

BlueAlertSM



of Tennessee

Mission driven
for 75 Years

A monthly newsletter for our provider community, featuring important updates and reminders about our company's policies and procedures. All information is broken out by line of business.

BlueCross BlueShield of Tennessee, Inc.

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



COVID-19 Updates

Throughout the COVID-19 pandemic, we made changes to help our members and providers stay safe. Now that the National Public Health Emergency has ended, we're taking steps to return to some of our original policies and procedures. Please continue to visit the Provider FAQs at [bcbstupdates.com](https://www.bcbstupdates.com) for up-to-date guidelines to help you care for our members.

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Please Complete Your Provider Survey

Recently, your office may have received an email asking you to complete a Provider Satisfaction survey. We value your participation in our network and use the answers to improve our services to you and our members.

If you haven't yet completed the survey, please send your feedback by Sept. 15, 2023.

We sent your unique survey link in an email you should have received over the past two months. If you're unable to locate the email, please contact your Provider Network Manager so they can send you another link. You can find their contact information at Provider.BCBST.com/MyContact.

Thank you for the excellent service that you provide to our members. We look forward to reviewing your feedback!

Claims Being Filed Under Wrong Members

We're noticing more and more claims being filed under the wrong member's name and Member ID. When researching member eligibility, it's important to verify each data element closely to make sure you're selecting the appropriate Member ID. You should always verify the member's full name, date of birth and address.

Here's an example:

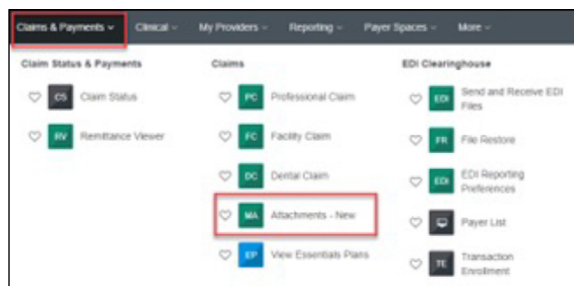
Example: A member comes into the provider's office without their Member ID card. The office staff looks up the member by name and date of birth and finds what they believe is a correct match. This Member ID is added to the patient's chart and now linked with the member receiving service. The issue is the staff found the wrong member.

Chris Hall versus Chris B. Hall – same date of birth but different middle initials and addresses. Claims are filed and processed for the wrong member.

Submit PWK Attachments through Availity®

We now have an option for providers to submit paperwork (PWK) attachments electronically through Availity. Please note that we're not turning off the fax option, we're simply adding the electronic option because it's more efficient.

You can find the new feature under the **Claims & Payments** tab, then look for **Attachments** under **Claims**. To get started, the person in your office who has the Medical Attachments role will need to register via the Provider Verification tab. Once registered, they'll need to complete the required information, attach supporting documentation and then click **Send Attachment**.



If you need assistance, contact our eBusiness Technical Support team Monday-Thursday, 8 a.m. to 6 p.m. ET and Friday, 9 a.m. to 6 p.m. ET at **(423) 535-5717, option 2**.

Toll free: **1-800-924-7141**, follow prompts then **option 4** for eBusiness support

Fax: **(423) 535-1922**

Email address: ebusiness_service@bcbst.com OR ecomm_techsupport@bcbst.com

New Laboratory Testing Code Reimbursement Policy Live Sept. 1

As of Sept. 1, the [July 2023 Commercial Preview PAM](#) has new **Laboratory Testing Code Reimbursement Policies** for certain lab services billed on a professional or institutional claim form.

To review the reimbursement policies for laboratory testing, please see the [Coverage & Claims](#) page of [provider.bcbst.com](#).

Self-Administered Drugs and Revenue Code 0637

This is a reminder that self-administered drugs billed with revenue code 0637 aren't covered according to our Provider Administration Manual and are denied as contractual write-offs. To be considered for reimbursement, certain high dollar, self-administered drugs may be billed with revenue code 0636 if made eligible by the OPTUM Uniform Billing Editor.

