Changes Coming to Chiropractic Reimbursement*

BlueCross BlueShield of Tennessee recently communicated changes being made to the reimbursement schedule for Commercial chiropractic services, which will be effective Oct. 1, 2016.

If you provide chiropractic services to our Commercial members and are not aware of this planned change, please contact your BlueCross contracting representative. A listing of all Contracting and Service representatives can be found here: http://www.bcbst.com/providers/mycontact/

New Prior Authorization Requirements for Provider-Administered Specialty Medications*

As part of our efforts to support physicians’ treatment plans that are consistent with consensus and evidence-based best practices, we are changing the way we manage select specialty medications used to treat multiple sclerosis, rheumatoid arthritis, cancer and other serious, chronic conditions.

Effective Nov. 7, 2016, BlueCross, in partnership with Magellan Rx Management, will implement new prior authorization requirements for provider-administered specialty medications under the medical benefit for all lines of business. Prior authorizations obtained prior to Nov. 7, 2016, will still be valid and effective as originally approved by BlueCross.

Magellan Rx will assist us with a new process for reviewing and approving these specialty medications, which involves the use of current medical criteria, consensus and evidence-based guidelines, as well as clinical pharmacists and board-certified physicians to advance quality care. See our website for the Specialty Drug List.

Prior authorization review will be required for the specialty medications when administered in the following settings:

- Physician office
- Outpatient hospital
- Home infusion

Note: Prior authorization for these medications will not be required when they are administered during an inpatient stay, in an emergency room or in an observation room setting.

Let’s Strategize to Immunize

As partners in health, it is our responsibility to help ensure children, pre-teens and teens are protected against serious but preventable illnesses. You play an essential role in
advising and guiding parents on the best immunization strategy for their kids. Here’s how you can help keep them protected.

For patients under the age of 2 years:
- Schedule these patients for regular wellness visits and confirm they receive all 10 recommended immunizations by 23 months of age.
- Ensure they get their first flu vaccination starting at 6 months of age and another before 23 months.

For pre-teens and teens:
- Make sure adolescents turning 13 complete all doses of the recommended adolescent immunizations BEFORE their 13th birthday. This includes 1 dose Meningococcal Vaccine, 1 dose Tdap Vaccine, 3 doses of HPV Vaccine (within 6 month period) and the influenza (flu) vaccine. Teens may also need a booster of a vaccine that requires more than one dose to be fully protected.
- Look for each opportunity to immunize adolescents apart from just vaccination appointments. If you have a child in your office already for a well-visit, or to complete a camp physical, school physical, etc. consider offering immunizations at that time.

For all of your young patients:
- Give parents an up-to-date shot record they can keep for their own documentation.
- Teach and advise parents on the importance of immunizations and discuss the importance of preventive care. Give parents a copy of a current immunization schedule and information on the different vaccines, dosages, and what they prevent, along with a reputable source to reference (www.cdc.gov/vaccines)
- Schedule appointments in advance (or before leaving the office) and send reminders to avoid missed appointments and dosages.
- Follow up on missed appointments so that rescheduling can occur.
- Submit claims and encounter data quickly and accurately.
- Make sure to code the procedure accurately and timely.

If you provide care for BlueCare or TennCareSelect members age 18 or younger, you are eligible to participate in the Tennessee Department of Health’s Vaccines for Children (VFC) Program. The VFC Program will benefit your patients and your practice. This is a program that reduces your vaccine cost by providing free vaccine serum for BlueCare Tennessee and TennCareSelect patients in this age group. For more information, or to participate, contact the VFC Enrollment Desk via e-mail at VFC.Enrollment@tn.gov or call (615) 253-4072 or (615)532-8501.

Note: The VFC Program is not available to your patients in the CoverKids plan.

Reminder: Electronic Claims Submission

Network providers (including oral surgeons) are required to submit all claims to BlueCross electronically. This includes secondary and corrected claims.

Paper claims will only be an accepted method of submission when technical difficulties or temporary extenuating circumstances exist and can be demonstrated. Please call eBusiness Technical Support† if you need to discuss your office’s transition or any barriers that may prevent you from filing electronic claims.

