

Our service partners

HealthStar _____ 1-855-329-2116
Tennessee Carriers (nonemergency transportation) 1-866-680-0633
Availity _____ 1-877-334-8446
TennCare _____ 1-800-342-3145

Local Provider Relations

We also offer local Provider Relations representatives who will help your office with ongoing education, contract and fee issues, procedural issues, and more. Please contact your assigned Provider Relations representative.

Provider complaint process

Should you have a complaint pertaining to administrative issues and/or nonpayment-related matters, you may file a written dispute to the address below. Include any supporting documentation with the complaint.

Amerigroup will send an acknowledgement letter to the provider within 10 business days of receipt. At no time will Amerigroup cease coverage of care pending a complaint investigation.

Operations Department
Amerigroup Community Care
22 Century Blvd., Suite 220
Nashville, TN 37214

24-hour Nurse HelpLine ■ 1-866-864-2544

(Spanish 1-866-864-2545)

The 24-hour Nurse HelpLine is a telephonic, 24-hour triage service your Amerigroup patients can call to speak with a registered nurse who can help them:

- Find doctors whether after hours or on weekends.
- Schedule appointments.
- Get to urgent care centers or walk-in clinics.
- Speak directly with a doctor or a member of the doctor's staff to talk about their health care needs.

Our Member Services line (1-800-600-4441) offers free translation services for 170 languages and the use of a TDD line for members with difficulty hearing.

We encourage you to tell your Amerigroup patients about this service and share with them the advantages of avoiding the emergency room when a trip there isn't necessary or the best alternative.

Timely filing

Timely filing is within 120 days from the date of service. Timely filing is within 120 days from the date of discharge for inpatient services or from the date of service for outpatient services, except in cases of coordination of benefits/subrogation or in cases where a member has retroactive eligibility.

Electronic data interchange (EDI)

Call our EDI hotline at 1-800-590-5745 to get started. We accept claims through three clearinghouses:

- Emdeon: Payer ID 27514; 1-866-858-8938
- Smart Data Solutions: Payer ID 81237; 1-855-650-6590
- Availity: Payer ID 26375; 1-800-282-4548

Claims adjudication

- Amerigroup produces and mails an *EOP* on a twice-per-week basis, which delineates for the provider the status of each claim that has been adjudicated during the previous claim cycle.
- Providers are responsible for reviewing their *EOPs* to identify claims for which they disagree with adjudication determination (denied, underpaid, overpaid, etc.).
- Providers must follow the Provider Payment Dispute process for all denied claims with which they disagree.
- Providers must file a Provider Payment Dispute to request payment reconsideration for any claim(s) that have been previously denied or underpaid by Amerigroup.

Payment disputes must be received at Amerigroup within 365 days of the date of the *EOP*. Forms for provider disputes are located on our website and should be submitted as follows:

- NEW! Through Availity Portal
- In writing
- By contacting Provider Services at 1-800-454-3730

Claim overpayments

For provider-identified claim overpayments, please follow the guidelines laid out in your Amerigroup contract and complete the *Overpayment Refund Notification Form* and submit to Amerigroup:

Amerigroup Community Care
P.O. Box 933657
Atlanta, GA 31193-3657

For claim overpayments identified by Amerigroup, please follow the directions on the overpayment request letter you receive from our Cost Containment unit.

TennCare provider registration

The Division of TennCare is now collecting *Disclosure of Ownership* information for new and existing providers, both provider persons and provider entities. Whether or not you are a new provider to TennCare or an existing Medicaid provider, you will need to register your information on the TennCare Provider Registration site at <https://www.tn.gov/tenncare/providers/provider-registration>.

