

# Volunteer State Health Plan's TennCare Select Behavioral Health Transitional Information

- Operations
- Behavioral Health Info
- Contact Info



# BlueCare/TennCare Select – Quick Reference Inquiry Guide

- **Medical Management**
  - UM Prior Authorization Line 1-800-711-4104
  - UM Authorization Fax Line 1-800-292-5311
  - Case Management Line 1-800-225-8698
  
- **Southeastrans – Non-Emergency Transportation**
  - Statewide 1-866-473-7565
  
- **Operations**
  - Member Service Line 1-800-263-5479
  - Provider Service Line 1-800-276-1978
  - VO National Service Line (for credentialing and contracting inquiries) 1- 800-397-1630
  
- **Nurseline – 24/7** 1-800-262-2873
  
- **TennCare Select Behavioral Health Provider Initiated Notice Fax**
  - Statewide 1-800-859-2922
  
- **Website** [www.vshptn.com](http://www.vshptn.com)
  
- **TDMHDD Mental Health Crisis Information Line** 1-800 809-9957

# Operations – TennCare Select Eligibility

Obtain eligibility and/or health care benefits information by:

- Using BlueAccess, [bcbst.com](http://bcbst.com) or [VSHPTN.com](http://VSHPTN.com)\* online services
- Calling TennCare Select Provider Service 1-800-276-1978
  - Automated Eligibility also available
- Calling Family Assistance Service Center\* 1-866-311-4287
- Faxing BlueCare/TennCare Select Eligibility Form 1-866-504-6356
- Accessing the State's eligibility system, [www.TennesseeAnytime.org](http://www.TennesseeAnytime.org)
  - Note: Shows the member's MCO, even if it is not BlueCare or *TennCareSelect*



\*For TennCare members only

# Operations – TennCare Select ID Card

TennCare Select Members will have one card for both medical and behavioral health care services.

- Mailing to members on/around August 25, 2009 – old cards will work during transition period

\*Note: Please make a copy of front and back of card

			
Member Name		Medical/Behavioral	
Member ID		Effective Date	
Group No.		Member DOB:	
RXBIN 011271 GRP: TENNCARE PCN: P016011271 VER: 5.1 (PCP) Primary Care Provider		Benefit Level:	
		Copayments:	
		PCP	
		SPEC	
		ER	
		IP	

			
Volunteer State Health Plan, (VSHP) provides administrative services only and assumes no financial risk or obligation as to claims. VSHP is a licensed HMO affiliate of BlueCross BlueShield of Tennessee, Inc., and each is an independent licensee of the BlueCross BlueShield Association.			
<u>Providers:</u> File all claims with local BCBS Plan. Prior Authorization is required for all medical inpatient admissions, designated medical outpatient surgery and other designated medical outpatient services. Benefits will not be provided for unauthorized services or for non-emergency services provided by out-of-network provider.			
TennCareSelect Claims Service Center PO Box 182277 Chattanooga, TN 37422-7277			
vshtn.com Member Service: <b>1-800-263-5479</b> Network Provider Outside Tennessee: <b>1-800-676-2583 (BLUE)</b> Provider Service: <b>1-800-276-1978</b> Prior Authorization: <b>1-800-711-4104</b> Pharmacists: <b>1-866-434-5520</b> 24/7 Nurseline*: <b>1-800-262-2873</b> Pharmacy Benefits: SXC Health Solutions Corp*: <b>1-888-816-1680</b> Dental*: <b>1-888-233-5935</b> *Not BlueCross BlueShield products		<u>Members:</u> Always show this card and tell your provider to check for prior authorization. Remember, you get your care from your primary care provider (PCP), listed on the front of this card, except in an emergency. Call your PCP within 24 hours of any emergency care. This card is for identification, not for proof of eligibility.	
		703 (08/09)	

# Operations - Non-Emergency Transportation Changes

- Contracted with Southeastrans, Inc. to provide non-emergency transportation effective September 1, 2009
- Call Southeastrans on the member's behalf to arrange non-emergency transportation
  - TennCareSelect – Statewide 1-866-473-7565
- File non-emergency transportation paper claims with date of service on or after September 1, 2009 to:
  - Southeastrans, Inc.
  - 4751 Best Road, Suite 140
  - Atlanta, GA 30337
- TennCareSelect members will now use SET for medical and behavioral visits (except for DCS custody) by calling the appropriate number above.

# Operations – Transition of Care

- **Authorization process**

- If using on-line web auth (via ProviderConnect), providers will receive a confirmation number associated with each authorization request. If requests are faxed, authorization letters are mailed for services meeting medical necessity criteria. For requests not meeting medical necessity criteria, providers will be contacted via telephone to discuss further and schedule peer reviews. Telephone conversations may be required for more information.
- Providers are NOT required to file the confirmation number on their claim forms, systematically mapped
- For authorizations obtained with another health plan prior to September 1<sup>s</sup> for a member to obtain care that has not yet started, providers will need to contact TennCare Select to obtain authorizations for services beginning after September 1<sup>st</sup>.

