



QUALITY+

2021 Quality Care Partnership Initiative

COMMERCIAL

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Quality Care Partnership Initiative Concept

The Quality Care Partnership Initiative (QCPI) represents BlueCross BlueShield of Tennessee's expanded efforts to build a network of primary care physicians (PCPs) who are committed to quality, and agree to reimbursement that's based on objective, measurable quality outcomes. QCPI is designed to improve the clinical quality, patient experience, and value of health care.

PCPs who participate in the QCPI will be measured based on their performance on objective, evidence-based quality measures. Performance on these measures will influence the PCPs' reimbursement for the next year.

PCP Classification

For the purposes of the QCPI program, the following provider specialties, shown by sub-categories, are considered PCPs:

Primary Care Specialties

- Family Medicine
- Family Medicine - Adult Medicine
- Family Medicine - Geriatric Medicine
- General Practice
- Internal Medicine
- Internal Medicine - Geriatric Medicine
- Nurse Practitioner
- Nurse Practitioner - Adult Acute Care
- Nurse Practitioner - Family
- Nurse Practitioner - Gerontology
- Nurse Practitioner - Primary Care
- Physician Assistant - Medical

Pediatric Primary Care Specialties

- Family Medicine - Adolescent Medicine
- Internal Medicine - Adolescent Medicine
- Nurse Practitioner - Pediatrics
- Pediatrics
- Pediatrics - Adolescent Medicine

Women's Health Primary Care Specialties

- Advanced Practice Midwife
- Midwife
- Midwife, Lay
- Nurse Practitioner - Obstetrics and Gynecology
- Nurse Practitioner - Women's Health
- Obstetrics and Gynecology
- Obstetrics and Gynecology - Gynecology
- Obstetrics and Gynecology - Obstetrics

Attribution Methodology

BlueCross BlueShield of Tennessee members¹ who receive health benefits through a Commercial network (i.e., Blue Network PSM, Blue Network SSM or other future commercial networks) will be attributed to a PCP for the purposes of the QCPI.

Attribution is at the member measure level.

Members are identified and attributed to a single PCP who meets one of the QCPI PCP Classified Provider Types and who has seen the member the most within an 18-month look-back period. If there is a tie, the member will be attributed to the PCP they've seen most recently.

Four measures, Appropriate Treatment for Upper Respiratory Infection (URI), Appropriate Testing for Pharyngitis (CWP), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), and Use of Imaging Studies for Low Back Pain (LBP) will be attributed to the provider responsible for the event that caused the member to be included in the measure. For example, a member that was diagnosed with Upper Respiratory Infection (URI) would be attributed to the PCP-classified provider who diagnosed the URI.

Women's measures are attributed based on a hierarchy. They're attributed to the OB/GYN PCP provider they've seen the most during the look-back period. If they haven't seen an OB/GYN PCP provider, those measures will be attributed to the primary care provider they've seen the most.

Pediatric members are also attributed based on a hierarchy, with the pediatric PCP provider taking precedence over primary care provider. These member measures will be attributed to the pediatric PCP provider with whom they had the most office visits during the look-back period. If they haven't seen a pediatric PCP provider during the look-back period, the member will be attributed to a primary care provider. All other measures will be attributed to a primary care provider.

Members that cannot be attributed to any type of primary care provider will not be included in the QCPI.

If a merger and/or acquisition of a new practice occurs during the performance year, any new PCP meeting the PCP classification will be added to the program and members will be attributed.

¹ BlueCard® membership is currently excluded from the QCPI attribution methodology because some data for this membership may be incomplete according to HEDIS®* specifications. BlueCross may add BlueCard membership to the QCPI attribution methodology if data sufficiency for this membership meets HEDIS specifications. BlueCross will provide notice to QCPI providers prior to including BlueCard membership in the QCPI attribution methodology.

Codes for Attribution

The anticipated codes to be used for attribution are:

G0438, G0439, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99241, 99242, 99243, 99244, 99245, 99401, 99402, 99403, 99404, 99411, 99412, 99429

BlueCross will review the list of codes above on an annual basis for additions, deletions and revisions.

