

# PARTNERS

BlueCare Tennessee Managed Long-Term Services and Supports Program

News and tips to support MLTSS partners and enhanced care for our members

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# Quality Corner: Recognizing and Treating Depression

In February 2023, 37.3% of Tennessee adults reported having anxiety or depression symptoms. This is 5% higher than the national average. And, Tennessee has been designated a mental health care professional shortage area, lacking enough mental health providers available. You have an important role in recognizing signs of depression in the people you support and encouraging them to see their provider for necessary support and medical care.

Depression can be challenging to treat due to stigmas and diagnosing the type of depression an individual has. Depression can have short- and long-term outcomes, and these can lead to decreased quality of life for our members.

## Risk factors for depression

- Personal or family history of depression
- Major life changes
- Stress, trauma and adverse childhood experiences
- Certain health conditions and medications
- Shorter daylight hours in the fall and winter months

According to the World Health Organization (WHO), depression symptoms last most of the day and occur daily for at least two weeks. While everyone is different, common symptoms of depression include:

- Decreased concentration
- Excessive feelings of guilt or low self-worth
- Hopelessness
- Changes in sleep
- Changes in weight or appetite
- Feeling very tired or having no energy
- Loss of interest in hobbies or usual activities

Depression treatments are not a one size fits all. Mental health care professionals can help find treatments that work best for the individual. Treatment options include cognitive behavior therapy, problem-solving therapy and talk therapy. Talk therapy can often be by phone or video chat.

Medications are another option but may take time to help with symptoms. It's important for the individual and their support team to discuss current medication regimens to avoid adverse interactions.

### Resources:

- [Explore Depression in the United States | AHR \(americashealthrankings.org\)](https://americashealthrankings.org)
- [Facts - National Network of Depression Centers \(nndc.org\)](https://nndc.org)
- [Mental Health and Substance Use State Fact Sheets: Tennessee | KFF](#)
- [Mental Health Care Health Professional Shortage Areas \(HPSAs\) | KFF](#)
- [Depressive disorder \(depression\) \(who.int\)](https://www.who.int)

## Ways to help members with depression

- Help them develop a list of medications, including vitamins and over-the-care medicine, they can review during each health care appointment.
- Ensure they're refilling medications on time.
- Encourage physical activity.
- Help them develop a sleep routine.
- Encourage healthy eating habits and hydration.
- Share relaxation techniques.

Remind people they're not alone. Members of their support system are available when they need to talk.



### Statistics for depression

- › Tennessee, 65.4% of people with cognitive disabilities and 61% of people with independent living difficulties reported having a depressive disorder and/or anxiety symptoms. That's 7.5% and 7.3% higher than the national average.
- › Depression is the leading cause of disability for individuals 15-44 years old.
- › Women are twice as likely to have depression symptoms compared to men.

## Billing Requirement for Professional and Institutional Claims

Effective for dates of service on and after **Oct. 1, 2024**, the National Provider Identifier (NPI) submitted on BlueCare Tennessee and BlueCare Plus Tennessee professional and institutional claims for secondary providers must belong to an individual (Type 1 NPI). If the NPI belongs to a group, facility or other organization or entity (Type 2 NPI), we'll deny the claim or return it unprocessed.

The Division of TennCare requires that secondary providers submit a Type 1 NPI instead of a Type 2 NPI on professional and institutional claims. Secondary providers include attending providers.

**Please note:** CHOICES and Department of Disability and Aging (DDA) 1915c claims are excluded from this requirement. For these claims, the attending provider doesn't have to be an individual.

If you have questions about this requirement, please call the Provider Service line for your patient's plan. Service lines are listed [here](#).

## New Paper Check Process for Providers Enrolled for Electronic Remits

Effective **Nov. 1, 2024**, we've changed the way we manage payment to providers who've asked to receive 835 remits electronically but paper checks by mail. This change will reduce the amount of Protected Health Information (PHI) sent through the mail and streamline the payment and remittance process.

