FEBRUARY 2024

BlueAlert℠

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** for up-to-date guidelines to help you care for our members.

INSIDE THIS ISSUE

HEDIS® MY2023 Medical Record Requests to Begin Soon

Each year, we're required to report Healthcare Effectiveness Data and Information Set (HEDIS®) measures to maintain National Committee for Quality Assurance (NCQA) accreditation. NCQA uses these measures to determine whether members received the care and screenings they needed and if the care improved health.

You'll soon receive a request for medical records related to prevention and screenings, diabetes care, cardiovascular conditions, prenatal/postpartum care, medication management and well-child visits.

Note: BlueCross and BlueCare Tennessee providers are required to submit copies of requested medical records, and it's the provider's contractual responsibility to ensure they provide the requested records. If you use a copy service or vendor, please alert them of the need to respond promptly to record requests.

Please call us at **(423) 535-3187** if you need help using any of these methods to submit your records:

- Remote access into your electronic medical records
- Secure email
- Fax
- On-site collection
- Our web-based portal

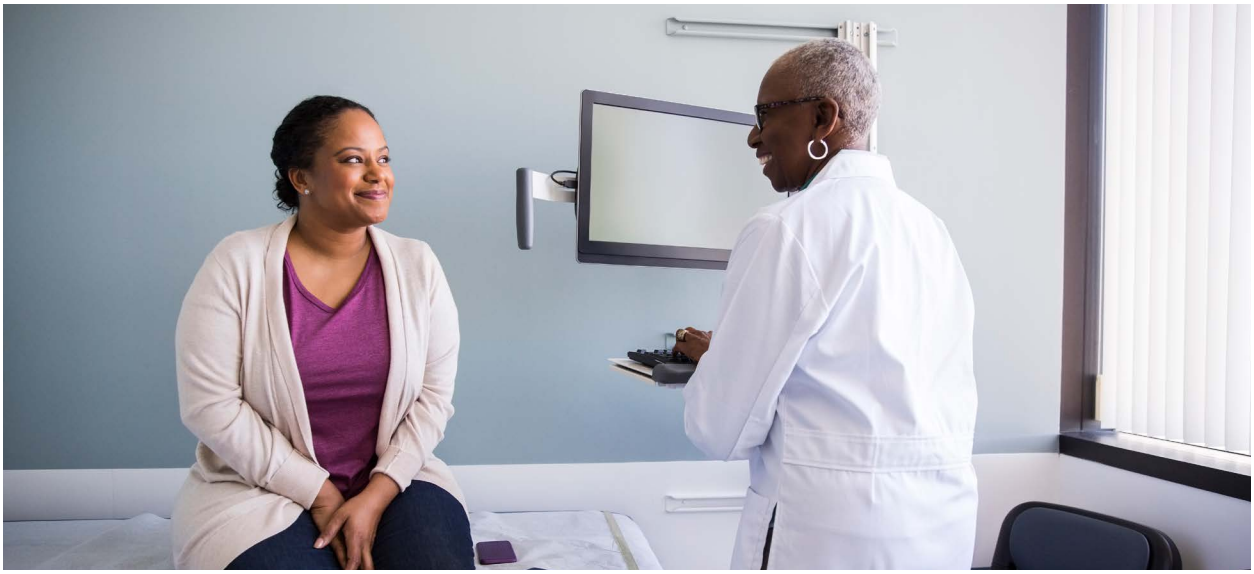
Providers New to Our Medicaid Networks Need a Medicaid ID to Enroll

This is a reminder that individual practitioners joining a group practice that participates in our BlueCare and TennCare*Select* networks need a Medicaid ID from TennCare before applying with us.

Group practice managers should start the Medicaid ID process immediately upon learning that a new practitioner is joining their group. You can find more information on the **TennCare site**.

In addition, individual practitioners joining a new group must be eligible to participate in all the networks the group is contracted for. They'll also need a valid and current CAQH profile, which can be managed through the **CAQH Provider Data Portal**.

