



Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Provider Quick Reference Guide

This document includes information on the following topics:

- Important phone numbers
- Benefits
- Community informed choice
- Claim submission guidelines
- Support coordinators
- Provider registration with the Division of TennCare

Tennessee

Long-term services and supports

Wellpoint

833-731-2154 | <https://providers.wellpoint.com/tn>

ICF/IID

Intermediate care facility for individuals with intellectual disabilities (ICF/IID) – A licensed facility approved for Medicaid reimbursement that provides specialized services for members with intellectual disabilities (ID) and that complies with current federal standards and certification requirements set forth in *42 C.F.R., Part 483*.

Who benefits from ICF/IID?

- Upon implementation of IDD Integration, in addition to meeting ICF/IID level of care criteria, new admissions to an ICF/IID will be limited to persons with such significant co-occurring behavioral challenges or complex medical needs that the person cannot be immediately served in a more integrated setting, and only for the limited period of time that is necessary to complete a comprehensive assessment of their community living needs, develop a comprehensive transition plan, identify a community provider and seamlessly transition to a more integrated community setting.
- This will be done by the managed care organization (MCO) using their current assessment model for determining appropriate community placement and services for people with intellectual disabilities (ID).

Community-informed choice process:

- The community-informed choice process allows a person the opportunity to explore all options available to them in the community and to receive services in the most integrated setting appropriate, in accordance with federal law. The community-informed choice process is conducted by an entity other than the ICF/IID provider to ensure that she/he understands the full array of community-based options available to meet his/her needs, and having been fully informed, affirmatively chooses the institutional placement.
- Admissions and transfers to the ICF/IID will be based on a preliminary assessment of the person(s) referred for services. Such person(s) should have needs which require intensive, specialized support, services, and supervision only an ICF/IID can provide in addition to the need for components of active treatment. Prior to admission in an ICF/IID, other available service options should be explored with the person and/or their legal representative (if applicable) to determine if less intensive services can meet the needs of the person. The completion of the Community Informed Choice Process (CICP), including exploration of enabling technology in accordance with the *Enabling Technology Displacement Prevention Protocol* is required. The signed *Freedom of Choice Form* is also required.

Reportable event reporting and management

Reportable event management (REM) is one important component of an overall approach for ensuring the health, safety, individual freedom, and quality of life of people participating in home- and community-based services (HCBS) and ICF/IID services:

- In HCBS and ICF/IID programs, there are three (3) categories of Reportable Events: Tier 1, Tier 2, and Additional Reportable Events and Interventions. The type of Reportable Event dictates the reporting requirements and process that must be followed by the provider, Wellpoint, FEA, and DDA, as applicable. DDA shall triage all allegations reported via the Abuse Hotline and/or via Reportable Event Form within two business days (unless pending results of medical assessment, laboratory test, expert opinion) to determine the need for an investigation. The event management coordinator (EMC) or designee shall provide all requested documentation and information as soon as possible to ensure the disposition is reached within the required two business days. Once a disposition is reached by DDA, the provider responsible is notified of the outcome via email by the on-call investigator.
- It is considered best practice to also notify the person's coordinator and legal representative/primary contact as events occur.
- Although non-reportable events are not reportable to DDA or Wellpoint, providers are expected to document, perform data collection, and trend analysis, and address these events internally as part of strategic quality improvement processes that lead to improved outcomes. Provider oversight for non-reportable events will continue to be monitored by DDA and/or the MCO during annual quality assurance surveys and/or recertification, as applicable:
 - The expectation is that providers are working with the person and members of the person's team, to include the support coordinator/care coordinator with plans of remediation to prevent all events (reportable or nonreportable) from recurring.

Please email reportable events questions to Reportable Events Management at TN-REM@wellpoint.com and submit all reportable events through FormStack.

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

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

DDA investigations hotline — 24 hours a day, 7 days a week — for **Tier 1 reportable events only: 888-633-1313 (Statewide)**

ICF coordinators

- Coordinate with the ICF/IID as necessary to facilitate access to physical health and/or behavioral health services needed by the member and to help ensure the proper management of the member's acute and/or chronic health conditions, including services covered by Wellpoint that are beyond the scope of the ICF/IID services benefit;
- Intervene and address issues as they arise regarding payment of patient liability in order to avoid the consequences of non-payment;
- In the manner prescribed by Division of TennCare and in accordance with the Contractor Risk Agreement (CRA) and Division of TennCare policies and protocols pertaining thereto: 1) facilitate transfers between ICFs/IID which, at a minimum, includes notification to the receiving facility of the PAE Submission with a level of care (LOC) determination, and notification to TennCare; and 2) facilitate transitions to Employment and Community First CHOICES or CHOICES, which shall include (but is not limited to) timely notification to Division of TennCare

Individual Program Plan (IPP)

- Every member in an ICF will have an Individual Program Plan (IPP) (42 CFR 483.440(c)) developed by the facility's interdisciplinary team, which includes opportunities for individual choice and self-management and identifies: the discrete, measurable, criteria-based objectives the member is to achieve; and the specific individualized program of specialized and generic strategies, supports, and techniques to be employed.
- The IPP must be directed toward the acquisition of the behaviors necessary for the member to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status.

