BlueAlert

BlueCross BlueShield of Tennessee, Inc.

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

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COVID-19 Updates

During the COVID-19 emergency, we’re making changes to help our members and providers stay safe. Please visit the Provider FAQs at BCBSTupdates.com for up-to-the minute guidelines on treating our members.
Get the Answers You Need Through Availity®

From coverage information to claims management updates, Availity helps streamline operations, making it easy for you to do business with us online. You’ll find the information you need all day any day. When checking benefits, you’ll receive a unique Transaction ID that’ll be your reference number.

You can log in at Availity.com to:

- Check benefits, eligibility and coverage details (including a Fast Path phone option if you can’t find what you need)
- Manage prior authorizations
- Enroll a provider
- Request claim status
- View fee schedules and remittance advice
- Review Quality Care Rewards
- Update PCP rosters
- Manage your contact preferences
- Send a message

We encourage you to use the Feedback options in Availity. Your feedback can help us create more online tools to enhance your experience with us.

Shared Decision-Making Tools in Availity

Shared decision-making (SDM) is a model of two-way communication that involves providers and patients working together to make health care decisions. It helps make sure that all health care decisions are made with evidence-based information, your knowledge and experience, and your patient’s values and preferences.

We’ve uploaded four certified SDM aids to the Availity portal that may be helpful for orthopedic and OB/GYN providers. They’re designed to help patients with joint pain or a higher risk of complications during childbirth better understand their options for care:

- Hip Osteoarthritis: Is it Time to Think About Surgery?
- Knee Osteoarthritis: Is it Time to Think About Surgery?
- Pregnancy: Your Birth Options After Cesarean
- Pregnancy: Birth Options if Your Baby is Getting Too Big

To use these resources, simply log in to Availity and go to the BlueCross Payer Space. From there, choose the Resources tab and click the link to show all resources. Select the SDM tool you want to view, and it will open in a new browser tab.

If you have questions about using the Availity portal, please call your eBusiness Regional Marketing Consultant.
**Member ID Number Prefix Reminder**

When submitting claims, please make sure the Member ID number is exactly as it appears on the Member ID card, including the prefix. We use prefixes to identify the member’s type of coverage, obtain health plan contract information and route claims to the correct Home Plan through the BlueCard and Inter-Plan programs. Please note that as of Oct. 1, 2020, we’re rejecting claims with incomplete Member ID numbers.

**Submitting Provider Changes is Easier Using Availity**

We’re moving away from the PDF/paper Provider Change Form to a new, easy-to-use online format for submitting provider changes. It's available now in the BlueCross payer space at Availity.com. If you or your staff handle enrollments or provider changes within your practice but haven’t registered, please take a few minutes to sign up with Availity. We’ll continue to accept PDF versions of the Provider Change Form until the end of the year, but after that date all changes must be submitted through Availity.

**Easier Online Confirmation Process to Replace Data Verification Form**

BlueCross has steadily increased the use of CAQH ProView® as our source for provider information, especially location-specific data. This helps us move away from sending you lengthy paper Data Verification Forms each quarter. You’ll soon receive a letter with instructions on how to confirm the information at CAQH and complete the Network Verification at Availity.com.

Most items are in CAQH, but some, like patient acceptance for our networks and remittance address, still need your review. The Network Verification form, in the Provider Enrollment, Updates and Changes tile, is located in the BlueCross payer space on Availity. This application allows provider groups to easily review multiple practitioners at once. Ancillaries and facilities will continue to receive the paper Data Verification Form until we can move all providers to this new process. If you have questions, please contact our Provider Service line at 1-800-924-7141 and select option 2 for Contracting and Credentialing.

**Network Effective Dates Dependent on Receipt of Provider Information**

We work hard to make the provider enrollment process fast and efficient. Please submit all new provider information as promptly as possible, so we can deliver the earliest effective dates for your new providers. We can’t enroll providers in a new practice until we have the information necessary to make our system updates. This includes the addition of providers to an existing group. Network effective dates are based on when the individual provider is enrolled with BlueCross, not necessarily when the provider starts working at your practice or group.
Commercial

This information applies to Blue Network P℠ and Blue Network S℠ unless stated otherwise.

