



Tennessee United Healthcare Insights: Your quarterly update

ECF CHOICES expansion — What you need to know

2,500 new member slots are opening—starting now.

TennCare is releasing 100 new Employment and Community First (ECF) CHOICES slots each month. This will help reduce the waitlist and expand access to home- and community-based services for people with intellectual and developmental disabilities.

What this means for you

- Referrals:** If you have eligible individuals referrals waiting, now's the time to refer. Slots are limited monthly—submit early.
- Workforce support:** Our Workforce Development team is prioritizing high-demand counties. Expect direct outreach with tools to help you recruit, train, and retain staff.
- Training update:** You now have an alternative to ACRE Pro certification. Details were sent around Sept. 15—check your inbox or contact your LTSS provider advocate.
- Weekly updates:** You'll receive an invitation to virtual office hours. These sessions include referral forecasts by county and priority group. Attendance is optional. Summary emails will follow.

Why it matters

Every slot filled means someone gains access to life-changing support—and you make that possible. This isn't just about numbers. It's about impact.



Questions?

Find [more information](#) about ECF CHOICES, including details about the program, eligibility, services and contact information.

EVV and authorization changes – What you need to do

Effective Aug. 1, 2025, UnitedHealthcare switched to an open electronic visit verification (EVV) model for Medicaid-funded personal care services. This applies to:

- CHOICES in-home respite and personal care
- ECF CHOICES personal assistance, supportive home care, respite and employment services (with outcome-based reports)

What's changing

- You can use your own EVV system or [CareBridge](#)
- All EVV systems must meet [21st Century Cures Act requirements](#)
- CareBridge now handles prior authorizations for personal care services. Healthstar will no longer process authorizations.

How to submit authorizations and prepare for Healthstar transition

- Submit new and renewal authorizations through your EVV vendor or CareBridge:
 - Portal: [CareBridge Provider Portal](#)
 - Phone: 615-679-9087
 - Email: info@carebridgehealth.com
- EVV is required for Medicaid-funded personal care services. CareBridge supports EVV and billing.
- Current Healthstar authorizations remain valid until they expire
- Healthstar will retire **Jan. 1, 2026**. Switch to CareBridge or another EVV vendor.

Employment services

- Submit outcome-based employment reports through CareBridge
- You should have received email instructions from your LTSS provider advocate on Sept. 3, 2025

CHOICES referrals

- Starting **Sept. 1, 2025**, your LTSS provider advocate emails weekly referrals
- Check your inbox regularly. If you are not receiving emails, contact your LTSS provider advocate.

Support and training

- Visit the [Provider Agency Document Library](#) for tools and tech support
- CareBridge broadcasting launches in early November 2025.
- Mobile DSP Services launch date is TBD

Earn incentives with the TennCare Maternity Quality Care Initiative

We're rewarding your efforts to improve health outcomes for mothers and babies. Your practice can earn incentive payments for reporting specific codes during prenatal and postpartum visits. These payments are based on informational codes and do not affect your contracted reimbursement for other claim codes.

Prenatal visits

Earn a \$25 administrative payment when you report CPT® Category II code **0500F** at the first prenatal visit.

Steps to qualify

- Bill the first prenatal visit with **0500F** and the appropriate E/M CPT code (99202-99205 or 99211-99215)
- Submit at least \$25 in billed charges for 0500F
- Complete the Obstetrics/Pregnancy Risk Assessment Form (OBRAF):
 - **Print** - Go to UHCprovider.com/resourcelibrary > Maternity and maternity newborn resources > Maternity support for UnitedHealthcare Community Plans > OBRAF
 - **Fax** to 877-353-6913 within 30 days of the first prenatal visit.
 - **Online** - Sign in to the [UnitedHealthcare Provider Portal](#) with your One Healthcare ID. Select Clinical and Pharmacy > Care Conductor > Notification of Pregnancy. Complete the Maternity Care Management notification form.

