



BLUECARE TENNESSEESM



ALL Blue 2023

All Blue WorkshopSM

TennCare Kids

Promoting Well-Child Care

- › Kids, teens and young adults enrolled in a BlueCare Tennessee health plan often have a high risk of developing health issues, and they're most in need of the preventive care you provide.
- › Since the COVID-19 pandemic, fewer children and teens have been getting well-child care.
- › Our goal is to ensure all children and adolescents in our state get appropriate health care, including checkups and developmental screenings.
- › We're asking for your help in encouraging your patients to get preventive care.



TENNCARE KIDS EXAMS

EPSDT Components

TennCare Kids Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits have seven components:

- › Comprehensive health and developmental history
- › Comprehensive unclothed physical exam
- › Hearing and vision screening
- › Lab tests/procedures
- › Immunizations
- › Health education

Assessing Development

During each EPSDT exam, providers should assess children's and adolescents' development and psychosocial/behavioral health. At certain ages, specific developmental screenings are also needed.

- › Our members are eligible for checkups and screenings according to the American Academy of Pediatrics (AAP)/Bright Futures Periodicity Schedule.
- › These specific age recommendations from the AAP allow for:
 - Earlier detection
 - Earlier treatment
 - Better outcomes for children with developmental delays

Developmental Screening by Age and Stage

The AAP/Bright Futures Periodicity Schedule recommends:

- › Developmental screening at 9, 18 and 30 months of age
- › Autism screening at 18 and 24 months of age
- › Depression screening at 12-21 years of age
- › Alcohol and drug use assessment at 11-21 years of age

During the first six months of a baby's life – at 1, 2, 4 and 6 months –consider also performing a maternal depression screening to help identify any postpartum mental health concerns.

Developmental Screening Coding

- › 96110 is used to report developmental screening only. It includes scoring and documentation per standardized instrument.
- › To report 96110 or 96127, the medical record must include:
 - The screening tool used
 - Results of the screening



96110 – Examples for Use

- › Bayley Infant Neurodevelopment Screener
- › Brigance Screen
- › Parents Evaluation of Developmental Status (PEDS)
- › Modified Checklist for Autism in Toddlers Revised/Follow Up (MCHAT-R/F)
- › Denver Developmental Screening Test II (DDST)

Developmental Screening Coding (cont.)

- › 96127 is used to report brief emotional/behavioral assessments. This code includes scoring and documentation and is reported per standardized instrument.
- › To report 96110 or 96127, the medical record must include:
 - The screening tool used
 - Results of the screening



96127 – Examples for Use

- › Patient Health Questionnaire 9 (PHQ–9)
- › Pediatric Symptom Checklist (PSC)
- › Pediatric Symptom Checklist-Youth (PSC-Y)
- › Pediatric Symptom Checklist-17 (PSC-17)
- › Vanderbilt/NICHQ Caring for Children with ADHD Toolkit

Tips for Completing EPSDT Exams

- 1 Preschedule all six visits during the first 15 months of life at the infant's first appointment. This helps keep a plan for care in place if a visit is missed.
- 2 Convert sports physicals to well-child exams.
- 3 Combine a well-child visit with visits for other types of services, such as acute care.
- 4 Use electronic health/medical record tools to manage appointment scheduling and patient reminders.
- 5 Schedule the next EPSDT appointment at the end of each visit.
- 6 Tailor outreach for patients ages 18-21. Encourage them to complete their EPSDT exams and help them transition to adult care.

Office Workflow Considerations

Sometimes, adjusting office processes or hours can help promote EPSDT visits. Consider these suggestions:

- › Designate specific staff members to perform and manage well-child care.
- › Offer alternative or extended office hours.
- › Make a daily huddle part of your office's morning routine. During this time, review the day's schedule and identify any patients coming into the office who are past due for preventive services.
- › Promote care coordination by talking with patients about care they may be receiving from other providers. Make this discussion a standard part of each visit.

Review Our EPSDT Tool Kit

We created our tool kit to make it easier for providers to find information about EPSDT and well-child care. It includes:

- › The American Academy of Pediatrics periodicity chart and coding information
- › Contact information
- › Best practices shared by providers across the state
- › Details about transportation and community outreach
- › An inside look at our claims processes



Find the Tool Kit Online

bluecare.bcbst.com/providers/BlueCare_EPSDT_Provider_Booklet.pdf

Transportation Benefits

TRANSPORTATION BENEFITS

What's Covered?

BlueCareSM and TennCare*Select* member benefits include transportation to and from the pharmacy and TennCare-covered services.*

- › This service option is available to patients at no cost.
- › Verida, our transportation vendor, is open 24 hours a day, seven days a week.
- › Transportation options may include a bus pass, shared ride or mileage reimbursement.
- › In most cases, patients must schedule their transportation at least 72 hours before their appointment.

TRANSPORTATION BENEFITS

Scheduling Transportation



BlueCare

Our members can call Verida at **1-855-735-4660** or use the online portal at: member.verida.com.

Providers scheduling transportation on their patient's behalf can use the facility portal at: facility.verida.com.



TennCareSelect

Our members can call Verida at **1-866-473-7565** or use the online portal at: member.verida.com.

Providers scheduling transportation on their patient's behalf can use the facility portal at: facility.verida.com.

IEP and IHP Services Overview

Definitions

- › The **Individualized Education Program (IEP)** and **Individual Health Plan (IHP)** are documents developed by schools for school-age children eligible for special education.
- › These documents are created by multidisciplinary teams that may include the child's:
 - Parent(s) or guardian(s)
 - Primary care provider
 - Teacher(s)
 - Special education professionals and other staff



IEP/IHP Planning

The IEP/IHP states the plan should meet a child's educational needs and provide relevant support.

- › Planning includes an evaluation of the child's current educational performance, educational goals, and support and strategies to ensure plan goals are met.
- › Plans must be approved by the child's parent/guardian before taking effect.
- › The IEP/IHP may include medically necessary medical or behavioral health services. These services may be covered by and eligible for reimbursement from the child's BlueCare or TennCare*Select* health plan.

IEP/IHP Services

TennCare-covered, medically necessary services outlined in a child's IEP/IHP may be reimbursed by BlueCare Tennessee when provided in a school setting. Services may include:

- › Physical, occupational and speech therapy
- › Assessment and treatment of acute and chronic illnesses, including medication administration
- › Blood glucose monitoring and testing
- › Colostomy care, G-tube feeding and catheterization
- › Tracheostomy care and suctioning
- › O2 saturation monitoring and nebulizer treatment
- › Wound care
- › Behavioral health services

IEP & IHP SERVICES OVERVIEW

IEP/IHP Billing Requirements

- 1 The medical service, including information about the service, type, amount and frequency, must be included in the IEP/IHP.
- 2 The health care service must have been ordered by the student's primary care provider (PCP) or other treating licensed health care provider in the student's MCO network.
- 3 Parents/guardians must sign a consent form.
- 4 The health care service must be medically necessary. Documentation of medical necessity includes records indicating that appropriate screening and/or diagnostic testing was performed to determine the need for treatment.
- 5 Services must be performed by a provider with and working under an active Tennessee license who's registered with TennCare and contracted with a managed care organization.
- 6 Providers should use CPT® code 99211, with place of service code 03 as the daily billable CPT® code, to include a global fee. School districts must submit claims for school-based services within 365 days of the date of service.

New Member Benefit: Lactation Consultant Services

New Member Benefit

Beginning June 1, 2023, lactation consultant services are now covered through patients' Medicaid and CoverKids benefits. Providers in our network may now bill for outpatient lactation services.

- › Members with BlueCare, TennCare*Select* and CoverKids coverage may get medically appropriate lactation consultant services during pregnancy and through the extended postpartum period.
- › Parents can receive services:
 - In a one-on-one or small group setting
 - In person or through telehealth (including the appropriate Place of Service code)
- › There's no limit on the number of visits allowed.

Who Can Provide Services?

Providers who can offer lactation services include:

- › Physicians, nurse practitioners, physician assistants or certified nurse midwives for whom lactation counseling, education or consultation is within their scope of practice
- › International Board-Certified Lactation Consultants/Registered Lactation Counselors (IBCLCs/RLCs) with a Medicaid ID in network with a TennCare MCO
- › Certified Lactation Counselors (CLCs) and Certified Lactation Educators (CLEs)



LACTATION CONSULTANT SERVICES

Coding

Claims for lactation services should include the appropriate CPT® codes and modifiers:

- › 98960 U8 [single individual per 30 min.]
- › 98961 U8 [2-4 patients per 30 min.]
- › 98962 U8 [5-8 patients per 30 min.]

Please also use the appropriate number of units to signify the length of the visit:

- › 1 unit = visit 16-45 min.
- › 2 units = visit 46-75 min.
- › 3 units = visit 76-105 min.

Breastfeeding-Related Patient Resources

Resources that complement lactation support include:

- › No-cost electric breast pumps and related supplies (storage bottles and tubing)
- › Digital education tools and online communities
- › Care management
- › Referrals to lactation providers, including the Tennessee Breastfeeding Hotline, WIC, La Leche League and designated breastfeeding experts in local health departments

Benefit Reminder: Adult Dental Benefits

DENTAL BENEFITS

Dental Care Eligibility

Effective Jan. 1, 2023, TennCare covers dental services for members of all ages.*

- › Adults who are pregnant or have recently given birth have the same benefits as other adults.
- › Those enrolled in Employment and Community First CHOICES will continue to get supplemental covered dental benefits for waiver members.
- › DentaQuest manages dental benefits for our members. You can verify member eligibility through DentaQuest's member portal here: govservices.dentaquest.com/.

* Adult enrolled in CoverKids don't have dental benefits. Only CoverKids members under age 19 have dental benefits.

DENTAL BENEFITS

Covered Services

Covered dental services include:

- › Regular exams
- › Cleanings
- › Fillings
- › Crowns
- › Other medically necessary services

DENTAL BENEFITS

Connect Your Patients to Care

To help your patients with BlueCare Tennessee coverage find a dentist participating with their plan:

› Visit dentaquest.com and select **Find a Provider**.

Behavioral Health

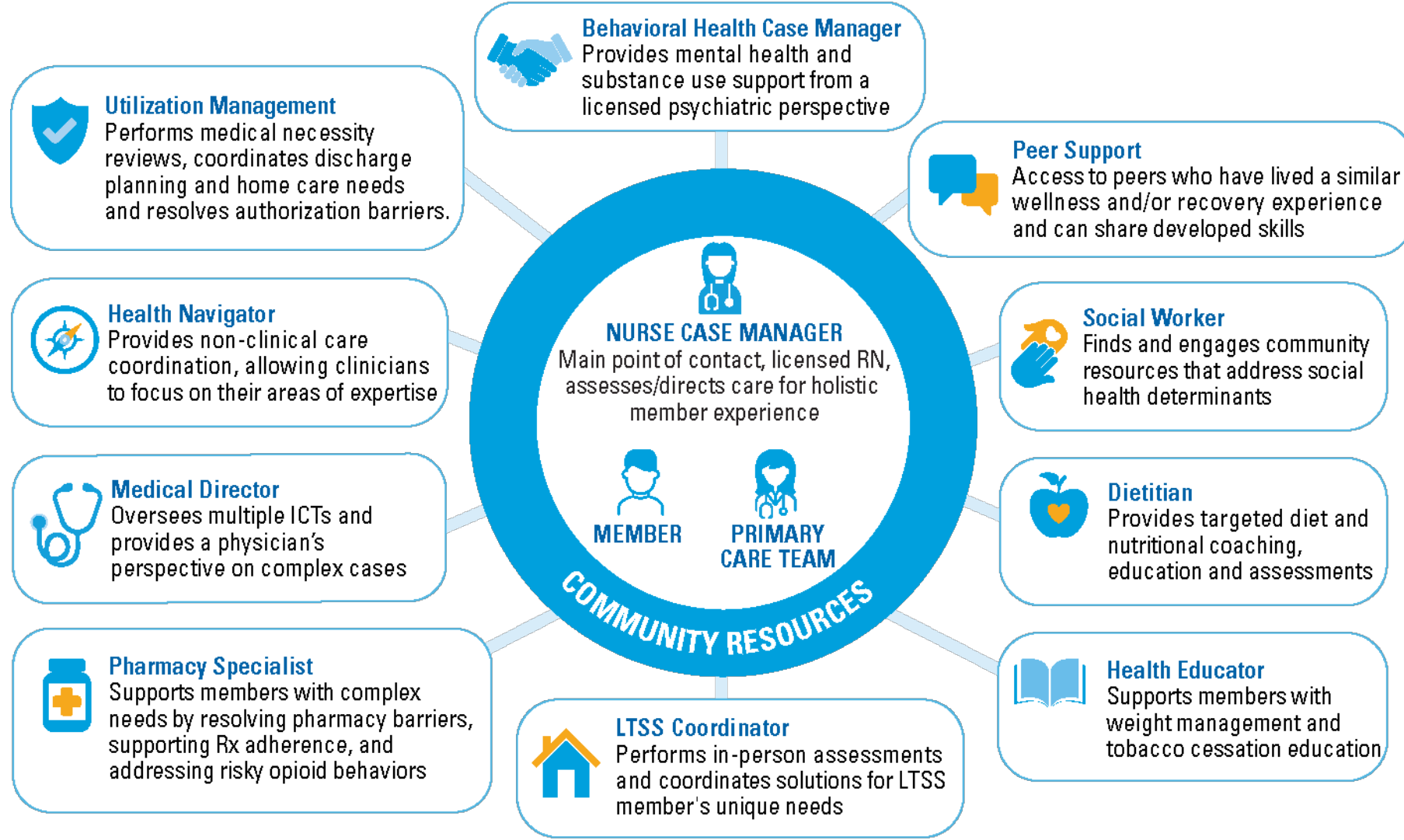
The Importance of Care Coordination

Our Approach

Our goal is to provide quality care management through integrated care teams that include:

- › Behavioral health case management
- › Social workers
- › Health educators
- › Behavioral health peer support specialists

These specialists work together to address the unique needs of our member population.



Behavioral Healthcare in Pediatrics

- › Behavioral Healthcare in Pediatrics (BeHiP) is a collaborative training program with the Tennessee Chapter of the American Academy of Pediatrics. It gives pediatric providers tools and strategies for screening, assessing and managing patients with behavioral health and substance use disorders.
- › For more information, visit: tnaap.org and select **BeHiP** under the **Programs** tab.

Provider Resources

- › BlueCare Tennessee Provider Page: bluecare.bcbst.com/providers
- › Behavioral Health Provider Page: provider.bcbst.com/working-with-us/behavioral-health
- › Behavioral Health Consultation and Referral Line: **1-800-367-3403**
- › Find Your Provider Network Manager: provider.bcbst.com/contact-us/my-contact
- › Telehealth and COVID-19 Information: BCBSTUpdates.com
- › Telehealth Guide: [bcbst.com/docs/providers/quality-initiatives/BlueCareTennessee Telehealth Guide.pdf](https://bcbst.com/docs/providers/quality-initiatives/BlueCareTennesseeTelehealthGuide.pdf)
- › Tennessee Redline: **1-800-889-9789**
- › Tennessee Statewide Crisis Phone Line: **1-855-274-7471**

Member PCP Assignment in Availability

Changing PCP Assignment in Availity

We've developed this application to make our PCP assignment process more efficient and improve the turnaround time on requests.

- › The **BlueCare PCP Change Maintenance Application** is intended to replace the PCP change form process outlined in our Provider Administration Manual. You can find it in **Availity Payer Spaces**.
- › The application launched May 1.

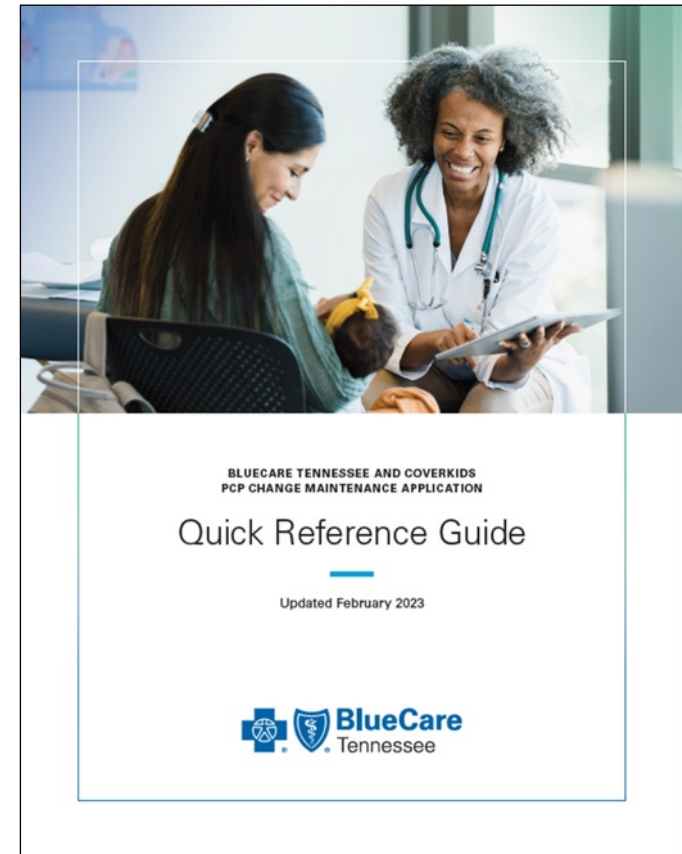
Using the application:

- › Updates are made in real time.
- › Once you submit a PCP change, you'll see the patient in your assigned member roster, and your patient will be able to access their updated digital ID card in our **BCBSTN** mobile app. A new Member ID card will also be mailed to your patient automatically.

Review Our QRG for Step-by-Step Instructions

You can find the **BlueCare Tennessee and CoverKids PCP Change Maintenance Application Quick Reference Guide (QRG)** in the **Resources** section of Availity **Payer Spaces**.

If you have questions or would like to schedule training for your practice, please contact your eBusiness Regional Marketing Consultant. You can find the name of your contact here: provider.bcbst.com/contact-us/my-contact.



TennCare Renewals

TennCare began the
Medicaid renewal
process on April 1, 2023.



What to Expect

Medicaid renewal is a state and federal requirement to ensure people enrolled in TennCare are eligible to keep their benefits. Your patients with BlueCare, TennCare*Select* and CoverKids coverage will all complete the renewal process this year.

- › This is an annual process, but it hasn't occurred for the past three years due to the COVID-19 public health emergency.
- › Over a 12-month period (from April 1, 2023, through May 2024), TennCare will review each member's eligibility. TennCare will use existing data sources to attempt to auto-renew members who continue to meet eligibility requirements.

Help Prepare Your Patients

We want to make sure our members don't experience a gap in coverage related to renewals. You can help by encouraging your patients to:

- › Enroll in TennCare Connect, the state's online portal, to find their renewal date and confirm their contact information.
- › Open and respond to all mail, email or text correspondence from TennCare. If TennCare can't auto-renew a person's coverage using existing data sources, they'll receive a renewal packet by mail or an email.
 - **Note:** Your patients will have 40 days to renew their coverage once they receive this packet. If they don't respond by the deadline, TennCare will send a 20-day advance notice terminating their coverage.

Help Prepare Your Patients (cont.)

Your patients may reapply within 90 days for coverage after termination. If they're eligible, TennCare will reinstate their coverage and fill the gap in coverage.

MEDICAID REDETERMINATION

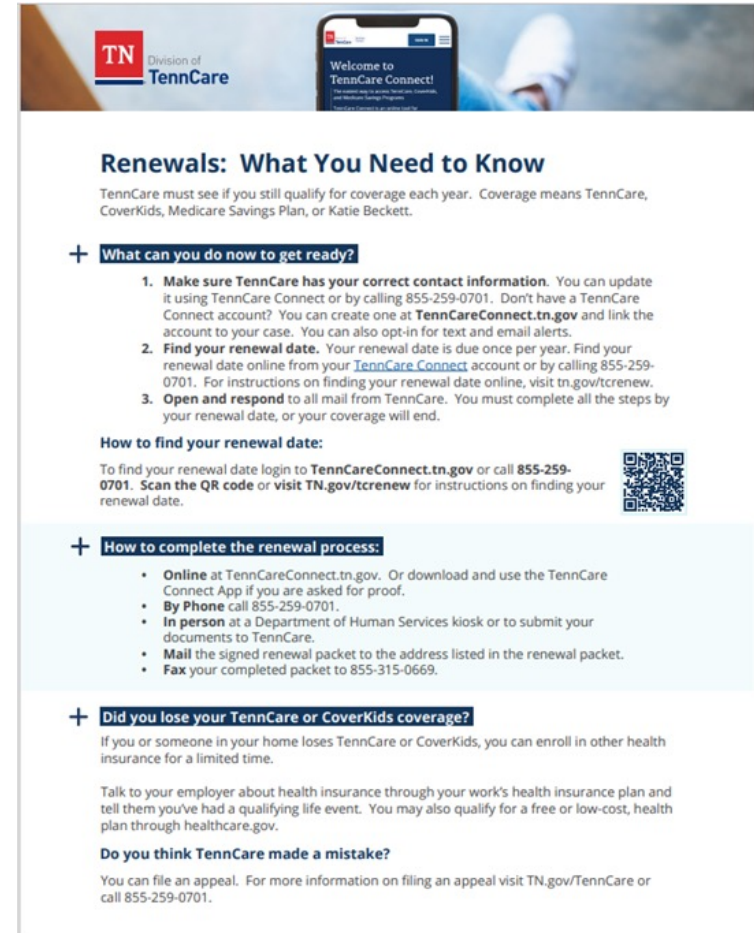
Renewal Resource

TennCare Renewal Tool Kit:

tn.gov/content/dam/tn/tenncare/documents/TennCareRenewalCommunicationsToolkit.pdf

The tool kit includes:

- › Tips videos for renewing online or completing a paper packet
- › Member flyers in English, Spanish and Arabic
- › FAQs
- › Member and provider guides for finding renewal dates and more

A screenshot of the TennCare Renewal Resource page. At the top, there's a header with the TN Division of TennCare logo and a smartphone displaying the TennCare Connect app. Below the header, the main heading is "Renewals: What You Need to Know". A subheading reads: "TennCare must see if you still qualify for coverage each year. Coverage means TennCare, CoverKids, Medicare Savings Plan, or Katie Beckett." The page is organized into sections marked with a "+" icon. The first section is "What can you do now to get ready?" which includes three numbered steps: 1. Make sure TennCare has your correct contact information, 2. Find your renewal date, and 3. Open and respond to all mail from TennCare. The second section is "How to find your renewal date:", which provides instructions on logging into TennCareConnect.tn.gov or calling 855-259-0701, and includes a QR code. The third section is "How to complete the renewal process:", which lists four methods: Online, By Phone, In person, and Mail. The fourth section is "Did you lose your TennCare or CoverKids coverage?", which explains the process for enrolling in other health insurance. The final section is "Do you think TennCare made a mistake?", which provides information on filing an appeal.

Renewals: What You Need to Know

TennCare must see if you still qualify for coverage each year. Coverage means TennCare, CoverKids, Medicare Savings Plan, or Katie Beckett.

+ What can you do now to get ready?

1. **Make sure TennCare has your correct contact information.** You can update it using TennCare Connect or by calling 855-259-0701. Don't have a TennCare Connect account? You can create one at TennCareConnect.tn.gov and link the account to your case. You can also opt-in for text and email alerts.
2. **Find your renewal date.** Your renewal date is due once per year. Find your renewal date online from your [TennCare Connect](https://TennCareConnect.tn.gov) account or by calling 855-259-0701. For instructions on finding your renewal date online, visit tn.gov/tcrenew.
3. **Open and respond** to all mail from TennCare. You must complete all the steps by your renewal date, or your coverage will end.

How to find your renewal date:

To find your renewal date login to TennCareConnect.tn.gov or call 855-259-0701. Scan the QR code or visit TN.gov/tcrenew for instructions on finding your renewal date.

+ How to complete the renewal process:

- **Online** at TennCareConnect.tn.gov. Or download and use the TennCare Connect App if you are asked for proof.
- **By Phone** call 855-259-0701.
- **In person** at a Department of Human Services kiosk or to submit your documents to TennCare.
- **Mail** the signed renewal packet to the address listed in the renewal packet.
- **Fax** your completed packet to 855-315-0669.

+ Did you lose your TennCare or CoverKids coverage?

If you or someone in your home loses TennCare or CoverKids, you can enroll in other health insurance for a limited time.

Talk to your employer about health insurance through your work's health insurance plan and tell them you've had a qualifying life event. You may also qualify for a free or low-cost, health plan through healthcare.gov.

Do you think TennCare made a mistake?



You can file an appeal. For more information on filing an appeal visit TN.gov/TennCare or call 855-259-0701.

Other Coverage Options

Marketplace Plans

If patients lose their TennCare coverage, they can easily move to another BlueCross plan:

- › We've developed a helpful flyer to help them learn more.
- › Providers can order office materials for free by calling their Provider Network Manager.
- › Members can also call us directly at **1-866-886-6545** or shop online at shopbcbstplans.com.




Lost Your TennCare Coverage?

You may qualify for a \$0/month health plan.

A Marketplace health plan may be a great option for you. More than 8 in 10 people who apply get financial help. And the average amount of help is over \$750 a month.

All BlueCross Marketplace plans include:

- › Medical care (with no referrals needed)
- › Mental health care
- › Prescription coverage
- › Free dental and vision for kids
- › Free preventive benefits like checkups, vaccinations and mammograms
- › Healthy Maternity program for moms-to-be and their babies
- › Support for long-term conditions
- › Discounted gym memberships
- › Gift card rewards
- › Free* telehealth visits through Teladoc™ Health


We can help you sign up.
Call us at **1-866-886-6545** to get started.
Learn more about our plans at shopbcbstplans.com.

* Except Plan B07.

Cultural Competency in Health Care

How Culture Affects Health Care

Culture shapes how people experience their world. It's a vital component of how health care services are delivered and received.

- › Sometimes, people from different cultures have different perceptions about illness and competent treatment.
- › People's perceptions of health care can influence clinical encounters and their willingness to take medication or have surgery. Acknowledging your patients' beliefs, perceptions about illness and self-care practices is an important part of delivering quality, culturally competent care.

Promoting Cultural Competency



Culturally competent health care begins with an awareness of your own cultural beliefs and practices and recognizing that people from other cultures may not share them. Validating and signaling an openness to social and cultural perceptions and expectations that differ from your own helps ensure people get the care they need to prevent, identify and treat health care problems.

Tips for Providing Culturally Competent Care

1

Support health literacy, especially for those with limited English proficiency. Communicate clearly, slow down the pace of the conversation and use plain language to explain information about conditions and treatments. Use an interpreter if necessary.

2

Ask open-ended questions and look for answers.

The occurrence of acute and chronic medical conditions can vary among people of different ethnicities and cultures. Your observations and questions can help improve the quality of care and remove barriers in patients' health care.

3

Adapt service delivery. Moving toward culturally appropriate service delivery means being knowledgeable about cultural differences and sensitive, understanding, non-judgmental, and respectful in conversations with people whose culture differs from your own.

4

Make cultural knowledge a key part of your practice's policies and procedures. Please ensure employees are trained on appropriate communication methods.

5

Use the teach-back method. This involves asking people to repeat information you've shared in their own words and can help gauge their understanding of the discussion.

6

Consider involving extended family members in care planning, if appropriate. In many cultures, families are deeply involved in individual's medical decisions.

Note: Please make sure you have your patient's consent to discuss their health information with others.

Resources for More Information

› **Non-Discrimination Compliance Information for Providers:**

Learn more about relevant laws and regulations, language assistance planning, filing a discrimination complaint, and third-party resources.

› **Cultural Competency in Health Care Provider Guide:** Review more about culture, health equity and how to deliver culturally competent care.

- Find the training and guide in the **Provider Tools and Resources** section of bluecare.bcbst.com/providers.

› **Quality Care Interactions training:**

We offer free access to this evidence-based training, which is accredited for up to one hour of CME, CEU or CCM credits.

- Learn more here:
[bluecare.bcbst.com/forms/Provider%20Forms/Quality Interactions Cultural Competency Training.pdf](https://bluecare.bcbst.com/forms/Provider%20Forms/Quality%20Interactions/Cultural%20Competency%20Training.pdf)

Provider Administration Manual (PAM) BlueCare Website BlueAlert



PROVIDER ADMINISTRATION MANUAL (PAM)

Requirement Reminders

To note, the monthly BlueAlerts and Provider Administration Manuals are extensions of your contract. The BlueAlert is a monthly publication packed with helpful information and resources.