New High Performance Network
Coming Soon

The Blue Cross Blue Shield Association is introducing a national network called Blue High Performance Network (Blue HPN) in January 2021. It’s an alternative to BlueCard PPO and designed as a curated network that will provide improved, more affordable care. Quality measurement is a key feature, and plans are required to report on eight consistent national measures and eight market-specific clinical measures to address local gaps in care.

In Tennessee, we’ll support Blue HPN through our existing Network S as a statewide network. Availability is limited to self-funded employer groups in Chattanooga, Knoxville, Nashville and Memphis. Blue HPN won’t replace existing BlueCard networks, but will be offered alongside BlueCard PPO as a second option.

Blue HPN is designed as an in-network only, Exclusive Provider Organization (EPO) product, so full benefits are limited to in-network providers only. If members need care when traveling outside of Blue HPN service areas, access is limited to urgent and emergency care services. Blue HPN members will have Member ID cards with Blue High Performance Network displayed on the front, along with an “HPN in a suitcase” logo.

The Blue HPN launch will not affect Network S contracts or rates. Blue HPN providers will follow the same pre-service review and claims filing procedures used today for BlueCard PPO. For more information, please see the BlueCross Provider Administration Manual. It includes more details about Blue HPN, as well as images of the Member ID card. You can also contact your Network Manager with questions.

Process Your InstaMed Prepaid MasterCard Payments Before They Expire – No Additional Fees

In April, we launched a convenient online bill pay tool for Commercial and individual members to pay providers through their BlueCross account. Many members have taken advantage of this service, which lets them review claims and pay you directly for any deductibles or out-of-pocket costs using InstaMed, a trusted nationwide health care payment network.

Depending on your level of participation, InstaMed sends the member’s payment electronically or by mail. Electronic payments are made as soon as the next day. Mailed payments, which include a pre-paid MasterCard, arrive within seven to 10 business days.

We’ve recently learned some providers aren’t processing their mailed InstaMed payments on time, which means they have to reach back out to members for payment. Please know you don’t need to create an InstaMed account to process the payment. You process it the same way you would other credit card payments. You’ll quickly receive your payments, and you won’t be charged additional fees to cash or deposit your payment (outside of typical credit card processing fees). If you work with an outside billing company, please share this information with them.

If you already have an InstaMed account, there’s nothing you need to do. However, if you want more information, want to register for or upgrade your account, please visit InstaMed’s website.
BlueCare Tennessee

This information applies to BlueCareSM, TennCareSelect and CoverKidsSM plans unless stated otherwise.

Thank You for Your Dedication to Tennessee’s Kids

We know it’s been a challenging year, and we thank you for the care you’ve given to children covered by BlueCare Tennessee throughout the COVID-19 outbreak. As we move into 2021, we encourage you to keep talking with patients about the importance of well-child care, including getting an annual flu shot, and the steps you’ve taken to minimize COVID-19 exposure when families visit your office.

Additionally, consider watching for the warning signs of family violence during well-child checkups. COVID-19 has impacted nearly every aspect of your patients’ lives. The ongoing school year — and the holiday season — may look very different this year. The resulting stress can increase the risk of family violence, including child abuse and domestic violence, according to an article recently published in Pediatric Perspectives. The authors of the article discuss several warning signs to keep in mind, as well as recommendations for talking with parents about their stress levels and coping mechanisms. You can review the article here.

For more tips and information about caring for patients during the COVID-19 pandemic, please see previous issues of BlueAlert, or visit BCBSTupdates.com or tn.gov/tenncare.

Please note: TennCare Kids exams don’t apply to CoverKids members.

Coming Soon: Changes to the CoverKids Network

Effective Jan. 1, 2021, the Division of TennCare is consolidating CoverKids into the TennCare Contractor Risk Agreement. At this time, CoverKids members will be assigned to one of the three TennCare managed care organizations. Those transitioning to BlueCare Tennessee will begin using the BlueCare network and will have a primary care physician (PCP) assigned to them.

Providers who don’t currently participate in the BlueCare network, but who have cared for a CoverKids member during the last 12 months, will be invited to participate in the BlueCare network.

Additional Details about This Transition — Starting Jan. 1, please verify that any CoverKids member you see is assigned to your patient listing or the listing of another participating PCP in your group. You can view the PCP Member Roster on Availity.com to confirm assignment by choosing the CoverKids line of business. You can also check CoverKids eligibility within Availity. CoverKids members will continue to be identified by the group CoverKids.