Avoid Delays with the Group Enrollment Form

Understanding our network participation enrollment process offers a more efficient experience for providers. Providers with only an Entity Type 1 National Provider Identifier (NPI) should use the Provider Enrollment Form (PEF.) If a provider has an Entity Type 2 NPI, in addition to their individual Entity Type 1 NPI, they must submit a Group Enrollment Form (GEF) to avoid any delays in the enrollment process. Click [here](#) for CMS definitions of Entity Type 1 and Entity Type 2.

The GEF allows up to 15 practitioners per application, and we pre-populate many fields to save time for the applicant. Providers can find the PEF and GEF in [Availity®](#) under the **Provider Enrollment, Updates and Changes** tile.

As of mid-March, we're rejecting PEFs for individual providers if they belong to or join a group with a Type 2 NPI.

If you have questions or need help with the enrollment process, please reach out to your Provider Network Manager.

Providers Must Register for Electronic Funds Transfer

Providers must register for Electronic Funds Transfer (EFT) with Change Healthcare before they can be enrolled with us. Later this year we'll require a "completed" and "approved" application with Change Healthcare before we can accept a request for enrollment through Availity®.

To sign up, just visit Change Healthcare's Payer Enrollment Services portal at [payerenrollservices.com](#).

If you're already an in-network provider and currently receive electronic payments and remittance advice as intended, there's nothing you need to do. If you have questions, please call **1-800-924-7141** and follow the prompts to **eBusiness Technical Support**. You can also contact your Provider Network Manager.

What this means for you:

- You'll need to allow up to 10 days to receive approval from Change Healthcare.
- Attempts to enroll new Groups or Providers that don't already have an established EFT record on file with us will be rejected.
- Once you receive your approval confirmation, please go to our Availity **Provider Enrollments and Changes** section.
- For questions about the progress of your Change Healthcare application, please visit [payerenrollservices.com](#).





About the Provider Exclusion Screening Process

The health and safety of our members and your employees are important, which is why we'd like to remind you of your contractual obligation to screen all employees, agents and contractors (the "Exclusion Screening Process") against the exclusion lists.

You also need to conduct criminal background checks and registry checks in accordance with state law to determine whether any of them are "ineligible persons," and therefore, excluded from participation in the Medicare or Medicaid programs. At minimum, registry checks should include the Tennessee Abuse Registry, Tennessee Felony Offender Registry, National and Tennessee Sexual Offender Registry, Social Security Death Master File, HHS-OIG List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), and the Tennessee Terminated Providers List.

The screenings should be conducted prior to hiring employees or contracting with individuals and entities, and every month following. Providers are also required to have employees and contractors disclose if they're ineligible persons prior to providing any services on behalf of the provider.

If you have questions, please refer to the "Provider Networks - Federal Exclusion Screening Requirement" section of the [BlueCross BlueShield of Tennessee](#) and [BlueCare Tennessee Provider Administration Manuals](#).

Updates to Find My BlueCross Contact

We want to make it as easy as possible for you to work with us, so we've made a few updates to the [My BlueCross Contact page](#). Now, when you visit the page and type your information into the search box, you'll find detailed explanations about who to contact:

- For questions about an existing contract, you'll be directed to our Provider Contracting team via a drop-down menu based on region.
- For non-contracting questions, you'll be directed to your assigned Provider Network Manager.

For all other provider service-related questions, please call our Provider Service line at **1-800-924-7141**.

Get Contracts and Fee Schedule Updates Quicker

You can receive contract-related communications – including fee schedule updates – up to three days faster by switching from mail to email. Simply update your **Contact Preferences** through our Payer Spaces in Availity and make email your preferred **contracting** communication type. Here's how:

1. Log in to **BlueCross Payer Spaces**.
2. Select the **Contact Preferences & Communication Viewer** tile.
3. Choose **Contracting** as your **Contact Type** and then your **Organization** (based on Tax ID Number).
4. Verify your **Provider Name** and **NPI** and click **Submit**.
 - For the **Contracting contact**, you may have multiple provider names in the left pane, so select the name(s) you want to update.
 - If you don't see your name in the drop-down list, add your provider through the **Manage My Organization** dashboard.

5. Follow the remaining cues, including checking the email **Opt-In** box and making sure email is the first option in the **Communication Preference** list on the right side. Then, click **Save & Submit**.

You can apply the same updates to other contact types by checking additional **Contact Type** boxes – or the **Select All** box.

