

Weekly CHOICES News Alert

Volunteer State Health Plan

June 24, 2011

Important Numbers

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 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 mailbox, providerauthissues_gm@bcbst.com.

PLEASE NOTE: Beginning June 1, 2011, the new hours of operation for Care Coordination will be 7 a.m. to 5 p.m. CT

BlueCare®/TennCareSelect Customer Service

BlueCare Provider Service:	1-800-468-9736
TennCareSelect Provider Service:	1-800-276-1978
Automated Eligibility Line:	1-800-543-8607

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

Authorizations

Enhanced Rates for Nursing Facilities

To obtain authorization for enhanced rates for Nursing Facility Services, please contact Care Coordination.

For level 1 and level 2 services being provided that do not involve enhanced services, the Pre-Admission Evaluation (PAE) serves as the authorization.

Assisted Living Facilities

Authorizations are required for ACLF Services and may be obtained by contacting Volunteer State Health Plan (VSHP) CHOICES Care Coordination. Please request the appropriate daily or monthly authorization based on the anticipated length of stay. If you have an authorization for monthly services and the patient is discharged or put into a nursing facility, please contact care coordination in order to update the authorization to reflect the appropriate procedure code for the daily billing.

Bill the appropriate code listed below which corresponds to the authorization obtained

- Daily Procedure Code: T2031
 - Monthly Procedure Code: T2030
 - Bed hold revenue codes are not billable
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Pre-Admission Evaluations (PAEs) and Eligibility

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.

Anytime a patient has a change in level of care, a new PAE is required. PAEs should be completed by the nursing home, doctor or hospital on a person and sent to the TennCare Long Term Care office.

If you need a copy of the PAE form for your records, please contact the Care Coordination Support Center and one will be sent to you.

CHOICES Claims & Billing

Member Eligibility

VSHP strongly recommends providers conduct an eligibility search on **all** patients to identify any existence of TennCare coverage prior to rendering services. TennCare eligibility can be verified using the Bureau of TennCare's online services at <http://www.tn.gov/tenncare/pro-verifyeligi.html> or by calling 1-800-852-2683.

If a member presents a VSHP card, please call BlueCare at 1-800-468-9736 or TennCareSelect at 1-800-276-1978 to verify eligibility. The lines are available Monday-Friday (except between 7 p.m. and 9 p.m. ET when eligibility information is being updated) and Saturday and Sunday from 8 a.m. to 4 p.m. ET. The system is not available on Thanksgiving Day or Christmas Day.

All BlueCare/TennCareSelect member IDs begin with a ZECM prefix and the card will reflect CHOICES, if the member is CHOICES eligible.

Benefits are based on the member's eligibility when services are rendered. Benefits and eligibility are determined by the State Bureau of TennCare and are subject to change.

Timely Filing Extension

Due to unresolved authorization issues, the timely filing limitation for CHOICES claims has been extended through July 31, 2011. Please remember, if you have dates of service that **have not been previously submitted**, those claims should be submitted as quickly as possible to avoid any delays in payment. If you have any questions regarding claims submission, please contact your Network Representative.

CHOICES Eligibility and Liability Verifications

Starting immediately, when you contact VSHP questioning CHOICES eligibility or liability, information will need to be submitted to VSHP for verification with the Bureau. If the information is not provided upon request, VSHP will not be able to verify the items in question with the Bureau. For example:

- If you disagree with the member's liability, you will need to submit a copy of the member's 2350 form. If

you do not have a copy of this form, you will need to contact the Department of Human Services (DHS).

- If a member calls disagreeing with the PLA, he/she will be instructed to have his/her provider contact us.
- If you state a member is CHOICES eligible or the member has a different level of care, you will need to fax the PAE to the attention of the Customer Service Representative you speak with.
- If a member changes from Level 1 to Level 2, you are required to add the MOPD in TPAES for the date the 1B began. If the member changes from Level 2 to Level 1, the same information is required.

Remittance Advice

Remember: To reconcile your books, Remittance Advices should be worked upon receipt. You may also access Remittance Advices via BlueAccess.

BlueAccess

BlueAccess is a tool available to all providers who have access to the World Wide Web. With this tool you are able to:

- View benefit limits
- Authorizations
- Access the web portal
- Review Remittance Advices
- Obtain other member specific information

To access BlueAccess, go to www.bcbst.com, register and request a shared secret. If you have any questions, please contact your Network Representative.

Issue Reporting and Resolution

Please allow time for your MCO to resolve any issue you have reported. Reporting issues to the Bureau creates duplicate issues and creates a delay in response time and resolution.

EVV

EVV Training

If at any time your agency needs additional training on EVV, please contact your Network Representative. The

network representative can schedule a time to come to your office and train employees on the system.

EVV Exceptions and Missed/Late Visits

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

It is very important to follow the plan of care. A visit may be cancelled **only if** the makeup visit will occur within the same week of the authorized time frame and if you know prior to the visit taking place. This is the only instance where a visit should be cancelled. If the visit cannot be made up within the same week of the authorization time frame or if you do not know prior to the visit taking place, you must allow the visit to roll to missed and contact Care Coordination for a new authorization.

Other Important Reminders

Member Changes

If you have a member admitted to the hospital, you must contact Care Coordination as soon as possible. A delay of notification will result in authorization and claims errors. Also, anytime a member has a change in demographics (i.e. address, phone, etc.) this information must be reported to DHS in order for the system to be updated correctly. The member and/or the member's representative must report this information.

Member Need a Home Phone?

Persons receiving government assistance may qualify for FREE Home Phone Service. Please visit www.usfreecall.com or call 1-877-90G-OUA (1-877-904-6872) for further details.

AAAD Contract Expired

Effective July 1, 2011 the Area Agencies on Aging and Disability will no longer be completing site visits for VSHP CHOICES providers. The sites will be conducted by the assigned network representative. The network representative will schedule a time to conduct the site visit with each agency when they are due for recredentialing or if a new provider is joining the network.

Adult Day Care and Licensure Requirements

On May 25, 2011, The State made notification to all CHOICES providers performing adult day care services (ADC) that they must obtain a separate license to perform these services from the Department of Human Services. Effective January 1, 2012, all intermediate, skilled and non-nursing facilities applying to join a CHOICES network must meet the licensing criteria outlined by the State. If the license is not obtained by January 1, 2012, VSHP will have no recourse other than to terminate the participation in the CHOICES program on that date.

For further information or a copy of the notice, please contact your assigned Network Representative.

Change of Ownership and Change in Demographics

Please remember to contact your Network Representative as quickly as possible if your agency is going through a change of ownership or change in demographics.

With the change of ownership, we ask you provide at least a 60 day notice, so that new contracts can be issued and the necessary paperwork can be completed. For further questions, please contact your local Network Representative.

Town Halls and Webinars

July Webinar

Volunteer State Health Plan (VSHP) has scheduled a CHOICES Town Hall Webinar to assist with various provider issues related to the CHOICES program. During the meeting, we will discuss in detail several issues related to CHOICES. The July webinar will be held on July 28, 2011, from 10 a.m. to Noon ET.

To register for the Town Hall Webinar, please e-mail AncillaryNetworkDevelopment_GM@bcbst.com.

Webinar Log in Information:

Webinar Link: <https://www.webmeeting.att.com>

Meeting ID: 805-240-9853

Participant Code: 489600

Conference Line: 888-232-3870

Conference Line Participant Code: 489600