BlueCare Tennessee

CHOICES NEWSLETTER

BlueCare Tennessee CHOICES Program

June 2015

Calling All CHOICES Providers! Satisfaction Survey is just around the corner

BlueCare Tennessee will be conducting a CHOICES Provider Satisfaction Survey very soon. As partners in care for our CHOICES members, we want to hear from you! Our goal is to identify areas of satisfaction and improvement to achieve excellent quality care for our members.

Survey items will include rating your satisfaction of the:

- Provider enrollment process
- Provider information and updates
- Provider assistance lines
- Provider complaint system
- Provider website
- EVV system
- Claims timeliness and submission process
- Claim appeals
- Care Coordinator Team communication

Important CHOICES Claims Information

Ingenix Claims Editing System (iCES)

Effective March 31, 2014, BlueCare Tennesseebegan using the Ingenix Claims Editing System (iCES) to review claims prior to processing. iCES is a claim editing tool used to improve the accuracy of claims payment to all providers. The following information will help you determine what action needs to be taken to correct any claims receiving the following denials.

w87: Manifestation code used as principal dx

Manifestation codes should not be submitted as the principal diagnosis. These codes describe a symptom of an underlying disease, not the disease itself. For example, 294.10 (*Dementia in conditions classified elsewhere without behavioral disturbance*) is considered a manifestation code to Alzheimer's disease. A corrected claim must be submitted with a principal diagnosis code that is not considered manifestation. **Note:** This explanation code replaced x53.

y24: Diagnosis and age conflict; x62: Admit Diagnosis Age Conflict; x70: Diagnosis – Age Conflict

These explanation codes are generated when a diagnosis code applies to a specific age range and the member's age is outside that range. For example, diagnosis code 783.41 applies to patients aged 0-17. Therefore, this diagnosis code would not be appropriate for members outside that age range. A corrected claim must be submitted with a more appropriate diagnosis code.

CHOICES Group 1 Patient Liability (PLA) and Date of Death

Per the Bureau of TennCare℠, PLA for CHOICES Group 1 members must be prorated if the member doesn't have Group 1 coverage for the entire calendar month. This includes the month the member is enrolled in or disenrolled from Group 1, or when the member expires.

PLA is often adjusted retroactively when a member expires. Claims are reviewed for adjustment upon

receipt of updated eligibility information from the Bureau of TennCare.

Nursing Facility Provider ID Numbers
Facilities offering more than one level of service may have multiple provider numbers. It is vital that the correct provider number is selected for billing, based on the service provided. When billing via the CHOICES Web Portal, the taxonomy code is displayed with the provider information on the claims entry screen. The following information may be used as a quick reference when selecting the appropriate provider number for your claim.

Provider Type	Taxonomy Code	Type of Bill	Room & Board Revenue Codes
Intermediate Care Facility (ICF)	313M00000X	066x	0183, 0185, 0189, 0191, 0224
Skilled Nursing Facility (SNF)	314000000X	021x	0189, 0192, 0224

CHOICES Critical Incident Reporting

Please remember: 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 2.11.3

Please note that all BlueCare Tennessee Critical Incidents **MUST** be verbally reported to us within 24 hours of discovery by calling 1-888-747-8955. After the 24 hour verbal report is made, a follow-up written report is due within 48 hours. The timeframes are measured in actual hours *NOT* business hours.

The following are critical incident mandatory reporting timeframes for BlueCare Tennessee CHOICES HCBS services:

- A verbal report must be given to us at 1-888-747-8955 within 24 hours followed by a written report within 48 hours of initial discovery.
- Immediate reporting to Adult Protective Services (APS) for abuse, neglect and financial exploitation* at 1-888-277-8366 or by fax to 1-866-294-3961.
- Immediate removal of the worker from interaction with ALL TennCare members for at least the duration of the investigation.
- Please remember that in order for an incident to be considered a Critical Incident the following MUST apply:
    - Occurred in an HCBS setting (please remember this can include errands that are run during HCBS), occurred during the covered provision of HCBS (worker at the member's home when the incident occurred or approximately occurred), incident involved an HCBS worker, incident is one of the CI types listed below:
        - Known or suspected sexual abuse
        - Known or suspected physical or mental abuse
        - Known or suspected neglect
        - Theft (medication or property)
        - Financial exploitation
        - Medication error
        - Severe injury

- Unexpected death

CHOICES Provider Spotlight

Homecare by Wesley is part of a family of companies that has served seniors and their families for over 45 years.