Quality Metrics

We use standardized, nationally accepted measures and data sources so we can effectively evaluate the quality of care delivered by PCPs with diverse patient populations. QCPI measures align with the Healthcare Effectiveness Data and Information Set (HEDIS®) and National Committee for Quality Assurance (NCQA) requirements. As part of the QCPI, BlueCross will evaluate providers based on measures currently in use for HEDIS commercial accreditation/ratings. The HEDIS measures are reviewed annually by NCQA and revised when necessary. Please reference Appendix A for the current list of quality measures.

QCPI Measures/Prospective Measure Status Definition

The status of measures in the QCPI program is determined prospectively. See measure set in Appendix A.

- Prospective status is based on the projection of what the standing of the measure will be by the end of the data period, which is Dec. 31 of each measurement year.

Data Exchange and Delivery Methods

BlueCross receives performance information through PCP claims data. To increase the accuracy of performance reporting and improve quality scores, PCPs are strongly encouraged to use Current Procedural Terminology Category II (CPT® II) codes, Quality Care Rewards (QCR) portal attestations and/or to engage in clinical data exchange with BlueCross.

Reporting and Data Quality Progress

The measurement year is Jan. 1 through Dec. 31. Scorecards for monitoring progress are available on the Quality Care Rewards (QCR) portal (see Appendix C for more information).

Each monthly report undergoes data quality assurance by the BlueCross Medical Informatics quality team to confirm the correct benchmarks, measures and scoring methodology are used. The team looks for any outlying issues and ensures results are stable from month to month.

Specific data points covered by the review include total points earned by the group, attributed population and measure-by-measure compliance.

Final calculations and ratings are issued each year, using claims data submitted through March 31, to allow for claims run-out.

Provider Reconciliation Process

It's important that QCPI participants review performance reports monthly through the QCR portal. Any questions about attribution or reported data should be directed to the appropriate Provider Relations Consultant within 30 days of the most recent data refresh.

Due to primary source verification requirements, BlueCross must receive sufficient evidence that care was provided and gaps in care are closed before the provider may receive credit for any additional or reconciled data. If clinical information is needed to correct reported data, it may be submitted in one of the following formats:

- 1 Through Clinical Data Exchange Process (preferred) based on BlueCross-required format.
- 2 Batch file accepted if all BlueCross-required elements are included.
- 3 Chart review (non-preferred), which requires secure remote access for BlueCross representative.
- 4 Attestation through the Quality Care Rewards tool.

The deadline for all clinical data submission is Jan. 31 following the measurement year.

Any claims submission or correction to update data must follow timely filing requirements under the Provider's Participation Agreement and Tennessee Code § 56-7-109.

Final reports will be rerun based on additional submitted and accepted clinical and claims data.

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Calculating Quality Score

Each QCPI partner's quality score is always based on a scale of 100 "Available Points." The number of total Available Points (100) is divided by the number of measures applicable to a QCPI partner's attributed population to determine Available Points per measure. For example, if a group has 20 full point measures, this equates to five Available Points per measure (100/20).

Some measures have sub-components. The number of Available Points for any sub-component is equal to the Available Points for the measure, divided by the number of sub-components. Examples include, but are not limited to, the following:

- Antidepressant Medication Management has two sub-components (acute and continuation phase), which are combined and worth a single measure.
- Statin Therapy for Patients with Cardiovascular Disease has two sub-components (statin adherence and received statin therapy) which are combined and worth a single measure.
- Statin Therapy for Patients with Diabetes has two sub-components (statin adherence and received statin therapy) which are combined and worth a single measure.

For each measure, the provider will earn a portion of the Available Points, based on where the provider's performance falls in relation to the previous year's NCQA health plan benchmarks. If previous year benchmarks are unavailable, the benchmark will be based on NCQA's Quality Compass[®] unless notated in Appendix A.

- 90th percentile and above = 100% of Available Points
- 75th percentile to less than 90th percentile = 88% of Available Points
- 50th percentile to less than 75th percentile = 68% of Available Points
- 25th percentile to less than 50th percentile = 40% of Available Points
- Less than 25th percentile = 20% of Available Points

The provider's earned points across all measures will determine the provider's Star Rating. (The Star Rating is also referred to as the Quality Score.)

