

Budget Reduction- 1 % BuyBack

Summary of change: Amerigroup Community Care received a memo from the Division of TennCare regarding the approved the buyback of the 1% budget reduction that occurred in state fiscal year 2015. The buyback is effective July 1, 2017. Amerigroup will begin reprocessing claims affected by this buy back beginning January 1, 2018 and continuing through April 30, 2018.

What is the impact of this change?

The following provider types are affected by this 1% buyback are as follows:

All pathology, lab, and radiological services. This includes all professional, inpatient and outpatient pathology, lab, and radiological services.

All emergency and non-emergency transportation. Defined as HCPCS codes A0000-A0999

All home health services except respite and hospice

All outpatient and professional behavioral health services

DME and Medical Supplies

Home and Community Based Services (HCBS), Excluding Consumer Direction Services

For clarification where codes have been provided, please refer back to the Budget Memo date June 27, 2017, including any CMS updates to the affected codes that may have been issued.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

Service	HCPCs Service Description	Benefit Limit	Unit	2015 1% Rate Reduction
Adult Care Home - Level 2 Day	For: Vent Dependent (Level 2 Per diem)		Day	\$450.00
Adult Care Home - Level 2 Day	For: Traumatic Brain Injury (TBI) (Level 2 Per diem)		Day	Level I \$129 Level II \$139
Adult day care	Community-based group programs of care lasting more than three (3) hours per day but less than twenty-four (24) hours per day provided pursuant to an individualized plan of care by a licensed provider not related to the participating adult.	2080 hours per calendar year	15 minutes	\$2.50
Assisted Care Living Facility - Day	Personal care services, homemaker services and medication oversight (to the extent permitted under State law) provided in a home-like environment in a licensed Assisted Care Living Facility. Coverage shall not include the costs of room and board.	1 Unit per Day	Day	\$36.17
Assisted Care Living Facility - Month	Personal care services, homemaker services and medication oversight (to the extent permitted under State law) provided in a home-like environment in a licensed Assisted Care Living Facility. Coverage shall not include the costs of room and board.	12 months per year	Month	\$1,100
Assistive technology	Assistive device, adaptive aids, controls or appliances which enable an enrollee to increase the ability to perform activities of daily living or to perceive or control their environment.	\$900 per calendar year	Unit equals 1 device	N/A
Attendant care	Intermittent provision of direct assistance with the activities such as toileting, bathing, dressing, personal hygiene, eating, meal preparation (excluding the cost of food), budget management, attending appointments, and interpersonal and social skill. Light housekeeping added 7/1/12	1080 hours per calendar year and up to 1400 hours per calendar year if homemaker services are needed	15 minutes	\$4.37
Community Living Supports -1	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	Intermittent supports — generally less than 21 hours per week—and do not need overnight staff or direct support staff to live on-site	Month or Day	\$1,100/month \$36.16/day
Community Living Supports -2	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	Minimal to moderate support (>21 hrs/week), but can be left alone for several hours at a time and do not need overnight staff or direct support staff to live on-site	Day	\$100
Community Living Supports -3	Individualized services based on the needs of each resident, may include hands-on	Supports for higher acuity of need when	Day	\$165

	assistance, supervision, transportation and other supports needed.	require supports and or supervision twenty four (24) hours per day		
Community Living Supports - Family Model -1	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	Intermittent supports — generally less than 21 hours per week—and do not require assistance through the night	Day	\$38
Community Living Supports - Family Model -2	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	Minimal to moderate support (>21 hrs/week), but can be left alone for several hours at a time and do not need constant supervision or overnight staff	Day	\$70
Community Living Supports - Family Model -3	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	Supports for higher acuity of need when require supports and or supervision twenty four (24) hours per day	Day	\$136.50
Companion Care - Backup	The back-up per diem rate is available only when a regularly scheduled companion is ill or unexpectedly unable to deliver services, and shall not be authorized as a component of ongoing Companion Care Services.		1 Unit	\$150
Companion Care - Daily Fee - 5 Days Per Week / 24 hours per day	A consumer-directed residential model in which a CHOICES Member may choose to select, employ, supervise and pay, using the services of an FEA, a live-in companion who will be present in the Member's home and provide frequent intermittent assistance or continuous supervision and monitoring throughout the entire period of service duration.		1 Unit	\$109.09
Companion Care - Daily Fee - 7 Days Per Week / 24 hours per day	A consumer-directed residential model in which a CHOICES Member may choose to select, employ, supervise and pay, using the services of an FEA, a live-in companion who will be present in the Member's home and provide frequent intermittent assistance or continuous supervision and monitoring throughout the entire period of service duration.		1 Unit	\$116.67
Home-delivered meals	Nutritionally well-balanced meals, other than those provided under Title III C-2 of the Older Americans Act, that provide at least one-third but no more than two-thirds of the current daily Recommended Dietary Allowance (as estimated by the	1 meal per day	Meal	Single \$7.00 Bulk \$6.00

	Food and Nutrition Board of Sciences – National Research Council) and that will be served in the Enrollee’s home. Special diets shall be provided in accordance with the individual POC when ordered by the Enrollee’s physician.			
In-home respite care	Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.	216 hours per calendar year	15 minutes	\$4.07
In-patient respite care	Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.	9 days per calendar year	Day	\$103.44
Minor home modifications	Provision and installation of certain home mobility aids (e.g., ramps, rails, non-skid surfacing, grab bars, and other devices and minor home modifications which facilitate mobility) and modifications to the home environment to enhance safety.	\$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime	N/A	N/A
Personal care visits	Services provided to assist the enrollee with activities of daily living, and related essential household tasks (e.g. making the bed, washing soiled linens or bedclothes that require immediate attention), and other activities that enable the enrollee to r	2 visits per day; Visits may be no longer than 4 hours; at least 4 hours between visits	15 minutes	\$5.13
Personal Emergency Response System - Installation	An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and pr	1 Unit	1 Unit	\$52.55
Personal Emergency Response System - Monthly Fee	An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and pr	12 months per year	Month	\$29.95
Pest control	The use of sprays, poisons and traps, as appropriate, in the enrollee’s residence (excluding NF, ACLF) to regulate or eliminate the intrusion of roaches, wasps, mice, rats and other species of pests into the household environment thereby removing an environment	9 units per calendar year	Visit	\$50.00