You can also view a record of past email communications by clicking the **View Communications** button from the **Update Contact Preferences** screen.

Communication Name	Contact Type	Delivery Channel	Sent Date	Message	Attachment
Prv Contracting Urgent Notice	CONTRACTING	Email	2021-10-30		
PAM Change Notice	CONTRACTING	Email	2021-10-29		
Medical Policy Change Notice	CONTRACTING	Email	2021-10-29		
BC Pam Change Notice	CONTRACTING	Email	2021-09-30		
Medical Policy Change Notice	CONTRACTING	Email	2021-09-30		
Medical Policy Change Notice	CONTRACTING	Email	2021-08-31		
Medical Policy Change Notice	CONTRACTING	Email	2021-08-02		
PAM Change Notice	CONTRACTING	Email	2021-08-02		
Medical Policy Change Notice	CONTRACTING	Email	2021-06-30		
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From the **Communication Name** list, you can click the envelope icon (**Message** column) to download the actual message. If a paper clip icon is displayed in the Attachment column, you can download the attachment that was included with that message.

For more information about Contact Preferences, please refer to the [Contact Preference Quick Reference Guide](#) under the **Payer Spaces Resources** tab in Availity. If you need help accessing your fee schedules for BlueCross contracts, you can also find a *Fee Schedule Viewer Quick Reference Guide (QRGs)* under the **Resources** tab.

If you have questions, contact our eBusiness Service team at **(423) 535-5717 (option 2)**. Or, you can call the Provider Service line at **1-800-924-7141** and follow the prompts to **Contracting and Credentialing**.

Commercial

This information applies to Blue Network PSM, Blue Network SSM, Blue Network LSM and Blue Network ESM unless stated otherwise.

New Law for Tennessee Heartbeat Bill Requires Attestation

Gov. Bill Lee signed a new law on April 28, 2023, providing limited exceptions to the Tennessee Heartbeat Law that was passed in 2020.

For us to process these claims, we need providers to attest the abortion was performed in accordance with applicable state and federal law. When submitting this type of claim, please complete and fax the following forms the same day as your claim to **(423) 591-9481**.

1. The Provider Attestation form is on the **Provider Forms** page on provider.bcbst.com.
2. The **PWK Fax Cover Sheet**, which is also posted on the Provider Forms page.

If you have questions, please call our Provider Service line at **1-800-924-7141**.



Changes to Genetic Testing Prior Authorization for Commercial Plans

Beginning **Nov. 1, 2023**, the following codes will be added to the Genetic Testing Prior Authorization List and will require prior authorization through the EviCore Genetic Testing Program.

0403U	0409U	0411U	0414U	0418U
0405U	0410U	0413U	0417U	0419U

The following codes will be removed from the EviCore Genetic Testing Prior Authorization List, effective **Nov. 1, 2023**.

0386U	0397U
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Applied Behavioral Analysis (ABA) Updates

You spoke, we listened! You no longer need to fax your ABA Authorization requests for Commercial members. We've streamlined the ABA Authorization submission process so Commercial and BlueCare/TennCare^{Select} authorizations can be submitted online through Availity®.

To request prior authorization:

1. Log in to **Availity®**.
2. Go to BlueCross **Payer Spaces** and select **Authorization Submission/Review**.
3. Select the **Outpatient Behavioral Health form** and complete the authorization online.

To update existing authorizations, select **Auth Inquiry/Clinical Update**.

Please contact your **eBusiness Marketing Consultant** for Availity® training requests.

Correct Use of CPT® 97535 for Self-Care/Home Management Training

To avoid denials when using CPT® 97535 for billing, please make sure you're choosing the appropriate code for the specific services provided.

You should use this code for activities of daily living (ADL) and compensatory training for ADL, safety procedures and instruction in the use of adaptive equipment and assistive technology at home. ADL means activities related to living independently in the community, such as meal planning and preparation, managing finances, shopping for food and other essential items, performing essential household chores, and traveling around and participating in the community.



Examples of services not covered by 97535

You shouldn't use this code globally for all home instructions. When instructing patients in a self-management program, use the code that best describes the focus of the self-management activity. For example:

- Use 97110 for instruction on exercises done at home to improve range of motion or strength.
- Use 97112 for instructing patients in balance or coordination activities at home.
- Use 97113 if teaching the patient aquatic exercises to use as an independent program in the community pool.

