Redesigned Provider Web Pages Set to Launch Later this Year

We’re redesigning our provider website to make it easier for you to find the information you need. We’re also working to move more transactional documents behind Availity®. As part of this transition, the “Contact Us” link on our website will move to another area of our site. You can always find Provider Service Contact information in our BlueAlert newsletters as we move through the redesign.
Upcoming Changes in Availity Payer Spaces

We hope you’ve enjoyed the convenience of using Availity as a single place to interact with us online. If you send emails to customer service via Send A Message on Availity Payer Spaces, we’ll soon start replying to the email address you’ve provided instead of your existing secure inbox under View Messages.

Since this process engages direct email-to-email contact, we’re working to remove the View Messages Inbox from the Availity system at the end of the year. If you have messages saved there, please archive them before the inbox is retired. We’ll send more information before that happens, but you may want to start reviewing messages now.

How to Find Announcements about Changes to Fee Schedules, Code Updates and Medical Policies

As part of the Provider Stability Act, we’ve taken special measures to make sure you know about changes to fee schedules, code updates and medical policies. In addition to sending you news about these changes in advance, we’ve stored all of these messages in the Contact Preference/Communication Viewer tile in Availity Payer Spaces. Be sure to verify your contact preference information to get these important communications.

Have questions or need help with Availity? Please visit Availity.com or contact eBusiness Service at (423) 535-5717, option 2.

Look for Major Improvements to the Provider Change Submission Process in Late 2019

Later this year, we’re replacing the Provider Change Form that’s posted on our website with an easier format that will be posted on Availity. We’ll include more about these updates in future issues of BlueAlert.

In the meantime, please continue using the CAQH Proview® website to update your profile as we move toward using the CAQH database as the source for more of our provider information.

Enrollment Process Improvements Coming for Nurse Practitioners and Physician Assistants

Nurse Practitioners and Physician Assistants who enroll with BlueCross no longer have to submit a Supervising Physician Form. As of Oct. 19, 2019, you only need to enter the supervising physician’s name in a fillable field. This update will apply for all Nurse Practitioners and Physician Assistants when they enroll using the Provider Enrollment Form at bcbst.com.
All Blue Workshops to be Paperless in 2020

Mark your calendar for next year’s All Blue Workshops. For 2020, we’re going paperless and will post the presentation on bcbst.com ahead of time. That way you can print your materials before the meeting or access them online during the event. Be sure to keep an eye out for more details in upcoming BlueAlerts.

**March 5, 2020 – Chattanooga**
Embassy Suites Chattanooga
2321 Lifestyle Way, Chattanooga, TN 37421

**March 23, 2020 – Memphis**
Holiday Inn University of Memphis
330 Innovation Drive, Memphis, TN 38152

**March 24, 2020 – Jackson**
DoubleTree Jackson
1770 Highway 45 Bypass, Jackson, TN 38305

**April 8, 2020 – Nashville**
Cool Springs Marriott
700 Cool Springs Drive, Franklin, TN 37214

**April 14, 2020 – Kingsport**
MeadowView Marriott
1901 Meadowview Parkway, Kingsport, TN 37660

**April 15, 2020 – Knoxville**
Hilton Knoxville
501 Church Avenue, Knoxville, TN 37902

Behavioral Health in Pediatrics (BeHiP) Training to be Held in Chattanooga

BeHiP is offering provider training, sponsored by BlueCross and TNAAP, to introduce you to the Chattanooga Learning Collaborative. It will be on Saturday, Nov. 2, 2019, at the Erlanger Medical Center Campus in Chattanooga, Tennessee. The training is designed to help you provide more comprehensive care for your pediatric patients with behavioral health issues.

**Learn how you can:**

- Connect with regional behavioral health resources.
- Get online access to child/adolescent psychiatrists and psychologists.
- Develop relationships with your local DCS office
- Bill more efficiently for these services.

Additionally, you can get CME credit for this training and reimbursement for your time.