PROVIDER ADMINISTRATION MANUAL (PAM)

Requirement Reminders

- › Monthly Screening/Federal Exclusion Screening
- › Out-of-Network Referrals
- › Non-discrimination Compliance Training
- › Abuse, Felony and Sexual Offender Registry Screening

Frequently Used Resources

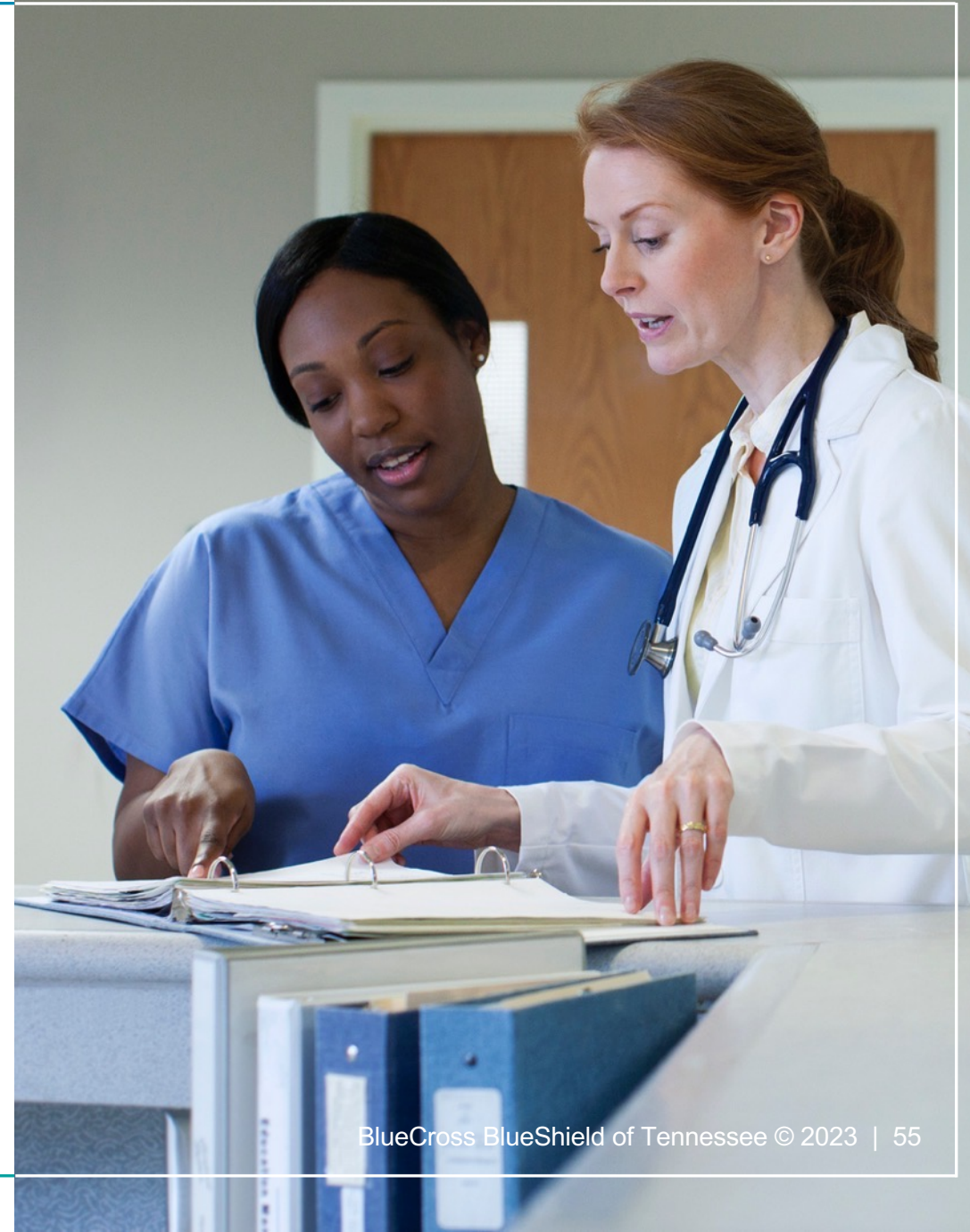
The following can be located on the BlueCare website (bluecare.bcbst.com)

- › Prior Authorization lists for Medical and Behavioral Health, High-Tech Imaging and Specialty Pharmacy.
- › FAQs – TN Medicaid number requirement and how to obtain a TN Medicaid number.
- › 12-Month Inactivity Report

Benefit Reminders

Benefit Reminders

- › Balance Billing
- › Tennessee Health Care Innovation Initiative (THCII)



Subcontracting

SUBCONTRACTING

Helpful Reminders

1

Providers and vendors who participate in the BlueCare and TennCare*Select* networks may not subcontract any part of covered services without written agreement from BlueCare Tennessee.

2

BlueCare providers and vendors must submit the BlueCare Subcontract Request Form along with the signed agreement located on [BCBST.com](https://www.bcbst.com) to request approval for all subcontracts.

3

BlueCare providers will submit these requests to TennCare_Provider_Subcontracts@bcbst.com

4

BlueCare vendors will submit requests to Vendor_Relations_GM@bcbst.com

5

A subcontract is for the purpose of providing **TennCare covered services** and must be reviewed and receive written approval by our BlueCare Integrity Dept.

6

Our Integrity team needs to ensure the contract meets CMS requirements. The requirement is for the provider to obtain written approval from each participating MCO.

CAQH & Data Verification

DATA VERIFICATION PROCESS

CAQH

Review of the Council for Affordable Quality Healthcare® (CAQH) and Data Verification Forms

- › Be sure CAQH ProView is current, this is a requirement for Credentialing, Re-Credentialing and maintaining network participation.
- › Keep state licensure current and keep track of expiration dates.
- › You will need to visit the CAQH website each quarter to attest your information is up to date for each provider and location.
- › If either of these numbers expire it will result in network termination. Providers would then need to reapply via Provider Enrollment to request network participation.

Provider Satisfaction Survey



Dear Contracted Provider,

Under the direction of TennCare, on an annual basis, each managed care organization (MCO) provides a venue for providers to share your satisfaction with each of the health plans individually. The goal of this survey is to gauge your satisfaction and make changes that will impact our daily working relationship for the better.

The data that you provide is essential for each MCO to develop strategic plans to individually address your concerns. The plans are submitted to TennCare for review and our goal is to determine the impact of the changes made year over year, through the survey methodology.

We understand that surveys can be cumbersome to complete, but your feedback is essential. The surveys are anonymous, and you have an opportunity to leave additional comments that may not be included in the questions asked.

However – as always, if you have specific issues with our service, please contact your provider representative. The survey is to review your satisfaction of the previous year, but if there are any issues that we can address immediately – please contact us so that we can take action.

Provider Representative Contact Information

Amerigroup: 1-800-454-3730
BlueCare: 1-800-468-9736
United: 1-800-690-1606

You may receive the survey from each of the MCO's between June and September. The purpose of this notice is to alert you of the upcoming surveys; share the importance of you completing it timely; and to advise you of this unique opportunity to impact change.

Thank you for the excellent service that you provide to our persons and we look forward to reviewing your feedback!

Sincerely,

Victor Wu, MD, MPH
Chief Medical Officer
Division of TennCare

BlueCare Plus Tennessee (HMO D-SNP)SM

What is a Dual Eligible Special Needs Plan (D-SNP)?

D-SNP is a special needs Medicare Advantage plan serving people who are eligible for both Medicare and Medicaid

› Individuals are eligible for D-SNP if they:

- Live in the plan service area of Tennessee
- Have both Medicare Part A and B
- Are eligible for full Medicaid/TennCare benefits or Medicaid cost-sharing assistance under Medicaid/TennCare. This includes:
 - FBDE (Full Benefit Dual Eligible)
 - QMB+/Only (Qualified Medicare Beneficiary)
 - SLMB+ (Specified Low Income Medicare Beneficiary)

BlueCare Plus Tennessee Member Benefits

2023 Benefit Comparison			
Benefit Description	BlueCare Plus	BlueCare Plus Choice (FIDE)	BlueCare Plus Select
Chiropractic Routine Services	20 routine visits per year	20 routine visits per year	20 routine visits per year
Podiatry Services (Routine Foot Care)	6 visits per year	6 visits per year	6 visits per year
Meals	28 Meals following discharge	56 Meals following discharge	56 Meals following discharge
Transportation	\$0 150 one-way trips/every yr.	\$0 60 one-way trips/every yr.	\$0 60 one-way trips/every yr.
OTC / Healthy Food	\$200 Allowance / monthly	\$280 Allowance / monthly	\$280 Allowance / monthly
Housing Utilities	\$50/monthly	\$100/monthly	\$100/monthly
Dental Services	Dental	Dental	Dental
2 routine cleanings and x-rays on dental	\$0 copay	Medicaid Benefit Only	Medicaid Benefit Only
Routine and Preventive Services	Combined Flex Card \$3,800 Yearly		
Hearing Services	Hearing	Hearing	Hearing
Routine Hearing Exams Hearing aid fitting/evaluation, hearing aid	Combined Flex Card \$3,800 Yearly	Combined Flex Card \$3,000 with Vision Yearly	Combined Flex Card \$3,000 with Vision Yearly
Vision Services	Vision	Vision	Vision
Routine Exam	Combined Flex Card \$3,800 Yearly	Combined Flex Card \$3,000 with Hearing Yearly	Combined Flex Card \$3,000 with Hearing Yearly
Glasses / Frames / Contacts			

Identifying BlueCare Plus Tennessee Members



BlueCare Plus

CHRIS B HALL

Subscriber ID:
ZEUY12345678

Group No. 129884

RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AD
Issuer 80840


004336
MEDDADV
RX76AD
80840

MEDICAL/DENTAL

Medicare Contract # H3259-001

Copayments:
Office Visit \$0
Specialist Visit \$0
ER Visit \$0
Hospital Stay \$0

MedicareRx
Prescription Drug Coverage



BlueCare Plus Choice

CHRIS B HALL

Subscriber ID:
ZEUY12345678

Group No. 129884


RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AD
Issuer 80840

004336
MEDDADV
RX76AD
80840

Medicare Contract # H3259-002

Copayments:
Office Visit \$0
Specialist Visit \$0
ER Visit \$0
Hospital Stay \$0

MedicareRx
Prescription Drug Coverage



BlueCare Plus Select

CHRIS B HALL

Subscriber ID:
ZEUY12345678

Group No. 129884

RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AD
Issuer 80840

004336
MEDDADV
RX76AD
80840

Medicare Contract # H3259-003

Copayments:
Office Visit \$0
Specialist Visit \$0
ER Visit \$0
Hospital Stay \$0

MedicareRx
Prescription Drug Coverage



bluecareplus.bcbst.com

Members: Present this card anytime you receive health care services. Members have limited or no benefits except when receiving services from a BlueCare Plus Network Provider.

Providers: Submit claims to your local BlueCross BlueShield Plan, not original Medicare. Prior authorization required for admissions and other selected medical services. Report all emergency admissions within one working day.

This card is for identification, not for proof of eligibility.

Medical/Dental Tennessee Providers
Submit Claims to:
BlueCare Plus Operations
1 Cameron Hill Circle Ste 0002
Chattanooga, TN 37402-0002

Member Service: 1-800-332-5762
Provider Line: 1-800-299-1407
TTY/TDD: 711

Prior Authorizations: 1-866-789-6314
Pharmacists: 1-866-693-4620
Clinical Vendor Prior Authorization:
1-888-258-3864
(Required for: Advanced Radiological Imaging and Part B Meds)

CMS-H3259
749 (08/22)



bluecareplus.bcbst.com

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1-888-258-3864
(Required for: Advanced Radiological Imaging and Part B Meds)

CMS-H3259
749 (08/22)

2023 Member Incentives

Health Care Service	2023 Incentive
Annual Wellness Visit (AWV)	\$50
Colorectal Cancer Screening (COL)	
> Sigmoid/Colonoscopy	\$50
> Fecal Occult Blood Test/FIT Kit	\$15
Breast Cancer Screening	\$25
Comprehensive Diabetes Care (CDC) A1C	\$25
Diabetic Retinal Eye Exam	
> Eye Care Professional	\$50
> Non-Eyecare Professional	\$15
Osteoporosis Management in Women who had a Fracture (OMW)	\$25
Annual Health Needs Assessment (HNA)	\$25

Patient Assessment & Care Planning Form (PACF) and Interdisciplinary Care Team (ICT)

Service	Codes	Coverage Notes	Amount
PACF	96160 96161	<ul style="list-style-type: none">Submitted Once per calendar yearCompleted with the “Welcome to Medicare” Exam or AWW	\$155
ICT	99366– 99368	<ul style="list-style-type: none">Bring the plan and providers together to promote healthy outcomesCompleted and returned PACF, medical records, or conversations with the plan care coordination team	\$54

Patient Assessment & Care Planning Form (PACF)

How to Submit PACFs

- › In Availity® under the Quality of Care Rewards Tool [Availity.com](https://www.availity.com)
- › Online: BlueCare Plus bluecareplus.bcbst.com
- › Fax: (423) 591-9504



Need training or help?

- › Call eBusiness (423) 535-5717, option 2
- › Email ebusiness_service@bcbst.com



BLUECARE PLUS TENNESSEE

Model of Care (MOC) Training

Who?

- › All participating physicians in the BlueCare Plus network
- › Noncontracted providers in cases of continuity of care



BLUECARE PLUS TENNESSEE

Model of Care (MOC) Training

When?

- › New physicians: Upon completion of contracting and credentialing
- › Required annually
- › Encouraged to complete at the beginning of each year

Model of Care (MOC) Training

How?



Online Training

- › Each individual physician can complete training on their own
- › Access via Availity or BlueCare Plus Website
- › BCP Model of Care Attestation (bcbst.com)
- › Physician attestation automatically captured and tracked



Group (HV) Training

- › Completed in a group setting (staff meeting, QI meeting, etc.)
- › High volume attestation form must be completed and returned
- › Compliance tracked via attestation form
- › Form available from assigned network manager or sam_hatch@bcbst.com

Value-Based Program Measures

Measure Name	# Elig.	# Comp.	Your Rate	Region Rate	Quality Score	To 1 Star	To 2 Stars	To 3 Stars	To 4 Stars	To 5 Stars	Weight
Controlling High Blood Pressure (CBP)*	306	89	29.08%	45.99%	★ ★ ★ ★ ★	0	68	101	141	162	3
Hemoglobin A1c Control For Patients With Diabetes (HBD) <=9%*	167	36	21.56%	45.94%	★ ★ ★ ★ ★	0	40	73	93	101	3
Medication Adherence for Cholesterol (Statins)	144	135	93.75%	93.36%	★ ★ ★ ★ ★	-19	-12	-7	-2	0	3
Medication Adherence for Hypertension (RAS Antagonists)	152	145	95.39%	93.34%	★ ★ ★ ★ ★	-26	-15	-10	-6	0	3
Medication Adherence for Non-Insulin Diabetes Medications (OAD)	88	83	94.32%	93.83%	★ ★ ★ ★ ★	-11	-7	-5	-2	0	3
Plan All-Cause Readmissions (PCR)	51	4	7.84%	9.67%	★ ★ ★ ★ ★	4	3	2	0	-1	3
Breast Cancer Screening (BCS)	180	133	73.89%	62.37%	★ ★ ★ ★ ★	-33	-15	-2	0	10	1
Care for Older Adults (COA) - Medication Review*	318	73	22.96%	34.29%	★ ★ ★ ★ ★	-64	0	106	198	226	1
Care for Older Adults (COA) - Pain Assessment*	318	53	16.67%	28.26%	★ ★ ★ ★ ★	0	81	196	240	259	1
Colorectal Cancer Screening (COL)*	345	233	67.54%	62.07%	★ ★ ★ ★ ★	-48	-10	0	19	47	1
Eye Exam For Patients With Diabetes (EED)*	167	90	53.89%	54.47%	★ ★ ★ ★ ★	-10	0	12	29	42	1
Follow-Up After Emergency Department Visit for People With Multiple-Risk Chronic Conditions (FMC)	51	22	43.14%	50.72%	★ ★ ★ ★ ★	0	5	10	11	14	1
Osteoporosis Management in Women Who Had a Fracture (OMW)	5	1	20.00%	35.29%	★ ★ ★ ★ ★	0	1	2	2	3	1
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Received Statin Therapy	44	36	81.82%	75.10%	★ ★ ★ ★ ★	-1	0	2	3	4	1
Statin Use in Persons with Diabetes (SUPD)	110	79	71.82%	73.71%	★ ★ ★ ★ ★	0	11	15	17	22	1
Transitions of Care (TRC)					★ ★ ★ ★ ★						1

3 Components for Pain Assessment

- › Location
- › Intensity
- › Severity

Value-Based Program Measures – Follow Up After ED Visit

Measure Name
Controlling High Blood Pressure (CBP)*
Hemoglobin A1c Control For Patients With Diabetes (HBD) <=9%*
Medication Adherence for Cholesterol (Statins)
Medication Adherence for Hypertension (RAS Antagonists)
Medication Adherence for Non-Insulin Diabetes Medications (OAD)
Plan All-Cause Readmissions (PCR)
Breast Cancer Screening (BCS)
Care for Older Adults (COA) - Medication Review*
Care for Older Adults (COA) - Pain Assessment*
Colorectal Cancer Screening (COL)*
Eye Exam For Patients With Diabetes (EED)*
Follow-Up After Emergency Department Visit for People With Multiple-Risk Chronic Conditions (FMC)
Osteoporosis Management in Women Who Had a Fracture (OMW)
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Received Statin Therapy
Statin Use in Persons with Diabetes (SUPD)
Transitions of Care (TRC)

Eligible Chronic Conditions

COPD and asthma	Alzheimer’s disease and related disorders
Chronic Kidney Disease	Depression
Heart Failure	Acute myocardial infraction
Atrial fibrillation	Stroke and transient ischemic attack
Follow up service office visit within seven days after an ED visit (eight total days)	—

Same Day Visits as the ED visit included, but not limited to:

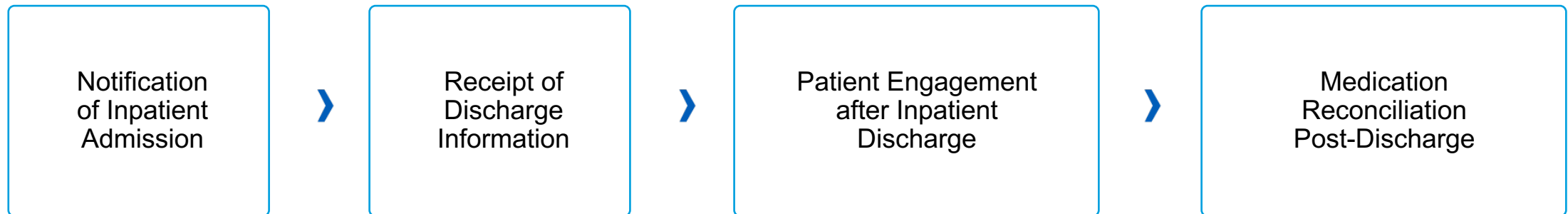
Telephone	Transitional Care
Case Management	Telehealth
E-Visit or Virtual Check-in	Community Mental Health Center

Reminder For MY2023 – Transition of Care

Transitions of Care (TRC)											1
Measure Name	# Elig.	# Comp.	Your Rate	Region Rate	Quality Score	To 1 Star	To 2 Stars	To 3 Stars	To 4 Stars	To 5 Stars	Weight
Transitions of Care (TRC) - Medication Reconciliation Post-Discharge (MRP)	45	17	37.78%	21.95%	★☆☆☆☆	0	4	10	15	21	0.25
Transitions of Care (TRC) - Patient Engagement After Inpatient Discharge (PEID)*	45	34	75.56%	73.98%	★★★★★	-22	-14	-13	-8	0	0.25
Transitions of Care (TRC) - Notification of Inpatient Admission (NIA)*	45	0	0.00%	0.00%	★☆☆☆☆	0	13	21	22	27	0.25
Transitions of Care (TRC) - Receipt of Discharge Information (RDI)*	45	0	0.00%	0.00%	★☆☆☆☆	0	13	21	22	27	0.25

Reminder For MY2023 – Transition of Care

- › CMS retired the stand-alone Medication Reconciliation Post-Discharge (MRP) HEDIS® measure
- › Replaced with new Transition of Care (TRC) measure, which incorporates three additional components:



Transition of Care – Sources

- › Medical Records review only
 - Notification of Inpatient Admission (NIA)
 - Receipt of Discharge Information (RDI)
- › Medical Records and Claims data
 - Patient Engagement after Inpatient Discharge
 - Medication Reconciliation Post-Discharge (MRP)



For more details regarding coding and documentation, refer to the Transition of Care booklet provided through MA or BCP quality programs team



BlueCare Plus Tennessee Important Contacts

Provider Service Line

1-800-299-1407
8 a.m. – 6 p.m. (ET)
Monday–Friday

BlueCare Plus TN website

Bluecareplus.bcbst.com

PACF/Medical Records Fax

(423) 591-9504

Utilization Management

Phone: **1-866-789-6314**
Fax: **1-866-325-6698**

Melissa Scissom

Director of Service Operations

(423) 535-8356
Melissa_Scissom@bcbst.com

Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association

eBusiness



2022 – 2023 Review

- › Eligibility & Benefit Enhancements
- › Prior Authorizations
- › Claim Status
- › Availity Messaging
- › PCP Maintenance
- › Internal Efficiencies

WHERE ARE WE HEADED?

Roadmap Update

› Digital Correspondence

- Reconsiderations and Appeals

› Attachments

- Solicited
- Non-Solicited / PWK

› Member ID Cards

› Eligibility & Benefits

- Benefit by Procedure Code
- Dental



eBusiness Contacts

Technical Support
(423) 535-5717, Option 2

Vivian Williams

West Tennessee
Jackson and Memphis

(901) 544-2622

Vivian_Williams@bcbst.com

Faye Mangold

Middle Tennessee
Nashville

(615) 426-9122

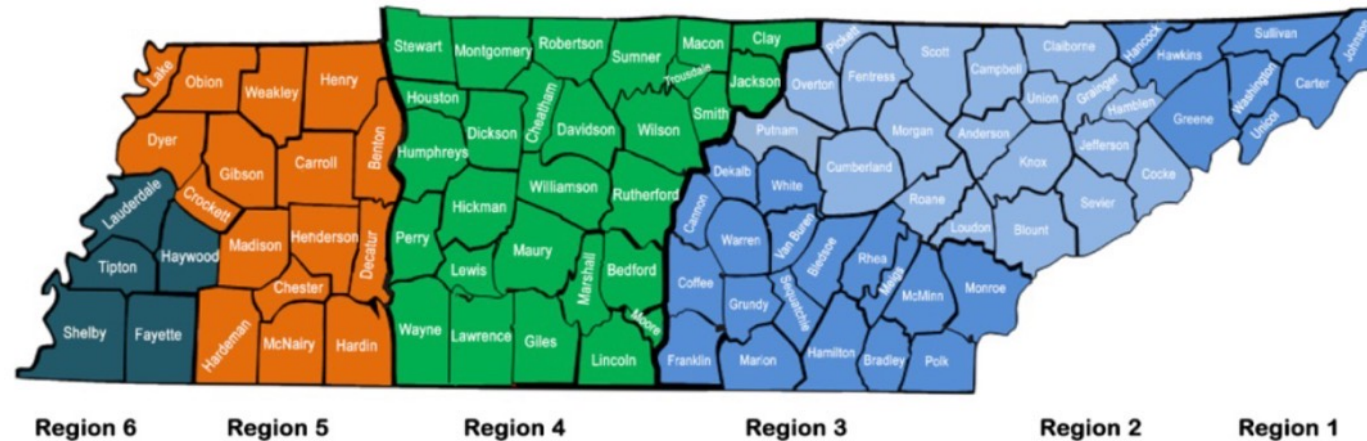
Faye_Mangold@bcbst.com

Faith Daniel

East Tennessee
Chattanooga, Knoxville, Tri-Cities

(423) 535-6796

Faith_Daniel@bcbst.com



Thank You



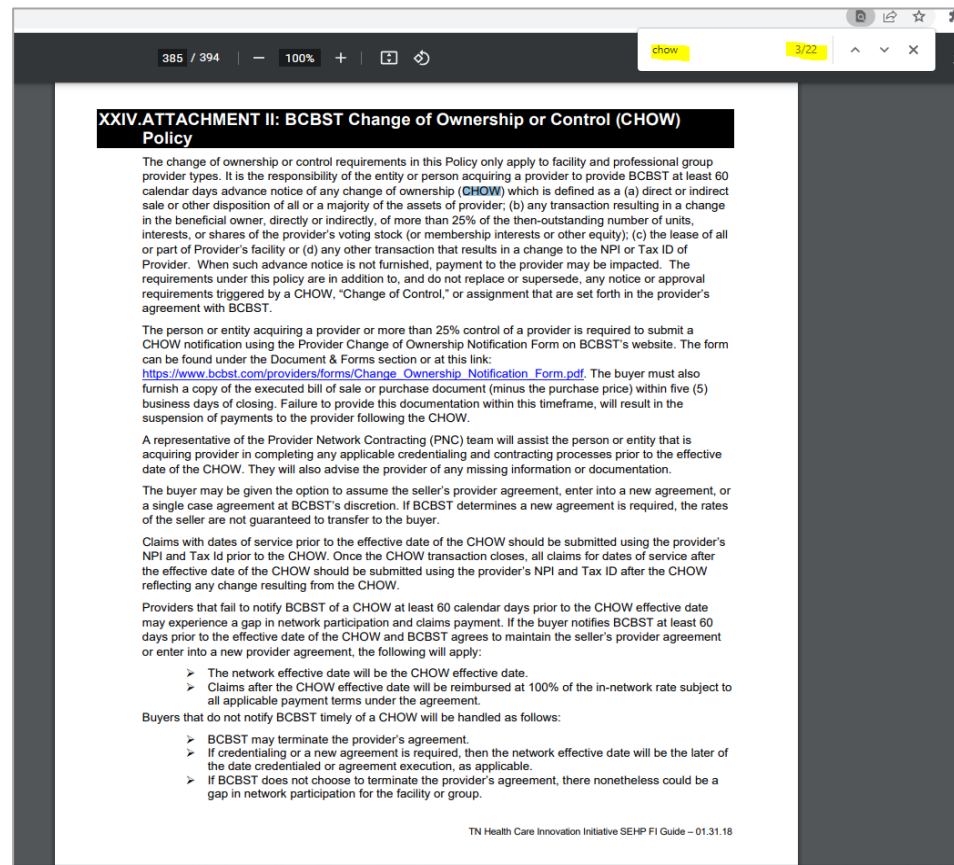
BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association

Change of Ownership (CHOW)

BlueCross CHOW Definition

- › The direct or indirect sale or other disposition of all, or a majority of, the assets of a provider.
- › Any transaction resulting in a change in the beneficial owner, directly or indirectly, of more than 25% of the then-outstanding number of units, interests or shares of the provider's voting stock (or membership interests or other equity)
- › The lease of all or part of a provider's facility or practice location
- › The removal, addition or substitution of a partner in a partnership
- › Transfer of title and property of a sole proprietorship to another party
- › Any other transaction that results in a change to the provider's Tax Identification Number (TIN) or National Provider Identifier (NPI)

Provider Administration Manual Search



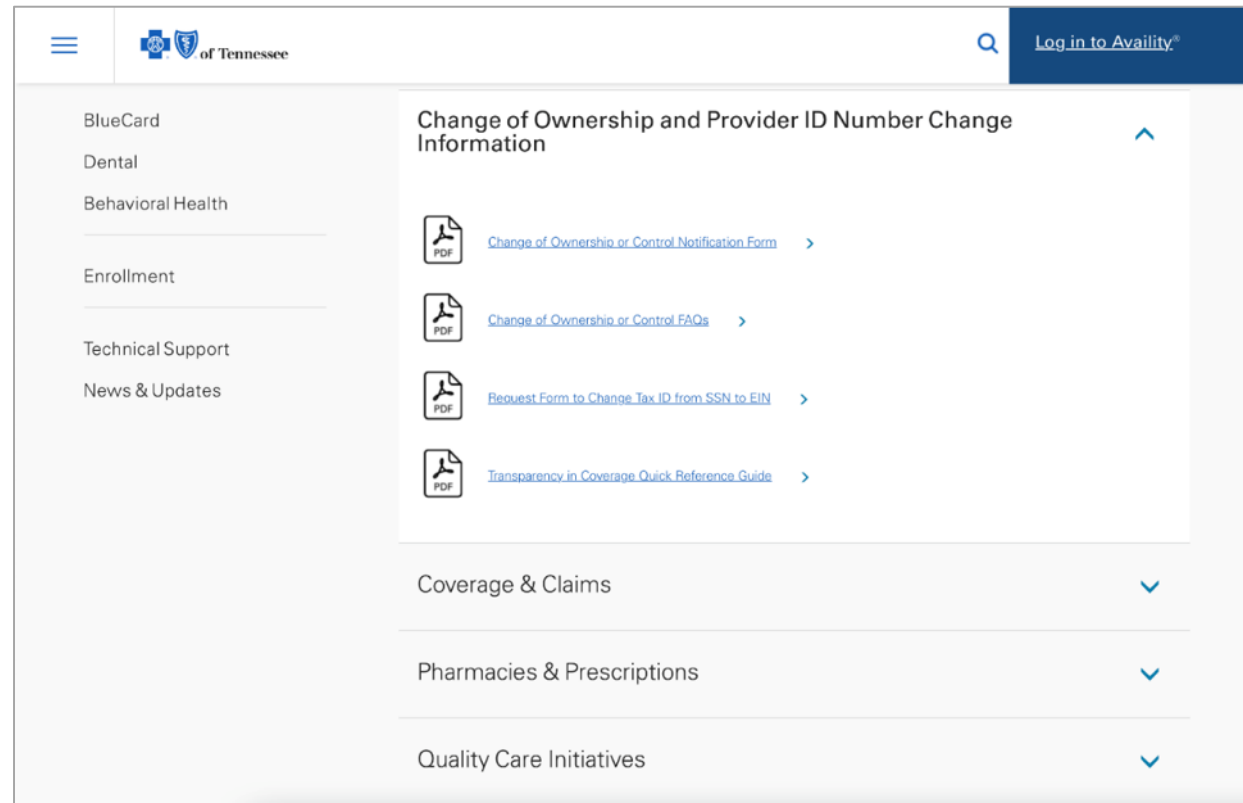
CHOW

FAQs

- 1 Can BlueCross provide examples of CHOW transactions?
- 2 What is the difference between direct and indirect ownership interest?
- 3 What should a provider do if they're considering a CHOW?
- 4 What happens to the existing provider agreement when a CHOW occurs for facilities or ancillary providers?
- 5 How should claims be submitted prior to and after the CHOW?
- 6 What must providers submit in addition to the CHOW form?

CHOW

Website Tools & Resources



Notification Form

Facility, Ancillary Provider and Professional Group Change of Ownership Notification Form

Please complete this form and submit it to BlueCross at least 60 calendar days prior to the date of the anticipated change of ownership or control. You can email the form to Provider_CHOW@BCBST.com. Please note that failure to send us the completed form within this time frame may impact your reimbursement rates and claims payments. For more information about the updated Change of Ownership or Control process, please see your Provider Administration Manual and the Change of Ownership or Control FAQs.

Former Owner (Seller) Information

Legal Business Name: _____

"Doing Business As" Name: _____

Primary Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____

Taxonomy: _____

Is more than one former owner (seller) participating in this CHOW? ☐ Yes ☐ No

If yes, please provide the above information, including all TIN/EIN combinations, for all CHOW participants and submit with this form to BlueCross.

