of Tennessee

NOVEMBER 2024

BlueAlert℠

of Tennessee | Mission driven FOR 75 Years

A monthly newsletter for our provider community, featuring important updates and reminders about our company's policies and procedures. All information is broken out by line of business.

BlueCross BlueShield of Tennessee, Inc.

This information applies to all lines of business unless stated otherwise.

COVID-19 Updates

Now that the National Public Health Emergency has ended, we're taking steps to return to some of our original policies and procedures. Please continue to visit the Provider FAQs at **bcbstupdates.com** for up-to-date guidelines to help you care for our members.

INSIDE THIS ISSUE

Change Healthcare Payer Enrollment Services to be Reinstated in Stages Over Fourth Quarter

On Oct. 1, 2024, we began accepting Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) updates for any provider enrolled in Change Healthcare's Payment Enrollment Services (PES) system. Currently enrolled providers and new providers must have profiles with the vendor prior to enrollment submissions.

We're also working to re-establish our connections within Availity® over the coming months. These will include validations for providers who are considered new to the EFT process.

While we temporarily waived requirements for new providers to have a completed and approved application to enroll in the Change Healthcare PES system, we'll soon reinstate the policy. Beginning **Dec. 1, 2024**, we'll require all new providers who aren't already enrolled and accepted to complete the Change Healthcare PES enrollment process. This will require the completion of a profile and receipt of approval.

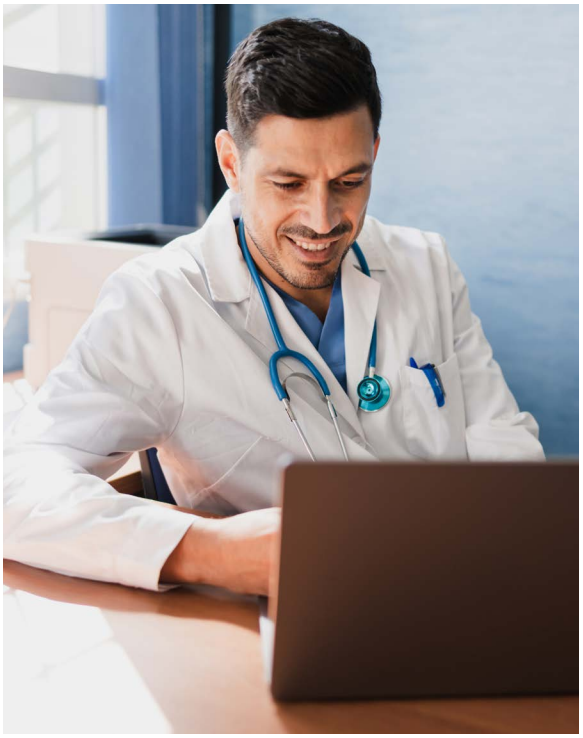
If you have questions about enrolling or updating information in the Change Healthcare PES system, please contact **payerenrollservices.com** or call **1-866-371-9066**.

Credentialing Area Moving to Email Communications

Starting **Jan. 1, 2025**, our credentialing area will only communicate with providers through email. This change is part of our ongoing efforts to streamline operations and ensure timely, efficient communication. Please send emails related to credentialing to **credentials@bcbst.com**.

We Want to Hear From You!

We sent our 2024 Provider Satisfaction and Wait Time Surveys earlier this year to providers participating in certain BlueCross networks. If you got a survey and haven't completed it yet, please share your feedback with us as soon as possible so we can continue improving the ways we work together.



New Paper Check Process for Providers Enrolled for Electronic Remits

To reduce paper and streamline processes, we're changing the way we manage payment for providers who've asked for electronic 835 remits but want to receive paper checks. Beginning **Nov. 1, 2024**, these providers will begin receiving their checks by mail – but will no longer receive the paper remits that were attached to the checks. As always, these providers can access their remittance advice online through Availity at **Availity.com**. **Please note, this won't affect providers enrolled for paper remits and checks at this time.** They'll continue to receive both items together in the mail.

If you have questions, please call our Provider Service line at **(423) 924-7141** and follow the prompts for general inquiries. You may also reference the Provider Administration Manual for more details about registering with Availity or contact our eBusiness Service team at **(423) 535-5717 (option 2)**.

