TennCare

TMA Insurance Workshops

2018

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Please Hold All Questions until End of Presentation

TennCare Snapshot

- TennCare's Mission – Improving lives through high-quality, cost-effective care.
- TennCare Vision – A healthier TN.
- Currently cover approximately 1.35 million Tennesseans or 20% of state's population.
- TennCare has an annual budget of $12 billion.

Statewide MCOs

- 3 "Statewide" MCOs:
  - Amerigroup
  - BlueCare
  - UnitedHealthcare Community Plan

Total TennCare Enrollment as of 9/1/2018

- Total Enrollment – **1,309,141**
- East TN Enrollment
  - 449,517
- Middle TN Enrollment
  - 445,441
- West TN Enrollment
  - 357,755
- TennCare Select (state-wide) Enrollment
  - 56,428

Enrollment by Region as of 9/1/2018

- East TN
  - UHC Community Plan 142,503
  - BlueCare 200,750
  - Amerigroup 106,264
- Middle TN
  - UHC Community Plan 153,116
  - BlueCare 148,523
  - AmeriGroup 143,802
- West TN
  - UHC Community Plan 116,100
  - BlueCare 141,212
  - Amerigroup 100,443

Member Handbooks

- MCOs contractually required to provide a Member Handbook to the TennCare enrollees they serve.

- MCOs may now mail a notice to members with instructions for accessing the Member Handbook on the MCO website and a phone number to call and request a paper copy if preferred.

TennCare Online Services (TCOS)

- Effective 4/1/2017 – TennCare pulled the TCOS system in-house.
- No longer a $75 annual fee.
- Information on how to enroll in TCOS located at http://www.tn.gov/main/article/tenncare

(Hand out on how to enroll in TCOS available at Help Desk)

Eligibility Redetermination Status in TCOS

- New section heading in the TCOS eligibility verification screen

Current Redetermination Status:

- Renewal Packet Sent = recipient has been mailed a packet and Date Field will display date it was mailed.
- Received = renewal packet was returned by recipient and Date Field will display date it was received.
- Blank = recipient not part of redetermination process or renewal packet has not been mailed to the recipient.

Eligibility Redetermination Status (cont'd)

01/01/2017 06/30/2017

Submit Reset

Verification # 1718127262

Recipient

Recipient ID	Name	Date of Birth	SSN
1111111111	SMITH , JANE	01/01/2000	123456789

Current MCO
BLUECARE

Current BHO
BLUECARE

Current DBM
DENTAQUEST USA INSURANCE CO INC

Current Redetermination Status

Current Redetermination Status:	Received
Date:	03/10/2017

Reporting Period PCP Name/Organization (PCP as of the end of the request period)
PHYSICIAN, IMA E

Reporting Period PCP NPI	Email Address	Telephone Number
1922006055	Blank.Email@email.tn	6155551212

Eligibility - ***Eligible for TennCare for Reporting Period***

Benefit Plan:	Presumptive Eligibility
Eligibility Category:	
MCO:	BLUECARE
Program:	TennCare Medicaid
Effective Date:	01/01/2017
End Date:	06/30/2017
Copay?:	Yes

Incarcerated TennCare Enrollees (cont'd.)

User Information

Recipient ID: 11223344556

Recipient SSN:

Recipient Date of Birth: (MM/DD/CCYY)

Submit | Reset

Verification # 1518257115

Recipient

Recipient ID	Name	Date of Birth	SSN
11223344556	TENNCARE, TOMMY	01/01/19xx	xxxxxxxxx

Current MCO
TENNCARE SELECT

Current BHO
TENNCARE SELECT

Current DBM
No DBM on record

Eligibility - *Suspended Eligibility*

	Suspended Eligibility
Benefit Plan:	TITLE 19 MEDICAID
Eligibility Category:	
MCO:	TENNCARE SELECT
Program:	TennCare Medicaid
Effective Date:	05/22/2015
End Date:	
Copay?:	

Secondary Provider Data Requirement

Pursuant to Federal Regulation 42 CFR 455.410(b):

"the State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers".

2ndary Provider Data Requirements (cont'd.)

- Effective 9/25/15 TennCare began denying crossover claims containing secondary provider data (rendering, attending, referring, ordering, operating, etc.) for any provider who is not actively enrolled with the TennCare program.
- The submission of an NPI for the secondary provider is required, unless the provider has an atypical provider status.

2ndary Provider Data Requirements (cont'd.)

- Per TennCare's directive
- Effective 6/1/2017 - All the TennCare MCOs began denying claims containing secondary provider data (rendering, attending, referring, ordering, operating, etc.) for any provider who is not actively enrolled with the TennCare program.