Please note CoverKids will be excluded from the Vaccines for Children (VFC) Program, so immunizations administered to CoverKids members will be reimbursed by fee for service. For more information, please see the BlueCare Tennessee Provider Administration Manual.

To learn more about this change, please see the Division of TennCare letter and FAQ document located under Announcements on the Provider News and Manuals page of our website. If you have questions, please contact your Provider Network Manager.
**Medicare Advantage**

*This information applies to our BlueAdvantage (PPO)℠ and BlueEssential (HMO/SNP)℠ plans.*

**New Insulin Savings Model for 2021**

For some of these beneficiaries, access to insulin can be a critical component of their medical management, with gaps in access increasing the risk of serious complications including vision loss, kidney failure, foot ulcers/amputations, and heart attacks. Cost of insulin can be a barrier for your patient’s appropriate compliance with your planned medical management of diabetes.

**New for 2021**, the Part D Senior Savings Model is designed to address this barrier, and offer our BlueAdvantage and BlueEssential members access to insulin at an affordable and predictable cost. For the list of insulins below, Part D medication copays will be the same in all stages until the Catastrophic Coverage Stage is reached.

<table>
<thead>
<tr>
<th>Basaglar</th>
<th>Toujeo</th>
<th>Novolin N</th>
<th>Fiasp</th>
<th>Novolog Mix 70-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humulin R</td>
<td>Lantus</td>
<td>Tresiba</td>
<td>Novolog</td>
<td></td>
</tr>
<tr>
<td>Soliqua</td>
<td>Novolin R</td>
<td>Novolin 70-30</td>
<td>Levemir</td>
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</tr>
</tbody>
</table>

For more information about the Part D Senior Savings Model, please contact your local Medicare Advantage Provider Quality Outreach consultant or our MA Quality Programs Pharmacist Sarah Smith, PharmD, BCPS, at (423) 535-4566.

**Update to the BlueEssential Chronic Special Needs Plan for 2021**

In January of 2020, we launched BlueEssential, a Medicare Advantage Chronic Condition Special Needs Plan (C-SNP) to address the wide range of costly and difficult-to-coordinate health needs for diabetic patients. Starting Jan. 1, 2021, we’ll expand this special needs plan to include patients with select cardiovascular conditions. The member must have a diagnosis of coronary heart disease, hypertension, peripheral vascular disease and/or chronic venous thromboembolic disorder to qualify for this plan. A member can have diabetes and/or the cardiovascular condition, but both diagnoses aren’t required to qualify. Other plan benefit updates for 2021 include:

- Copay for cardiologist specialist visits is reduced to match PCP
- Inclusion of an additional pharmacy tier at a lower cost-share for select care drugs commonly used to treat diabetics as well as associated chronic conditions
- Lower fixed copays for select branded insulins, including through the coverage gap as part of the Part D Senior Savings program
- Patients who have been discharged from an acute observation stay are eligible to receive meals that support the dietary plan of care for five days after discharge
- Members have access to a defined no-cost transportation benefit to help them get to provider appointments

Beneficiaries must sign up specifically for this plan and have one of the chronic conditions to enroll in BlueEssential. In addition, the beneficiary’s treating provider must confirm the diagnosis as part of the enrollment process. For more information about the BlueEssential plan, please contact your local Medicare Advantage Provider Quality Outreach consultant.
Provider Assessment Form Incentive Extension Through December

As a reminder, providers are able to bill CPT® code 96160 for a Provider Assessment Form (PAF) each calendar year for all BlueAdvantage and BlueEssential members. The reimbursement for these forms is usually $225 for dates of service between Jan. 1 and June 30, and $175 for dates of service between July 1 and Dec. 31. However, to address member concerns about seeking preventive services, going to regular office visits or having follow-up care during the COVID-19 public health emergency, we have extended our $225 level reimbursement for these forms through Dec 31, 2020. This date has been extended since we last published in BlueAlert, which said we’d extend this level through Nov. 30, 2020.

During the national public health emergency, PAFs may be completed through a telehealth visit as long as the information becomes part of the permanent medical record. Any biometric data that can’t be obtained through a virtual encounter can be charted during the next face-to-face visit with the member. Please be sure to submit the updated PAF if the biometric data changes your assessment or treatment plan. Please note, there is no additional reimbursement for an updated or corrected PAF. If you have questions, please contact your Medicare Advantage Quality Outreach Consultant with questions.