New Owner (Buyer) Information

Legal Business Name: _____

"Doing Business As" Name: _____

Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____

Anticipated Date of Ownership Change: _____

Is more than one new owner (buyer) participating in this CHOW? ☐ Yes ☐ No

If yes, please provide the above information, including all TIN/EIN combinations, for all CHOW participants and submit with this form to BlueCross.

Additional Required Documents to Initiate a CHOW

- | | |
|--|--|
| <input type="checkbox"/> Copy of Buyer's facility or medical license | <input type="checkbox"/> Amendment to Partnership Agreement (if applicable) |
| <input type="checkbox"/> Universal Credentialing Application/Consolidated Application (to be provided by BlueCross after we receive this form) | <input type="checkbox"/> LLC Amendment (if applicable) |
| <input type="checkbox"/> IRS Confirmation of Buyer's Tax Identification Number (CP-575 or IRS 147C) | <input type="checkbox"/> Stock Transfer Agreement (if applicable) |
| <input type="checkbox"/> Proposed organization chart for the buyer, including the names and titles of key management staff | <input type="checkbox"/> Lease Agreement (if applicable) |
| <input type="checkbox"/> Buyer's Medicaid ID (This is required to participate in BlueCare Tennessee networks. To register, please visit Provider Registration at tn.gov) | <input type="checkbox"/> Management Agreement (if applicable) |
| <input type="checkbox"/> One of these three applicable documents: purchase agreement, sales agreement OR bill of sale | <input type="checkbox"/> Certificate of Conversion, Articles of Conversion, Statement of Conversion (if applicable) |
| | <input type="checkbox"/> Signed attestation providing assurances that any outstanding compliance issues will be fully resolved |
| | <input type="checkbox"/> Proof of Electronic Funds Transfer (EFT) enrollment for the buyer |
| | <input type="checkbox"/> Proof of Electronic Remittance Advice (ERA) enrollment with clearinghouse for the buyer |

Required for Professional Groups Only

- | | |
|--|--|
| <input type="checkbox"/> Professional roster with name and NPI of practitioners (if new owner assumes existing provider agreement) | <input type="checkbox"/> Practitioners must enter/update their information in Change Healthcare's Payment Enrollment Services portal |
| <input type="checkbox"/> Practitioners must enter/update their information in the CAQH ProView® | |

Note: Please review the [CHOW FAQ document](#) for steps that must be completed when a new practitioner joins the new owner's group or when a new contract will be issued to the new owner.

CHOW

Employer ID/Provider Tax ID Number Change Request Form



Request Form to Change Tax ID from SSN to EIN

(For Individual Practitioners Only)

Due to recent Transparency in Coverage Act requirements, some providers have asked for an easy way to change their provider identification number from a Social Security Number (SSN) to an Employer Identification Number (EIN) – also known as a Federal Tax ID Number (TIN). This form should only be used by individual practitioners who are changing their Tax ID from their SSN to an EIN.

Please complete this form if you wish to change your tax ID from an SSN to an EIN/TIN.

Once complete, you'll need to email this form to PNS_GM@BCBST.com along with your 147-C IRS confirmation letter. Your information will be updated in our systems within 30 business days. You'll also need to refer to [this guide](#) to make sure your information is updated with CAQH, Change Healthcare and Availity®.

Please note: Any provider other than an individual practitioner that needs to change their tax ID should complete and submit our "Facility, Ancillary Provider and Professional Group Change of Ownership Notification Form." You can find that form and directions in the [Forms & Documents section](#) at provider.bcbst.com.

Provider Information

Legal Business Name: _____

"Doing Business As" Name: _____

National Provider Identifier (NPI): _____

SSN Previously Associated With Your Practice: _____

New TIN/EIN: _____

☐ I've attached my 147-C IRS confirmation letter.

BlueCross BlueShield of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association.

22PED18004613 (1/23)



Reference Links

- › BlueCross CHOW Definition: [bcbst.com/providers/manuals/bcbstPAM.pdf](https://www.bcbst.com/providers/manuals/bcbstPAM.pdf)
- › CHOW Notification Form: [bcbst.com/providers/forms/Change_Ownership_Notification_Form.pdf](https://www.bcbst.com/providers/forms/Change_Ownership_Notification_Form.pdf)
- › FAQs: [bcbst.com/providers/forms/Change_Ownership_FAQ.pdf](https://www.bcbst.com/providers/forms/Change_Ownership_FAQ.pdf)
- › Employer ID/Provider Tax ID Number Change Request Form: [employer-tax-id-number-change.pdf \(bcbst.com\)](https://www.bcbst.com/employer-tax-id-number-change.pdf)
- › Website Tools & Resources: provider.bcbst.com/tools-resources/documents-forms

Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association

Medicare Advantage

2023 Quality Program and Measure Updates

- › **Member Experience CAHPS** measure moved to **4-Weight** measure
- › **Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)** added as a **single-weighted** measure
- › Comprehensive Diabetes Care (CDC) — Eye Exam updated to **Eye Exam For Patients with Diabetes (EED)**

2023 Quality Program and Measure Updates

- › Comprehensive Diabetes Care (CDC) — A1C Control $\leq 9\%$ updated to **Hemoglobin A1c Control For Patients with Diabetes (HBD)**
- › **Frailty Exclusion** criteria updated to require **at least two** indications of frailty (frailty diagnosis or treatment) with different dates of service in 2023

2023 Member Benefit Updates

- › Lower maximum out-of-pocket (MOOP) on majority of plans
- › New over-the-counter benefit provides members with a fixed dollar amount each quarter to purchase over-the-counter medications and products
- › Increased dental allowance of \$1500 per year on Garnet middle and west plans and as high as \$4000 on some non-zero premium plans across the state

2023 Member Benefit Updates

- › \$0 PCP copay for select plans
- › New 100-day supply on Tier 1 preferred generics at any in-network pharmacy and \$0 copay when Tier 1 preferred generics filled at a preferred pharmacy
- › Members with lower-level hearing loss have lower out-of-pocket costs with new standard tier pricing

MEDICARE ADVANTAGE

Member Wellness & Rewards Program Updates

\$25 Annual Wellness Visit

\$40 Eye Exam for Patients with Diabetes

\$25 Breast Cancer Screening

\$20 Health Needs Assessment

\$20–\$50 Colorectal Cancer Screening

QUALITY+
PARTNERSHIPS

my
healthpath



MEDICARE ADVANTAGE

PAF Updates

Provider Assessment Forms (PAF)

› Updated/Redesigned PAF in QCR

- Preferred method of completion
- Complete in or export from QCR in Availity®
- \$225 reimbursement (CPT® 96161)
- Main method of submission in 2024 and forward

QUALITY+
PARTNERSHIPS



MEDICARE ADVANTAGE

PAF Updates

Provider Assessment Forms (PAF)

> Non-Standard PAF

- Will no longer be accepted beginning 1/1/24

> Blank Form

- Retired and no longer accepted

QUALITY+ PARTNERSHIPS

Pharmacy

Medicare Adherence Tips

- › New therapies
- › Established maintenance medications
- › Dose changes
- › 100-day supply benefit
- › Prescription directions
- › Drug cost discussion
- › Set expectations
- › Medication adherence packaging
- › Medication adherence opportunity report



Medication Adherence Measures

- › Medication Adherence for Cholesterol (Statins)
- › Medication Adherence for Hypertension (RASA)
- › Medication Adherence for Diabetes (OAD)

Resources and Services

We're here to support your hard work and performance in the Quality+ Partnerships program with the following resources including, but not limited to:

- › Regionally based consultants
- › Quality metric and financial reporting
- › Risk adjustment education and support
- › Integrated quality pharmacist
- › In-home screening partners and in-office health screening events
- › Provider education opportunities
- › Supplemental data collection

Population Health Program

No Additional Cost to Member

- › Fully integrated medical and behavioral health care management team
- › Team specializes in helping the senior care population
- › Education and support for your patients
- › Promotion of quality and cost-effective coordination of care

Population Health Program



Programs

- › Complex Care Management
- › Transition of Care Assistance
- › Chronic Condition Health Coaching
- › Behavioral Health Care Management
- › Transplant Care Management
- › Renal Disease Management
- › Digital Case Management
- › Social Work & Dietitian Support Services

MEDICARE ADVANTAGE

Population Health Vendor Partners



Solera: Medicare Diabetes Prevention Program



CareTN: Digital Chronic Condition Management Program



Teladoc: Telehealth Program



Somatus: Kidney Disease Management Program



Mom's Meals NourishCare: Post-Discharge Home Meal Program



DispatchHealth: Urgent medical care at home



AbleTo: Behavioral Health Program

QUALITY+
PARTNERSHIPS

Resources



2023 Medicare Advantage Quality Program Information Guide

- › Online: bcbst.com/docs/providers/quality-initiatives/Quality_Partnerships_Program_Guide.pdf



Other Program Resources

- › Guide to Advanced Illness and Frailty Exclusions: bcbst.com/docs/providers/quality-initiatives/PQ_MA_Adv_Illness_Frailty_Exclusions.pdf
- › Over-the-Counter Benefits Catalog: bcbstmedicare.com/OTC
- › Transition of Care (TRC) Measure Guide: bcbst.com/docs/providers/quality-initiatives/MA_Transition_of_Care_Booklet.pdf
- › 2023 Medicare Formulary: bcbst-medicare.com/get-care/pharmacies-and-prescriptions/medicare-pharmacy



We're Right Here

For more information, please contact:

Trey Brown

Supervisor, Provider Quality Outreach
East Region

Treyb_Brown@bcbst.com

Julie Mason, MSSW, LAPSW, CCM

Manager, MA Provider Engagement and Outreach

Julie_Mason@bcbst.com

Natasha Brasher

Supervisor, Provider Quality Outreach
Middle/West Region

Natasha_Brasher@bcbst.com

Lauren Tunney, PharmD

Manager, Quality Pharmacy

Lauren_Tunney@bcbst.com

Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association

BlueCard Guidelines



BLUECARD GUIDELINES

What is the BlueCard Program?

Providers just like you serve more than 105 million Blue Cross Blue Shield members nationwide, including more than 25 million national account members.



BLUECARD GUIDELINES

What is the BlueCard Program?

BlueCard® lets members receive health care services while traveling or living in another Blue Cross Blue Shield company's service area. The program links health care providers with all BCBS companies across the nation through a single electronic network for claims processing and reimbursement. Additionally, the program links providers in more than 200 countries and territories worldwide.

BLUECARD PROGRAM

BlueCross BlueShield of Tennessee's Responsibilities Include:

1

Being a single contact for all claims payment, customer service issues, provider education, adjustments and appeals.

2

Pricing claims and applying pricing and reimbursement rules consistent with provider contractual agreements.

3

Forwarding all clean claims received to the member's Blue Cross Blue Shield Plan to adjudicate based on eligibility and contractual benefits.

4

Conducting appropriate provider reviews and/or audits.

5

Confirming that providers are performing services and filing claims appropriately within their scope of practice and according to their local Blue Cross and/or Blue Shield Plan.

6

Conducting HIPAA standard transactions training for providers on BlueCard.

The Home Plan's Responsibilities Include:

- 1 Adjudicate claims based on member eligibility and contractual benefits.
- 2 Respond to prior authorization and pre-certification requests/inquiries.
- 3 Request medical records through the local Plan when review for medical necessity, determination of a pre-existing condition or high cost/utilization is required.

What are the Roles & Responsibilities of the Provider?

1

Obtaining benefits and eligibility information, including covered services, copayments and deductible requirements.

2

Filing claims with the correct local Plan.

3

Including the current Member ID card number on the claim.

4

Verifying all other party liability information.

5

Verifying all member payments such as copay, coinsurance or deductibles.

6

Submitting medical records in a timely manner when requested by the local or member home Plan.

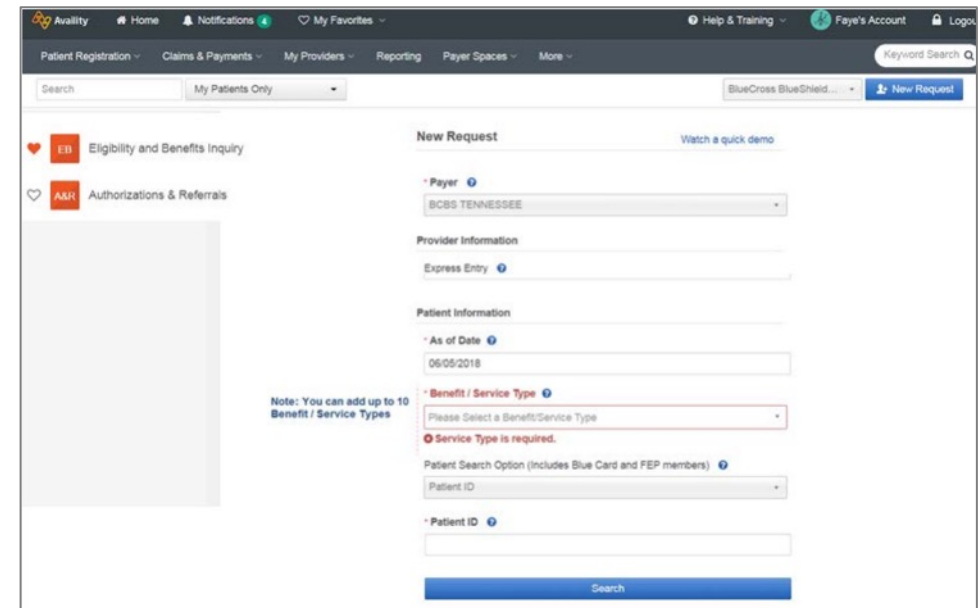
Eligibility and Benefits

BLUECARD PROGRAM

Eligibility & Benefits

How can providers obtain member eligibility information?

- Member eligibility information should be obtained by accessing the BlueCross BlueShield of Tennessee Payer Spaces in Availity.
- If prior authorization or pre-certification information is required in addition to eligibility, please call **1-800-676-BLUE(2583)**.

The screenshot shows the Availity web application interface. At the top, there's a navigation bar with 'Availity' logo, 'Home', 'Notifications', 'My Favorites', 'Help & Training', 'Faye's Account', and 'Logout'. Below this is a secondary navigation bar with 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar and a 'New Request' button are also visible. The main content area is divided into two columns. The left column has a sidebar with 'EB Eligibility and Benefits Inquiry' (selected) and 'AAR Authorizations & Referrals'. The right column contains the 'New Request' form. The form has sections for 'Payer' (BCBS TENNESSEE), 'Provider Information' (Express Entry), 'Patient Information' (As of Date: 06/05/2018), and 'Benefit / Service Type' (Please Select a Benefit/Service Type). A red error message 'Service Type is required.' is displayed below the 'Benefit / Service Type' dropdown. There's also a 'Patient Search Option (Includes Blue Card and FEP members)' section with 'Patient ID' and 'Patient ID' fields. A 'Search' button is at the bottom of the form. A note on the left side of the form states: 'Note: You can add up to 10 Benefit / Service Types'.

BCBST Payer Spaces

Prior Authorization and Pre-Certification

Prior Authorization/Pre-Certification

- › While out-of-area BlueCard members are currently responsible for obtaining prior authorization or pre-certification from their BCBS Plans, most providers choose to handle this obligation on the member's behalf.
- › Members may be held financially responsible if necessary approvals are not obtained and the claim is denied.
- › The provider may have to manage debt collection in this situation.

Prior Authorization/Pre-Certification

When verifying member eligibility and benefits, providers should request information on:

- › Prior authorization and pre-certification
- › Care management
- › Utilization management
- › Concurrent review as required for inpatient or outpatient services

Prior Authorization/Pre-Certification

How can providers obtain authorization/pre-certification information for out-of-area members?

- › Member prior authorization or pre-certification information can be obtained both electronically and by telephone.



General information on prior authorization and pre-certification information can be found at bcbst.com/providers/router/bcbsa_router under Medical Policy & Pre-Cert Information Router utilizing the three-letter prefix found on the Member ID card.

Prior Authorization/Pre-Certification

How can providers obtain authorization/pre-certification information for out-of-area members?

- › Providers can also contact **1-800-676-BLUE(2583)** for prior authorization or pre-certification information. When prior authorization or pre-certification for a specific member is handled separately from eligibility verifications at the member's Blue Plan, your call will be routed directly to the area that handles prior authorization or pre-certification.

Prior Authorization/Pre-Certification

How can providers obtain authorization/pre-certification information for out-of-area members?

- › You will choose from four options depending on the type of service for which you are calling:
 - Medical/Surgical
 - Behavioral Health
 - Diagnostic Imaging/Radiology
 - Durable/Home Medical Equipment

BlueCard Claims Filing

BlueCard Claims Filing

› Important Facts About the Alpha Prefix:

- The alpha prefix on a Member ID is key to facilitating prompt payment.
- It's always three alpha characters.
- It's used to identify and correctly route claims and confirm a patient's membership coverage.
- It's critical for the electronic routing of specific HIPAA transactions to the appropriate BCBS company.
- It and the Member ID number as identified on the Member ID card must be accurately submitted.



BLUECARD PROGRAM

BlueCard Claims Filing

› Filing Claims for BlueCard Members:

- Ask for the member's current ID card. It's important to capture all ID card data at the time of service.
- Check benefits and eligibility either by using your local BCBS company's electronic capabilities or calling **1-800-676-BLUE (2583)**.
- Submit the claim electronically to your local BCBS company for faster processing.
- To check claim status, contact your local BCBS company.



BLUECARD PROGRAM

BlueCard Claims Filing

Sample ID cards

The three-character
alpha prefix

The “suitcase” logo
appears in the lower
right-hand corner
of the card.

**BlueCross.
BlueShield.**

Subscriber Name:	Plan	PPO
JOHN DOE	Office Visit	\$20
Identification Number:	Specialty Copay	\$20
XYZ987654321	Emergency	\$100
	Deductible	\$100
Group Number: 567890		
BIN: 01234		
Benefit Plan: H10PT		
Effective Date: 00/00/00		

**Rx**

Contiguous County Guidelines

Contiguous County Guidelines

What is a contiguous county?

- › A contiguous area is a border county in another plan's service area.
- › Claims may be filed directly to the member's BCBS Plan by a contiguous area provider, per the terms of the provider's contract.



Contiguous County Terms

- › Provider location
- › Provider contract with the member's BCBS Plan
- › The member's plan
- › Where the member lives/works
- › The location of where the services were received.

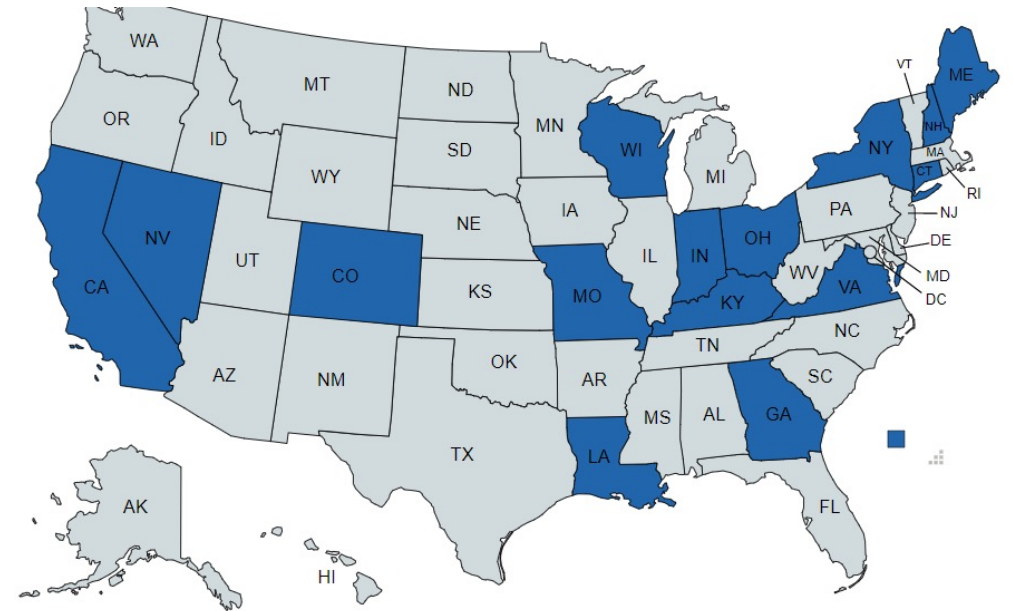
BLUECARD PROGRAM

Anthem Plans

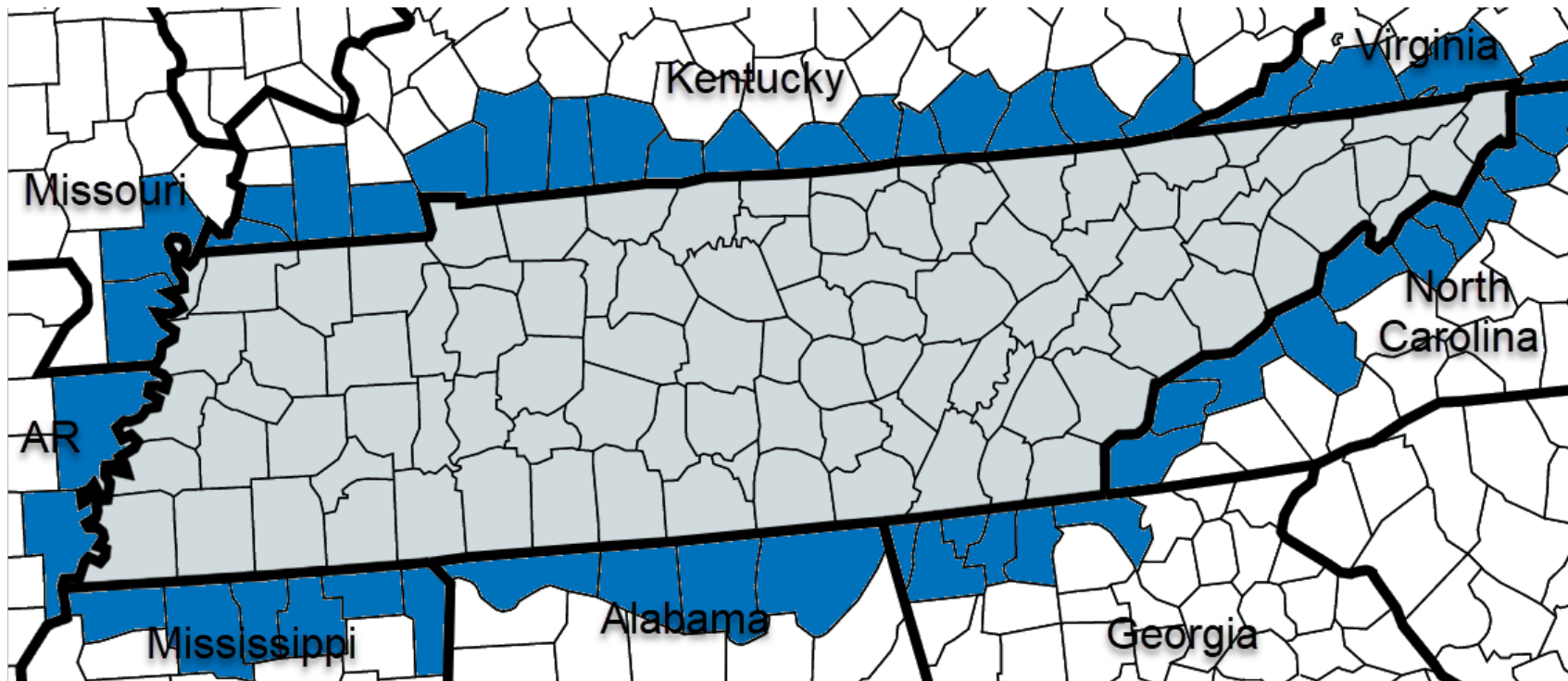
Plans are operating in multiple service areas are considered one service area.

› All Anthem Plans are one service area:

- California
- Colorado
- Connecticut
- Georgia
- Indiana
- Kentucky
- Louisiana
- Maine
- Missouri
- Nevada
- New Hampshire
- New York
- Ohio
- Virginia
- Wisconsin



Contiguous Counties



Contiguous County Guidelines

When to file a claim to BlueCross BlueShield of Tennessee

› File to Tennessee if:

- BlueCross BlueShield of Tennessee member – Tennessee provider or contiguous provider – contracted with Tennessee
- BlueCross BlueShield of Tennessee member – Tennessee provider or contiguous provider – contracted with both plans
- Host member – Tennessee provider contracts with Tennessee and services were rendered in Tennessee
- Host member – Tennessee provider contracts with both Tennessee and home plan, but member lives in Tennessee
 - Example: Provider is located in Bristol, TN, and has contracts with both BlueCross BlueShield of Tennessee and Anthem. Member has Anthem of Virginia, but lives in Tennessee. File to BlueCross BlueShield of Tennessee.

Contiguous County Guidelines

When to file a claim to a local Plan

› File to local Plan if:

- Host member services were rendered outside of Tennessee, even if the provider is contracted with Tennessee (e.g., Jackson County [Alabama], Whitfield County [Georgia]), claim should be filed where services were rendered. BlueCross BlueShield of Tennessee member – Tennessee provider or contiguous provider – contracted with both plans
- Contiguous county doesn't apply for host members. These claims would be considered out of state.
 - Example: Provider is located in West Memphis, Arkansas. Crittenden County is contiguous to BlueCross BlueShield of Tennessee. However, this is a host member and the claim should be filed to BCBS Arkansas.

Overlapping Service Area

Overlapping Service Area

- › An overlapping service area is formed when multiple plans share the same service area.
 - Effective Nov. 1, 2022, we began offering certain employer group health plans in Catoosa, Dade and Walker counties in Georgia.
- › BlueCard cannot be utilized for the plans servicing these counties.
 - Our members seen in Catoosa, Dade or Walker counties must be filed to BlueCross BlueShield of Tennessee.
 - Anthem members seen in Catoosa, Dade or Walker counties must be filed to Anthem GA.

Overlapping Service Area Guidelines

When to file a claim to BlueCross BlueShield of Tennessee

› File to Tennessee if:

- BlueCross BlueShield of Tennessee member – Tennessee provider or contiguous provider – contracted with Tennessee (new contiguous counties: Chattooga, Floyd and Gordon)
- BlueCross BlueShield of Tennessee member – Tennessee provider or contiguous provider – contracted with both BlueCross BlueShield of Tennessee and Anthem
- BlueCross BlueShield of Tennessee member – overlapping service area county provider.
 - Note: It doesn't matter if the provider is contracted with both BlueCross BlueShield of Tennessee and Anthem Georgia. The claim should be filed to Tennessee.
- Host member – Tennessee provider contracts with Tennessee and services were rendered in Tennessee
- Non-Anthem host member – overlapping service area county provider – provider contracts with BlueCross BlueShield of Tennessee

Overlapping Service Area Guidelines

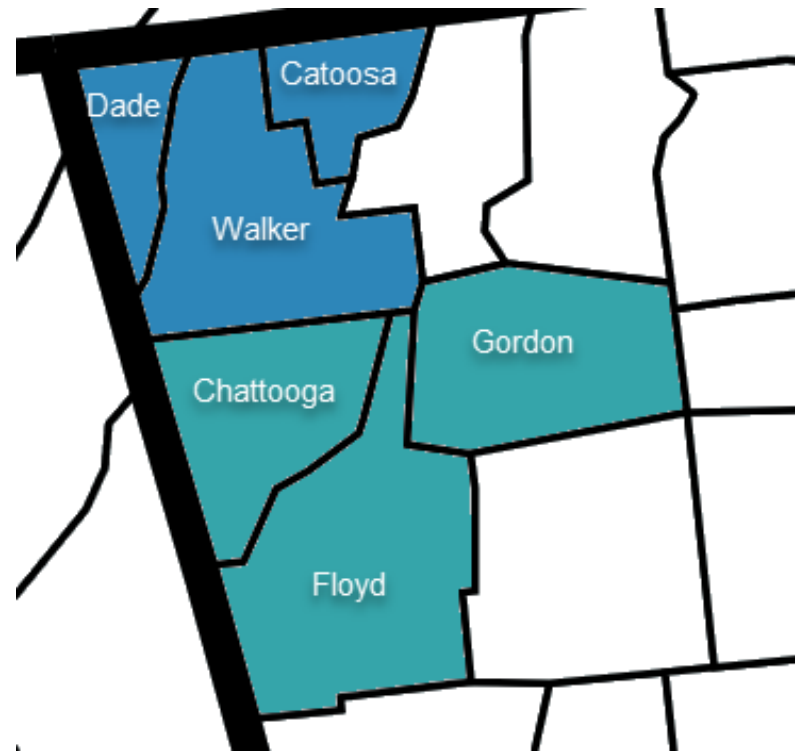
When to file a claim to Anthem GA

› File to Anthem GA if:

- Non-Anthem host member – overlapping service area county provider – provider doesn't contract with BlueCross BlueShield of Tennessee but is contracted with Anthem Georgia
- Anthem member – overlapping service area county provider
- Host member services were rendered outside of Tennessee and out of the overlapping service area, even if the provider is contracted with Tennessee (e.g., Whitfield or Chattooga counties), claim should be filed where services were rendered
 - Contiguous county doesn't apply for host members. These claims would be considered out of state.
 - Example: Provider is located in Dalton, Georgia. Whitfield County is contiguous to BlueCross BlueShield of Tennessee. However, for a host member, claims should be filed to Anthem Georgia.

BLUECARD PROGRAM

Overlapping Service Area



*Effective 11/1/2022

Additional Information



BlueAlertSM



Mission driven
75 Years

A monthly newsletter for the BlueCross BlueShield of Tennessee, Inc. (BlueCross) provider community, featuring important updates and reminders about our company's policies.

All Lines of Business

(Unless Stated Otherwise)



COVID-19 Updates

Throughout the COVID-19 pandemic, we've made changes to help our members and providers stay safe. Please continue to visit the Provider FAQs at [bcbstupdates.com](https://www.bcbstupdates.com) for up-to-date guidelines on how we've updated our policies to help you care for our members.