# Operations - Claims Filing

- File claims for date(s) of service September 1, 2009, or after to TennCare Select
- For members hospitalized prior to September 1, and continuing to be hospitalized after these dates, file a **split** bill
- Example: claims with date(s) of service prior to these dates should be filed with Magellan. All claims with dates of service(s) after the contract effective date should be filed to TennCare Select.

# Operations - Timely Filing

- In the case of retroactive eligibility, claims must be submitted within the latter of 120 days from the date of service or, for facilities within 120 days from the date of discharge, or 120 days from the date of final eligibility determination by the Bureau of TennCare.
- All claims for medical and behavioral health services must be submitted within 120 days of the date of service or for facilities, within 120 days from the date of discharge. If TennCare Select is secondary to a commercial carrier or Medicare, claims must be submitted within 120 days from the date the primary insurer's remittance was produced.

# Operations - BlueAccess

- BlueAccess is a quick, convenient way to answer many of your health insurance questions. The information found on this site is available 24 hours a day, seven days a week, just as it appears in our claims processing system.
  
- Through BlueAccess you can:
  - Check Eligibility
  - Check Claims Status
  - Establish Electronic Funds Transfer
  - Verify Other Insurance Information
  - Submit Corrected Claims Electronically
  - Conduct Real-Time Claim Adjudication
  - Review Remittance Advice

# Operations - ProviderConnect

## Online resource for behavioral health authorizations and tools

- ProviderConnect–Secure Area (accessible from [www.VSHPTN.com](http://www.VSHPTN.com) home page –
- Click on “Providers”
- Go to ValueOptions of Tennessee Click on “Find out more”
- Click on “Register” (follow instructions)
- Request Authorizations
- View Authorizations
- View “My Practice Information”
- Access and Print Forms

# Operations - ProviderConnect continued

Click on Network Specific Information

- Click on TennCareAdministrationFAQs
- ClinicalClinical Criteria

- Forms
- Important Links

\*\*\*Use ProviderConnect for online authorizations and network specific resources (not claims)


# Operations – ProviderConnect continued

- All In Network providers may obtain online registration per provider ID number via the website
- To obtain additional logons for ProviderConnect, contact the ValueOptions®EDI Helpdesk at (888) 247-9311 and press option 3, Monday thru Friday, 8a.m. –6 p.m. EST. The TAT for additional logons is 48 hours

# Provider Clinical Appeals


- **Appeals for Not Medically Necessary denials should be sent to:**
  - Attn: BlueCare/TennCare*Select* UM
  - Appeals Supervisor – Cameron Hill, Building 4
  - BlueCross BlueShield of Tennessee
  - P.O. Box 180202
  - Chattanooga, Tennessee 37402
  - Fax Number 1-888-357-1916
- **Examples include denials for:**
  - Inpatient admissions
  - facility continuation of care
  - elective surgeries
- **For complete guidelines, refer to the VSHP Provider Administration Manual**
  - <http://www.bcbst.com/providers/manuals/BlueCarePAM.pdf>

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Volunteer State Health Plan

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user ID:

password:

[forgot password?](#)   **log in**

**Good and Bad News For Chocolate Lovers**



# Questions?

- TennCare Select Provider Service **1-800-276-1978** for administrative issues
- For Credentialing questions, call ValueOptions at **1-800-397-1630**
- Call Utilization Management **1-800-711-4104** for prior authorization or questions regarding continuation of care plans
- Claims filing address  
TennCare Select  
**P. O. Box 182277**  
Chattanooga, TN 37422-7277
- Electronic billing  
eBusiness Service Center  
**423-535-5717**  
[ecomm\\_techsupport@bcbst.com](mailto:ecomm_techsupport@bcbst.com)

# Behavioral Health Integration - Transitional benefits

- Continuation of care: Members will be able to receive services from their non-network treating provider for up to 30 days
- VSHP will outreach to providers based on authorizations received from previous vendor
- Providers call 1-800-711-4104 for registration of care
- Members with SED<sup>1</sup>, SPMI<sup>2</sup>, Addictive disorders, Co-occurring disorders (MH/SA<sup>3</sup>) and Dually Diagnosed (MH/DD<sup>4</sup>) seeing out-of-network providers are allowed special time frames for transition
  - MH Case Management 3-months
  - Psychiatrist 3-months
  - Outpatient behavioral health therapy 3-months
  - Psych rehab and supported employment 3-months
  - Psychiatric inpatient or residential treatment and supported housing 6-months

