

December 2013

## Health Insurance Marketplace

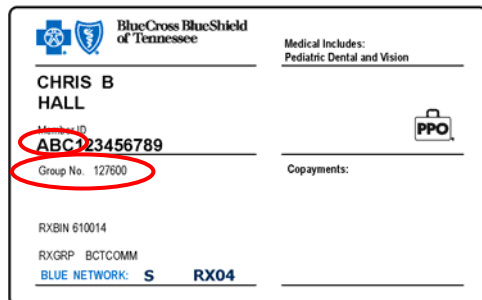
### Common questions about the Health Insurance Marketplace

We have heard from many health care providers with questions about the Marketplace. Following are some of the most common questions and answers.

#### *What do the BlueCross BlueShield of Tennessee Marketplace ID cards look like?*

BCBST members with Marketplace plans will have the same member ID card that you have been accustomed to seeing for years. Member ID cards will show they are in **Group number 127600**. The ID cards will also have **unique Member ID prefixes**. Options include:

- Network S – ZXB
- Network E – ZXX
- Network P (through the Multi-State Plan Option) – ZXC



#### *What BCBST provider networks are being used for the Marketplace?*

Marketplace products offered by BCBST are built on various networks. All product options are offered statewide on **Blue Network S**. In the four major metropolitan regions – Chattanooga, Knoxville, Memphis and Nashville – your patients will also have the option of purchasing products on a new high-value network, **Blue Network E**. A handful of options are available on **Blue Network P** through the Multi-State Plan Option. **If you are a provider in any of these networks, you will be reimbursed at your current contracted rate. You are not**

**required to take any action in order to participate in the Marketplace.**

#### *What if a patient stops paying his or her monthly premium?*

The health care law requires that Marketplace members receiving financial assistance (or advance premium tax credits) be given a 3-month grace period in which to make premium payments. During this time, health insurers may not disenroll members and, during the second and third months of the grace period, are required to notify health care providers about the possibility that claims may be denied if the premium is not paid.

**If the premium is paid** in full during the grace period, coverage will continue and claims for covered services during the grace period will be honored. **If the premium is not paid** in full by the end of the grace period, coverage will terminate the last day of the first month of the 3-month grace period and the member will be liable for services rendered in the second and third month of the grace period.

*(NOTE: This does not apply to Marketplace members who receive no financial assistance; the current 31-day grace period applies.)*

If you want to receive the weekly Health Insurance Marketplace Brief, please send an email to [bcbstexchange@bcbst.com](mailto:bcbstexchange@bcbst.com) and we'll add you to the distribution. Archived copies are available on our website at [www.bcbst.com/providers/health-insurance-marketplace.page](http://www.bcbst.com/providers/health-insurance-marketplace.page) under the "Materials for You" header.

If you have other questions, or suggestions for topics you would like to see explored, please email us at [bcbstexchange@bcbst.com](mailto:bcbstexchange@bcbst.com).

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### CLINICAL

#### Changes to commercial drug formulary

Effective Jan. 1, 2014, BlueCross BlueShield of Tennessee's Pharmacy and Therapeutics Committee will implement the following changes to its commercial drug formulary:

Three drugs for treatment of AIDS/HIV are moving to the Self-Administered Specialty Drug List.

- Atripla
- Complera
- Stribild

Already on the Self-Administered Specialty Drug List are the AIDS/HIV drug, Tivicay and the Transplant drug, Astagraf XL.