INSIDE THIS ISSUE

All Lines of Business

COVID-19 Updates
New Member Service Resource Team for Tennessee Providers
Register for Electronic Funds Transfer to Complete Your BlueCross Enrollment
BlueCross Offering Contracts in North Georgia
More

Commercial

GuestSelectSM Program Coming Soon
Changes to Home Health and Therapy Authorizations
New Prior Approval Requirements for Federal Employee Program (FEP) Members
More

BlueCare Tennessee

Coming Jan. 1, 2023: Dental Benefit Expansion
Home Health Providers, Make Sure You're Ready to Begin Using an Electronic Visit Verification System
Process Reminder: Requirements for Provider Subcontracting
More

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

Southeasterns Name Change Effective Jan. 1, 2023

BlueCare Plus (HMO D-SNP)SM

Special Needs Plan Model of Care (MOC) Training
New Hearing Aid Benefit from TruHearingSM
Updates to Dental Benefits
Guidelines for Submitting Form CMS-2728 for ESRD Patients

Medicare Advantage

Concurrent Inpatient Submissions
Complete 2023 Provider Assessment Forms
Exercise Bands Available for Your Patients
Medicare Advantage 2023 Quality Program Measures

Medicare Advantage and Dual Special Needs Plan

Patients with Diabetes Need Statin Medication Fills
Encourage Patients to Stay Active During Winter Months

Pharmacy


Medical Exclusion Updates
Refer to the TennCare Pharmacy Benefit Manager for Important Updates



Tips for Coding Professionals

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

1 | December 2022

[bluealert.pdf \(bcbst.com\)](https://www.bcbst.com/bluealert.pdf)


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I Want to See [GO](#) [+ Find a Doctor](#)

[Home](#) > [Providers](#) > My BlueCross Contact

My BlueCross Contact

 Enter Your
Provider Name or
NPI Number

[Find My BlueCross Contact](#)



Contact Information

For more information, please contact
your local Network Manager at
[provider.bcbst.com/contact-us/my-
contact](https://provider.bcbst.com/contact-us/my-contact)

Thank You

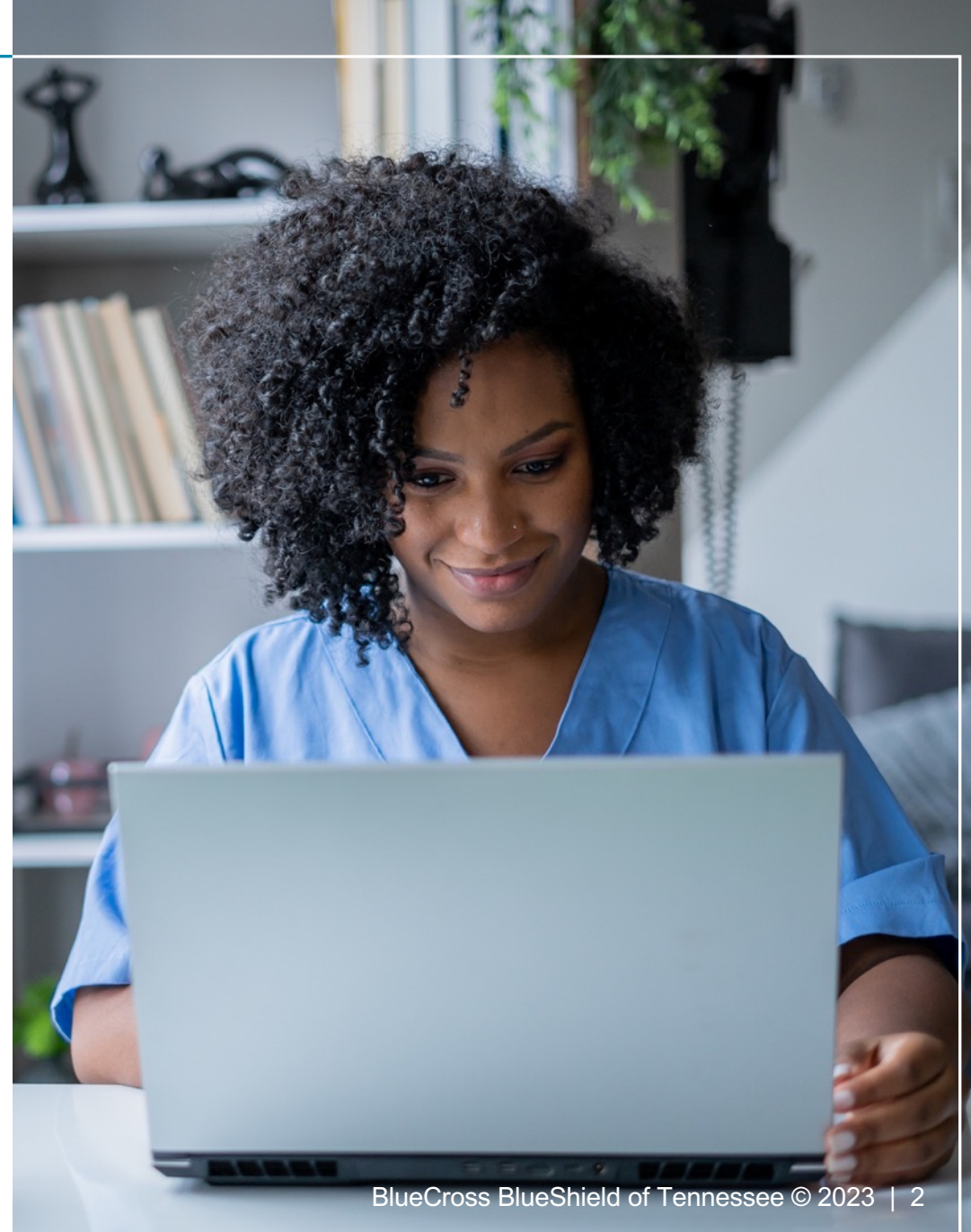


BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association

Provider Network Operations

Discussion Topics

- › Navigating the persona page and accessibility
- › Enrollment applications
- › Enrollment process
- › Application status tracker
- › CAQH / Provider Network Verification
- › Directory suppression
- › Reference page



NAVIGATING & ACCESSIBILITY – APPLICATION SUITE

Persona Page

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment or Change Request. [More Info >](#)

I am a(an)

Select... ▼

I am a(an)

Select... ▼

 BlueCross BlueShield of Tennessee Provider.

BCBST will not differentiate or discriminate in the treatment of practitioners or organizations seeking credentialing on the basis of race, ethnic/national identity, gender, age, sexual orientation, religion, patient type (e.g. Medicaid) in which the practitioner specializes.

Submit

Messaging – Yellow Section

In this section you will find important messaging related to process changes, enhancements and general details to help guide the experience.

How to Navigate – Blue Section

The More Info section in blue will help guide your selection options when navigating the persona page. This self-directed section can help you direct your request to the appropriate application.

Persona Navigations

By utilizing a persona, each user can navigate through different scenarios from a single page, accessing our library of applications simply by presenting a few generalized questions.

Source: Research Resource Credited Here

BlueCross BlueShield of Tennessee © 2023 | 3

NAVIGATING & ACCESSIBILITY – APPLICATION SUITE

Persona Page – More Info

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Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment Forms or Change Form Request. [More Info](#) ▼

Types of Providers

Select Individual Practitioner if you want to:

- Enroll a provider who is **not associated with a provider group**.
- Update already established practitioner information. This includes PCP panel and member reassignments, as well as changes to supervising and covering physicians.

Select Group if you want to:

- Enroll a new group or add new practitioners joining an established group.
- Update network verifications for your rostered practitioners.
- Update information about your brick-and-mortar facility or remove a practitioner from your group association.

Select Facility for updates if you file claims with a UB-92.

Select Ancillary for updates if you file claims with a CMS-1500 or UB-92.

Types of Requests

Select **Update Network Information** to review and update remittance address, network acceptance, and if you offer concierge services.

Select **Update Network Provider Information** to update eCommerce or clearinghouse, PCP panels and member reassignments, and supervising and covering physician changes. This also applies to removing practitioners from a group association, and location updates not in CAQH ProView®.

Select **Enroll or Update Out of Network Provider Information** if you're an out-of-state provider associated with a Home Blue plan, or if you're a Tennessee provider not contracted with BlueCross BlueShield of Tennessee.

Individual Practitioner

Enroll a new provider who will **not be associated with a provider group entity**. Update an existing provider with Type 1 NPI Specialty or Tax ID.

Group

Enroll a new group or add providers to an existing group. Up to 15 providers may be added on a single submission. Type 2 NPI is required for this selection. Individuals with a Type 2 NPI are accepted as well.

Ancillary and Facility

These options are available and can update network verifications, enroll for out of network, and request changes. Enrollment options are not available at this time.

NAVIGATING & ACCESSIBILITY – APPLICATION SUITE

Persona Page – Options

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Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment or Change Request. [More Info >](#)

I am a(an)

I am a(an)

I want to

BCBST will not differentiate or discriminate in the provision of services on the basis of race, ethnic/national identity, gender, or sexual orientation, which the practitioner specializes.

BCBST will not differentiate on the basis of race, ethnic/national identity, gender, or sexual orientation, which the practitioner specializes.

- Add or Remove networks
- Enroll additional Providers
- Add or Update a Tax ID or Specialty
- Update Network Provider Information
- Update Network Verification
- Update Out of Network Provider Information

Individual Practitioner - Existing

The following options are available:

- › Update Provider Network Information
 - Provider Change Request
- › Update Out of Network Provider
 - Out of Network Enrollment
- › Add or Update Tax ID or Specialty
 - Individual Enrollment Request
- › Update Network Verification
 - Network Verify Request
- › Join a group
 - Group Enrollment Request

NAVIGATING & ACCESSIBILITY – APPLICATION SUITE

Persona Page – Options

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Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment or Change Request. [More Info >](#)

I am a(an)

I am a(an)

I want to

BCBST will not differentiate or discriminate in the provision of services on the basis of race, ethnicity/national identity, gender, or which the practitioner specializes.

I am a(an) BlueCross BlueShield of Tennessee Provider.

I want to

- Add or Remove networks
- Enroll additional Providers
- Add or Update a Tax ID or Specialty
- Update Network Provider Information
- Update Network Verification
- Update Out of Network Provider Information

Group - Existing

The following options are available:

- › Add or Remove Networks
 - Contact Network Manager or Email:
Contracts_Reqs_GM@bcbst.com
- › Enroll Additional Providers
 - Group Enrollment
- › Update Out of Network Enrollment
 - Out of Network Enrollment
- › Add or Update Tax ID or Specialty
 - Contact Network Manager or Email:
Contracts_Reqs_GM@bcbst.com
- › Update Network Verification
 - Network Verify Request

CHANGE HEALTHCARE – EFT ENROLLMENT PARTNERSHIP

Process Update



PAYER ENROLLMENT SERVICES

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

Who This Applies To

New enrollments and new EFT requests will be required to submit an application with Change Healthcare.

Why the New Change

The purpose of requiring EFT application submission prior to enrollment will improve turn-around times and reduce the need for follow up for additional EFT information that's necessary to complete enrollment.

When

The requirement will be implemented later this year in the last quarter. Please look for additional updates in the BlueAlert.

CHANGE HEALTHCARE – EFT ENROLLMENT PARTNERSHIP

Process Update



PAYER ENROLLMENT SERVICES

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

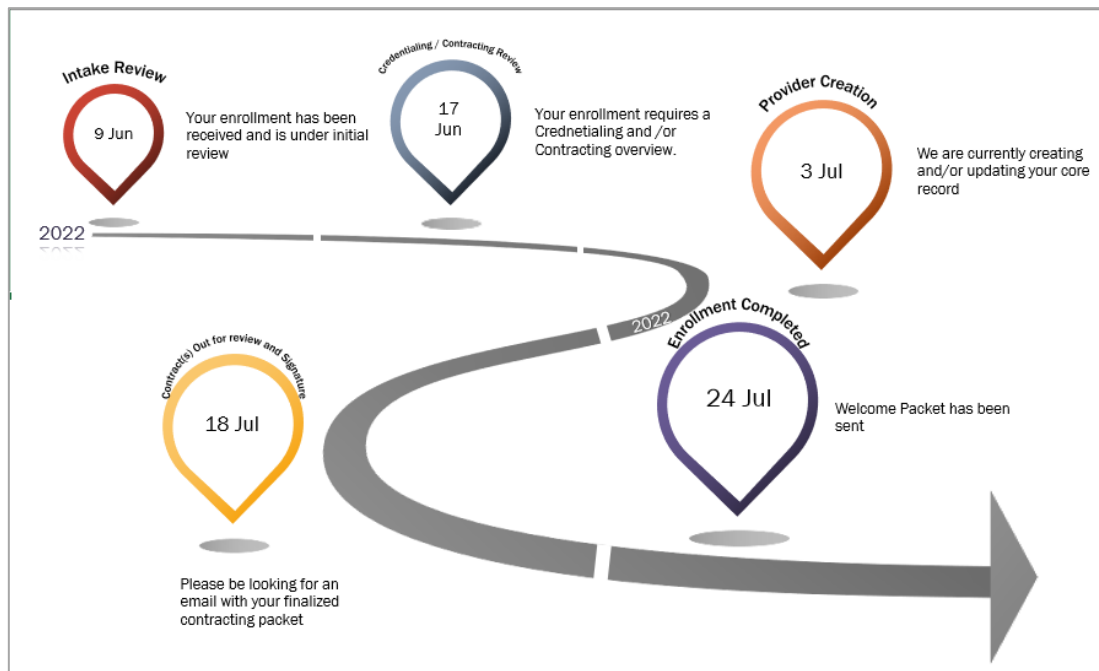
How do I submit an enrollment?

- › Create your enrollment by filling out the Provider Information, Contact Information, Bank Information (only if adding EFT enrollment[s]) and Enrollment Information.
- › Submit your enrollment(s) and you will receive an email notification confirming submission to Change Healthcare.
- › Log in to the provider portal to check the status of your enrollment(s).

AVAILITY ENHANCEMENTS – SELF-SERVICE STATUS TRACKER

Enrollment Tracker

Prototype – Self-Service Status Tracker



Why the New Enhancement

To better serve our customers, we are developing a self-service tracker for Group and Individual enrollment applications. This new capability lets you see the status and progress of any active enrollments submitted.

Real-time updates will be available directly from our Persona Page.

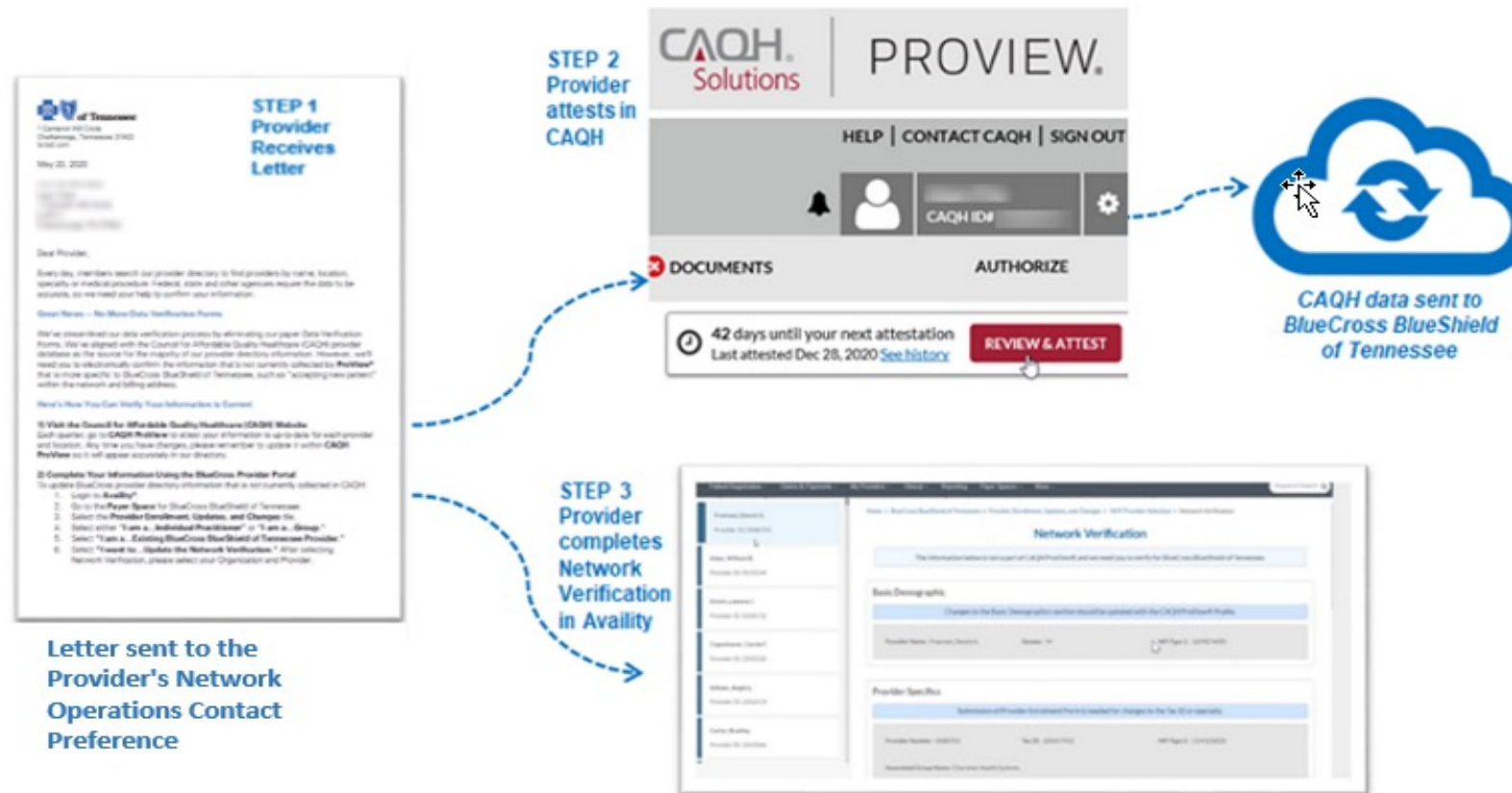
HOW TO BECOME PARTICIPATING WITH BLUECROSS

Provider Enrollment Process



OVERVIEW

Practitioner Verification Process



UPDATE NETWORK PROVIDER INFORMATION

Practitioner Updates

CAQH ProView		Availity Payer Spaces (Change Form or Network Verification Form)
› Name Change	› Languages	› Practice Name Updates
› Location Address	› License & DEA	› Age and Gender Limitations
› Office Hours	› Race & Ethnicity	› eCommerce Clearinghouse Updates
› Phone & Fax Numbers	› Gender	› Removing Practitioner from Practice
› Website	› Date of birth	› PCP Patient Load or Reassignment
› Email Address	› Handicap Accessibility	› Supervising and Covering Physician Updates
› Hospital Affiliations		› Accepting Patient Status

CAQH PROVIEW HOSPITAL AFFILIATIONS

New Hospital Affiliation

Admitting Privilege Record [Back to List](#)

* Required fields are indicated with a red asterisk. All other fields are optional.

Please enter the details of your Admitting Privilege Record. An admitting privilege means that you can admit patients on an unrestricted, limited or temporary basis.

* State: TN Country: United States

* Hospital Name: --Select--
Creekside Behavioral Health
Crestwyn Behavioral Health
Cumberland Medical Center
Cumberland River Hospital
Cookeville Regional Medical Center
Creekside Behavioral Health
Crestwyn Behavioral Health
Cumberland Medical Center
Cumberland River Hospital
Claiborne Medical Center

Street 2:

* Phone Number: 908-092-8024 Fax Number:

* Is this your primary hospital?
☒ Yes
☐ No

* Admitting Privilege Status

1

Select Hospital Name from the dropdown.

2

Hospital Name should only appear in one of the three Hospital Affiliation categories.

3

Please review the entire dropdown listing prior to choosing Other.

CAQH PROVIEW HOSPITAL AFFILIATIONS

Editing Hospital Affiliations

Save

PERSONAL INFORMATION

PROFESSIONAL IDS

EDUCATION & PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY INSURANCE

EMPLOYMENT INFORMATION

PROFESSIONAL REFERENCES

DISCLOSURE

HOSPITAL AFFILIATIONS

Import

* Required fields are indicated with a red asterisk. All other fields are optional.

If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.

Admitting Privileges

Add if you can admit patients on an unrestricted, limited, or temporary basis. This also includes hospitals where you have pending admitting privileges.

Enter an admitting privilege

Add

Primary Hospital

Erlanger Med Center

Active

Chattanooga, TN

Edit

Remove

1

Hospital Name should only appear in one of the three Hospital Affiliation categories.

2

You can edit or remove.

3

Click edit to check if Hospital Name is chosen from dropdown.

CAQH PROVIEW HOSPITAL AFFILIATIONS

Editing Hospital Affiliations

Admitting Privilege Record [Back to List](#)

* Required fields are indicated with a red asterisk. All other fields are optional.

Please enter the details of your Admitting Privilege Record. An admitting privilege means that you can admit patients on an unrestricted, limited or temporary basis.

* **State** **Country**

* **Hospital Name** **Other Hospital Name**

* **Street 1** **Street 2**

* **City**

* **Zip Code**

* **Phone Number** **Fax Number**

4

If “Other” appears in Hospital Name, please choose the correct hospital name from the dropdown.

5

This saves you time looking up required information fields.

6

Hospital names shown are as the hospital is registered with the American Hospital Association (AHA).

CAQH PROVIEW HOSPITAL AFFILIATIONS

Editing Hospital Affiliations

Admitting Privilege Record [Back to List](#)

* Required fields are indicated with a red asterisk. All other fields are optional.

Please enter the details of your Admitting Privilege Record. An admitting privilege means that you can admit patients on an unrestricted, limited or temporary basis.

* **State** **Country**

* **Hospital Name**

* **Other Hospital Name**

Street 2

City

7

You can start typing the hospital name and the AHA standardization will pre-populate for you to select.

8

If you don't see the hospital name, scroll down the list looking for variations on the hospital name.

9

Hospital names shown are as the hospital is registered with the American Hospital Association (AHA).

Best Practice

1

Standardized hospital name.

2

Standardized address,

3

Fewer keystrokes.

PERSONAL INFORMATION

PROFESSIONAL IDS

EDUCATION & PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY INSURANCE

EMPLOYMENT INFORMATION

PROFESSIONAL REFERENCES

DISCLOSURE

Admitting Privilege Record

Back to List

Required fields are indicated with a red asterisk. All other fields are optional.

Please enter the details of your Admitting Privilege Record. An admitting privilege means that you can admit patients on an unrestricted, limited or temporary basis.

State

TN

Country

United States

Hospital Name

Erlanger Medical Center

975 East Third Street
Chattanooga, TN 37403-2147
Phone: 423-778-7000
Fax: 423-778-7196

Is this your primary hospital?

Yes

No

Admitting Privilege Status

Active

Inactive

Pending

BlueCross BlueShield of Tennessee © 2023 | 17

Important

1

Appointment phone numbers will be published in the directory.

2

Organizational NPI (Type 2) and Tax ID must match what you use to file claims.

3

Accept the standardized address option.

4

Office Hours listed are not for the providers; they're for the location.

5

How the provider is practicing at the location - what shows in directory and what doesn't.

6

Make sure the mailing address is populated.

CAQH PROVIEW PRACTICE LOCATION

Last Confirmed Date

1

Shows the last time the practice location was reviewed.

2

You can easily select the location you're authorized to validate.

3

Click on the eye icon.

Go Back Save & Continue

PERSONAL INFORMATION

PROFESSIONAL IDS

EDUCATION & PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY INSURANCE

EMPLOYMENT INFORMATION

PROFESSIONAL REFERENCES

DISCLOSURE

PRACTICE LOCATIONS

* Required fields are indicated with a red asterisk. All other fields are optional.

Practice Locations

Import

It looks like some of your directory information may be inaccurate or out of date. Health plans use this information to decide which locations get published in their directories. Please review and respond.

All Categories

Search

No Changes to Location Archive Location

Add Location

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input type="checkbox"/>	<div>Please Respond</div> <div>Primary</div> <div>potenti in eleifend quas Tax ID: 18-5842246</div>	<div>mi integer ac cincinnati, MO 46030-2442</div>	<div>* I cover or fill-in for colleagues within the same medical group on an as needed basis.</div>	<div>11/5/2021</div>	<div>N/A</div>
<input type="checkbox"/>	<div>Attest to Confirm</div> <div>Hall Family Practice Tax ID: 11-2456789</div>	<div>2333 McCallie Ave Ste 2 Chattanooga, TN 37404-3258</div>	<div>I see patients by appointment at least one day per week on a regular basis.</div>		<div>N/A</div>

10 Items per page < 1 - 2 of 2 >

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CAQH PROVIEW PRACTICE LOCATION

Confirm Affiliation

1

Review this each time you attest.

2

Notice which affiliation displays in the directory.

3

Notice which affiliation does NOT display in the directory.

The screenshot displays the 'Confirm Affiliation' form. At the top, it says 'Confirm Affiliation' with a close button. Below that, a note states: 'To ensure that directories show accurate information about you, please confirm or update your answer to the affiliation question below.' A red asterisk indicates required fields. The main question is 'Please describe your affiliation with this location'. A dropdown menu is open, showing the selected option: 'I cover or fill-in for colleagues within the same medical group on an as needed basis'. Below the dropdown, there is a radio button for 'I don't know'. At the bottom of the form are 'Cancel' and 'Confirm' buttons. A second, larger dropdown menu is shown below the main form, listing various affiliation options under the heading 'Select'. The options are: 'This location should appear in a directory because...' (with sub-options: 'I see patients by appointment at least one day per week on a regular basis' and 'I see patients by appointment at least one day per month, but less than one day per week on a regular basis'), 'This location should not appear in a directory because...' (with sub-options: 'I see patients at this location, but not by appointment' and 'I cover or fill-in for colleagues within the same medical group on an as needed basis'), and 'I read tests, perform imaging, or provide other services as my primary function at this'.

Confirm Affiliation

To ensure that directories show accurate information about you, please confirm or update your answer to the affiliation question below.

* Required fields are indicated with a red asteriks. All other fields are optional.

* Please describe your affiliation with this location

I cover or fill-in for colleagues within the same medical group on an as needed basis

☐ I don't know

Cancel Confirm

* Required fields are indicated with a red asteriks. All other fields are optional.

* Please describe your affiliation with this location

I cover or fill-in for colleagues within the same medical group on an as needed basis

Select

This location should appear in a directory because...

I see patients by appointment at least one day per week on a regular basis

This location should not appear in a directory because...

I see patients by appointment at least one day per month, but less than one day per week on a regular basis

I see patients at this location, but not by appointment

I cover or fill-in for colleagues within the same medical group on an as needed basis

I read tests, perform imaging, or provide other services as my primary function at this

CAQH PROVIEW PRACTICE LOCATION

Practice Details



Please Review

- › Location address
- › Appointment phone number
- › Business identifiers (Tax ID)
- › Organization (Type 2) NPI
- › Office hours

PRACTICE LOCATION

Practice Details

Provider at the Location

Copy Practice Details from another location

Practice Location Name

Virtual-only Location

Location Address

Street 1

City

State

Zip Code

Country

Digital Directory Information

Practice Location Email Address

Practice Location Website

Appointment Scheduling Website

Phone Numbers

Appointment Phone Number

Business Identifiers

Tax ID

Legal Business Name (as it appears on the 990-EQ)

Tax ID

Organization (Type 2) NPI

Practice Office Hours

Address Standardization

1

USPS Standard

2

Makes sure there's an accurate location to help your patients find your practice.

3

Allows all your providers to have the same address information for the same location.

Address Standardization

The address you entered has been standardized. Please confirm that the suggested address is correct.

You entered 2333 McCallie Avenue Suite 2 Chattanooga, TN 37412	Standardized Address 2333 McCallie Ave Ste 2 Chattanooga, TN 37404-3258
---	---

[Continue](#) [Not now](#)

CAQH PROVIEW PRACTICE LOCATION

Provider at the Location

PRACTICE LOCATION [Back to List](#)

Hall Family Practice
2333 MCCALLIE AVENUE
STE 400
SAN FRANCISCO, MS 12748-0392

Practice Details **Provider at the Location** Services and Resources

* Required fields are indicated with a red asterisk. All other fields are optional.

Copy Provider at the Location from another location
Select

Affiliation

* Please describe your affiliation with this location

I cover or fill-in for colleagues within the same medical group on an as needed basis

--Select--

I see patients by appointment at least one day per week on a regular basis

I see patients by appointment at least one day per month, but less than one day per week on a regular basis

I see patients at this location, but not by appointment

I cover or fill-in for colleagues within the same medical group on an as needed basis

I read tests, perform imaging, or provide other services as my primary function at this location

I no longer practice at this location

I do not practice here, but the location is with in the medical group with which I am employed

I never practiced here and have no affiliation with this location

This is a duplicate of an existing location

--Select--

1

If a provider regularly sees patients by appointment at least one day per week, then their location will display in the directory.

2

All others will not.

3

If a provider is displayed in the directory, a patient should be able to call that number and make an appointment with that provider **at that location.**

Services and Resources



Mailing Address

- › General correspondence
- › Same as practice location - check the box.
- › If different, please fill in.
- › Each practice location can have its own unique mailing address, or it can be the same for all locations.

The screenshot shows the 'PRACTICE LOCATION' form in the CAQH Proview system. The 'Mailing Address' section is highlighted with a red box. It includes fields for Street 1, Street 2, Box, City, State (dropdown), Zip, Country (dropdown), and a checkbox for 'Is this location the same as the practice location?'. Below this, there are sections for 'Phone Coverage' and 'Other Location Information'. The form also includes sections for 'Telehealth', 'Services', 'Payment and Reimbursement', 'Workers' Compensation Information', 'Colleagues', and 'Covering Colleagues Not at This Location'. The 'Mailing Address' section is currently empty, and the 'Is this location the same as the practice location?' checkbox is checked.

Network Verification

of Tennessee

Home > BlueCross BlueShield of Tennessee > Provider Enrollment, Updates, and Changes > Provider Selection > Verification Details

Search Provider by Name

Search

Clear Search

Miller, Andrew C.

Provider ID: 3057868

Provider NPI: 1326046509

Verification Details

The information below is not a part of CAQH ProView® and we need you to verify for BlueCross BlueShield of Tennessee.

