MARCH 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

Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Surveys Starting Soon

Gaining insight into how your patients feel about their health care experience can benefit you and your patients. Most patients will be more engaged, have higher adherence rates and feel more confident in the care they receive when they're highly satisfied with their provider's service, communications and coordination of care.

That's why the CAHPS annual survey, conducted by an outside entity, is so important to providers as well as health plans. This anonymous survey is used by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) to evaluate care and services provided to your patients.

All of our lines of business measure member experience using some version of the CAHPS survey. Every year between March and June, randomly selected members are asked to complete a survey about their experience. Please encourage your patients to participate in all surveys sent by us and outside organizations so we're better able to identify opportunities for improvement.

Simple Tips to Improve Quality Care for Patients

When patients are trying to understand medical conditions and recommended treatments, they sometimes feel overwhelmed by the information. Building a trusted relationship with a physician is a key component that can affect treatment success. Here are some easy tips that can help you make sure your patients get the information they need.

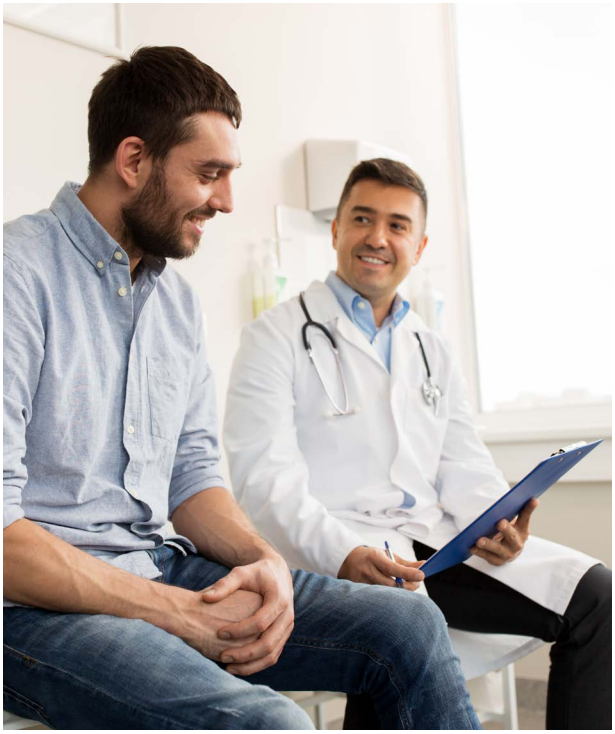
1. **Explain things in a way that's easy to understand.** When talking with patients about a medical condition or treatment plan, try to avoid medical jargon. Consider using shared decision-making tools to help patients learn more about their conditions and options for treatment.

2. **Make eye contact with your patients and spend time listening carefully to them.** Ask your patients or their caregivers if they have concerns or questions. These actions help build trust and foster engagement. The National Institutes of Health (NIH) recommends asking open-ended questions that require patients to answer more than a simple yes or no.

3. **Respect each patient's thoughts and beliefs and try to continue conversations at the next visit if they refuse care.** For example, if a parent or guardian doesn't want their child to receive a needed vaccination, work with them to find one action that you can agree on, like scheduling a follow-up appointment.

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

5. **Coordinate care by talking with patients about services they get from other providers.** When you see your patients, ask if they've recently been to the ER or a specialist. Also, discuss any services or medications they've recently received and contact other providers to request information about test results and treatment plans.