Authorization/notification instructions

For information on authorization, notification instructions, provider claim submission, or payment disputes, review the Managed Long-Term Services and Supports Intellectual and Developmental Disabilities (MLTSS IDD) Provider Manual at provider.wellpoint.com/tennessee-provider/resources/policies-guidelines-and-manuals

Our service partners

Department of Disability and Aging (DDA)	West Regional Office: 866-372-5709 Middle Regional Office: 800-654-4839 East Regional Office: 888-531-9876
Tennessee Carriers (nonemergency transportation)	866-680-0633
Availity Client Services	800-282-4548
TennCare Call Center	800-852-2683

Provider Services

Provider Services representatives are available to assist providers. Call **833-731-2154**. Please have your Wellpoint provider ID number and NPI number available when you call. Listen carefully and follow the appropriate prompts.

24-hour Nurse HelpLine

866-864-2544 (Spanish: **866-864-2545**)

24-hour Nurse HelpLine is a telephonic, 24-hour triage service 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.

We encourage you to tell members and their families about Nurse HelpLine and share with them the advantages of avoiding the emergency room when a trip there isn't necessary or the best alternative.

Our Member Services line (**833-731-2153**) offers free translation services for 170 languages and the use of a TDD line for members with difficulty hearing.

Electronic data interchange (EDI)

Availity is our designated electronic data interchange (EDI) Gateway. To register with Availity:

- Go to **Availity.com** and select **REGISTER**. If you have any questions or concerns, please contact Availity Client Services at **800-AVAILITY (800-282-4548)**.
- **Claim Payer ID: TNIDD**

Availity offers everything you need to do business with your payer. Functionality includes:

- Acknowledgement and Response Reporting for claim submissions.
- Email notification when a claim reconsideration has been finalized by Wellpoint and appeals dashboard to check a reconsideration status.
- Claim submission.
- Claim status inquiry.
- Eligibility & benefits.
- Authorizations/referrals.
- Medical attachments.

Electronic funds transfer (EFT)

Electronic claims payment through electronic funds transfer (EFT) is a secure and fast way to receive payment, reducing administrative processes. EFT deposits are assigned a trace number that is matched to the 835 Electronic Remittance Advice (ERA) for simple payment reconciliation:

- Use **enrollsafe.payeehub.org** to register and manage EFT account changes.

Electronic Remittance Advice (835)

The 835 eliminates the need for paper remittance reconciliation. Use Availity to register and manage ERA account changes with these steps:

- Log into Availity **<https://apps.availity.com/availity/web/public.elegant.login>**.
- Select **My Providers**.
- **Select Enrollment Center** and select **Transaction Enrollment**.
- Select **Health Plan (Payer) WELLPOINT (Payer ID: WLPNT)**.

Provider registration with the Division of TennCare

The Division of TennCare collects *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 must register your information on the TennCare Provider Registration site at **tn.gov/tenncare/providers/provider-registration**.

Failure to maintain an active Medicaid ID through TennCare will impact a provider's ability to remain an in-network provider with Wellpoint and prevent claims from being paid the in-network rate.

If you have questions or need assistance, please call **800-852-2683** Monday to Friday 8 a.m. to 4:30 p.m. Central time.

Medical appeals

Members and their representative(s), including a member's provider, have 60 calendar days from date of the adverse benefit determination notice 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 (with the member's written consent) can file an appeal of an adverse benefit determination with the TennCare Member Medical Appeals Unit:

TennCare Member Medical Appeals
P.O. Box 593
Nashville, TN 37202-0593

Fax: **888-345-5575**
Phone: **800-878-3192**
TTY/TDD: **800-772-7647**
Spanish: **800-254-7568**

TennCare Member Medical Appeals Unit will forward any valid factual disputes to Wellpoint for reconsideration. An *On Request Report* will be sent to Wellpoint by TennCare Member Medical Appeals Unit requesting reconsideration of the member's appeal.

provider.wellpoint.com/tn

Medicaid coverage provided by Wellpoint Tennessee, Inc. We comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call 833-731-2154. Information about the civil rights laws can be found at tn.gov/tenncare/members-applicants/civil-rights-compliance.html.