The Wesley family of Companies owns two assisted living facilities and a retirement home in Memphis. In order to care for the needs of elderly residents, Wesley Companies created the Golden Cross Foundation to assist members who are financially unable to meet their residential needs.
The Golden Cross Foundation serves over 2,000 members with affordable housing in 28 communities throughout West Tennessee, Arkansas and Kentucky.

David Kabakoff, general manager of the Golden Cross Foundation, says of the program, *"What sets us apart is the licensed social workers at each facility who serve as service coordinators to assist our residents through the aging process. These individuals enable us to better meet the needs of our residents. That was the driving factor for us to open our In-Home Personal Care Agency for seniors, Homecare by Wesley. All of our companies are nonprofit and we are excited and passionate about becoming a CLS provider with the CHOICES program. This will enable us to assist seniors even further and achieve our goal to serve seniors and their families."*

BlueCare CHOICES is thrilled to have companies such as Homecare by Wesley in our Network to serve our members. Thank you to all of our providers for helping us build a quality network with *Local Solutions, Meaningful Results.*

Electronic Visit Verification – New Changes!

BlueCare Tennessee is launching our new GPS Device, **BlueCare Connect**, in response to the new TennCare requirement for electronic visit verification. In collaboration with Sandata, providers will be able to support the new requirement through a phased approach. CHOICES members will receive individualized training from their care coordinators and will obtain the Samsung Galaxy 3 Tablet via hand delivery during our current pilot period. When the pilot ends, member tablets will be mailed through receipt delivery.

What does this mean for CHOICES providers?

1. Only two applications are located on BlueCare Connect; one for members and one for the provider (worker).
2. Workers will clock in and out after arriving at/departing from the client's home using a dedicated log on.
3. Telephony is used only as a backup to the GPS device.
4. Users and workers must be registered in Santrax Agency Management to log in and out or to view data.
5. Workers' caseloads and members' schedules will be displayed via the tablet.
6. Workers will be able to enter tasks and the device will be able to capture worker notes.
7. Member care experiences will also be captured by the device.

Multiple training sessions were conducted throughout the state in the month of May. An onsite training event is scheduled in Memphis on June 25, 2015, from 10 a.m. to noon (CT), at St. Francis Hospital. Look for additional sessions in upcoming months. We are excited about this new change that begins June 1, 2015, with all devices going live on Oct. 1, 2015. Please contact your Provider Network Manager with any questions.

Proper Provider ID…It's Key

As simple as they seem, Provider Identification Numbers are a very important aspect of being a BlueCare Tennessee CHOICES provider. The provider ID is used to authorize services, link those authorizations to your EVV database, conduct proper provider reimbursement, as well as to identify yourself to customer service when you need to troubleshoot issues.

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Lately it has come to the attention of the Provider Network Management team that some providers are using incorrect provider IDs. The reasons include, but are not limited, to the following:

1) Provider Entity has more than one ID number. This is most common with Nursing Facilities who have separate provider IDs for Level 1 and Level 2, but is also seen when an HCBS provider provides more than one unique service (most commonly Personal Emergency Response Systems and/or Home Delivered Meals in addition to providing Personal Care/Attendant Care/In-Home Respite)
2) Provider Entity was non-par prior to the Middle Implementation and has now been contracted as an in-network/par provider.
3) There was an error or change in NPI/Tax ID. Our systems and protocol restrict editing specific items, such as the NPI or TIN. If there was an error with either item; a required change; or an event that resulted in a new one of either to be issued, such as an acquisition or sale, then a new Provider ID will be issued.

Please ensure that when you are accepting an authorization that the correct Provider ID is present. If it is not, please let us know by contacting Customer Service and/or your Provider Network Manager. When an incorrect Provider ID is selected, it is much easier to fix initially rather than on the back end when the process will cause more work for all parties involved.

Please reach out to your Provider Network Manager to ensure you are using the proper ID.

CHOICES Provider Signatures Required – Plans of Care

Starting July 1, 2015, a copy of the member's completed plan of care, including any updates, will be provided to the member, the member's representative- as applicable - and the HCBS provider. Upon receipt of the plan of care, and prior to the scheduled implementation of services or changes, providers must acknowledge receipt and understanding of all assigned/approved services. Look for upcoming directions for this requirement.

Contacts
Do you have additional questions? Please contact your assigned Regional Provider Network Manager.

Provider Network Manager	Region	Direct Phone	Email
Bianca Merrell	South half of East Grand	(423) 535-5900	Bianca_merrell@bcbst.com
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