



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

Long-Term Services and Supports: **866-840-4991**

<https://provider.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 supports, 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:

- A reportable event is an event that is classified as Tier 1, Tier 2, or Additional Reportable Events, as defined by the Division of TennCare, that the contracted provider, Wellpoint, or fiscal employer agent (FEA) staff will be responsible for reporting to the Department of Intellectual and Developmental Disabilities (DIDD) via DIDD's On Call Investigator Hotline (as applicable) and also submitting a REF to both DIDD and Wellpoint Reportable Event Management with in one business day of witness/discovery of the event, as specified by Division of TennCare.
- It is considered best practice to also notify the person's coordinator and legal representative/primary contact as events occur.
- Non-reportable events are not reportable to DIDD/the MCO, but 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:
  - 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 event documentation and questions to Reportable Event Management at [TN-REM@wellpoint.com](mailto:TN-REM@wellpoint.com) or fax to **844-759-5952** (fax only if email is not available).

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

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

DIDD 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 Medicaid 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) facilitation of 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) facilitation of transitions to Employment and Community First CHOICES (ECF CHOICES) or TennCare CHOICES which shall include (but is not limited to) timely notification to Division of TennCare

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## 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.

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## Authorization/notification instructions

### Billing and claims submission

Upon implementation of the IDD Integration, Wellpoint will be responsible for the payment of all LTSS services provided to members with I/DD, including services provided to members in an ICF/IID.

ICF/IID providers will continue to submit billing in the current manner they do today. Wellpoint will pay these claims as outlined in the claim's adjudication process.

## Our service partners

Department of Intellectual Developmental Disabilities (DIDD)	West Regional Office: <b>866-372-5709</b> ; Middle Regional Office: <b>800-654-4839</b> ; East Regional Office: <b>888-531-9876</b>
Tennessee Carriers (nonemergency transportation)	<b>866-680-0633</b>
Availity	<b>877-334-8446</b>
Division of TennCare	<b>800-342-3145</b>

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## Local provider relations

We also offer local Provider Experience managers who will help you with ongoing education, contract and fee issues, procedural issues, and more. Your office will have a designated representative you can reach at **615-316-2400**, ext. **22160**.

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## 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 healthcare needs.

We encourage you to tell members and their families about this service 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 (**800-600-4441**) 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 EDI gateway and E-Solutions Service Desk. To register with Availity, go to **Availity.com** and select **Register**. If you have any questions or concerns, please contact Availity at **800-AVAILITY (800-282-4548)**.

### Availity functionality includes:

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Wellpoint.
- A worklist of open submissions to check a reconsideration status.
- Paper claims.

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## Electronic funds transfer (EFT)/electronic remittance advice (ERA) registration

- 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.
- Use Availity to register and manage account changes for ERA located at **Availity.com**. If you have questions, call Availity Client Services at **800-AVAILITY**.

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## Provider registration with the Division of TennCare

The Division of TennCare is now collecting *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 will need to register your information on the TennCare Provider Registration site at **<https://www.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.

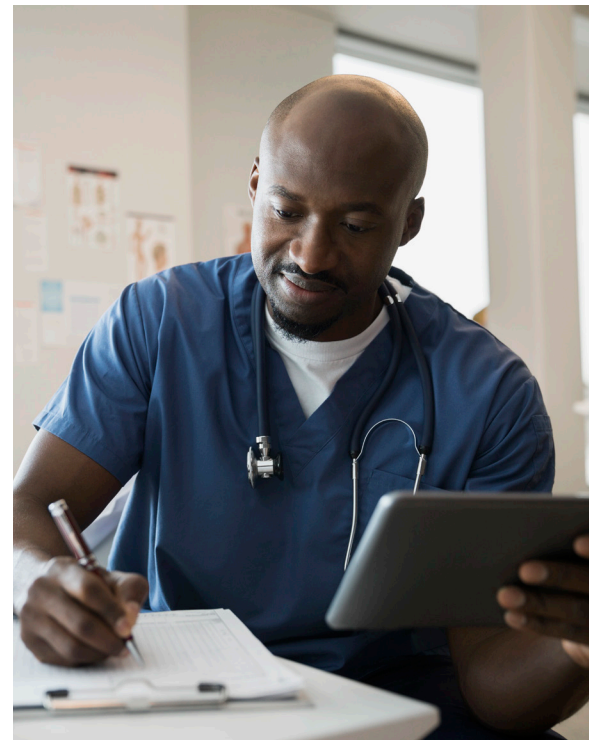
## Medical appeals

Members and their representative(s), including a member's provider, have 60 calendar days from receipt of the adverse action 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 can file an appeal of an adverse action with the TennCare Solutions Unit (TSU):

TennCare Solutions  
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**

TSU will forward any valid factual disputes to Wellpoint for reconsideration. An *On Request Report* will be faxed to Wellpoint by TSU requesting reconsideration of the member's appeal.



**<https://providers.wellpoint.com/TN/>**

Medicaid services 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](https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html)**.

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