BlueCross BlueShield of Tennessee, Inc.

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

Upcoming Changes in Availity®

When you send emails to customer service via Send a Message on Availity Payer Spaces, we’ll reply to the email address you’ve provided instead of your existing secure inbox under View Messages. We’re planning to remove the View Messages Inbox from the Availity system at the end of the year. Message history in the View Messages inbox will no longer be available.

Multi-Payer Updates

We updated the Eligibility and Benefits Inquiry, which lets you see more information for the following benefits:

- Specialty Pharmacy
- Colonoscopy under Diagnostic Medical

You can find benefit information in multiple sections depending upon place of service, provider type and member coverage. Please see the Availity Knowledge Center for more on updates and enhancements.

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Find a Doctor Tool Now Using CAQH as Provider Data Source

We continue to increase the use of CAQH as our source for provider data, which now includes our Find a Doctor tool. Now, members searching for doctors in our online directory will see the most current provider information.

As part of this process, we’ll load the data from our provider directory to CAQH Direct Assure. This may trigger a notice in CAQH Proview® asking you to confirm additional practice location details for data you’ve reported to us, but isn’t currently shown in CAQH Proview.

By confirming your data, you can help us avoid sending out lengthy paper Data Verification Forms each quarter. We’ll soon have a much shorter form that will cover only things not captured in the CAQH Proview Portal.

If you have any questions about this process, please contact Provider Service at 1-800-924-7141.

New Prior Authorization Requirement for Proton Beam Therapy

BlueAdvantage PPO℠ members and BlueCare℠, TennCare Select and CoverKids℠ members age 21 and over will require a prior authorization for proton beam therapy beginning Jan. 1, 2020.

To request prior authorization for proton beam therapy:

- For BlueCare, TennCare Select or CoverKids – Complete the Prior Authorization Request Form and fax it to 1-800-292-5311.
- For BlueAdvantage – Complete the PPO Services Authorization Request Form and fax it to 1-888-535-5243.

All Blue Workshops to be Paperless in 2020

Mark your calendar for next year’s All Blue Workshops. For 2020, we’re going paperless. We’ll post the materials on bcbs.com before the meeting, so you can print them ahead of time or access them online during the event. Keep an eye out for more details in upcoming BlueAlert newsletters.

- March 5, 2020 – Chattanooga
  Embassy Suites Chattanooga
  2321 Lifestyle Way, Chattanooga, TN 37421
- March 24, 2020 – Memphis
  Holiday Inn University of Memphis
  330 Innovation Drive, Memphis, TN 38152
- March 25, 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

Current Medical License Required to Remain in Network

Providers are responsible for maintaining their medical licenses. If you’re not sure when it’s time to renew your license, please take a look. A current license tops our list of required provider credentials and we’re obligated to terminate providers from our network when their licenses expire. Providers who want to rejoin the network will have to reapply and go through the credentialing process again. It’s also important to note that we don’t cover claims during the period of the lapsed license.
BlueCross Marketplace Plans Available in Nashville and Memphis in 2020

For the first time since 2016, we’re offering on- and off-Marketplace plans in every county across the state. These plans will become effective Jan. 1, 2020. This means that Nashville and Memphis providers participating in Blue Network S will start seeing patients with these plans. Please note that you’ll be reimbursed for services rendered based on your existing Blue Network S rates. For more information, please contact your network manager.

Billing Accuracy and Cost Control

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. Please be sure to clearly identify all the services and/or supplies you’ve provided on your itemized bill, either by description or the valid corresponding CPT®/HCPCS code(s). If we can’t identify all of these services or supplies, we may not be able to reimburse you for them.


Please review important changes to our Provider Administration Manual regarding non-compliance with prior authorization requirements that become effective Jan. 1, 2020.

- The timeframe for submitting emergency admission authorization will change from 24 hours to two business days.
- 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.
- You’ll need to request concurrent reviews 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.
- Prior authorization compliance applies to initial as well as concurrent review for ongoing services beyond dates previously approved. Coverage can be reduced or denied for services that don’t comply within specified authorization timeframes. Network providers can’t bill members for covered services denied due to non-compliance.

