

PARTNERS

BlueCare Tennessee Long Term Services and Supports Program

News and tips to support LTSS partners and enhance care for our members

INSIDE THIS ISSUE

Documentation Tips for Timely, Accurate Payment

What You Need to Know about the 21st Century Cures Act and EVV Reporting

New Joint MCO Tools for CHOICES and ECF CHOICES Providers

BlueCare Tennessee EVV Reporting Requirements for Delivering HCBS Services

Professional Corner: Dr. Stacey Dixon

Make the Most of Our New Bid Forms for Minor Home Modification Services

Committed to Service

How Are We Doing?

Documentation Tips for Timely, Accurate Payment

You work hard to provide quality services, and we want to support your success. Documentation is an important part of delivering care and receiving reimbursement. When you keep up-to-date records and submit needed information to us quickly, you'll receive faster, accurate payments. You'll also help members receive the best possible care.

Consider the following tips for capturing and reporting necessary data:

- Submit correct and timely claims or encounter data for every service you perform.
- Confirm chart documentation reflects the services billed.
- Respond promptly to record requests.





What You Need to Know about the 21st Century Cures Act and EVV Reporting

The 21st Century Cures Act was signed into law in December 2016. It has several goals, including:

- Improving the quality of care through research
- Enhancing quality control
- Strengthening mental health parity

How Does the Cures Act Apply to the Home and Community-Based Services (HCBS) Program?

Part of the Cures Act requires states to begin using an electronic visit verification (EVV) system for personal care services (PCS) by January 2019 and home health care services (HHCS) by January 2023.

The EVV system allows individuals and their families to verify the services they received. It also helps improve the HCBS Program's efficiency by:

- Eliminating the need for paper documents to verify services
- Confirming that necessary services were delivered, which improves the health and welfare of the individuals we support
- Ensuring payments are based on service delivery, which confirms that services are billed according to the individual's personalized care plan

Understanding State and Federal Guidelines for EVV Use

Your provider agreement outlines Division of TennCareSM conditions for using an EVV system to check in and out when delivering authorized services. The 21st Century Cures Act includes additional Centers for Medicaid and Medicare Services (CMS) requirements.

According to the act, providers must use an EVV system when providing in-home PCS and HHCS. This includes personal attendant services, personal assistance services, respite and all services covered by a person's CHOICES and ECF CHOICES benefit that are currently subject to EVV system requirements.

The EVV system must verify the:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends

If states don't comply with these requirements by January 1, 2020, CMS will reduce their Federal Medical Assistance Percentage (federal funding for PCS and HHCS).

Actions to Take

You'll need to educate the direct service workers (DSWs) on your team about the requirements and how to use approved methods for checking in and out of an authorized visit. DSWs may use the following methods in this order:

1. Tablet GPS Device within the Person's Home

Please email CHOICES_EVV_Device@bcbst.com or call 1-855-389-4843 immediately if the tablet isn't available, receiving an internet signal or doesn't work.

Note: Some people aren't eligible for a tablet because they've repeatedly misused a device, had multiple stolen or lost devices, or have refused the device. We'll notify you when a member is no longer eligible to receive a tablet. In these cases, your team will be responsible for using other approved methods to clock in/out.

2. Bring Your Own Device (BYOD)

If the tablet is unavailable, the next method is BYOD. All DSWs should learn how to use their own device to check in and out during their initial hire training. If DSWs have a smartphone, the appropriate app should be loaded onto their phones, and they should have time to practice checking in and out before completing their initial hire training.

3. Interactive Voice Response (IVR)

If actions one and two aren't possible, the DSW should call into the appropriate IVR number to check in and out of an authorized visit using a telephone number that's on file in the EVV system.

Please note: An individual must have at least one telephone number on file, but they may also have alternate phone numbers listed.

Manual confirmation isn't an electronic form of verification and isn't compliant. The Division of TennCare will work with managed care organizations (MCOs) and providers to determine if there are limited circumstances in which a visit that's manually confirmed may remain eligible for reimbursement.

Oversight and Compliance Guidance

We're working closely with the Division of TennCare to monitor and track the volume of manual confirmations. Every month, we send a report outlining provider compliance to the Division of TennCare. We've also developed action steps for providers who aren't using the EVV system correctly. These steps may include a corrective action plan, the suspension of new referrals, or contract termination if providers aren't compliant with the law by the federal deadline.

Our goal is to make this transition as easy as possible, so we'll work closely with you to provide additional training and support. We look forward to helping you and your team adopt the EVV system.