Basic Demographic

Changes to the Basic Demographics section should be updated with the CAQH ProView® Profile.

Provider Name: Miller, Andrew C.

Gender: M

NPI Type 1: 1326046509

Provider Specifics

Submission of Provider Enrollment Form is needed for changes to the Tax ID or specialty.

Provider Number: 3057868

Tax ID: 620637925

NPI Type 2: 1134128820

Associated Group Name: Cherokee Health Systems

Specialty: Psychologist, Clinical

Network Information

Network Name

Accepting Patients (Yes/No)

Behavioral Health Comprehensive Networks

☒ Yes ☐ No

BlueAdvantage PPO

☒ Yes ☐ No

Rendering - Value Options

☐ Yes ☒ No

**** Only available through the BCBS Payer Spaces in Availity**

1

Information not collected or collected differently than from what BlueCross requires.

2

Accepting Patient Status is critical to patients seeking care.

3

Quick and easy way to see what BlueCross has, and update what's missing.

BlueCross BlueShield of Tennessee © 2023 | 25

Network Verification

**** Only available through the BCBS Payer Spaces in Availity**

Billing address

New services within your group

An easy way to let us know when a provider has left your group

REFERENCES

Provider Network Operations



Provider Network Services

Questions or concerns regarding enrollment status, contracts or credentialing

1-800-924-7141

Credentialing and Contracting Option

Contracts_Reqs_GM@bcbst.com

Provider Operations Process Support

Submission of provider enrollment supporting documentation

ProviderSupport@bcbst.com

Questions or Concerns

Regarding provider changes, data verifications or correspondence

PNS_GM@bcbst.com

REFERENCES

Provider Network Operations



Important Links

- › [Provider News and BlueAlerts](#)
- › [CAQH Proview](#)
- › [Availity](#)
- › [Find my Contact](#)

Steps to Enroll or Make Changes in Your Network

Here's where you'll start to enroll as a new provider or add a provider to your group contract.

1

Enter/update your information in [CAQH ProView](#)

2

Enter/update your information in Change Healthcare's [Payer Enrollment Services portal](#)

3

Register with [Availity](#) & complete your enrollment application or change form.

Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association



BEHAVIORAL HEALTH UPDATES

BlueCare Tennessee

ABA and BlueCare Code Changes



CODE CHANGES

ABA Code Changes

Effective Jan. 1, 2023, we made changes to the ABA codes.

We are no longer using the H codes for services.

Current codes are CPT® codes that align with our Commercial line of business.

CODE CHANGES

BlueCare and TennCareSelect – ABA

CPT/HCPCS Code ¹	Modifier	Brief Description — see coding resources for full description	Certified/Licensed Master's Level and Above Applied Behavior Analyst (“ABA”) ²
97151	—	Behavior identification assessment, administered by a physician or other qualified healthcare professional, per 15 minutes	\$21.25
97152	—	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with patient, per 15 minutes	\$12.75
0362T	—	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient	\$21.25
97153	—	Adaptive behavior treatments by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, per 15 minutes	\$12.75

CODE CHANGES

BlueCare and TennCareSelect – ABA (cont.)

CPT/HCPCS Code ¹	Modifier	Brief Description — see coding resources for full description	Certified/Licensed Master's Level and Above Applied Behavior Analyst (“ABA”) ²
97153	HO	Adaptive behavior treatments by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, per 15 minutes	\$21.25
0373T	—	Adaptive behavior treatment with protocol modification, each 15 minutes of technician's time face-to-face with patient	\$21.25
97155	—	Adaptive behavior treatments with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with on patient, per 15 minutes	\$21.25
97154	—	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, per 15 minutes	\$6.38

CODE CHANGES

BlueCare and TennCareSelect – ABA (cont.)

CPT/HCPCS Code ¹	Modifier	Brief Description — see coding resources for full description	Certified/Licensed Master's Level and Above Applied Behavior Analyst (“ABA”) ²
97158	—	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, per 15 minutes	\$14.88
97156	—	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), per 15 minutes	\$14.88
97157	—	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, per 15 minutes	\$14.88

CODE CHANGES

BlueCare and TennCare*Select*

Effective April 1, 2023, we made changes to our BlueCare and TennCare*Select* codes.

We updated certain codes for professional Behavioral Health services located in Schedule 2A.

CODE CHANGES

Billing Reminders

Medicaid Modifiers:

Psychologist – HP

APRN – SA

Masters level – HO

Please remember that all services billed should be rendered by the licensed, credentialed and contracted BlueCross provider listed on the claim. We do not allow incident billing unless you're contracted with us as a community Behavioral Health center or Behavioral Health facility.

Billing for Telehealth

You may bill for telehealth for these lines of business. This applies to services that previously required an in-person visit in settings like outpatient clinics, hospitals, emergency departments and therapist offices

When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02, -10 or your normal Place of Service code with a 95 modifier appended to the CPT/HCPCS code.

You can find more about telehealth billing at [BCBSTupdates.com](https://www.bcbstupdates.com).

CODE CHANGES

Notification of Upcoming Changes

Blue Alert – Monthly newsletter







We notified all providers of these changes via Availity communication. If you did not receive the communication, please confirm that your email address is correct in Availity.

If you need a copy of the changes, they can be found on Availity under the fee schedule viewer.

CODE CHANGES

Notification of Upcoming Changes

Step 3: Click on the **Provider Enrollment, Updates and Changes** application to begin the Provider Enrollment Form, Change Request or Network Verification.

 Fee Schedule Viewer View your fee schedules for BlueCross contracts	 Health Starts TN Review community programs available to BlueCare members.	 Medication Assisted Treatment Review your BESMART Quality Metrics Report - Q2 2022 Reports are now available
 National Consumer Cost Tool Reports Q2 2022 Data available - Review data submitted for member cost tools	 Print/View Your Remittance Advice Review and print copies of your legacy remittance advices.	 Provider Enrollment, Updates, and Changes Enroll or make changes to a Provider for BlueCross BlueShield of Tennessee

BESMART Updates



BESMART

Enrollment Changes

Due to the recent change regarding DEA X Waivers, we'll be updating our enrollment process for the BESMART networks.

BESMART ENROLLMENT PROCESS

Enrollment of a New Provider

- 1 Each provider enrollment must be submitted on a group enrollment form via Availity.
- 2 All providers must be participating in Medicaid to be eligible for the Commercial BESMART networks.
- 3 Providers, except those who prescribe addiction medicine and psychiatrists, must complete all additional educational requirements to be eligible to receive our enhanced bundled reimbursement for BESMART services.
- 4 We've replaced our PDF attestations with Smartsheets. All prescribers **MUST** complete a Smartsheet to be enrolled with BlueCross.
- 5 Please provide us with an email address for each new prescriber to your practice so we can send them a Smartsheet to complete.
- 6 Once we receive Smartsheets for your newly enrolled prescribers, we'll check their eligibility to receive our enhanced bundled reimbursement for BESMART services.



Data Verification and Attestation Form for Buprenorphine Medication Assisted Treatment Prescribers

This form must be completed and submitted by the prescriber. As confirmation of submittal, select "Send me a copy of my responses" option at the bottom of the form and enter the prescriber email address as the recipient. Then, forward the email confirmation to MAT_Referral_CM_UM@bcbst.com as well as any of your office/practice staff who need confirmation of submittal.

Prescriber Last Name *

Prescriber First Name *

Prescriber Email Address *

This email address must belong to the prescriber and is for attestation purposes and interaction specifically regarding the MAT program, including routine requests for information about appointment availability.

Alternate Email Address

This field is for any alternate or proxy email address for interaction with prescriber/practice specifically regarding the MAT program, including routine requests for information about appointment availability.

Prescriber NPI *

Taxpayer Identification Number *

Primary Specialty *



Request MAT Smartsheet

To request a MAT Smartsheet, please email us at: MAT_Referral_CM_UM@bcbst.com



BESMART CHANGES

TennCare Buprenorphine Coverage.

For BESMART providers, there's no Prior Authorization requirement for up to a maximum daily dose (MDD) of 16mg of preferred products buprenorphine/naloxone tablets and films.

For Non-BESMART providers, there's no Prior Authorization requirement for an initial five-day supply of buprenorphine/naloxone tablets up to 18 MDD if there are no paid claims on the last 180 days.

TennCare Buprenorphine Coverage.

The recent buprenorphine changes that occurred on May 15, 2023, only apply to buprenorphine/naloxone film and tablets, and for providers within the BESMART Network.

For all other TennCare providers, the recent changes only apply to buprenorphine/naloxone tablets.

All non-preferred agents, including single buprenorphine-containing products, remain subject to prior authorization requirements.

Commercial & Medicare Advantage Fee Schedule Changes

NEW RATE STRUCTURE

Increasing BH Reimbursement

1

BH providers will receive a rate increase in 2023 and another in 2024.

2

New contracts will be based off a percentage of the 2021 base fees outlined by CMS.

3

Our new structure is based on CMS values and aligns with the industry standard.

4

We'll replace the existing contracts regardless of whether the fixed terms have expired.

5

Our BH professional providers will receive new Commercial contracts in August and September of this year.

6

Please be on the lookout for your new contract later this year.

NEW COMMERCIAL RATES — TWO-YEAR PHASED INCREASE

LCSW and LPC

Year one — Effective 10/01/2023

Category	Percentage of CMS 2021 base fees
Medicine Behavioral Health	73%
Medicine Other	73%
E&M Office Visits	76%

CPT	Category	Rate Year 1
90791	Medicine Behavioral Health	126.83
90834	Medicine Behavioral Health	72.50
90836	Medicine Behavioral Health	63.23
90837	Medicine Behavioral Health	107.07

Year two — Effective 10/01/2024

Category	Percentage of CMS 2021 base fees
Medicine Behavioral Health	93%
Medicine Other	93%
E&M Office Visits	96%

CPT	Category	Rate Year 2
90791	Medicine Behavioral Health	161.58
90834	Medicine Behavioral Health	92.36
90836	Medicine Behavioral Health	80.56
90837	Medicine Behavioral Health	136.40

NEW COMMERCIAL RATES — TWO-YEAR PHASED INCREASE

Psychiatrists, Psychologists & BH NP

Year one — Effective 10/01/2023

Category	Percentage of CMS 2021 base fees
Medicine Behavioral Health	81%
Medicine Other	81%
E&M Office Visits	84%

CPT	Category	Rate Year 1
90791	Medicine Behavioral Health	140.73
90834	Medicine Behavioral Health	80.44
90836	Medicine Behavioral Health	70.16
90837	Medicine Behavioral Health	118.80

Year two — Effective 10/01/2024

Category	Percentage of CMS 2021 base fees
Medicine Behavioral Health	97%
Medicine Other	97%
E&M Office Visits	100%

CPT	Category	Rate Year 2
90791	Medicine Behavioral Health	168.53
90834	Medicine Behavioral Health	96.33
90836	Medicine Behavioral Health	84.02
90837	Medicine Behavioral Health	142.27



Behavioral Health Network Managers

Tory Murray

West Region

(901) 544-2323

Tory_Murray@bcbst.com

Lee Green

Middle Region

(615) 483-7886

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Jennifer Ramsden

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Tara Maffett

Chattanooga Region

(423) 309-8495

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Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association



ANCILLARY BREAKOUT SESSION

Agenda

- › Home Health Electronic Visit Verification (EVV)
 - EVV Process
- › Home Health Agency Billing
 - Non-Routine Supplies
- › Hospice Billing Guidelines
 - Provider Indicator Number
- › Notice of Medicare Non-Coverage (NOMNC)
 - BlueCare Plus (HMO-D-SNP)SM Form
 - Medicare Advantage Form

Agenda

- › New Locations for Ancillary/Organizational Providers
 - Contract Amendment
 - Credentialing
- › Durable Medical Equipment/Orthotics & Prosthetics Billing Guidelines
 - Date Spans
 - Place of Service 99
 - HCPCS A4224 (Supplies)
- › Complex Rehabilitation Technology (CRT)
 - BlueCare CRT Form
 - Commercial CRT Form

Agenda

- › New Hearing Aid Vendor for BlueCare Plus
 - TruHearing®
- › Breast Pump Billing Reminder
 - HCPCS K1005 (breast milk storage bags)
- › New BlueCross BlueShield of Tennessee Service Areas in Georgia
 - Catoosa, Dade and Walker Counties

BlueCare Electronic Visit Verification (EVV)

Home Health Claims Denials for Electronic Verification Take Effect July 1, 2023

Beginning July 1, 2023, we'll deny claims for home health services if an agency isn't using an Electronic Visit Verification (EVV) system. As a reminder, all home health agencies treating members enrolled in a Medicaid plan must use an EVV system to track that member visits occurred as scheduled.

Home Health Claims Denials for EVV

At minimum, EVV systems should track:

- › Type of service performed
- › Individual receiving services
- › Date of service
- › Location of service
- › Individual providing the service
- › Time the service begins and ends

Home Health Claims Denials for EVV

If you have questions, please contact your Provider Network Manager. We also recently developed a web page with specific information for home health agencies.

To review these online resources, which include details about EVV, please visit bluecare.bcbst.com/providers/tools-resources and choose Resources for Home Health Providers.

Home Health Agency Billing Guidelines for Non-Routine Supplies

**BlueCross BlueShield of Tennessee
Provider Administration Manual**

The following codes should be used when billing Home Health Agency Non-Routine Supplies with Revenue Code 0270:

A4212	A4331	A4357	A4375	A4390	A4407	A4422	A4455	A5056	A5112	A7503	A7527	T4532
A4248	A4333	A4358	A4376	A4391	A4408	A4423	A4456	A5057	A5113	A7504	T4533	T4534
A4310	A4334	A4360	A4377	A4392	A4409	A4424	A4459	A5061	A5114	A7505	S8210	T4535
A4311	A4338	A4361	A4378	A4393	A4410	A4425	A4461	A5062	A5120	A7506	T4521	T4537
A4312	A4340	A4362	A4379	A4394	A4411	A4426	A4463	A5063	A5121	A7507	T4522	T4540
A4313	A4344	A4363	A4380	A4395	A4412	A4427	A4481	A5071	A5122	A7508	T4523	T4541
A4314	A4346	A4364	A4381	A4396	A4413	A4428	A4623	A5072	A5126	A7509	T4524	T4542
A4315	A4349	A4366	A4382	A4397	A4414	A4429	A4625	A5073	A5131	A7520	T4525	T4543
A4316	A4351	A4367	A4383	A4398	A4415	A4430	A4626	A5081	A6531	A7521	T4526	A2014
A4320	A4352	A4368	A4384	A4399	A4416	A4431	A5051	A5082	A6532	A7522	T4527	A2015
A4321	A4353	A4369	A4385	A4400	A4417	A4432	A5052	A5083	A7045	A7523	T4528	A2016
A4326	A4354	A4371	A4387	A4404	A4418	A4433	A5053	A5093	A7047	A7045	T4529	A2017
A4328	A4355	A4372	A4388	A4405	A4419	A4434	A5054	A5102	A7501	A7524	T4530	A2018
A4330	A4356	A4373	A4389	A4406	A4420	A4435	A5055	A5105	A7502	A7526	T4531	

The following codes should be used when billing Home Health Agency Non-Routine supplies with Revenue Code 0623:

A6010	A6205	A6221	A6237	A6252	A6407	A6451
A6011	A6206	A6222	A6238	A6253	A6410	A6452
A6021	A6207	A6223	A6239	A6254	A6412	A6453
A6022	A6208	A6224	A6240	A6255	A6441	A6454
A6023	A6209	A6228	A6241	A6256	A6442	A6455
A6024	A6210	A6229	A6242	A6258	A6443	A6456
A6154	A6211	A6230	A6243	A6259	A6444	A6457
A6196	A6212	A6231	A6244	A6261	A6445	A6545
A6197	A6213	A6232	A6245	A6262	A6446	A7040
A6198	A6214	A6233	A6246	A6266	A6447	A7041
A6199	A6215	A6234	A6247	A6402	A6448	A7048
A6203	A6219	A6235	A6248	A6403	A6449	
A6204	A6220	A6236	A6251	A6404	A6450	

Hospice Billing Guidelines

- › Hospice inpatient claims are priced from the Provider Indicator Number, which:
 - Is usually located in the memo field or block 82
 - Refers to the nursing facility where the member is a resident
 - Is also the nursing facility Medicaid ID number



[illegible]

Notice of Medicare Non-Coverage (NOMNC)

Home Health Agencies (HHA), Skilled Nursing Facilities (SNF) and Comprehensive Outpatient Rehabilitation Facilities (CORF) are responsible for delivering NOMNCs to the member or authorized member representative according to applicable CMS regulations.

Additionally, per CMS regulations, HHAs are responsible for both completing the NOMNC form and issuing it to the member or authorized member representative.

Notice of Medicare Non-Coverage (NOMNC)

CMS requires the NOMNC be delivered at least two days prior to the end of the member's HHA, SNF or CORF authorized services.

Days will not be extended due to untimely delivery of the NOMNC by the facility.

If the member's services are expected to last fewer than two days, the HHA, SNF or CORF must provide the NOMNC to the member at the time of admission.

Notice of Medicare Non-Coverage (NOMNC)

Providers are required to fax a signed copy of the NOMNC to BlueCross BlueShield of Tennessee no later than noon the day following receipt of the NOMNC.

› BlueCare Plus Fax: **1-866-325-6698**

- A model NOMNC form is on the CMS website at:
cms.gov/Medicare/Medicare-General-Information/BNI/madenialnotices

› Medicare Advantage Fax: **1-888-535-5243**

- A model NOMNC form is also on our website at:
bcbst.com/docs/providers/bcbst-medicare/forms/NOMNC

<<Facility>>
Notice of Medicare Non-Coverage

Patient name: [Click here to enter text.](#) **Patient number:** [Click here to enter text.](#)

The Effective Date Coverage of Your Current --service type--
Services Will End: <insert discharge date>

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current --service type-- services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
 - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.

See page 2 of this notice for more information.

- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: KEPRO 1-844-430-9504 to appeal, or if you have questions.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan Information:
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle, Suite 0005
Chattanooga, TN 37402-0005
1-800-841-7434

Additional Information (Optional):
<<freeform text area>>

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Signature of Patient or Representative

Date



BLUECARE BILLING GUIDELINES

Durable Medical Equipment and Orthotics and Prosthetics

- › Date Span
- › Place of Service
- › Supply Code A4224

Claim Form

Durable medical equipment and medical supplies must be billed on a Professional claim form.

Block 24b – Place of Service

The place of service (POS) should represent where the item is being used, not where it is dispensed.

Note: Effective 9/1/18, for all BCBST lines of business, DME providers will need to use “99” as the new place of service code when submitting a claim for an item purchased by and delivered to a member at a retail store.

Block 24a – From and To Date(s) of Service

Enter the month, day and year for each procedure, service or supply.

The following items require the use of span dates (i.e. a span of time between the “from and to” dates of service). Failure to use span dates will result in incorrect payment for the following items:

- Enteral Feeding Supply kits
- Continuous passive motion device
- Enteral Formulae
- Food Thickener
- External Insulin Pump Supplies

EX: Code A4224 also includes all cannulas, needles, dressings and infusion supplies (excluding insulin reservoir A4225, (Supplies for external insulin infusion pump, syringe type cartridge, sterile each) related to continuous subcutaneous insulin infusion via external insulin infusion pump (E0784). Billing for more than one (1) unit of service per week is incorrect use of the code and will be denied accordingly.

Source: <http://www.cgsmedicare.com>.

Suppliers who elect to bill for partial months should enter the date of service the rental period begins in the “From” field and the ending rental date of service in the “To” field of the CMS-1500/ ANSI-837P for each partial month of billing. In this case, the HCPCS code should be billed with the RR modifier in the first modifier field and the KR modifier in the second modifier field.

DO NOT SPAN DATES FOR ITEMS OTHER THAN THOSE LISTED.

All DME monthly rentals must not be billed with a DOS span and must bill only one (1) unit per month.

Block 24d - Codes and Modifiers

Durable medical equipment must be billed using the most appropriate HCPCS code and applicable modifiers in effect for the date of service. Pricing modifiers published on the Durable Medical Equipment, Prosthetic, Orthotic and Supplies (DMEPOS) Fee Schedule are required for correct claim adjudication. In some cases, more than one pricing modifier is required. Claims billed with an inappropriate code and modifier combination will be returned to the Provider for submission of corrected claim and result in delay in reimbursement.

Complex Rehabilitation Technology

Durable Medical Equipment (DME) Authorization Request

 **BlueCross BlueShield of Tennessee**

Complex Rehabilitation Technology Durable Medical Equipment (DME) Authorization Request

Please type/print legibly and fax the completed form to: BlueCross BlueShield of Tennessee Utilization Management at 1-800-292-5311 OR Submit online authorization requests via Availity® anytime day or night.*

Member Name: _____ Date of Birth: _____

Member ID Number: _____ Diagnosis with Diagnosis Codes: _____

Ordering Physician: _____ Provider # and/or NPI #: _____

Physician Address: _____

Physician Phone Number: _____ Fax Number: _____

DME Supplier: _____

DME Supplier Address: _____

DME Supplier # and/or NPI #: _____

DME Supplier Phone Number: _____ Fax Number: _____

Start Date Duration: _____

Requester's Name: _____

Phone: _____ Fax Number: _____

Special Note Regarding Needed Information:
For Complex Rehabilitation Technology, please complete the table on page 2 (if needed).

 **BlueCross BlueShield of Tennessee**

Complex Rehabilitation Technology Durable Medical Equipment (DME) Authorization Request

Please type/print legibly and fax the completed form to: Commercial Utilization Management at 1-866-558-0789 OR Submit online authorization requests via Availity® anytime day or night.*

Member Name: _____ Date of Birth: _____

Member ID Number: _____ Diagnosis with Diagnosis Codes: _____

Ordering Physician: _____ Provider # and/or NPI #: _____

Physician Address: _____

Physician Phone Number: _____ Fax Number: _____

DME Supplier: _____

DME Supplier Address: _____

DME Supplier # NPI#: _____

DME Supplier Phone Fax Number: _____

Start Date Duration: _____

REQUESTORS Contact Name: _____

Phone: _____ Fax Number: _____

Special note regarding needed information:
For Complex Rehabilitation Technology, please complete the form below and on page 2 (if needed). All codes/line items to be billed and the required information noted below, must be provided to pre-review for billable codes and provide coverage determinations for complex rehabilitation technology. The reimbursement of billable codes/line items will be based on established/published reimbursement guidelines and/or contracted fee schedules.

Equipment Codes Requested

Code	Description	Manufacturer	Product Name	Product Number	Units

New Hearing Aid Benefit from TruHearing®

Effective Jan. 1, 2023, we're offering a new hearing aid benefit through TruHearing that includes access to some of the most advanced hearing aids on the market.

Hearing aids can be expensive, especially for some of our BlueCare Plus members and those on a fixed income.

We're working with TruHearing to help our members receive one routine hearing exam per year, and up to two TruHearing hearing aids every year (one per ear, per year).

New Hearing Aid Benefit from TruHearing®

If your patients with hearing loss ask about hearing aids, please refer them to TruHearing at **1-855-205-6376 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m. ET.

TruHearing will help them find a qualified network audiologist to provide a comprehensive exam and talk with them about treatment with hearing aids. TruHearing's Provider Relations team is also available to answer questions at **1-866-581-9462**, Monday through Friday, 8 a.m. to 8 p.m. ET.

Note: Hearing exams must be performed by a TruHearing provider to be covered.

BLUECARE

Breast Pump Billing Reminder

Billing for breast pumps

› HCPCS K1005

- Disposable bag for collecting and storing breast milk



New Service Areas: Catoosa, Dade and Walker Counties



Effective November 2022

As of **Nov. 1, 2022**, we began offering certain employer group health plans in Catoosa, Dade and Walker counties in Georgia. We're able to do this because we're licensed by the Blue Cross Blue Shield Association for these specific counties outside Tennessee. Providers interested in becoming contracted in our Commercial and Medicare Advantage networks should visit our website and follow the steps for enrollment and credentialing or contact our **Provider Service** line at **1-800-924-7141** and then follow the prompts to select Contracts and Credentialing

New Service Areas: Catoosa, Dade and Walker Counties



Federal Employee Program

Note: This doesn't apply to the Federal Employee Program (FEP). Additionally, all providers located in Catoosa, Dade and Walker Counties should know that with this change, our BlueCross BlueShield of Tennessee member claims for services rendered in these three counties are no longer processed through BlueCard®. Instead, pricing and benefits are handled by BlueCross BlueShield of Tennessee directly. Now, providers located in one of these counties that treat our members must be contracted with us for our members to receive in-network benefits. For questions about these claims, please contact your **Provider Network Manager** or call our **Provider Service line at 1-800-924-7141**.

Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association



AVAILITY OVERVIEW

AGENDA

Availity Navigation – Breakout Session #3

› Availity Multi-Payer Navigation

- Patient Registration
- Claims & Payments

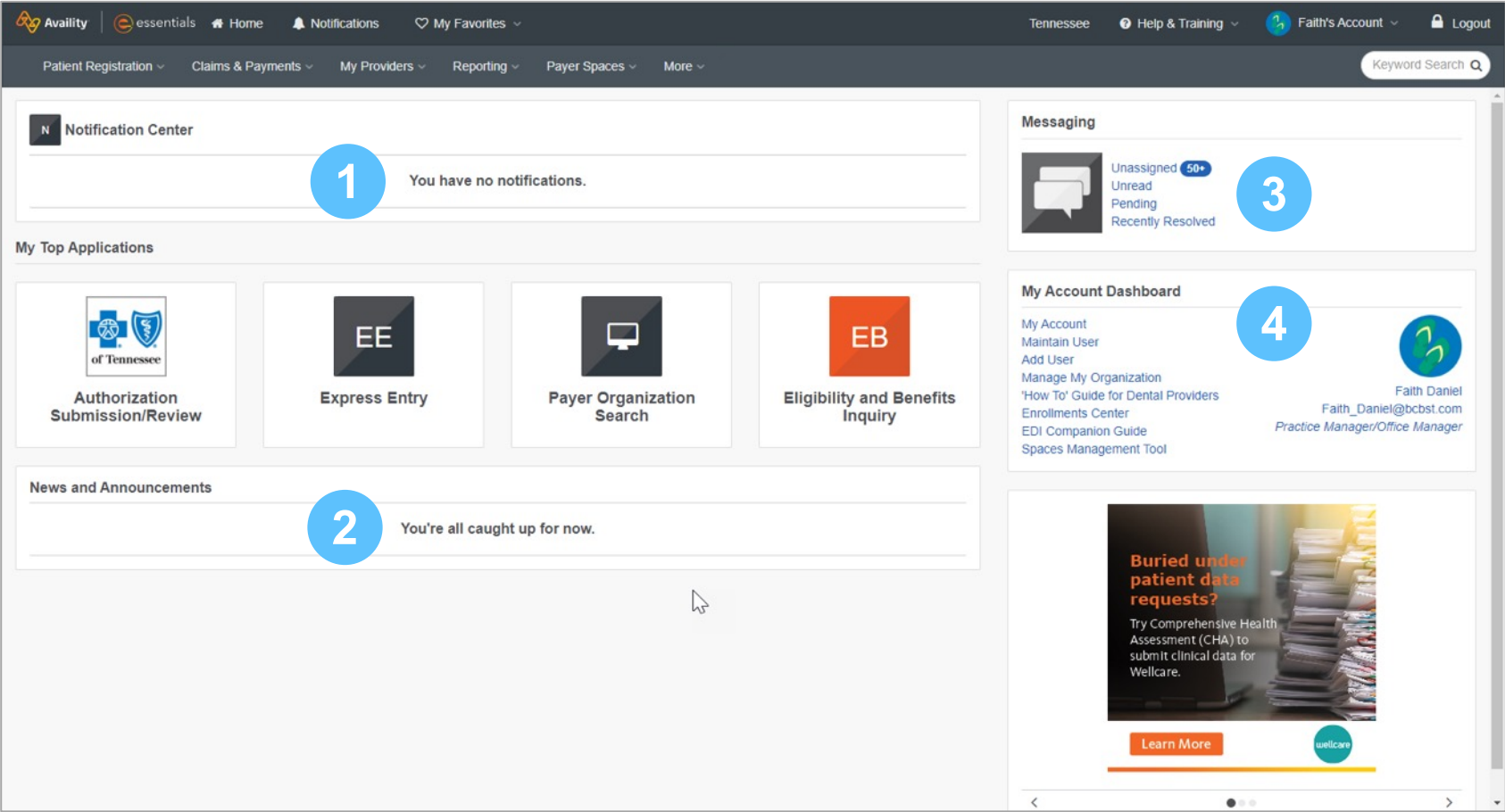
› Payer Spaces

- Applications
- Resources
- News & Announcements

› Future Enhancements / Roadmap

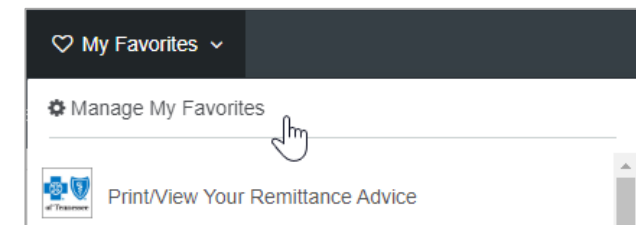
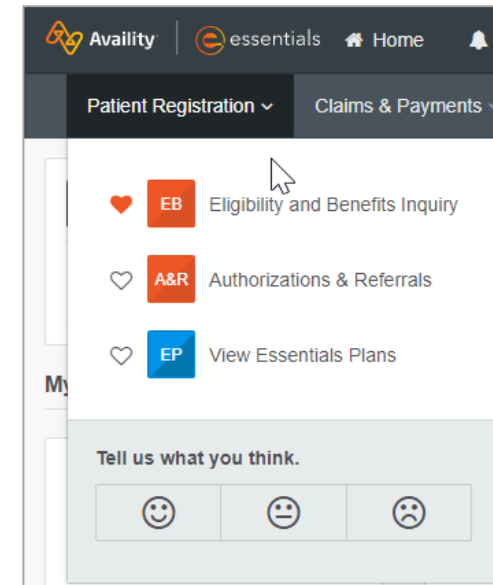
› eBusiness Contacts

Availity Home



Patient Registration

- › Eligibility and Benefits Inquiry
- › Authorizations & Referrals (BlueCard)
- › View Essentials Plus (Not BlueCross Sponsored)
- › Tell us what you think Feedback option
- › Clicking application heart icons creates the My Favorites List



Eligibility & Benefits Search

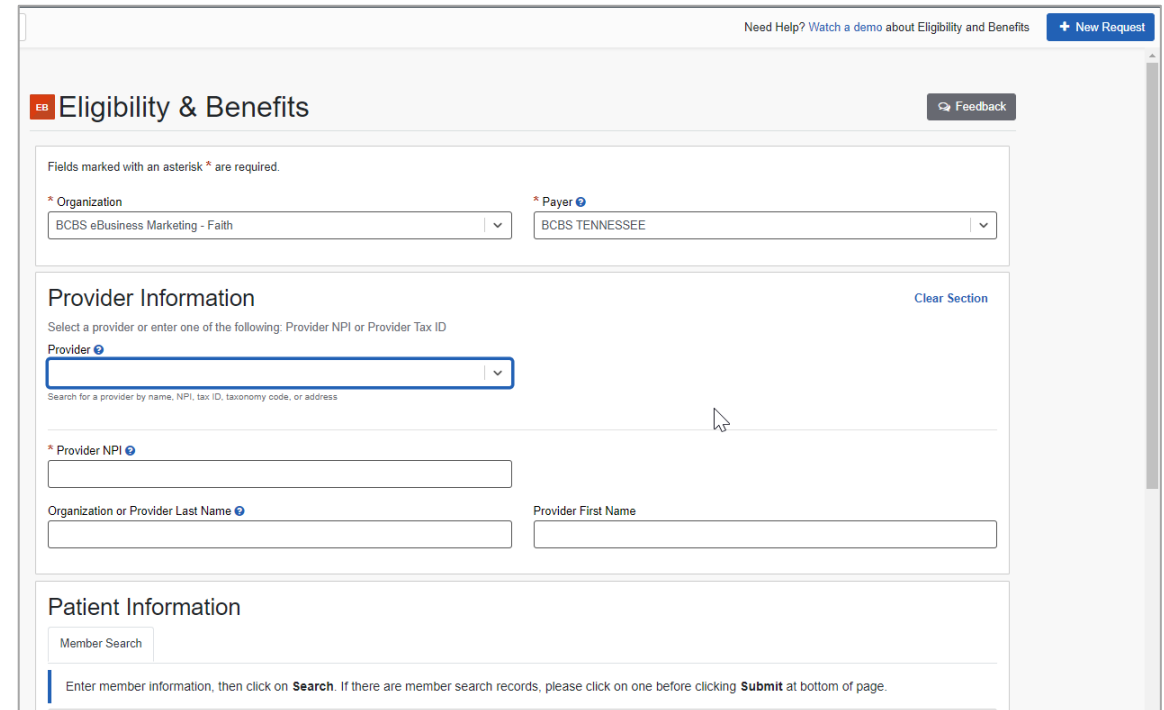
› Search Options

- Select Payer - BCBS Tennessee
- Select Provider



Training Demo

apps.availty.com/availty/Demos/REC_AP_Eligibility_and_Benefits_new/story.html



The screenshot displays the 'Eligibility & Benefits' search interface. At the top, there is a header with a 'Need Help? Watch a demo about Eligibility and Benefits' link and a '+ New Request' button. Below the header, a 'Feedback' button is visible. The main form area is divided into sections. The first section, 'Eligibility & Benefits', contains two dropdown menus: '* Organization' (selected: 'BCBS eBusiness Marketing - Faith') and '* Payer' (selected: 'BCBS TENNESSEE'). A note states 'Fields marked with an asterisk * are required.' Below this is the 'Provider Information' section, which includes a 'Provider' dropdown menu, a 'Search for a provider by name, NPI, tax ID, taxonomy code, or address' input field, and a 'Clear Section' link. Further down are input fields for '* Provider NPI', 'Organization or Provider Last Name', and 'Provider First Name'. The bottom section is 'Patient Information', which includes a 'Member Search' button and a note: 'Enter member information, then click on Search. If there are member search records, please click on one before clicking Submit at bottom of page.'