Medical appeals

Members and their representative(s), including a member's provider, have 30 calendar days (plus additional time for receipt of mailed appeals) from receipt of the adverse action in which to file an appeal. The member may use the *TennCare Medical Appeal* form, but it is not required. The member or member's representative can file an appeal of an adverse action with the TennCare Solutions Unit (TSU):

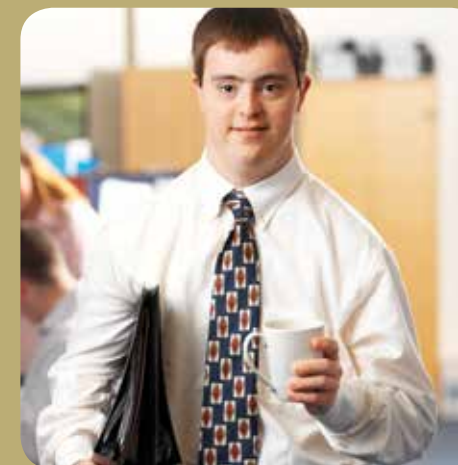
TennCare Solutions
P.O. Box 593
Nashville, TN 37202-0593
Fax: 1-888-345-5575
Phone: 1-800-878-3192
TTY/TDD: 1-800-772-7647
Spanish: 1-800-254-7568

TSU will forward any valid factual disputes to Amerigroup for reconsideration. An *On Request Report* will be faxed to Amerigroup by TSU requesting reconsideration of the member's appeal.



An Anthem Company

Employment and Community First CHOICES (ECF CHOICES) Provider Quick Reference



Tennessee

Provider Quick Reference includes: Important phone numbers
Benefits ■ Claim submission guidelines ■ Support coordinators
Person-centered support plan (PCSP) ■ TennCare provider registration

Long-term services and supports: 1-866-840-4991

<https://providers.amerigroup.com/TN>

ECF CHOICES

A managed long-term services and supports program that offers home- and community-based services (HCBS) to eligible individuals with intellectual and developmental disabilities enrolled in the program in order to promote competitive employment and integrated community living as the first and preferred option

Benefit	Group 4: Essential family supports	Group 5: Essential supports for employment and independent living	Group 6: Comprehensive supports for employment and community living
Respite (up to 30 days per calendar year or 216 hours per calendar year only for persons living with unpaid family caregivers)	X	X	X
Supportive home care (SHC)	X		
Family caregiver stipend in lieu of SHC (up to \$500 per month for children under age 18; up to \$1,000 per month for adults age 18 and older)	X		
Community integration support services	X	X	X
Community transportation	X	X	X
Independent living skills training	X	X	X
Assistive technology, adaptive equipment and supplies (up to \$5,000 per calendar year)	X	X	X
Minor home modifications (up to \$6,000 per project, \$10,000 per calendar year and \$20,000 per lifetime)	X	X	X
Community support development, organization and navigation	X		
Family caregiver education and training (up to \$500 per calendar year)	X		
Family-to-family support	X		
Conservatorship and alternatives to conservatorship counseling and assistance (up to \$500 per lifetime)	X	X	X
Health insurance counseling/forms assistance (up to 15 hours per calendar year)	X		
Personal assistance (up to 215 hours per month)		X	X
Community living supports		X	X
Community living supports: family model		X	X
Individual education and training (up to \$500 per calendar year)		X	X
Peer-to-peer support navigation for person-centered planning, self-direction, integrated employment/self-employment and independent community living (up to \$1,500 per lifetime)		X	X
Specialized consultation and training (up to \$5,000 per calendar year)		X	X ¹
Adult dental services (up to \$5,000 per calendar year; up to \$7,500 across three consecutive calendar years)	X ²	X	X
Employment services/supports	X	X	X
Supported employment: individual employment support <ul style="list-style-type: none"> ■ Exploration ■ Benefit counseling ■ Discovery ■ Situational observation and assessment ■ Job development plan or self-employment plan ■ Job development or self-employment start up ■ Job coaching for individualized, integrated employment or self-employment ■ Coworker supports ■ Career advancement 	X	X	X
Supported employment: small group supports	X	X	X
Integrated employment path services	X	X	X

¹ For adults in Group 6 determined to have exceptional medical and/or behavioral support needs, specialized consultation services are limited to \$10,000 per person per calendar year.

² Limited to adults 21 years of age and older.

ECF CHOICES benefits

Tiered benefit structure based on the needs of individuals enrolled in each group helps provide services more cost effectively in order to serve more people over time.