Suicide Prevention for Primary Care and Emergency Departments

On average, there are about 950 recorded suicide deaths in the state of Tennessee each year with about 100 of these involving teens and young adults ages 10 to 24.

What Can You do?
- Learn the risk factors associated with suicide and the warning signs that someone may be thinking of harming themselves or others. Free training programs are available by contacting the Tennessee Suicide Prevention Network (TSPN) at (615) 297-1077 or tspn@tspn.org.
- Conduct a suicide risk assessment for every patient that comes in to your office. See the Columbia Suicide Risk Assessment: http://cssrs.columbia.edu/.
- Keep a list of crisis intervention numbers. The state’s toll-free crisis line is 1-855-CRISIS-1 and the National Suicide Prevention Lifeline is 1-800-273-TALK.
- A free online continuing education training for hospital emergency department staff, Suicide Prevention in the Emergency Department, can be accessed at this link: http://tinyurl.com/tspn-ed.

Reimbursement for Intrauterine Device (IUD)

Providers should only submit claims for reimbursement for procedures associated with the insertion or removal of an IUD when the device is supplied by the member’s pharmacy benefit.
manager (PBM). Charges submitted by providers for the cost of the IUD when supplied by the PBM are subject to be denied as a duplicate charge.

Reminder: FREE Quality Training for Network Providers

There is still time to register! BlueCross is offering a two-day class to promote health care quality. The training class is scheduled for Aug. 4 to 5, 2016, and will be held in the BlueCross BlueShield of Tennessee Community Room in Chattanooga, Tenn. The class is designed to help those planning to take the Certified Professional in Healthcare Quality (CPHQ) examination, and also delivers intermediate quality improvement content that can benefit anyone working in the field of health care quality.

The usual cost for this training is $399, however BlueCross is offering the class to its network providers at no cost. To qualify for the training you must meet the following criteria:
- Must currently be employed in a role related to quality improvement or management
- Must currently be employed by a BlueCross BlueShield of Tennessee network provider

Network providers will be limited to two participants per group/facility for the 2016 class. To register e-mail tawanda_malone@bcbst.com.

BlueCare Tennessee

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

THCII Episodes of Care Reports Available Soon

Tennessee Health Care Innovation Initiative (THCII) Episodes of Care Reports for August will soon be available in the BlueAccess portal on the BlueCare Tennessee website. The report will reflect your final performance for Wave 1 episodes of care (perinatal, acute asthma exacerbation and total hip/knee joint replacement) for the period Jan. 1 to Dec. 31, 2015, including risk and gain sharing outcomes. Risk/gain share payments and/or recoupments will be made in mid-September. If you have problems accessing your THCII Episodes of Care Reports, contact eBusiness Technical Support.

For more information about your report, see our BlueCare Tennessee THCII webpage. If you have questions, contact your Provider Relations Consultant. If you do not know your Provider Relations Consultant, click on the BlueCare Tennessee provider page.

Latest TennCare Preferred Drug List Includes Changes for Pain Management Drugs

The latest release of the TennCare Preferred Drug List (PDL) includes changes that may affect some of the medicines your patients take. Some of the most notable changes are related to prior authorizations for both long-acting and short-acting narcotics. Changes also include some quantity limits that became effective July 20, 2016. Click here to view a summary of the PDL changes, including those for narcotics.

Please inform your BlueCare and TennCare Select patients who take these medications that switching to preferred drugs will decrease delays in receiving their medicine. The most current TennCare PDL is available online.

Changes for Reporting Home Health Critical Incidents *

Effective July 1, 2016, the State of Tennessee has new requirements for reporting home health critical incidents. If a critical incident occurs during the delivery of home health services for BlueCare Tennessee, and CHOICES or non-CHOICES members, the incident should be reported to BlueCare Tennessee within 24 hours of discovery. The following are all considered critical incidents:

- Life-threatening medical emergency – NEW
- Medication error – NEW
- Financial exploitation – NEW
- Theft against a member – NEW
- Unexpected death (regardless of whether the death occurs during the provision of home health services)
- Major/severe injury
- Safety issues
- Suspected physical, mental or sexual abuse
- Neglect

Use the Home Health Agency Critical Incident Form available in the Forms section of the BlueCare Tennessee provider page, to report all critical incidents and fax the completed form to our BlueCare Quality of Care Oversight Department at 1-855-339-3022.
To learn more about reporting home health critical incidents, see the BlueCare Tennessee Provider Administration Manual.