Providers will now receive checks by mail – but will no longer receive the paper remits that had been attached to the checks. You can continue to access your remittance advice online at [Availity.com](#). Go to the **Claims & Payments** drop-down and then click **Remittance Viewer**.

**Please note: This won't affect providers enrolled for only paper remits and checks at this time.** They'll continue to receive both items together in the mail if they aren't enrolled for electronic copies.

If you have questions, please call our Provider Service Line at **1-800-924-7141** and follow the prompts for general inquires. For more details about registering with Availity, contact our eBusiness Service team at **(423) 535-5717 (option 2)**.



# Professional Corner Employee Spotlight: Robert “Bo” Dugger

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## **Robert “Bo” Dugger, Provider Network Manager II, East Region**

Bo Dugger is an East Tennessee native, born in Johnson City. He works on the BlueCross BlueShield of Tennessee team as East Region Provider Network Manager.

Although Bo started his career in adult case management and crisis services, he has diverse experience.

“I spent over a decade playing music all over the country and managing the music departments of different bookstores,” Bo said. After graduating with his master’s degree, he worked as an investigator at the Department of Children’s Services. He also provided home comprehensive child and family treatment at Clarvida (formerly Camelot).

Bo enjoys spending time with his wife and two pets. When he’s not working, he also enjoys his favorite hobbies. “I still enjoy playing music with friends and going with my wife to thrift stores and fun new restaurants,” he said. “I love scary movies and stand-up comedy, but more often, you’ll find me reading a book or graphic novel.”

Bo said he would like to write a book or comic of his own one day.

As a Tennessee native, Bo looks forward to helping the community. He’s passionate about what he does and uses his experience to help others.

“I’m excited to find new ways to bring services to this corner of our state and connect with providers who love supporting our members,” Bo said. “My years spent working directly with members drives me to ensure we have a strong, quality network of diverse providers that can meet our members’ needs consistently and reliably.”

**“I’m very passionate about my little corner of Appalachia and everyone that calls it home.”**

# Pre-Admission Screening and Resident Review (PASRR) Reminders

As we mentioned in our [Q2 issue](#), federal regulations require every person entering a Medicaid-Certified Nursing Facility (NF) to have a completed Level I PASRR prior to admission regardless of payer source. The assessment is used to determine if the NF is the appropriate placement for individuals with mental illness, intellectual disabilities, developmental disabilities or related conditions. Without an appropriate PASRR, an NF risks losing Medicaid certification and the recoupment of admission funds.

A PASRR is required prior to a patient's admission into a Medicaid-Certified NF for any of the following:

- Medicare/Specialized Nursing Facility Stay
- Long-Term Placement
- Short-Term Stay
- Inpatient Respite

## Helpful Tips

An Ascend Level I review must be completed and the PASRR must have an outcome before the patient is admitted to the NF. If the Maximus system requires a Level 2 evaluation, the submitter will be prompted to enter a Level of Care. The NF must enter the date of admission in the Path tracker to complete the process. A Medicaid-Only Payer Date (MOPD) is also required, but may be different than the admit date.



## Level of Care

The following is required for Level of Care:

- Assessment of an individual's physical functioning (same criteria and parameters used for the pre-admission evaluation)
- Must be in every Level 2 evaluation
- For Medicaid/Medicaid-pending, the level of acuity must be 9 or higher based on the safety determination
- If Medicare is the payer, only one functional deficit is required

## Specialized Services

Effective **Aug. 28, 2024**, the Centers for Medicare & Medicaid Services (CMS) and the Physician-Focused Payment Model Technical Advisory Committee (PTAC) require all states to ensure specialized services are provided to patients who are residents of NFs, even if they've been admitted to the NF for an extended period.

The patient's PASRR must be considered a "story of engagement" that's intended to change over time. A Resident Review should be completed if the resident experiences or suspects a significant change in the patient's condition. The Resident Review will ensure specialized services are still being administered even if the patient has been in long-term care for a while.