Provider Assessment Form Reimbursement for 2021 Returning to Regular Schedule

In 2021, you’ll again be eligible to receive reimbursement for submitting a completed Provider Assessment Form (PAF) for your BlueAdvantage and BlueEssential members. The reimbursement for submission of completed PAFs will return to the regular schedule beginning in January 2021 set out below:

- $225 for dates of service between Jan. 1 and June 30, 2021
- $175 for dates of service between July 1 and Dec. 31, 2021

To be reimbursed, please submit the completed PAF by uploading to the Quality Care Rewards application located in Availity or fax a completed PAF to 1-877-922-2963. Please use CPT® code 96160 to file a claim for PAF submission. The completed PAF should also be included in your patient’s medical record. You don’t need to wait 365 days between PAF submissions as the benefit is each calendar year. For additional information about the PAF, please visit the Quality section on our provider website.

Medicare Advantage and BlueCare Plus Tennessee

This information applies to our BlueAdvantage, BlueEssential and Medicare and Medicaid, dual-eligible special needs plans.

New Provider Advanced Illness and Frailty Exclusions WebEx Presentations

The BlueAdvantage, BlueEssential and BlueCare Plus provider education WebEx series that launched in Availity earlier this year has a new presentation on advanced illness and frailty exclusions. It reviews how patients can qualify for these exclusions and measures in which the exclusions apply. As a reminder, there are additional episodes on topics like medication reconciliation, the Provider Assessment Form, program measures and more. These presentations can help you improve your performance in the MA Provider Quality+Partnerships program.

To access the presentations after logging in to Availity, choose BlueCross BlueShield of Tennessee within Payer Spaces and then select Resources. On the Resources page, you will find a list of current presentations.
Complete Special Needs Plan Model of Care Training Before Dec. 31, 2020

Providers who care for BlueCare Plus, BlueCare Plus Choice, and BlueEssential special needs plan members are contractually required to complete our Model of Care Training after initial contracting and annually thereafter. This training promotes coordinated care for our members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by clicking here.

The last date to complete 2020 training and be considered a compliant provider is Dec. 31, 2020. All providers are strongly encouraged to complete the training before the end of the year.

Pharmacy

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

Refer to the TennCare Pharmacy Benefit Manager for Important Updates

Please click here to review important notices about prescribing changes, authorization guidelines and other items related to the TennCare Pharmacy Program.

Step Therapy for Additional Medicare Part B Drugs

Beginning Jan. 1, 2021, BlueAdvantage, BlueCare Plus and BlueEssential will implement step therapy for additional Part B drugs. This will affect members who are new to therapy. Prior authorization and step therapy will be in line with CMS regulations and required for the following additional Part B drugs: Avastin, Herceptin, Rituxan, Rituxan Hycela, Treanda, Visudyne, HP Acthar, Herceptin Hylecta, Infugem, Marquibo and Soliris. You can view our online medical policies by clicking here.

Patients with Diabetes Need Statin Medication Fill

If you have Medicare Advantage patients between the ages of 40 to 75 and have filled at least two prescriptions for any medication used to treat diabetes this year, they’ll need to receive at least one fill of a statin medication before the end of the year based on the CMS Star quality measure. Statin medication intensity can be written based on risk and patient-specific factors because there isn’t a minimum dosage requirement under the Statin Use in Persons with Diabetes (SUPD) quality measure. Patients who have end-stage renal disease or receive hospice services are excluded from this measure. All generic statins are included in the BlueCross Medicare Part D formulary when filled at preferred pharmacies. Copays range from $0 to $1 for a 90-day supply depending on the member’s plan type. This measure is also included in the MA Quality + Program as a triple weighted measure this year.
New Tool Supports NDC and J-Code Claim Filing

Effective Jan. 1, 2021, for all lines of business, claims with provider-administered drug charges must include the valid NDC code. Claims submitted without an NDC will be rejected. Claims submitted with an invalid combination of HCPCS and NDC will result in the line item being denied.

We’ve launched the RC Claim Assist tool to help you validate NDC and HCPCS combinations and dosages with unit conversions to file medical and pharmacy claims. Simply log in to Availity and go to Payer Spaces, Resources tab, RC Claim Assist. You may be asked to register as a new user, but you won’t incur any additional charges.

