

# Volunteer State Health Plan (VSHP) CHOICES Quarterly Town Hall

September 2011



# Sandata EVV Updates – Released July 21, 2011

- Scheduling:
  - Corrections were made to ensure the date filters correctly sort data on the Santrax Maintenance Screen
  - Corrections were made to ensure that when scheduling or confirming overlapping authorizations, the schedules will associate with the correct authorization
  - Corrections have been made to allow scheduling authorizations with a begin date after August 1, 2011, on the day the authorization is received

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## Example 1 Scheduling:

These five schedules with an IN/OUT time of 18:00-19:00 cause authorization conflicts on Monday, Wednesday and Friday

Date	Client	Staff	Service	EC	IN	OUT	TZ	Duration	Status	Makes Up	Missed Visit Status	Comments
7/25/2011-Mon	Pitt, Brad	Allred, Martina	T1019	DEF-Defa	18:00	19:00		1	01- Pending			
7/26/2011-Tue	Pitt, Brad	Allred, Martina	T1019	DEF-Defa	18:00	19:00		1	01- Pending			
7/27/2011-Wed	Pitt, Brad	Allred, Martina	T1019	DEF-Defa	18:00	19:00		1	01- Pending			
7/28/2011-Thu	Pitt, Brad	Allred, Martina	T1019	DEF-Defa	18:00	19:00		1	01- Pending			
7/29/2011-Fri	Pitt, Brad	Allred, Martina	T1019	DEF-Defa	18:00	19:00		1	01- Pending			

5 Events added.

There are two authorizations on file for this service and date range:

Limitations

Limit By: Day

1

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	12	12	12	12	12	0

Begin Ranges

Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	17:00	17:00	17:00	17:00	17:00	00:00
23:59	21:00	21:00	21:00	21:00	21:00	23:59

Save Close

Limitations

Limit By: Day

2

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	8	0	8	0	8	0

Begin Ranges

Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	09:00	00:00	09:00	00:00	09:00	00:00
23:59	11:00	23:59	11:00	23:59	11:00	23:59

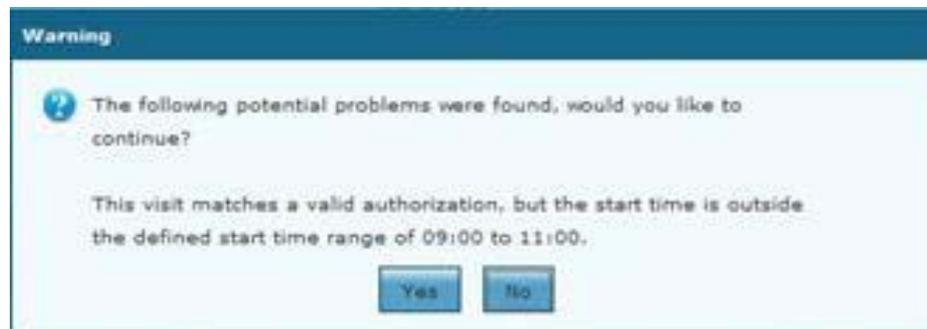
Save Close

The system is checking these schedules against Authorization 2 and causing a conflict. The system will now correctly judge these two authorizations and associate these schedules with Authorization 1.

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## Example 2 Confirming:

When attempting to confirm a schedule on Monday, Wednesday or Friday the following error message would appear:



It reads: The following potential problems were found, would you like to continue? This visit matches a valid authorization but the start time is outside the defined start time range of 09:00 to 11:00.

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## Example 2 Confirming: (Cont.)

Limitations

Limit By: Day 1

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	12	12	12	12	12	0
Begin Ranges						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	17:00	17:00	17:00	17:00	17:00	00:00
23:59	21:00	21:00	21:00	21:00	21:00	23:59

Save Close

Limitations

Limit By: Day 2

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	8	0	8	0	8	0
Begin Ranges						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	09:00	00:00	09:00	00:00	09:00	00:00
23:59	11:00	23:59	11:00	23:59	11:00	23:59

Save Close

The system is checking this schedule against Authorization 2 and causing a problem. The system will now correctly judge these two authorizations and associate this schedule with Authorization 1.

# EVV Training

- If at any time your office staff need additional EVV training, please contact your Provider Network Manager.
- Your Provider Network Manager can provide training at your office or at an agreed upon location.
- The TennCare Documentation Library provides a wealth of information related to various tasks within EVV.

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- Reporting
  - A new report is available in the Jurisdictional View, “Verified Visits With Exceptions Analysis – Summary”
  - This report is available from the Reporting → Scheduling Tab
  - The purpose of this report is to give VSHP the ability to see the number of visits in a selected date range confirmed automatically by Santrax or manually by the Provider

# Eligibility Reminder

- Please verify TennCare and CHOICES eligibility of members prior to rendering services.
- Providers can verify TennCare eligibility online at <https://apps.tn.gov/tcmis/tennessee/Security/logon.asp> or by calling 1-800-852-2683.
- Providers can verify CHOICES eligibility and any applicable patient liability of a current BlueCare or TennCare Select member by calling the appropriate Provider Services line.

