Network Notification

Date: January 25, 2016

To: CareSource® MyCare Ohio Independent Providers

From: CareSource

Re: RATE CALCULATIONS FOR CLAIMS IN EXCESS OF 40 HOURS IN A WEEK

On December 10, 2015, the Ohio Department of Medicaid (ODM) issued a Memorandum explaining that it intends to pay "overtime" to certain independent providers when those providers submit claims to ODM for units of service provided after 40 hours (160 fifteen-minute units) of services in a week. ODM is using the TU modifier for this purpose. ODM has directed CareSource to adopt a similar practice for claims submitted to CareSource for authorized services delivered to CareSource members by independent providers that exceed 40 hours (160 fifteen-minute units) in a week. This notification outlines how CareSource will utilize the TU modifier for this purpose.

To whom does this notification apply?

This notification applies to Independent Providers. For purposes of this notification, "Independent Providers" means personal care aides, home care attendants, private duty nurses (LPN or RN) or waiver nurses (LPN or RN), who provide authorized home care services to a CareSource member, and who are not employed by a home care agency.

When may Independent Providers use the TU modifier when submitting claims to CareSource?

If an Independent Provider is authorized to provide more than 160 fifteen-minute units of services to any combination of CareSource members in a week (defined below), then he/she may use the TU modifier for all units of service in excess of 160 fifteen-minute units in a week. *The TU modifier goes in box 24-D of the HCFA-1500 claim form when fifteen-minute units exceed 160.*

How is "week" defined?

A week begins Sunday at 12:00 am and ends Saturday at 11:59 pm.

What hours or units of service are to be included when determining whether or not an Independent Provider exceeded 160 fifteen-minute units of service in a week for any combination of CareSource members?

Only time spent delivering services to CareSource members as an Independent Provider may be included. Time spent delivering services for which a claim is being submitted to another managed care plan or on a Medicaid fee for service basis may not be included. Independent Providers are responsible for tracking their time and claims submissions and submitting claims to CareSource appropriately.

What procedure code should be used with the TU modifier?

Independent Providers should use the procedure code that relates to whatever service was being delivered at the time the Independent Provider exceeded 160 fifteen-minute units in a week, including the T1019, S5125, T1002, T1003, or T1000 procedure codes.

Example:

- An Independent Provider delivers Homemaker/Personal Care services to a CareSource member Monday – Friday 3:00 pm – 9:00 pm (30 hours)
- The same Independent Provider delivers Personal Care Aide services to a different CareSource member the following Saturday from 7:00 am – 7:00 pm (12 hours)
- The Independent Provider submits claims for 30 hours of regular Homemaker/Personal Care for the first member, 10 hours of regular Personal Care Aid for the second member (T1019), and 2 hours for the second member using a TU modifier (T1019 with the TU modifier.)

Example:

- An Independent Provider works with a CareSource member. She delivers 40 hours of waiver nursing services to that member and then provides 8 hours of PDN to that same member during the same week. The Independent Provider will use the regular T1002 for the 40 hours of waiver nursing services, and then use the T1000 code with the TU modifier for the 8 hours of PDN services.

Example:

- An Independent Provider delivers 35 hours of waiver nursing services to a

CareSource member and then provides 10 hours of PDN to a non-CareSource member during the same week. The Independent Provider will use the regular T1002 for the 35 hours of waiver nursing services to the CareSource member. Here, the Independent Provider will not use the TU modifier when submitting his/her claim to CareSource.

What amount of reimbursement will Independent Providers receive when using the TU modifier?

Below are the reimbursement rates for claims submitted to CareSource with the TU modifier. These rates are effective as of January 1, 2016, and are subject to change.

PERSONAL CARE AIDE (with TU modifier)

Independent Providers	
Base Rate	15-Minute unit Rate
$22.46	$3.95

HOME CARE ATTENDANT (with TU modifier)

Independent Providers		
HCA/N Base Rate	HCA/N 15-Minute unit Rate	HCA/PC 15-Minute unit Rate
$33.09	$6.22	$3.95

PDN* or WAIVER NURSING – LPN (with TU modifier)

Independent Providers	
Base Rate	15-Minute unit Rate
$40.89	$7.88

*TD modifier not allowed

PDN* or WAIVER NURSING – RN (with TU modifier)

Independent Providers	
Base Rate	15-Minute unit Rate
$50.43	$9.92

*TE modifier not allowed

How do Independent Providers who serve multiple people during a single visit submit claims for units of service over 160 fifteen-minute units per week?

Independent Providers must continue to use the “HQ” modifier when delivering services to groups of 2 – 3 people.

When delivering more than 160 fifteen-minute units of service, Independent Providers must submit the appropriate code with the TU modifier, along with the group modifier, in order to be reimbursed at the appropriate rate.

What if an Independent Provider forgets to submit the code with the TU modifier and only submits the regular code?

The Independent Provider will be reimbursed at the regular unit rate. However, the Independent Provider may adjust the claim in order to receive the appropriate payment for units of service over 160 fifteen-minute units per week. All adjustments to claims must be submitted within 365 calendar days of the date of service.

What if an Independent Provider accidentally submits a claim with the TU modifier when Independent Provider did not actually deliver more than 160 fifteen-minute units of service in a week?

The Independent Provider must correct the claim and resubmit within 365 calendar days of the date of service.

Does CareSource reimburse for travel time?

No. As before, rates will be calculated based on actual time spent delivering services to our members and does not include travel time.

Does this notification change any requirements related to approval of services?

No. As always, CareSource and the member's Care Manager will work together with the member and their providers to ensure the member is receiving the service needed and ensure that all services provided are medically necessary. To be eligible for reimbursement, *ALL services must be medically necessary, be approved by the Care Manager and, where applicable, be identified on the member's service plan.*

Does this notification change the existing relationship between Independent Providers and CareSource in any way?

No. Nothing in this notification (or otherwise) changes the relationship between Independent Providers and CareSource. Independent Providers have always been, and continue to be, independent contractors. They are not employees of CareSource for any purpose, including for purposes of being eligible to participate in group health benefits or any other fringe benefits; coverage under state or federal wage and hour laws, nondiscrimination laws or any other federal or state employment law(s); eligibility for unemployment or workers compensation benefits; any federal, state or local tax payment or withholding obligations; or any other purpose.

If you have questions, please contact the member's Care Manager.