



August 2015

Blue⁺ealertSM

BlueCross BlueShield of Tennessee, Inc.

Applies to all lines of business unless stated otherwise

Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of the policies listed below can be accessed at <http://www.bcbst.com/providers/mpm.shtml> under the “Upcoming Medical Policies” link.

Effective Sept. 13, 2015

- Artificial Pancreas System Device
- Pharmacogenetic Testing for Pain Management
- Positron Emission Testing for Oncologic Applications

Effective Sept. 16, 2015

- Obinutuzumab
- Tbo-Filagrim
- Transcranial Magnetic Stimulation , Cranial Electrotherapy Stimulation and Navigated Transcranial Magnetic Stimulation (*Revised Policy*)

Note: These effective dates also apply to BlueCare Tennessee pending State approval.

New drugs added to Commercial Specialty Pharmacy listing

Effective July 1, 2015, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

Self-administered via pharmacy benefit:
Cholbam
Natpara

Providers can obtain prior authorization for:

- Provider-administered drugs** that have a valid HCPCS code by logging onto BlueAccess, the secure area of www.bcbst.com, and selecting Service Center from the main menu, followed by “Authorization/Advance Determination Submission.” If you are not registered with BlueAccess or need assistance, call eBusiness Technical Support†.
- Provider-administered specialty drugs** that do not have a valid HCPCS code by calling 1-800-924-7141.
- Self-administered specialty drugs** by calling Express Scripts at 1-877-916-2271.

NOTE: BlueCross updates web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

Reminder: All Blue 2015 Provider Workshops

Coming Soon to a City Near You!

The annual state-wide All Blue workshops are designed to simplify your day-to-day interactions with BlueCross. Talk with BlueCross professionals who will share important information on current issues. While you are there, visit our Resource Centers and take advantage of one-on-one discussions and breakout sessions.

For additional information including dates, times, locations and easy online registration, please visit our website at bcbst.com/providers/workshops.

Tennessee Health Care Innovation Initiative

Tennessee Health Care Innovation Initiative (THCII) August reports will be available Aug. 7, 2015. To review your August THCII reports, please log into BlueAccessSM at www.bcbst.com by clicking the Log In/Register link found at the top right hand corner of the page. If you have not registered for BlueAccess, the site will guide you through the registration process.

The THCII August report titles have been updated to help you choose the report you would like to review. The report titles are:

Preview without Thresholds

Informational report without cost or quality thresholds

Preview with Thresholds

Preview report with cost and quality thresholds

Interim Performance

Interim performance report for contracted lines of business: BlueCare, TennCareSelect and CoverKids in a performance period

Final Performance

Final performance report for contracted lines of business: BlueCare, TennCareSelect and CoverKids

THCII Preview reports will be available for each new episode of care prior to the performance period. Each episode of care performance period begins on Jan. 1 and ends Dec. 31 of each year with Performance reports released each quarter.

For more information about the Tennessee Health Care Innovation Initiative episodes of care, visit the State of Tennessee website at <https://tn.gov/hcfa/section/strategic-planning-and-innovation-group>.

DME authorizations online

Durable Medical Equipment (DME) authorizations may now be submitted through BlueAccess. You can attach medical records, invoices, and certificates of medical necessity as required by the Centers for Medicare & Medicaid Services to the DME authorization request and on the Clinical Update form.

Note: Contact your eBusiness Marketing Representative for all your BlueAccess registration and training needs.

West Tennessee – Debbie Angner
 Phone: (901) 544-2285
 Email: Debbie_Angner@bcbst.com

Middle Tennessee – Faye Mangold
 Phone: (423) 535-2750
 Email: Faye_Mangold@bcbst.com

East Tennessee – Faith Daniel
 Phone: (423) 535-6796
 Email: Faith_Daniel@bcbst.com

Coming Changes to Musculoskeletal Program

Changes are coming soon to the BlueCross Musculoskeletal Program for Commercial and Medicare Advantage lines of business. Please see additional information in upcoming issues of the BlueAlert newsletter and also in the Provider Section of the company website, www.bcbst.com.

Help improve childhood & adolescent immunization rates

In spite of recent “mixed messages” in the media, most parents understand the importance of childhood & adolescent immunizations. However, busy schedules sometimes make it difficult for parents to get their kids to the doctor’s office according to vaccination schedule recommendations. **Encourage parents to plan vaccinations for children before the back-to-school rush begins.**

Children under 2 years old:

It is important that you schedule appointments for children to complete all doses of the 10 recommended immunizations by 23 months of age.