For questions about this code, please refer to the Centers for Medicare and Medicaid Services (CMS) Guide or contact your Provider Service Team.

BlueCare Tennessee

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

Perform All Seven Components of an EPSDT Visit

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkups should include a group of standard services. During each well-child exam, it's important to:

- Review a patient's health history
- Complete a physical exam
- Administer lab tests and immunizations as needed
- Perform vision and hearing screenings
- Screen for age-appropriate developmental milestones and behavioral health concerns
- Provide anticipatory guidance for parents and guardians

Checkups are needed on a regular basis to monitor a child's growth and development. To provide optimal care, consider scheduling multiple routine visits in advance to help your patients stay on track. Your patients with BlueCare Tennessee coverage are eligible for well-child exams on the **same schedule** recommended by the American Academy of Pediatrics.

Note: The information in this article doesn't apply to CoverKids.

Coverage for Breast Pump Replacement Parts

The following replacement parts and items for breast pumps are now covered if billed separately with different dates of service than the initial breast pump kit and are billed for necessary adjustments, repairs or maintenance recommended by the manufacturer. Please use these codes when filing claims:

- A4281 (Tubing for breast pump, replacement)
- A4282 (Adapter for breast pump, replacement)
- A4283 (Cap for breast pump bottle, replacement)
- A4284 (Breast shield and splash protector for use with breast pump, replacement)
- A4285 (Polycarbonate bottle for use with breast pump, replacement)
- A4286 (Locking ring for breast pump, replacement)

There's a limit of four each for codes A4281 and A4284. If you have any questions, please contact your Provider Network Manager.

Be on the Lookout for Verida Information Requests

Verida is our vendor that offers transportation services to our BlueCare and TennCare *Select* members. The company conducts regular pre- and post-trip audits to make sure these members use transportation only for covered services and the visits go as scheduled. As part of these audits, Verida may call your office to verify your patients' appointments. This is a normal part of Verida's process, and you may release the requested information.

Note: This information doesn't apply to CoverKids.



Behavioral Health Medical Necessity Guideline Update

We're updating the Medical Necessity Guidelines for behavioral health. Beginning Nov. 1, 2023, the guidelines will include:

- Supported Housing – Routine
- Supported Housing – Enhanced
- Supported Housing – Medically Fragile

You can review the current Medical Necessity Guidelines [here](#). The new guidelines will be available at the same link on Nov. 1, 2023.

If you have questions, please contact your assigned BlueCare Tennessee Utilization Management representative.

Trauma-Informed Care in Pediatric Practices

Children and teens in state custody sometimes have complex behavioral and emotional needs. They may have also experienced traumatic events during their lifetimes. Incorporating aspects of trauma-informed care (TIC) into your approach when caring for children and teens in state custody can help ensure they get the right level of care.

The **National Child Traumatic Stress Network** defines TIC as a treatment framework designed to understand, recognize and respond to the effects of trauma¹. Its goal is to help support stable, safe and nurturing relationships that build resiliency. Tips for incorporating TIC into your practice include:

- **Recognizing the signs of past trauma.** These can include nightmares, trouble sleeping, headaches, fatigue, feelings of fear, anger or sadness, and stomach pain. Patients may also be irritable, highly reactive and guarded, or have trouble managing stress and emotion.
- **Approaching trauma as you would other conditions.** TIC in a medical setting may include triage, taking a complete medical history, surveillance and screening, diagnosis, care coordination, and management strategies, such as medication therapy, anticipatory guidance for foster parents and caregivers, referral to other providers, and follow up.
- **Using active-listening skills and creating an emotionally safe space for discussing trauma.** Practicing empathy and listening to children and caregivers in an active, nonjudgmental way helps facilitate discussions about trauma and trauma management. **Cultural competency** is also an important component of TIC. Additionally, when performing an exam or asking sensitive questions, consider explaining why you need to do so.