Coverage Review Insourcing Reminder

Starting Dec. 7, 2020, we’ll manage Commercial pharmacy coverage reviews internally and not through Express Scripts (ESI).

You may submit coverage review inquiries electronically through CoverMyMeds (CMM link) in Availity or CoverMyMeds.com and use your existing sign-on credentials. You may also call our Provider Service Line at 1-800-924-7141 and follow the prompts. Please do not contact ESI for coverage review inquiries after Dec. 6, 2020.

Changes to Commercial Plan Prior Authorizations

Beginning Jan. 1, 2021, the following will transition from Magellan RX to our prior authorization list:

<table>
<thead>
<tr>
<th>Tecartus</th>
<th>Zolgensma</th>
<th>Kymriah</th>
<th>Exondys 51</th>
<th>Luxturna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinraza</td>
<td>Vyondys 53</td>
<td>Brineura</td>
<td>Yescarta</td>
<td>Givlaari</td>
</tr>
</tbody>
</table>

Before requesting prior authorization, please verify member benefits and eligibility by logging in to Availity and clicking Patient Registration, then Eligibility and Benefits Inquiry. You may submit authorization via fax form to Commercial Utilization Management at 1-866-558-0789 or call 1-800-924-7141 following the prompts to Prior Authorization and select option 9.

Commercial Prior Authorization Criteria

We’ll publish the pharmacy prior authorization criteria for the Preferred, Essential and Essential Plus formularies Jan. 1, 2021. We’ll include a link to the criteria under the Pharmacies & Prescriptions links on both provider and member Documents & Forms pages on our website. The links to the prior authorization criteria will be in January’s BlueAlert.

Tips for Coding Professionals

This information applies to all lines of business unless stated otherwise. Please note these tips are educational only, providers remain responsible for completion of claims submitted to BlueCross.

Coding Updates: See the Latest and What Changes Are on the Way

You can easily find current coding updates and pending claim edit changes under Coding Updates in the Coding Information section of our Coverage & Claims page. You can access code edits 60 days before the effective date.

If you have questions, please call us at 1-800-924-7141 and follow the prompts for option 1.
**Changes to Hi-Tech Imaging and Genetic Testing Program Prior Authorization for Commercial Plans**

Beginning Feb. 1, 2021, the following CPT® codes will require prior authorization through eviCore’s Hi-Tech Imaging Program:

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<tr>
<td>0609T</td>
<td>0610T</td>
<td>0611T</td>
<td>0612T</td>
<td>C9762</td>
<td>C9763</td>
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Beginning Feb. 1, 2021, CPT® code 81545 will no longer require prior authorization through eviCore’s Genetic Testing Program. However, the following codes will need prior authorization:

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<tbody>
<tr>
<td>81351</td>
<td>81529</td>
<td>0228U</td>
<td>0231U</td>
<td>0234U</td>
<td>0237U</td>
</tr>
<tr>
<td>81353</td>
<td>81546</td>
<td>0229U</td>
<td>0232U</td>
<td>0235U</td>
<td>0238U</td>
</tr>
<tr>
<td>81419</td>
<td>81554</td>
<td>0230U</td>
<td>0233U</td>
<td>0236U</td>
<td>0239U</td>
</tr>
</tbody>
</table>

**Billing Update for Early Elective Deliveries**

Beginning Jan. 1, 2021, BlueCare Tennessee providers will need to bill a Z3A diagnosis code to show the gestational age when billing one of the following CPT® codes:

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<tbody>
<tr>
<td>59400</td>
<td>59510</td>
<td>59514</td>
<td>59525</td>
<td>59610</td>
<td>59614</td>
</tr>
<tr>
<td>59409</td>
<td>59510</td>
<td>59514</td>
<td>59525</td>
<td>59610</td>
<td>59614</td>
</tr>
<tr>
<td>59410</td>
<td>59510</td>
<td>59514</td>
<td>59525</td>
<td>59610</td>
<td>59614</td>
</tr>
</tbody>
</table>

At this time, you’ll also need to include a supporting medically necessary diagnosis code for early elective deliveries if the gestational age is 37 or 38 weeks. Claims submitted without Z3A, or without the medically necessary diagnosis code to support an early elective delivery, will be denied.