New THCII Programs Coming Soon

The State of Tennessee is continuing its development of the Tennessee Healthcare Innovation Initiative (THCII) through the expansion of its Patient-Centered Medical Home program and the development of the Tennessee Health Link.

Please refer to the State’s website for more information:
https://www.tn.gov/hcfa/article/patient-centered-medical-homes
https://www.tn.gov/hcfa/article/tennessee-health-link

Additional updates will be provided in the September and October issues of BlueAlert.

Electronic and Information Technology Accessibility Requirements

The Rehabilitation Act of 1973 requires electronic and information technology (EIT) be accessible to people with disabilities. Under Section 508, agencies must give disabled individuals access to information that is comparable to access available to others unless it would be an undue burden.

If an undue burden is created, the individual with the disability must receive the information or service involved by an alternative means of access that allows these individuals to use or access the information or service. In addition, the provider would need to document why and to what extent compliance creates an undue burden.

To comply with the accessibility requirements for web content and non-web electronic documents and software see Web Content Accessibility Guidelines (“WCAG”) 2.0 AA (For the W3C’s guidelines see: http://www.w3.org/TR/WCAG20/).

(Two core linked resources are Understanding WCAG 2.0 http://www.w3.org/TR/UNDERSTANDING-WCAG20/ and Techniques for WCAG 2.0 http://www.w3.org/TR/WCAG20-TECHS/).

Key Requirement for Hospital Inpatient Claims to be Paid

For BlueCare Tennessee hospital inpatient service claims to be paid, physicians are required by federal law to certify by signature that the inpatient care is reasonable and necessary. Physician certification includes the practitioner order and is considered along with other documents in the medical record as evidence that hospital inpatient service(s) are reasonable and necessary.

You can find more information about this certification requirement at the Centers for Medicare & Medicaid Services website.

Back to School – Perfect Time to Provide Checkups

As parents and guardians are getting ready for school to start, they may call your office for an immunization appointment or to get copies of shot records. This is a great time to remind them that the American Academy of Pediatrics recommends a comprehensive checkup each year for school age children up to age 21.

Encourage parents to schedule a checkup, especially if they’re already making an immunization visit for their kids.

Trouble Contacting Your TennCare Patients? We Can Help

Disconnected phone numbers and incorrect addresses are a frequent barrier between providers and their patients covered by TennCare. To help our members get the care they need and promote care coordination, BlueCare Tennessee has a new process in three easy steps to help providers when they have trouble contacting their patients.

1. Call – If you are not able to get in touch with one of your BlueCare Tennessee patients, you can call Customer Service for assistance.
2. Confirm – Following all HIPAA guidelines, our staff will validate the request and locate the member’s information based on their latest claim.
3. Contact – Our staff will then share the name, address and phone number with the provider so they can contact the member and provide the care they need.

Due to privacy concerns, any claims related to Behavioral Health Services will not be released.
Last Chance to Enroll in TennCare EHR Provider Incentive Program

2016 is the final year providers and facilities can begin participation in the Medicaid Electronic Health Record (EHR) Incentive Program.

Benefits of program participation include:

- Eligible providers can receive up to $63,750 for full participation in the program.
- Achieve measurable improvements in patient health care delivery and performance to promote better patient outcomes through the use of Certified Electronic Health Record Technology.

Check Your Eligibility
To see if you are eligible, check the CMS Eligibility Widget. If you have questions about program eligibility, please contact TennCare.EHRIncentive@tn.gov.

How Do I Get Started?
Click here to register and get started with your 2016 Program Year attestation.

More Details
For more information about the incentive program, visit the CMS or TennCare websites.

Revised: Changes to Monthly Screening Requirements for TennCare Providers

Providers who care for patients covered by TennCare plans will have new monthly screening requirements to follow starting July 1, 2016. All owners, contractors, subcontractors and providers, whether contracted or not, must be screened against the Excluded Parties List System (EPLS) and HHS-OIG List of Excluded Individuals/Entities (LEIE).