# Missed and Late Visits

- Any time services are not going to be provided to any VSHP member, VSHP must be notified immediately. Please allow the scheduled visit to go late or missed and enter the appropriate Late/Missed Reason and Resolution Status.
- As outlined in the applicable Volunteer State Health Plan Home and Community Based Services Agreement:
  - **4.10 Change or Deviation in Services.** The Provider shall immediately report to the Member's Care Coordinator any deviations from the authorized service scheduled.
- This will show an accurate representation of why services were not provided to the member. If the member refuses services, there is a reason code available (as well as if the staff worker is unavailable) to note the authorized service was not provided due to an unplanned event.

# Missed and Late Visits Continued

- VSHP sends a monthly report to the Bureau of TennCare reflecting the status of VSHP CHOICES members receiving authorized services. In the event that services are not provided as authorized, an explanation must be provided. Supplying the missed and or late reason code also provides information in the event that a critical incident presents itself.

# Cancelling Schedules and Visits

All visits/services must be scheduled prior to the provider agency arrival at the member's home to provide services. Visits should **never** be cancelled. However, the provider agency may cancel future schedules when the exceptions listed below apply.

- The only time the cancel function should be used is when the member's status is changed to 'Hold' for an unforeseen event. Examples would include, but are not limited to: a VSHP member being admitted to the hospital or taking an extended vacation.
- Appropriate procedures for cancelling a visit are located within the TennCare Documentation Library. The Internet address and login information are in the 'Important Contact Information' of this presentation.

# Important Electronic Visit Verification Reminder

- All visits should be scheduled according to the authorization in Electronic Visit Verification (EVV).
- To receive a new authorization for a “missed” visit, please call the appropriate BlueCare or TennCare Select Provider Services Line.

# Home Delivered Meals

- A new process for scheduling Home Delivered Meals in EVV was implemented on July 30, 2011.
- If you need assistance with this process, please contact your Provider Network Manager.
- Reminder: Please confirm visits daily. Visits are considered late after 2 PM and considered missed after 5 PM.

# In-Home Respite Reminder

- VSHP policy requires prior authorization for In-Home Respite Services. Please call the appropriate BlueCare or TennCare Select Provider Services Line for prior authorization.
- Prior Authorization may be requested by the provider or the member. If requested by the provider, a VSHP CHOICES Staff Member will contact the member to inquire if the services are needed prior to issuing an authorization.
- After 5 p.m. CT weekdays and on weekends, please call 1-800-262-2873 to request authorization for In-Home Respite Services.
- In-Home Respite Services must be authorized and scheduled in EVV prior to being rendered.

# Assistive Technology vs. Durable Medical Equipment

- Examples of Assistive Technology (AT) include:
  - Grabbers
  - Grab Bars
  - Devices to help zip up or down
- Durable Medical Equipment (DME) includes items such as wheelchairs, hospital beds, walkers, etc.
- If a member is in need of DME, an authorization should be requested from CareCentrix<sup>®</sup> by calling 1-888-571-6022.
- Please review VSHP billing guidelines prior to submitting claims for DME items.

# Minor Home Modifications

- Providers will receive a bid request from VSHP upon selection by a CHOICES member.
- Providers will have 7 calendar days to submit a bid proposal to VSHP. Effective October 3, 2011, please submit bid proposals to VSHPHomeModBids\_GM@bcbst.com.
- Providers should contact their regional Home Inspector with any questions or concerns.

# Minor Home Modifications continued

- Minor Home Modifications Contacts:
  - Steve Hargis, East Grand Region Home Inspector. Phone: (423) 535-6925. E-Mail: Steve\_Hargis@bcbst.com.
  - Tom Cohenour, West Grand Region Home Inspector. Phone: (423) 535-6929. E-Mail: Tom\_Cohenour@bcbst.com.
  - Sharonda Featherstone, Provider Inquiry Specialist. Phone: (423) 535-8299. E-Mail: Sharonda\_Featherstone@bcbst.com.
  - Rodney Scott, Manager. Phone: (423) 535-5665. E-Mail: Rodney\_Scott@bcbst.com.

# Billing for CHOICES Services

- Please remember to use the appropriate Revenue Code, Procedure Code and Modifier when billing for HCBS Services.