Prescribing RXs to TennCare/CoverKids Enrollees

- In accordance with Federal Regs released by CMS, all providers prescribing medications to TC/CK members must have a valid TN Medicaid ID.
- TennCare has been working to communicate and implement these regulations with our TennCare providers.
- <u>Effective 10/15/2018</u> – TennCare will stop covering prescriptions written by a prescriber without a valid TN Medicaid ID with a TN or border county address.
- Out of state prescriber edits will be implemented in 2019.

Provider Inquiries/Escalating Issues

1. Contact Provider Services at the MCC
2. Contact your assigned MCC Provider Relations Rep
3. Escalate the complaint to an MCC Manager in the Provider Relations Deoartment
4. Call the TennCare Provider Services Line at 800-852-2683, option 3 to file a MCC complaint
5. File a Provider Complaint or Independent Review through TN Department of Commerce & Insurance (TDCI) at https://www.tn.gov/commerce/tenncare-oversight/mco-dispute-resolution.html

Medicaid Provider Re-validation

- TennCare requires providers to re-validate with Medicaid every 3 years.
- Most providers “re-validate” each time they update their profile, typically with a phone number or address change.

Medicaid Provider Re-validation(cont'd.)

- All providers currently enrolled as a TN Medicaid provider, will receive an email (supplied by the provider in the PDMS system) asking them to re-validate through the online electronic process.
- Failure to re-validate through TennCare's online system **will** result in the termination of a provider's TN Medicaid ID Number.

Consequences of not re-validating?

- Termination of your TN Medicaid provider number will also terminate any contracts you currently hold with any of the MCOs (Amerigroup, BlueCare, TennCare Select, UnitedHealthcare Community Plan).
- Without an active TN Medicaid provider number you will not be eligible for any payments from TennCare/Medicaid crossover claims or any of its contractors (MCOs, DBM, PBM).

Consequences of not re-validating? (cont'd.)

- Without an active TN Medicaid provider number you will not be able to enter into any Single Case Agreements with an MCO or be paid as an out-of-network provider even with an out-of-network authorization from the MCO.
- Without an active TN Medicaid provider number you will not be able to access the TennCare Online Services web portal used by providers to verify TennCare enrollee eligibility.

Consequences of not re-validating? (cont'd.)

- Without an active TN Medicaid Provider Number, any medications you prescribe for a TennCare enrollee cannot be filled by a pharmacy.

Access the TennCare Provider Registration webpage here:
http://www.tn.gov/tenncare/topic/provider-registration

What is HEDIS?

- HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.
- Health plans also use HEDIS results to see where they need to focus their improvement efforts.

What is HEDIS? (cont'd.)

- HEDIS = Healthcare Effectiveness Data and Information Set
- MCOs in Tennessee are required to report a full Healthcare Effectiveness Data and Information Set (HEDIS) as a part of the state's accreditation mandates.
- HEDIS standardized measures of MCO performance allow tracking over time, as well as comparisons to national averages/benchmarks and across the state's MCOs.

Sample HEDIS Table from 2017 Report

Table 3 summarizes results for the Utilization measures included in the Utilization and Risk-Adjusted Utilization Domain of Care.

Table 3. HEDIS 2017 State to National Medicaid Rates: Utilization Measures

Measure	Weighted State Rate 2016	Weighted State Rate 2017	HEDIS 2016 Medicaid National Avg.	Change 2016 to 2017
Frequency of Ongoing Prenatal Care (FPC):				
≥ 81 percent	55.51%	57.09%	56.61%	↑
Well-Child Visits in the First 15 Months of Life (W15):				
6 or More Visits	57.63%	60.94%	59.35%	↑
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	68.01%	69.18%	71.27%	↑
Adolescent Well-Care Visits (AWC)	42.34%	46.61%	48.89%	↑

TennCare HEDIS Reports

- TennCare's HEDIS Reports are available for review on our website at:

  http://www.tn.gov/tenncare/pro-hedis.shtml

Various Medicaid Audits

Providers participating in any governmental health care program should always expect "AUDITS" since funding is via taxpayer dollars.

- PERM – Payment Error Rate Measurement
- RAC – Recovery Audit Contractor
- Program Integrity
- Comptroller
- TennCare Kids
- EHR – Electronic Health Record
- CMS Adhoc

PERM

- Centers of Medicare & Medicaid (CMS) measures the accuracy of Medicaid payments made by States for services rendered through the (PERM) program.
- CMS uses national contractors.
- Conducted every 3 years – i.e. 2013, 2016.
- TN’s cycle is federal fiscal year.
- In past audits there have been between 500-600 claims randomly selected for review.
- If part of random sample, will receive CMS Letter.

