

CHOICES

NEWSLETTER

BlueCare Tennessee CHOICES Program

DECEMBER 2015

Hospital Admission – Notifying the MCO

If a CHOICES member under your organization's care is admitted to the hospital, your staff must notify BlueCare Tennessee immediately.

How can you help?

Include hospital admission communications into your standard training for staff members.

How can your staff members help?

When your employee arrives for a visit to a CHOICES member and learns the member has been admitted to the hospital, they must contact Member Services immediately.

How to handle the information while caring for the member?

All HCBS workers who are required to clock in and clock out through the EVV system must complete the exit surveys on the GPS device and include hospitalization information.

Keep Company Contact Information Up-to-Date

If your business moves locations, makes any key changes in staff or is not listed correctly in our Provider Directory, please notify your Provider Network Manager 30 days in advance.

Adult Day Cares EVV Changes

Adult Day Care providers will no longer have to use Sandata/EVV for claim submission after 2015. Starting Jan. 1, 2016, providers can use the CHOICES Web Portal for claims submission, but they will need an active BlueAccess account. For assistance, please contact eBusiness at 1-800-924-7141. If you have questions or need more information, please contact your Provider Network Manager.

Pre-Admission Requirements for Nursing Facilities

We need your help with the CHOICES Pre-Admission Evaluation (PAE) process required for group one members that are submitted for initial approvals. Please follow these important guidelines to help ensure the process is timely and accurate:

- All requests must include supporting documentation. A history and physical (H&P) is not always enough information.
- Submit all requests before the patients Medicare days end.
- Please refer to the newly updated Physicians Certification Form located on the TPAES website.

Please talk to your assigned Care Coordinator if you have questions or need assistance.

Billing Change for HCBS Providers

The Bureau of TennCare has changed a billing requirement for home and community-based services (HCBS) providers. Beginning Dec. 1, 2015, all claims submitted with a Type of Bill 089x must have a "01" Patient Status.

Claims submitted through Sandata will be addressed systematically. The CHOICES Web Portal will default to the appropriate Patient Status when Type of Bill 089x is selected. Providers who submit claims using other methods are responsible for applying the correct Patient Status.

Important Survey: Communication with Patients who do not Speak English

To help us meet a government requirement, BlueCare Tennessee needs to know if your office is prepared to communicate with patients who do not speak English. Providers should have staff that can communicate with or are trained to use aids or services to communicate with patients who do not speak English, including sign language.

If you have questions or need more information, please contact your Provider Network Manager.

Please return the survey below which identifies the county, other language capabilities and the staff member(s) who can assist patients to CHOICESProviderRelations@bcbst.com by December 20, 2015.

Provider Name	
Address	
Email Address	
Medicaid Number	
Tax ID Number	
NPI Number	
County	Additional Language, Sign Language and/or Staff Members

Holiday Reminder: Using the EVV System

If your staff is required to use the EVV system (SanData) for check-ins, check-outs and claims submission (ADC, attendant care, home-delivered meals, in-home respite or personal care), and here are a few reminders:

- Review Imported Members and make them active in EVV
- Check the client general screen to confirm the patient's eligibility to receive BlueCare Tennessee services, because their status with the Bureau of TennCare could change, even retroactively
- Attest to all new and updated Plans of Care (POC) in a timely manner. Run the "POC Attestation" report weekly to ensure you have attested to all new and updated POC's.

- GPS Device clock-ins and clock-outs by caregivers are REQUIRED by the Bureau of TennCare. If the device does not work, make sure to use the telephone backup system to record clock-ins and clock-outs
- If your staff finds a GPS device that does not work, they should call BOTH Sandata at 1-855-389-4843 and BlueCare Tennessee at 1-866-276-0588.
- If you have problems with authorizations, please email ProviderAuthIssues@bcbst.com instead of emailing support personnel directly. Be sure to include the member's first and last name, member identification number, authorizations number, and specific details related to your authorization issue.
- BlueCare Tennessee offices will be closed December 24 and 25

CHOICES Critical Incident Reporting

Your organization is required to have a process in place to provide and document initial and ongoing education to your employees who provide services to CHOICES members, including critical incident reporting.

Your policies and procedures must be adequate and inclusive of all details surrounding this process. During your site visits, the provider network manager will review each policy and procedure to determine if the details documented support the contractual agreement noted in C.R.A 2.15.7.

Critical incident reporting is required by the Bureau of TennCare and must meet certain timeframes. Please see the following **REQUIRED** timelines for critical incident reporting:

- 24-hour verbal notification to BlueCare Tennessee by calling 1-888-747-8955
- 24-hour reporting to Adult Protective Service if incident is abuse, neglect or exploitation
- 48-hour written report to BlueCare Tennessee by email to [CHOICES Quality@bcbst.com](mailto:CHOICESQuality@bcbst.com) or by fax to (615) 565-1923 or 1-855-292-3715
- 20-day full follow-up investigation

Some critical incidents can be prevented by your agency through employee and member education. The following are tips to educate your employees, and possibly members, to help prevent critical incidents.