- Persons eligible for ECF CHOICES benefits are also eligible for the full array of covered benefits under the physical and behavioral health programs to include preventive care services (Early and Periodic Screening, Diagnostic and Treatment; annual physical examination; etc.) as well as nonemergency medical transportation as necessary to get an individual to and from covered services
- Three benefit groups:
 - Essential family supports (Group 4)
 - Essential supports for employment and independent living (Group 5)
 - Comprehensive supports for employment and community living (Group 6)
- Array of employment services and supports
- Designed in consultation with experts from the Office of Disability Employment Policy
- Intended to create a **pathway** to employment
- Wraparound services to support community integration
- No facility-based services
- Many new services, based on stakeholder input, intended to empower individuals and families toward independence and integration

Reportable events

Please email ECF CHOICES reportable events documentation and questions to Amerigroup Community Care at ECF-REF@amerigroup.com or fax to 1-844-759-5952 (*fax only if email is not available*).

Adult Protective Services (APS):
Phone: 1-888-277-8366/Fax: 1-866-294-3961

Child Protective Services (CPS):
Phone: 1-877-237-0004

Department of Intellectual & Developmental Disabilities investigations hotlines — 24 hours a day, 7 days a week — for **Tier 1 reportable events only**:

- East: 1-800-579-0023
- Middle: 1-888-633-1313
- West: 1-888-632-4490

Support coordinators

- Conduct person-centered needs assessment to develop the PCSP
- Support the person in identifying and meeting goals for integrated employment and community membership

PCSP

- PCSP is the product of the completed person-centered planning process and assessments.
- It is a comprehensive plan that includes individually identified employment, community living and health and wellness goals.
- ECF CHOICES providers are responsible for using PCSP to ensure they are providing services in accordance with PCSP and training staff to meet the individual needs of the person supported.
- A copy of the PCSP will be provided to the member, the member's representative and the selected ECF CHOICES provider.
- PCSP is the plan of care.

Authorization/notification instructions

Authorization is required for all ECF CHOICES services. Amerigroup will provide an authorization in accordance to the member's PCSP. To request an authorization or change in member's PCSP, please send an email to ltcprovreq@amerigroup.com and include the following information:

- Provider name/Amerigroup provider ID
- Member name/Amerigroup subscriber ID
- Dates of service/service/unit amount requested
- Member schedule (for services monitored through electronic visit verification EVV)

Billing and claims submission

To initiate billing for the approved reimbursement, a claim must be submitted based on the specified ECF CHOICES service type. Claims will be submitted in one of two ways — through the EVV database or through the Availity Portal claims system.

- EVV database: HealthStar
- Non-EVV:
 - Submit a *CMS-1450 (UB-04)* claim form through Availity
 - Bill using federally assigned NPI and tax identification number

HealthStar — EVV

The EVV system is an automated system that Amerigroup uses to monitor an individual's receipt of HCBS services. For each period of service delivery, providers are required to check in at the beginning and check out at the end. This will provide the required confirmation that the individual has received the authorized HCBS services in accordance with their PCSP.

To use the EVV system, providers check in using a GPS tablet device at the individual's home promptly upon arrival. The provider's employee may download the EVV application to their own Android or Apple smartphone at no charge, which may be used for checking in and out of a visit if the individual's tablet is not available. This confirms the identity of the individual provider/staff worker, as well as the arrival time and location. At the end of the shift or assignment (and prior to leaving the individual's home), the provider/staff worker will check out using the tablet device, logging the departure time and completing a brief survey. If a provider/staff worker fails to check in at the appropriate time, the EVV system will alert Amerigroup and steps will be taken to ensure the individual receives the appropriate care at the appropriate time. At a minimum, providers shall have at least one full-time staff person devoted to EVV system monitoring and two staff persons fully trained and knowledgeable of the EVV system and its functionality. Use of this system is compulsory by providers administering HCBS services to Amerigroup members.

Amerigroup expects all contracted providers to use the EVV system for applicable services. Contracted providers must also have at least two staff persons that are fully trained on the EVV system and can train caregivers on using the device in the individual's home. An additional expectation is that at least one staff person with the contracted provider is dedicated to monitor caregiver activity to ensure that caregivers are in the individual's home providing services at the scheduled time that was agreed upon when the referral was accepted.

It is imperative that providers comply with these standards to ensure that individuals are receiving services in a timely manner. Failure to comply will result in corrective action, up to and including termination from the Amerigroup network.