4 DTaP	3 HiB	1 Varicella
1 MMR	2 OR 3 RV	3 IPV
3 HepB	4 PCV	1 HepA
2 Initial Influenza & Yearly thereafter		

Adolescents 11-12 years of age:

There are four vaccines recommended for preteens and teens—**1 dose Meningococcal, 1 dose Tdap/Td Vaccine, 3 doses of HPV Vaccine (within 6 month period), and the influenza (flu) vaccine.** While kids should get a flu vaccine every year, the three other preteen vaccines should be given when kids are 11- 12 years old.

Recommended steps to help improve childhood & adolescent immunizations:

- Review shot records of children 23 months of age and younger to help ensure the 10 recommended immunizations have been received or are scheduled to be received.
- Review the shot records of your adolescent patients under the age of 13 to ensure they have received all doses of the three recommended vaccines and their yearly flu shot prior to their 13th birthday.
- Discuss the importance of childhood preventive care. Give parents a copy of a current immunization schedule and information on the vaccines, such as dosage and use, along with a reputable source reference (i.e. www.cdc.gov/vaccines)
- Provide parents with an up-to-date shot record that they can keep.
- Schedule an appointment for the next immunization or check-up due before the child leaves the office.
- Send reminder letters and make phone calls prior to appointments.
- Follow up on missed appointments so that rescheduling can occur.
- Look for each opportunity to immunize children apart from just vaccination appointments. If you have a child in your office already for a visit, consider offering immunizations at that time.

- When billing, be sure to code administered immunizations accurately and in a timely manner.

Note: If you provide care for BlueCare or TennCareSelect members ages 18 or younger, you are eligible to receive free vaccine serums from the Tennessee Department of Health’s Vaccines for Children (VFC) Program. For more information, call 1-800-404-3006, Monday through Friday, 8 a.m. to 4:30 p.m. (CT).

IMPORTANT REMINDER



Managing your COPD patients

As we head into the colder months respiratory illnesses and flu are right around the corner. It is important to keep your Chronic Obstructive Pulmonary Disease (COPD) patients as healthy as possible and out of the emergency department and hospital. A few simple steps can help:

- Schedule an immunization visit for your COPD patients for flu and pneumonia vaccines (as applicable) before flu season starts.
- Make an appointment with your COPD patients to develop a COPD action plan (www.lung.org) and discuss their medication regimen before flu season starts.
- Ask questions to determine your patients’ understanding of their current COPD medications at each visit.

Encourage your patients to use a COPD checklist and bring it to each appointment. (The checklist is available on COPD.com at <http://www.copd.com/copd-tools-resources/copd-checklist.html>.)

Educate your patients that:

- Systemic Corticosteroids can shorten recovery time, improve lung function and reduce the risk of early relapse, treatment failure and length of hospital stay.
- Short-acting inhaled Beta2-agonists with or without anticholinergics should be used for treatment of an exacerbation.

Clinical Practice Guidelines: Global strategy for the diagnosis, management and prevention of COPD is available at: <http://www.goldcopd.org/guidelines-global-strategy-for-diagnosis-management.html>

Reminder: Refer lab work to a participating provider

Providers are reminded to use BlueCross in-network options for all laboratory services for our members unless the specific laboratory test is not available from a participating lab provider. This includes genetic testing that is covered by Medicare. If our members are referred to a non-participating lab for testing and the test was available through a participating provider, then through reconciliation, the cost may be the responsibility of the referring provider and not the member.

Behavioral health case managers natural fit in overall care

In the context of behavioral health management, case managers play an essential role in ensuring the overall health and wellbeing of patients—which can prove extremely valuable for providers. Case managers work one-on-one with patients to navigate care processes and ensure needs are met. Starting with an initial patient meeting, case managers gather information from all providers involved in an individual’s care and obtain appropriate releases to facilitate coordination.

Once care facilitation is approved, case managers work with patients to:

- Assess care needs and strengths
- Identify treatment goals
- Develop a care or treatment plan
- Research supportive services or groups
- Coordinate care
- Monitor quality of care received

Case managers engage patients in the management of their physical and mental health, which contributes to positive outcomes and helps maximize each individual’s potential for recovery and better overall quality of life. For behavioral health providers, case managers can seamlessly integrate into a practice and potentially prove significant dividends in terms of quality of outcomes and patient satisfaction.