RAC

- Mandated by the Affordable Care Act of 2010.
- States contract with Medicaid RACs which will search for fraud, waste and abuse in the program by reviewing past claims that already have been paid.
- Random sample back to 5 years.
- TN currently contracts with Health Management Systems (HMS).
- If part of random sample, will receive letter from TennCare and send requested Information to HMS

Program Integrity

- Conducted by TennCare's Program Integrity Unit.
- Looks for deviation in standard billing practices.
- Random sampling back 5 years but can go back to inception of TennCare program.
- If part of random sample, will receive letter from TennCare.
- Average sample size 30 to 45 claims with minimum of 25 and maximum to100.
- Will receive follow up letter from TennCare.

Comptroller

- The TN Comptroller's Office performs an annual financial & compliance audit of TennCare.
- Part of audit is to test for medical necessity.
- Approximately 100 claims randomly selected each year.
- If part of random sample, will receive letter from TennCare asking for documentation to support claims paid.

TennCare Kids

- TennCare conducts these audits annually each Spring.
- If part of random sample - Conducted face-to-face by TennCare Quality Oversight staff.
- Sample size maximum is 25 medical records with average usually of 5 or less.
- Exit interview meeting to review findings.
- Provider has 48 hours to follow up if find something marked in error.
- Must be completed by end of June.
- Report due to the Court in July

EHR

- States are required to perform audits on Medicaid Providers who receive an EHR Incentive Payment.
- Conducted by TennCare's Division of Audit & Investigations.
- At least 5% of total payments will be audited per quarter.
- If part of sample selected, will be conducted onsite.
- Will receive follow up letter.

Opioid Use Disorder (OUD)

- Effective 1/1/2019 – OUD treatment provider network must be in place.
- OUD treatment providers are being identified and contracted by the MCOs.
- Network geographic access standards will be:
  - Travel distance not to exceed 45 miles/45 minutes for at least 75% of non-dual members
  - Travel distance not to exceed 60 miles/60 minutes for ALL non-dual members

Opioid Use Disorder (OUD) (cont'd.)

- Provider to Member Ratio:
  - 1 contracted provider for every 10,000 assigned members

- Appointment availability:
  - Referral appointments shall not exceed 30 days for routine care
  - 48 hours for urgent care
  - Waiting times shall not exceed 45 minutes

EHR Incentive Payments as of 9/24/2018

- Eligible Professionals and Hospitals
  - Year 1 Payments = $179,914,661
  - Year 2 Payments = $ 58,343,952
  - Year 3 Payments = $ 35,020,854
  - Year 4 Payments = $ 6,848,179
  - Year 5 Payments = $ 4,012,002
  - Year 6 Payments = $ 12,019,599
    - **All Providers = $296,159,247**

EHR Incentive Payments (cont'd.)

- Beginning with Program Year 2018 attestations, the Practice Location listed on your attestation, **MUST MATCH EXACTLY** the address listed in your TennCare Provider Registration file.

If TennCare Provider Registration Has:	Your PIPP Attestation Must Have:
123 Main Street	123 Main Street
1567 Oak Street Suite 201	1567 Oak Street Suite 201
1258 B West Meade Blvd	1258 B West Meade Blvd
Doctors Professional Building Ste. 4589 5667 Broad Ave S	Doctors Professional Building Ste. 4589 5667 Broad Ave S
7589 Skyline Drive Williamson Tower	7589 Skyline Drive Williamson Tower

EHR Incentive Payments – Contacting Us

- **Questions about why your attestation was returned**, and these MU pages:
  - MU Questions
  - MU Clinical Quality Measures (CQMs)
- Send your email to:
  - EHRMeaningfuluse.TennCare@tn.gov

EHR – Contacting Us (cont'd)

- General EHR information and questions about these pages:
  - Provider Questions
  - EHR Questions
  - Required Forms
  - Patient Volume
- Send your email to:
  - TennCare.EHRIncentive@tn.gov

* Medicaid Patient Encounter Volume is **always** a consecutive 90-day period in the **previous** calendar year.

TennCare Pop Quiz

Pop Quiz Question #1

- Question: Mr. Jones lives in Covington, TN. He is driving down the street on a beautiful spring morning in "April" and sees a new physician practice has opened close to his home. He is a BlueCare member and when he called the practice, he was told they are not contracted with BlueCare but are contracted with UHCCP. He would like to switch doctors to this practice. Can Mr. Jones call TennCare and change MCOs from BlueCare to UHCCP?

Pop Quiz Question #1 - Answer

- Answer: No.

- Why: MCO Change period for West TN is March.

Pop Quiz Question #2

- Question: Ms. King lives in Millington, TN. Ms. King is a UHCCP member and knows the MCO Change Period for West TN is in March. She would like to change her MCO to BlueCare. Ms. King calls TennCare on March 7th to change her MCO from UHCCP to BlueCare. What will her effective date be with BlueCare?

