Behavioral Health Services

TennCare Webinar Information

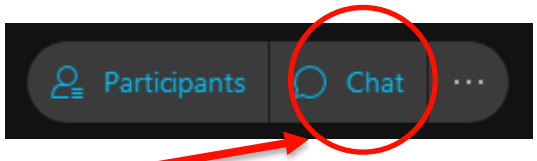
Welcome to the TennCare Behavioral Health Services Webinar

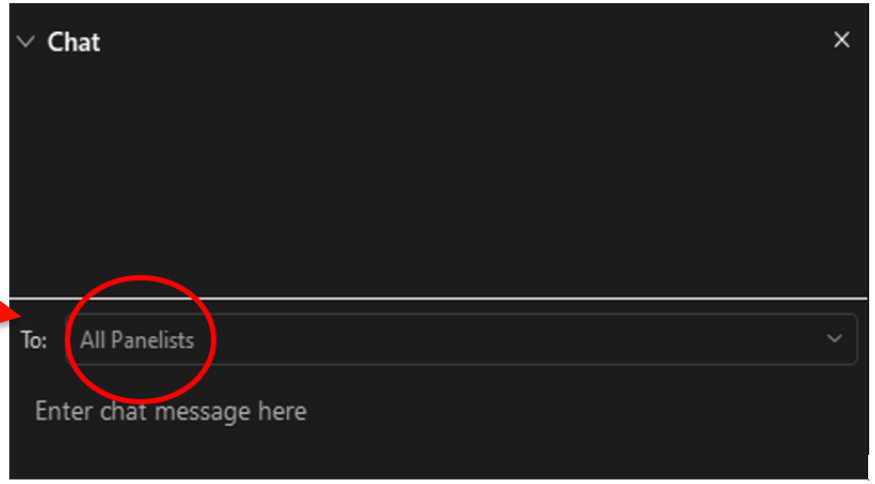
- Presentation slides and educational materials will be sent via email following the webinar.
- All participants are muted, please use the chat feature for questions or technical support.
- Webinar slides will be sent no later than June 30th, 2022.
- If you have any questions or do not receive materials, please feel free to contact Brent.Robinson@tn.gov or Mary.C.Shelton@tn.gov

Interactive Webinar

Communicating during the webinar:

- For questions or comments during the webinar, please click on the Chat box function in the lower right corner of your screen.
- To submit a question during the Q and A session, use the chat function and select All Panelists.





Speaker Introductions

TennCare Behavioral Health Services

Mary Shelton, Director

Jasmine Randle, Deputy Director

Brent Robinson, Director of Child Programs

Agenda

- FY2023 Budget - Provider Rate Increases
- Care Coordination Service Overlap

FY2023 Provider Rate Increases

FY2023 Provider Rate Increase

TennCare's FY2023 Budget Items include the following:

- Rate increase for Community Mental Health Centers: $7M
- Rate increase for Comprehensive Child & Family treatment (CCFT) with Master's level therapist: $2M
- Rate increase for Crisis Services System: $1.1M
- Increase for Centers of Excellence who serve children in state custody: $906,000
- Mental health agencies & substance use disorder providers: $2M

All increases are directed payments and as a result, **do not open the contracts for additional negotiation.*

Rate Increase Effective Date

- Rate increase for Crisis Services System and COE
  - Effective July 01, 2022
- All other rate increases require a CMS review
  - MCO will pay at the current contracted rates until CMS approves
- Process once approved:
  - MCO will retro process claims at the new rates
  - Providers **will not** have to resubmit claims; MCO will auto reprocess
- TennCare will request reports from MCOs to ensure compliance
- TennCare anticipates approval from CMS approximately September 2022

Care Coordination Service Overlap

What is Care Coordination Service Overlap?

- Tennessee Health Link (THL) is care coordination service which launched in December 2016.

- THL replaced Level 2 Case Management and was designed to complement Intensive Community Based Treatment (Continuous Treatment Team and Comprehensive Child and Family Treatment services (CTT/CCFT)).

- It has become evident that a duplication of services exists between THL and the Intensive Community Based Treatment programs.

Ending Duplication of Services

- To comply with the Centers of Medicaid and Medicare Services (CMS) regulation of not duplicating services, Tennessee Health Link (THL) and Intensive Community Based Treatment (CCFT or CTT) may no longer be provided to a member during the same time period.

