



Bureau of TennCare

2009

TennCare is Tennessee's Managed-Care Medicaid Program serving approximately 1.1 million culturally and racially diversified low-income children, pregnant women and disabled Tennesseans, with an annual budget of \$7.6 billion.





2009 Summer/Fall Topics:

- TennCare Enrollment
- Long Term Care Community Choices Act of 2008
- Health Care Cultural Competency
- Fraud & Abuse
- Medicare “Cross-Over” Claims
- Medicaid Audits
- Provider Reminders
- Former MCC Partners



TennCare Enrollment

{As of August 4, 2009}

- Total Enrollment - 1,184,615
- East TN Enrollment
 - 406,770
- Middle TN Enrollment
 - 370,505
- West TN Enrollment
 - 342,239
- TennCare Select (State-wide) Enrollment
 - 65,101



MCC Enrollment

- East TN
 - AmeriChoice 166,436
 - BlueCare 240,334
- Middle TN
 - AmeriChoice 185,436
 - AmeriGroup 185,069
- West TN
 - AmeriChoice 155,944
 - BlueCare 186,295



Long Term Care Community Choices Act of 2008

What is the Choices program?

**How will it change the current
LTC system?**



Long Term Care Community Choices Act of 2008

- **Integration** of LTC services into the existing TennCare managed care delivery system
- **Comprehensive care coordination** across acute/LTC services
- **Continuous quality improvement** strategy across acute/LTC continuum
- **Simplified access** to the LTC system via the Single Point of Entry



Long Term Care Community Choices Act of 2008

- **Increased Use of HCBS**
- **Consumer-directed options**—allowing consumers to select, direct, and/or employ their own caregivers while also ensuring accountability for taxpayer funds
- Includes the ability to **self-direct health care tasks**
- **More types of residential alternatives** for people who can be served outside Nursing Facilities, including assisted living facilities, adult family care homes, adult foster care homes, companion care models, and home care in public housing



Cultural Competency in Health Care

{As of June 30, 2009}

RACE	West	Middle	East	Out-of-State	Total	Percent
White Total	232,689	255,626	351,773	4,856	721,044	59.1%
Black Total	108,789	90,411	49,611	1,505	374,180	30.7%
Hispanic Total	15,239	28,760	20,698	1,469	56,313	4.6%
Asian Total	3,346	6,402	2,521	73	12,342	1.0%
American Indian or Alaskan Native Total	341	829	637	27	1,834	0.2%
Other Total	14,031	16,757	13,408	114	54,199	4.4%
GRAND Total	374,435	398,785	438,648	8,044	1,219,912	100%



Cultural Competency in Health Care

Cultural issues which may impact a TennCare member's health outcomes

- Limited English Proficiency
- Religious or moral preferences
- Trust Factor
- Gender



Cultural Competency in Health Care

How does this fit in with a billing workshop?

- Save time
(Plan ahead)
- Save money
(Prevent lawsuits)



REPORTING FRAUD & ABUSE

Office of Inspector General

1-800-433-3982

FAX: 615-256-3852

<http://www.tn.gov/tnoig/>

Tips can be anonymous

Cash for Tips Policy

http://www.tn.gov/tnoig/Documents/IncentiveProgram_OIG.pdf

- Tip cannot be anonymous
- Can claim cash reward if your tip leads to prosecution
- Details of how program works available at the link above
- Posters available at TennCare help desk