Pop Quiz Question #2 - Answer

- Answer: Effective date with BlueCare will be May 1st.

- Why: TennCare enrollees in West TN have from March 1st – March 31st to change MCOs. TennCare processes all change requests during the month of April, so MCO change requests will be effective the first of the following month which would be May.

Pop Quiz Question #3

- Question: Mr. Green is a BlueCare member living in Knoxville. He has gone to see his PCP for his annual flu shot in September. Mr. Green sees a sign posted at the check-in window which states his PCP will no longer be in-network with BlueCare on January 1st. He knows the office will still be in-network with UHCCP. Mr. Green wants to continue seeing his current PCP. Can he call TennCare and change MCOs?

Pop Quiz Question #3 - Answer

- Answer: No.

- Why: This does not constitute a medical hardship. BlueCare has other PCPs in network and meet TennCare network access standards. The only way Mr. Williams could change MCOs outside the East TN Change Period of July is if he met all 6 medical hardship criteria.

Pop Quiz Question #4

- Question: I didn't know James Reed had TennCare when he came to my office. May I bill him since he didn't tell me?

Pop Quiz Question #4 - Answer

- Answer: No.
- Why: It is the provider's responsibility to determine whether or not a patient is a TennCare enrollee. Providers can verify a TennCare enrollee's eligibility by logging onto TennCare Online Services, calling the TennCare Provider Services number or calling the individual's MCC. See TennCare Rules 1200-13-13-.08(6)(f) and 1200-13-14-.08(6)(f).

Pop Quiz Question #5

- <u>Question:</u> On March 18th, Rex Thomas applied for SSI. On April 5th, Dr. Jones treated Rex for a sprained wrist. On September 16th, TennCare learned that Rex was eligible for SSI and therefore TennCare and his eligibility was retroactive to March 18th. On September 17th, TennCare sends Rex's enrollment information to his assigned MCO. What is the start date for timely filing clock?

Pop Quiz Question #5 - Answer

- Answer: September 17th.
- Why: In this example, Dr. Jones has 120 days to file his claim with the MCO. The start date for the 120 day period is September 17th (date his MCO learned of Rex's enrollment) rather than April 5th (date that Dr. Jones treated Rex). Dr. Jones is not penalized for the time when Rex's eligibility status was unknown.

Pop Quiz Question #6

- Question: In my office, we bill patients who don't show up for their appointments. Is that a problem if the patient is on TennCare?

Pop Quiz Question #6 - Answer

- Answer: Yes.
- Why: TennCare providers are prohibited from billing enrollees or MCCs for missed appointments. See TennCare Rules 1200-13-13-.08(6)(h) and 1200-13-14-.08(6)(h).

Pop Quiz Question #7

- Question: My patient, Rick Matthews, has TennCare but also has other insurance. I have tried to bill Rick's insurance company, but they won't pay because Rick won't sign something they sent him attesting to the fact that I treated him. May I bill Rick?

Pop Quiz Question #7 - Answer

- Answer: Yes.
- Why: When a TennCare enrollee has third party coverage but refuses to comply with the requirements of the third party carrier, the particular item or service that he received is considered "non-covered" by TennCare. The provider may bill for non-covered services. See TennCare Rules 1200-13-13-.10(1)(n) and 1200-13-14-.10(1)(n).

Pop Quiz Question #8

- Question: I am providing eyeglasses to Pam Brown. Pam would like to have some special frames with a designer logo. May I “balance bill” Pam’s parents the difference between what TennCare would pay for the eyeglasses and what the special frames cost?

Pop Quiz Question #8 - Answer

- Answer: No.

- Why: TennCare payment is payment in full. See TennCare Rules 1200-13-13-.08(1) and 1200-13-14-.08(1).

Pop Quiz Question #9

- Question: Tommy Butler's mother has asked me to fill out a medical form that Tommy needs to be able to go to camp. I charge my private pay patients $15 for filling out medical forms like this. Tommy has TennCare. May I charge Mrs. Butler?

Pop Quiz Question #9 - Answer

- Answer: No.
- Why: TennCare considers that the payment made to the provider for the service he has furnished includes filling out forms. It does not matter whether the forms are filled out during an appointment or after the fact when the provider receives a request from the enrollee or the enrollee's responsible party.

Pop Quiz Question #10

- Question: I am not registered with TennCare for any purpose and I accept no TennCare payments. Do I have to abide by TennCare rules regarding billing TennCare patients?

Pop Quiz Question #10 - Answer

- Answer: No.
- Why: TennCare has no authority over the actions taken by providers who are not registered with TennCare for any purpose and who accept no TennCare payments.

TennCare Provider Services

Pop Quiz Answer Sheet at the Help Desk

1-800-852-2683

http://www.tn.gov/tenncare/section/providers

Questions?