Please note we’re updating the BlueCare Tennessee Provider Administration Manual with this information. If you have any questions, please contact your Provider Network Manager.

**Dental and Vision**

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

**Dental Cosmetic Orthodontic Processing Guidelines**

Effective Jan. 1, 2021, Commercial orthodontic claims filed with dates of service of Jan. 1, 2021, and after, will be reimbursed based on your network status and group’s reimbursement option. Dental Preferred Providers agree to accept reimbursement according to the terms of their provider contract with BlueCross. Find more information in the Balance Billing section of your BlueCross BlueShield of Tennessee Provider Administration Manual.
Quality Care Rewards

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

Medicare Advantage 2021 Quality Program Measures

Beginning Jan. 1, Medicare Advantage will have an updated list of 15 quality measures included in the Quality+ Partnerships 2021 program. The updated quality program removes two previously included HEDIS measures (Comprehensive Diabetes Care – Medical Attention for Nephropathy and Disease-modifying Anti-rheumatic Drug Therapy for Rheumatoid Arthritis) and introduces two new member experience survey measures from the Consumer Assessment of Healthcare Systems and Providers (CAHPS®) and the Health Outcomes Survey (HOS). The 2021 program year measures are listed below in order of measure weight:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Diabetes Care (CDC) - HbA1c Control &lt;9%</td>
<td>3</td>
</tr>
<tr>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3</td>
</tr>
<tr>
<td>Medication Adherence for Hypertension (RAS Antagonists)</td>
<td>3</td>
</tr>
<tr>
<td>Medication Adherence for Non-Insulin Diabetes Medications (OAD)</td>
<td>3</td>
</tr>
<tr>
<td>Plan All-Cause Readmissions (PCR)</td>
<td>3</td>
</tr>
<tr>
<td>Breast Cancer Screening (BCS)</td>
<td>1</td>
</tr>
<tr>
<td>Colorectal Cancer Screening (COL)</td>
<td>1</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC) - Eye Exam</td>
<td>1</td>
</tr>
<tr>
<td>Controlling High Blood Pressure (CBP)</td>
<td>1</td>
</tr>
<tr>
<td>Medication Reconciliation Post-Discharge (MRP)</td>
<td>1</td>
</tr>
<tr>
<td>Member Survey Experience - CAHPS</td>
<td>1</td>
</tr>
<tr>
<td>Member Survey Experience - HOS</td>
<td>1</td>
</tr>
<tr>
<td>Osteoporosis Management in Women Who Had a Fracture (OMW)</td>
<td>1</td>
</tr>
<tr>
<td>Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (SPC)</td>
<td>1</td>
</tr>
<tr>
<td>Statin Use in Persons with Diabetes (SUPD)</td>
<td>1</td>
</tr>
</tbody>
</table>

For more information about the new program year measures, please contact your local Medicare Advantage Provider Quality Outreach consultant.

THCII Episodes of Care Gain- and Risk-Share Payment Update

The 2019 Final Performance Reports for BlueCare Tennessee and Commercial were released in August 2020 to Quarterbacks participating in the Episodes of Care Program. We’ll distribute payment in December to Quarterbacks who achieved a gain-share payment reflected on the cover page of their 2019 Final Performance Reports.

As a reminder, the Division of TennCare has released a memo waiving 2019 Episodes of Care risk-sharing payments. This means that BlueCare Tennessee providers who participate in the Episodes of Care Program and owe a risk-sharing payment reflected on the cover page of their 2019 Final Performance Reports won’t have to make that payment. For more information, please read the TennCare Memo: Waiving 2019 Episodes Risk-Sharing Payments.
BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee and their licensed health plan and insurance company affiliates comply 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.

**Contact Availity Online**

Availity makes it easy for you to do business with us online anytime, offering faster prior authorizations, claims decisions and more. You can log in at Availity.com to:

- Check benefits, eligibility and coverage details
- Manage prior authorizations
- Enroll a provider
- Request claim status
- View fee schedules and remittance advice
- Manage your contact preferences

**Important Note:**

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

Please visit the BCBST payer space at Availity.com and update your information.

Update your provider profile on the CAQH Proview® website

**Questions? Call 1-800-924-7141.**

BlueCard?

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**Provider Service Lines:**

Featuring “Touchtone” or “Voice Activated” Responses

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