For more tips and information about TIC, review these helpful resources:

- **American Academy of Pediatrics – Trauma-Informed Care**
- **The National Child Traumatic Stress Network – Healthcare Providers**

¹ nctsn.org/sites/default/files/resources//glossary_of_terms_related_to_trauma-Informed_integrated_healthcare.pdf

Coming Soon: Abortion, Sterilization or Hysterectomy (ASH) Claims Review

In late 2023, we'll review BlueCare, TennCare^{Select} and CoverKids claims that include an ASH code submitted with a date of service between July 1, 2022, and June 30, 2023.

The retrospective ASH review includes an in-depth look at documents that may not have been required at the time claims were submitted. If you submitted a claim with an ASH code between July 2022 and June 2023, we may contact you for additional records. **Note:** We may recover payment if we don't receive records within the requested time frame.

If you have questions about the ASH review or ASH claims guidelines, please see the **BlueCare Tennessee Provider Administration Manual** or contact your Provider Network Manager.



Medicaid Reverification and How to Help Members Avoid Gaps in Coverage

On April 1, 2023, TennCare started the reverification process for Tennesseans with BlueCare, TennCare^{Select} and CoverKids coverage. This process will continue through early next year as TennCare reviews each member's eligibility to continue receiving benefits.

To help make sure your patients don't experience a gap in coverage during this process, please encourage them to:

- Sign up for **TennCare Connect**, the state's free, online portal. There, they can select how they want to receive communications (text, email or mail) about their benefits
- Verify their contact information in TennCare Connect or by calling **1-855-259-0701**
- Open and respond to all mail from TennCare

You can find more information by visiting TennCare's **Preparing for Renewals** [web page](#).

How patients can find alternative coverage

We offer a wide range of affordable Marketplace health plans – and are ready to help individuals and families find the plan that best suits their needs. If a patient needs assistance, they can call us directly at **1-866-886-6545** or shop plans online at shopbcbstplans.com.

BlueCare Plus (HMO D-SNP)SM

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

2023 Special Needs Plan Model of Care (MOC) Training Now Available

Providers participating in BlueCare Plus special needs plans are contractually required to complete our MOC training after initial contracting, then every year after. This training promotes quality of care and cost effectiveness through coordinated care for members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by [clicking here](#).

Medicare Advantage

This information applies to our BlueAdvantage (PPO)SM plans unless stated otherwise.

Home-Based Care for Urgent Medical Conditions

We're working with Dispatch Health to offer medical care for urgent, non-life-threatening conditions to our members in their homes. Dispatch Health in-home services include administering IV medications and fluids, placing catheters, drawing blood and splinting injured extremities. The Dispatch Health team will also call in needed prescriptions and share a summary of the visit and any test results with the patient.

While the Dispatch Health medical team is in a patient's home, they'll wear personal protective gear and have access to sterilized tools and the technology necessary for the visit. After the visit, Dispatch Health will share clinical notes with the patient's primary care provider.

These services are currently available to our members in the Knoxville and Nashville metro areas. Please let your eligible patients know this service is available. They can schedule appointments online through [DispatchExpress](#) or by calling **(615) 281-9997**.

Skilled Nursing Facility Discharge Requirement Reminder

Patients should get a Medicare Notice of Non-Coverage (NOMNC) at least two days before their discharge from a skilled nursing facility (SNF). We issue NOMNCs for our members Monday through Friday.

Once the NOMNC is issued, SNFs should have their patient sign the form and fax it back to us at **1-888-535-5243** by noon the next day. We don't authorize extensions for a member's service if an NOMNC isn't delivered on time.

If you need help with discharge planning, we're ready to assist and have case management, social work, behavioral health and dietitian services available at no extra cost. For more information about discharge planning, please call **1-800-611-3489**. For more information about the NOMNC process, please see our [Provider Administration Manual](#).



Prior Authorization Requirements for BOTOX® and Hormone Replacement Medication Procedure Codes

When requesting prior authorization for Botox or hormone replacement medication from the specialty pharmacy, please also request authorization for these administration/implantation codes:

- **Hormone replacement medication:** If you're filing with Medicare Part B or Part D, request prior authorization for implantation code 11980 at the same time you request the hormone replacement medication from the specialty pharmacy.
- **Botox injections:** If you're filing with Part B or Part D, request prior authorization for chemodenervation (code 64615 or 64616) at the same time you request the medication from the specialty pharmacy.