#### Changes to the 2014 Preferred Drug List Moving to 1st Tier:

- Adderal XR (generic product, amphetamine mix extended-release, is blocked)\*
- Retin-A Micro(PA) (generic product, tretinoin, is blocked)\*
- Zovirax Ointment (generic product, acyclovir ointment, is blocked)\*

\* only applies to plans with 2-Tier and 3-Tier benefits

#### Moving to 3rd Tier:

- Avinza(QL) (class not printed)
- Betaseron(ST)
- Boniva
- Cymbalta (generic duloxetine in 1T)
- Dymista(ST)
- Maxalt(QL) (generic rizatriptan in 1T)
- Micardis/Micardis HCT (to go generic Jan. 2014)
- Twynsta (to go generic in Jan. 2014)
- Zomig(QL) (generic zolmitriptan in 1T)

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### CLINICAL

#### Changes to commercial drug formulary (Cont.)

##### Moving to 2nd Tier:

Adcirca(PA)	Nuvigil(PA)
Atralin	Protopic
Carac	Opana ER(QL)
Daliresp	(class not printed)
Daytrana	Quillivant XR
Elidel	Relpax(QL)
Epiduo	Tecfidera(PA)
Exforge/Exforge	Travatan Z
HCT	Treximet(QL)
Gilenya(PA)	Vimpat
Intuniv	Vyvanse
Invokana	Zyclara
Lumigan	
Lyrical(QL)	

##### Requiring Step Therapy:

- Betaseron: trial and failure of Avonex, Copaxone, or Rebif; (New starts only)
- Dymista: trial and failure of flunisolide, fluticasone, triamcinolone, or Veramyst
- Edarbi/Edarbyclor: trial and failure of generic ARB or Benicar/Benicar HCT
- Orenzia SubQ: trial and failure of Enbrel OR Humira
- Rescula: trial and failure of latanoprost or Lumigan or Travatan
- Teveten/Teveten HCT: trial and failure of generic ARB or Benicar/Benicar HCT
- Xalatan: trial and failure of latanoprost or Lumigan or Travatan
- Zioptan: trial and failure of latanoprost or Lumigan or Travatan

#### Medical Policy updates/changes

The BlueCross BlueShield of Tennessee Medical Policy Manual has been updated to reflect the following policies. The full text of policies listed below can be accessed at

<http://www.bcbst.com/providers/mpm.shtml> under the “Upcoming Medical Policies” link.

##### Effective Jan. 11, 2014

- Non-Pharmacologic Treatment of Hyperhidrosis
- Laparoscopic and Percutaneous Techniques of Myolysis for Uterine Fibroids
- Genetic Testing for Facioscapulohumeral Muscular Dystrophy
- Temporomandibular Joint (TMJ) Dysfunction
- Whole Exome and Genome Sequencing

##### Effective Feb. 12, 2014

- Prophylactic Mastectomy

**Note:** These effective dates also apply to BlueCare/TennCare *Select* pending State approval.

### ADMINISTRATIVE

#### BlueAccess® Message Center mailbox size limit

To ensure you are receiving all responses to your BlueAccess Message Center inquiries, be sure to monitor your inbox size and delete any unnecessary messages. The Message Center inbox has a size limit of 100 MB, and when the inbox is at its limit, no new messages can be delivered to you. The inbox size status can be viewed under *My Messages* in the top left corner of the inbox. For more information on Message Center, contact eBusiness Technical Support†.

#### Specialty pharmacy network changes \*

CVS/Caremark Specialty Pharmacies along with the Walgreens Specialty Pharmacies have chosen to no longer participate in the BlueCross BlueShield of Tennessee specialty pharmacy network as of Jan. 1, 2014.

BioPlus Specialty Pharmacy, Amerita, Inc. and CoramRx have recently joined our

existing specialty pharmacy network which includes Accredo Health Solutions and CuraScript specialty pharmacy. The Curascript name will be going away at the first of the year, now that the merger with Accredo Health Solutions is complete.

#### Billing/coding of laboratory tests performed in the provider office

Billing for services rendered in your office not only assures the correct reimbursement, it also provides evidence that recommended preventive screenings and testing for chronic conditions were completed. If tests and screenings are not billed when done in your office, we may show patients as having gaps in care because we have no code for the procedure and you may not be paid for all services provided. When performing lab tests **in your office**, such as Hemoglobin A1C, LDL-C, urine micro albumin or testing on returned fecal occult blood cards, the CPT® code for the test should be billed either alone or in addition to the Evaluation and Management code if the patient had an office visit on the same date.