Patient Information / Member Search

- › Member ID (Subscriber ID) – Default
- › Member ID, Last Name & DOB
- › Member ID, Last & First Name
- › Member ID, First Name & DOB
- › Member Last Name, First Name & DOB

The screenshot shows a web interface titled "Patient Information". Below the title is a "Member Search" tab. A text box contains the instruction: "Enter member information, then click on **Search**. If there are member search records, please click on one before clicking **Submit** at bottom of page." Below this is a "Member Search Options" section with a dropdown menu. The dropdown is currently open, showing a list of search criteria options: "Member ID", "Member Id, Member Last Name, Date of Birth", "Member Id, Member Last Name, Member first Name", "Member Id, Member first Name, Date of Birth", and "Member Last Name, Member First Name, Date of Birth". The "Member ID" option is highlighted in blue. Below the dropdown is a "Service Information" section, which is partially visible.

Select Member / Patient

Patient Information

Member Search

Enter member information, then click on **Search**. If there are member search records, please click on one before clicking **Submit** at bottom of page.

Member Search Options ?

Member ID

Member ID/Policy Number

902218823

Clear

2

Search

Member	ID	Relationship	DOB	Payer	Group	Status
HALL, CHRIS B	902218823		08/06/1959	BCBS Tennessee-Dental	Chris B Hall Enterprises	Active

ELIGIBILITY & BENEFITS

Commercial Member

Date of Service May 23, 2023 Transaction ID 53004238680 Transaction Time May 23, 3:12 PM Customer ID 818201

HALL, KRISSY C
1 CAMERON HILL CIRCLE
CHATTANOOGA, TN 37402

Member Status: Active Coverage Date of Birth: Jun 15, 2009 Gender: Female Current Plan Effective Date: Jan 1, 2019 - Jun 30, 2025 Relationship to Subscriber: Child

Prior Authorization Requirements Coverage Questions? Patient Cost Estimator General Exclusions

Member ID: QM902218823 Subscriber: HALL, CHRIS B Group Number: 100000 Group Name: CHRIS B HALL ENTERPRISES Plan Begin Date: Jan 1, 2023

Payer: BCBS TENNESSEE

Other or Additional Payer Information

Secondary Payer

Payer: NO OTHER INSURANCE Group or Policy Number: NOTPROVIDED COB Date: Jan 19, 2023

Provider Information

Requesting Provider

Name: BCBS eBusiness Marketing - Faith Category: Requesting Provider NPI:

Plan Maximums and Deductibles

Health Benefit Plan Coverage - 30

FILTER BY PLAN NETWORK NAME ALL PLAN NETWORK NAMES FILTER BY NETWORK Out of Network In Network All Networks

- › Member demographic and plan effective date
- › Prior Authorization requirements
- › Coverage questions? – Fast Path
- › Patient Cost Estimator – RTCA
- › General exclusions
- › Other / Additional payer information (COB)
- › Plan maximums & deductibles

ELIGIBILITY & BENEFITS

Medicaid Member

HALL, KRISTOPHER

DO NOT MAIL
CHATTANOOGA, TN 37402

Edit

Print

Feedback

Member Status

Active Coverage

Date of Birth

Aug 6, 1959

Gender

Male

Current Plan Effective Date

Jan 1, 2015 - Dec 31, 2199

Relationship to Subscriber

Self

Check Medicaid NPI

Check for Authorization Requirements

Coverage Questions?

Patient Cost Estimator

General Exclusions

Member ID:

ZECMBCTEST00

Group Number:


125000

Group Name:

TENNCARE/BLUECARE

Plan Begin Date:

Jul 1, 2022

 of Tennessee

Payer:

BCBS TENNESSEE

Other or Additional Payer Information

Primary Payer

Payer:

BLUE CROSS BLUE SHIELD

Member Identification Number:

000230560

Group or Policy Number:

UNKNOWN

COB Date:

Sep 11, 2008

Payer Contact Information:

1 CAMERON HILL CIRCLE DRIVE
CHATTANOOGA, TN 37402

▼ Provider Information

Requesting Provider

Name:

BCBS eBusiness Marketing - Faith

Category:

Requesting Provider

NPI:

123456789

Primary Care Provider

Name:

Harry Potter

Category:

Primary Care Provider

NPI:

123456789

Primary Care Provider

Name:

Harry Potter

Category:

Primary Care Provider

Type:

Primary Care Provider

Payer Assigned Provider ID:

123456

Check Medicaid Registration by NPI

Billing

1234567890

Service Facility

Service Facility

Rendering

1234567800

Purchased Service

Purchased Service

Prescribing

Prescribing

Ordering

Ordering

Referring

Referring

Close

Search

ELIGIBILITY & BENEFITS

Plan Maximums and Deductibles

The screenshot shows a web interface for "Plan Maximums and Deductibles". At the top right, there is a "FILTER BY NETWORK" section with three buttons: "Out of Network", "In Network" (highlighted), and "All Networks". Below this is a section titled "Health Benefit Plan Coverage - 30" with a sub-header "Active Coverage". It lists "Insurance Type: Medicaid", "Plan / Product: BLUECARE MIDDLE", and "Coverage Level: Individual". A note states: "FUNDING TYPE = MEDICAID" and "NOTE - THIS MEMBER HAS A MEDICAID PLAN. VALIDATE THE NPI(S) INVOLVED IN THIS MEMBER'S CARE TO ENSURE NO DISRUPTION IN CLAIMS PROCESSING." Below this is a table with three columns: "Information / Details", "Individual", and "Family". The "Annual Deductible" row shows "Network Not Applicable" for the details column, and "\$0 / Service Year(s) - \$0 Year to Date" with "\$0 Remaining" for both the Individual and Family columns. Below the table is a "Benefit Information" section with an "Expand" button. It lists several benefits: "Audiology Exam - 71", "Chiropractic - 33" (highlighted with a hand cursor), "Dental Care - 35", and "Durable Medical Equipment - DM".

1 FILTER BY NETWORK
Out of Network In Network All Networks

Plan Maximums and Deductibles

▼ Health Benefit Plan Coverage - 30

Active Coverage
Insurance Type: Medicaid
Plan / Product: BLUECARE MIDDLE
Coverage Level: Individual

- FUNDING TYPE = MEDICAID
- NOTE - THIS MEMBER HAS A MEDICAID PLAN. VALIDATE THE NPI(S) INVOLVED IN THIS MEMBER'S CARE TO ENSURE NO DISRUPTION IN CLAIMS PROCESSING.

Information / Details	Individual	Family
Annual Deductible Network Not Applicable	\$0 / Service Year(s) -\$0 Year to Date \$0 Remaining	\$0 / Service Year(s) -\$0 Year to Date \$0 Remaining

Benefit Information Expand

- ▶ Audiology Exam - 71
- ▶ Chiropractic - 33
- ▶ Dental Care - 35
- ▶ Durable Medical Equipment - DM

- › Filter by network
- › Deductible information
- › Benefit information
 - Expand for all
 - Click specific benefit to view

ELIGIBILITY & BENEFITS

Physician Visit – Office: Well Limitations

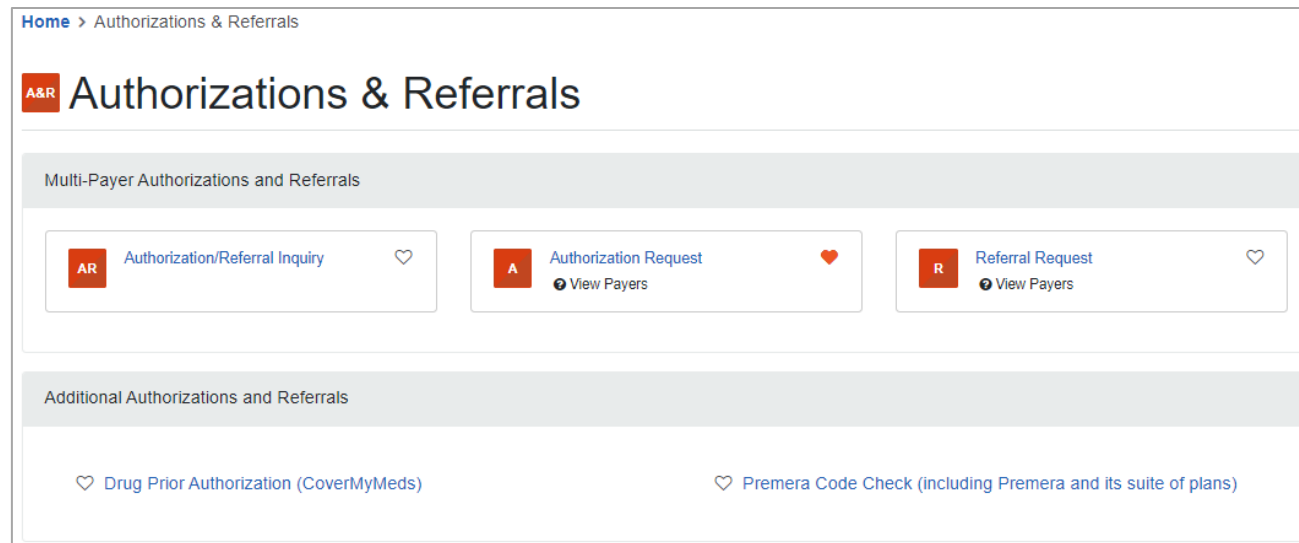
▼ Physician Visit - Office: Well - BZ					
Active Coverage In Network					
Place of Service: Office					
<ul style="list-style-type: none">ADULTNOT SUBJECT TO DEDUCTIBLECHILDNOT SUBJECT TO DEDUCTIBLE					
Information / Details	Co-Insurance	Co-Payment	Benefit Deductible ?	Limitations ?	Authorization ?
In Network					
Place of Service: Office					
Coverage Level: Individual					
<ul style="list-style-type: none">ADULTCHILD					
0% / Visit(s)		\$0 / Visit(s)	Refer to: Health Benefit Plan Coverage	—	—
In Network					
Place of Service: Office					
Coverage Level: Individual					
<ul style="list-style-type: none">12 VISITS PER YEAR - DIETARY COUNSELING					
—		—	Refer to: Health Benefit Plan Coverage	12 Remaining, 12 Visit(s) / Calendar Year(s)	—
In Network					
Place of Service: Office					
Coverage Level: Individual					
<ul style="list-style-type: none">1 VISIT PER CALENDAR YEAR - WELLCARE - OVER AGE 6PEDIATRIC, PHYSICIAN VISIT - OFFICE - WELL HAVE COMBINED LIMITATION AMOUNTADULT1 VISIT PER CALENDAR YEAR - WELLCARE - OVER AGE 6PEDIATRIC, PHYSICIAN VISIT - OFFICE - WELL HAVE COMBINED LIMITATION AMOUNTCHILD					
—		—	Refer to: Health Benefit Plan Coverage	1 Remaining, 1 Visit(s) / Calendar Year(s)	—
Exclusions					
<ul style="list-style-type: none">EXCLUSIONS - PREVENTIVE SERVICES NOT LISTED IN THE ELIGIBLE SERVICES SECTION - SERVICES NOT RECOMMENDED BY THE PLAN'S MEDICAL POLICY GUIDELINES - IMMUNIZATIONS FOR (1) SPORTS; (2) CAMP; (3) EMPLOYMENT; (4) INSURANCE; (5) MARRIAGE OR LEGAL PROCEEDINGS. .TRAVEL IMMUNIZATIONS NOT RECEIVED THROUGH THE PHARMACY BENEFIT.					
▼ Professional (Physician) Visit - Office - 98					

- View the number of visits per calendar year
- View the visits remaining based on claim data received

AUTHORIZATIONS

BlueCard and CoverMyMeds

- Authorization request
- CoverMyMeds
- InterPlan Tool



AUTHORIZATIONS

BlueCard and CoverMyMeds



**Verify If Service Requires
Prior Authorization**

InterPlan Tool: provider.bcbst.com/tools-resources/digital-resources/router



AUTHORIZATIONS

BlueCard Authorization

Home > Authorizations & Referrals > Authorizations Need help? [Watch a demo](#) about Authorizations and Referrals.

Authorizations Give Feedback New Request

SELECT A PAYER

Organization *
BCBS eBusiness Marketing - Faith

Template(s) optional [Manage Templates](#)
No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer *
BCBS TENNESSEE

Request Type *
Select Authorization Type
Inpatient Authorization
Outpatient Authorization

Next

- New request
- Using the InterPlan tool (link on previous slide) will provide authorization or medical policy details for member benefits
- Quick Reference Guide on Payer Spaces/Resources

AUTHORIZATIONS

BlueCard Authorization



Quick Reference Guide

[apps.availity.com/web/core/vault/vault/v1/
files/335224/Kad1BQ9kR/a25df342-23dc-468f-
944a-5d58b7ad578c?spaceId=
10939061021488307061478300001840](https://apps.availity.com/web/core/vault/vault/v1/files/335224/Kad1BQ9kR/a25df342-23dc-468f-944a-5d58b7ad578c?spaceId=10939061021488307061478300001840)

BlueCard Authorizations

[Home](#) > [Authorizations & Referrals](#) > Authorizations

Need help? [Watch a demo](#) about Authorizations and Referrals.

A

Authorizations

Give Feedback

New Request

1

Start an Authorization

2

SSO Redirect

Transaction Type


Outpatient Authorization

Organization

ABC Medical

Payer

BCBS TENNESSEE



PATIENT INFORMATION

☐ SHOW OPTIONAL FIELDS

Select a Patient

Q Select...

▼


Search by any combination of patient name (first and last), DOB, or Member ID.

Member ID

DNO001001001


Service From Date

04/25/2023



Service To Date

04/25/2023



BlueCard Authorizations

REQUESTING PROVIDER

☐ Show Optional Fields

Select a Provider optional ⓘ

×

Requesting Provider Type *

Facility

Name * ⓘ

ABC Medical Center

NPI * ⓘ

1234567890

Tax ID optional ⓘ

6200000000

Specialty / Taxonomy * ⓘ

282N00000X - General Acute Care Hospital

Address Line 1 *

1 Cameron Hill Circle

City *

Maryville

State *

Tennessee

ZIP Code *

37804

Back

Next

v6.419.2

BlueCard Authorizations

A

Authorizations

Give Feedback

New Request

Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Pre-Service Review for Out-of-Area and Local Members

IMPORTANT

: You have been routed from BCBS TENNESSEE to BCBS MICHIGAN AND BLUE CARE NETWORK to conduct pre-authorization review for a BCBS MICHIGAN AND BLUE CARE NETWORK member.

Please choose from the following pre-authorization options:

Inpatient Authorization

Outpatient Authorization

Referral

Authorization Vendors:

Carelon Provider Portal

e-referral

eviCore Provider Portal

naviHealth Provider Portal

Novologix BCBSM

Novologix BCN/BCN Advantage

Novologix Medicare Plus Blue

TurningPoint Provider Portal

CareCentrix Provider Portal

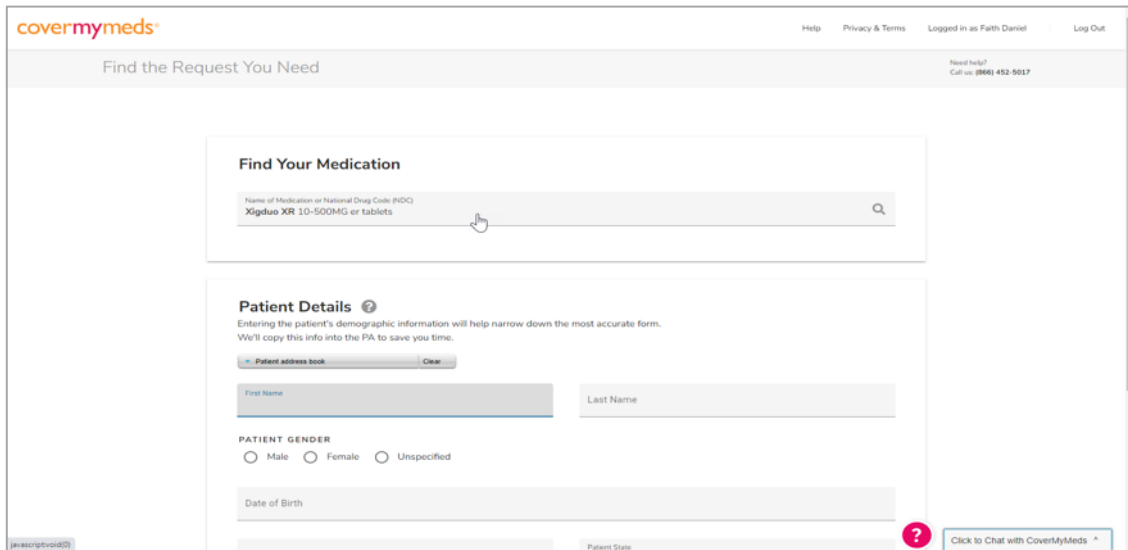
New Directions Provider Portal

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Back

v6.419.2

Medication Authorizations



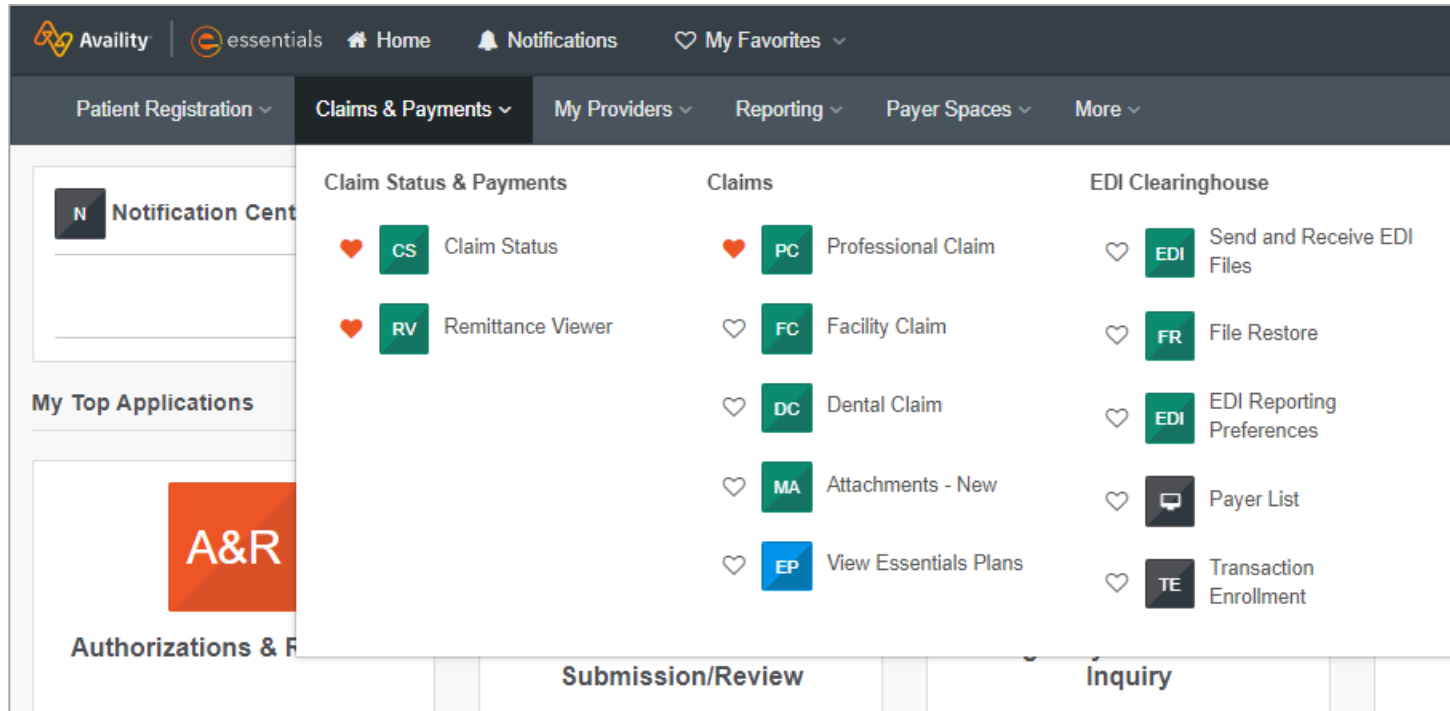
The screenshot shows the CoverMyMeds website interface. At the top, the logo "covermymeds" is on the left, and links for "Help", "Privacy & Terms", "Logged in as Faith Daniel", and "Log Out" are on the right. Below the header is a navigation bar with "Find the Request You Need" and "Need help? Call us (888) 452-5017". The main content area is divided into two sections. The first section, "Find Your Medication", has a search bar with the placeholder text "Name of Medication or National Drug Code (NDC)" and the example "Xigduo XR 10-500MG er tablets". The second section, "Patient Details", includes a note: "Entering the patient's demographic information will help narrow down the most accurate form. We'll copy this info into the PA to save you time." Below this note are fields for "First Name", "Last Name", "PATIENT GENDER" (with radio buttons for Male, Female, and Unspecified), and "Date of Birth". At the bottom right, there is a red question mark icon and a button that says "Click to Chat with CoverMyMeds".



**Pharmacy Information/
Formulary Medication List
Per Line of Business**

[provider.bcbst.com/working-with-us/
our-networks/pharmacy/](https://provider.bcbst.com/working-with-us/our-networks/pharmacy/)

Claims and Payments



- › Claim Status
- › Remittance Viewer
- › Claims – Professional, Facility & Dental
- › Attachments – New (Coming Soon)
- › EDI Clearinghouse Reports

CLAIMS AND PAYMENTS

Claim Status

The screenshot shows the Availity web application interface for searching claim status. The top navigation bar includes links for Home, Notifications, My Favorites, Tennessee, Help & Training, Faith's Account, and Logout. Below the navigation bar, there are tabs for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the navigation bar.

The main content area is titled "Claim Status" with a "Give Feedback" button. Below the title, there are two dropdown menus for "Organization" (BCBST eBusiness Marketing Claims - Faith) and "Payer" (BCBS TENNESSEE). Below these are five tabs: Member, Service Dates, Check Number, Claim Number, and HIPAA Standard.

Below the tabs, there is a section for "Fields marked with an asterisk * are required." This section contains several input fields:

- * Provider Tax ID: 621231111
- Select a Provider: ABC Medical Group
- * Provider NPI: 123456789
- Payer Assigned Provider ID: (empty)
- * Service Dates: 11/01/2022 to 12/01/2022
- * Claim Status: A dropdown menu is open, showing options: All, Pending, Rejected, Denied, and Paid.

› Searching by Service Date allows Claim Status Search

CLAIMS STATUS

Claim Details

CS

Claim Status

Give Feedback

Customer ID 12345 Exchange Date April 24, 2023 10:06 AM
Transaction ID 000b686a-0063-9faa-0012-5900823276be

Print this Page Return to Results [New Search](#) [Edit Search](#)

[View EOB](#) [Message this Payer](#)

Patient Information

Patient
Subscriber ID

Christy Hall
902218823

Patient Account Number
Gender

05
F

Claim Information

Status
Service Dates
Received Date
Claim Number

PAID
03/03/2023 - 03/31/2023
04/20/2023
EXT12345678900

Line of Business
Total Billed
Total Paid
Total Patient Responsibility

BZ27
\$1,072.36
\$1,112.20
\$0.00

Payment Information

Check/EFT #
Provider ID

Payment Date
Payee Provider ID

04/28/2023
1234567

Line Level Information

Service Dates	Procedure Codes	Reason/Remark Code	Billed	Paid	Allowed	Not Covered	Deductible	Co-Insurance	Co-Pay
03/03/2023 03/31/2023	S5100		\$1,072.36	\$1,112.20	\$1,112.20	\$0.00	\$0.00	\$0.00	\$0.00

Customer ID Exchange Date April 24, 2023 10:06 AM
Transaction ID

Print this Page Return to Results [New Search](#) [Edit Search](#)

- Print this page, Return to Results, New Search & Edit Search Options
- View EOB (Remittance)
- Message This Payer / Messaging Feature

CLAIMS STATUS

Message This Payer

Messaging

Please allow ten business days or less for a response.

Reason for message:

Select...

Explain Denial

Need Payment Details

Incorrect Payment Amount

Explain Claim Rejection

Reconsideration

Other

Messaging

Please allow ten business days or less for a response.

Reason for message:

Reconsideration

Enter message into this text field and then click the Send button shown below.

Send

- › Select Reason for message
- › Enter message
- › Messaging mailbox

Messaging

Unassigned 50+

Unread

Pending

Recently Resolved

CLAIMS AND PAYMENTS

Remittance Viewer

Home > Remittance Viewer Need Help? [Watch a demo](#) for Remittance Viewer
Need help getting access to EOP/EOBs?

RV Remittance Viewer Manage Access Give Feedback

Check / EFT **Claim**

Search **Check / EFT Dates** - Search

Payee Tax ID

Filter by: Clear all filters <

Organization

Check / EFT Amount

Date Received by Availity
 - Calendar

Filter

Payments issued from 04/24/2023 to 05/24/2023 Download CSV

< First 1 2 Last > Showing 1 - 25 of 125 Remits

Check/EFT #	Payer	Payee	Check/EFT Date	Received by Availity	Check/EFT Amount	Actions
2300000000000000	BCBST BLUEADVANTAGE	ABC Medical Group	04/27/2023	04/24/2023	\$126,352.98	Person Calendar Download
2300000000000000	BLUECROSS BLUESHIELD OF TENNESSEE	ABC Medical Group	04/27/2023	04/24/2023	\$44,516.69	Person Calendar Download
2300000000000000	BLUECROSS BLUESHIELD OF TENNESSEE	ABC Medical Group	04/27/2023	04/24/2023	\$3,405.45	Person Calendar Download


- Broken down by line of business
- Posts made approximately mid-week
- Remittance applications on Payer Spaces post Monday of each week

CLAIMS AND PAYMENTS

Professional, Facility and Dental

Claims

- ♥ PC Professional Claim
- ♥ FC Facility Claim
- ♥ DC Dental Claim
- ♥ MA Attachments - New

Professional Claim [Give Feedback](#) 

Fields marked with an asterisk * are required. [Need Help? Watch a demo for submitting Professional Claims.](#)

INSURANCE COMPANY/BENEFIT PLAN INFORMATION

* Responsibility Sequence [?](#)

Primary

Primary

Secondary

Tertiary

Select a Patient [?](#)

Q Type to search...