- 0-39 points = ★
- 40-55 points = ★★
- 56-72 points = ★★★
- 73-88 points = ★★★★
- 89-100 points = ★★★★★

BlueCross may put the measures on the QCR scorecard in a "Display Only" mode. This information is made available so that providers can see their performance on these measures and have access to gaps in care lists. This way, they may begin to put interventions in place (as needed) to improve the measures. Display Only measures are not counted towards the provider's score.

Data Source: Certified HEDIS[®] software (Verscend). Continuous enrollment applied.

- Source of data: Claims, including CPT[®] II codes, and clinical data/attestations as available.
- Weighting of measures: All measures are weighted equally, with some measures having sub-components. Weighting for those measures for which a provider group does not have sufficient volume (<20 for each measure) will be scored N/A and the available points redistributed to other measures.
- Benchmarks: NCQA National Accreditation Benchmarks (<25th, 25th, 50th, 75th and 90th percentiles). If previous year benchmarks are unavailable, benchmarks are based on NCQA's Quality Compass[®].
- Scoring Methodology: NCQA Scoring Methodology for Health Plan Accreditation/Ratings.

Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance.

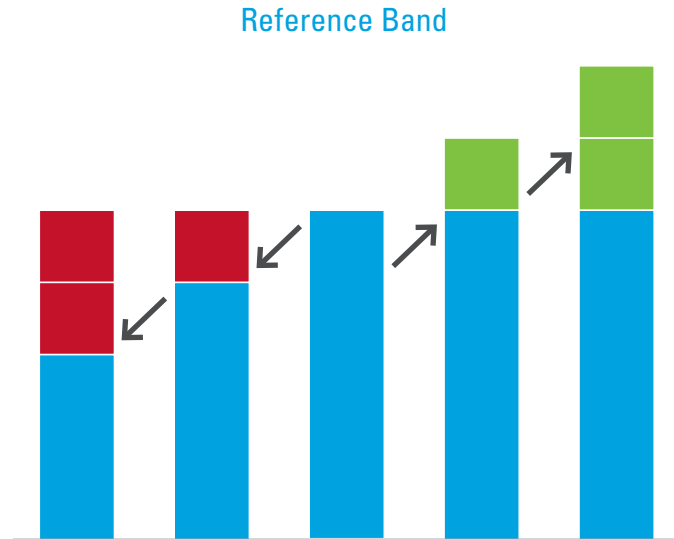
CPT[®] is a registered trademark of the American Medical Association.

Payment Model

The provider's Star Rating (i.e. Quality Score) determines the effect of the QCPI on the provider's reimbursement, as shown in the provider's QCPI addendum. Providers with 4- or 5-Star Ratings are eligible for the higher reimbursement rate. Providers with 1- or 2-Star Ratings are eligible for the lower reimbursement rate. Providers with a 3-Star Rating earn the same reimbursement as the reference reimbursement shown in the provider's QCPI addendum.

QCPI-based rate adjustments are not cumulative year-over-year. Every year, the provider's reimbursement is determined by the reimbursement column or band that relates to the provider's Star Rating. Each reimbursement column or band represents approximately a 2.5 percent differential, with a maximum of 5 percent upside or downside potential.

QCPI-based adjustments only apply to the PCP types shown in this guide.



Appendix

A. 2021 QCPI Quality Measures

Quality Measures	Description
AAB Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.
AIS-E Adult Immunization Status	The percentage of members 19 years of age and older who are up to date on recommended routine vaccines. Patients should receive the following: influenza vaccine annually, Tdap/Td vaccine every 10 years, Herpes Zoster vaccine (one or two shots at age 50 or older,) and a pneumococcal vaccine (PCV 13 or PPSV23) at 66 years of age and older.
AMM Antidepressant Medication Management Acute Phase	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Quality Measures	Description
AMM Antidepressant Medication Management Continuation Phase	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p>Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</p>
AMR Asthma Medication Ratio	<p>The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>
BCS Breast Cancer Screening	<p>The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior.</p>
CBP Controlling High Blood Pressure	<p>The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.</p>
CCS Cervical Cancer Screening	<p>The percentage of women 21-64 years of age who were screened for cervical cancer using any of the following criteria:</p> <p>Women 21-64 years of age who had cervical cytology performed every three years.</p> <p>Women 30-64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.</p> <p>Women 30-64 years of age who had hrHPV performed every 5 years.</p>
CDC Comprehensive Diabetes Care – BP Control <140/90 mm Hg	<p>The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had BP control (<140/90 mm Hg).</p>
CDC Comprehensive Diabetes Care – Eye Exams	<p>The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had an eye exam (retinal) performed.</p>
CDC Comprehensive Diabetes Care – HbA1c <8.0%	<p>The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had HbA1c control (<8.0%)</p>
CHL Chlamydia Screening in Women	<p>The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>
CIS - Childhood Immunization Status (Combo 10)	<p>The percentage of members 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p>