If we haven't authorized the procedure codes, you may not be reimbursed for administering the service. For more information, see the [Provider Administration Manual](#).

Nonstandard Provider Assessment Forms Discontinued in 2024

Beginning in 2024, only Electronic Provider Assessment Forms (ePAFs) will be accepted. These forms can be billed with the same CPT® code 96161 and reimbursed at \$225. You can complete ePAFs electronically in the QCR application or export and complete them by hand and then upload them to the QCR or fax them.

Once submitted, please also keep a copy of the ePAF in the patient's outpatient record. You can store the ePAF in your electronic medical/health record or print a copy for the patient's chart.

If you have questions, please contact your Provider Outreach Consultant.

Over-the-Counter (OTC) Program

Medicare Advantage members have access to an OTC program, which is new for 2023. This program provides members with a fixed dollar amount each quarter to buy certain OTC medications and products (i.e., bandages, pain relievers, cold medicine, antihistamines or toothpaste). The available allowance depends on the member's plan and ranges from \$100 to \$200 quarterly and doesn't carry over to the next quarter.

To use their allowance, members can simply present their Member ID card at the store check-out. No additional card is required. When approved items aren't available in-store, bcbstmedicare.com/OTC is the recommended option to find supplies.

If your patients are interested in using this program, they can request to have a catalog mailed to them (one per member per contract year) by calling **1-888-628-2770, TTY 711**.

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.



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 providers (**option 1**).

Quality Care Rewards

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

Quality Program Reports Now Available for Self-Service Download in QCR

You can now download certain monthly and quarterly quality program reports from the QCR application in Availity at your convenience. Available monthly reports include:

- OMW Measure Denominator
- Advanced Illness and Frailty Exclusion Opportunities
- Medication Reconciliation Post-Discharge Denominator and Office Visits
- CAHPS Mock Survey Results

We update monthly reports by the 15th of each month. Additionally, you can find and download the **Prior Year Advanced Illness and Frailty Excluded Members** report, which is updated quarterly, by the 15th of the last month of each quarter.

To view these reports, select the **Quality Reports** tile in the QCR application. If you have questions, please contact your Provider Quality Outreach Consultant.

New Pharmacy Measures Opportunity Report in Availity

Practices can now download a Pharmacy Opportunity report in the QCR application within Availity. The goal of the report is to help practices comply with the pharmacy measures.

The Pharmacy Opportunity report in the QCR covers all three medication adherence measures and the statin-prescribing measures (Statin Use in Persons with Diabetes [SUPD] and Statin Therapy for Patients with Cardiovascular Disease [SPC]). It shows patients who are late to fill/need refills and are currently non-compliant with the SUPD and SPC measures, and it provides an “absolute fail date” – the date by which the patient must fill their medication or fail the measure for the year.

We’ve also recently added trending graphs to the report intended to show how interventions can impact scores in real time. The graphs show practices:

- Where to find their current score
- What their score would be if they closed all gaps on the opportunity report
- What their score would be if they closed no gaps on the opportunity report

To review the report, select the **Quality Reports** tile in the QCR application and choose **MA Pharmacy Reports**.

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 Us Through Availity

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


PROVIEW™

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:

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.

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CPT® is a registered trademark of the American Medical Association

Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

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

Commercial UM	1-800-924-7141
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Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)
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Federal Employee Program	1-800-572-1003
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueCare	1-800-468-9736
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TennCareSelect	1-800-276-1978
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CoverKids	1-800-924-7141
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CHOICES	1-888-747-8955
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ECF CHOICES	1-888-747-8955
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BlueCare PlusSM	1-800-299-1407
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SelectCommunity	1-800-292-8196
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueCard

Benefits & Eligibility	1-800-676-2583
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All other inquiries	1-800-705-0391
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

BlueAdvantage	1-800-924-7141
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Monday-Friday, 8 a.m. to 6 p.m. (ET)

eBusiness Technical Support

Phone: Select Option 2 at	(423) 535-5717
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Email:	eBusiness_service@bcbst.com
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Monday-Thursday, 8 a.m. to 6 p.m. (ET)
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Friday, 9 a.m. to 6 p.m. (ET)
