

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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Get Ready for the Provider Annual and Consultative Surveys

Most of us have seen the commercials with the tag line, “Just OK is not OK.” While this commercial refers to cell phone providers, the message is applicable to much of what we do, especially in the area of quality.

In 2020, the Department of Intellectual and Developmental Disabilities (DIDD) will perform the Employment and Community First CHOICES Provider Annual and Consultative Surveys. The survey process gives providers, BlueCare Tennessee staff and DIDD survey staff an opportunity to work together to increase quality within each provider organization.

Our network providers can earn a status of OK, Good, Better Than Good or Best. Providers who want to achieve the highest level of quality must demonstrate strong policies and related strategies or procedures that have been successfully implemented. All staff members must apply these procedures to all people receiving ECF CHOICES services and supports.

What’s Included in the Survey?

The DIDD team will survey nine quality focus areas:

- Access and orientation for services
- Person-Centered Support Plan implementation and support delivery
- Choice and decision-making
- Opportunities for integrated work
- Relationships and community membership
- Rights, respect and dignity
- Health
- Safety and security
- Direct support staff

Within these nine quality focus areas, DIDD will assess providers on two aspects:

- Agency structure/policy (organizational structure, staff training, policies, processes, data management systems, etc.)
- Implementation/outcome (evidence of implementation, documentation, data, interviews, observations, etc.)

The Survey Process

The DIDD survey team will complete an in-depth assessment of each policy before they visit a provider on site. The on-site assessment includes a review of provider practices and the impact these practices have on the experiences, opportunities and outcomes for people receiving services and supports. The on-site survey process consists of three main components:

1. Provider systems and records review
2. Interviews with key provider staff, people receiving services, family and natural supports (with consent), and the BlueCare Tennessee Support Coordinator
3. Observation of service delivery in the least intrusive way possible and at a time and location convenient to the person(s) selected for the survey sample

Once the survey is complete, providers will have an in-person exit meeting with DIDD, BlueCare Tennessee and other managed care organizations as applicable to review and discuss the survey results. The purpose of this meeting is for DIDD survey staff to discuss provider strengths, as well as opportunities to build on those strengths to further improve service quality.

As you know, improving quality is an ongoing and evolving process that takes time, energy and commitment. Now’s the time to pull out your survey guidance, check those policies and procedures, and document all of the good work you’re doing. Please remember we’re also here to help you prepare for your next quality monitoring survey.



Introducing BlueCare Plus Choice

On Jan. 1, 2020, BlueCare Plus (HMO SNP)SM launched a new Medicare benefit package called BlueCare Plus Choice. The BlueCare Plus Choice plan is a Fully Integrated Dual Eligible (FIDE) Special Needs Plan.

What Is a FIDE?

A FIDE promotes the full integration and coordination of Medicare and Medicaid benefits and LTSS for dual eligible beneficiaries by a single managed care organization. This means individuals will have a single entity coordinating their care and services.

BlueCare Plus Choice eligibility requirements include individuals who:

- Live in Tennessee
- Are eligible for Medicare parts A (Hospital Insurance) and B (Medical Insurance)
- Have BlueCare Tennessee Medicaid/TennCareSM coverage with CHOICES 1, 2 or 3

BlueCare Plus Choice will administer the same Medicare, Medicaid and LTSS benefits and services that members receive today. A big benefit for people enrolled in BlueCare Plus Choice is that they will get one subscriber ID and membership card that can be used for all Medicare, Medicaid and pharmacy services.

Moving forward, you'll need to use the member's new BlueCare Plus Choice ID, which begins with a Y or 9, for claims and authorization processing. You'll only need to file one claim for us to process both Medicare and Medicaid benefits and will receive one remittance advice showing how the claim processed. The prefix for all FIDE claims should be ZECM.

If you have questions, please call the BlueCare Plus Choice Provider Service Line at **1-800-299-1407**.

Professional Corner



Britney Douglas

Statewide Provider Network Manager,
Provider Relations, LTSS

Britney has worked in the health care industry with providers and members for more than a decade. She joined BlueCross BlueShield of Tennessee in 2016 and brings a wealth of knowledge and experience about Medicare and Medicaid. She held several roles within BlueCare Tennessee LTSS, including LTSS Specialist, EVV Specialist and Business Analyst for Operational Oversight, before starting her current position.

As the Statewide Provider Network Manager for CHOICES, ECF CHOICES and nursing facilities, Britney's here to not only drive results, but to also advocate for providers and make sure they have what they need to care for our members. She serves as the liaison between providers and BlueCross internal and external departments. She's passionate about solving challenges related to claims, the electronic visit verification (EVV) system, training and authorization, and understands that on the other side of every authorization is a person who needs care. Her favorite quote is: "I know what's on the other side of an authorization. It's my father and grandparents."