These services, when documented on the Level 2 PASRR outcome, must be provided by the NF:

- Mental Illness Specialized Services
- Intellectual Disability Intense Specialized Services
- Rehabilitative Specialized Services

If specialized services aren't recommended, the PASRR must identify any specific intellectual/developmental disability or mental health services that are less intense but still meet the patient's needs. The NF regulations require person-centered planning to include PASRR recommendations when applicable.

## Contact Information

For questions, contact:

- Maximus help desk: **1-833-617-2777**
- Area Agency on Aging and Disability: **1-866-836-6678**
- BlueCare Tennessee: **1-888-747-8955**

## Workforce Development for Direct Support Professionals (DSPs)

In Tennessee, many groups are working to strengthen the Home and Community Based Services (HCBS) workforce through programs, partnerships and resources.

Providers have access to these tools and resources, but managing all the workforce initiatives in the state can be overwhelming when faced with competing priorities. To help, a volunteer group from the Statewide Policy and Planning Council has created a website for HCBS Workforce Development in Tennessee. You can visit it at [dsptn.com](https://dsptn.com).

### Website tools and resources

This website is a comprehensive resource for HCBS providers in Tennessee. On it, you'll find tools like a DSP realistic job preview, a DSP career pathway, information on the National Alliance for Direct Support Professionals (NADSP) E-Badge Academy and workforce survey data.

The website also includes a calendar of events for each region in Tennessee. The calendar provides up-to-date information about job fairs and recruiting opportunities, including events at universities, community colleges, high schools, American Job Centers, Chambers of Commerce and community organizations.

Go to [dsptn.com](https://dsptn.com) to explore the website and learn more about the available tools and resources.



Have ideas about how to make  
**dsptn.com** better?

Submit your feedback using the  
Contact Us link on the website.

## Enabling Technology in Community Living Support (CLS) Homes

In previous issues, we've discussed what becoming "Technology First" means. It isn't about technology "only" or technology replacing essential staff. It's about using technology as a natural support — giving members the dignity to take risks and be active in their own lives.

Many of our members live in CLS homes. While some need intensive caregiver support, others can benefit from technology to reduce the need for direct support and achieve their independence goals. When members are more independent at home, in the community and at work, CLS providers can staff more efficiently and expand their services.

### Remote Support Pilot

BlueCare<sup>SM</sup> has started a remote support pilot for Employment and Community First (ECF) CHOICES and CHOICES CLS providers. This yearlong pilot aims to enhance in-home support using a Technology First approach. It offers incentives to build capacity and integrate technology for remote support. Members who participate can gain independence with technology support, while CLS providers can see how technology can improve staffing efficiency, allowing them to serve more members.

### How Remote Support Works

Remote support providers use wireless technology or phone lines to connect a member's home to off-site 24/7 support. They also use remote sensors to send real-time data to remote staff, CLS staff or family members, who can then provide support based on the member's Person-Centered Support Plan (PCSP). Members can have scheduled or on-demand access to a dedicated remote support team that:

- Checks in when sensor technology is triggered.
- Initiates a backup plan for caregivers when needed.
- Offers reminders about daily schedules, activities and medication.
- Provides guidance or support as needed and is available "just in case."




If you want to learn more about the CLS remote support pilot and technology support in CLS homes, please contact Kathryn Walters, Long-Term Services and Supports (LTSS) Technology Champion, or Evy Boyer, ECF CHOICES Housing and Transition Manager. You can find their contact information at the end of this newsletter.