For more information, providers should reach out to their Provider Network Manager.



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**.

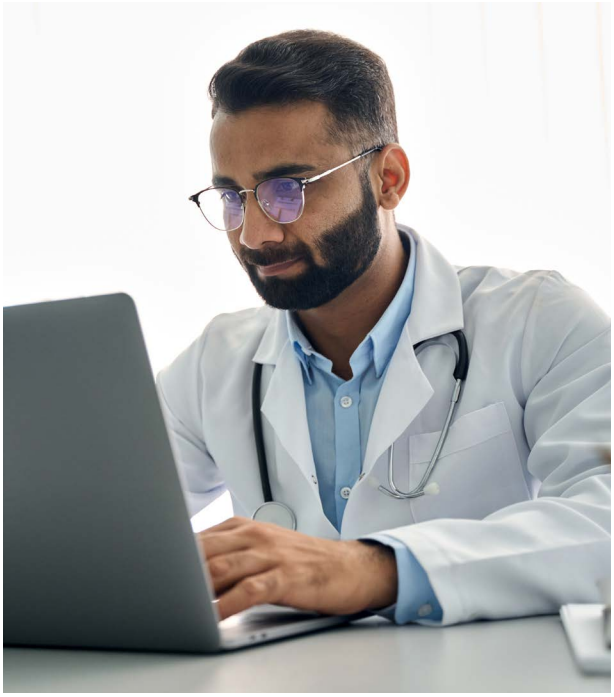
Provider-Administered Specialty Drug Prior Authorizations Changes Now Active

Effective **Jan. 1, 2024**, we're no longer using MagellanRX for provider-administered specialty drug prior authorizations. Instead, we're processing these authorizations internally.

The authorization decision and appeal process hasn't changed. The line-of-business-specific appeal processes are included on each authorization notification letter.

Please continue to submit Specialty Pharmacy Prior Authorizations in our **Payer Spaces** in Availity® for a more streamlined process and to receive a faster response. Often, online authorization submission will be instantly reviewed.

Please reach out to your **eBusiness Marketing Consultant** for your Availity questions or training needs.



Digital Member ID Cards Coming Soon in Availity

Member ID cards will soon be available in Availity. You'll be able to view and print Member ID cards, which are located under the **Eligibility and Benefits** tab. If you have Availity questions or training needs, contact your **eBusiness Marketing Consultant**.

Help Prevent Coordination of Benefits Denials for Your Patients

You can help prevent coordination of benefits (COB) denials on claims by reviewing **Eligibility & Benefits** in Availity to determine if a patient's COB has been updated within the past 12 months. If the COB information hasn't been updated, we recommend you have the member complete the entire COB questionnaire and fax it to the number at the top of the questionnaire. This allows us to update the COB information and process the claims.

The forms are located at the following links in both English and Spanish. You can also find the **questionnaire** in **Availity's Payer Spaces** under the **Resources** section. Simply look for the word **Forms** under the **Resources** tab.

- **English Form**
- **Spanish Form**

Note: It's important that the member completes the entire COB form. An incomplete form will prevent us from updating their information.

Submit High Tech Imaging Authorizations Through Availity

High Tech Imaging (HTI) authorizations for Commercial and BlueCare Tennessee members should be submitted through Availity. During the authorization process, you'll be transferred to the eviCore website, where you can complete the authorization. It's not necessary to go to the eviCore website or to call eviCore directly to obtain your authorization. You can find a **High Tech Imaging Quick Reference Guide** with step-by-step instructions to help you request initial authorizations for HTI services in the **Resources** section of **Availity's Payer Spaces**.

Commercial

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

Code Changes to Radiation Oncology Prior Authorization for Commercial Plans

Beginning **April 1, 2024**, the following codes will be removed from the Radiation Oncology prior authorization list in the eviCore Radiation Oncology Therapy Program.