Search by any combination of patient name (first and last), DOB, or Member ID.

* Last Name * First Name Middle Name or Initial Suffix

* Country [?](#) * Address [?](#) Suite [?](#)

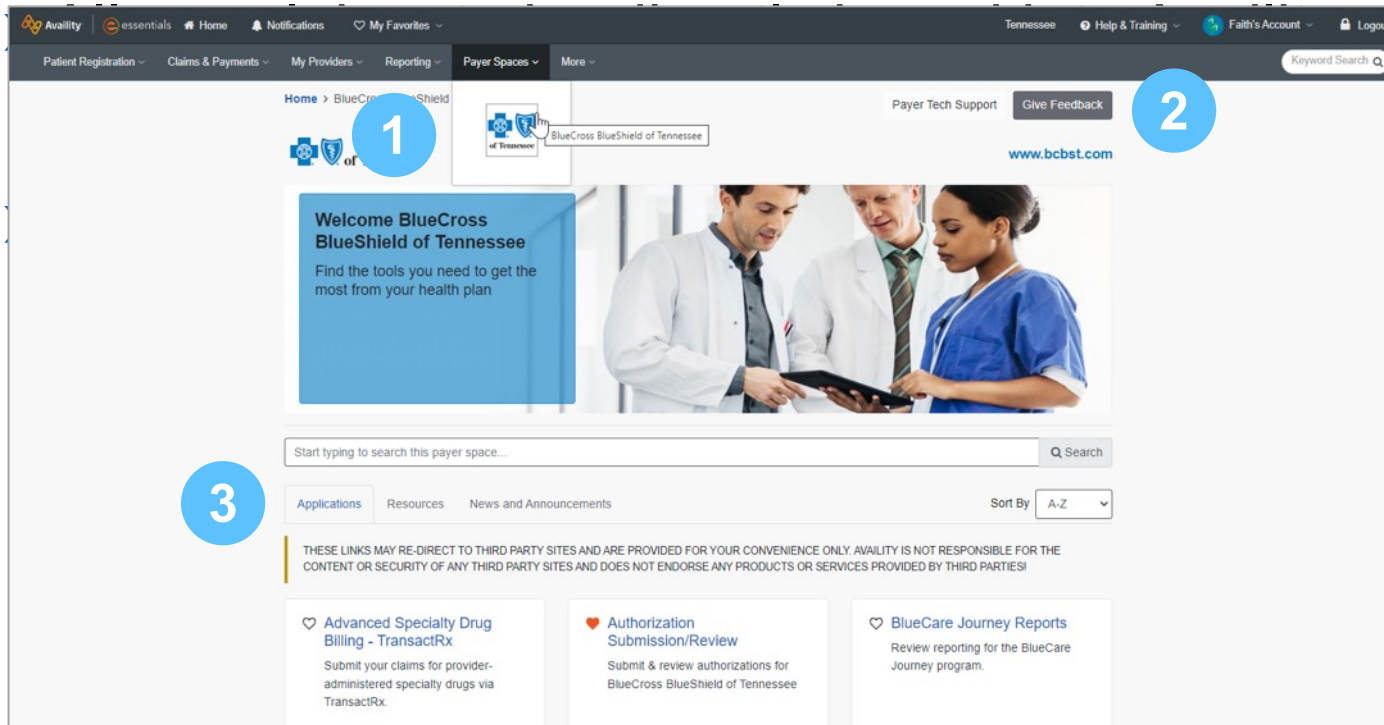
United Sta... Type to search...

* City * State * Zip Code

Type to search...













- Allows claims to be directly keyed into Availity
- Smaller offices without a clearinghouse are typical users of these forms
- Claims that cannot be keyed into Real Time Claim Adjudication are good candidates for this application

Applications



- › Payer Tech Support (Chat)
- › Give Feedback
- › Applications

Applications

 BlueCare PCP Maintenance Review and maintain your BlueCare & TennCare Select patient populations.	 BlueCare PCP Member Roster Review your assigned members	 CHOICES & ECF Claim Submission Submit claims for CHOICES and ECF members.
 Contact Preferences & Communication Viewer Routine Maintenance will be performed Wed. 6/28 from 9pm- 6/29 5am EST	 Fee Schedule Viewer View your fee schedules for BlueCross contracts	 Health Starts TN Review community programs available to BlueCare members.
 Health Starts TN 2 Initiative to test and improve the value returned from addressing social needs.	 Medication Assisted Treatment Review your BESMART Quality Metrics Report - Q2 2023 Reports are now available	 National Consumer Cost Tool Reports Routine Maintenance will be performed Wed. 6/28 from 9pm- 6/29 5am EST
 Print/View Your Remittance Advice Routine Maintenance will be performed Wed. 6/28 from 9pm- 6/29 5am EST	 Provider Enrollment, Updates, and Changes Enroll or make changes to a Provider for BlueCross BlueShield of Tennessee	 Quality Care Rewards (QCR Platform) Review gaps and track incentives for providing quality care.

- › Some applications are user role-based
- › Clicking heart icons creates the My Favorites List

Resources

Applications

Resources

News and Announcements

Sort By A-Z

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

Filter By Category

Changes are applied immediately on selection.

☐ BlueCare Tennessee (36)

☐ Medicare Advantage (32)

☐ Commercial (30)

☐ Dual Special Needs Plan (29)

☐ Provider Resources (28)

☐ Quick Reference Guides (28)

☐ BlueCard (10)

☐ Dental (10)

☐ Pharmacy (10)

☐ Quality Care Rewards (4)

☐ Other (3)

2020 BlueAdvantage PPO and BlueEssential HMO SNP Dental Benefits

2020 BlueAdvantage Provider Benefit Grid

2020 BlueAdvantage Provider Benefit Grid PPO

2020 BlueEssential Provider Benefit Grid

2020 BlueEssential Provider Benefit Grid HMO SNP

2021 Medicare Advantage Annual Enrollment Period Provider Information Guide

2021 Medicare Advantage Quick Reference Guide

Advanced Specialty Benefit Management TransactRX FAQ

Authorization Review/Submission - BlueCard Authorizations and InterPlan Tool

Authorization Review/Submission - Chiropractic

Authorization Review/Submission - Durable Medical Equipment

This guide provides step-by-step instructions to help you request initial authorizations for DME services through Availity

Authorization Submission/Review - Clinical Update / Concurrent Review Authorizations

Authorization Submission/Review - Behavioral Health

Authorization Submission/Review - High Risk OB

Authorization Submission/Review - High Tech Imaging

- › Quick Reference Guides
- › Links to Manuals and Forms
- › InterPlan tool can become a favorite

News and Announcements

- › Covid-19 FAQs
- › BlueAlert Newsletter (Current)
- › BlueCare Model of Care Training

Applications	Resources	News and Announcements
THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!		
Important Information from TennCare: Medicaid Renewals Started April 1 TennCare began the reverification process for our BlueCare, TennCareSelect and CoverKids members on April 1. For more information, visit tn.gov/tenncare and select Preparing for Renewals.		
New Customer Service Resource Team for Tennessee Providers		
Important Information About Recent e-Signature Phishing Scams Hackers are increasingly targeting companies that use electronic signature systems such as DocuSign®, our system of choice for contracting initiatives. We want to make sure you know how to continue to work safely with our contracting organization.		
BCBS Tennessee Eligibility and Benefits Upgrades		
BlueEssential Care Plans Available in Quality Care Rewards Application In addition to mail, you can now review, approve and/or request edits to your BlueEssential patients care plans in the QCR application. See the May 2021 BlueAlert for more information.		
Coronavirus Updates & F.A.Q. - BlueCare/TennCare Select Review updates from BlueCare and the Department of TennCare regarding COVID-19.		

BlueAlert

[2023 Special Needs Plan Model of Care \(MOC\) Training Now Available](#)

Providers participating in BlueCare Plus Tennessee (HMO D-SNP)SM 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

Authorization Submission / Review

The screenshot displays the BlueCross BlueShield of Tennessee provider portal. The left sidebar contains a navigation menu with the following items: Home, Authorization / Advance Determination Submission..., Inpatient Confinement, Inpatient Behavioral Health, Outpatient, Outpatient Behavioral Health, High Tech Imaging, Observation, Maternity Care Management, Hospice, Durable Medical Equipment, Specialty Pharmacy, Home Health Services, Outpatient Therapy, Auth Inquiry/Clinical Update, NIA - MAGELLAN, Genetic Testing Submission/Inquiry, and Oncology/Radiology Submission/Inquiry. A blue circle with the number '1' is placed over the 'Authorization / Advance Determination Submission...' menu item. A second blue circle with the number '2' is placed over the 'Auth Inquiry/Clinical Update' menu item. The main content area is titled 'Announcements' and contains several paragraphs of text. A 'Help' link is visible in the top right corner. At the bottom of the page, the URL 'https://providers.bcbst.com/pat/#' is displayed.

BlueCross BlueShield of Tennessee

Home

Authorization / Advance Determination Submission...

Inpatient Confinement

Inpatient Behavioral Health

Outpatient

Outpatient Behavioral Health

High Tech Imaging

Observation

Maternity Care Management

Hospice

Durable Medical Equipment

Specialty Pharmacy

Home Health Services

Outpatient Therapy

Auth Inquiry/Clinical Update

NIA - MAGELLAN

Genetic Testing Submission/Inquiry

Oncology/Radiology Submission/Inquiry

<https://providers.bcbst.com/pat/#>

Help

Announcements

Commercial Durable Medical Equipment (DME): Most Commercial plans require prior authorization for DME over \$500. If your request meets criteria, you can get an immediate response on most DME authorization requests.
Note: No prior authorization is required for CPAP rental price, unless the cost is more than \$500 a month per item billed.

Newborn authorizations can be submitted via the web once the newborn has been added to the member's policy.

Remember: Extensions and Clinical Updates can be done by clicking on the Auth Inquiry/Clinical Update form in the menu to the left of the screen.

Behavioral Health Outpatient: BlueCare, CoverKids, and BlueCare Plus no longer require authorization for in-network Substance Abuse IOP and PHP.

Air Ambulance authorizations cannot be submitted on the web at this time. Please call 1-800-818-8581, ext 6900 to request authorization.

Commercial Advanced Therapeutic Authorizations: Advanced Therapeutics identified on the Provider-Administered Specialty Medication List, <https://www.bcbst.com/docs/pharmacy/provider-administered-specialty-pharmacy-list.pdf>, are reviewed by BCBST. Please call Commercial Utilization Management at 1-800-924-7141 option 9 in the prior authorization menu or by faxing to 1-866-558-0789. Visit <https://provider.bcbst.com/tools-resources/documents-forms> for the BCBST fax form.

Skilled Nursing Facility (SNF), Inpatient Rehabilitation, and Long-Term Acute Care (LTAC) Hospitalization services are now available on the Inpatient Confinement page. Please visit <https://provider.bcbst.com/tools-resources/documents-forms> for the LTAC and SNF/Inpatient Rehabilitation forms that are available for attachments.

Contact Information

Technical Questions or Issues: eBusiness Technical Support: 1-423-535-5717, Option 2
Commercial / Medicare Advantage Plans: Provider Service: 1-800-924-7141
BlueCare Plus: Provider Service: 1-866-789-6314
BlueCaresm / TennCare Select Plans:
Benefits are determined by the State Bureau of TennCare and are subject to change. If you have any questions, please call our Customer Service areas at:
BlueCaresm Members: 1-800-468-9698
BlueCaresm Providers: 1-800-468-9736
TennCare Select Members: 1-800-263-5479
TennCare Select Providers: 1-800-276-1978

Outpatient Authorization

BlueCross BlueShield of Tennessee

Home

Authorization / Advance Determination Submission...

Inpatient Confinement

Inpatient Behavioral Health

Outpatient

Outpatient Behavioral Health

High Tech Imaging

Observation

Maternity Care Management

Hospice

Durable Medical Equipment

Specialty Pharmacy

Home Health Services

Outpatient Therapy

Auth Inquiry/Clinical Update

NIA - MAGELLAN

Genetic Testing Submission/Inquiry

Oncology/Radiology Submission/Inquiry

Submit Outpatient

Select Patient Information

This is an Outpatient Notification/Authorization/Advance Determination for:

Name : Kristopher Hall

Member ID : MBCTEST00

Group ID : 125000

Birth Date : 08/06/1959

Age : 63

Address : DO NOT MAIL
CHATTANOOGA, TN 37402

Phone : 4235555554

Eligible : Yes

Requested Date of Service: 01/13/2023

To Select a Patient, Search by ID Number:

Patient ID : MBCTEST00 0 Search

1

VSHP can no longer accept newborn requests using e-Health Services for authorization under the mother's subscriber id. If you do not have a unique subscriber id for the newborn and attempt to submit the newborn under the mother's subscriber id using e-Health Services, the payment of your claim will be affected. Please contact Utilization Management for BlueCare at 888-423-0131, for TennCare Select at 800-711-4104 or for CoverKids at 800-924-7141 to submit newborn requests telephonically.

Reset Cancel Continue

2

- › Enter Member ID **without Prefix**
- › Click Search & select Patient
- › Click Continue

Outpatient Authorization

The screenshot shows the 'Submit Outpatient' form. The left sidebar lists various services, with 'Outpatient' selected. The form fields include:

- Patient Information:** Patient ID (MBCTEST00), Patient Name (Christopher Hall), Patient Phone (To assist in member outreach, please provide the patient's phone number).
- Requesting/Treating Provider:** Provider ID* (1234567) with a search icon.
- Facility:** Facility ID (1000000) with a search icon.
- Service Information:** Requested Date of Service* (01/13/2023), Place of Service* (On-Campus Outpatient Hospital), Type of Care* (Elective).
- Diagnosis Code(s):** ICD Code (No Decimals) (2471) with a search icon, and a Description field.

The screenshot shows the 'Authorization / Advance Determination Submission' form. The left sidebar lists various services, with 'Outpatient' selected. The form fields include:

- Procedure Codes:** Enter Only 5-digit procedure code; do not enter any modifiers. Procedure Code* (27440) with a search icon, and Procedure Code (Code) with a search icon.
- Contact Information:** Contact Name* (Test), Provider Phone* (1231231232) with an Extension field, Facility Phone (1231231233) with an Extension field, and Contact Fax* (1231231333).
- Submitting From*:** Facility (radio button), Physician's Office (radio button, selected).
- Attach Clinical Information:** Only PDF, TIFF, and JPEG files that total < 5,000 KB are allowed. Only alphanumeric characters and underscores are allowed in file names. Spaces are not allowed. Choose File (No file chosen), Choose File (No file chosen).
- Buttons:** Reset, Back, Cancel, Continue.

- * Required field
- 🔍 Search field
- Complete form
- Click Continue

MILLIMAN CARE GUIDELINES (MCG)


Document Clinical

Authorization Request

✓ Request Form

2 Document Clinical

3 Submit Request



Patient : 4916853 Name : Hall, Kristopher DOB : 08/06/1959 Gender : Male

▼ show more

Authorization : TEMP-01320018 Type : Procedure Pre-authorization Status : Authorization Has NOT Been Submitted

▼ show more

Diagnosis Codes : Z47.1(ICD-10 Diagnosis) *primary* Procedure Codes : 27440(CPT/HCPCS) *primary*

Procedure Code: 27440 (CPT/HCPCS)

Requested Units: 1

Document Clinical

Submit Request

Cancel Request

Back



MCG Transparency Site

bcbst.access.mcg.com/index

Document Clinical

Authorization Request

Patient : 4916853 **Name :** Hall, Kristopher **DOB :** 08/06/1959 **Gender :** Male [show more](#)

Authorization : TEMP-01320041 **Type :** Procedure Pre-authorization **Status :** Authorization Has NOT Been Submitted [show more](#)

Diagnosis Codes : Z47.1(ICD-10 Diagnosis) *primary* **Procedure Codes :** 27447(CPT/HCPCS) *primary*

Procedure Code: 27447 (CPT/HCPCS)
Requested Units: 1

S-700-MGLS26 - Knee Arthroplasty, Total - (ISC)

The procedure is/was needed for appropriate care of the patient because of ...

- ☐ Degenerative joint disease, as indicated by ...
- ☐ Failure of previous proximal tibial or distal femoral osteotomy [?](#)
- ☐ Posttraumatic knee joint destruction [?](#)
- ☒ Distal femur fracture or tibial plateau fracture in patient with osteoporosis [?](#)
- ☐ Limb salvage for malignancy [?](#)
- ☐ Congenital deformity [?](#)
- ☐ Hemophilic arthropathy [?](#)
- ☐ Pigmented villonodular synovitis with joint destruction [?](#)
- ☐ Replacement (revision) of previous arthroplasty, as indicated by ...

[Save](#) [Cancel](#)

[Submit Request](#) [Cancel Request](#) [Back](#)

- Check appropriate guidelines
- Notes may be entered on note icon
- Click Save


Submit Request

Authorization Request

✓ Request Form

✓ Document Clinical

3 Submit Request



Patient : 4916853 **Name :** Hall, Kristopher **DOB :** 08/06/1959 **Gender :** Male [▼ show more](#)

Authorization : TEMP-01320041 **Type :** Procedure Pre-authorization **Status :** Authorization Has NOT Been Submitted [▼ show more](#)
Diagnosis Codes : Z47.1(ICD-10 Diagnosis) *primary* **Procedure Codes :** 27447(CPT/HCPCS) *primary*

Disclaimers

27447 - CPT/HCPCS

- This authorization request requires further review. Please click **Submit Request** below and someone will contact you shortly with a decision.

✓ **Procedure Code:** 27447 (CPT/HCPCS) [▼ show more](#)
Requested Units: 1

[✓ Submit Request](#) [✕ Cancel Request](#) [← Back](#)

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Prior Authorization Confirmation

Authorization Submission has been Accepted

Your submission has been accepted and approved. Someone will contact you with a decision. Your case number for this submission is [4014014](#). Please check later to view process status.

Review & print for your records.

Authorization Submission has been Pended

Your submission has been accepted and is pended. Someone will contact you with a decision. Your case number for this submission is [4014014](#). Please check later to view process status.


Review & print for your records.

Online Authorizations have faster turn around for a decision

Streamlined process allows confirmation of submission including Authorization Case ID #

See instant proof of submission by viewing Authorization Inquiry Screen

Auth Inquiry / Clinical Update

 of Tennessee

[Home](#)
[Authorization / Advance Determination Submission...](#)
[Auth Inquiry/Clinical Update](#)
[BCBST](#)
[Specialty Pharmacy](#)
[MSK](#)
[HTI](#)
[NIA - MAGELLAN](#)
[Genetic Testing Submission/Inquiry](#)
[Oncology/Radiology Submission/Inquiry](#)

[Help](#)

Outpatient Details

[Print](#)

Outpatient Stay Information

Patient Information

Patient:	CHRISTOFF HALL
Member ID:	902218823
Group:	Chris B Hall Enterprises

Authorization

Authorization ID:	408150935
Authorization Status:	Fully Approved

Case Details

Service Dates:	09/01/2022 - 12/31/2022
----------------	-------------------------

Admitting Facility and Provider

Admitting Facility

Name:	BLUECARD PPO PAR PROF
ID:	3032125
Address:	na
City:	Chattanooga
State:	TN
Zipcode:	37402
Country:	USA

Ordering Physician

Name:	BLUECARD PPO PAR PROF
ID:	3032125
Address:	na
City:	Chattanooga
State:	TN
Zipcode:	37402
Country:	USA

[Services](#)

Auth Inquiry / Clinical Update

Diagnosis Code(s)				
Diagnosis Code	Description			
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection			

Services Requested				
Procedure Code	Service Dates	Description	Requested Days/Hours	Status
E1390RR	09/01/2022 - 12/31/2022	PRICE MOD REQ Oxygen concentrator, single delivery port, capable of delivering 85% or > oxygen concentration at prescribed flow rate	4	Approved

An authorization is not a confirmation of coverage or benefits. Available benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered.

Please do not use this form for appeal and reconsideration status checks. Contact Customer Service to check the status.

Commerical: 1-800-924-7141
BlueCare Plus: 1-800-924-7141
MedicareAdvantage: 1-800-924-7141
BlueCare: 800-468-9698
TennCare Select: 800-276-1978

Auth Inquiry / Clinical Update

Clinical Update Information

Please include all clinical information supportive of the request. LIST ALL PERTINENT INFORMATION SUCH AS: current medical status, activity, diet, medications with dosages, pain scale, physician orders, physician treatment plan, applicable office and/or inpatient progress notes, inpatient and/or outpatient treatment(s) including any special treatments such as alternative therapies or treatment, all pertinent lab values, and any other supportive information.

Contact Information

Name:*

Phone:*

Fax:*

Service Information

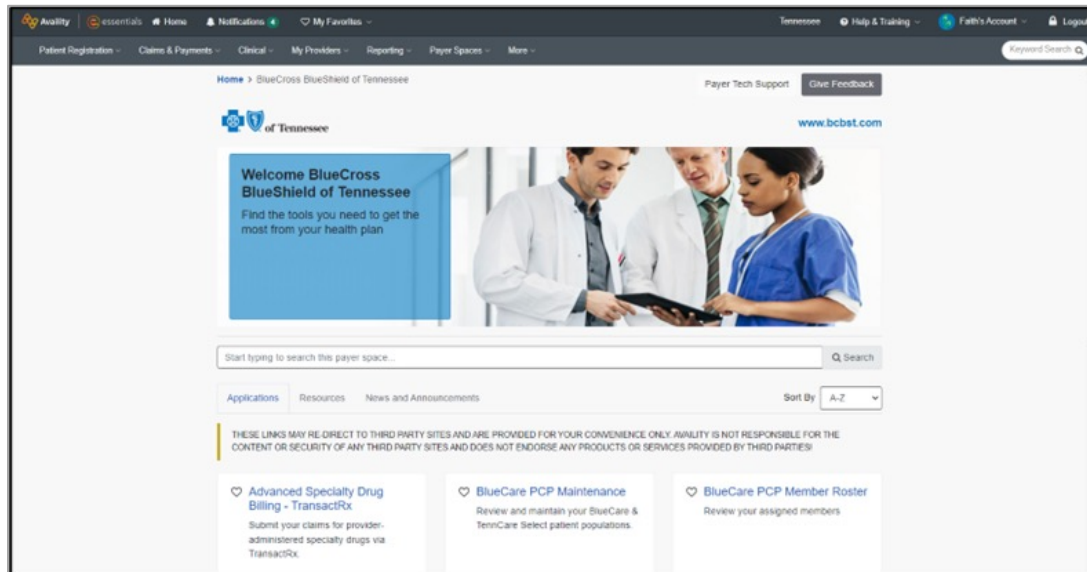
Note Type:*

Clinical Notes:*

Only PDF, TIFF, and JPEG files that total < 5,000 KB are allowed. Only alphanumeric characters and underscores are allowed in file names. Spaces are not allowed.

No file chosen


BlueCare PCP Maintenance / Change Application



- › MyBluePCP link: bluecare.bcbst.com/providers/mybluepcp/
- › PCP Change Form: bluecare.bcbst.com/forms/Provider%20Forms/Primary_Care_Provider_PCP_Change_Form.pdf
- › PCP Change Quick Reference Guide: apps.availity.com/web/core/vault/vault/v1/files/335542/Kad1BQ9kR/e75fd007-6836-42f7-8025-19e18bb77eed?spacel_d=10939061021488307061478300001840

BlueCare PCP Maintenance

- › Change Member PCP
- › Review / Print My PCP Roster



BlueCare PCP Maintenance

Home > BlueCross BlueShield of Tennessee > BlueCare PCP Maintenance

If the member has moved, please ask them to update their address with TennCareSM by calling TennCare Connect at 1-855-259-0701. For urgent requests, please call Customer Service toll-free at 1-800-468-9736 for BlueCare, 1-800-276-1978 for TennCareSelect, or 1-800-924-7141 for CoverKids.

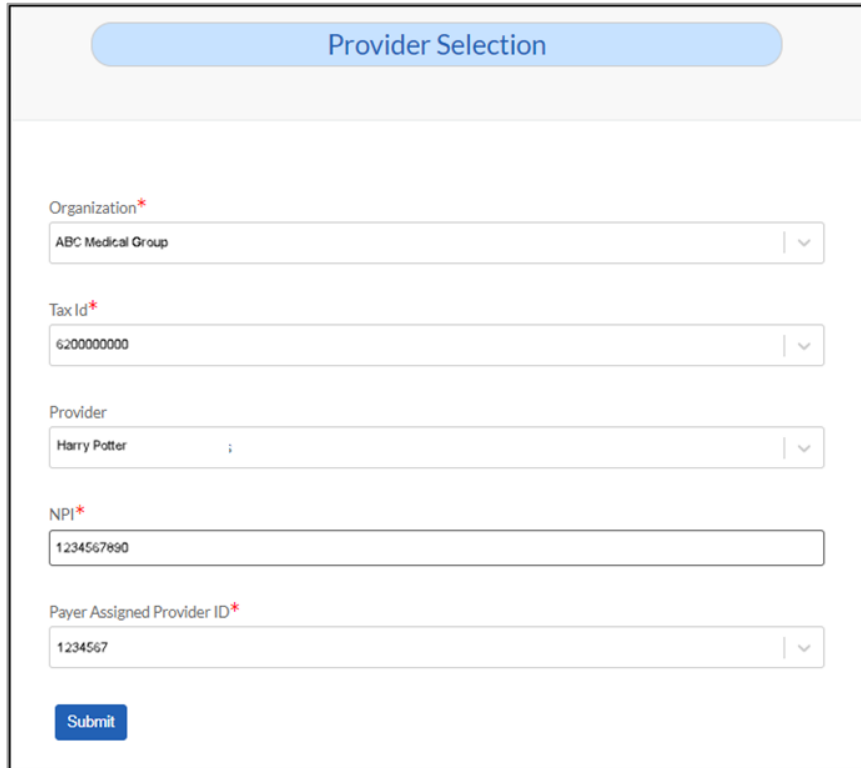
Please select the most appropriate option from the dropdown box below which will direct you to the desired path to update a member's PCP or review your PCP member roster.

I would like to

[Continue](#)

[Change Member PCP](#)[Review/Print My PCP Roster](#)

Provider Information



The screenshot shows a web form titled "Provider Selection" in a light blue header. The form contains five input fields, each with a red asterisk indicating it is required. The first field is "Organization" with the value "ABC Medical Group". The second is "Tax Id" with the value "6200000000". The third is "Provider" with the value "Harry Potter". The fourth is "NPI" with the value "1234567890". The fifth is "Payer Assigned Provider ID" with the value "1234567". A blue "Submit" button is located at the bottom left of the form.

Field	Value
Organization*	ABC Medical Group
Tax Id*	6200000000
Provider	Harry Potter
NPI*	1234567890
Payer Assigned Provider ID*	1234567

- **Very Important:** Individual Provider must be chosen, **not the Group**
- If Individual Providers do not display in Provider drop down, skip the Provider field and enter the NPI to pull up Individual Provider
- Availity Organization can be updated to include Individual Provider NPIs

Change Member PCP

Change Member PCP Details

Member Information

Member ID Card Number*

ZECM1234567

Effective Date of PCP Change*

06/30/2023

Requested Date

06/30/2023

Find Member

Member's First Name

Kris

Member's Last Name

Hall

Date of Birth

2003-05-03

New PCP Information

PCP Name

Harry Potter

PCP Tax ID Number

820000000000

PCP BlueCross Provider Number

1234567

PCP Address

1 Cameron Hill Circle
Chattanooga, TN 37401

PCP National Provider Identifier(NPI)

12134564899

Reason For Change

Please select a reason for PCP change.*

☐ Member Choice

☐ Override Age Restrictions

☐ Override Patient Load

☐ Member Relocation

☐ PCP Relocation

☐ Schedule/Location Conveniences

☐ Established Patients Only

Disclaimers

- The effective date of the PCP Change must match a date of the members visit.
- PCP Change effective dates can be backdated up to 3 business days to allow for office processes to complete the changes.
 - Exception: Members with a retroactive eligibility date (e.g. newborns) can be backdated up to 21 calendar days.
- PCP Changes completed in this tool take place in real-time and will accommodate urgent requests to update the PCP for a member.
- If an error message is received that the PCP change was unable to be completed, please email a PCP Change Form to Fax_pcp@bcbs-tn.com

Attestation

☒ By checking this box, I attest that I have:

- Read and understand the disclaimers above
- Authority to assign members to the PCP listed above
- Updated patient records to state the member agrees to the PCP change as requested on this form.

Submit

- › First Name
- › Last Name
- › Member Date of Birth
- › Member ID #
- › Effective Date of Change
- › Reason for Change
- › Submit

Change Member PCP Confirmation

Change Member PCP

Home > BlueCross BlueShield of Tennessee > BlueCare PCP Maintenance > Provider Selection > Change Member PCP Details > Confirmation

Confirmation

SUCCESS!
Thank you! Your request has been updated successfully

Member Information Details

Member's First Name Kris	Member's Last Name Hall
Member's Date of Birth 2009-09-23	Member ID Card Number ZECM12345678
Effective Date of Request 2023-01-27	Date Requested 2023-01-27

PCP Information Details

PCP Name Harry Potter	PCP BlueCross Provider Number 1234567
PCP National Provider Identifier(NPI) 1234567890	PCP Tax ID Number 620000000
PCP Address 1 Cameron Hill Circle Chattanooga, TN 37402	

Reason For Change

Reason for PCP change
Member Choice

1

2

3

Request Another PCP Change for Same PCP

Close

- Print option
- Multiple PCP changes for same PCP (Blue)
- Close (Green) if no other changes for same PCP

PCP Change Information

- › PCP Change will automatically send the member a new ID Card
- › Members can view their PCP changes immediately in their digital application or Member Portal
- › Providers can instantly view the change in Eligibility & Benefits



BlueCare PCP Member Roster

The screenshot shows the BlueCare PCP Member Roster interface. It features a search bar at the top with a dropdown menu for 'Provider' (1) and a 'Search' button (4). Below the search bar, there are filters for 'Line of Business' (2) and 'Real Time Roster' (3). The 'Line of Business' section includes checkboxes for BlueCare, TennCareSelect, BPN, BlueCarePlus, and CoverKids. The 'Real Time Roster' section includes checkboxes for Current Members, Previously Assigned Members, Members Transferred from Provider, and Disenrolled Members. A 'Report Type (Updated Weekly)' section is also present. The interface includes a disclaimer, a note, and contact information for BlueCare Tennessee and BlueCare, Independent Licensees of BlueCross BlueShield Association.