# Improving Electronic Visit Verification Compliance Scores

Electronic Visit Verification (EVV) compliance is made of these five measurements:

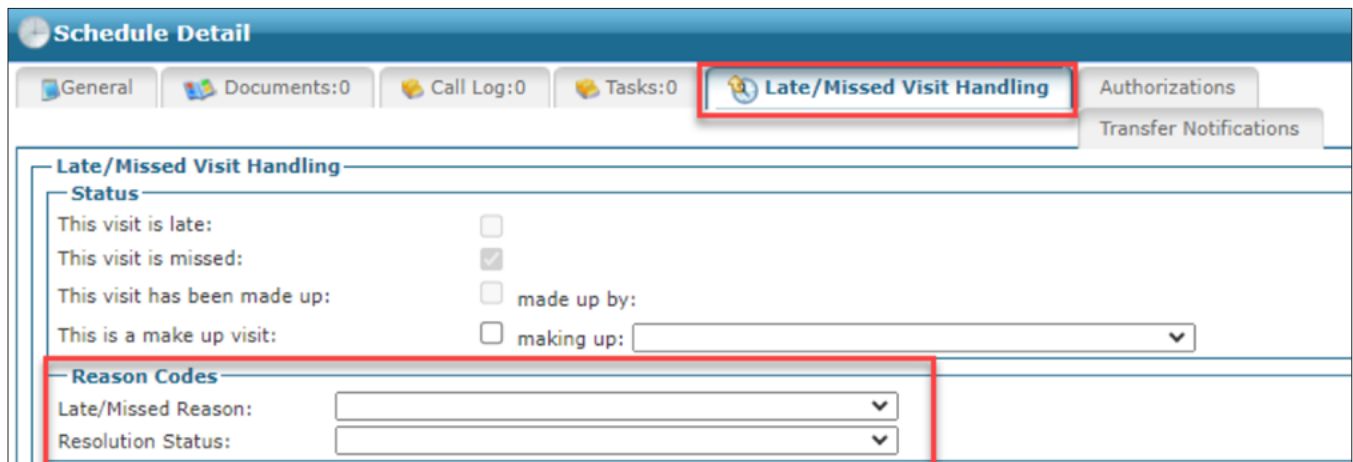
- Late visits
- Missed visits
- EVV clock ins
- EVV clock outs
- Manual confirmations

## Late and Missed Visits

-  Late visit
-  Missed visit
-  Late or missed visits that need the Reason Code added. These visits have a warning triangle on the icon.



All agencies are responsible for updating their late and missed visits in the system. To update these visits, open each late or missed visit schedule and go to the **Late/Missed Visit Handling** tab. Then complete the **Reason Codes** section by choosing the most appropriate **Late/Missed Reason** and entering a **Resolution Status**. Be sure to complete these steps for all late or missed visits and not just on schedules with timesheets uploaded for billing.



The screenshot shows a software interface for 'Schedule Detail'. At the top, there are several tabs: 'General', 'Documents:0', 'Call Log:0', 'Tasks:0', 'Late/Missed Visit Handling' (which is highlighted with a red box), 'Authorizations', and 'Transfer Notifications'. Below the tabs, the 'Late/Missed Visit Handling' section is expanded. It contains a 'Status' section with four options: 'This visit is late:' (checkbox), 'This visit is missed:' (checkbox checked), 'This visit has been made up:' (checkbox), and 'This is a make up visit:' (checkbox). There are also fields for 'made up by:' and 'making up:'. Below this is the 'Reason Codes' section, which is highlighted with a red box. It contains two dropdown menus: 'Late/Missed Reason:' and 'Resolution Status:'.

Certain Late/Missed Reasons are removed from compliance scores, but if these scores aren't updated with a Late/Missed Reason, they will be counted. Each month, agencies will get a Late/Missed Visit Report. This report shows the schedules that providers still need to update and return to us.

## EVV Clock Ins and EVV Clock Outs

There are three options for EVV clock ins and clock outs. They should be used in this order:

1. Tablet GPS device within the member's home. This is also known as the Mobile Visit Verification (MVV) process.
2. Bring your own device (BYOD) using the Sandata Mobile Connect app. Each DSP should have the app on their personal phone and be trained on how to use it.
3. Interactive voice response (IVR). This is also known as the EVV telephony process. This option should only be used if neither of the first two options can be used. This option is the cause for most schedules not counting as an EVV clock in or clock out, which also counts as a manual confirmation when not done correctly.