For BlueCare Tennessee members, only CPT® codes on the exclusion list can be performed in office rather than being sent to Quest Diagnostics. The BlueCare Tennessee Lab Exclusion List can be found online at [http://bluecare.bcbst.com/forms/Provider%20Information/Quest\\_Diagnostics-Exclusion\\_list.pdf](http://bluecare.bcbst.com/forms/Provider%20Information/Quest_Diagnostics-Exclusion_list.pdf).

#### Avoidance of antibiotic treatment in adults and children with respiratory conditions

BlueCross BlueShield of Tennessee is committed to providing physicians with important information that supports appropriate testing and antibiotic use. This quality improvement initiative focuses on the avoidance of antibiotic treatment in children and adults with the following respiratory conditions.

## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### ADMINISTRATIVE (Cont.)

#### Avoidance of antibiotic treatment in adults and children with respiratory conditions (Cont.)

- Children (ages three (3) months to 18 years) with upper respiratory infection (URI)
- Children (ages two (2) to 18 years) with pharyngitis (CWP)
- Adults (ages 18 to 64 years) with acute bronchitis (AAB)

BlueCross would like to partner with physicians on this important initiative. A team of BlueCross clinicians will be visiting various physician offices across the state to work collaboratively to improve quality measurements for antibiotic prescribing and decreasing antibiotic resistance.

Educational information for you to print and share with your patients is available on the company websites [www.bcbst.com](http://www.bcbst.com) and <http://bluecare.bcbst.com> as well as the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/getsmart>.

For questions regarding BlueCare Tennessee and/or CoverKids, call Lisa Eaves, RN, BS, CPHQ Clinical Consultant at (423) 535-3542. For Commercial questions, call Ron Trammel, RN, MSN, CPHQ Health Promotion & Education at (423) 535-6025.

#### Cardiac services fee schedule revision

Effective Jan. 1, 2014, for all commercial acute care facilities, unless the provider is already contracted in this manner, reimbursement for HCPCS code 92998 (Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel) is changing to be zero allowable. This is not a new code but has been

reimbursed incorrectly for many years. HCPCS code 92998 is for each additional vessel. Each additional vessel HCPCS code is considered inclusive in the primary service.

#### NDC required for provider-administered medications \*

Beginning Jan. 1, 2014, the National Drug Code (NDC) will be required on all CMS-1500 claims for provider-administered medications for all BCBST members, including commercial members. This has been a requirement for provider-administered medications billed to TennCare for a number of years and will now apply to all lines of business.

#### Reminder: Important information on member ID card

Providers are reminded to review the member ID card when a patient is seen in their office. The member ID card will reflect current information related to contact phone numbers and addresses, any group or prefix changes to the member's identification number, etc.

A recent update is Network S member identification numbers changed from their former ZEB prefix to ZES. Network P member identification numbers will continue with the prefix of ZEB.

For services provided to Network S participants prior to Oct. 1, 2013, prefix ZEB should be used. Claims for services provided to Network S members on Oct. 1, 2013, and after should be submitted using the ZES prefix.

#### Reminder: Rehabilitation facility billing

Based on National Correct Coding Initiative (NCCI) editing, modifier 59 must be applied to each therapy type, where appropriate to be considered on the same claim.

#### Cultural disparities analysis

A summary analysis for BCBST Commercial and TennCare members was conducted using 2012 claims data. Please review the following results and use as a reminder and perhaps to flag records when our members are seen in your office.

##### Significant Conditions for Commercial Members

Conditions related to specific health care disparities were diabetes, hypertension and obesity. The prevalence of diabetes for Hispanics and Caucasian members was higher than for other racial/ethnic groups. African American, Hispanic and Caucasian members had obesity rates two (2) times higher than Asian members.

##### Significant Conditions for BlueCare Tennessee Members

Conditions related to specific health care disparities were asthma, STDs and hypertension. African American and Other members had a higher prevalence of asthma compared to all other racial/ethnic groups. The prevalence of STDs was five (5) times higher than all other racial/ethnic groups.

THANK YOU FOR YOUR ASSISTANCE IN CLOSING THE GAPS!