For more information or to register, please visit the BeHiP website.
Additional Provider Directory Designations Coming Soon

Starting at the end of January 2020, we’re making a change to the online provider directory to help our members make more informed health care decisions.

As you may be aware, our directory already includes patient ratings of network providers. In late January we’ll also include a BlueCross rating for our Commercial Primary Care Providers (PCPs).

While this is a common practice among health care payers, rating systems vary. That’s why we’d like to provide details of our rating system to you in advance. By late-November, we’ll send all practices with PCPs who participate in Blue Network P and Blue Network S more information, including:

- The BlueCross ratings for the practice’s individual PCPs
- How the ratings are calculated
- Who to contact with questions
- How to provide additional information or comments

We appreciate your assistance and look forward to working together to improve the effectiveness of our provider directory.

Upcoming Non-Compliance Updates in the Commercial Provider Administration Manual*

Effective Jan. 1, 2020, you’ll see the following changes related to non-compliance:

- The timeframe for submitting emergency admission authorization will change from 24 hours to two business days for the Commercial line of business.
- Emergency admissions will require authorization within two business days after services have started or within one business day after conversion from observation to inpatient status.
- Concurrent reviews should be requested before approval expiration or within one business day of the last day approved.
- When prior authorization is required for elective procedures, you must obtain authorization before any scheduled services.
- Non-compliance applies to initial as well as concurrent review for ongoing services beyond dates previously approved. If you don’t comply within specified authorization timeframes, benefits will be denied or reduced from non-compliance. As a reminder, we BlueCross BlueShield of Tennessee providers can’t bill members for covered services denied due to non-compliance.

Changes to Genetic Testing Program Prior Authorization for Commercial Plans

Beginning Jan. 1, 2020, CPT® codes 0113U, 86152 and 86153 will require authorization through the Genetic Testing Program administered by eviCore.

Before requesting prior authorization, please verify member benefits and eligibility by logging in to availity.com and clicking Patient Registration, then Eligibility and Benefits Inquiry.

Prior authorization requests can be submitted through Availity. You may also fax them to eviCore at 1-888-693-3210 or call them at 1-888-693-3211.

Billing Accuracy and Cost Control

As a reminder, an itemized statement is required for all Commercial inpatient facility services that are reimbursed at a percent of charges. Please remember to submit your itemized bills through the faxed paperwork (PWK) attachment process. If we don’t receive the required documents, or the itemized bill doesn’t match the total claim, your claims may be denied or returned. If they’re returned, you’ll need to resubmit them along with the itemized bill.
Opioid Risk Reports Offer Insight into Patients’ Opioid Use

We’re committed to promoting the appropriate use of opioids and keeping our members safe. That’s why we’re working with axialHealthcare to give providers in the BlueCare and TennCareSelect networks a new tool to support the health and safety of their patients who use opioids.

The opioid risk report provides member-level data about patients’ opioid use and factors that may put their health at risk. To view a sample report, please click here.

If you care for patients who use opioids — especially if they receive opioids from more than one provider or use opioids in combination with other medications, such as benzodiazepines — you may receive one of these reports. They’ll come directly from axialHealthcare, and you can choose to get them by email, fax or electronic health record direct messaging.

If you have questions about your reports or would like to request a consultation on pain management and opioid therapy, please contact the axialHealthcare team at providersupport@axialhealthcare.com.

Note: This doesn’t apply to CoverKids.
Transportation Services Available for BlueCare Tennessee Members

If your patients can’t get to appointments for covered services, like Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkups, please let them know they have an option. BlueCare Tennessee has contracted with Southeastrans to provide certain transportation services for BlueCare and TennCare Select plan members. They can use Southeastrans to get to and from covered medical services including pharmacies at no charge.†

Southeastrans offers three types of transportation:

• Shared rides
• Bus passes
• Mileage reimbursement

When your patients call to schedule their transportation, Southeastrans will help them choose the best option for them.