## Manual Confirmation

Manual confirmation is the biggest issue causing agencies to have low compliance scores. High manual confirmation rates are often caused by merging IVR clock ins and clock outs that weren't done correctly. When these clock ins and clock outs are merged, the schedule isn't counted as an EVV clock in or clock out. That affects the measure of the compliance score. These schedules are also counted as manual confirmation because they require MCO approval. When an agency merges clock ins and clocks out, they count against the agency in two of the five compliance measures.

When a clock in or clock out has to be merged to the member's schedule, the agency should determine why that clock in or clock out had to be merged, then work to fix the issue so it doesn't happen again. Here are some possible issues and how to fix them.

- Clock ins and clock outs with a phone number appearing in the client field
  - Determine whose phone number is showing.
  - If it's the client's phone number, email us to have the client's phone number updated.
  - If it's the DSP's phone number, remind your DSP they must use the client's phone number to clock in and clock out.
- Clock ins and clock outs with a number in the staff field
  - Review the assigned Santrax ID for the DSP to make sure it's accurate. Then make updates if needed.
  - Remind the DSP they must use the correct Santrax IS when clocking in and out.

Encouraging MVV clock ins and clock outs through the tablet or BYOD method will eliminate most of these issues. If your agency doesn't have a 90% in the manual confirmation category, please follow the steps below to see if merged clock ins and clock outs are a concern. Then take the necessary steps to fix the issue.

Review the **EVV Compliance Dashboard** from your home page.


Total Visits	# Late Visits	Late Visits %	# Missed Visits	Missed Visits %	# EVV Check Ins	EVV Check Ins %	# EVV Check Outs	EVV Check Outs %	# Manual Confirmations	Manual Confirmations %
1509	23	98%	80	95%	1353	90%	1310	87%	559	63%

Click on the **Number of Manual Confirmations** link. This will take you to Santrax Maintenance with the correct filters to show you all schedules from the last 30 days that counted as manual confirmations.


HHA	12:00	18:00	C	6.00	10:57	16:52	5.92	6.00	6.00	24.00	U	3	<input type="checkbox"/>	0
HHA	13:00	19:00	C	6.00	12:43	22:23	9.67	6.00	6.00	24.00	U	4	<input type="checkbox"/>	0
HHA	13:00	19:00	C	6.00	12:08	18:58	6.83	6.00	6.00	24.00	U	3	<input type="checkbox"/>	0
HHA	12:00	18:00	C	6.00	11:54	16:55	5.02	5.00	5.00	24.00	U	2	<input type="checkbox"/>	0
HHA	12:00	18:00	C	6.00	11:56	16:55	4.98	5.00	5.00	24.00	U	2	<input type="checkbox"/>	0
HHA	12:00	18:00	C	6.00	11:53	17:07	5.23	5.25	5.25	24.00	U	2	<input type="checkbox"/>	0
HHA	12:00	18:00	C	6.00	11:52	16:56	5.07	5.00	5.00	24.00	U	2	<input type="checkbox"/>	0
HHA	12:00	18:00	C	6.00	11:54	16:55	5.02	5.00	5.00	24.00	U	3	<input type="checkbox"/>	0

Look for patterns with the merged calls. If every schedule for a certain member shows a merged call, their phone number in Santrax might need to be updated. If you see a certain staff member using their own phone number instead of the client's, remind the DSP they need to use the client's phone number.

In addition to merged calls, GPS exceptions also cause a high number of manual confirmations.

 The silver cell phone icon means no GPS coordinates were picked up.

- Remind the DSP their location must be turned on with location accuracy set to high while using Sandata Mobile Connect.

 The red cell phone icon means the clock in, clock out or both were made outside the required distance from the member's home.

- Remind the DSP to clock in and clock out from the member's home.