Not all critical incidents can be prevented, and your agency must continue to report any allegations that meet the critical incident guidelines. The following is a list of suggestions, but should not be used as the primary training for your agencies critical incident reporting.

- Ensure employees understand the difference between medication administration and medication assistance
- Remind members to place medications and valuables (including cash, debit cards, etc.) in a secure location and out of plain sight
- Remind employees to stay in sight of members while providing services when possible
- When members move, educate employees to help prevent falls by assisting the member
- Educate employees to report changes in a member's condition per your agency's policies
- Remind employees to always provide receipts for errands that they complete for members
- Educate employees to report disagreements they have with members per your agency's policies

Any allegations meeting critical incident criteria should be reported to BlueCare Tennessee within the required timeframes. Your agency should use the BlueCare Critical Incident Report form and submit within the required timeframes to CHOICESQuality@bcbst.com or by fax (615) 565-1923 or 1-855-292-3715. If you have questions or concerns about critical incident reporting, please email us at CHOICESQuality@bcbst.com.

Plan of Care Attestations

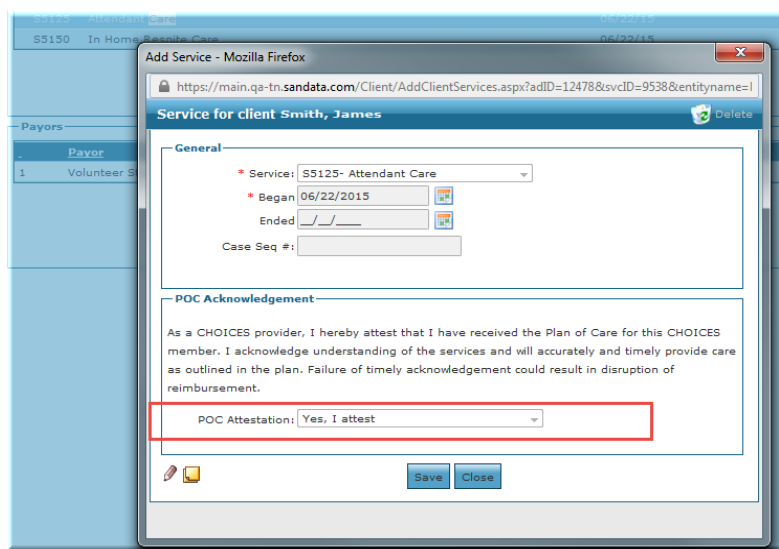
The Electronic Visit Verification (EVV) System is used by our providers to check-in and check-out for each period of service delivery. The system monitors member receipt of specified CHOICES Home and Community-Based Services (HCBS) and also generates claims for submission. Providers also use EVV to validate receipt of a member's Plan of Care (POC) and acknowledge they will provide the services included in the plan. CHOICES Provider Network Managers will be contacting providers who are not responding to the Plan of Care attestations.

The members' Plan of Care (POC) is a document which includes information related to their needs capturing demographic information, diagnoses, current services, caregiver/representation, power of attorney contact information, existing and needed DME and assistive technology, back-up and emergency plan, visit frequency schedule, advance directives, physical/behavioral health needs, community services, non-covered services and covered services. We currently fax the POC to providers, but we are developing a process to securely email the document to providers. Our Provider Relations team is working to update all provider email addresses.

The following are the steps in the process when a member's POC needs a review and attestation from a provider:

- BlueCare Tennessee will send an indicator to Santrax Agency Management (SAM) on the authorization file that a member POC requires review and attestation by the provider.
 - SAM will prompt the provider to navigate to a member record that requires attestation.
 - The provider will open the service(s) to select "Yes" or "No," if they have or have not received the POC from BlueCare Tennessee.
 - If the POC contains multiple services for a member, the provider is required to acknowledge each service separately (each service will be highlighted in red). A warning pop-up box will be presented each time the client record is opened, until all attestations are completed. Upon opening the service, the provider will see the acknowledgement message and attestation drop-down menu.
 - The provider will choose "Yes, I attest" or "No, I did not receive the Plan of Care" in the attestation drop-down and click Save.
 - A non-response will be treated as "No" for reporting purposes.
- SAM will store the providers' response, the date of the response, and the ID of the provider who responded for reporting purposes.

Screen Shot Example





Questions?

Please contact the provider network manager in your region if we can help you with any questions about the CHOICES program.

Provider Network Managers			
Manager	Region	Phone	Email
Bianca Merrell	East Tenn. – South Region	(423) 535-5900	bianca_merrell@bcbst.com
Jonathan Miller	East Tenn. – North Region	(423) 854-6001	jonathan_miller@bcbst.com
Jeff West	Middle Tenn. – South Region	(615) 565-1937	jeffrey_west@bcbst.com
Vinny Cardi	Middle Tenn. – North Region	(615) 565-1907	vincent_cardi@bcbst.com
Ashley McDonald	West Tenn. – East Half/Shelby County M-Z	(901) 544-2136	ashley_mcdonald@bcbst.com
Sherry Metts	West Tenn. – West Half/Shelby County A-L	(901) 544-2459	sherry_metts@bcbst.com