Britney is specifically dedicated to our statewide, specialty and nursing facility providers, and she's been a vital part of many special projects and new initiatives, collaborating with others to make sure provider voices are heard. Some of her particular areas of expertise include the Change of Ownership process, EVV compliance and Community Living Supports housing.

If you have any questions, please contact Britney at britney_douglas@bcbst.com

Website Updates: LTSS Removal of Services Form and ECF CHOICES Claims Reference Guide

We recently uploaded two documents to the Provider section of bluecare.bcbst.com that we hope you'll find helpful. Here's what you need to know about these documents and when to use them.

1) LTSS Removal of Services Form

We recently created a new form to help you remove services from your provider agreement outside of our annual credentialing period. To remove CHOICES or ECF CHOICES services that you no longer perform from your provider agreement, simply download the form, follow the instructions and email the completed form to CHOICESProviderRelations@bcbst.com.

When filling out the form, please make sure to select a term date for services, which is the last date you'll be paid for the services you're removing.

2) ECF CHOICES Claims Reference Guide

We've updated our existing ECF CHOICES Claims Reference Guide to include information about ECF CHOICES Groups 7 and 8. Review the guide to find information about billing guidelines, common denials, appeals, timely filing and other claims issues.

New Nursing Facility Reporting Process for BlueCare Plus Choice Members

We routinely receive incoming faxes from nursing facilities reporting various activities, such as when a member elects to begin hospice coverage or transfers to another facility. Thank you for reporting these activities in a timely manner, fully completing each form, and reporting only one activity per form. We appreciate your cooperation and want to let you know about a recent important change.

Beginning with the Jan. 1 launch of our newly implemented FIDE plan, members who currently have BlueCare Tennessee CHOICES and BlueCare Plus Medicare coverage are now enrolled in BlueCare Plus Choice. (You can read more about BlueCare Plus Choice on page 2 of this newsletter.) The identifier for patients enrolled in BlueCare Plus Choice is their BlueCare Plus Medicare ID number, which begins with either a Y or 9.

In the past, we asked that you enter the person's CHOICES member ID number — the number beginning with an M — beside their Social Security number when reporting activities, such as a hospice election, death, discharge or transfer to another facility. Moving forward, please verify your patients' coverage before submitting these reporting documents and use their BlueCare Plus Choice ID when applicable. Please note that any claims you submit for BlueCare Plus Choice members must also be filed under their BlueCare Plus Choice ID to ensure proper processing.

Reminder: Important Contract Requirements

Please review these refreshers about our contractual requirements relating to service termination, contract termination and electronic visit verification (EVV) system use.

Termination of Services

Please notify us in writing at least 60 days before a proposed termination date for member services. Include in your notice the reasons for termination, and continue to update us as you prepare and implement a provider transition plan. Work closely with the member's care coordinator to help make sure their transition to their new provider is as seamless as possible.

Contract Termination

Your provider agreement went into effect on the Effective Date on the agreement's signature page. It will remain in effect until you terminate it according to the requirements specified within your contract.

Please note your agreement will automatically renew each year on Jan. 1 unless you let us know by Aug. 1, in writing, that you plan to terminate your agreement for the following year.

Using the EVV System

We have several requirements for EVV system use and ask that your staff members log their arrival and departure times for member visits on a static GPS tablet. We give this tablet to our members who participate in the CHOICES and ECF CHOICES programs.

Please note that using the GPS tablet is the preferred and approved method of checking in and out of member visits. Staff members should only use their own device or interactive voice response (IVR) if a tablet isn't available and the member is on the exception list.

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
Cortney White, Supervisor	Statewide	(423) 468-0220	cortney_white@bcbst.com
Mark Watson	Middle	(615) 565-1937	mark_watson@bcbst.com
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LaTasha Cole	East	(901) 544-2002	latasha_cole@bcbst.com
Tara Maffett	East	(423) 309-8495	tara_maffett@bcbst.com
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Recie Gunartt	West	(901) 544-2095	recie_gunartt@bcbst.com
Anitra Rogers	West	(901) 544-2093	anitra_rogers@bcbst.com

Where to Turn for Help

Your Service Need	Operational Area	Contact
Eligibility Services, Claims, Inquiries	BlueCare Provider Services/ Eligibility Service Line	1-800-468-9736
General Contracting/ Credentialing Questions	Provider Network Services/ Credentialing	1-800-924-7141, ext. 5775 (Provider Network Services) 1-800-357-0395 (Credentialing)
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
GPS Tablet Replacement, Tablet Exceptions	Provider Specialist Team	CHOICES_EVV_Device@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.