BlueCare Tennessee

This information applies to BlueCare and TennCareSelect plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise

BlueCare claim status checks

The Interactive Voice Response (IVR) system allows BlueCare Tennessee providers to receive claims status updates in minutes over the phone!

To check the status of a claim over the phone, follow these simple steps:

1. Call 1-800-468-9736 for BlueCare and 1-800-276-1978 for TennCareSelect and enter your provider ID and contact number.
2. When prompted, say “member” for information related to a specific member.
3. Say the member ID number including all alphabetical characters.
4. Say the member’s date of birth in the order of month, date and year.
5. Say “medical” for the subscriber’s medical information.
6. For automated claim status, say “claim status.”

Once this process is complete, the IVR system will collect the Date of Service, look up the claim and read claim status information back to you.

In addition to calling in to the IVR system, claims status updates may be obtained online by logging into BlueAccess.

Eventa services available for members receiving respiratory care

BlueCare Tennessee is pleased to announce a new partnership with Eventa, LLC, as of July 1, 2015, to provide technical expertise for our adult and pediatric members receiving enhanced respiratory care in a home, community or inpatient setting. Eventa will also provide onsite practitioners to assist in monitoring the quality of care provided by our contracted nursing facilities as required by our TennCare contract.

Note: This does not apply to CoverKids.

TENNderCare Program gets a new name

As of June 5, 2015, TENNderCare, TennCare’s Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program for members under the age of 21 years has changed its name to **TennCare Kids**.

Tennessee has a commitment to promoting good health in children from birth until age 21 years.

TennCare Kids is a full program of checkups and health care services for children who have TennCare. These services make sure babies, children, teens and young adults receive the health care they need. TennCare covers services needed to find or treat medical, dental or behavioral health problems.

The links below will direct you to helpful resources:

- *Bright Futures/American Academy of Pediatrics Periodicity Schedule*
- *CDC Immunization Schedules*
- *Tennessee Chapter of the American Academy of Pediatrics (TNAAP)*
- *Tennessee Department of Health (TDH) Immunization Program*
- *TDH Required Immunizations*

Update: Outpatient surgery observation billing guidelines

BlueCare Tennessee has announced changes to billing guidelines for outpatient surgery observation.

BlueCare Tennessee **will** consider reimbursement for outpatient observation services for members, who, after six hours of recovery for outpatient services, are not medically stable for discharge. BlueCare will base the observation time on when the member arrives in a designated observation bed and when he/she leaves observation, after the six-hour recovery time, if applicable.

Reminder: Medically Unlikely Edits

The CMS National Correct Coding Initiative in Medicaid (NCCI) exists to ensure appropriate billing methodologies for Medicare Part B and Medicaid claims. Left uncorrected, coding errors in such claims can result in inappropriate payments.

The NCCI contains two types of edits to help reduce coding errors. One group of these edits is referred to as **Medically Unlikely Edits (MUEs)**, which are defined as: *The maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service for each Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT®) code.*

BlueCross defers to the Medicaid standard procedure for managing MUEs, as follows:

- The UOS reported for the HCPCS/CPT® code on the claim line is compared to the MUE value for that code.
- If the UOS on the claim line is less than or equal to the MUE value assigned to the HCPCS/CPT® code, the units of service billed pass the MUE and are considered for reimbursement.
- If the UOS on the claim line is greater than the MUE value assigned to the HCPCS/CPT® code, the UOS fails the MUE and the entire claim line is denied. That is, no unit of service will be paid for the code reported on that claim line.

For more information about MUEs or the NCCI, visit www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html.

CPT® is a registered trademark of the American Medical Association.