32553, 49411, 49412, 55876

Code Changes to High Tech Imaging Prior Authorization for Commercial Plans

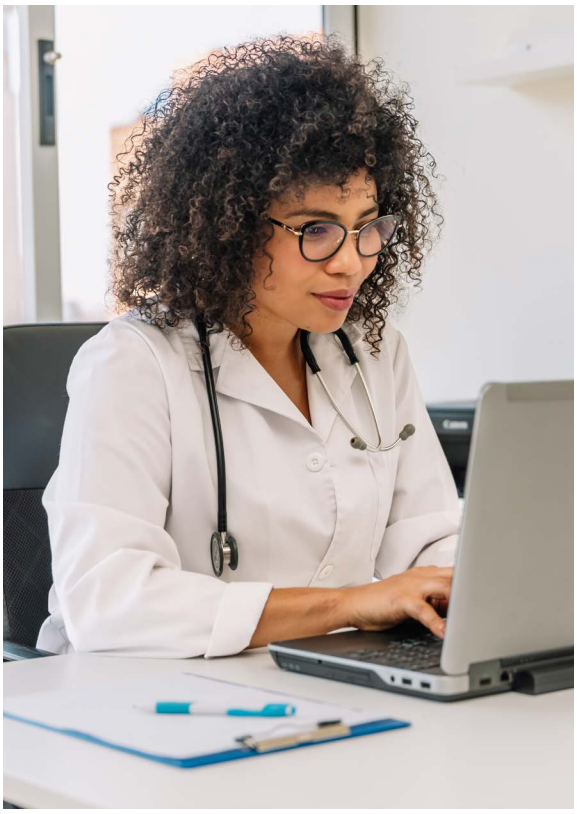
Beginning **April 1, 2024**, the following codes will be added to the Radiology prior authorization list in the eviCore High Tech Imaging Program.

0865T, 0866T, C9791

Code Changes to Genetic Testing Prior Authorization for Commercial Plans

Beginning **April 1, 2024**, the following codes will be added to the Genetic Testing prior authorization list in the eviCore Genetic Testing Program.

81457, 81458, 81459, 81462, 81463, 81464



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, providers are required to attest an abortion was performed according to 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 for Abortion Services form, located under **Authorizations & Appeals** on the **Provider Forms** page of **provider.bcbst.com**.
2. The **PWK Fax Cover Sheet**, which is also posted on the Provider Forms page.

Payment will be denied if the required forms are not included with these claims.

If you have questions, please call our Specialized Pregnancy line at **1-866-268-3502**.

BlueCare Tennessee

This information applies to BlueCare℠, TennCareSelect and CoverKids plans unless stated otherwise.

Review Our Maternal Telehealth Guide for OB-GYN Providers

When appropriate, telehealth services can help make it easier for new and expecting parents to access care and supportive services during pregnancy and the postpartum period.

To help support OB-GYN providers caring for this patient population, we recently developed a **BlueCare Tennessee Maternity Telehealth Guide**. It includes billing requirements, telehealth definitions, relevant prenatal and postpartum HEDIS measures, information about member benefits and incentives, and more. You can view the guide on our website **here**. We hope you find it helpful.

Process Reminder: Requirements for Provider Subcontracting

Providers and vendors caring for members with BlueCare and TennCare*Select* coverage may not subcontract any part of covered services without written agreement from BlueCare Tennessee. Without prior agreement, we may deny claims for services provided by a subcontractor, and previous payment may be subject to recoupment.

To request approval for all provider/vendor subcontracts, providers in our networks and BlueCare Tennessee vendors must submit the **BlueCare Tennessee Provider/Vendor Subcontracting Form** and a signed exhibit. You can find both documents in the **Office Administration** section of our **Provider Forms** page.