Postpartum visits

Earn up to two \$75 administrative payments by:

- Billing the first postpartum visit with **0503F** and postpartum code **59430**
- Submitting at least \$75 in billed charges for 0503F
- Completing up to 2 postpartum visits within 84 days of delivery for eligible members

Mental health screening

Earn enhanced reimbursement when you:

- Bill screening services with **96160 + TH modifier**
- Submit at least \$15 in billed charges for 96160 + TH
- Complete a mental health risk assessment during prenatal or postpartum care



Questions?

Visit [TennCare Maternal Health](#) or call your provider advocate at **800-690-1606**.

New behavioral health service available Jan. 1, 2026

Starting **Jan. 1, 2026**, 3 community behavioral health providers will offer a new service called Specialized Comprehensive Treatment Teams (SCTT).

SCTT teams provide intensive, coordinated mental health care and rehabilitation for adolescents and adults age 12 and older who have intellectual or developmental disabilities and co-occurring behavioral health conditions.

Where services are available

- **West:** Clarvida
- **Middle:** Mental Health Cooperative
- **East:** Frontier Mental Health

About SCTT

SCTT teams deliver flexible, community-based support for individuals and their families or caregivers. Services focus on stability and keeping members in their communities while respecting cultural values and family strengths. In-person interventions are available 24/7 when clinically appropriate.

How to refer

If you want to refer a patient to SCTT, contact:

- **West Clarvida**
Chasity Alexander
731-686-9383
Chasity.Alexander@clarvida.com
- **Middle – Mental Health Cooperative**
Shaun Womack
615-687-1778
swomack@mhc-tn.org
- **East – Frontier Mental Health**
Samantha Slagle
423-366-2650
sslagle@frontierhealth.org

Psychosocial care first for children and adolescents on antipsychotics

Antipsychotic medications can help treat serious behavioral health conditions in children and teens. However, these drugs carry risks—such as weight gain, metabolic changes and movement disorders—especially when used for nonpsychotic disorders like attention-deficit/hyperactivity disorder (ADHD) or conduct disorder.



Questions?

If you need additional information, contact your behavioral health advocate, use the **UnitedHealthcare Provider Portal** for chat support and resources or call Provider Services at **877-842-3210**.

Start with psychosocial care

Therapy, family counseling and behavioral interventions can help with emotional and behavioral challenges. These services are often better for nonpsychotic conditions and may reduce the need for medication with harmful side effects. Even when children need antipsychotics, adding psychosocial support improves outcomes and helps families manage symptoms.

The APP HEDIS® measure

The **Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)** measure checks if members ages 1-17 receive psychosocial care within 90 days before or 30 days after starting a new antipsychotic prescription.

How to meet the APP measure

- Refer patients to psychosocial services before prescribing antipsychotics, when appropriate
- If prior services aren't documented, schedule a therapy visit within 30 days of prescribing
- Use correct billing codes for psychosocial care (CPT 90832-90853, H0004, H2019)
- Coordinate care between behavioral health and primary care teams

Next steps

- Review prescribing practices for pediatric patients on antipsychotics
- Educate families about therapy benefits and medication risks
- Work with behavioral health care providers for referrals and scheduling
- Monitor treatment plans and reassess the need for antipsychotic use

Together, we can help children and teens get safe, effective care.

Quality Management program — Supporting better care

UnitedHealthcare Community Plan of Tennessee is committed to helping you provide high-quality care. Our Quality Management (QM) program works to improve health outcomes, patient safety and member experience.

What the QM program does

Our QM program supports efforts to:

- Improve care for members with chronic conditions such as asthma, diabetes, heart disease, depression, bipolar disorder and schizophrenia
- Support healthy pregnancies and birth outcomes
- Promote preventive care through immunizations, screenings and tests
- Enhance patient safety
- Monitor member satisfaction
- Help you meet quality and performance standards

How we measure quality

We follow national standards from the National Committee for Quality Assurance (NCQA). NCQA evaluates health plans using:

- HEDIS
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

These measures track clinical quality, preventive care and member experience. NCQA publishes results in a national report card.