BlueCare Plus (HMO SNP) SM Model of Care

Each year, BlueCare PlusSM is required to perform an annual evaluation of its Model of Care. This evaluation assesses the overall effectiveness of the *BlueCare Plus Tennessee 2014 Model of Care and Quality Improvement Program Plan*. The overall goals for the Quality Improvement Program were successfully achieved in 2014. Some of the 2014 key accomplishments include:

- CMS approval for Quality Improvement Project (QIP) implementation in 2015
- CMS approval for Chronic Care Improvement Program (CCIP) implementation in 2015
- Proactively reviewed and implemented CAHPS and Provider Satisfaction Survey interventions
- Engaged 82 percent of membership in Care Coordination
- Successfully implemented a Readmission Prevention Program in Hamilton and Shelby counties, and surrounding areas, to include an in-hospital visit during admission and home visits after discharge

The *2014 BlueCare Plus Model of Care & Quality Improvement Program Plan*

Evaluation was reviewed and approved by the BlueCare Tennessee Board of Directors on May 4, 2015. To obtain a copy of the full report contact BlueCare Plus at 1-800-299-1407.

Medicare Advantage ADMINISTRATIVE

This information applies to BlueAdvantageSM HMO/PPO plans, excluding dual-eligible BlueCare Plus (HMO SNP)SM unless stated otherwise

Did you know?

You can check the status of your authorization by simply logging in to BlueAccess and clicking on the “**Authorization / Advance Determination Inquiry**” section from the “Service Center” link? An advantage of checking online is not only time saved, but you can also print your status from the website. If you are interested in training, please contact your eBusiness Marketing Representative. Their contact information is located at the end of this newsletter.

Help us decrease turn-around time for authorization requests

BlueCross is working hard to decrease the turn-around time for post-acute care facility authorization reviews. For a faster response, be sure to provide the following information with your requests:

- Prior level of function (members physical/mental state prior to the acute illness/hospitalization)
- Member living arrangements
- Current level of function as evaluated by physical and occupations therapists
- Projected discharge date with care plan

Including this information with your authorization requests will help us provide a response more quickly.

Oxygen rentals require Certificate of Medical Necessity

In order to make sure BlueAdvantage and BlueChoice (HMO)SM have all the data needed to make a determination of medical necessity, and to keep members from being charged for medical equipment not covered under their plan, BlueCross requires that a certificate of medical necessity (CMN) be filed with all authorization requests for oxygen rentals.

In the past, up to 30 days were allowed for providers to submit the CMN documentation; however, sometimes this resulted in delays after the first month, leaving the member to receive service denials some months later. Submitting a CMN at the time of the initial authorization request for the equipment will help ensure that the service is reviewed for medical necessity up front, thus ensuring that the agency will be paid for all services rendered and the member won't be billed. This change will also help us comply with rules set forth by the Centers for Medicare & Medicaid Services on oxygen rentals for Original Medicare, which implemented a model requiring a CMN for all oxygen rentals.

Reimbursement for oxygen equipment

As mandated by the Centers for Medicare & Medicaid Services (CMS), Tennessee Local Coverage Determination L11446 and the supporting policy article A33750 released in October 2014, monthly reimbursement for oxygen and oxygen equipment is limited to 36 months of continuous use. Reimbursement for oxygen rental includes equipment, contents, accessories, supplies, delivery, back-up equipment and maintenance and repairs.

After 36 monthly rental payments have been made there are no further payments for oxygen equipment during the following 5-year reasonable use lifetime of the equipment. The supplier who provided the

equipment during the 36-month rental is required to continue providing the equipment during the 5-year reasonable use lifetime of the equipment.

Please refer to the CMS website for exceptions and additional information.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1103.pdf>

Provider Performance Module updates improved convenience, effectiveness

In response to feedback from providers, BlueCross recently made enhancements to its Provider Performance Module (PPM) that provides more detailed information, ease of use and increased functionality.

Some improvements include:

Member Roster – You can see the number of open gaps for your members and a list of non-compliant members by measure.

Financial Summary – The Patient Assessment Form (PAF) tiered reimbursement schedule has been added to the right side of the page and Quality Rewards Actual and Opportunity are now represented as patient counts on the left side of the page.

Online PAF – You can access the online PAF on the Member page of our website, navigate the user-friendly document and complete and submit the form online.

To synchronize data updates across all BlueCross products, updates to the Medicare Advantage PPM now occur at the end of each month.

For more information please visit the website at <https://www.bcbst.com/secure/providers/in dex.shtml>



Applies to all lines of business unless stated otherwise

Schedule a bone density test within six months after a fracture

Often the first symptom of osteoporosis in an older patient is a broken bone. Because seniors, especially senior women, are susceptible to osteoporosis, it is important to schedule a bone density test for any Medicare Advantage patient who has suffered a fracture.