Our BlueCare Tennessee network providers should send completed forms to **TennCare_Provider_Subcontracts@bcbst.com**, while our BlueCare Tennessee vendors should send completed forms to **Vendor_Relations_GM@bcbst.com**.

All provider and vendor subcontractors must also meet these requirements:

- All employees and subcontractors supporting the BlueCare Tennessee contract must complete **Deficit Reduction Act/ Fraud, Waste and Abuse Training**.
- Records of services provided by subcontractors must be kept for at least 10 years after the agreement with BlueCare Tennessee expires, unless otherwise noted in the vendor contract.
- Subcontractors must verify that employees aren't listed on the **Office of the Inspector General List of Excluded Individuals and Entities** or the **System for Award Management** databases before hiring and every month during employment.

Consider Performing Well-Child and Sick Visits on the Same Day

Sometimes, kids and teens go several years between checkups, and an office visit for an illness, shots or prescription refill is the only chance you have to perform a well-child exam. That's why TennCare Kids screening guidelines allow providers to get reimbursement for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits performed at the same time as other services.

When patients visit your office for care, consider checking your patient roster in the Availity **Quality Care Rewards** application to see if they're up to date on preventive care. Then, perform well-child services during the appointment as appropriate.

Please note: Patients may schedule an appointment for a sports physical, but stand-alone sports physicals aren't covered services for BlueCare Tennessee members. However, by converting a sports physical appointment into a complete well-care visit, if appropriate, you can meet all requirements of the sports physical and be reimbursed for a covered service.

For more information, please see our **EPSDT Provider Tool Kit**.

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

Introducing Kramer Davis Health

A new clinic, Kramer Davis Health, recently opened in Hermitage, Tennessee, to provide comprehensive health care services to individuals with an intellectual or developmental disability (IDD) who have BlueCare Tennessee coverage. It's now accepting new patients.

Founded by a physician and a dentist, Dr. Matthew Holder and Dr. Henry Hood of Lee Specialty Clinic, Kramer Davis Health offers transdisciplinary care with individuals who have IDD as the center focus. The clinic has an entire floor dedicated to patient care with experts in the following areas:

- Developmental Medicine and Dentistry
- Psychiatry
- Behavioral Health
- Physical, Speech and Occupational Therapy
- Speech Pathology
- Crisis Intervention

To learn more, go to **kd.health** or call **(615) 933-7300**.

Enhancing Partnerships Between Providers, Foster Parents and Youth in Foster Care

Providers play an important role in supporting foster families and meeting children's medical and developmental needs. Below, we've included helpful tips to consider when working with foster parents and youth.

- **Help foster parents address health issues.** In addition to performing developmentally appropriate health screenings, providers can help foster parents recognize and manage emotional, physical and behavioral health concerns. Consider talking with foster parents about warning signs that children are having a difficult time processing their emotions or experiencing signs of past and present trauma, including:
  - Changes in eating and sleep habits
  - Separation anxiety
  - Mood fluctuations
  - Nightmares
  - Headaches
  - Stomach pain
  - Reacting strongly to situations or withdrawing
- **Connect foster families to community resources, like support groups, local organizations and early child intervention programs.** Keep in mind that grandparents and other family members caring for children in kinship care may need extra support, including financial assistance.
- **Model positive language about adoption, foster care and kinship care.** The American Academy of Pediatrics recommends providers help parents determine how and when to have developmentally appropriate conversations about the child's placement status, their birth parents or events in the past that may be difficult to discuss but help build trust.
- **Incorporate elements of trauma-informed care (TIC) into your approach to caring for children and teens in state custody.** Listen to children, teens and caregivers in active, nonjudgmental ways to help facilitate discussions about trauma. Additionally, when performing an exam or asking questions, consider explaining why you need to do so.
- **Brush up on cultural competency, an important component of TIC.** We've developed several documents about cultural competency for providers you may find helpful:
  - **Cultural Competency Information**
  - **Non-Discrimination Compliance Training**

For more information about ways you can help support foster families and youth, please see these resources:

- **Pediatrics** – **Pediatrician Guidance in Supporting Families of Children Who Are Adopted, Fostered, or in Kinship Care | Pediatrics | American Academy of Pediatrics (aap.org)**
- **American Academy of Pediatrics** – **Trauma parenting insert (aap.org)**
- **American Academy of Pediatrics** – **Helping Foster and Adoptive Families Cope with Trauma**

Medline DMEPOS Supplier Services Transitioning to Home Care Delivered, Inc.

