



June 23, 2021

Dear ICF/IID Provider,

As we move forward with integration of all Medicaid long-term services and supports for individuals with intellectual and developmental disabilities into the TennCare managed care program, I want to encourage your continued participation as a Medicaid-reimbursed provider of ICF/IID services.

By now, if you are an ICF/IID provider in Tennessee, you have probably been contacted by provider relations staff from TennCare MCOs. You should have received an enrollment packet, including an ICF/IID provider agreement from each entity. These provider agreements include requirements specified by TennCare in our MCO contractor risk agreements.

On the subject of the MCO-provider agreements, we have received feedback from individual ICF/IID providers and from TNCO with specific questions. Please find attached additional clarifications to these points. We hope this information will help to allay any concerns you might have had, so that provider agreements may be promptly signed.

As you know, the integration of ICF/IID services into managed care will take effect September 1, 2021. For this reason, it is important that ICF/IIDs who intend to remain Medicaid providers complete the provider enrollment process as soon as possible. This will help to facilitate as seamless a transition as possible for you and for those you serve, and your ability to continue providing services once the initial continuity of care period expires. MCOs have already begun the process of loading provider information into their payment systems and will soon begin testing claims processing systems in order to identify and resolve any issues prior to go-live that could potentially delay timely payment for services once the program is up and running. Providers whose completed enrollment packets are not received timely may not be loaded into the MCOs' systems in time for this testing process, and may have a greater chance of payments not processing properly at implementation. It is in your best interest that you enroll as expeditiously as possible.

Once ICF/IID services are integrated into the managed care program, the existing Medicaid fee-for-service ICF/IID reimbursement process will no longer exist. **TennCare will not process claims or pay directly for any ICF/IID services provided after August 31, 2021.** Payment for these services will be the responsibility of the MCOs.

Facilities that elect not to contract with an MCO will still be reimbursed by the MCO at its current rate during the six-month continuity of care period (this would still require a formal agreement, but the provider would not be part of the MCO's network). However, providers who are not contracted with the MCOs for its residents by September 1, 2021 will need to work with the MCOs to prepare to transfer their residents to in-network facilities beginning March 1, 2022—when the six-month continuity of care period expires. Thus, it is in your best interest that you enroll as expeditiously as possible. Once the continuity of care period expires, MCOs will reimburse non-contracted providers at 80% of the lowest rate paid by the MCO to participating network providers for the same service as set forth in TennCare Rules—not 80% of that facility's established Medicaid rate. For example, if the lowest rate paid to any ICF/IID provider contracted with the MCO is \$200 per day, then any out-of-network facility would be paid 80% of \$200, or \$160 per day by that MCO for ICF/IID services. Further, no new Medicaid admissions will be approved for non-contract facilities. This applies *only* to facilities that choose not to enter into a contract with the MCO.



Please remember, you have the option of declining an invitation to enter into a contract with any or all of the MCOs. However, if you choose not to contract with the MCOs, you will be an out-of-network provider, and the above will apply. Further, MCOs (who will be responsible for all ICF/IID services) will seek to admit all new residents to contracted facilities.

I share this information only to ensure that you are aware and can make an informed decision about continued participation in the TennCare program. We value your role and hope that you will decide to move forward expeditiously in the contracting process.

We look forward to working with you to support a seamless transition.

Sincerely,

A handwritten signature in blue ink that reads "Patti Killingsworth". The signature is written in a cursive style with a large, looping initial "P".

Patti Killingsworth, Assistant Commissioner  
Chief of Long-Term Services and Supports

Cc: Amerigroup  
BlueCare  
United HealthCare  
TennCare Select

### **ICF/IID Billing and Reimbursement**

ICF/IID billing processes are not changing. Effective September 1, 2021, ICF/IID providers will continue to submit claims for payment using the TCOS system. TennCare's contractor, Gainwell, will separate those claims by MCO and send to the MCOs for payment. Currently, payments are made to ICF/IID providers on a monthly basis. Starting 9/1/21, TennCare will batch claims weekly to send to the MCOs. This means that ICF/IID providers may choose to bill more frequently in order to expedite their payment for these services. Please find attached a schedule that shows the weekly billing/payment cycles. Once the Therap system is implemented, we hope to transition ICF/IID billing to that system, but that will be a future change with opportunity for training and transition.

Likewise, the current methodology for setting ICF/IID rates is not changing at this time. Facilities will continue to submit cost reports, with rates determined by the Comptroller's Office and approved by TennCare. MCOs will pay each contracted facility their established rate. (Please see above with respect to non-contract facilities once the continuity of care period has expired.) As you know, we have long discussed the opportunity to develop a new reimbursement approach—one that takes into account both the acuity of those receiving services and that rewards valued outcomes. The development of any such system would take time and require significant input from stakeholders.

### **ICF/IID Surveys**

Federal requirements pertaining to ICF/IID surveys are not impacted by I/DD integration. These surveys will continue to be handled as they are today.

### **Timelines for Billing**

While federal law permits up to 365 days for services to be billed, TennCare requires that MCOs limit providers to billing services within no more than 120 days from the date of service, or in the case of retroactive eligibility, 120 days from notification to the MCO that the person is eligible. This is to help ensure timely payment for services, more timely receipt of encounter information used for medical management purposes, and for budgeting. Since ICF/IID providers routinely bill at least monthly, this requirement should have no impact on ICF/IID providers. As noted above, with I/DD integration, ICF/IID providers will be able to increase the frequency of their billing (to weekly) in order to receive payment more quickly.

### **Community Informed Choice**

Community Informed Choice counseling will be the responsibility of the MCO for persons who are Medicaid eligible and DIDD for those who are not Medicaid eligible. Integral to the discussion will be the applicant, family, and anyone else the applicant identifies as important to the discussion, much like a Circle of Support. Opportunities to fully explore community options could include visits or other experiences in community settings, opportunities to meet with peers (others with disabilities) who are living, working, and receiving services in integrated settings, opportunities to meet with families who have family members receiving services in integrated settings, and opportunities to meet with community providers. Ultimately, following the opportunity to fully understand available options, if a person qualifies for ICF/IID services, the decision about where to live will be the applicant's or his or her legal representative.

### **Patient Liability**

ICF/IIDs will continue to be obligated to collect patient liability as they are today. Services billed to the MCOs will be reduced by applicable patient liability, as they are today in the fee-for-service system. MCOs will help educate enrollees about the implications of not paying patient liability, which may include discharge from a facility, and which could ultimately result in loss of Medicaid eligibility. MCO Care Coordinators will work with facilities when there are issues with payment of patient liability to help achieve resolution.