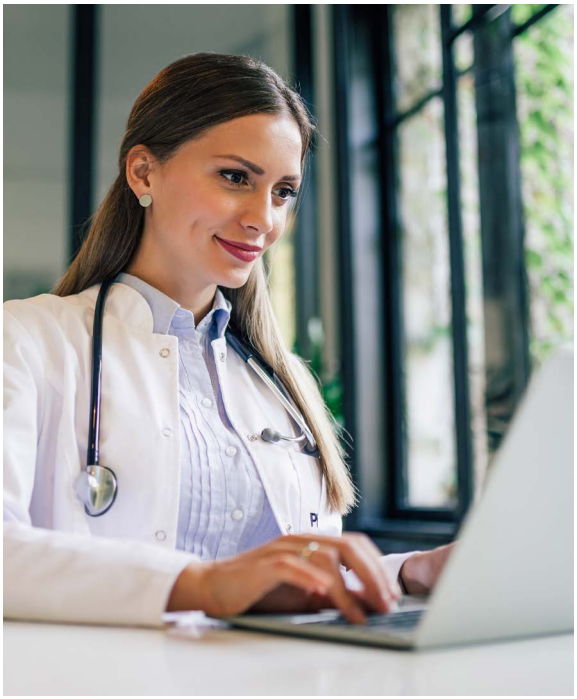


Save Time with Digital Drug Prior Authorization Requests

Did you know you can avoid on-hold wait times by submitting provider-administered drug prior authorization requests in Availity®? You can speed up submission and have access to a dashboard of all of your open and completed coverage reviews.

You can find instructions in the **Provider-Administered Drug Prior Authorization Quick Reference Guide** in Availity's **Payer Spaces** under **Resources**. If you need access to Availity, check with your office Availity Administrator. If your office doesn't have access to Availity, you can register your organization at: **availity.com/Essentials-Portal-Registration**. For help getting started, contact your eBusiness Marketing Consultant for training and education.

Please note, self-administered drugs can still be requested through **CoverMyMeds** or **Surescripts**.



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

As a reminder, individual practitioners joining a group practice that participates in our BlueCare℠ and TennCare*Select* networks need a Medicaid ID from the Division of TennCare before applying with us.

Group practice managers should start the Medicaid ID process immediately after learning 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 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.

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 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.

Commercial Behavioral Health Acute Inpatient Prior Authorizations

You can now use Availity to submit inpatient behavioral health prior authorizations through the **Authorization Submission/ Review** application. If your patient meets the clinical criteria, the authorization will be instantly approved. If you need to update an existing authorization, you can easily do so through the **Auth Inquiry/Clinical Update** application.

If your practice needs Availity training and education, contact your eBusiness Marketing Consultant.

Changes to Musculoskeletal Program Prior Authorization for Commercial Plans

Beginning **May 1, 2024**, the following codes will be added to the MSK Prior Authorization List and will require prior authorization for those members with the Musculoskeletal Program Benefit:

0784T, 0785T, 0790T, 22836, 22837, 22838, 27278

The following codes will be removed from the MSK Prior Authorization List effective May 1, 2024, for those members with the Musculoskeletal Program Benefit:

0775T, 0809T

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

BlueCare Tennessee

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

Review Updates to the Medicare Crossover Claims Process

In the **January 2024 BlueAlert**, we announced we would begin processing all Medicare and Dual Special Needs Plan (DSNP) crossover claims on Jan. 1, 2024. Previously, the Division of TennCare processed these claims to cover the Medicare and DSNP coinsurance and deductible amounts.

Claims submitted to traditional Medicare began crossing over to us for coinsurance and deductible payment pricing as planned, but we had to delay this process for DSNP claims to allow additional time for systems testing. We'll begin processing DSNP crossover claims on March 1, 2024.

At that time, all DSNP claims submitted with a date of service of Jan. 1, 2024, or later will automatically cross over to us. There's nothing more you need to do for these claims.

For more information, review the **FAQ document** we developed to answer common questions you may have about this process change. We recently made updates to clarify the information. If you have questions, please contact the **Provider Service line** for your patient's plan.

Division of TennCare Schedules Annual Feedback Session for Episodes of Care

The Division of TennCare's annual feedback session for providers participating in the Episodes of Care program will take place on Thursday, March 28, at 12:30 ET (11:30 CT). The goal of this free, virtual meeting is for Episodes of Care participants to share success moments, ask questions and recommend changes to improve episode design.

Registration is required, so please **click here** and fill out the registration form to save your spot. You'll get a link to join the event once you've registered. If you have questions, please email **payment.reform@tn.gov**.