Home Care Delivered, Inc. has acquired Medline, our sole provider for incontinence supplies. Medline sold its durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) assets to Home Care Delivered, Inc. in 2023 and is winding down operations.

Effective **Feb. 1, 2024**, members currently getting services from Medline will transition to Home Care Delivered. You can refer your patients to Home Care Delivered for services online or by phone or fax:

- Phone: **1-866-332-4193**
- Fax: **1-888-565-4411**
- Website: **hcd.com/refer**

Review Our Intellectual and Developmental Disabilities Tool Kit

We know living with or caring for someone with an intellectual and developmental disability (IDD) can be challenging. So, we've developed a **tool kit** for our members and their families to make finding information and connecting with community resources easier. It includes information about a diagnosis and living with an IDD, links to community organizations, and helpful details about transportation benefits, our care team and more.

Please review the tool kit and let your patients and their families know it's available. We hope you find it useful.

Use Availity to Change Members' Primary Care Provider

In May 2023, we launched the **BlueCare Primary Care Provider (PCP) Change Maintenance** application in Availity. You can read more about the application in the **May, June and July 2023 BlueAlert newsletters**.

The application has been successful, averaging 200-300 PCP changes daily. Due to its success, we're phasing out the existing **PCP Change Request Form**. Beginning **April 1, 2024**, providers will need to use the **BlueCare PCP Change Maintenance** application to change the PCP assignment for a member with BlueCare, TennCare*Select* or CoverKids coverage.

Please note: This only affects the PCP change process providers use. Our members can still change their PCP by calling the Member Service line or through their member online account.

As a reminder, when you use the application, changes are made in real time. New ID cards are mailed to members automatically as soon as the change is made, and digital ID cards are available immediately in the **BCBSTN** mobile app. For step-by-step instructions for using the new Availity application, review our quick reference guide in the **Resources** section of our **payer space**. If you have questions about using Availity, please call **(423) 535-5717, option 2**, or contact your eBusiness Regional Marketing Consultant.

Medicaid Reverification and How to Help Members Avoid Gaps in Coverage

On **April 1, 2023**, the Division of TennCare started the reverification process for Tennesseans with BlueCare, TennCare*Select* and CoverKids coverage. This process will continue through early 2024 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.

2024 Special Needs Plan Model of Care (MOC) Training is Now Available

Providers participating in BlueCare Plus Tennessee special needs plans are contractually required to complete our Model of Care Training after initial contracting, then every year afterwards. This training promotes quality of care and cost effectiveness through 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**.