Behavioral Health Program Changes for AT&T Members

Starting Jan. 1, 2020, Blue Cross and Blue Shield of Illinois will administer behavioral health benefits for our members enrolled in an AT&T health plan. This change replaces Beacon Health Option as AT&T’s current behavioral health administrator.

Please submit claims for dates of service on or after Jan. 1, 2020 to your local Blue Plan.

AT&T members have the three-character prefix PAS or VXV on their member ID cards, which they were notified about in October 2019. If you or your patients have questions about benefits and eligibility, please contact the number on the member’s ID card.
Clarification for Billing School-Based Behavioral Health Services

When community mental health centers provide school-based services covered by TennCare, they must be reimbursed by TennCare managed care organizations (MCOs) if the services are medically necessary and billed appropriately. Since behavioral health services are no longer required to be in Individual Education Programs (IEPs), MCOs can’t recoup claim payments simply because the services weren’t listed in the IEP.

In contrast, school districts that are reimbursed as providers must include the behavioral health service in the IEP. Under some circumstances, school districts may contract with MCOs. That process would be the same as treatment given by any other MCO-contracted provider.

Please note that all TennCare-covered, medically necessary services provided on school grounds must be billed with the place of service code 03, which CMS defines as any facility whose primary purpose is education. If you have questions, please contact your Behavioral Health Network Manager.

BlueCare Tennessee Resources to Support Your Success

We want to make it easy for you to find the information you need to perform Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams.

You can find the following resources on the Provider pages of bluecare.bcbst.com:

BlueCare Tennessee Provider Administration Manual (PAM) – This manual, which is updated every quarter, features comprehensive information about your patients’ benefits.

TennCare Kids Tool Kit – Our TennCare Kids Tool Kit contains best practices for delivering and coding EPSDT exams, along with information about patients’ transportation benefit and reference materials for publicizing community outreach events.

One other technique is to host a well-child community outreach event at your practice, so your patients have another easy way to get preventive care. We’re happy to help you host one of these events. For more information, simply call us at 1-800-771-0217 or fill out our Community Outreach Provider/Agency Referral Fax Form and fax it to (423) 591-9165.

Note: EPSDT exams don’t apply to CoverKids members.

Helping Your BlueCare Patients Get a Ride Just Got Easier

No matter where your patients covered by BlueCare live in Tennessee, they can now call 1-855-735-4660 to schedule a ride to covered medical services.

The number for TennCare Select isn’t changing, so your patients with this coverage should continue to call 1-866-473-7565 to schedule their transportation.

To learn more about your patients’ transportation benefit, please visit bluecare.bcbst.com/members and select Get a Ride.

Note: This information doesn’t apply to CoverKids members.
BlueCare Plus (HMO SNP)℠ and Medicare Advantage

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

Billing for Multiple Places of Service

BlueAdvantage and BlueCare Plus can’t accept claims billed with multiple places of service on the same claim when the services are paid under the Medicare Physician Fee Schedule or anesthesia fee schedule. We’ll return claims billed this way, so providers are able to file a corrected claim.

Please refer to CMS guidance for more information about this billing requirement.

Medicare Advantage

This information applies to our BlueAdvantage MA PPO plans.

New Prior Authorization Fax Forms Available Jan. 1, 2020

Starting Jan. 1, 2020, new prior authorization fax forms will be under the Medicare Advantage forms section on our provider page at bcbst.com.

More specific custom forms will include:

- Inpatient/outpatient admission/surgery request
- Predeterminations
- Home Health Services
- DME Requests
- Outpatient Therapies
- Provider Appeals (post service medical necessity appeals)
New Prior Authorization Requirement for Provider-Administered Specialty Medications

On Nov. 30, 2019, we added the following specialty medications to the Provider-Administered Specialty Pharmacy lists. They now 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.

