TennCare CHOICES (CHOICES) *Provider Quick Reference Guide* includes:

Important phone numbers. ■ CHOICES benefits. ■ Claim submission guidelines.
Care coordination. ■ Person-centered support plan (PCSP).
TennCare provider registration.

Tennessee

Long-Term Services and Supports 1-866-840-4991

https://providers.amerigroup.com/TN

TNPEC-2327-18

CHOICES

CHOICES is a managed long-term services and supports (LTSS) program that offers services to help a person live in their own home or in the community.

These services are called home- and community-based services (HCBS). These services can be provided in the home, on the job or in the community to assist with daily living activities and to allow people to work and be actively involved in their local community.

Who is it for?

- Adults (age 21 and older) with a physical disability
- Seniors (age 65 and older)

What does it offer?

- Support for families caring for a person with a disability or who is elderly
- Supports to help people with disabilities or the elderly with independent living goals
- Help for people with complex needs, who need more support to live in the community, or who need residential and other day services to help them achieve their community living goals
- 24-hour supports for some members who qualify for companion care through consumer direction

CHOICES services and supports

- Nursing facility services
- Personal care
- Attendant care
- Home-delivered meals
- Personal emergency response system
- Adult day care
- In-home respite care
- In-patient respite care
- Assistive technology
- Minor home modifications
- Pest control

Residential community-based services

- Assisted care living facility
- Community living supports
- Community living supports (family model)
- Critical adult care home
- Companion care

Critical incident reporting

- Use the CHOICES *Critical Incident Report Form* when reporting events to Amerigroup Community Care.
- Notify us within 24 hours of discovery of the event via phone or the *Critical Incident Report Form*.
- Submit a written report within 48 hours of discovery via the *Critical Incident Report Form*.
- Within 20 calendar days, submit a provider investigation follow-up via the *Critical Incident Report Form*.
- Use the following contact information:
  - Verbal report phone: 1-866-840-4991
  - Written report fax: 1-877-423-9976
  - Written report email: TN02criticalincident@amerigroup.com

Care coordinators

- Conduct person-centered needs assessment to develop the PCSP.
- Provide information about participating providers.
- Support the person in identifying and meeting goals for a more independent and community-integrated lifestyle.
- Act as a resource to identify paid and unpaid supports available to the person.
- Provide coordination of services to promote continuity of care.

The PCSP:

- Is the product of the completed person-centered planning process and assessments.
- Is a comprehensive plan that includes individually identified employment, community living, and health and wellness goals.

- Describes the person's current status, desired future status and supports needed to achieve the goals.
- Is *not* used to determine funding level but, rather, is a description of the person's support needs and individually identified goals.
- Is expected to change and evolve to meet and respond to the person's changing support needs timely.
- Is available for CHOICES providers to use to ensure they are providing services in accordance with it.
- Is available for training staff to meet the individual needs of the person supported.
- Needs to be reviewed, signed and returned by the provider before beginning services.
- Will be provided to the individual, the individual's representative and the selected CHOICES providers.
- Replaces the plan of care.

Authorization/notification instructions

Authorization is required for all CHOICES services (aside from level 1 nursing facility services). Amerigroup will provide an authorization in accordance to the individual's PCSP. To request an authorization or change in an individual's PCSP, please send an email to ltcprovreq@amerigroup.com and include the following information:

- Provider name and Amerigroup provider ID
- Individual name and Amerigroup subscriber ID
- Service, dates of service, unit amount requested
- Individual 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 CHOICES service type. Claims will be submitted in one of two ways: through the EVV system or through the Availity claims system.

- For EVV:
  - The Amerigroup EVV vendor is HealthStar.
- For non-electronic visit verification (non-EVV)
  - Submit a *CMS 1450 (UB04)* claim form through Availity.
  - Bill using a federally assigned NPI and tax identification number.

Provider complaint process

Should you have a complaint pertaining to administrative issues and/or nonpayment-related matters, you may file a written dispute.

- 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.
- Send the dispute to:
  Operations Department
  Amerigroup Community Care
  22 Century Blvd., Suite 220
  Nashville, TN 37214

HealthStar — EVV system

The EVV system is an automated system that Amerigroup utilizes 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 at the individual's home promptly upon arrival using a GPS tablet device. The provider's employee may download the Amerigroup 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 individuals.

The Amerigroup expectation is that all contracted providers 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. Additionally, at least one staff person with the contracted provider should monitor caregiver activity to ensure that home service providers are on time and acting in accordance with the referral.

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.

Our service partners

HealthStar	1-855-329-2116
Tennessee Carriers (nonemergency transportation)	1-866-680-0633
Availity	1-800-282-4548
TennCare	1-800-342-3145

Local provider relations

We also offer local Provider Relations representatives who will help providers with ongoing education, contract and fee issues, procedural issues, and more. Providers should contact their assigned Provider Relations representative.

Amerigroup 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 Amerigroup members 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 at 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 providers to tell their 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; Phone: 1-866-858-8938
- Smart Data Solutions: Payer ID 81237; Phone: 1-855-650-6590
- Availity: Payer ID 26375; Phone: 1-800-282-4548

Claims adjudication

- Amerigroup produces and mails an *EOP* on a semiweekly 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 the 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 explanation of payment. Forms for provider disputes are located on our website and should be sent to the following address:

Provider Dispute Unit
Amerigroup Community Care
P.O. Box 61599
Virginia Beach, VA 23466-1599

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. Both new TennCare providers and existing Medicaid providers will need to register their information on the *TennCare Provider Registration* site at https://www.tn.gov/tenncare/providers/provider-registration.html.

Medical appeals

Members and their representative(s), including a member's provider, have 60 calendar days from date on 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, Español: 1-800-254-7568

TSU will forward any valid factual disputes to Amerigroup for reconsideration. TSU will fax an *On Request Report* to Amerigroup requesting reconsideration of the member's appeal.

Claim overpayments

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

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

For claim overpayments identified by Amerigroup, providers should follow the directions on the overpayment request letter they receive from our Cost Containment Unit.