

# PARTNERS

**BlueCare Tennessee Long Term Services and Supports Program**

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

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How Are We Doing?

## Contact Our Support Coordinators for Help Connecting with Members

The time following a member's acceptance into the ECF CHOICES program is a busy one for members and providers.

During this time, our members:

- Learn about available supports
- Work with a Support Coordinator to craft a Person-Centered Support Plan that reflects their goals and needs
- Select providers to approach to see which ones can deliver needed services and supports

Providers then determine if the member's needs are a good fit for the services they deliver and, if so, contact them to arrange a meet and greet.

After all of this preparation, it can be frustrating for everyone involved if providers and members are unable to connect to schedule a visit or start date for services.

### How We Can Help

If you're having trouble reaching a member, or if the person you serve has a different understanding of the services you were planning to provide, please contact the member's Support Coordinator. Our Support Coordinators can help connect the dots by, for example, making sure you and the member have up-to-date contact information, so the member knows to answer your call. They can also help resolve any misunderstandings about the services you're going to provide.



If you're not sure who the member's Support Coordinator is, please contact the appropriate ECF CHOICES Regional Support Coordinator Supervisor for your location below:

#### West Region

Julie Vest  
(731) 694-8861  
Julie\_Vest@bcbst.com

#### Upper East (Johnson City and Knoxville)

Sarah Briggs  
(865) 228-4762  
Sarah\_Briggs@bcbst.com

#### Middle Region

Kristi Lane  
(615) 571-9302  
Kristi\_Lane@bcbst.com

#### Lower East (Chattanooga and Knoxville)

Jackie Ross Smith  
(423) 582-2476  
Jacqueline\_Ross-Smith@bcbst.com



## Eleven Questions to Ask to Assess Fall Risk

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You play an important role in helping the people you support identify and address factors that can increase their risk of falling. The following 11 questions serve as simple reminders to help you recognize those who are at risk. Consider keeping this list with you when you visit members in their homes and communities:

1. Have you noticed a change in the way a member walks? Do they seem unsteady on their feet, or do they need to hold onto furniture for balance?
2. Does the member use oxygen with long tubing that lies on the floor? If so, coloring the tube can make it easier to see.
3. Are rugs secure, or do they move around when stepped on? Does the member wear nonslip slippers and use nonslip bathmats in showers and bathtubs?
4. How is the lighting in the home? Would nightlights in hallways and bathrooms help the person better navigate their environment?
5. Has the member told you they're afraid of falling? Do they avoid moving around because they're afraid they're going to fall?
6. Can the member perform simple stretches and exercises? By maintaining muscle tone, members lower their risk of falling.
7. Are personal belongings within reach? Does the member use a walker or rollator? Are there other types of equipment that could help the member perform everyday activities?
8. Has the member gotten ill or stayed in the hospital recently? Are they noticeably weaker?
9. Has the member moved to a new residence? Have they successfully adapted to their new environment?
10. Does the member have a deep mattress? Are they able to touch the floor when they sit on the side of the bed?
11. Are you aware of any recent changes to their vision, medication or medical history?

Fall prevention starts with creating a safe living space, and members may also need to visit their primary care provider to review their medications or get a referral for physical therapy or other services. By keeping these questions top of mind and talking with members and their families if you're concerned, you can help members make the basic changes needed to prevent avoidable falls.

## Get Up to Date on Pre-Admission Screening and Resident Review Requirements

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Nursing facilities that receive Medicaid funding must meet federal and state regulations for Pre-Admission Screening and Resident Review (PASRR). To help make sure you have the information you need to comply with these rules, we've put together the following process refresher. All information included below is adapted from the Division of TennCare<sup>SM</sup> PASRR memorandum.

States must develop a process for PASRR to identify and evaluate individuals who have a mental illness, intellectual disability or related condition. This screening and review must take place before people are admitted to Medicaid-certified nursing facilities — even if they don't have or aren't applying for Medicaid. Per federal rules, Medicaid is only able to pay for nursing facility services that are provided after the PASRR is complete.

### Who Should Perform the PASRR?

The provider performing an individual's PASRR must be familiar with their physical and behavioral health needs and be able to meet with them and their family members face-to-face. Patients and their families have the right to participate in the PASRR, according to federal regulations. If a patient is transitioning from a hospital to a nursing facility, the Division of TennCare encourages hospital providers to complete PASRR evaluations for their patients. This can help accelerate discharge planning and prevent delays in nursing facility care. If preferred, hospitals can ask the nursing facility to complete the PASRR. In these cases, a nursing facility staff member would need to visit the patient in the hospital to perform a face-to-face assessment and talk with the patient's hospital provider about their physical and mental health needs.