#### Reminder: National Consumer Cost Tool (NCCT)

As of July 2013, providers were able to view their cost data for the NCCT within BlueAccess. A refresh of the cost data is performed every six months and will be available for review 60 days prior to being accessible to members. Please log on to BlueAccess to check the latest data that was made available for review on Nov. 1, 2013.

For more information please visit [www.bcbst.com](http://www.bcbst.com) and click or copy and paste into your browser the following link <[http://www.bcbst.com/providers/news/Accessing\\_NCCT\\_Data\\_via\\_BlueAccess.pdf](http://www.bcbst.com/providers/news/Accessing_NCCT_Data_via_BlueAccess.pdf)>.



## BlueCross BlueShield of Tennessee, Inc. (BCBST)

(Applies to all lines of business unless stated otherwise)

### ADMINISTRATIVE (Cont.)

#### BCBST focuses on improved quality care and service

BlueCross BlueShield of Tennessee's Quality Improvement Program (QIP) focuses on improving the quality and safety of clinical care and service received by its commercial, BlueCare, TennCareSelect, Cover Tennessee, and Medicare Advantage members. As part of the QIP, BlueCross conducts member education and other activities to improve rates on clinical initiatives.

Despite efforts by BlueCross and our network providers to increase screenings, several rates continue to fall below the national benchmark. The following HEDIS® 2013 results show more emphasis is needed to increase rates for the measures below:

Product	HEDIS 2013 Results (%)		
	Retinal Eye	Mammogram	PAP Test
BlueCare - East	39.34	48.51	69.77
BlueCare - West	38.94	45.78	68.97
TennCareSelect	59.45	52.68	55.08
Commercial	48.34	64.31	71.45
CoverTN	23.76	57.88	64.06
AccessTN	38.42	67.68	62.85
Medicare Advantage - LPPO	68.37	71.90	NA

The Quality Improvement and Outreach Departments at BlueCross BlueShield of Tennessee continue to plan new initiatives to specifically promote these screenings. Health care providers, due to their direct patient contact, also play an essential role in actively encouraging patients to undergo appropriate screenings.

BlueCare Tennessee providers can help improve preventive screening rates for their BlueCare and TennCareSelect members by participating in BlueCare Tennessee-sponsored community health events featuring onsite screening clinics. Providers who conduct screenings at these events are eligible for reimbursement at their

contracted rates. Providers can also host an outreach event for their BlueCare and TennCareSelect patients at their practice location.

The company websites, [www.bcbst.com](http://www.bcbst.com) and <http://bluecare.bcbst.com/> offer information and resources to assist providers in performing and promoting preventive care.

For questions regarding the BlueCross BlueShield of Tennessee Quality Improvement Program, please call 1-888-433-8221 or (423) 535-6705.

#### Women's preventive care services: Breast-feeding equipment

In compliance with the Affordable Care Act, BlueCross BlueShield of Tennessee will provide coverage for one manual breast pump for eligible lactating mothers under their durable medical equipment (DME) commercial benefits. Since not all policies include this benefit, please continue to verify eligibility and benefits for breast pumps for all female members.

#### To receive 100 percent coverage for a breast pump, please ensure the following:

- Hospital-grade breast pump purchases will not be covered.
- Electric breast pumps (E0604) are covered at the manual pump allowable.
- A physician's prescription is required when purchasing a breast pump through a participating DME supplier.
- Claims for manual breast pumps (E0602) must be filed with v24.1 as the primary diagnosis code.
- Breast pumps must be purchased from in-network DME providers. Members will not be reimbursed for breast pumps purchased at a retail location.
- Only one manual breast pump purchase will be covered.
- Pump replacement parts are not covered.

#### Prior authorization change for certain procedures

Effective Jan. 1, 2014, commercial authorization requests that require pictures will need to be mailed to BlueCross for review. **Pictures will not be returned.**

- Blepharoplasty
- Panniculectomy
- Varicose Veins

Authorization requests for these procedures should be mailed to:

Commercial Preauthorization/ODM  
BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle Ste 0045  
Chattanooga TN 37402-0045

Predetermination requests will continue to be mailed to the address listed on the Predetermination Request Form.

