

TennCare Updates

Michelle Fortney, Provider Experience Director

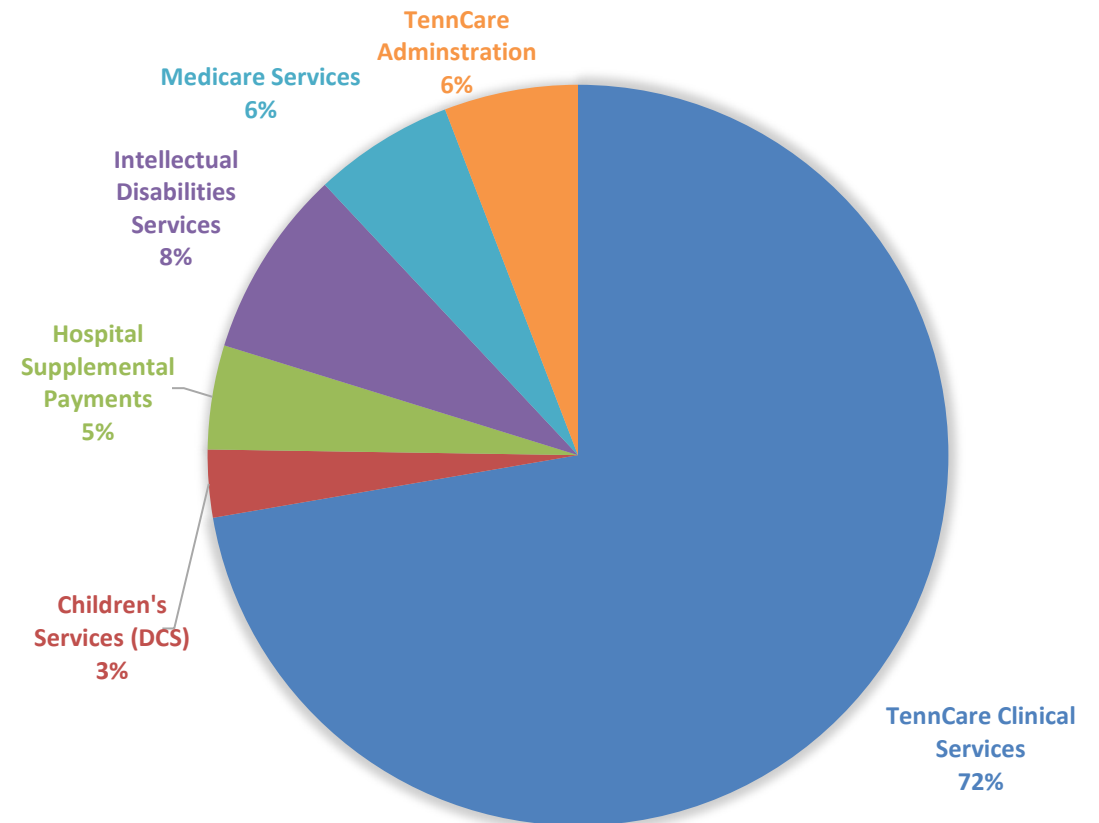
Jessica Hill, Director of Strategic Planning & Innovation



- **TennCare Mission:** Improving lives through high-quality, cost-effective care.
- **TennCare Vision:** A healthier Tennessee.
- TennCare is Tennessee's Medicaid program, which covers approximately 1.5 million* low-income Tennesseans.