For more information about the PASRR process and requirements, please view the webinars and web-based tutorials available at [ascendami.com/ami/Providers/YourState/TennesseePASRRUserTools.aspx](https://ascendami.com/ami/Providers/YourState/TennesseePASRRUserTools.aspx).

## You Spoke, We Listened: Enhancements to Sandata's Electronic Visit Verification (EVV) Database

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Over the past year, we've reached out to find out how we can improve functionality within our EVV database and help streamline processes. We heard you, and we want to reduce the administrative burdens that you spoke about this year. Your support for the programs and services that help members become independent, integrate in our communities, and make choices for their lives is so important. We used the preferences, concerns and suggestions you shared with us through focus groups and surveys to help Sandata make some changes to the EVV database.

We're excited to announce the following changes. Some of these enhancements are already complete, and the rest will go live before Jan. 1, 2020:

- Removing exceptions that keep visits from auto-confirming
- Updating field staff to reflect the staff member that checked in for a visit
- Updating reason codes for late and missed visits to align with all MCOs
- Giving providers the ability to place members on hold when appropriate

### If you place a member on hold, please:

- Call us immediately at 1-800-468-9736, ext. 1296 and/or reach out to the member's care coordinator.
- We'll notify Care Coordination, if needed, and internally monitor the member's status.
- When the member returns home, resume regular services.
- Updating the check-in time prior to the start of the authorization to 15 minutes prior

Moving forward, we encourage you to provide feedback to help us continuously improve and support the quality, compliance and productivity needed to be successful. As we get ready for the 21st Century Cures Act, we must all maintain compliance with the Act's regulations and prepare to focus even more on members and their experiences.

# Professional Corner

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## Cortney White

### Supervisor, Provider Relations, LTSS

Cortney White has worked in the health care industry for more than 10 years. A Tennessee native, Cortney attended Oral Roberts University in Oklahoma and began her career in Tulsa as a claims processor for BlueCross BlueShield of Oklahoma in 2008. Her passion lies in helping people maintain or improve their health — whether that be through disease prevention, treatment, or other assistance managing physical and mental illnesses.

While in Tulsa, Cortney held several positions, including Quality Auditor, Claims and Quality Supervisor, and Senior Supervisor in Project Delivery. During this time, her influence grew, and she became a huge advocate for not only her employees, but also the members they served. She helped motivate her team to think outside the box and was able to streamline several processes. She was also asked to chair the volunteering steering committee for BlueCross BlueShield of Oklahoma, which she led for three years.

Outside of her job, Cortney served on the board and executive leadership team for Tulsa Street School, which focuses on transforming lives through positive relationships and creating opportunities for students to effectively live in the community.

### Committed to Our Members

In June 2019, Cortney relocated back to Tennessee and joined BlueCross BlueShield of Tennessee. She supervises the Provider Network Managers in our Provider Relations department and is responsible for helping maintain a high-quality network of providers. Her job responsibilities include organizing workloads and maximizing productivity, as well as overseeing provider communication and education. She's here to not only drive results, but also advocate on the providers' behalf to make sure they have what they need to take care of our members.

Cortney and her team assist in making sure our providers meet Division of TennCare and departmental requirements. They also assess potential providers who are interested in joining our network and conduct annual site visits for providers that we are recredentialing. Additionally, they collaborate with various areas within BlueCare Tennessee, including employment specialists, behavioral supports and housing services, to make sure our members' needs are met.

If you have any questions about provider relations, please feel free to contact Cortney at [Cortney\\_White@bcbst.com](mailto:Cortney_White@bcbst.com).

# CISS: Changing Individuals' Social Status

We know that CISS doesn't actually stand for changing individuals' social status, but that's what Community Integration Support Services (CISS) are designed to do. These services are among the hardest to deliver. How do you help someone make friends and develop the abilities to participate in their community independently or with minimal assistance?

## What CISS Is — and Isn't

Being in the community isn't the same as being part of the community, so delivering CISS goes beyond outings to movies, parks or shopping centers. Consider the following definition:

"...promote maximum participation in integrated community life while facilitating **meaningful relationships, friendships and social networks** with persons without disabilities who share similar interests and goals for community involvement and participation. Community Integration Support Services enable the person to increase or maintain his/her capacity for independent participation in community life and to **develop age-appropriate social roles valued by the community...**"

**The bottom line:** CISS helps the people we serve gain the needed skills to develop meaningful relationships in the community.

## Your Role in Delivering CISS Services

Some members receiving CISS don't yet know how to initiate conversations, make appropriate eye contact, ask applicable questions, etc. Think about the lessons you've received from people in your community (family, friends, church, sports, school and after-school activities). Those people gave you feedback and helped you learn a **social role** (for example, a brother, sister, employee, shopper, voter or driver). Your job is much the same: teaching people how to be valued members of their community, which is essential to their well-being.

