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.

How can providers identify a patient with Marketplace coverage?
The same way you identify any other BlueCross BlueShield of Tennessee member – through their member ID card. It is the same card you have seen for years.

It is important to remember that there is no difference between a “marketplace” member and another individual member in terms of your reimbursement. The Marketplace is just a vehicle through which a patient purchased health insurance.

As always, we encourage you to verify benefits and eligibility and provide services accordingly.

What is the provider reimbursement fee schedule for treating patients with coverage through the Marketplace?
It is the same as your currently contracted fee schedule. If you are a provider in our Blue Networks S, E or P, you will be reimbursed at your current contracted rate.

Do I need to take any action to be able to see patients with Marketplace coverage? Is there a new BlueCross network just for the Marketplace?
Most health care providers will naturally see patients with Marketplace coverage, especially if you are already contracted with BlueCross BlueShield of Tennessee through Blue Network S or Blue Network P, or if you are one of our Blue Network E contracted providers.

You do not need to take any action to begin seeing new patients with Marketplace plans. Just be sure to verify that your patients have purchased a plan that is in the network(s) for which you are contracted. For example, if a patient purchased a Marketplace plan that uses Blue Network E – and you are not a Blue Network E provider – please remind them that they will be considered “out of network” and may have to pay more for the services you provide. Patients can use our “Find A Doctor” tool on www.bcbst.com to make sure the doctor or facility they visit is in our network.

Please tell me more about Blue Network E.
Blue Network E is a limited regional network that is only offered on the Marketplace. It is not available through any other individual or group product offered by BlueCross. BlueCross has already contracted with Blue Network E providers.

Blue Network E is a regional network built around major health systems in major metropolitan markets. It does not offer state-wide coverage. It may be a good choice for patients who place more value on cost savings than whether they see a specific provider for care. Regions of service include Chattanooga, Knoxville, Memphis and Nashville. Patients who have purchased plans utilizing Blue Network E must receive services from a Blue Network E provider in one of these four regions; otherwise they will pay out-of-network rates.

For more information see our company website at <http://www.bcbst.com/providers/health-insurance-marketplace.page>.

BlueCross BlueShield of Tennessee, Inc. (BCBST)
(Appplies to all lines of business unless stated otherwise)

CLINICAL
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 Feb. 9, 2014

- Genetic Testing for CHARGE Syndrome
Electrical Fields for the Treatment of Glioblastoma
Abbreviated Daytime Sleep Study (e.g. PAP-NAP)

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

New drugs added to commercial specialty pharmacy listing

Effective Jan. 1, 2014, the following drugs have been added to our Specialty Pharmacy drug list. Those requiring prior authorization are identified by (PA).

Provider-administered via medical benefit:
Gazyva (PA)
Granix (PA)

Self-administered via pharmacy benefit:
Actemra SubQ (PA)
Adempas (PA)
Atripla
Bethkis (PA)
Complaera
Imbruvica (PA)
Opsumit (PA)
Stribild
Valchlor (PA)

The provider-administered drug listed below is currently on our specialty list and does require prior authorization, but effective Jan. 1, 2014 this drug will no longer require prior authorization:
Jevtana

The provider-administered drugs listed below are currently on our specialty list, but effective Jan. 1, 2014 the drugs will be removed from the specialty list:
Mirena
Omontys
Skyla

Providers can obtain prior authorization for:
Provider-administered drugs that have a valid HCPCS code by logging on to BlueAccess®, the secure area of www.bcbs.com and selecting Service Center from the Main menu, followed by Authorization/Advance Determination Submission. Physicians not registered with BlueAccess or needing assistance using our website should contact eBusiness Solutions.
Provider-administered specialty drugs that do not have a valid HCPCS code by calling 1-800-924-7141.
Self-administered specialty drugs by calling Express Scripts at 1-877-916-2271.

Note: BCBST updates its web authorization forms on a quarterly basis. If the HCPCS code is not available now, it may be in the near future.

Modified Utilization Management Guideline updates/changes

BlueCross BlueShield of Tennessee’s website has been updated to reflect upcoming modifications to select Utilization Management Guidelines. The Modified Utilization Management Guidelines can be viewed online at <http://www.bcbs.com/providers/UM_Guidelines/Upcoming_Changes/Upcoming_Changes.htm>.

Effective Feb. 12, 2014
The following as relates to Inpatient & Surgical Care:
Sacral Colpopexy, Abdominal Approach

Note: Effective dates also apply to BlueCare and TennCareSelect pending state approval.

ADMINISTRATIVE

Web authorizations upgrade coming soon!

In February 2014, BlueCross will be upgrading its online authorization tool. This upgrade to the tool will improve the guideline selection and documentation process of your web authorization requests.

An online step-by-step quick reference guide will be available in January to help you through the details of the changes. Also, look for more information in the February BlueAlert.

Specialty pharmacy network changes

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

Prior authorization requirement changes *

Beginning Jan. 1, 2014, prior authorization is no longer required for the following services:
Tonsillectomy and Adenoidectomy under age three (3)
Tonsillectomy under age three (3)
Neurobehavioral Status Exam
Destruction of Cutaneous Vascular Proliferative Lesions less than 10 sq. cm (laser technique)
Additionally, BlueAdvantage and commercial plans no longer require prior authorization for the following Musculoskeletal Program services (administered by Triad):

- 95970- Spinal Cord Stimulator
- 95971- Spinal Cord Stimulator
- 95972- Spinal Cord Stimulator
- 95973- Spinal Cord Stimulator

**Reminder: Cultural disparities analysis**

BCBST conducted an analysis of top medical conditions by race/ethnicity of its commercial and TennCare members using 2012 claims data. Following is a summary of those findings for your review and information.