1 – Serious Emotional Disturbance

2 – Serious and Persistent Mental Illness

3 – Mental Health/Substance Abuse

4 – Mental Health/Developmental Disability

# Behavioral Health - Services/ Utilization Management

- Call 1-800-276-1978 Monday through Friday 8 a.m. to 6 p.m., ET for claims, benefit, eligibility and referral information
- Call 1-800-711-4104 for routine utilization management review
- PCP referrals are not required for Behavioral Health Services
- Staff available 24 hours a day for:
  - member referral requests
  - authorization of inpatient levels of care, detox, crisis respite and crisis stabilization services
- Behavioral Health Criteria and Treatment Practice Guidelines available on line at [VSHPTN.com](http://VSHPTN.com)
- ASAM<sup>1</sup> criteria used for Substance Abuse review

1 – American Society of Addiction Medicine

# Behavioral Health - Prior Authorization

## Prior Authorization is required for:

- Inpatient
- Residential
- Rehab
- Detox
- PHP
- IOP
- Day Treatment
- ABA
- Supported Housing
- Crisis Respite
- Crisis Stabilization
- Psychiatric Testing
- 23-hour bed
- Emergency Services / Admissions are allowed 24 hours to authorize care
- Reviews are completed telephonically
- Use Inpatient Treatment Request (ITR) forms available on line at [VSHPTN.com](http://VSHPTN.com) as a guide for Telephonic Review process
- Submit ITR's via the Web

# Behavioral Health - Priority members

## Priority members

- First 10 visits each month do not require authorization
- Authorization is required by visit 11
- Visits include: Medication, Case Management, Therapy
- Multiple services are allowed on the same day

## No authorization required for

- CRG<sup>1</sup>/TPG<sup>2</sup> assessments
- Crisis Services (mobile crisis, walk in crisis, telephonic)
- Emergency Room Services
- Supported Employment, Illness Management/Recovery, Peer Support, Psychosocial Rehab

1 – Clinically Related Group

2 – Target Population Group

# Behavioral Health - Non priority members

- 20 visits allowed per member per year
- Visits include medication management and therapy, both mental health and substance abuse
- Complete required Outpatient Request Form (ORF) at the end of these sessions
- ORF's may be submitted directly to VSHP by:
  - - Fax at 1-800-292-5311
  - - Web site, [VSHPTN.com](http://VSHPTN.com)

# Billing Using Modifiers To Denote Licensure Levels

In order to be reimbursed appropriately, it is required that non-MD practitioners bill using the appropriate modifier to denote their licensure level. Per the existing ValueOptions of Tennessee, Inc. Tennessee Managed Medicaid Reimbursement Schedule, the following modifiers must be used:

<b>Modifier Code</b>	<b>Modifier Description</b>
<b>None</b>	<b>MD Level</b>
<b>HP</b>	<b>Doctoral Level</b>
<b>HO</b>	<b>Masters Level</b>
<b>SA</b>	<b>Nurse practitioner rendering service in collaboration with a physician</b>

If the appropriate modifier is not submitted, your claims may be denied.

# Behavioral Health - Benefits for Standard Medicaid

- Mental Health covered as Medically Necessary
- Age 21 and older:
  - Substance Abuse limited to 10-day detox
  - \$30,000 in Medically Necessary lifetime benefits
- Substance Abuse under age 21 years covered as Medically Necessary

# Behavioral Health - Coordination of Care / Treatment Planning

- 3M<sup>1</sup>, PHQ9<sup>2</sup>, CAGE<sup>3</sup>, Release of Information forms available online at VSHPTN.com
- Treatment plans need to be completed within 30 days of admission to an outpatient program
- Treatment plans need to be updated every 90 days
- Goals should reflect each service a member is receiving
- Treatment plans should reflect member, family involvement

1 – Medical Management Monitoring

2 – Patient Health Questionnaire 9-Item

3 – Cut Annoyed Guilty Eye-opener Screening for Substance Abuse Problems

# Behavioral Health Discharge planning / Ambulatory follow up

- All members admitted to an inpatient program need to be assessed for case management services
- All inpatient program case managers need to contact all outpatient providers involved with member's care
- Case management appointments need to be scheduled within 7 days of discharge
- Other behavioral health appointments should be scheduled within 7 days of discharge
- Behavioral health case management staff available to assist with finding appointments
- Behavioral health case management staff will follow up with both members and providers regarding appointment compliance

# Behavioral Health - Mental Health Case and Disease Management Educational Services

- Behavioral health disease management programs on Schizophrenia, Bipolar and Depression
- Providers should provide education on:
  - medications and their side effects
  - behavioral health disorders and treatment options
  - self-help groups, peer support
  - other community support services available for members and families
- Behavioral health case management services available as an additional level of support at 1-800-711-4104
- PCP Consultation line available at 1-877-241-5575

# Behavioral Health – Children in Transition

The following DCS Custody children will be included in the Behavioral Health Intensive Case Management Program:

- Children transitioning from DCS to adult mental health services
- Children who have exited custody and are with *TennCareSelect* during their Transition Period
- Children who are transitioning from DCS Residential services to Community-Based services
- Children transitioning from YDC to DCS Group Homes or DCS community settings



## Contacts - ValueOptions



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