Consider the following tips for delivering CISS:

- Interact with the member. CISS isn't a "sitting" service.
- Encourage the member to interact with others and build relationships.
- Discuss the different types of relationships and break those down like you would other skill sets. Consider asking: Who do you have a relationship with now? How do you know it's a relationship? What do you do with this person? What do you talk about? Why do you like it?



- Start with those who are already in the member's life — who would they like to get to know better and why?
- Begin with small steps, like having the member ask a grocery store clerk where to find something they like in the store.
- Use the CISS Supplies benefit, if needed, but make sure the service isn't too costly.
- Model a relationship. Show the member what a relationship looks like and what is expected. For example, there are expectations that come with being a gym member — it's important to have appropriate clothing, gear, behavior, etc. Help the member understand that all roles have social expectations.

## Dedicated to Changing Lives

CISS is a service that can transform people's lives. Here's just one of our favorite CISS success stories:

A young woman wanted to lose a little weight and get more involved in her community. Her direct support professional (DSP) helped her join a local gym, and she started going to an exercise class. She liked being up front near the teacher so she could learn the steps, and she started making friends in the class. The DSP initially stayed up front, but after a few weeks, moved to the back of the class so this young woman could grow her new relationships on her own.

After a few more weeks, the DSP stood outside, and the teacher came out and told the DSP she had to be inside with our member. The DSP politely explained the program and that the goal was to one day provide transportation to the gym only. The teacher picked up the young woman's items and moved them to the back of the class near where the DSP was standing outside. The classmates expressed discontent with the teacher, picked up our member's items and moved them back to the front of the class so she could stay with her new friends. That's a great example of changing individuals' social status through Community Integration Support Services.



## Important Information About the 21st Century Cures Act and Provider Compliance

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Compliance with the 21st Century Cures Act is an essential part of delivering Home and Community-Based Services (HCBS). This article will help you brush up on electronic visit verification (EVV) requirements and give you a look at how we'll be measuring compliance next year.

### EVV Requirement Reminders

All HCBS providers that contract with a managed care organization (MCO) and receive Medicaid funding to provide personal assistance, attendant care, personal care, supportive home care and in-home respite must effectively and accurately use an approved EVV method to record on-site member visits.

To help ensure appropriate use of the EVV system, we expect all agencies to employ a dedicated EVV Coordinator who manages the EVV database on a daily basis. The EVV Coordinator is responsible for the day-to-day oversight and management of the EVV database, along with scheduling and monitoring member visits. Additional responsibilities may include, but are not limited to, submitting accurate billing and claims for processing and acting as the liaison for the agency and BlueCare Tennessee in ensuring tasks are completed in a timely manner to support provider compliance.

**Please Note:** We no longer accept manual confirmation as an approved EVV method. When assistance using an approved EVV method is required, please refer to the following reporting processes. If you:

- Have trouble using a tablet, please email [CHOICES\\_EVV\\_Devices@bcbst.com](mailto:CHOICES_EVV_Devices@bcbst.com).
- Have problems with tablet connectivity, please contact Sandata at 1-855-389-4843.
- Have concerns about a member, please call 1-800-468-9736, ext. 1296.

### Measuring Compliance Criteria

Effective Jan. 1, 2020, we'll monitor the following components to determine if an agency is in compliance with the 21st Century Cures Act:

1. Percentage of Provider-Initiated Manual Confirmations
2. Percentage of Provider-Initiated Missed Visits
3. Percentage of Provider-Initiated Late Visits
4. Responses to Provider Late and Missed Visit Reports

Continued on page 7 >

## Important Information About the 21st Century Cures Act and Provider Compliance (continued from page 6):

### Agencies will be considered Non-Compliant if:

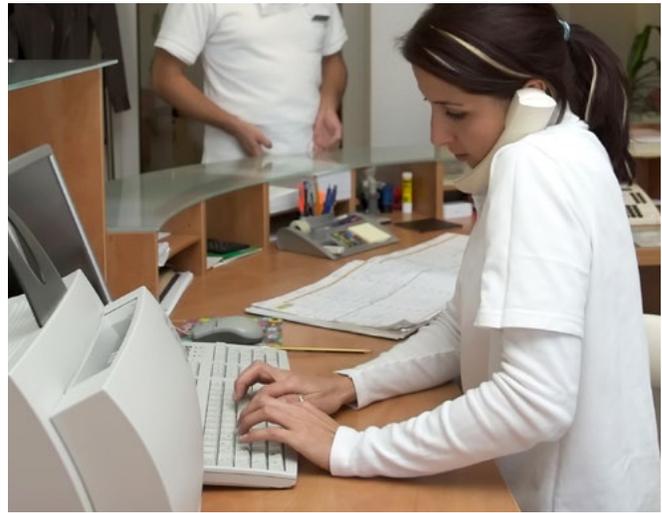
- They don't return Provider Missed and Late Visit Reports within the required timeframe or they return incomplete/inaccurate reports.
- Their compliance rate for manual confirmations and missed and late member visits fall below 90% in performance standards.