New Joint MCO Tools for CHOICES and ECF CHOICES Providers

Amerigroup Community Care, BlueCare Tennessee and UnitedHealthcare Community Plan have worked closely with the Division of TennCare to improve efficiencies for providers contracted with multiple MCOs. On May 1, 2019, we launched a universal application and site visit assessment tool that streamlines the credentialing and recredentialing process.

Application

You now only have to complete an application for credentialing or recredentialing once. On the second page of the universal application, you can select each MCO and program(s) that needs to review your application. Please note you still need to submit the completed application and the supporting documents listed on the application's cover page to each MCO at the below contact information:

- **BlueCare Tennessee:** ChoicesEnrollment_GM@bcbst.com
- **United Healthcare:** tn_ltc_networkmail@uhc.com
- **Amerigroup Community Care:**
Initial application/service additions:
tnltssprovidercontracting@anthem.com
Recredentialing application:
agpcredentialing@anthem.com

Tips for Submission

- Select the application type (New Provider, Recredentialing, Adding Additional Services/Counties or Additions/Changes to Addresses).
- Choose the correct programs, regions and counties.
Figure 1 below shows the correct selection of Anderson, Gibson, Lauderdale and Rutherford counties for the CHOICES and ECF CHOICES programs.
- Include any subcontracted services on the fourth page.

Site Assessment Tool

Each MCO's provider relations representatives and network managers will use the same tool when they visit you, and we're training them to make sure we view your files the same way. Our goal is to improve your experience through streamlining and consistency, and we hope you'll quickly notice these changes.

We appreciate your candid feedback, patience and support during these process changes. There are more exciting changes ahead, and we look forward to announcing them soon.

Figure 1

Counties Covered by Services												
Regions	CHOICES			ECF CHOICES								
	<input checked="" type="checkbox"/> West	<input checked="" type="checkbox"/> Middle	<input checked="" type="checkbox"/> East	<input checked="" type="checkbox"/> West	<input checked="" type="checkbox"/> Middle	<input checked="" type="checkbox"/> East						
	CHOICES	ECF CHOICES		CHOICES	ECF CHOICES		CHOICES	ECF CHOICES		CHOICES	ECF CHOICES	
Anderson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fentress	<input type="checkbox"/>	<input type="checkbox"/>	Lauderdale	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roane	<input type="checkbox"/>	<input type="checkbox"/>	
Bedford	<input type="checkbox"/>	<input type="checkbox"/>	Franklin	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	Robertson	<input type="checkbox"/>	<input type="checkbox"/>	
Benton	<input type="checkbox"/>	<input type="checkbox"/>	Gibson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lewis	<input type="checkbox"/>	<input type="checkbox"/>	Rutherford	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bledsoe	<input type="checkbox"/>	<input type="checkbox"/>	Giles	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	

BlueCare Tennessee EVV Reporting Requirements for Delivering HCBS Services

Our goal for 2019 is to help our HCBS providers achieve a compliance rate that is as close to 100% as possible for effective and accurate use of the EVV system. We're preparing and working towards being 100% compliant by 2020.

New and Existing Guidelines for EVV Use

Your agency's EVV coordinator is responsible for using the EVV system to determine billable hours/units before requesting payment. We base payments on service delivery, which ensures services are billed according to the person-centered support plan your agency accepted.

Your agency must continue to meet all existing timelines and database monitoring requirements for the delivery of personal assistance services, attendant care, supportive home care and home-delivered meals. Effective April 2019, you're also now required to complete and submit a Missed and Late Visit Report.

In order to comply with the 21st Century Cures Act, we – along with the Division of TennCare and CMS – will closely review the data you submit through the EVV system and Missed and

Late Visit Report. CMS recommends states monitor and hold providers accountable for all data exceptions, including:

- A missing or invalid check-in/check-out
- Incorrectly entering the EVV ID
- Checking in from an unverified phone number

Next Steps for BlueCare Tennessee Providers

On **April 4, 2019**, we began sending agencies a Missed and Late Visit Report that lists every service that was missed or started later than scheduled for all members supported by their agency.

When you receive this report, please review, complete the parts that require a response and return it to BlueCare Tennessee within seven business days. We'll provide prepopulated and relevant member information to help you fill out the required data elements.

Example of Missed and Late Visit Reporting Elements

Below, please find an example of what you'll see in the new Missed and Late Visit Report:

EXAMPLE

Member Information			Visit Information				Late Visits		
Member Last Name	Member First Name	Group	Service Type	Date of Scheduled Visit	Time of Scheduled Visit	Was the Visit Late or Missed	Time the Provider-Initiated Late Visit Occurred	Diff Betw Sched Time of Visit and Actual Time the Visit Started	Why was the Visit Late Due to Provider Reasons
Missed Visits									
Was Visit Made Up	If Visit Was Made Up Date the Missed Visit was Made Up	If Visit Was Made Up Time the Missed Visit was Made Up	If Visit Was Not Made Up Explain Why the Visit Was Not Made Up		Was the Member's Back Up Plan Initiated	Why was the Visit Missed Due to Provider Reasons			
Follow-Up Information									
Provider Name		Actions Taken to Prevent Future Late or Missed Visits		Late or Missed Designation I Agree I Disagree		If Disagree, why?			