The June edition of the BlueAlert indicated that in addition to the two lists above, providers must also screen against the Social Security Master Death File (SSMDF) each month. While providers are now required to screen both the EPLS and LEIE, we received clarification that they are NOT required to screen the SSMDF. BlueCare Tennessee will continue to check the SSMDF.

Billing Claims for TennCare Enrollees with Third-Party Coverage

The billing and claims process can be confusing, especially when you have a patient who is enrolled in TennCare and also has coverage through a Commercial plan. When you provide care for patients covered by TennCare and a third-party plan, you may only collect from TennCare enrollees the copay allowed by TennCare for that service. TennCare enrollees should not be billed for any commercial insurance copays, coinsurance or deductible amounts. This is true even if the third-party payer is paying in full for the service and TennCare is making no payment. Your office should bill the third-party insurer before billing TennCare.

Visit the following links to learn more about:

- Third-Party Copays and Deductibles, Managed Care Contractors and Provider Responsibilities
- When a Provider May Bill a TennCare Enrollee

Prior Authorization Required for Asthma/COPD Combination Inhalers

TennCare’s Pharmacy Benefits Manager (PBM), Magellan Health Services, requires prior authorization (PA) for asthma/COPD combination inhalers: Advair, Breo, Dulera, and Symbicort. If you have questions or need to request prior authorization for BlueCare and TennCareSelect members related to any of these medications, please contact Magellan Health Services Clinic Call Center at 1-866-434-5524 or fax request to 1-866-434-5523.

Click here for TennCare’s Preferred Drug List (PDL). Drugs requiring prior authorization are identified by (PA).

Medicare Advantage
This information applies to BlueAdvantage (PPO)SM and BlueChoice (HMO)SM plans. BlueCare Plus (HMO SNP)SM is excluded unless stated otherwise.

Case Management Program Helps Your Patients Stay Out of ER

Emergency room (ER) utilization by patients who are not experiencing emergency health situations is expensive and makes it harder to coordinate care between physicians. BlueCross’ Medicare Advantage (MA) ER Case Management program educates members about proper use of the ER and encourages them to see primary care physicians when they need care that is not urgent.

The program focuses on our MA members who have visited the ER three times or more in the past 90 days. We
Help these members make appropriate decisions regarding their health care, assist them with connecting to their primary care physician and partner with the primary care physician to create a plan of care to help these members achieve their goals.

**How you can help**

We need your help to encourage our MA members to use this resource that’s included in their health plan at no extra cost. Lower ER utilization means lower costs for your patients and increase emergency availability during truly urgent situations – as well as care that is better coordinated by their primary care physician. For more information about this program, call 1-800-611-3489.

**New Filter Options** – Typing in the search field on a member roster view allows for easy filtering by available data elements.

**Program and Attribution Information** – Member rosters will now include the reason for a patient attribution to a particular provider as well as all programs under which they are covered.

**Practice Notes** – Users can enter free-form notes to track member details not otherwise documented in other data entry fields.

These changes will launch mid-to-late third quarter. Resource materials and reference guides will be updated to guide users through the new application features. If you have questions about these changes, you may contact your Quality Care Rewards field staff, your Regional eBusiness Marketing Representative, or the eBusiness Service Center.

**Help Your Patients Earn Rewards by Completing Annual Wellness Exams**

In 2016, new and existing BlueAdvantage members can earn a reward for completing an annual wellness exam. Existing members must also complete the annual wellness exam to qualify for additional rewards for preventive screenings like mammograms and colonoscopies.

**IMPORTANT:** For your patients to earn these rewards, you must file a claim for an annual wellness visit using one of the following codes: G0402, G0438, G0439, 99387, 99397, 99342, 99385, 99395, 99386, 99396.

You can find additional incentive eligibility criteria on the BlueCross Quality Care Rewards web page.

**Note:** The annual wellness exam is a calendar-year benefit, which means each member is entitled to one exam in 2015, one in 2016, etc. regardless of the number of days between each exam. **It is not necessary to wait 365 days between exams.**

**Help Us Help You - Host a Diabetic Retinal Eye Exam Day**

Do you have diabetic patients who need diabetic retinal eye exams? BlueCross can help. We partner with HealPros to provide mobile diabetic retinal eye exams for BlueAdvantage members.