If they need to travel less than 90 miles, your patients can book their ride online at southeastrans.com or by calling the phone number for their plan and region below:

• **BlueCare East** — 1-866-473-7563
• **BlueCare Middle** — 1-866-570-9445
• **BlueCare West** — 1-866-473-7564
• **TennCare Select Statewide** — 1-866-473-7565

If your patients need to travel more than 90 miles to visit your office, please ask them to call us at the appropriate Customer Service line:

• **BlueCare** — 1-800-468-9698
• **TennCare Select** — 1-800-263-5479

In most cases, your patients must schedule their transportation at least 72 hours before their health care visit to guarantee a ride. Exceptions to this 72-hour requirement include:

• Non-emergency transportation to health care services that must happen on the day of the request or to same-day appointments with outpatient behavioral health providers
• Transportation home after a hospital or crisis stabilization unit discharge

For more information, please visit bluecare.bcbst.com/members and select Get a Ride.

**Note:** The information in this article doesn’t apply to CoverKids members.

† Transportation services are limited to those included as benefits under BlueCare and TennCare Select.

Improving Health Outcomes in Tennessee

Good health outcomes start in the communities where your patients live, work and play. The Division of TennCare wants to learn more about the challenges your patients face in their communities to help you improve your patients’ health.

Please take a few minutes to complete the Provider CARES survey at tn.gov. While your name will not be tied to your survey answers, your answers will be combined with information from all provider surveys to better understand community needs.

Prior Authorization Required for Secondary Claims

Please remember that prior authorization requirements apply when you submit claims for secondary payment from BlueCare or TennCare Select. Prior authorization is not necessary if the primary carrier is Medicare and the services provided are covered by Medicare, hospice services where Medicare is primary, or if the primary carrier provided benefits and there are no plans to file a secondary claim. Services not covered by Medicare, or where Medicare benefits are exhausted require prior authorization as outlined in the Provider Administration Manual.

**Note:** Retrospective review can be requested for members with Medicare when Medicare fails to provide benefits for services typically covered.
BlueCare Plus (HMO SNP)℠

This information applies to our Medicare and Medicaid, dual-eligible special needs plan.

Introducing a New BlueCare Plus Tennessee Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan Option*

Starting Jan. 1, 2020, BlueCare Plus Choice (BCPC) will be available for our Medicare and Medicaid CHOICES-eligible members. BCPC members will use one identification card for all medical and pharmacy services, keeping their current BlueCare Plus, BlueCare and CHOICES benefits. You’ll only need to submit one claim – BCPC will process both Medicare and Medicaid benefits on one remittance advice, which can help reduce paperwork. BCPC will help encourage provider engagement and offer provider reimbursements for completion of requirements outlined in the BCP Model of Care. To support this initiative, we’ll also give member incentives if they engage with these providers.

If you have questions about this new plan, please call the BlueCare Plus Provider Service line.

Sample ID Cards

BlueCare Plus Model of Care Training Due Soon

The BlueCare Plus Model of Care serves the unique needs of the dual-eligible Medicaid and Medicare population by promoting high-quality, cost-effective care. A large part of this centers on the coordination of care for members with complex, chronic or catastrophic conditions.

BlueCare Plus providers are contractually required to complete Model of Care Training after initial contracting and annually thereafter. This training is offered through self-study and attestation on the BlueCare Plus website at Model of Care Training.
Prior Authorization Requirements for BlueCare Plus Choice Plan Members

Effective Jan. 1, 2020, prior authorization requirements for coverage and medical necessity for BlueCare Plus Choice plan members will include services that currently require prior authorization for BlueCare Plus:

- All acute care facility, skilled nursing facility (one day prior hospital stay required), and rehabilitation facility inpatient admissions
- Mental health acute inpatient admissions
- Substance abuse inpatient admissions
- Select musculoskeletal surgical procedures
- Part B and specialty pharmacy medications
- Durable medical equipment rentals
- Durable medical equipment purchases if the price is more than $500
- Orthotics and prosthetics purchases if the price is more than $200
- Home health services to include all therapies, nursing visits and psychiatric visits
- Outpatient speech, occupational and physical therapy
- High-tech imaging
- Non-emergent out-of-network services
- Non-preferred brands of diabetic testing supplies
- Non-emergency ambulance transportation
- Home ventilator devices
- Wearable defibrillator devices
- Mental health partial hospitalization program (PHP) (excludes substance abuse partial hospitalization, which no longer requires prior authorization)
- Electroconvulsive therapy (both inpatient and outpatient)
- Neuropsychological testing and psychological testing
- Transcranial magnetic services

Observation stays require you to notify our utilization management to support required TennCare reporting and start the transition of care process.

Additional prior authorization requirements for BlueCare Plus Choice members only include:

- Private duty nursing if a member:
  - Is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy); or
  - Is ventilator dependent with a progressive neuromuscular disorder or spinal cord injury, and is ventilated using noninvasive positive pressure ventilation (NIPPV) by mask or mouthpiece for at least 12 hours each day to avoid or delay tracheostomy (requires medical review); or
  - Has a functioning tracheostomy that requires suctioning and needs other specified types of nursing
- Home health aide visits and services
- Reconstructive breast surgery, in all stages, on the diseased breast as a result of a mastectomy (not including a lumpectomy) if considered medically necessary. Surgery on the non-diseased breast to establish symmetry between the two breasts.
- Arthroscopy
- Nerve conduction studies
- Epidural steroid injections
- All services performed by a plastic specialist, including but not limited to:
  - Abdominoplasty/panniculectomy
  - Blepharoplasty
  - Breast reduction
  - Reconstructive repair pectus excavatum
  - Vein ligation
- All hyperbaric oxygen therapy
- All bariatric surgeries
- All food supplements and substitutes, including formulas taken by mouth
- Incontinence diaper supplies (more than 200 per member per month)
Free Behavioral Health Services Available for Qualified Medicare Advantage Members

BlueCross has contracted with AbleTo to provide telephonic counseling to BlueAdvantage MA PPO plan members who need help with common behavioral health issues and emotional stress support.

The program offers 16 telephonic sessions with a licensed therapist and a behavioral health coach during an eight-week course at no cost to the member. After enrolling in the program, members can access these services 24 hours a day, seven days a week.

To enroll, you or your patients may call **1-866-287-1802** between 8 a.m. and 10 p.m. Monday through Friday, or 10 a.m. to 6 p.m. on Saturday. AbleTo’s clinical team will do an initial consultation to see if the member’s condition is within their program’s scope.

This program doesn’t limit any other behavioral health services your patients have through their Medicare Advantage plan.

BlueCross Inter-Plan Medicare Advantage Program Helps Coordinate Care

All BlueCross Medicare Advantage plans across the country, including ours, are now part of the Blue Cross Blue Shield Association’s Inter-Plan Medicare Advantage Program.

This new plan-to-plan arrangement enhances the way Blue Plans support Medicare Advantage group accounts and their members who live outside their home plan service areas. This newly designed collaborative model connects these members with existing BlueCross BlueShield of Tennessee programs to better support Star scores, ensure appropriate risk adjustment and increase effectiveness in member care coordination.

The inter-plan program will help health insurance companies and providers coordinate between Blue Plans across state lines to close gaps in care. For example, if a member lives in Tennessee but is a member of another Blue Plan, they’ll be part of our provider outreach efforts. Look for more details in an upcoming issue of BlueAlert.
Formulary Information Now on Commercial Member ID Cards

Most of our members use their prescription drug coverage more than any other benefit. Our new Commercial member ID cards, printed Oct. 1, 2019 or later, now display which formulary each member’s health plan includes. We’re not reissuing existing cards for this change, so members who don’t get new cards can log in to BlueAccessSM and download a digital copy that shows their formulary. Individual on- and off-Marketplace plan members’ cards already show formularies.

Please note that this information won’t appear on ID cards for members who don’t have our prescription coverage. Click here to see an image of this information displayed on Member ID cards.