The report differentiates between late and missed visits and asks you to submit the following types of information for each:

Late Visits

- Date of scheduled visit
- Time of scheduled visit
- Was the visit late or missed?
- Difference between the scheduled time of visit and the actual time the visit started
- Why was the visit late (due to provider reasons)? – *Requires response.*

Missed Visits

- If the visit was made up, what date was the visit made up? – *Requires response.*
- If the visit was made up, what time was the visit? – *Requires response.*
- If the visit wasn't made up, explain why. – *Requires response.*
- Why was the visit missed (due to provider reasons)? – *Requires response.*

Follow-Up Reasons

- What action did you take to prevent future missed and late visits? – *Requires response.*
- Late or missed visit designation: I agree or I disagree. – *Requires response.*
- If you disagree, explain why. – *Requires response.*

What to Expect: A Timeline for Report Completion

- BlueCare Tennessee emails the report from the EVV Report email box (EVV_Report@bcbst.com).
- As soon as you receive the report, please review it and check the provider ID to make sure that what you received is correct. If the report is incorrect, please return it to EVV_Report@bcbst.com with an explanation.

- Providers must accurately populate all columns that are color-coded orange, and upon completion, return the report to BlueCare Tennessee within seven business days (*see required provider responses above*).
- Our EVV Team will contact all providers who don't return their completed reports within seven business days.
- We'll review and validate the information your agency provides and return the report for corrections, if needed. You must return corrected reports within three business days.
- BlueCare Tennessee submits final reports to the Division of TennCare.

Guidelines for Completing the Missed and Late Visit Report

- If the visit is identified as missed or late and your agency disagrees, select disagree and add supporting comments that explain why you disagree in the appropriate line item.
- You can only select from the reason codes in the drop-down menu located within the report when providing reasons for a late or missed visit.
- Please enter future actions you plan to take to prevent recurring and ongoing missed and late visits, as applicable. We'll monitor these actions to manage performance and continuous improvement.
- Please note that we'll count visits as noncompliant if you don't complete the report or leave answers blank. These noncompliant visits will be used when determining the need for corrective action plans (CAPs), suspension or contract termination. We may also withhold payment or assess liquidated damages as applicable in the event of continued noncompliance with EVV requirements.

Upcoming Training Opportunities

BlueCare Tennessee conducted an online webinar in conjunction with Sandata on April 4, 2019. We'll conduct a follow-up session for questions and answers, as well as make-up training for providers who couldn't attend on April 4. Check the EVV dashboard for event dates.

If you have questions or need to verify that we have the correct contact and email address for your agency, please email EVV_Report@bcbst.com.

Professional Corner



Dr. Stacey Dixon

Behavior Supports Director for LTSS

Dr. Stacey Dixon has spent her career helping people with co-occurring mental health and developmental disabilities live the lives they choose in their communities.

Person-centered planning for people with intellectual and developmental disabilities (I/DD) has been a focus of Dr. Dixon's training and clinical experiences for the past 13 years. A licensed psychologist, she received her Doctorate in Clinical Psychology with a specialty in Child and Adolescent Psychiatry from Oklahoma State University in 1992. She then completed a fellowship at the University of Tennessee Boling Center for Developmental Disabilities in Memphis.

Dr. Dixon was an Assistant Professor in the Psychiatry Department at UT Memphis before going on to work in multiple inpatient, outpatient, skilled nursing and private practice settings. She served as the West Regional Deputy Director in the Tennessee Department of Intellectual & Developmental Disabilities and later became the Chief Officer at the Cloverbottom Developmental Center and the Harold Jordan Center. She joined BlueCross in 2016.

Committed to Our Members

As the Behavior Supports Director for BlueCare Tennessee LTSS programs (CHOICES, ECF CHOICES and TennCare*Select* Community), Dr. Dixon plays a vital role in integrating and coordinating members' physical and behavioral health services with their long-term supports. To this end, she provides clinical oversight of the:

- Systems of Support (SOS) model
- Transitions of youth with I/DD from state custody to adult services
- Transition planning from high-intensity levels of service, such as hospitals, behavior respite and residential treatment centers

In addition, she's responsible for all of the behavioral health-related training required for onboarding ECF CHOICES Support Coordinators and CHOICES Care Coordinators.