The following chart includes highlights from our 2024 TennCare HEDIS and CAHPS performance.

2024 adult TennCare Medicaid CAHPS highlights

Measure	UnitedHealthcare Community Plan of TN	HEDIS 2024 national 50th percentile**
Rating of Health Plan*	59.00%	61.18%
Rating of Personal Doctor*	69.54%	70.89%
Rating of all Health Care*	51.52%	57.32%
Rating of Specialist*	64.22%	67.88%
How Well Doctors Communicate	94.68%	93.57%

2024 child+ TennCare Medicaid CAHPS highlights – General population

Rating of Health Plan*	77.42%	71.96%
Rating of Personal Doctor*	81.71%	78.10%
Rating of all Health Care*	73.60%	71.07%
Rating of Specialist*	N/A	72.62%
How Well Doctors Communicate	93.13%	94.04%

^{*}Population eligible members were 17 years of age and younger as of 12/31/2024.

^{*}Percentage reflects members who rated their plan/provider 9 or 10 on a scale of 0-10, 10 being best.

N/A assigned when number of respondents totaled less than 100.

Percentage reflects respondents indicating 'always' or 'usually'

**National average is based on the 2024 HEDIS NCQA 50th percentile.

***ECDs is electronic clinical data submission measure

2024 TennCare Medicaid HEDIS measures				
Measure	Middle TN	East TN	West TN	HEDIS 2024 national 50th percentile**
Women's health				
Breast Cancer Screening (ECDS)***	51.10%	55.50%	54.80%	55.87%
Timeliness of Prenatal Care	67.76%	77.18%	68.38%	86.37%
Postpartum Care	70.82%	77.18%	71.26%	82.48%
Diabetes care				
Hemoglobin A1C Control <8%	51.99%	52.68%	53.76%	60.58%
Retinal Eye Exam Performed	51.43%	55.76%	54.33%	56.39%
Diabetic Blood Pressure Control <140/90	62.12%	64.09%	60.40%	71.53%
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well care				
Six or more Well Care Visits in first 15 months of life	74.53%	76.05%	56.48%	63.38%
Two or more Well Care Visits between 15 months and 30 months of life	80.31%	80.03%	68.75%	72.32%
Child and Adolescent Well Care Visits Ages 3-21	62.44%	58.99%	56.23%	55.41%
Completed Childhood Immunizations recommended by 2 years of age (ECDS)***	29.79%	25.29%	17.26%	23.89%
Completed recommended Adolescent Immunization recommended by 13 years of age (ECDS)***	36.88%	32.29%	31.03%	34.14%

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2024 TennCare Medicaid HEDIS measures (cont.)				
Measure	Middle TN	East TN	West TN	HEDIS 2024 national 50th percentile**
Behavioral health				
Antidepressant Medication Management- Effective Continuation Phase Treatment	59.96%	62.87%	54.91%	46.55%



Learn more

To learn more about quality programs or to view reports, go to [Reports and Quality Programs](#). If you want a copy of quality program information or reports, call **800-690-1606**.

Engaging patients for EPSDT screenings

To improve compliance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines, take a proactive, data-driven approach:

① Identify patients due for services

Use health plan reports to find patients younger than 21 who need EPSDT screenings.

Prioritize outreach to those overdue for:

- Well-child visits
- Immunizations
- Specific screenings, such as lead testing

② Conduct targeted outreach

When contacting families:

- Explain why EPSDT visits matter for preventive care and early detection
- Review services due, including missed components
- Schedule the next appointment and offer flexible options
- Address barriers such as transportation, language or scheduling conflicts

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^{***}ECDS is electronic clinical data submission measure

③ Complete and document all EPSDT components

Each visit should include:

- Health history
- Complete physical exam
- Lab tests as needed
- Immunizations
- Vision and hearing screening
- Developmental or behavioral screening (as appropriate)
- Health education and anticipatory guidance

Find more information and best practices on the [Health and Human Services \(HHS\) Guidance Portal](#).