**Asians**

Asian commercial and BlueCare Tennessee members had lower prevalence for every top condition except hyperlipidemia and blood borne cancer when compared to all other racial/ethnic groups.

The prevalence of obesity for Asian commercial members was more than half of other racial/ethnic groups.

**African Americans**

African American commercial members had a much lower rate of hyperlipidemia compared to other racial/ethnic groups.

African American BlueCare Tennessee members had significantly higher rates of STDs compared to other racial/ethnic groups.

**Hispanics**

Hispanic commercial members had low compliance with most preventive measures.

The prevalence of hypertension was significantly lower for Hispanic BlueCare members compared to other racial/ethnic groups.

**American Indian/Alaskan Native**

AI/AN TennCare members had almost double the prevalence of endocrine gland disease or disorder compared to all the other racial/ethnic groups.

**White**

White commercial members had a significantly higher prevalence of hypertension compared to other racial/ethnic groups.

Thank you for your help in closing gaps in care!

**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.

**American Indian/Alaskan Native**

AI/AN TennCare members had almost double the prevalence of endocrine gland disease or disorder compared to all the other racial/ethnic groups.

**White**

White commercial members had a significantly higher prevalence of hypertension compared to other racial/ethnic groups.

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**BlueCare Tennessee**

**ADMINISTRATIVE**

**Reminder: Enroll your patients in the CareSmart® program**

In 2012, our Population Health Chronic Disease CareSmart program was improved by adding telemonitoring support for members learning how to manage their chronic illness. This includes weight, pulse, blood pressure and pulse oximetry. Members engaged in this program who meet the criteria are offered this support as well as education with the goal of reducing readmissions and emergency room visits. To refer your BlueCare Tennessee patients for enrollment in our CareSmart program, please contact us at 1-888-416-3025.

**New claims editing system**

Implementation of Igenex Claims Editing System or iCES, the new claims editing system for both professional and facility claims is rescheduled to begin in first quarter 2014. iCES utilizes industry rules, as well as federal regulations and policies governing health care claims. You may see some slight differences in how claims are processed as a result of our change to iCES. Look for more information in upcoming articles in BlueAlert or online at [http://bluecare.bcbst.com/Providers/index.html](http://bluecare.bcbst.com/Providers/index.html).

**Clarification of rate increase for Rural Health Centers and Federally Qualified Health Centers**

Providers such as Rural Health Centers, (RHC) and Federally Qualified Health Centers (FQHC) are reimbursed on the basis of an all-inclusive rate under their own Medicaid benefit categories. We wanted to provide an important clarification as to whether the enhanced payment could be paid to a qualified physician for qualified physician services, provided in a hospital and being paid on a fee for service basis for which an RHC or FQHC does not receive a wrap around payment from the state (as they are not providing clinic services in this circumstance). As specified in the final regulation, only services provided under the physician benefit and billed using a physician fee schedule are eligible for higher payment. Example: since the state reimburses the hospital codes on a fee for service basis and does not pay the
all-inclusive rate, those services would be eligible for higher payment if the physician who provides them properly self attests to eligibility. However, services provided by the physician that are reimbursed through the all-inclusive rate would not be eligible. Providers that bill for the rate bump as described herein will be required to complete an attestation form and maintain records to prove they do not bill TennCare for the wrap around payment and provide records upon request to BlueCare Tennessee and TennCare in the event of a CMS audit in order to justify the payment.

The Enhanced Payment Attestation form can be located at: <http://bluecare.bcbst.com/forms/5.PCP_Attestation_Form_Enhanced_Payment.pdf>

You may also reference the Primary Care Physician Enhanced Rates Attestation Form Required letter at: <http://bluecare.bcbst.com/forms/5.PCP_attestation_requirement%20_letter.pdf>

**Speech therapy clarification**

BlueCare Tennessee has established a process to facilitate the coordination of TENNderCare services when members under 21 years of age have been identified as needing to receive therapy services in an educational setting. BlueCare Tennessee requires a copy of the child’s Individualized Education Plans (IEP) and a signed Release of Information/Parental Consent. This process is in support of the TENNderCare Connections process for IEPs.

Speech therapy is covered as medically necessary in accordance with TENNderCare requirements and must be performed by a licensed speech therapist. BlueCare Tennessee will NOT pay for speech therapy provided in a group setting in a school unless the group setting is specifically written in the IEP, specifically ordered by the PCP and performed by a licensed speech therapist.

**Cover Tennessee**

**ADMINISTRATIVE**

**Cover Tennessee changes** *

**CoverTN** – As communicated in previous issues of the BlueAlert, CoverTN coverage will no longer be available effective Jan. 1, 2014. A recent request by Governor Bill Haslam to extend coverage for CoverTN enrollees through April 30, 2014, was recently denied. CoverTN enrollees have been notified their coverage will be ending on Dec. 31, 2013.

**AccessTN** – The AccessTN Board recently approved the extension of coverage for all current AccessTN members through April 30, 2014. Effective May 1, 2014, AccessTN coverage will only be available for members that are below 100 percent of the Federal Poverty Level (FPL) and are also receiving premium assistance. AccessTN members have been notified of these changes.

**CoverKids Buy-In** – The CoverKids Buy-In eligibility category (members that are over 250 percent of the FPL and who pay a monthly premium for coverage) will close at the end of the year. CoverKids Buy-In members have been notified their coverage will end on Dec. 31, 2013.

As is the case today, providers can verify eligibility by calling our Provider Service Line† or by logging on to BlueAccess, the secure area of www.bcbst.com.

**BlueCross will be closed on Jan. 20, 2014, in observance of Martin Luther King, Jr. Day.**

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

**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)  

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