*Enrollment as of July 2021

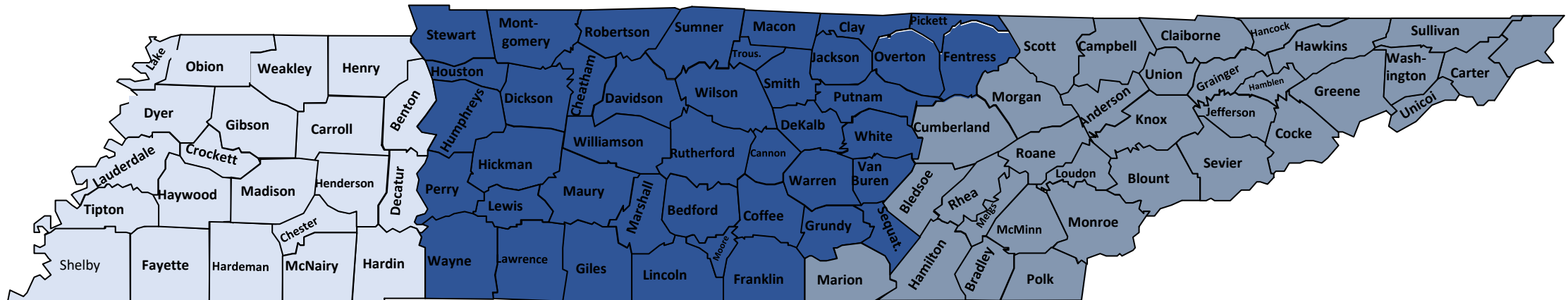
FY 2022 Budget: Approx. \$13.3B



Three “Statewide” MCOs:

- Amerigroup
- BlueCare
- UnitedHealthcare Community Plan

TennCare Select Enrollment (statewide)
51,641



West TN Enrollment
434,936*

Middle TN Enrollment
562,369*

East TN Enrollment
546,916*

*Enrollment as of July 2021

Enrollment by Region as of July 2021



East TN

- Amerigroup Community Care 154,621
- BlueCare 237,270
- UnitedHealthcare Community Plan 155,025

Middle TN

- Amerigroup Community Care 185,856
- BlueCare 189,391
- UnitedHealthcare Community Plan 187,122

West TN

- Amerigroup Community Care 134,799
- BlueCare 165,795
- UnitedHealthcare Community Plan 134,342

Other Managed Care Contractors (MCCs)

- **DentaQuest** is the Dental Benefits Manager (DBM) providing comprehensive dental services as medically necessary for TennCare members (children).



DentaQuest Provider Service

- 888-291-3766
- www.dentaquest.com

- **OptumRx** is the Pharmacy Benefits Administrator (PBA) for TennCare member pharmacy benefits



OptumRx Provider Assistance

- 888-816-1680
- <https://www.optumrx.com/oe/tenncare/landing>

Provider Inquiries / Escalating Issues

1	Contact Provider Services at the MCC
2	Contact your assigned MCC Provider Relations Rep
3	Escalate the complaint to an MCC Manager in the Provider Relations Department
4	Call the TennCare Provider Services Line at 800-852-2683 (option 3) to file an MCC complaint
5	File a Provider Complaint or Independent Review through TN Department of Commerce & Insurance (TDCI) at https://www.tn.gov/commerce/tenncare-oversight/mco-dispute-resolution.html



Resources Related to COVID-19

1. Memos to providers regarding CARES Act Provider Relief Fund distributions
2. Guidance and flexibilities for Nursing Facilities, HCBS, and LTSS providers
3. TennCare Coronavirus Information Page:
<https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>



EHR - Contacting Us

General questions about the EHR Incentive Program:

- Send your email to: TennCare.EHRIncentive@tn.gov

Questions about why your attestation was returned:

- Send your email to: EHRMeaningfuluse.TennCare@tn.gov

Program year 2021 is the last year of the program. Per federal regulations, all payments must be made by 12/31/2021. After that, no payments will be made, even if an attestation is “in process”.

New Initiatives

Maternal Health Benefits Package

- Postpartum coverage extension from 60 days to 1 year
- Dental coverage during pregnancy and postpartum

I/DD Integration

- Providers will:
 - Continue to credential with DIDD and register with TennCare
 - **(NEW)** Be required to contract with **all** appropriate MCOs/MCCs for your members, in order to be paid
 - Continue to bill DIDD using existing processes
- Payments will be made by MCOs



Reminders

- Providers are required to re-validate their profile information with TennCare at least every three years. Please submit any changes to this information as they occur, such as:
 - ✓ Email addresses
 - ✓ Clinic/practice owners
 - ✓ Administration/office managers
 - ✓ Addresses
 - ✓ Phone numbers
- Do you know who your provider reps are for each MCO?