- Members may receive either Tennessee Health Link **or** Intensive Community Based Treatment services at one time, as based on medical necessity.

Implementation Timeline

July 2022

- Managed Care Organizations (MCOs) will send all providers an individual **Tennessee Health Link Duplication of Services Report.**
  - This report will outline all members who are enrolled in these duplicative services.
  - The report will be sent monthly until the launch date of October 1st, 2022.

Implementation Timeline

September 2022

- Managed Care Organizations (MCO) will notify members who are currently receiving both CTT or CCFT services and THL Services.
  - The letter will inform members that they will have the option to enroll in either Tennessee Health Link **or** Intensive-Community Based Treatment (CTT or CCFT) before the launch date of October 1, 2022.

Implementation Timeline

October 1, 2022

Official launch date of ending the duplication of THL and CTT/CCFT services.

- All providers will have implemented the new policy at their agencies
- Members are enrolled in either Tennessee Health Link **or** Intensive Community Based Treatment (CTT or CCFT).

Provider Questions / TennCare Responses

- ***CTT / CCFT services are designed for a particularly high-risk population. When you stop THL at the end of a month for payment purposes, and the CTT / CCFT provider doesn't begin services right away, this leads to poor coordination and poor outcomes. Often there is a wait list for the higher-level services.***

  - MCOs may modify the CTT/CCFT authorization period if the provider can not get out to see member at the beginning of the original auth date.
  - THL services may continue until CTT/CCFT services can begin
  - The modification of the CTT/CCFT authorization will allow the continuation of THL until the higher-level service is available for the member who is on the current provider waitlist for the higher level of service

Provider Questions / TennCare Responses

- ***When a THL member is authorized for CTT / CCFT within the same month, how will the billing work? For example, Joe Smith sees THL CC on April 3rd and is starting to decompensate. He is authorized for CTT / CCFT and begins services on April 14th. Will both the THL AND the CTT provider get paid OR will just one provider get reimbursed?***

  - Both the THL and CTT/CCFT provider will be reimbursed.
  - If the THL member is authorized for CTT/CCFT within the same month and is seen prior to CTT/CCFT authorization, then the claim will pay for the THL provider in that same month.
  - Once the CTT/CCFT provider authorization starts, they will also be paid within that same month.
  - The key to whether the THL or CTT/CCFT provider will get paid for the member is the beginning and ending date of the CTT/CCFT authorization and whether the THL date of service for the member is before or after the begin date of the CTT/CCFT authorization, or before or after the end date of the CTT/CCFT authorization.

Provider Questions / TennCare Responses

- ***What happens when the CTT / CCFT provider doesn't discharge the member in a timely manner?***
  - This will be based on Utilization Management (UM) authorizing the service period. If a member doesn't discharge, they will continue to receive the service, in this case from their CTT/CCFT provider.
  - The CTT/CCFT provider needs to follow their regular discharge notification process (this should include discharge summaries)

Provider Questions / TennCare Responses

- ***When members become ineligible for THL, they are no longer displayed in the Care Coordination Tool. How will we receive ADT alerts, quality measures, pharmacy data, etc. that is displayed in the Care Coordination Tool for the members who are receiving CTT / CCFT?***
  - At this time, the MCOs are not all able to operationalize this.
  - Further discussion is occurring about the possibilities.

Provider Questions / TennCare Responses

- ***Since THL began, there has been an experience where members who lost eligibility due to receiving duplicative care coordination services have a long delay until the MCOs' portals display the member is eligible for THL again.***

  How will this be resolved so clients can begin receiving THL as soon as the member is discharged from CTT / CCFT?

  - This is true for some exclusion types that are triggered (and lifted) by claims. It can at times take weeks or months to get the claim. In the case of CTT/CCFT however, the exclusion will be triggered and lifted based off CTT/CCFT authorization dates.
  - Once their CTT/CCFT services have ended, the MCO will re-establish the member with their attributed THL

Provider Questions / TennCare Responses

- ***Have you reviewed the impact this change will have on the member panel related to quality measures, especially 7-day follow-up and Hospital Readmissions?***
  - If a member has an exclusion because of these services, then the member will not be in the measurement panels.
  - This isn't different from the other THL exclusions.

MCO Contact Information

- Amerigroup: agptnhealthlink@amerigroup.com
- BlueCare: GM_TennCareTHL@bcbst.com
- UnitedHealthcare: bh_payment_reform@uhc.com

Questions