Please note: The information in this article only applies to BlueCare network providers participating in the Episodes of Care program.

Help Ensure Children in State Custody Get Well-Child Care

When children enter Department of Children's Services' (DCS) custody, we may not know much about their medical history, including immunization history, past trauma and prescribed medications. Performing an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkup when children and teens enter state custody is an essential step in identifying medical, behavioral health and dental care needs. We need your help to make sure they get these important visits.

Within 72 hours of entering DCS custody, children and teens must have a medical exam. This exam should then be followed by a comprehensive EPSDT checkup within 30 days. (The exam performed within the first 72 hours may serve as the EPSDT exam if it contains all necessary components.) Following these checkups, children and teens in state custody should continue to get preventive care according to the **Bright Futures/American Academy of Pediatrics Periodicity Schedule**.

For more information about caring for children in state custody, click **here**. To review the components of EPSDT visits, please see our **EPSDT Provider Booklet**.

Please note: The information in this article doesn't apply to CoverKids members.

Explore the Differences Between EPSDT- and HEDIS®-Compliant Well-Child Exams

TennCare Kids EPSDT exams have reporting criteria and eligibility requirements that differ from the HEDIS measures for well-child performance. Here's what you need to know.

EPSDT Visits

Children and adolescents enrolled in BlueCare or TennCare*Select* are eligible for TennCare Kids exams until they turn 21. The schedule for EPSDT exams follows the **Bright Futures/American Academy of Pediatrics Periodicity Schedule**.

The fiscal year for EPSDT visits begins Oct. 1 and ends Sept. 30 of the following year.

HEDIS Quality Measures

Two performance measures apply to well-child checkups: **Well-Child Visits in the First 30 Months of Life (W30)** and **Child and Adolescent Well-Care Visits (WCV)**. These measures determine if children and adolescents get the appropriate number of well-child visits during the measurement year for their age.

- **W30** has two reported rates, which evaluate whether children get the correct number of well-child visits with a primary care provider (PCP) on or before age 15 months and between ages 15-30 months.
- **WCV** evaluates the rate of children and adolescents between ages 3 and 21 who receive an annual wellness visit with a PCP or OB/GYN during the measurement year.

The measurement year for HEDIS begins Jan. 1 and ends Dec. 31.

For more information about the HEDIS measures for well-child care, see the **BlueCare Tennessee Quality Program Measures Guide**. To learn more about EPSDT exams and coding EPSDT visits, please refer to our **TennCare Kids Tool Kit**.

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

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Optum® Provider Claim Review

We're required to submit diagnostic data for our members enrolled in certain Medicaid health plans. You may be contacted within the next few weeks by Optum with a request to review and confirm information if a difference is found between medical records and claims you've submitted.

Optum will coordinate this provider claim review (PCR) by:

- Coordinating the review and confirmation of adjusted claims when coding results indicate a discrepancy in risk-adjusted diagnosis codes
- Identifying diagnosis codes from patient visits during chart eview and creating an adjusted CMS-1500 claim form for you
- Having an Optum representative work with you to determine the appropriate person to receive these claims and explain the PCR process

If you're contacted by Optum, we'll need you to review and confirm the information on the adjusted claim and submit it through the PCR process by the date requested.

If you have questions, you can view the Optum Reference Sheet at **bluecare.bcbst.com/providers/tools-resources/** under **General**. Or, contact your Optum business operations specialist at **1-866-985-8462**.

Lactation Information for Your Patients

We've developed posters about lactation consultant benefits for our network providers to display in their offices. Two versions are available – one for OB provider offices and one for pediatric/primary care offices – and the posters display important information, including:

- Covered lactation consultant services
- Reasons to see a lactation consultant during pregnancy and the postpartum period
- How to order a free breast pump
- Resources for mental health support

Each poster is available in English and Spanish, and providers can request copies at no charge. To order copies for your office, please email **Provider_Communication_Requests@bcbst.com**.