Changes to the TennCareSM Preferred Drug List

Please review notable changes to the TennCare Preferred Drug List (PDL) that may affect your patients’ medications.

Effective Oct. 1, 2019

The PDL status changed for certain drugs in the anti-infective, central nervous system, and oncologic, immunologic and ophthalmic agents covered drug classes. Additionally, the following drugs were removed from the list of branded agents classified as generics. Future requests for these medications will require a new prior authorization:

- Ranexa
- Advair Diskus

You can transition your patients to the following generic medications, which are now covered for patients with existing prior authorizations:

- Ranolazine ER (generic for Ranexa)
- Fluticasone/salmeterol (generic for Advair Diskus)

To view the full provider notices outlining these PDL changes, please see the Provider Notice for 10.01.19 PDL Changes and Provider Notice for Brand as Generic Removals – Effective 10.01.19 in the News and Manuals Provider section of bluecare.bcbst.com.

Note: The TennCare PDL doesn’t apply to CoverKids members.
BlueCare Tennessee Billing Update for Specialty Pharmacy Drugs*

Beginning Jan. 1, 2020, all BlueCare, TennCare Select and CoverKids claims for specialty pharmacy drugs must be submitted by specialty pharmacy providers. Claims for specialty drugs submitted by other providers will be denied.

If you administer a specialty drug, you may bill and receive reimbursement for an administration code, but a specialty pharmacy must bill for the cost of the drug. When administering a specialty drug at the same time as other services, please use the appropriate modifier on your claim for the office visit to receive reimbursement for the administration code.

Coding Tips for Specialty Pharmacy Providers

Specialty pharmacy providers should use each specialty drug’s assigned HCPCS codes on claims. Please only submit a miscellaneous HCPCS code if no assigned code exists. In these cases, include the following supplemental information on the claim:

- Drug name
- Dosage
- Amount supplied
- Valid NDC number

Please note this change doesn’t replace other billing policies. Guidelines for timely filing, authorization requirements, coordination of benefits, etc. still apply.

To view a complete list of BlueCare Tennessee specialty pharmacy medications, please click here. To find an in-network specialty pharmacy, please see our Specialty Pharmacy Network reference document.

New Prior Authorization Requirement for Provider-Administered Specialty Medications

On Oct. 31, 2019, we added the following specialty medications to the Provider-Administered Specialty Pharmacy lists. They now require prior authorization for all lines of business.

- Kanjinti
- Polivy
- Triluron
- Zirabev
- Zolgensma

Starting Nov. 30, 2019, the following specialty medications will be added to the Provider-Administered Specialty Pharmacy lists and require prior authorization for all lines of business:

- Belrapzo
- Ruxience
- Xembify

Please see our website for more information on all provider-administered specialty medications that require prior authorization.

Step Therapy for Additional Medicare Part B Drugs

Beginning Jan. 1, 2020, BlueAdvantage, BlueCare Plus and BlueEssential will implement step therapy for additional Part B drugs. According to CMS guidelines, Part B drug step therapy applies only when a Medicare Advantage plan member receives a new prescription for one of the medications include. Prior authorization and step therapy will be required for the following Part B drugs: Aloxi/Sustol, Fusilev, Prolia/Xgeva, Eylea, Lucentis, Macugen, Khatzory, Hemlibra, Cerezyme, Signifor LAR, and Renflexis. You can view our online medical policies by clicking here.
Quality Care Rewards

This information applies to all lines of business unless stated otherwise.

Quality Care Rewards Updates Go Live This Month

We’ve made some changes to the Quality Care Rewards (QCR) application that we hope you’ll find helpful. Please see below for a summary of notable upcoming updates, which will go live at the end of November.

1. **Single HEDIS® Measure Event Dates**

You’ll be able to view the Single Measure Event Dates for the following measures:

- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
- Antidepressant Medication Management (AMM) – Effective Acute Phase Treatment & Effective Continuation Phase
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Chlamydia Screening in Women
- Osteoporosis Management in Women Who Had a Fracture (OMW) and OMW 2020

To view the event date and your options for attesting to the measure, click the expand arrow that will be located next to each measure.