Medicare Advantage

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

Master Prior Authorization List Review

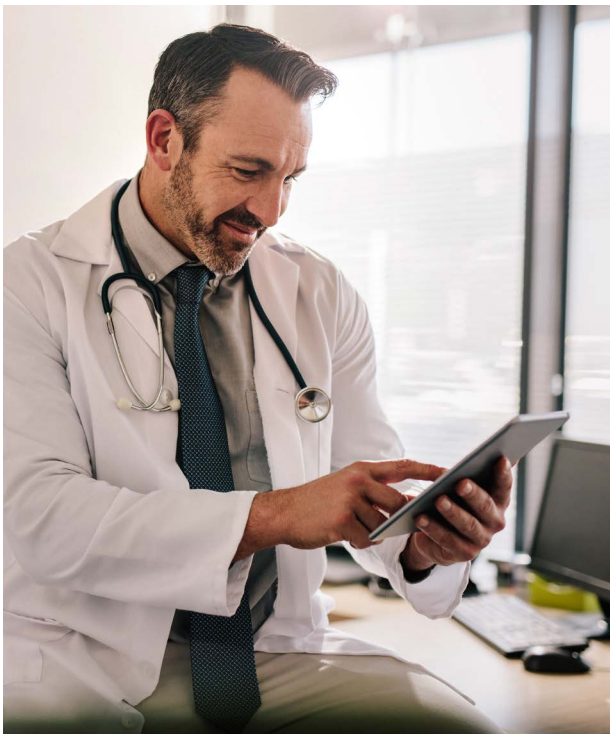
We're actively reviewing the master prior authorization list for opportunities to reduce the number of services requiring prior authorization. This helps us prepare for the 2025 Centers for Medicare & Medicaid (CMS) proposed rule changes, and we'll continue to review and make updates throughout the year.

Effective **Jan. 1, 2024**, the prior authorization requirements were removed on 84 codes. The updated list of prior authorization code changes is available at **provider.bcbst.com/tools-resources** under **Authorization & Appeals**.

Medicare Advantage and Dual Special Needs Plan

This information applies to our BlueAdvantage (PPO)℠ and BlueCare Plus (HMO D-SNP)℠ plans unless specifically identified below.

Medication Reconciliation Post-Discharge Documentation Reminder



The Medication Reconciliation Post-Discharge (MRP) component of the Transitions of Care (TRC) measure can be met through administrative claims filing or by attestation in the Quality Care Rewards (QCR) application. Medication reconciliation can be conducted by a prescribing practitioner, clinical pharmacist or registered nurse within 30 days after discharge. To attest to the MRP component, documentation in the outpatient record must demonstrate the provider was aware of the hospitalization, the date the discharge medications were reconciled with the most recent medication list in the outpatient medical record and the credentials of the provider performing the reconciliation.

Please contact your Medicare Advantage Provider Quality Outreach Consultant for more information or questions about the MRP measure.

Kidney Health Evaluation for Patients with Diabetes (KED) Measure

As of **Jan. 1, 2024**, the Quality+ Partnerships program has added the **Kidney Health Evaluation for Patients with Diabetes (KED)** measure as a single-weighted measure.

The KED measure evaluates the percentage of patients 18-85 years old with diabetes (type 1 or type 2) who received a kidney health evaluation, which is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. Patients need to have both an eGFR and a uACR on the same or different dates of service during the measurement year. To satisfy the uACR component, the patient must have either a urine albumin-creatinine ratio test or both a quantitative urine albumin test and a urine creatinine test with service dates four or fewer days apart.

This measure can be closed through administrative claims or by attestation in the Quality Care Rewards (QCR) application in Availity. If you're attesting to this measure in the QCR application, an attestation must be submitted for each completed test.

Please contact your Medicare Advantage Provider Quality Outreach Consultant for more information or questions about the KED measure.

Pharmacy

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

Reminder: Restrictions for Opioids

Note: This article only applies to BlueAdvantage (PPO)[SM] and BlueCare Plus (HMO D-SNP)[SM] plans.

The Centers for Medicare and Medicaid Services (CMS) changed their opioid prescribing guidelines effective Jan. 1, 2019, which apply to all Medicare Advantage plans.

These restrictions were implemented in 2019 and will continue through 2024:

- Pharmacies will receive a safety edit when members are prescribed more than 90 MME* by two or more prescribers.
- Opioid-naïve members are limited to seven days for their initial fill.
- If a member is prescribed more than 200 MME by two or more prescribers, the prescription will automatically be rejected. The pharmacist can't override the rejection unless the member has an exempt diagnosis (cancer, sickle cell, etc.). If the member still requires more than 200 MME, the member, prescriber, or representative can request a prior authorization.
- Concurrent use of long-acting opioids is restricted.
- Concurrent use of opioids and benzodiazepines is restricted.