Our health partner will bring diabetic retinal eye equipment to your office, making it convenient to get patients’ blood sugar, kidney function and retinal eye screenings completed in one visit. Interested? Contact Carmen LeVally at BlueCross at (423) 535-8325.

Need help scheduling patients? Our Member Outreach team can schedule your attributed diabetic Blue Advantage patients. Just let us know if you’d like assistance with scheduling when you inquire about an eye exam day at your practice.

**All Your BlueAdvantage Patients Have a Free Fitness Membership**

BlueCross BlueShield of Tennessee includes a SilverSneakersSM fitness benefit with all BlueAdvantage plans. SilverSneakers provides full access to
more than 13,000 fitness facilities like the YMCA across Tennessee and nationwide. Your patients can stay active on their own or participate in fitness classes led by certified SilverSneakers instructors.

Sometimes seniors who haven’t been physically active think it will be too difficult to start, or think they’re not in good enough shape, but there’s a spot for everyone in SilverSneakers. Their certified instructors work specifically with seniors and can customize their recommendations for anyone, even patients who use wheelchairs.

Take a few minutes to talk to your patients about the importance of physical activity. Ask if they have any questions about starting or maintaining a fitness program, and encourage them to visit www.silversneakers.com or call 1-866-584-7389 for more information.

Educational materials for members are available for in-office distribution and can be found on the BlueCross Quality Care Rewards web page.

Fall Prevention Key to High Quality of Life for Seniors

One out of three older adults fall each year, and many older adults don’t know they have balance problems because symptoms are often mild or seem unrelated. Because even a minor fall can be serious, please take a moment to talk to your patients about fall prevention and what they can do to make sure their homes are safe environments.

Fall prevention tips:
- Move electrical cords that run across the floor.
- Maintain good lighting, especially in stairwells and halls.
- Install handrails near the toilet, tub and stairways.
- Move things on high shelves to lower ones.
- Wear shoes in the house instead of slippers or bare feet.

IMPORTANT REMINDER

Be sure your CAQHProView™ profile is kept up to date at all times. We depend on this vital information.
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 TennCare Select 1-800-263-5479. Llámenos gratis al CoverKids 1-888-325-8386. العربية (Arabic); Bosanski (Bosnian); کوردی - یادبودی (Kurdish - Badinani); کوردی - سؤرانتی (Kurdish - Sorani); Soomaali (Somali); Nguơi Việt (Vietnamese); Español (Spanish) 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, disability or any other group protected by the civil rights laws. Need help due to health, mental health or learning problem, or disability; or do you need to report a different treatment claim?

*Changes will be included in the appropriate 3Q or 4Q 2016 provider administration manual update.

Archived editions of BlueAlert are available online at http://www.bcbst.com/providers/newsletter/s/index.page

Call 1-800-468-9698 for BlueCare, 1-888-325-8386 for CoverKids or 1-800-263-5479 for TennCare Select to report discrimination compliance issues.

For TTY help call 771 and ask for 888-418-0008.

†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 press 1. Then press 1 again if you are a provider and follow the prompts to reach Network Contracts or Credentialing to update your information; and
- Update your Provider profile on the CAQH Proview™ website.

Commercial Service Lines 1-800-924-7141
Monday–Friday, 8 a.m. to 6 p.m. (ET)

Commercial UM 1-800-924-7141
Monday–Thursday, 8 a.m. to 6 p.m. (ET)
Friday, 9 a.m. to 6 p.m. (ET)

Federal Employee Program 1-800-574-1003
Monday–Friday, 8 a.m. to 6 p.m. (ET)

BlueCare 1-800-468-9376
TennCare Select 1-800-276-1978
CoverKids 1-800-924-7141
CHOICES 1-888-747-8955
ECF CHOICES 1-888-747-8955
BlueCare Plus™ 1-800-299-1407
BlueChoice™ 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–Friday, 8 a.m. to 6 p.m. (ET)

BlueAdvantage 1-800-841-7434
BlueAdvantage Group 1-800-818-0962
Monday–Friday, 8 a.m. to 6 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 6 p.m. (ET)
Friday, 9 a.m. to 6 p.m. (ET)