2. **Reopen Flag**

You’ll soon see a flag when an attestation doesn’t close a measure or if the measure is no longer compliant after a QCR refresh.
3. **Icon Updates**

The Measure Action Icons on the Member page will be updated as shown below. The pencil will be removed and replaced with **Add Attestation**.

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Before Icon" /></td>
<td><img src="image2.png" alt="After Icon" /></td>
</tr>
</tbody>
</table>

4. **Delete Practice Notes**

You’ll be able to delete your practice notes. If you’re unable to delete the notes, please call **(423)535-5717, option 2**, and submit a request to have them removed.

If you have questions about these new features, please contact your eBusiness Regional Consultant.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). See [www.ncqa.org](http://www.ncqa.org).
BlueCross BlueShield of Tennessee, Inc. complies with the applicable federal and state laws, rules and regulations and does 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 participant needs language, communication or disability assistance, or to report a discrimination complaint, please, call 1-800-468-9698 for BlueCare, 1-888-325-8386 for CoverKids or 1-800-263-5479 for TennCareSelect. For TTY help call 771 and ask for 1-888-418-0008.

This information is educational in nature and is not a coverage or payment determination, reconsideration or redetermination, medical advice, plan pre-authorization or a contract of any kind made by BlueCross BlueShield of Tennessee, Inc. or any of its licensed affiliates. Inclusion of a specific code or procedure is not a guarantee of claim payment and is not instructive as to billing and coding requirements. Coverage of a service or procedure is determined based upon the applicable member plan or benefit policy. For information about BlueCross BlueShield of Tennessee member benefits or claims, please call the number on the back of the member’s ID card.

Archived editions of BlueAlert are available online.

*Changes will be included in the next provider administration manual update as applicable.

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**Provider Service Lines:**

Featuring “Touchtone” or “Voice Activated” Responses

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Service Lines</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>Commercial UM</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td>Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>Federal Employee Program</strong></td>
<td>1-800-572-1003</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>BlueCare</strong></td>
<td>1-800-468-9736</td>
</tr>
<tr>
<td><strong>TennCareSelect</strong></td>
<td>1-800-276-1978</td>
</tr>
<tr>
<td><strong>CoverKids</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td><strong>CHOICES</strong></td>
<td>1-888-747-8955</td>
</tr>
<tr>
<td><strong>ECF CHOICES</strong></td>
<td>1-888-747-8955</td>
</tr>
<tr>
<td><strong>BlueCare Plus</strong></td>
<td>1-800-299-1407</td>
</tr>
<tr>
<td><strong>SelectCommunity</strong></td>
<td>1-800-292-8196</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
<td></td>
</tr>
<tr>
<td><strong>BlueCard</strong></td>
<td>1-800-676-2583</td>
</tr>
<tr>
<td>Benefits &amp; Eligibility</td>
<td>1-800-676-2583</td>
</tr>
<tr>
<td>All other inquiries</td>
<td>1-800-705-0391</td>
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<tr>
<td>Monday–Friday, 8 a.m. to 6 p.m. (ET)</td>
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</tr>
<tr>
<td><strong>BlueAdvantage</strong></td>
<td>1-800-924-7141</td>
</tr>
<tr>
<td>Monday-Friday, 8 a.m. to 6 p.m. (ET)</td>
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<tr>
<td><strong>eBusiness Technical Support</strong></td>
<td><a href="mailto:eBusiness_service@bcbst.com">eBusiness_service@bcbst.com</a></td>
</tr>
<tr>
<td>Phone: Select Option 2 at</td>
<td>(423) 535-5717</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)</td>
<td></td>
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</tbody>
</table>

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**Important Note:**

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

- Email a completed Provider Change Form and any attachments to us at PNS_GM@bcbst.com.

- Update your provider profile on the CAQH Proview™ website.

Questions? Call 1-800-924-7141.