According to the Centers for Medicare & Medicaid Services, women between the ages of 67 to 85 who have had a fracture should receive either a bone density test or prescription to treat osteoporosis (if documented) within six months post fracture.

Best Practices

- Advise your patients to include adequate amounts of calcium in their diets.
- Recommend regular weight-bearing exercise like walking or dancing.
- Talk to your patients about risk factors for falls.
- Measure height annually.
- Perform a bone mineral density test on women 65 years old and older and men age 70 and older.
- Prescribe appropriate medication for patients with a hip or vertebral fracture.

Maintaining quality of life with early intensive treatment of Rheumatoid Arthritis

In 2012, the American College of Rheumatology [updated their recommendations](#), outlining an aggressive approach to treating rheumatoid arthritis patients to improve their quality of life and control disease progression.

According to the Centers for Medicare & Medicaid Services, patients with two diagnoses for rheumatoid arthritis on separate dates of service during either an outpatient visit or non-acute inpatient discharge should receive at least one Disease-Modifying Anti-Rheumatic Drug (DMARD) prescription.

Anti-rheumatic medications in the BlueCross Medicare Advantage formulary include:

- Hydroxychloroquine oral tablet – Tier 2 (lowest copay)
- Leflunomide oral tablet – Tier 2 (lowest copay)
- Methotrexate sodium oral tablet – Tier 2 (lowest copay)
- Minocycline oral capsule – Tier 2 (lowest copay)
- Minocycline oral tablet – Tier 4 (higher copay)
- Minocycline oral tablet extended release – Tier 4 (higher copay)
- Sulfasalazine oral tablet – Tier 2 (lowest copay)
- Sulfazine ec oral tablet, delayed release – Tier 2 (lowest copay)

Click [Care Management Contact Information](#) for a comprehensive list of contacts now available on the Utilization Management page of www.bcbst.com.

Do you need help in another language? ¿Habla español y necesita ayuda con esta carta?

Llámenos gratis al BlueCare 1-800-468-9698. Llámenos gratis al TennCareSelect 1-800-263-5479.

العربية (Arabic); Bosanski (Bosnian); كوردی – بادینانی (Kurdish-Badinani); كوردی – سۆرانی (Kurdish-Sorani); Soomaali (Somali); Người Việt (Vietnamese); Español (Spanish) call 1-800-758-1638.

Federal and State laws protect your rights. They do not allow anyone to be treated in a different way because of: race, language, sex, age, color, religion, national origin, or disability. Need help due to health, mental health or learning problem, or disability; or do you need to report a different treatment claim? Call 1-800-468-9698 for BlueCare or 1-800-263-5479 for TennCareSelect to report discrimination compliance issues. For TTY help call 771 and ask for 888-418-0008.

* These changes will be included in the appropriate 3Q 2015 provider administration manual update.

Archived editions of BlueAlert are available online at <http://www.bcbst.com/providers/bluealert/archive/index.page>.

†Provider Service lines

Featuring “Touchtone” or “Voice Activated” Responses

Note: If you have moved, acquired an additional location, changed your status for accepting new patients, or made other changes to your practice:

- Call the BlueCross Provider Service line, 1-800-924-7141, and choose the “touchtone” option or just say **Network Contracts or Credentialing** when prompted, to easily update your information; **and**
- Update your Provider profile on the [CAQH Proview™](#) website.

Commercial Lines 1-800-924-7141
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

AccessTN/Cover Kids 1-800-924-7141
Monday–Friday, 8 a.m. to 6 p.m. (ET)

BlueCare 1-800-468-9736
TennCareSelect 1-800-276-1978
CHOICES 1-888-747-8955
BlueCare PlusSM 1-800-299-1407
BlueChoiceSM 1-866-781-3489
SelectCommunity 1-800-292-8196
Available Monday–Friday, 8 a.m. to 6 p.m. (ET)

BlueCard
Benefits & Eligibility 1-800-676-2583
All other inquiries 1-800-705-0391
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)

BlueAdvantage 1-800-841-7434
BlueAdvantage Group 1-800-818-0962
Monday–Friday, 8 a.m. to 5 p.m. (ET)

eBusiness Technical Support
Phone: Select Option 2 at (423) 535-5717
e-mail: eBusiness_service@bcbst.com
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)
Friday, 9 a.m. to 5:15 p.m. (ET)