Service	HCPCS	Revenue Code	Modifier
Adult Day Care	S5100	0570	
Assistive Technology	T2029	0590	U4
Attendant Care	S5125	0570	
Home Delivered Meals	S5170	0590	
Homemaker Services	S5130	0570	U1
In-Home Respite	S5150	0660	
Inpatient Respite	S5151	0660	
Minor Home Mods	S5165	0590	
Personal Care Visits	T1019	0570	
PERS – Installation	S5160	0590	
PERS – Monthly Fee	S5161	0590	
Pest Control	S5121	0590	U1

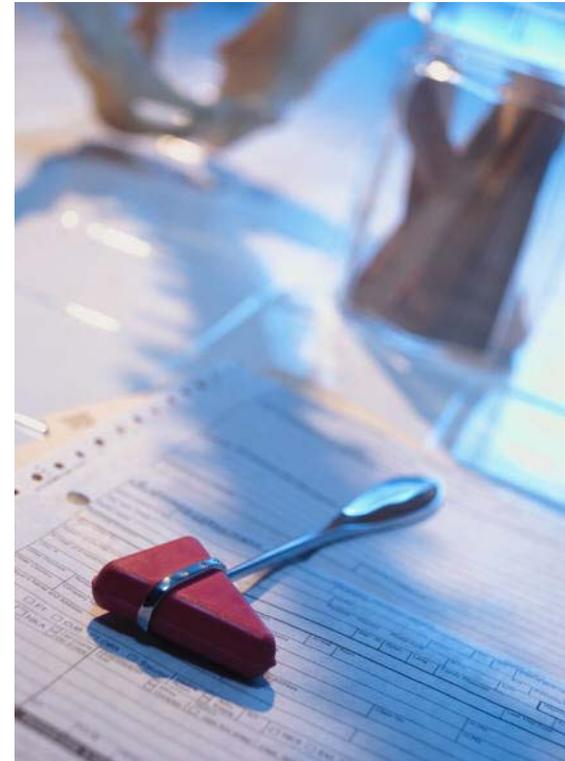
# Notification of VSHP Member Hospitalization

- Please contact Provider Services as soon as you become aware that a VSHP CHOICES member has been hospitalized.
- Many times, the provider agency is aware of a member's hospitalization prior to VSHP CHOICES Care Coordination notification.



# Pre-Admission Evaluation Reminder

- A new Pre-Admission Evaluation (PAE) is required when the level of care changes.
- Enter the Medicaid Only Payor Date (MOPD) into TN Pre-Admission Evaluation System (TPAES).
- To verify eligibility, send a copy of the most recent PAE and 2362 (available from DHS) to your Provider Network Manager.



# Enhanced Rates for Nursing Facility Services

- Prior Authorization is required for all CHOICES Enhanced Services (Chronic Vent, Vent Weaning, Tracheal Suctioning). Please call Provider Services to obtain authorization.
- For level 1 and level 2 services that do not involve enhanced services, the PAE serves as the authorization.
- Please do not contact VSHP Utilization Management for any CHOICES authorization.

# Pest Control

- Benefit limit is 9 sprays per year.
- Authorizations are issued on an 'as needed' basis.
- Please contact Provider Services to obtain authorization.

# Assisted Care Living Facility

- Please remember to request authorizations based on the length of stay.
- Please contact Provider Services to obtain authorization.
- Please bill the appropriate procedure code listed below:

Daily Procedure Code: T2031

Monthly Procedure Code: T2030

# Claims Submissions & Remittance Advices



- Submit all claims as quickly as possible to avoid delays in payment.
- Please work your remittance advice upon receipt.
- Reminder: The VSHP Timely Filing Limit for claims is 120 days from the date of service.

# Claims Submission Reminder

- Effective October 1, 2011, a claim rejection will be in place for claims if the header date span and service dates do not match.
- For example: 7/01/11 – 7/31/11 header date span filed and 7/03/11, 7/14/11 & 7/22/11 are filed at the detail line item level
- Since the detail line items do not include or equal 7/01/11 or 7/31/11, the claim will be returned to the provider requiring a correction to these dates be made.
- The claim should be filed as: 7/03/11 – 7/22/11 at the header level and 7/03/11, 7/14/11, 7/22/11 at the detail level.

# Critical Incidents

- Providers are required to notify VSHP within 24 hours of discovery of a Critical Incident.
- Phone Number: 1-888-747-8955.
- The VSHP Critical Incident Form must be submitted within 48 hours of discovery and should include:
  - Details about the incident
  - Immediate actions taken in response to the Critical Incident
  - Plans for additional actions that will be taken
- Critical Incident Forms should be faxed to (615) 565-1923, Attn: CHOICES Quality Assurance.

