session will be designed specifically for Nursing Facility, Assisted Care Living, PERS, Pest Control, Assistive Technology, and Home Modification providers. During each session, VSHP will discuss in detail billing for services, and how to obtain authorizations for services. To register for the Town Hall meeting, please email AncillaryNetworkDevelopment_GM@bcbst.com.

Nashville

Hampton Inn & Suites, Green Hills
Iroquois Room
2324 Crestmoor Rd
Nashville, TN 37215
February 16, 2011
Morning Session – 9 to 11 a.m. CST
Afternoon Session – 1 to 3 p.m. CST

Knoxville

Hilton Garden Inn Knoxville West
Garden Room
216 Peregrine Way
Knoxville, TN 37922
February 17, 2011
Morning Session – 9 to 11 a.m. EST
Afternoon Session – 1 to 3 p.m. EST

Memphis

BlueCross BlueShield of Tennessee
85 N. Danny Thomas Blvd.
Memphis, TN 38103
February 23, 2011
Morning Session: 9 to 11 a.m. CST
Afternoon Session: 1 to 3 p.m. CST

Webinars

Monthly Webinars

VSHP is conducting their monthly Webinar session on February 24, 2011. For more information on one of the sessions below, please contact:
AncillaryNetworkDevelopment_GM@bcbst.com.

Morning Session for EVV Providers

When: February 24, 2011
10 a.m. to Noon (ET)

URL:

<https://www.livemeeting.com/cc/bcbstemeeting/join?id=MQPT6F&role=attend&pw=s%3F%5E%5B53H7W>

Meeting ID: MQPT6F

Access Code: s?^[53H7W

Phone No.: 1-877-540-9892

Access code: 113365

Afternoon Session for Non-EVV Providers

When: February 24, 2011
2 to 4 p.m.(ET)

URL:

https://www.livemeeting.com/cc/bcbstemeeting/join?id=7JF373&role=attend&pw=fNkcr*%5B2n

Meeting ID: 7JF373

Access Code: fNkcr*[2n

Phone No.: 1-877-540-9892

Access code: 113365