*MME represents a drug's potency equivalent to morphine.

Note: These prescriptions will be rejected at point-of-sale. In certain situations, the pharmacist at point-of-sale may be able to override these rejections. If not, a coverage determination must be requested if the member needs to continue the medication as prescribed.

You can find more information about these Medicare Part D Opioid Overutilization Policies **here**.

We also require prior authorization on all long-acting opioid medications. All opioids have a quantity limit restriction applied. You can **find our drug lists** and **prior authorization criteria** online.

To request prior authorization or coverage determination for your patients, contact:

BlueAdvantage

- Phone: **1-800-831-2583**
- Fax: **(423) 591-9514**

BlueCare Plus

- Phone: **1-800-332-5762**
- Fax: **(423) 591-9514**

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.

Medicare Advantage 2024 Quality Program Measures

As of **Jan. 1, 2024**, the measures included in the 2024 Quality+ Partnerships program are listed below in order of measure weight:

Measure	Source	Weight
Member Experience - CAHPS	CMS Member Survey	4
Controlling High Blood Pressure (CBP)	HEDIS®	3
Hemoglobin A1c Control for Patients With Diabetes (HBP)	HEDIS®	3
Medication Adherence for Cholesterol (Statins)	Prescription Drug Event (PDE) Files	3
Medication Adherence for Hypertension (RAS Antagonists)	PDE Files	3
Medication Adherence for Non-Insulin Diabetes Medications (OAD)	PDE Files	3
Plan All-Cause Readmissions (PCR)	HEDIS®	3
Member Experience - HOS	CMS Member Survey	2
Breast Cancer Screening (BCS)	HEDIS®	1
Colorectal Cancer Screening (COL)	HEDIS®	1
Eye Exam for Patients With Diabetes (EED)	HEDIS®	1
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	HEDIS®	1
Kidney Health Evaluation for Patients With Diabetes (KED)	HEDIS®	1
Osteoporosis Management in Women Who Had a Fracture (OMW)	HEDIS®	1
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (SPC)	HEDIS®	1
Statin Use in Persons With Diabetes (SUPD)	PDE Files	1
Transitions of Care (TRC)	HEDIS®	1

Please contact your Medicare Advantage Provider Quality Outreach Consultant for more information or questions about the measures included in the 2024 Quality Program.

Tennessee Healthcare Innovation Initiative (THCII) Episodes of Care Program News and Updates

New quarterly reports for Medicaid and Commercial Episodes of Care quarterbacks will be available **Feb. 15, 2024**. If you're a quarterback who's having trouble accessing your Quarterly Report, please call **(423) 535-5717** and press option 2 or email **eBusiness_Service@bcbst.com**.

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 TennCare*Select*. 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

CAQH Solutions | PROVIEW™

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

Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Service Lines	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
Commercial UM	1-800-924-7141
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	
Federal Employee Program	1-800-572-1003
Monday-Friday, 8 a.m. to 6 pm. (ET)	
BlueCare	1-800-468-9736
TennCare*Select*	1-800-276-1978
CoverKids	1-800-924-7141
CHOICES	1-888-747-8955
ECF CHOICES	1-888-747-8955
BlueCare Plus℠	1-800-299-1407
***Select*Community**	1-800-292-8196
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCard	
Benefits & Eligibility	1-800-676-2583
All other inquiries	1-800-705-0391
Monday–Friday, 8 a.m. to 6 p.m. (ET)	
BlueAdvantage	1-800-924-7141
Seven days/week, 8 a.m. to 9 p.m. (ET)	
eBusiness Technical Support	
Phone: Select Option 2 at	(423) 535-5717
Email:	**eBusiness_service@bcbst.com**
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	

Important Note:

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

Please visit our payer space at **Availity.com** and update your information.

Update your provider profile on the **CAQH Provider Portal** website

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