Office of Inspector General Statistics

ARREST BY COUNTIES	
WEST	62
MIDDLE	647
EAST	223
FALCON III	32
FALCON IV	16
TOTAL	980



Office of Inspector General Statistics

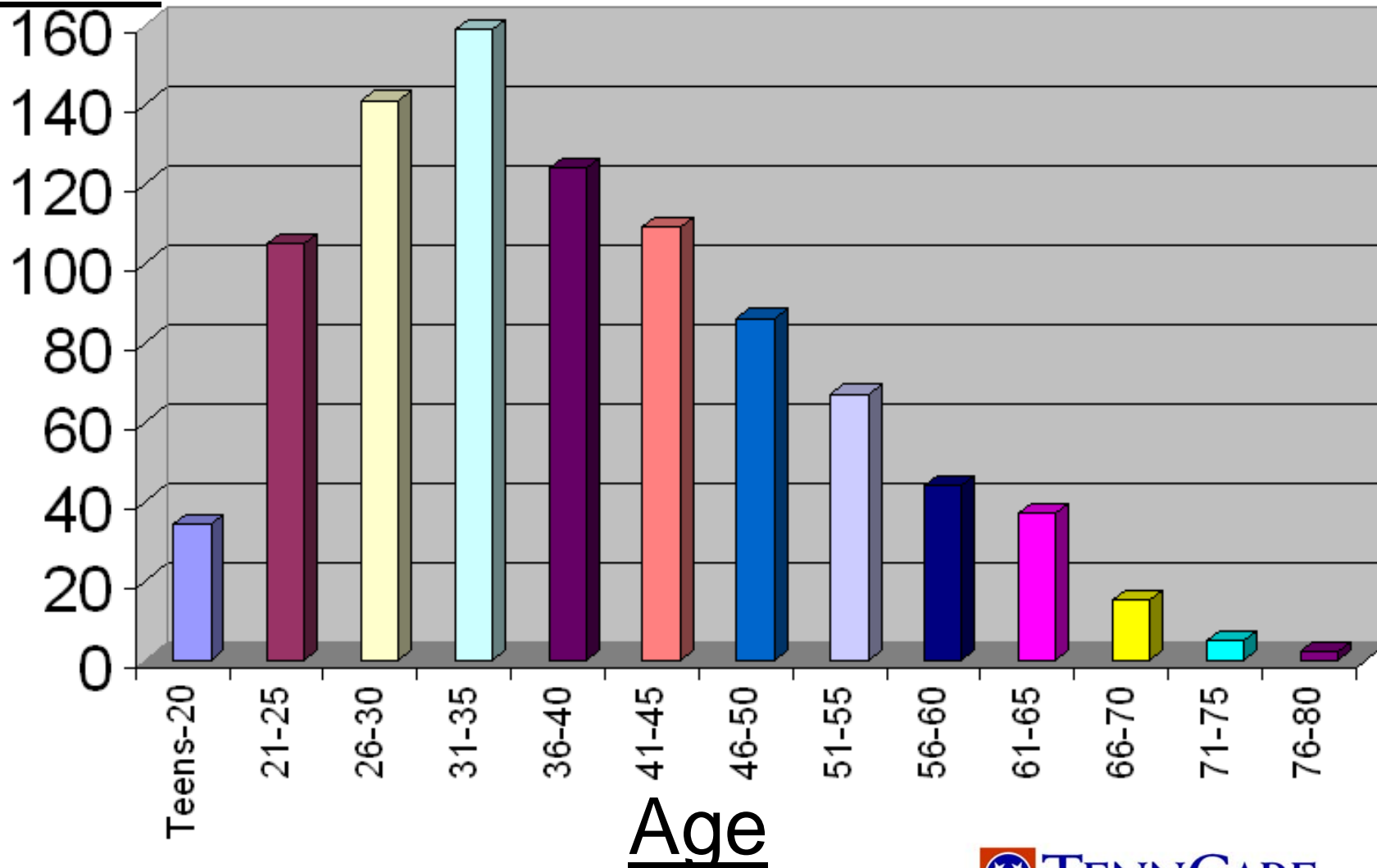
Types of Arrests	
Access To Ins	55
Drug Div/Sale	346
Drug Div/Forgery	331
Doctor Shopping	76
Inel Per Using	17
Asset Diversion	7
Income	45
Theft of Svcs	11
Out of State	13
ID - Theft	28
Aiding & Abetting	3
Falcon III	32
Falcon IV	16
Total Arrests	980

RESOURCES	
Hotline	114
Website	12
Law-Email	10
Law-Ltr	18
Law-CID	360
Law-Hotline	130
Law-Fax	23
State Agency	62
*** <u>PROVIDER</u> ***	<u>200</u>
Mail	14
Wage Ltr	23
Internal Data Mining	14
Total Resources	980



Office of Inspector General Statistics

Count





MEDICARE “Cross-Over” Claims

- Claims for dual eligible
(Traditional Medicare/Medicaid)
members “cross-over” automatically
- Claims for dual eligible
(Medicare Advantage/Medicaid)
members must be filed on paper directly
to TennCare at:
P.O. Box 460
Nashville, TN 37202