Crossover Claims

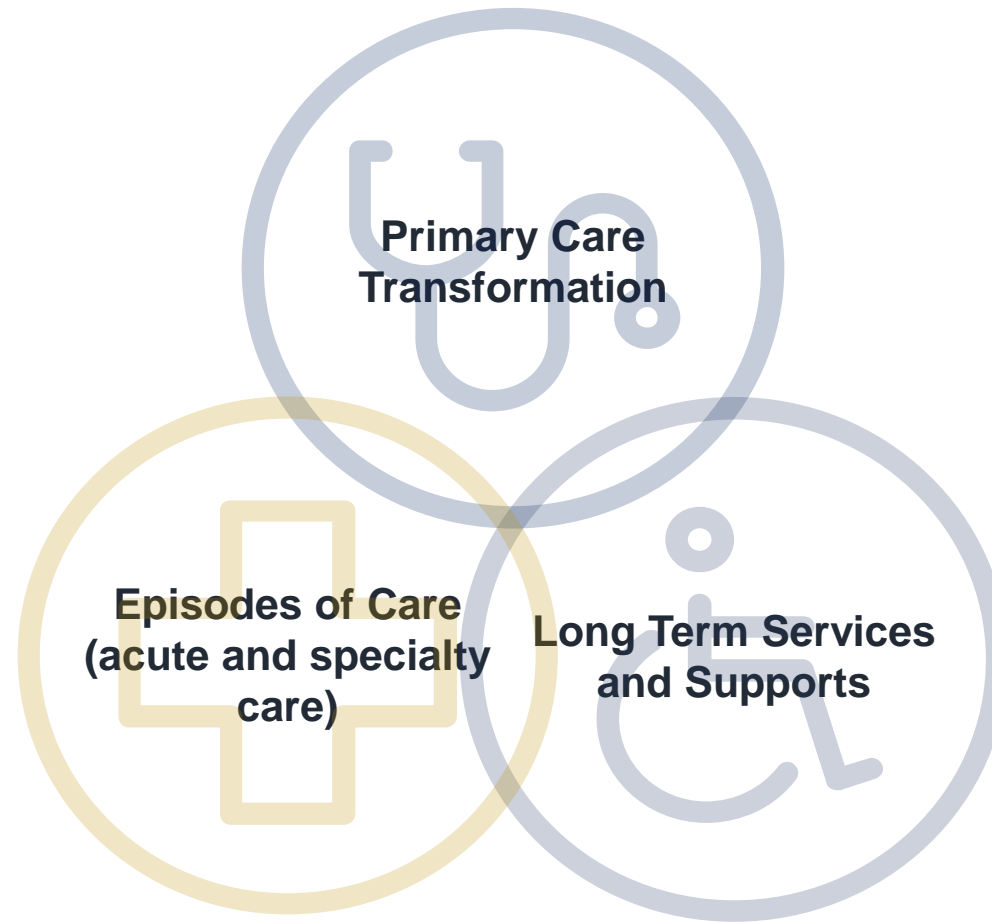
- A **crossover claim** is a **claim for members' services with both Medicare and Medicaid insurance**, where Medicare pays a portion of the claim, and Medicaid is billed for any remaining deductible and/or coinsurance.
- If you believe you should be receiving **crossover claim** payments and you are not:
 - Review your Provider Registration profile for corrections
 - For additional guidance, contact TennCare Provider Services