Quality Measures	Description
COL - Colorectal Cancer Screening	The percentage of members 50–75 years of age who were screened for colorectal cancer using any of the following criteria: Colonoscopy during the measurement year or the nine years prior Flexible sigmoidoscopy during the measurement year or the four years prior CT colonography during the measurement year or the four years prior FIT-DNA Test during the measurement year or the two years prior Fecal occult blood testing (FOBT), including fecal immunochemical testing (FIT) annually
CWP - Appropriate Testing for Pharyngitis	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
IMA - Immunizations for Adolescents (Combo 2)	The percentage of members 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
KED - Kidney Health Evaluation for Patients with Diabetes	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
LBP - Use of Imaging for Low Back Pain	The percentage of members 18-50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).
SPC - Statin Therapy for Patients with Cardiovascular Disease- Adherence	The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: Statin Adherence 80% - Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
SPC - Statin Therapy for Patients with Cardiovascular Disease -Received	The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: Received Statin Therapy - Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
SPD - Statin Therapy for Patients with Diabetes - Adherence	The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: Statin Adherence 80% - Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
SPD - Statin Therapy for Patients with Diabetes - Received	The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: Received Statin Therapy - Members who were dispensed at least one statin medication of any intensity during the measurement year.

Quality Measures	Description
URI - Appropriate Treatment for Upper Respiratory Infection	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
W30 - Well-Child Visits in the First 30 Months of Life*	The percentage of members completing 6 or more well-visits prior to the 15 month of life and two or more well-visits visits after the 15 month of life but before the 30th month.
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: BMI Percentile Documentation	<p>Percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.</p> <p>Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</p> <p>Ranges and thresholds do not meet criteria for this measure. Documentation must include height and weight. A distinct BMI percentile, if applicable, is required for compliance. Documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%)."</p>
WCV - Child and Adolescent Well-Care Visits**	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

*Benchmarks obtained by using the benchmarks for HEDIS measure Well-Child Visits in the First 15 Months of Life (W15) from NCQA's Quality Compass.

**Benchmarks obtained by computing weighted average of benchmarks for HEDIS measures Adolescent Well-Care Visits (AWC) and Well-Child Visits in the 3rd-6th Years of Life (W34). Prior year denominator for both these measures are used as weights in this calculation.

B. Sample Provider Scorecard

Commercial QCPI

Reporting Period Jan - Dec 2021

Benchmark	1 Star	2 Stars	3 Stars	4 Stars	5 Stars					
Points Needed	≤ 39	≥ 40	≥ 56	≥ 73	≥ 89					
Measure	Eligible Population	Number Compliant	Compliance Rate	< 25th	25th	50th	75th	90th	Points Earned	Points Available
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment	55	35	64%	67%	67%	72%	75%	78%	0.47619048	2.380952381
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment	55	30	55%	51%	51%	55%	59%	63%	1.61904762	2.380952381
Appropriate Testing for Children w/Pharyngitis (CWP)	20	20	100%	71%	71%	77%	83%	87%	4.76190476	4.761904762
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	75	70	93%	73%	73%	80%	85%	89%	4.76190476	4.761904762
Asthma Medication Ratio (AMR)	300	250	83%	76%	76%	79%	83%	84%	4.19047619	4.761904762
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	20	18	90%	34%	34%	39%	45%	54%	4.76190476	4.761904762