Over the past three years, she's co-led efforts to integrate our LTSS and Behavioral Health network providers. This includes developing our new provider network for ECF CHOICES Groups 7 and 8.

When talking with providers, Dr. Dixon recognizes our shared efforts to meet members' needs and help them live the lives they want. She's often heard saying, "At BlueCare, it really is all about the member."

One of her professional passions is ensuring that our members' rights are upheld in manners consistent with the 2014 federal rule for home and community-based services. She chairs the Settings Compliance Committees for ECF CHOICES and CHOICES and leads reviews of proposed restrictions to members' rights. When needed or requested, she's happy to help providers better understand the rule and how to meet its requirements.

Make the Most of Our New Bid Forms for Minor Home Modification Services

In our [first quarter PARTNERS newsletter](#), we introduced two new bid forms that replace the four-page Minor Home Modification (MHM) Summary Excel file. As you use the forms, please consider these tips for easier use:

MHM Summary and Bid Request

- View and print the form in landscape, rather than portrait mode.
- Look for and note bariatric MHM needs that may require larger ramps and wider doors.
- Note the grab-bar count and locations needed, if requested.

Bid Proposal Form

- Consider making a custom digital file of your signature so you don't have to print and sign each bid.
- If you choose to save the proposal as a PDF instead of in Microsoft Excel, the data you enter is locked in the document. If revisions or math corrections are needed, you'll need to make these edits and resubmit the form.
- This document prints best in portrait mode. Set the print scaling to "fit sheet on one page" before printing, and set custom page breaks, as desired.

- Consider saving a copy with your print and view preferences for quicker form completion.
- If you group items for split projects instead of creating a second proposal sheet:
 - Use =Sum() formulas for subtotalling amounts in notes cells. For example, =SUM(H9:H13)+SUM(O9:P13) will total materials and labor for rows 9-13.
- You don't have to go into too much detail for each line item. You can price a ramp by total linear foot, including landings. Shower kits can also price as one item.
 - If shower size is not on the list, use shower (other) and write the size in the description.
 - Quote shower framing or floor prep as separate items, if needed.
- The "Other – See Notes" item is meant for several uses:
 - Less common items not on the list
 - Additional or non-typical materials needed to install an item
- You can use multiple "Other – See Notes" responses in your bid as long as you write a brief description in the left column.

If you have questions about these new documents, please contact your regional MHM specialist.



Committed to Service

As your partner in serving our CHOICES and ECF CHOICES members, we're committed to providing you unmatched service and support. Stay current with the most current news and program guidance. Visit us at bluecare.bcbst.com to find resources, updates and the most recent version of the CHOICES newsletter.

Provider Network Manager Contacts

Manager	Region	Phone	Email
Mark Watson	Middle	(615) 565-1937	mark_watson@bcbst.com
Keshanna Brents	Middle	(615) 760-8792	keshanna_brents@bcbst.com
Komeisha Rodgers	East	(865) 588-4686	komeisha_rodgers@bcbst.com
LaTasha Cole	East	(901) 544-2002	latasha_cole@bcbst.com
Ashley Hill	West	(901) 544-2136	ashley_hill@bcbst.com
Marilyn Turner	West	(901) 544-2459	marilyn_turner@bcbst.com

Where to Turn for Help

Your Service Need	Operational Area	Contact
Eligibility Services, Claims, Inquiries, General Contracting/Credentialing Questions	BlueCare Provider Services/ Eligibility Service Line	1-800-468-9736
Member Related Questions/Supports, Member Emergencies (After Hours/ Weekends Only) During Regular Hours Contact Coordinator Directly	Support/Care Coordination	1-800-262-2873
Sandata/EVV Tech Support	Sandata Client Relations (EVV)	1-855-389-4843
Availity Claim Submission Tech Support	Availity	1-800-282-4548
CHOICES Web Portal Claims Tech Support	e-Business	(423) 535-5717, select option 2
Provider Education, General Provider Support, Assistance with Contracting/Credentialing	CHOICES/ECF Provider Relations	CHOICESProviderRelations@bcbst.com
Authorizations Support, General Billing – Release of Units	Provider Inquiry Specialist Team	ProviderAuthIssues@bcbst.com OR call 1-800-747-8955, select option 2
Change of Ownership Notifications, Questions/Concerns		Provider_CHOW@bcbst.com

How Are We Doing?

As a valued BlueCare Tennessee provider, we welcome your feedback and want to hear from you. If you have questions and/or concerns about a process, or if there's an individual that you'd like to point out for good service, please email us at: CHOICESProviderRelations@bcbst.com. We look forward to hearing from you.