Crossover Claims Top Denial Codes

230: No Crossover

Coinsurance/Deductible Due – Detail

occurs when there is no financial responsibility for the recipient

218: Recipient Not Elig For Dates of SVC

-No Fin Bene

occurs when the recipient has no Medicaid coverage for the date of service submitted

200: Billing Provider I.D. Number Not On File

occurs when the billing provider has no record on file

260: Recipient Eligible In The SLMB Program

occurs when the recipient has Medicare primary and the eligibility id SLMB



Reasons claims have to be Returned to Providers (RTP'd)

1. NPI Number Invalid (box 33A)
2. NPI Number Missing (box 6)
3. Paid date on EOMB Missing or Illegible
4. Submit copy of EOMB
5. Dates of service on claim must match dates of service on EOMB
6. Charges on claim must match EOMB



Medicare Advantage EOBs must include the following to be processed:

1. Dates of Service
2. Procedure codes and modifiers
3. Co-pay
4. Coinsurance
5. Deductible
6. Billed Amount
7. Allowed Amount
8. Paid Amount
9. Provider Name
10. Provider NPI
11. Patient Name



MEDICARE “Cross-Over” CLAIMS

**TENNCARE PROVIDER
SERVICES**

1-800-852-2683



Medicaid Audits

- Annual EPSDT Medical Record Review
(conducted at provider offices)
- Periodic ASH Medical Record Review
(conducted at the MCC level)
- Payment Error Recovery Management
(conducted at State level)



Telephone Surveys

- On a quarterly basis, TennCare conducts a telephonic survey of providers to validate data submitted by MCCs to TennCare
- QSource performs this function as a part of their contracted role as the TennCare External Quality Review Organization
- Refer to:
<http://tn.gov/tenncare/forms/externalreview.pdf>



Medical Necessity

State law establishes five components (prongs) of medically necessity and the service must satisfy all five components before TennCare will pay for the service. The five components are:

1. It must be recommended by a health care provider
2. It must be required to diagnose or treat the medical condition
3. It must be safe and effective
4. It must not be experimental or investigational
5. It must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition



Provider Inquiries

1. Contact “Provider Services” at the MCC
2. Contact your assigned MCC Provider Representative
3. Escalate the complaint to a MCC Manager in the Provider Relations Department
4. TennCare Provider Service Department by phoning 1-800-852-2683, and telling them you need to file a MCC complaint
5. Independent Review through Tennessee Department of Commerce & Insurance at

www.tn.gov/commerce/tenncare





Appeal Posters

- Contractual Requirement
 - Require that the provider display notices of enrollee's right to appeal adverse action affecting services in public areas of their facility(s)
 - The Contractor (MCC) shall ensure that the providers have the correct and adequate supply of public notices.
- Yellow Appeal Poster must be displayed in a conspicuous location (i.e. – waiting room, check in window, check out window)



Provider Communications

E-Mail subscription:

Sign up at:

<http://tn.gov/tenncare/pro-emailsubcrip.html>



RSS Feed:

Sign up at:

<http://tn.gov/tenncare/providers.html>



TennCare Select Update

- Premier Behavioral Systems (Magellan) contract terminated August 31, 2009.
- Effective September 1, 2009: TennCare Select will provide an integrated medical and behavioral health care system for members statewide.



Former MCC Partners Claims

- The Bureau of TennCare will NOT accept nor act on requests from providers for reimbursement of claims that would have otherwise been the responsibility of the former MCC Partners
- Independent Review Process outlined in T.C.A. 56-32-126 is no longer available
- All Independent Review Requests sent to the TN Dept. of Commerce & Insurance (TDCI) will be processed as an official Provider Complaint as long as the company has an active license on file with TDCI



Sanctioned Businesses/Individuals

- NOTICE: Federal law prohibits payment of Medicaid funds to any excluded party (i.e. providers, employees, subcontractors). Federal law requires you to check the Federal excluded persons database MONTHLY to verify that you are not using Medicaid dollars to pay excluded parties. Should you discover you have paid Medicaid dollars to excluded parties you must notify TennCare immediately.
- U.S. Dept. of Health & Human Services
Office of Inspector General
<http://exclusions.oig.hhs.gov/>



State/Government Email Address Domain Change

- The state email domain address has changed from:

@state.tn.us

to

@tn.gov



TENNCARE PROVIDER SERVICES

1-800-852-2683



Thank you for your continued service to some of Tennessee's most vulnerable citizens.