#### Reminder: Electronic remittance advice changes (ANSI 835)

Due to federal regulations related to the Affordable Care Act, BlueCross BlueShield of Tennessee will soon be making changes to approximately 20 percent of the *Claim Adjustment Reason Codes* and *Remittance Advice Remark Codes* used in your electronic remits. These changes will more accurately and consistently portray adjudication results and will bring alignment among payers in a common usage requirement. To read more about these changes, please visit [http://www.caqh.org/ORMandate\\_EFT.php](http://www.caqh.org/ORMandate_EFT.php). If you have any questions about how these changes may impact your posting processes, please contact eBusiness Technical Support†.

## BlueCare/TennCareSelect ADMINISTRATIVE

#### Asthma and smoking prevalence higher in African-American members

African-American members within BlueCare Tennessee's population have a higher rate of asthma than other ethnic groups. In the U.S., emergency room visits

## BlueCare/TennCareSelect ADMINISTRATIVE (Cont.)

### Asthma and smoking prevalence higher in African-American members (Cont.)

for asthma-related issues among African-American children exceed visits for non-Hispanic Caucasians by more than three (3) times.

#### Tobacco could be part of the problem; here's why:

- Over 38 percent of African-American children live in families with incomes below the federal poverty level.
- Smoking is more common among the poor and less educated.
- Studies of lower- income children show that tobacco smoking is much more prevalent in their natural ecology.
- Tobacco smoke increases a child's risk for asthma.

#### What can you do?

- Encourage your members to make a personal choice not to smoke.
- Provide your members with informational materials to assist with smoking cessation.
- Discourage your members to allow smoking around their children or in their home.
- If your members or your members' child/children have asthma, encourage them to follow the Asthma Action Plan developed directly with you.

Resources for information are available on the following websites:

- Department of Health Human Services at <http://minorityhealth.hhs.gov/template/s/content.aspx?ID=6170>>,
- American Lung Association at <http://www.lung.org/stop-smoking/about-smoking/facts-figures/african-americans-and-tobacco.html>>

- National Poverty Center at <http://www.npc.umich.edu/poverty/>

### Reminder: Authentication of verbal orders

When requesting an authorization review for any type of service, please include the authentication of verbal orders by having the physician sign prior to calling, faxing, or processing online. If prior authorization request is received without verbal order authenticated, clarification will be needed prior to processing the review.

## BlueCard

### ADMINISTRATIVE

#### Reminder: Electronic Provider Access improves prior authorization review process

The new Electronic Provider Access (EPA) tool will make it easier for providers to conduct prior authorization review for out-of-state members electronically. Currently, providers who want to conduct prior authorization review for out-of-state members generally have to call the member's Home Plan directly for authorization or use the 1-800-676-BLUE number.

Starting Jan. 1, 2014, EPA will be added to the current BlueCard/FEP application (currently used for out-of-state eligibility and claim status) in BlueAccess. This will allow providers to enter the alpha prefix from the member's ID card and be automatically routed to that plan's homepage to conduct prior authorizations. If no electronic option is available for that plan, providers will be given specific instructions on how to obtain an authorization.

For additional information on how to log on to the EPA, please visit the News section of the provider web page, <http://www.bcbst.com/providers/news>.

If you have any questions about this process, please contact *eBusiness Technical Support*<sup>†</sup>.

## BlueAdvantage<sup>SM</sup>

### ADMINISTRATIVE

#### Health assessments for Medicare Advantage members

BlueAdvantage has implemented two new programs to help improve the quality of care for its members:

1. Voluntary in-home, in-depth health risk assessments conducted by clinicians.
2. New provider assessment form (PAF) to assist you with the coordination and documentation of health care of your senior patients.