Agencies will receive a notice if they're non-compliant in one or more areas. When an agency receives a notice, we'll document each component of non-compliance and identify areas for further action and improvement. If an agency is unable to make necessary improvements and comply within a specified timeframe, we'll take additional corrective actions, which may include:

1. Corrective Action Plan
  - a. Agencies will be asked to submit all Provider Missed and Late Visit Reports accurately and within required timeframes for a minimum of 90 days, as well as maintain the 90% compliance standard for missed and late visits and manual confirmations.
  - b. Further action may be taken if standards in all components aren't maintained for 90 days.
2. New Member Moratorium
  - a. If the terms of the corrective action plan aren't met, authorizations will be withheld for new members.
3. Possible Network Termination
  - a. Network termination may be considered if an agency is:
    - i. Flagged for being consistently unresponsive to Missed and Late Visit Reports or submitting inaccurate reports
    - ii. Unable to maintain a 90% compliance rate in all components

Please note that an agency may be subject to liquidated damages if TennCare has issued damages to BlueCare Tennessee due to provider-initiated causes.

We appreciate your support and all you do to care for our members. If you have questions, please contact your provider network manager.



## New Documentation Process for HCBS Providers

We've worked closely with the other MCOs and the Division of TennCare to significantly streamline our credentialing and recredentialing processes.

To support this, TennCare has enhanced their Provider Data Management System (PDMS) to provide a single source for providers to load documents and for MCOs to retrieve documents prior to an on-site visit. For those of you who are familiar, this process is similar to the Council for Affordable Quality Healthcare (CAQH) process for practitioners. While we must still complete an on-site visit in order to credential and/or recredential each of our contracted providers, this enhancement will shorten the time spent on site.

This change goes into effect Jan. 1, 2020. All HCBS providers are required to load their LTSS policies and procedures, and make sure updated licenses and certificates of insurance are in the PDMS system by that time.

We worked with pilot providers in each region in 2018 to make sure these efforts would be successful. This also gave us the opportunity to remedy any potential challenges prior to rolling this effort out to our entire HCBS network.

We're extremely excited about this initiative and hope you find these process changes helpful. If you have any questions or concerns, please feel free to contact your provider network manager.

## 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](http://bluecare.bcbst.com) to find resources, updates and the most recent version of the CHOICES newsletter.

### Provider Network Manager Contacts

Manager	Region	Phone	Email
Cortney White, Supervisor	Statewide	(423) 468-0220	<a href="mailto:cortney_white@bcbst.com">cortney_white@bcbst.com</a>
Mark Watson	Middle	(615) 565-1937	<a href="mailto:mark_watson@bcbst.com">mark_watson@bcbst.com</a>
Marcus Simon	Middle	(423) 509-4558	<a href="mailto:marcus_simon@bcbst.com">marcus_simon@bcbst.com</a>
Britney Douglas	Statewide	(615) 427-3782	<a href="mailto:britney_douglas@bcbst.com">britney_douglas@bcbst.com</a>
Komeisha Rodgers	East	(865) 588-4686	<a href="mailto:komeisha_rodgers@bcbst.com">komeisha_rodgers@bcbst.com</a>
LaTasha Cole	East	(901) 544-2002	<a href="mailto:latasha_cole@bcbst.com">latasha_cole@bcbst.com</a>
Tara Maffett	East	(423) 309-8495	<a href="mailto:tara_maffett@bcbst.com">tara_maffett@bcbst.com</a>
Marilyn Turner	West	(901) 544-2459	<a href="mailto:marilyn_turner@bcbst.com">marilyn_turner@bcbst.com</a>

### 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	<a href="mailto:CHOICESProviderRelations@bcbst.com">CHOICESProviderRelations@bcbst.com</a>
Authorizations Support, General Billing – Release of Units	Provider Inquiry Specialist Team	<a href="mailto:ProviderAuthIssues@bcbst.com">ProviderAuthIssues@bcbst.com</a> OR call 1-800-747-8955, select option 2
Change of Ownership Notifications, Questions/Concerns		<a href="mailto:Provider_CHOW@bcbst.com">Provider_CHOW@bcbst.com</a>

## 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](mailto:CHOICESProviderRelations@bcbst.com). We look forward to hearing from you.