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 when 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 or 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**.

BlueCare Tennessee and BlueCare Plus (HMO D-SNP)SM

This information applies to our Medicare, Medicaid dual-eligible special needs plans, BlueCare℠, TennCareSelect and CoverKids plans unless stated otherwise.

Review Explanation of Benefits (EOB) Requirements for Secondary Claims

When filing secondary claims for your patients covered by BlueCare Tennessee or BlueCare Plus, please make sure to include the following information on the electronic EOB:

- **Other Carrier Name** – Please don't leave this field blank. It should include the member's other insurance carrier, which you can find in Availity based on the date of service billed on the claim.
- **Other Carrier Subscriber ID** – This field should include the correct subscriber ID (excluding any alphanumerical prefixes) with no extra characters or spaces. Please don't leave it blank.

For more information about filing secondary claims, please see the applicable Provider Administration Manual:

- **BlueCare Tennessee Provider Administration Manual**
- **BlueCare Plus Provider Administration Manual**

Cultural Competency Training Reminder

If you're a provider who participates in BlueCare, TennCare*Select*, CoverKids, CHOICES or ECF CHOICES, you can submit a Cultural Competency Attestation Form to let us know you've completed your cultural competency training. We help members identify providers who've completed this training in our Provider Directory.

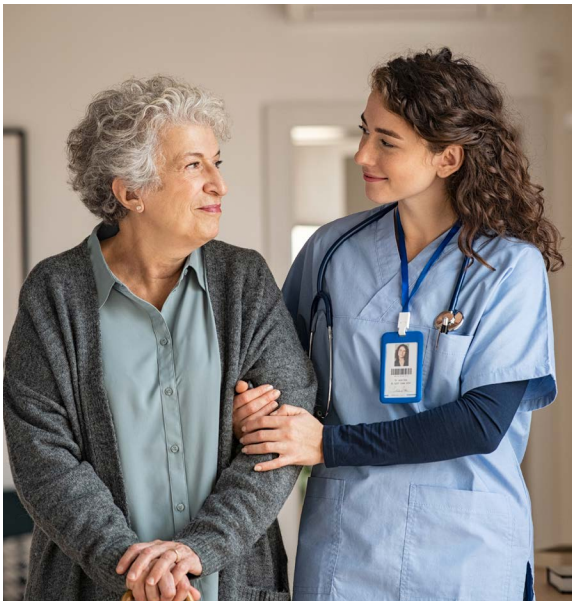
Our network providers have several options for completing cultural competency training:

- Complete **brief online training created by BlueCare Tennessee**.
- Review the Quality Interactions training, which is offered at no cost to you and accredited for one continuing education unit. You can access the training at **learn.qualityinteractions.com/bcbstn/bluecare**.
  - **Please note:** The location of this training recently changed. If you've previously registered for a Quality Interactions account, you'll need to visit the URL above and change your password before logging in to your account.
- Take cultural competency training from sources other than BlueCare Tennessee. Training from other organizations meets the requirement if it emphasizes the delivery of services in a culturally competent manner and includes information about caring for people with disabilities, diverse cultural and ethnic backgrounds, or limited English proficiency.

Once you finish training, please email your completed **Cultural Competency Training Attestation Form** to **PNS_GM@bcbst.com** so we can update our Provider Directory. If you have questions about this training, please contact your Provider Network Manager.

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.



Provider Reimbursement Rates Changing April 1

The Medicare Advantage Quality+ Partnerships Program offers enhanced reimbursement to providers who achieved quality scores of 4-Stars and above with coding accuracy during the 2023 measurement period (Jan. 1 through Dec. 31, 2023).

Stars ratings, based on last year's performance, will affect each provider's reimbursement rates starting April 1, 2024. Participating providers will receive a rate adjustment notification letter and a rate attachment with the new fee schedule by April 1. Your contract amendment will include information about your base rate, the quality escalator and total earning potential.

Note: The information in this article applies to Medicare Advantage and BlueCare Plus.

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).

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**.