Measure	Eligible Population	Number Compliant	Compliance Rate	< 25th	25th	50th	75th	90th	Points Earned	Points Available
Breast Cancer Screening (BCS)	1,500	1,325	88%	70%	70%	73%	77%	79%	4.76190476	4.761904762
Cervical Cancer Screening (CCS)	4,000	3,500	88%	72%	72%	76%	80%	82%	4.76190476	4.761904762
Child and Adolescent Well-Care Visits (WCV)*	1,200	332	28%	49%	49%	55%	63%	77%	0.95238095	4.761904762
Childhood Immunization Status (CIS) - Combo 10 (Dtap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Influenza)*	350	215	61%	47%	47%	56%	65%	71%	3.23809524	4.761904762
Chlamydia Screening in Women (CHL)	550	350	64%	42%	42%	48%	56%	66%	4.19047619	4.761904762
Colorectal Cancer Screening (COL)	2,500	2,200	88%	58%	58%	64%	70%	75%	4.76190476	4.761904762
Comprehensive Diabetes Care (CDC) - BP Control (<140/90)	750	600	80%	57%	57%	64%	72%	77%	4.76190476	4.761904762
Comprehensive Diabetes Care (CDC) - Eye Exam	750	400	53%	46%	46%	52%	61%	68%	3.23809524	4.761904762
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	750	400	53%	53%	53%	59%	63%	66%	1.9047619	4.761904762
Controlling High Blood Pressure (CBP)	1,500	1,200	80%	53%	53%	60%	68%	74%	4.76190476	4.761904762
Immunizations for Adolescents (IMA) Combo 2 (Meningococcal, Tdap, HPV)	350	100	29%	22%	22%	27%	32%	40%	3.23809524	4.761904762
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (SPC)	70	50	71%	75%	75%	78%	82%	85%	0.47619048	2.380952381
Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (SPC)	50	35	70%	80%	80%	82%	85%	88%	0.95238095	2.380952381
Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)	150	65	43%	61%	61%	64%	67%	70%	0.47619048	2.380952381
Statin Therapy for Patients with Diabetes - Statin Adherence 80% (SPD)	65	30	46%	68%	68%	72%	76%	79%	0.47619048	2.380952381
Use of Imaging Studies for Low Back Pain (LBP)	65	50	77%	74%	74%	78%	81%	85%	1.9047619	4.761904762
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (WCC)	4,500	3,000	67%	61%	61%	72%	81%	89%	1.9047619	4.761904762
Well-Child Visits in the first 30 Months of Life (W30)**	350	275	79%	78%	78%	83%	87%	92%	1.9047619	4.761904762
Total									69	100

*Benchmarks obtained by computing weighted average of benchmarks for HEDIS measures Adolescent Well-Care Visits (AWC) and Well-Child Visits in the 3rd-6th Years of Life (W34). Prior year denominator for both these measures is used as weights in this calculation.

**Benchmarks obtained by using the benchmarks for HEDIS measure Well-Child Visits in the First 15 Months of Life (W15) from NCOA's Quality Compass.

Measure	Eligible Population	Number Compliant	Compliance Rate
Adult Immunization (AIS)	466	289	62%
Kidney Health Evaluation for Patients with Diabetes (KED)	700	318	45%

C. Quality Care Rewards (QCR) Tool

Providers may use our secure portal to access to the Quality Care Rewards application to identify and close member care gaps. Providers may access the QCR Quick Reference Guide on the QCR Tool.

For training assistance, please contact:

[West Tennessee](#)

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(901) 544-2285

Debbie_Angner@bcbst.com

[Middle Tennessee](#)

Faye Mangold

(423) 535-2750

Faye_Mangold@bcbst.com

[East Tennessee](#)

Faith Daniel

(423) 535-6796

Faith_Daniel@bcbst.com

For access and technical issues or general questions about the QCR tool, please call the service center at (423) 535-5717 (select option 2), or email eBusiness_service@bcbst.com.

D. Contact Information and Online Resources

[QCPI Program](#)

QCPI@bcbst.com

[BlueCross Contacts](#)

Use the “My BlueCross Contact” tool located online at bcbst.com/providers/mycontact to find your provider network manager.

[Online Resources](#)

For more information about BlueCross BlueShield of Tennessee quality initiatives, including documentation guidance, please visit bcbst.com/providers/quality-initiatives.page.

The BlueCross BlueShield of Tennessee Provider Administration Manual is available online at bcbst.com/providers/manuals.

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