## Notification of Department Name Change

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*This article is an announcement from TennCare and the Department of Disability and Aging (DDA).*

Effective **July 1, 2024**, the Tennessee Commission on Aging and Disability (TCAD) and the Department of Intellectual and Developmental Disabilities (DIDD) merged to become the Department of Disability and Aging (DDA). As part of the transition process, all TCAD and DIDD contracts currently under the Tennessee Commission on Aging and Disability and the Department of Intellectual and Developmental Disabilities, were transferred to the Department of Disability and Aging. The Reportable Event Management email address has been updated to [DDA.ReportableEvents@tn.gov](mailto:DDA.ReportableEvents@tn.gov).

## Reportable Event Management (REM) Provider Investigator Mentor Program

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*This article is an announcement from TennCare and the DDA.*

The REM Workgroup is pleased to announce that beginning July 1, 2024, DDA began taking applications for the Provider Investigator Mentor Program. This program will enable a Provider Investigator to conduct a Tier 2 Investigation with a DDA Investigator serving as a Mentor. The Provider Investigator will gain insight into the investigative process, including interview techniques, documentation requests, tips for writing an analysis, etc. from a tenured DDA Investigator. DDA employs 45 Investigators across the State, so availability is limited. With that said, DDA is making every effort to ensure that all requests are answered, so get yours in today!

You can submit your request to participate in the Provider Investigator Mentor Program via email at [DIDD.REMHelp@tn.gov](mailto:DIDD.REMHelp@tn.gov). Please ensure your contact information is included in the request.

## Committed to Service

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As your partner in serving our CHOICES and ECF CHOICES members, we're committed to providing you unmatched service and support. Stay current with the most current news and program guidance. Visit us at [bluecare.bcbst.com](http://bluecare.bcbst.com) to find resources, updates and the most recent version of the CHOICES newsletter.

### How Are We Doing?

As a valued BlueCare Tennessee provider, we welcome your feedback and want to hear from you. If you have questions and/or concerns about a process, or if there's an individual that you'd like to point out for good service, please email us at: [CHOICESProviderRelations@bcbst.com](mailto:CHOICESProviderRelations@bcbst.com). We look forward to hearing from you.