Requesting Provider-Administered Specialty Drug Prior Authorizations for Federal Employee Program Members

You now have two ways to request prior authorization for provider-administered specialty drugs for Federal Employee Program (FEP) Commercial members:

- Log in to Availity.com anytime
- Call FEP customer service at 1-800-572-1003 (Monday through Friday, from 8 a.m. to 6 p.m. ET)

When calling, listen for the specialty drug authorization prompt that will connect you directly to MagellanRx, which manages these prior authorizations. Please note we no longer accept faxed or mailed prior authorization requests.

Changes Related to NDC and J-Codes

We’ve required the National Drug Code (NDC) on all institutional and professional claims for provider-administered medications since 2014. As of Sept. 1, 2019, claims received without a valid NDC will be rejected. Please be sure to include the full 11-digit NDC code on the claim, including any leading zeroes. You may refer to our Provider Administration Manuals for more information.
Tennessee Health Care Innovation Initiative (THCII) Delivery System Transformation Success

TennCare has announced positive results from ambitious changes it made to influence the way health care is paid for and delivered in Tennessee. The Division published a report that discusses the success of its Delivery System Transformation programs: Tennessee Health Link, Patient-Centered Medical Home, and Episodes of Care. The report provides the most up-to-date picture of how the state’s innovative programs are improving care for TennCare members while also delivering significant savings for Tennessee taxpayers.

For more information including TennCare’s press release and program analytics reports, please visit https://www.tn.gov/tenncare/health-care-innovation.html.

THCII Episodes of Care Program Payments and Recoupments Coming This Month

The 2018 Final Performance Reports for both Medicaid and Commercial providers were released in August to Quarterbacks participating in the Episodes of Care Program. Quarterbacks receiving either a Gain Share Payment or Risk Share Recoupment for the 2018 performance period will receive a letter about their performance in December. Please contact your provider network manager if you have any questions.
Simple Tips to Improve Quality Care for Patients

When patients are trying to understand medical conditions and recommended treatments, they can sometimes feel overwhelmed by the information they’re receiving. This can sometimes affect whether their treatment is successful. Here are some easy tips that can help you make sure your patients are getting the information they need.

1. **Explain things in ways that are easy to understand.**
   When talking with patients about a medical condition or treatment plan, try to avoid medical jargon. Consider using shared decision-making tools to help patients learn more about their conditions and options for treatment.

2. **Make eye contact with your patients, and spend time listening carefully to them.**
   Ask your patients or their caregivers if they have concerns, as well as questions. The National Institutes of Health (NIH) recommends asking open-ended questions that require patients to reveal more than a simple yes or no. Additionally, talk with them about the care they receive from other providers to make sure they understand all of the information they’re receiving about their treatment plan.

3. **Be as respectful as possible about patients’ thoughts and beliefs, and try to continue conversations at the next visit if they refuse care.**
   For example, if parents don’t want their child to receive a needed vaccination, work with them to find one action item that you can agree upon, like scheduling a follow-up appointment.

4. **Use the teach-back method, which involves asking patients to explain what they need to do in their own words.**
   According to the NIH, this technique lets you see if patients need additional information or if they understand the information you presented.
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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.

Provider Service Lines:

Featuring “Touchtone” or “Voice Activated” Responses

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<thead>
<tr>
<th>Provider Service Lines</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Commercial Service Lines</td>
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<tr>
<td>Commercial UM</td>
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<tr>
<td>Federal Employee Program</td>
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<tr>
<td>BlueCare</td>
<td>1-800-468-9736</td>
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<td>TennCare Select</td>
<td>1-800-276-1978</td>
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<td>CoverKids</td>
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<td>CHOICES</td>
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<td>ECF CHOICES</td>
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<td>BlueCare Plus</td>
<td>1-800-299-1407</td>
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<td>SelectCommunity</td>
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<td>BlueAdvantage</td>
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<td>BlueCard</td>
<td>1-800-676-2583</td>
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<tr>
<td>All other inquiries</td>
<td>1-800-705-0391</td>
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<tr>
<td>eBusiness Technical Support</td>
<td>1-800-924-7141</td>
</tr>
</tbody>
</table>

Be sure your CAQH ProView™ profile is kept up to date at all times. We depend on this vital information.

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.