Provider : 1234567 - Harry Potter, MD 1

Sort by : Provider id / Provider Name

Line of Business : 2

- ☒ BlueCare
- ☒ TennCareSelect
- ☒ BPN
- ☒ BlueCarePlus
- ☒ CoverKids

Real Time Roster : 3

- ☒ Current Members
- ☐ Previously Assigned Members
- ☐ Members Transferred from Provider
- ☐ Disenrolled Members

Report Type (Updated Weekly):

4 Search

Disclaimer: The Real Time Roster pulls current data. Please note the reports are updated weekly and may not reflect the most recent changes.

Note: Eligibility changes are constantly occurring with new members being added, members changing their PCP, members having coverage changes and members dropping from the plan.

For questions regarding PCP assignment, please contact Customer Service at 1-800-468-9736 for BlueCare, 1-800-299-1407 for BlueCarePlus, 1-800-276-1978 for TennCareSelect or 1-800-451-9147 for SelectKids. Members appearing incorrectly can be easily reassigned by e-mailing IO-BluecarePCP_GM@bcbst.com for BlueCare/TennCareSelect/SelectKids and BlueCarePlus_GM@bcbst.com for BlueCarePlus. Please include the member's name, ID and date of birth.

For technical support, please contact eBusiness at 423-535-5717.

BlueCare Tennessee and BlueCare, Independent Licensees of BlueCross BlueShield Association

BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association. BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus Tennessee depends on contract renewal.

- Export to PDF or Excel
- Email list of members to be removed from roster
- “Yes” indicator if the member is overdue for EPSDT
- Report Type Weekly Update: Current member report, previously assigned, transferred or disenrolled members

Contact Preferences

Contact Preferences

1

I want to:

Update Contact Preferences

View Communications

Contact Type *

2

Select a Contact Type

Contracting

Credentialing

Network Operations

Network Updates

Quality & Clinical

Financial

3

Submit

Contact Type Descriptions:

Contracting - Updates about changes to contracts, fee schedules, provider administration manuals, medical policies or annual updates to Commercial BlueCross performance ratings.

Credentialing - Information about your credentialing status or credentialing appeals inquiries.

Network Operations - Updates about network enrollment and your listing in the BlueCross Provider Directory.

Network Updates - General business announcements, newsletter updates and surveys.

Quality & Clinical - Notifications of available clinical data, performance and payment reporting for our value-based programs.

Financial - Transactional notices about billing, Electronic Funds Transfer and tax-related items.

Please note, we periodically add new **Contact Types** to this section of Availity. When we do, we provide updates in our [BlueAlert](#) newsletter. In some cases, you may find it takes time to receive these messages to your newly specified email and mailing address, and you may temporarily receive them as you did before. If this causes concern, please visit our [Provider Service page](#) where you can find links to our Enrollment and Technical Support teams. Thank you for your patience as we continue to make changes to streamline communications.

Updating Contact Preferences

ABC Medical Group
Contact ID: ABC123

[Home](#) > [BlueCross BlueShield of Tennessee](#) > [Contact Preferences](#) > [Contracting Contact Details](#)
Contracting Contact Details

ABC Medical Group
Email: abcmedical@abc.com Opt-in: Yes
Contact:
Title:

Contact ID: ABC123
Preferred Mailing Address
1 Cameron Hill Circle
Chattanooga, TN 37401
Primary Mailing Address
1 Cameron Hill Circle
Chattanooga, TN 37401

1

Update Contact

Salutation
Dr. ▾

First Name *
Harry

Last Name *
Potter

Title
Doctor ▾

Email *
abcmedical@abc.com

Communication Preference *

2

1 Email ▾ ▲
2 Mail ▾ ▲

3

Confirm Email
abcmedical@abc.com

Opt In ☒

By opting in, we can use the above email address for all BlueCross and BlueCare contractual communications, including Provider Stability Act notices. Please note that by checking this box, we will no longer send contract-related notices to you via standard or certified mail.

4

Preferred Mailing Address *
1 Cameron Hill Circle ▾

5

Apply these contact details and preferences to the following contact types. Note that all providers associated with this contract will be updated.
☐ Select All
☐ Credentialing ☐ Network Operations ☐ Network Updates ☐ Quality & Clinical ☐ Financial

Cancel

Save & Submit

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Communications Viewer

View Communications

I want to:

Update Contact Preferences

View Communications

Contact Type *

All

Organization *

BCBS eBusiness Marketing - Faith

Provider

ABC Medical Group

NPI *

1234567890

Submit

Contact Type Descriptions:

Contracting

Updates about changes to contracts, fee schedules, provider administration manuals, medical policies or annual updates to Commercial BlueCross performance ratings.

Credentialing

Information about your credentialing status or credentialing appeals inquiries.

Network Operations

Updates about network enrollment and your listing in the BlueCross Provider Directory.

Network Updates

General business announcements, newsletter updates and surveys.

Quality & Clinical

Notifications of available clinical data, performance and payment reporting for our value-based programs.

Financial

Transactional notices about billing, Electronic Funds Transfer and tax-related items.

ABC Medical Group

Contact ID: ABC123

Home > BlueCross BlueShield of Tennessee > View Communications > Contact Details

Communication Documentation Viewer

Communication Name	Contact Type	Delivery Channel	Sent Date	Message	Attachment
BC Pam Change Notice	Contracting	Email	2023-01-05		
Medical Policy Change Notice	Contracting	Email	2023-01-04		
Provider BlueAlert	Network Updates	Email	2022-12-29		
Provider Network Verification	Network Operatio...	Email	2022-12-21		
Provider BlueAlert	Network Updates	Email	2022-12-02		
Medical Policy Change Notice	Contracting	Email	2022-12-01		
Provider THCI EOC Reports	Quality & Clinical	Email	2022-11-17		
Medical Policy Change Notice	Contracting	Email	2022-10-31		
Provider BlueAlert	Network Updates	Mail	2022-10-28		
PAM Change Notice	Contracting	Email	2022-10-28		

Previous


Page 1 of 15

10 rows

Next

I would like to view my current contact information

Fee Schedule Viewer

 **Fee Schedule Viewer**

Home > BlueCross BlueShield of Tennessee > Provider Selection > Fee Schedule Details

ABC Medical Group
Contract ID: ABC123

Fee Schedule Details

ABC Medical GroupContract ID : ABC123

Address
1 Cameron Hill Circle
Chattanooga, TN 37402

Select Fee Schedule

Network
Select a Network

1

BLUECARE
BLUE NETWORK P **FORMERLY BLUE PREFERRED
BLUE NETWORK S **FORMERLY BLUE SELECT
VSHP DUAL INTEGRATION
Medicare Advantage TN PPO
TENNCARE SELECT

Submit

Fee Schedule Viewer

- › Export to PDF or Excel
- › Search Fee Schedule

Fee Schedule Details

ABC Medical Group



Contract ID : ABC123

Address

1 Cameron Hill Circle
Chattanooga TN 37402

Network : BLUE NETWORK P **FORMERLY BLUE
PREFERRED

Agreement : ABCMedical123PC - PRIMARY CARE,
SPECIALIST



Provider Details

Search Fee Schedule

Keywords

OR/AND

Search Effective Date (MM/DD/YYYY)

From

To

Search


Clear Search

Fee Schedule Details

Procedure Code	Rate	Indicator *	Site of Service	Age Range	Effective Date
A4395	\$0.04		Non-Facility	All Ages	01/01/2009
A4450AU	\$0.07		Non-Facility	All Ages	01/01/2009
A4450AV	\$0.07		Non-Facility	All Ages	01/01/2009
A6216	\$0.04		Non-Facility	All Ages	01/01/2009

Print / View Your Remittance Advice

View statements as early as Monday of each week to see payments deposited later in the week



Remittance Advice

[New Search](#)

> Main Menu







Remittance advices are available on a rolling 18 month basis.

Show

10

 entries

Search:

Payee #	Payee Name	Tax ID #	Remit Date	Line of Business	Check Number	Paid Amount	Remit #	NPI #	Action
1234567	ABC Medical Group	620000000	02/10/23	BZ23	N/A	\$1,236.00	12345678901234	1234567890	 
1234567	ABC Medical Group	620000000	02/09/23	MV01	N/A	\$435.00	12345678901234	1234567890	 
1234567	ABC Medical Group	620000000	02/03/23	BZ23	N/A	\$3,236.00	12345678901234	1234567890	 

New Group Enrollment

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment or Change Request. [More Info >](#)

I am a(an)

Group



1

I am a(an)

New

2



BlueCross BlueShield of Tennessee Provider.

I want to

Enroll Group in Network



3

BCBST will not differentiate or discriminate in the treatment of practitioners or organizations seeking credentialing on the basis of race, ethnic/national identity, gender, age, sexual orientation, religion, patient type (e.g. Medicaid) in which the practitioner specializes.

Submit

4

Existing Group

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment or Change Request. [More Info >](#)

I am a(an)

I am a(an) BlueCross BlueShield of Tennessee Provider.

I want to

BCBST will not differentiate on the basis of race, ethnicity, or national origin, which the practitioner selects.

- Add or Remove networks
- Enroll additional Providers
- Add or Update a Tax ID or Specialty
- Update Network Provider Information
- Update Network Verification
- Update Out of Network Provider Information

- › Add or remove networks
- › Enroll additional providers
- › Add or update a Tax ID or specialty
- › Update network provider information
- › Update network verification
- › Update out-of-network provider information

Group Enrollment Form – Add Practitioners

The screenshot displays the 'Provider Enrollment' page on the BlueCross BlueShield of Tennessee website. The page is titled 'Provider Enrollment' and shows a breadcrumb trail: Home > BlueCross BlueShield of Tennessee > Provider Enrollment, Updates and Changes > Provider Selection > Enrollment Details. The main section is 'Enrolling CAQH Providers'. It contains instructions for existing providers to verify their information and for new providers to complete the enrollment process. Below the instructions, there is a 'Next Step' button. At the bottom, there is a list of steps to follow: 1. Go to <https://preview.caqh.org> and enter your username and password. 2. Select the Authority tab (located under the CAQH logo). 3. Scroll down and select BlueCross BlueShield of Tennessee or you may select Global Authorization. 4. Select Save to submit your changes. At the bottom right, there is a 'Review & Submit' button.

- › Select networks
- › Add practitioners to group by CAQH numbers
- › Enter contact details
- › eCommerce / billing information
- › High Tech Imaging information, if applicable
- › Review & Submit Form

Update Network Provider Information - Group

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollmentservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

Please select the most appropriate option from the drop-down boxes which will direct you to the path of Enrollment or Change Request. [More Info >](#)


I am a(an) 1

2 I am a(an) BlueCross BlueShield of Tennessee Provider.

I want to 3

BCBST will not differentiate or discriminate in the treatment of practitioners or organizations seeking credentialing on the basis of race, ethnicity/national identity, gender, age, sexual orientation, religion, patient type (e.g. Medicaid) in which the practitioner specializes.

4



Provider Change Request

[Home](#) > [BlueCross BlueShield of Tennessee](#) > [Provider Enrollment, Updates, and Changes](#) > [Provider Selection](#) > [Change Request Details](#)

[+ Expand All](#) [- Collapse All](#)

Primary Practice Location Information

Additional Location Information

Contact Preference and Administrative Addresses

Remittance/Payment Information

Update eCommerce or Clearinghouse Information

Remove Practitioner from Group

Update Network Provider Information - Individual

Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021

We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at paverenrollservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager.

Please select the most appropriate option from the drop-down boxes which will direct you to Enrollment or Change Request. [More Info >](#)

I am a(an) 1

I am a(an) 2 BlueCross BlueShield of Tennessee 3

I want to 4

- Update Network Provider Information
- Update Out of Network Provider Information
- Add or Update a Tax ID or Specialty
- Update Network Verification
- Join a group

[Submit](#)

- Personal Information >
- Primary Practice Location Information >
- Additional Location Information >
- Contact Preference and Administrative Addresses >
- Remittance/Payment Information >
- Update eCommerce or Clearinghouse Information >
- Update Hospital Privileges >
- Remove Practitioner from Group >
- Update or Add Tax ID >
- Update or Add Specialty >
- Update PCP Patient Load and Covering Physicians >

[Review Changes](#)

Update Network Verification

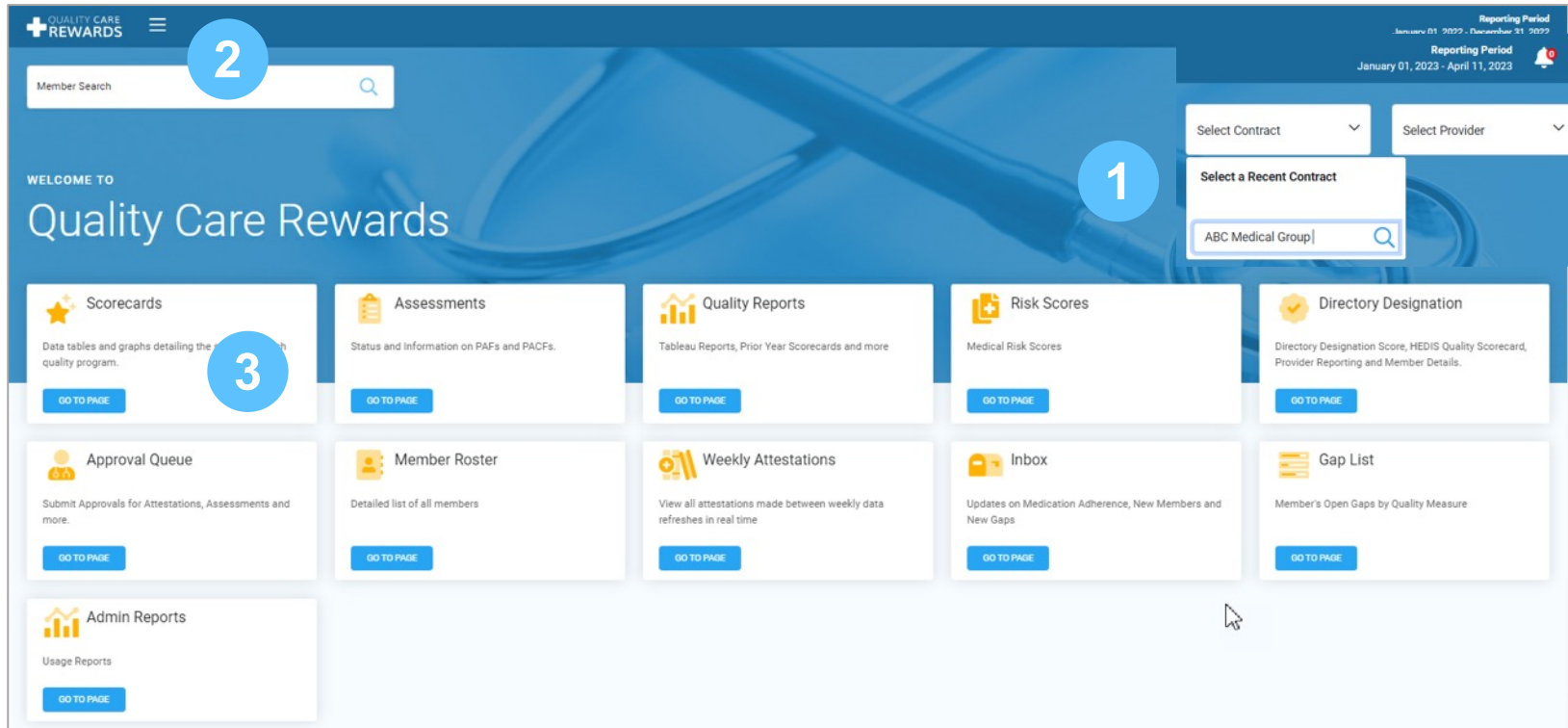
- › Group or Individual updates
- › Currently not available for Facilities or Ancillary Providers
- › Network verification contains data not captured in CAQH
- › Information published in our provider directory
- › Updated quarterly (CAQH is also updated quarterly)

The image displays two screenshots of a web portal for updating network verification. Both screenshots feature a yellow header with the text: "Change Healthcare is the new BlueCross EFT/ERA Vendor, Effective Dec 1, 2021. We wanted to let you know we've switched EFT/ERA enrollment vendors. Effective Nov. 29, 2021, you can submit EFT/ERA changes and enrollments through Change Healthcare's Payer Enrollment Services portal at payerenrollmentservices.com, which is also accessible through Availity® and provider.bcbst.com. If you have questions, please call 1-800-924-7141 and follow the prompts to eBusiness support. You can also reach out to your Provider Network Manager."

The left screenshot shows a form with the following fields: "I am a(an)" with a dropdown menu set to "Group", "I am a(an)" with a dropdown menu set to "Existing", and "I want to" with a dropdown menu set to "Update Network Verification". Below these fields is a blue "Submit" button. A small disclaimer at the bottom reads: "BCBST will not differentiate or discriminate in the treatment of practitioners on the basis of race, ethnic/national identity, gender, age, sexual orientation, religion, patient type (e.g. Medicaid) in which the practitioner specializes."

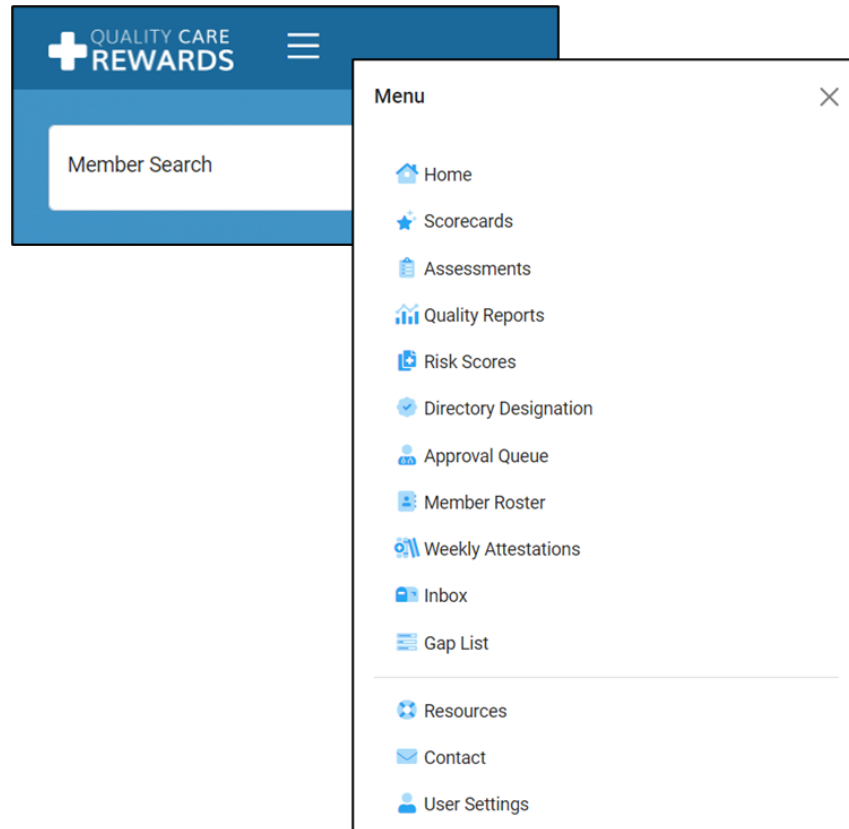
The right screenshot shows a similar form but with "I am a(an)" set to "Individual Practitioner". It also includes the text "BlueCross BlueShield of Tennessee Provider." next to the "Existing" dropdown. It features the same "Submit" button and disclaimer. A mouse cursor is visible over the "Submit" button.

Quality Care Rewards (QCR)



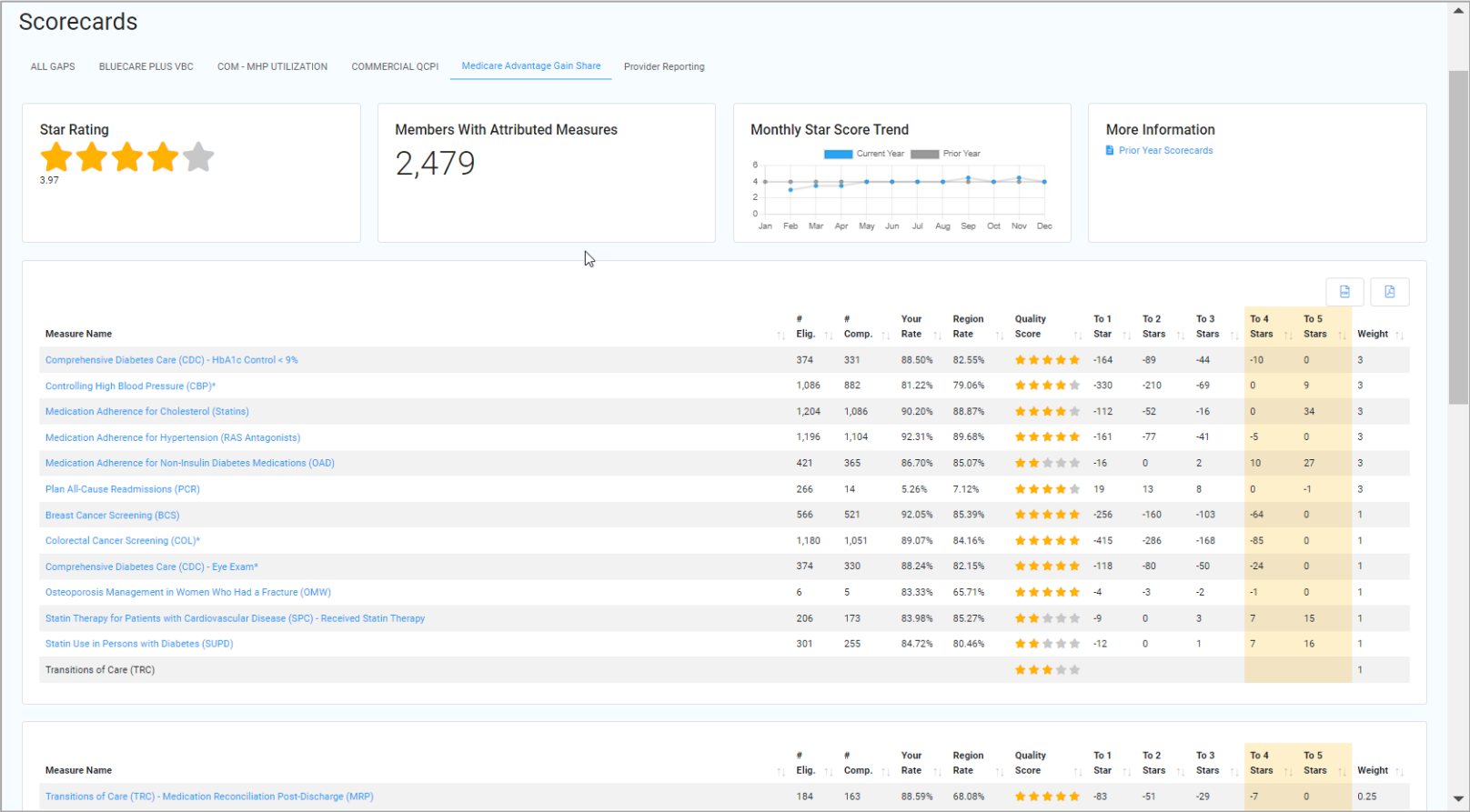
- Search provider name in Contract Search field
- Select Desired Tile to view data

Navigation Tips



- › Three horizontal lines allow for navigation within QCR
- › Assessments for PAF and PACF
- › Quality reports (Discharge, ADT, PCMH, etc.)
- › Member Roster includes csv export
- › Inbox provides information about Medication Adherence, New Members, New Gaps and New Discharges
- › Gap List allows csv export where pivot tables can be created to show all open gaps for each member

Scorecards – Medicare Advantage



Scorecards – TCHII PCMH

Scorecards						
ALL GAPS BLUECARE EPSDT <u>TCHII - Patient Centered Medical Home</u> Provider Reporting						
Members With Attributed Measures			More Information			
10,319			Prior Year Scorecards			
Category	Measure Name	# Elig.	# Comp.	Your Rate	Benchmark	Members Needed to Meet Benchmark
	Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment	267	73	27.3%	40.00%	34
	Asthma Medication Ratio (AMR)	33	29	87.9%	81.00%	-3
	Blood Pressure Control for Patients With Diabetes (BPD) <140/90*	497	236	47.5%	56.00%	43
	Child and Adolescent Well-Care Visits (WCV) - 12-17 Yrs	1,911	224	11.7%	57.00%	866
	Child and Adolescent Well-Care Visits (WCV) - 18-21 Yrs	1,258	76	6.0%	39.00%	415
	Child and Adolescent Well-Care Visits (WCV) - 3-11 Yrs	2,415	380	15.7%	65.00%	1,190
	Childhood Immunization Status (CIS) - Combo 10 (Dtap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Influenza)*	224	66	29.5%	42.00%	29
	Controlling High Blood Pressure (CBP)*	850	408	48.0%	49.00%	9
	Eye Exam For Patients With Diabetes (EED)*	499	206	41.3%	51.00%	49
	Hemoglobin A1c Control For Patients With Diabetes (HBD) <=9%*	499	154	30.9%	53.00%	111
	Immunizations for Adolescents (IMA) - Combo 2 (Meningococcal, Tdap, HPV)*	312	96	30.8%	26.00%	-15
EPSDT (Composite for younger kids)	Well-Child Visits in the First 30 Months of Life (W30) - Age 15 Months-30 Months	211	112	53.1%	71.00%	38
EPSDT (Composite for younger kids)	Well-Child Visits in the First 30 Months of Life (W30) - First 15 Months	228	75	32.9%	61.00%	65

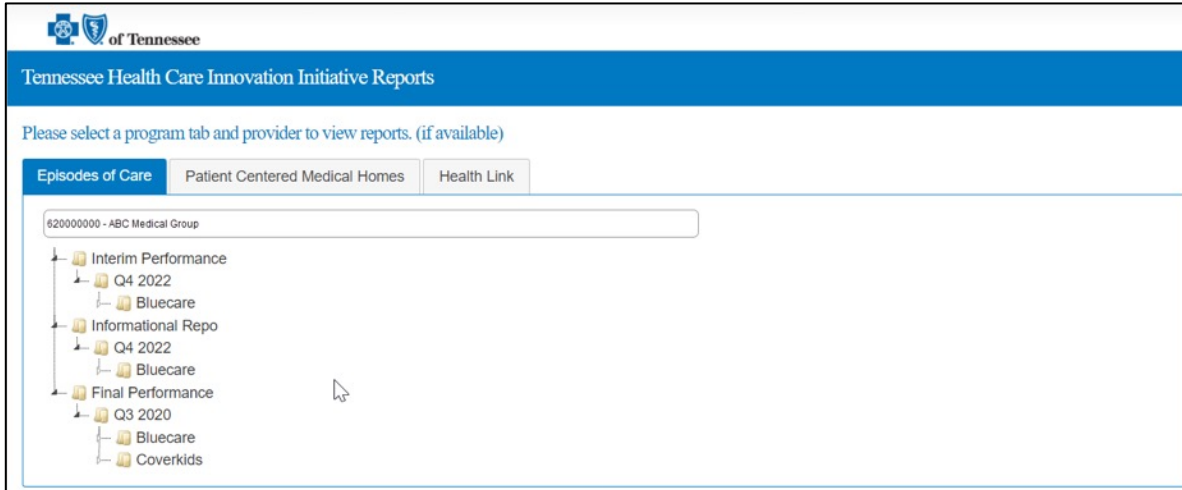
Real Time Claim Adjudication (RTCA)

The image displays two screenshots of the Real Time Claim Adjudication (RTCA) application. The left screenshot shows the 'Patient' and 'Provider' information sections, including fields for Name, Address, and Insurance details. The right screenshot shows the 'Patient Liability Estimate for Physician Services' section, displaying a table of charges, allowed amounts, and network settings.

Service Date	Procedure	Charge	Allowed	Network Settings	Net Allowed	Less OOA	Member Balance	W/RT Plan - Reason Code	Prior Auth/Referral
05/19/2023	93007	\$125.00	\$75.76	\$75.76	\$0.00	\$0.00	\$0.00	\$75.76, 43	
				\$75.76	\$0.00	\$0.00	\$0.00	\$75.76	

- › Patient Cost Estimator button on Eligibility & Benefits screen opens this same application
- › Cannot be used for Tennessee members with other insurance
- › Cannot be used for BlueCard or FEP estimates

THCII Reporting



- › Reports issued November, February, May and August
- › Typically, the third Thursday of each quarter



- › Episodes of Care website:| [Episodes of Care \(tn.gov\)](https://www.episodesofcare.tn.gov)
- › Sign up for newsletters: [State of Tennessee \(formstack.com\)](https://formstack.com)

Availity Future Roadmap



Future Roadmap Updates

- › Digital Correspondence
 - Reconsiderations and Appeals
- › Attachments
 - Solicited
 - Non-Solicited/PWK
- › Member ID Cards
- › Eligibility & Benefits Solicited
 - Benefit by Procedure Code
 - Dental

**Technical Support
(423) 535-5717, Option 2**

West Tennessee Jackson and Memphis

Vivian_Williams@bcbst.com

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Nashville

Faye_Mangold@bcbst.com

East Tennessee
Chattanooga, Knoxville, Tri-Cities

Faith_Daniel@bcbst.com



Thank You



BlueCross BlueShield of Tennessee, an Independent Licensee of BlueCross BlueShield Association