PCPs were recently mailed a letter with a list of their BlueAdvantage patients to help identify those eligible to receive the assessment. BlueAdvantage will provide additional compensation for the completion of this form. More information about both programs as well as the form are located online at <http://www.bcbst.com/providers/BlueAdvantage-PPO/>.

#### High Risk Medication: Promethazine

BlueCross BlueShield of Tennessee is launching a new program for improved treatment outcomes and patient safety for our BlueAdvantage members. The Centers for Medicare & Medicaid Services (CMS) endorses several critical patient safety measures. One of these measures, High Risk Medication, includes several therapeutic categories associated with potential clinical concerns when used in the elderly. To make it easier for you to identify formulary alternatives to these high-risk drugs, BlueCross BlueShield of Tennessee has created a *High Risk Medication Alternatives Guide*. This guide can be found on our website, [www.bcbst.com](http://www.bcbst.com) under the Provider Quality Initiatives section.

**BlueAdvantage<sup>SM</sup>**

**ADMINISTRATIVE (Cont.)**

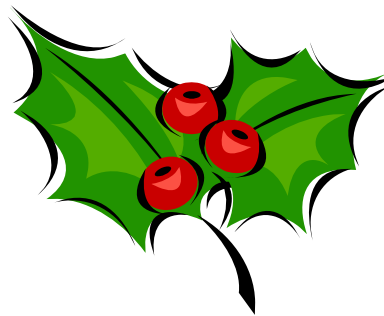
**High Risk Medication:  
Promethazine (Cont.)**

The generic drug promethazine has a high incidence of chronic use in our members. Promethazine may increase seizure risk when used in patients with epilepsy. Chronic administration may worsen parkinsonism and increases risks of hypotension and extrapyramidal effects. In addition, promethazine may cause excessive sedation and induces anticholinergic effects in the elderly.

You may receive a letter from us with a list of patient(s) from your practice that filled a prescription for promethazine within the last 90 days. If appropriate, please consider whether there is a safer alternative for the patient(s). We recognize physicians are in the best position to determine the right treatment regimen for the patient. We are excited to work with you to ensure optimal outcomes for your patient, our members.

\*These changes will be included in the appropriate 4 Q 2013 or 1Q 2014 provider administration manual update. Until then, please use this communication to update your provider administration manual.

**BlueCross BlueShield of  
Tennessee offices will be closed  
December 24 and 25, 2013  
for the Christmas holidays.**



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**†Provider Service lines**

*Featuring “Touchtone” or “Voice Activated” Responses*

**Note:** If you have moved, acquired an additional location, or made other changes to your practice, choose the “touchtone” option or just say “**Network Contracts or Credentialing**” when prompted, to easily update your information.

**Commercial Lines 1-800-924-7141**  
(includes CoverTN; CoverKids & AccessTN)  
*Operation Hours*

Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)  
Friday, 9 a.m. to 5:15 p.m. (ET)

*Medical Management Hours*  
Monday–Thursday, 8 a.m. to 5:15 p.m. (ET)  
Friday, 9 a.m. to 5:15 p.m. (ET)

**BlueCare 1-800-468-9736**  
**TennCareSelect 1-800-276-1978**  
**CHOICES 1-888-747-8955**  
**SelectCommunity 1-800-292-8196**  
Monday – Friday, 8 a.m. to 6 p.m. (ET)

*BlueCare/TennCareSelect Medical  
Management Hours*  
Monday-Friday, 8 a.m. to 6 p.m. (ET)

**BlueCard**  
Benefits & Eligibility **1-800-676-2583**  
All other inquiries **1-800-705-0391**  
Monday – Friday, 8 a.m. to 5:15 p.m. (ET)

**BlueAdvantage 1-800-841-7434**  
Monday – Friday, 8 a.m. to 5 p.m. (ET)

*eBusiness Technical Support*  
Phone: Select Option 2 at **(423) 535-5717**  
e-mail: [eBusiness\\_service@bcbst.com](mailto:eBusiness_service@bcbst.com)  
Monday – Thursday, 8 a.m. to 5:15 p.m. (ET)  
Friday, 9 a.m. to 5:15 p.m. (ET)

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