Episodes of Care Updates

Johnny Lai, Episodes Strategy Manager

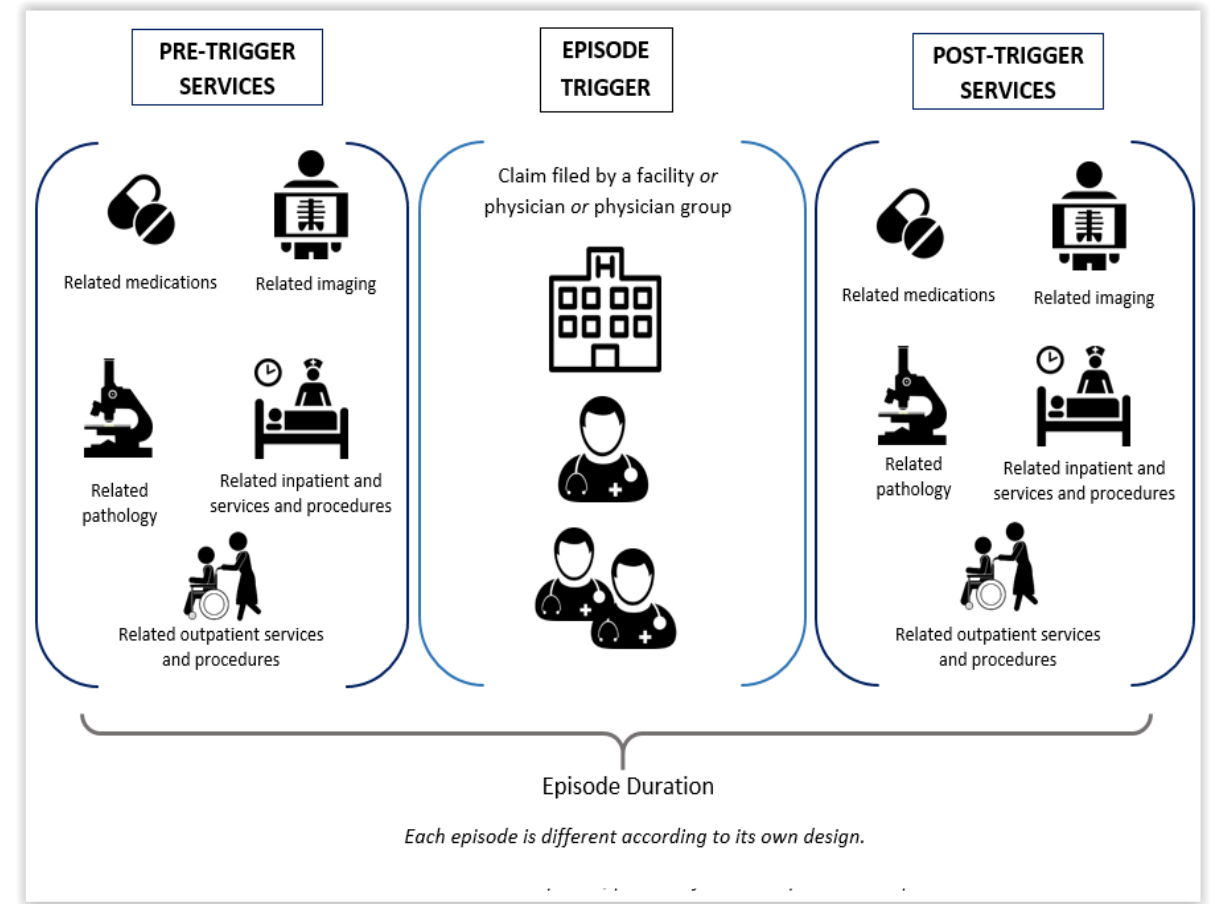


Tennessee's Delivery System Transformation



Episodes of Care Overview

- An Episode of Care is a defined set of services designed by TN clinical experts that allows for fair comparisons across providers state-wide.
- The purpose is to increase data sharing, best practices adoption, and quality of care across the state, all for the benefit of the patients receiving the care.