# Critical Incidents

- A follow-up report of the provider's investigation and the actions taken must be submitted as soon as possible (ASAP) and within 30 days.
- The report must include:
  - The findings of the provider's investigations
  - Actions taken in response to ensure the safety and well-being of the member
  - Actions provider will take to ensure there is no recurrence of the same issue
- Reports may be emailed via secure email to [CHOICESQuality@bcbst.com](mailto:CHOICESQuality@bcbst.com) to or faxed to (615) 565-1923.
- In ALL circumstances, providers must provide a written status report within 30 days if for some reason they are unable to complete their investigation.
  - The status report must include:
    - The reason for the delay and
    - The timeframe for report completion and submission.
  - A delayed (>30 days) follow-up report should be a *rare* occurrence.

# Deficit Reduction Act / Federal False Claims Act

- The Federal False Claims Act provides penalties for persons who knowingly submit false or fraudulent claims for payment by the Government.
- More information can be found online at:  
<http://oig.hhs.gov/fraud/state-false-claims-act-reviews/index.asp>
- Each provider must have a signed DRA (Deficit Reduction Act) Attestation form on file with VSHP each year. This is a requirement of the Bureau of TennCare. All TennCare providers must ensure staff are educated in detecting/preventing fraud, waste and abuse in Medicaid programs. Your Provider Network Manager will cover this during your annual site visit.

# VSHP Contract / VSHP Provider Administration Manual

- VSHP encourages all CHOICES providers to read and review the VSHP Provider Agreement(s) and also the VSHP Provider Administration Manual.
- Please contact your Provider Network Manager to obtain a copy of your executed VSHP Provider Agreement.
- The VSHP Provider Administration Manual can be found online at: [www.bcbst.com/providers/manuals/VSHP\\_PAM.pdf](http://www.bcbst.com/providers/manuals/VSHP_PAM.pdf).
- These two documents provide a wealth of helpful information to CHOICES providers.

# Provider Information Changes

- Please report any changes in ownership or demographics to your Provider Network Manager as soon as possible.
- Please report changes in information via e-mail or fax.
- Changes will be forwarded to the Provider Data Management Department for updating.

# Adult Day Care

- All Adult Day Care providers must maintain appropriate licensure from DHS (Department of Human Services).
- Any facility operating without appropriate licensure on January 1, 2012 will be terminated from the VSHP CHOICES Provider Network.

# Personal Emergency Response System (PERS)

- Please contact Provider Services regarding authorizations for PERS services.
- PERS units should only be installed for members with an active home (landline) telephone.
- Reminder: Please send a monthly test signal to each PERS unit to ensure the unit is 'online' and operating properly.
- If a CHOICES member relocates to a new residence, the member should transfer the PERS unit and service to the new residence.

# BlueAccess

- BlueAccess, the secure section on bcbst.com and vshptn.com, is available to all providers.
- Register to obtain your shared secret. Get started today to explore a wealth of information!
- Using BlueAccess you can:
  - Check benefit limits
  - Review authorizations
  - Access the web portal
  - Review remittance advices
  - Obtain member-specific information

**For additional information on BlueAccess, please contact your Provider Network Manager.**

# Important Contact Information

- VSHP CHOICES Provider Relations:
  - **East Grand Region: TBD.**  
Please e-mail CHOICESProviderRelations\_GM@bcbst.com
  - **Middle Grand Region: Nathan Key, Provider Network Manager**  
Phone: (615) 760-8707; Email: nathan\_key@bcbst.com
  - **West Grand Region: Sheldon House, Provider Network Manager**  
Phone: (901) 544-2170; Email: sheldon\_house@bcbst.com
  - **Manager: Sally Bradley, Medicaid Network Strategist**  
Phone: (615) 760-8715; Email: sally\_bradley@bcbst.com

# Important Contact Information

- **Care Coordination:**  
Member Services: 1-888-747-8955  
Fax: (615) 386-8589  
Email: ProviderAuthIssues\_GM@bcbst.com  
**\*\*Hours of Operation: Monday – Friday, 8 a.m to 6 p.m. ET\*\***  
**\*\*\*After-Hours Phone Number: 1-800-262-2873\*\*\***
- **BlueCare<sup>®</sup> Provider Service:**  
Phone: 1-800-468-9736
- **TennCareSelect Provider Service:**  
Phone: 1-800-276-1978
- **BCBST/VSHP Automated Eligibility Line:**  
Phone: 1-800-543-8607

# Important Contact Information

- **Nursing Facility Hotline**

Phone: 1-866-502-0056

- **Sandata Client Relations**

Phone: 1-877-526-0516

- **TennCare Documentation Library**

<http://nhwebtraining.sandata.com/tenncare/>

**username:** nhtraintn

**password:** 3stars

# Question/Answer Session

- ***Please feel free to ask questions regarding the information previously discussed and also ask questions regarding any CHOICES-related matters.***

# Thank You

- ***The VSHP CHOICES Staff thank you for your attendance. We also thank you for your continued participation as a VSHP CHOICES provider!***