The following article is from TennCare dental

Beginning **Nov. 1, 2025**, Renaissance becomes TennCare's new dental plan. [Learn more](#).

The following articles are from TennCare

NF QuILTSS Updates

QuILTSS (Quality Improvement in Long-Term Services and Supports) is TennCare's value-based purchasing program for nursing facilities. It rewards you for delivering high-quality care based on measures such as resident, family and employee satisfaction, clinical outcomes and quality of life.

The 18th cycle of QuILTSS is now underway. Enhance Respiratory Care (ERC) Program Updates (applicable to ERC provider network only).

The semi-annual audits for the ERC program have now been integrated into PERLSS. In-network ERC health care providers can review results in the QuILTSS ERC module within PERLSS.

Visit the [Myer & Stauffer Provider Portal](#) for more information and find training on how to complete your QuILTSS#18 submissions.



Important deadline: All QuILTSS #18 data submissions through Formstack are due **Jan. 31, 2026**.

Looking Ahead to QuILTSS#19

TennCare has sent a communication with anticipated changes to QuILTSS#19 measures and scoring methodology, pending rule approval. If you did not receive this communication, email QuI.LTSS@tn.gov to be added to the distribution list.

Enhanced Respiratory Care (ERC) Program Updates (applicable to ERC provider network only)
The semi-annual audits for the ERC program have now been integrated into PERLSS! In network ERC providers can review their results the QuILTSS ERC module within PERLSS.

What Is PERLSS?

PERLSS (Preadmission Evaluation and Referrals for Long-Term Services and Supports System) is TennCare's platform for managing LTSS processes, including medical and financial eligibility and program enrollment for CHOICES and ECF CHOICES members.

For help accessing PERLSS, email LTSS.SystemSupport@tn.gov or review the [PERLSS Access Guide](#).

NADSP E-Badge Academy – Strengthening the DSP workforce

In 2024, TennCare partnered with the National Alliance for Direct Support Professionals (NADSP) to launch the E-Badge Academy. This program offers national certification to strengthen the workforce and elevate the roles of direct support professionals (DSPs), paid caregivers and frontline supervisors (FLSs).

Key outcomes

- 96% of health care providers said they can provide higher-quality care
- 90% felt more recognized and valued
- 8% drop in turnover after certification
- 13% increase in long-term career commitment

The Tennessee state legislature approved continuing the E-Badge Academy, including financial incentives for meeting quality goals.

Additional information

- [NADSP E-Badge Academy Portal](#) – This site includes instructions, badge categories, certification requirements and helpful tips for DSPs and FLSs
- [TennCare E-Badge Academy Page](#) – Details on Tennessee's program, eligibility for HCBS health care providers, certification levels and contact information for Workforce Development support

Interested in participating?

Contact your Workforce Development Director for details.

TennCare invests in HCBS health care providers

The Division of TennCare will invest \$10 million per year for the next five years in home- and community-based services (HCBS) health care providers.

Funding opportunities begin July 1 each year and are designed to:

- Help you expand capacity to serve current and new HCBS members
- Support quality improvement initiatives

Current status:

MCOs are reviewing applications for the 2025 funding opportunity and expect to notify award recipients in December (tentative).

If you missed the funding opportunity

The next HCBS Capacity Building Funding Opportunity will open in **July 2026**.

Funding resources

The program is supported by FMAP (Federal Medical Assistance Percentage) funds. Under the American Rescue Plan Act, states received a temporary increase in FMAP for Medicaid HCBS. Tennessee is using these enhanced funds to strengthen HCBS programs through initiatives like the Capacity Building Funding Opportunity, which helps you expand services and improve quality.

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