48 Episodes of Care

Status	Wave	Episode
In Performance	1	Asthma acute exacerbation
		Perinatal
		Total joint replacement
	2	Cholecystectomy
		Colonoscopy
		COPD acute exacerbation
		PCI - acute
		PCI - non acute*
		EGD
	3	GI hemorrhage
		Pneumonia
		Respiratory infection
		UTI - inpatient
		UTI - outpatient
		ADHD
	4	Bariatric surgery
		CABG*
		CHF acute exacerbation
		ODD
		Valve repair and replacement*

Status	Wave	Episode
In Performance	5	Breast biopsy
		Otitis media
		Tonsillectomy
	6	Diabetes acute exacerbation
		HIV*
		Pancreatitis
		Skin and soft tissue infections
		Back / neck pain
		Femur / pelvic fracture*
	7	Knee arthroscopy
		Non-operative ankle injury
		Non-operative knee injury
		Non-operative shoulder injury
		Non-operative wrist injury
	Spinal decompression	
	Spinal fusion	

Status	Wave	Episode
In Performance	8	Acute gastroenteritis
		Acute seizure
		Appendectomy
		Bronchiolitis
		Colposcopy
		Gastrointestinal obstruction
		Hernia repair
		Hysterectomy
	9	Pediatric pneumonia
		Syncope
		Acute kidney and ureter stones
		Cystourethroscopy

*Denotes an episode moved to informational only reporting as of the 2021 performance period



Results of the Episodes of Care Program

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
<p><i>Estimated Savings*:</i> \$10.8 million</p>	<p><i>Estimated Savings*:</i> \$14.5 million</p>	<p><i>Estimated Savings*:</i> \$28.6 million</p>	<p><i>Estimated Savings*:</i> \$38.3 million</p>	<p><i>Estimated Savings*:</i> \$45.2 million</p>
<ul style="list-style-type: none"> • Providers and hospitals reduced costs while maintaining quality of care • Gain sharing payments to providers exceeded risk sharing payments by \$280,000 	<ul style="list-style-type: none"> • Quality metrics improved for perinatal, total joint replacement, and COPD, and were mostly maintained for the remaining episodes • Gain sharing payments to providers exceeded risk sharing payments by \$395,000 	<ul style="list-style-type: none"> • Quality metrics improved or maintained for most episodes • Gain sharing payments to providers exceeded risk sharing payments by \$206,900 	<ul style="list-style-type: none"> • Quality metrics improved or maintained for most episodes • Gain sharing payments to providers exceeded risk sharing payments by \$686,000 	<ul style="list-style-type: none"> • Quality metrics improved or maintained for most episodes • Gain sharing payments totaled \$1.9 million • Due to COVID-19, all risk sharing payments have been waived for the 2019 performance period
<p>Includes the 3 episodes in performance in CY 2015</p>	<p>Includes the 8 episodes in performance in CY 2016</p>	<p>Includes the 19 episodes in performance in CY 2017</p>	<p>Includes the 27 episodes in performance in CY 2018</p>	<p>Includes the 45 episodes in performance in CY 2019</p>

*Compared to 3% projected medical cost trend



2020 Episodes of Care Results

- Due to the COVID-19 pandemic, estimated savings will not be calculated for the calendar year (CY) 2020 performance period.
- The state recognizes that COVID-19 continues to be an unprecedented health and economic crisis for the provider community. In order to continue to support providers during this difficult time, the three TennCare Managed Care Organizations (MCOs) waived all episodes of care risk sharing payments for the 2020 performance period. Providers who have gain-sharing payments in their final 2020 performance reports will receive those payments as planned, with no changes. For 2020, gain-sharing payments totaled \$1.1 million.



Continuous Improvement by Listening to Stakeholders

Technical Advisory Groups

- 26 Technical Advisory Groups with over 360 providers

Provider Reports

- Over 260,000 episodes reports with new information sent to providers

Episode Design

- Made over 150 changes to episode design based on Stakeholder feedback:
 - ✓ Updated quality metric definitions
 - ✓ Low volume exclusions
 - ✓ Overlapping episode exclusion

Stakeholders

- More than 1,500 stakeholder meetings
 - ✓ 7 annual episodes design feedback sessions
 - ✓ Bi-monthly meetings with TAMHO on episodes and TN Health Link between 2017-2019
 - ✓ Additionally, hundreds of meetings per quarter between MCOs and providers

“I do feel 100% that I have been allowed to voice my opinions and to voice my concerns, to see the positives and the negatives. And I’ve always felt that you and your staff have always been very listening and approachable.”