## Provider Network Manager and Workforce Development Contacts

Manager	Region	Phone	Email
Britney Douglas, Provider Relations Supervisor	Statewide	(615) 427-3782	<a href="mailto:britney_douglas@bcbst.com">britney_douglas@bcbst.com</a>
Phyllis White, Director, MLTSS	Middle	(615) 295-9680	<a href="mailto:phyllis_white@bcbst.com">phyllis_white@bcbst.com</a>
Recie Gunartt, Provider Network Manager	West	(901) 201-7786	<a href="mailto:recie_gunartt@bcbst.com">recie_gunartt@bcbst.com</a>
Anitra Rogers, Provider Network Manager	West	(901) 355-3124	<a href="mailto:anitra_rogers@bcbst.com">anitra_rogers@bcbst.com</a>
Marilyn Turner, Provider Network Manager	West	(901) 573-2607	<a href="mailto:marilyn_turner@bcbst.com">marilyn_turner@bcbst.com</a>
Tanya Glover, Provider Network Manager	Middle	(615) 393-9117	<a href="mailto:tanya_glover@bcbst.com">tanya_glover@bcbst.com</a>
Marea Sweeney, Provider Network Manager	Middle	(615) 946-3101	<a href="mailto:marea_sweeney@bcbst.com">marea_sweeney@bcbst.com</a>
Mark Watson, Provider Network Manager	Middle	(615) 598-2816	<a href="mailto:mark_watson@bcbst.com">mark_watson@bcbst.com</a>
Marquita Wilson, Provider Network Manager	Middle	(423) 413-5384	<a href="mailto:marquita_wilson@bcbst.com">marquita_wilson@bcbst.com</a>
Kevin Brooks, Provider Network Manager	East	(423) 290-8768	<a href="mailto:kevin_brooks@bcbst.com">kevin_brooks@bcbst.com</a>
Rainey Johnson, Provider Network Manager	East	(865) 712-5980	<a href="mailto:rainey_johnson@bcbst.com">rainey_johnson@bcbst.com</a>
Robert Dugger, Provider Network Manager	East	(865) 617-2980	<a href="mailto:Robert_Dugger@bcbst.com">Robert_Dugger@bcbst.com</a>
Christian Ceccotti, Workforce Development Manager	Statewide	(423) 290-9284	<a href="mailto:christian_ceccotti@bcbst.com">christian_ceccotti@bcbst.com</a>
Tonya Starks, Workforce Development Specialist	West	(901) 713-9602	<a href="mailto:tonya_starks@bcbst.com">tonya_starks@bcbst.com</a>
Kylie Hennie, Workforce Development Specialist	Middle	(615) 924-3424	<a href="mailto:kylie_hennie@bcbst.com">kylie_hennie@bcbst.com</a>
Patrick Hampton, Workforce Development Specialist	East	(423) 509-3791	<a href="mailto:patrick_hampton@bcbst.com">patrick_hampton@bcbst.com</a>
Brittney Cook, Claims Liaison	East	(423) 637-0734	<a href="mailto:brittney_cook@bcbst.com">brittney_cook@bcbst.com</a>
Corey Vance, Claims Liaison	East	(615) 761-8732	<a href="mailto:corey_vance@bcbst.com">corey_vance@bcbst.com</a>
Nichole Phillips-Brock, Employment Services & Supports Specialist	Statewide	(615) 651-9076	<a href="mailto:nichole_phillips@bcbst.com">nichole_phillips@bcbst.com</a>
Aimee Rogers, Employment Services & Supports Specialist	Statewide	(423) 362-2562	<a href="mailto:aimee_rogers@bcbst.com">aimee_rogers@bcbst.com</a>
Kathryn Walters, Technology Champion	Statewide	(865) 340-1363	<a href="mailto:kathryn_walters@bcbst.com">kathryn_walters@bcbst.com</a>
Evy Boyer, Housing and Transition Manager	Statewide	(615) 218-2642	<a href="mailto:evelyn_boyer@bcbst.com">evelyn_boyer@bcbst.com</a>

## Where to Turn for Help

Your Service Need	Operational Area	Contact
Eligibility Services, Claims, Inquiries	BlueCare Provider Services/ Eligibility Service Line	1-888-747-8955
General Contracting/ Credentialing Questions	Provider Network Services/ Credentialing	1-800-924-7141, ext. 5775 (Provider Network Services) 1-800-357-0395 (Credentialing)
Member Related Questions/Supports, Member Emergencies (After Hours/Weekends Only) During Regular Hours Contact Coordinator Directly	Support/Care Coordination	1-800-262-2873
Sandata/EVV Tech Support	Sandata Client Relations (EVV)	1-855-389-4843
Availity Claim Submission Tech Support	Availity	1-800-282-4548
CHOICES Web Portal Claims Tech Support	e-Business	(423) 535-5717, select option 2
Provider Education, General Provider Support, Assistance with Contracting/Credentialing	CHOICES/ECF Provider Relations	<a href="mailto:CHOICESProviderRelations@bcbst.com">CHOICESProviderRelations@bcbst.com</a>
Authorizations Support, General Billing – Release of Units	Provider Inquiry Specialist Team	<a href="mailto:ProviderAuthIssues@bcbst.com">ProviderAuthIssues@bcbst.com</a> OR call 1-888-747-8955, select option 2
Change of Ownership Notifications, Questions/Concerns	Provider Relations	<a href="mailto:Provider_CHOW@bcbst.com">Provider_CHOW@bcbst.com</a>
GPS Tablet Replacement, Tablet Exceptions	Provider Specialist Team	<a href="mailto:CHOICES_EVV_Device@bcbst.com">CHOICES_EVV_Device@bcbst.com</a>