An orthopedic provider

“I felt like we actually had a significant input and changed a few ideas, again to avoid unintended consequences.”

A general surgeon



2022 Episodes Changes Memo

Key Takeaways:

- The state releases this memo every September to our Results & Changes tile on our website.
- The Changes Memo is the state's official response to the feedback received through the Annual Feedback Session, held in May.
- There is a summary table to help identify what is changing for the 2022 performance year.



Introduction

Date: September 2021
Subject: Updates to TennCare's Episodes of Care program

This memorandum discusses the recommendations and state responses made to TennCare's Episodes of Care program in Tennessee for the 2022 performance period that begins January 1, 2022.

The state greatly appreciates the feedback we have received from stakeholders over the past year, and especially those stakeholders who attended the Episodes of Care Annual Feedback Session, held on May 19, 2021. The WebEx event was an opportunity for stakeholders from across Tennessee to comment on what is working well and how to improve upon the clinical design of all 48 episodes of care that are in performance in 2021. Members of the public were able to share their feedback live during this year's event, as well as submit their feedback electronically prior to the event via email and an online form.

The state is making 29 changes to the design of the episodes program for the 2022 performance period. The feedback is organized by episode in alphabetical order. The table "Summary of Program Changes Taking Effect in 2022" is also provided to highlight feedback that resulted in episode design changes for the 2022 performance year.

Episodes of Care's Response to COVID-19

The state recognizes that COVID-19 has created an unprecedented health and economic crisis for the provider community, including financial pressures on many providers. In order to continue to support providers during this difficult time, the state announced on May 12, 2021, that the three TennCare Managed Care Organizations (MCOs) will waive all episodes of care risk-sharing payments in the final reports for the 2020 performance period. Providers who have gain-sharing payments will receive those payments as planned, with no changes.

The state welcomes input from stakeholders regarding potential future adjustments to episodes design during this uniquely difficult time.

What Does the State Do with Your Feedback?

The state highly values stakeholder feedback. TennCare works on your proposed changes throughout the year, with efforts focused during the summer between the spring feedback session and the fall release of this memo. The state conducts data analyses and solicits clinical input. All of these perspectives are taken into account as the state determines its response to each item of feedback received.



State response to stakeholder feedback

2022 Episodes Changes Memo

Episode Type(s) Impacted	Change to Episode Design
All Episodes	An episode is excluded if the patient has a diagnosis code related to COVID-19 (U071) or pneumonia due to COVID-19 (J1282).
Procedural Episodes	The Difference in Average MED/day gain-sharing quality metric will be updated to the percentage of valid episodes that have a difference in MED that is less than or equal to three (3.0) as opposed to the average difference across all valid episodes.
Attention Deficit and Hyperactivity Disorder (ADHD)	The temporary Level 1 Case Management exclusion will be permanently removed for the 2022 performance period.
Attention Deficit and Hyperactivity Disorder (ADHD)	The Long-acting Stimulants for Members Aged 6 to 11 Years quality metric will be moved from gain-sharing to informational.
Attention Deficit and Hyperactivity Disorder (ADHD)	The Long-acting Stimulants for Members Aged 12 to 20 Years quality metric will be moved from gain-sharing to informational.
Oppositional Defiant Disorder (ODD)	The evaluation and management (E&M) and medication management codes currently listed under the Utilization (excluding medication) informational quality metric will be added to count towards the Minimum Care Requirement gain-sharing quality metric.
Perinatal	The state will update the episode trigger logic in the episode to capture more invalid episodes. This change will identify episodes with an incomplete trigger (for example, a delivery claim with no associated facility claim) and count these episodes as invalid.
Perinatal	The state is changing the Primary C-section quality metric that is informational to align with the Agency for Healthcare Research and Quality (AHRQ) definition of primary C-section delivery rate. This design change will add exclusions for deliveries with complications (such as abnormal presentation, breech, etc.).

Thank you!

Questions?

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