Taxonomy Code Reminder

As a reminder, professional claims require a taxonomy code (a unique 10-character code that designates your classification and specialization) for billing and rendering providers. The **National Plan and Provider Enumeration System (NPPES)** directory shouldn't be the single source of determining the correct taxonomy.

It's important for both the billing and rendering provider taxonomy codes to match how you're credentialed and contracted with us. For example, if you have a pharmacy, specialty pharmacy and durable medical equipment (DME) provider contract, you'll need to file with the specific taxonomy indicated for each contracted service. If you don't submit the appropriate taxonomy codes, your claims may be rejected or denied, or result in reduced reimbursement.

Please be sure to file the two-digit qualifier with taxonomy.

Update CAQH With All Credentialing/ Recredentialing Documentation

Please be sure to update CAQH with all information needed to be credentialed or recredentialed with us. This information includes, but isn't limited to, the name and NPI of the supervising physician, name and NPI of the person providing call coverage or covering for the colleague, certificate of insurance, and all certifications needed to process the request.

As of **Sept. 1, 2024**, we're no longer accepting documentation that can be updated in CAQH via email. All credentialing or recredentialing updates must be made and attested to in CAQH. As a reminder, it's important to keep CAQH updated with all necessary information to ensure our data is as accurate as possible.

About the Provider Exclusion Screening Process

The health and safety of our members and your employees are important, which is why we'd like to remind you of your contractual obligation to screen all employees, agents and contractors (the Exclusion Screening Process) against the exclusion lists.

You also need to conduct criminal background checks and registry checks in accordance with state law to determine whether any of them are "ineligible persons," and therefore, excluded from participation in the Medicare or Medicaid programs. At minimum, registry checks should include the Tennessee Abuse Registry, Tennessee Felony Offender Registry, National and Tennessee Sexual Offender Registry, Social Security Death Master File, HHS-OIG List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), and the Tennessee Terminated Providers List.

The screenings should be conducted prior to hiring employees or contracting with individuals and entities, and every month following. Providers are also required to have employees and contractors disclose if they're ineligible persons prior to providing any services on behalf of the provider.

If you have questions, please refer to the **Provider Networks – Federal Exclusion Screening Requirement** section of the **BlueCross BlueShield of Tennessee** and **BlueCare Tennessee Provider Administration Manuals**.

Commercial

This information applies to Blue Network P℠, Blue Network S℠, Blue Network L℠ and Blue Network E℠ unless stated otherwise.

Save Time on High-Tech Imaging Authorizations

Not all of our plans require prior authorization for High-Tech Imaging (HTI). To see if your patient's plan requires one, log in to Availity, click the **Prior Authorization Requirements** button and then look for the **High-Tech Imaging** section.

If a prior authorization is necessary, here are some tips for faster approval:

- Please be sure to enter an individual provider number as the Requesting Provider instead of your group or facility. Unfortunately, provider group numbers display as out of network in our system, even if that's not the case.
  - If you don't know your BlueCross Provider Number, you can search for it by using the magnifying glass icon.
  - Or your network manager can give you a list of your organization's providers and their corresponding numbers.
    - Using one Requesting Provider for all of a group's HTI authorizations can simplify the process.
  - **Don't** enter your group as the Requesting Provider or the Facility. Doing so may delay your authorization.
- If the place of service will be an office, you can skip the **Facility** field.
- If the place of service will be a facility, enter the appropriate facility information into that field and select the corresponding place of service.
- Claims will match up to the authorization because the individual provider number is tied to your Organization Tax ID number.
- Letters may be viewed on the **Auth Inquiry/ Clinical Update** section of the authorization application.
- Important Reminder – our on- and off-Marketplace members don't have out-of-network or out-of-state benefits. These members must be seen by in-network, in-state providers.

New High-Tech Imaging Prior Authorization Vendor Coming Soon

During the **first quarter of 2025**, we'll start using a new vendor for High Tech Imaging (HTI) Prior Authorizations. We'll share more information about this change in the December BlueAlert.

When we make the shift, you'll continue to submit HTI requests directly to us by calling **1-800-924-7141** or through **Availity**. Those systems will route you directly to the vendor.

If you have questions about using Availity, please call **(423) 535-5717, option 2**, or contact your **eBusiness Regional Marketing Consultant**.

Eye Exam for Patients with Diabetes (EED)

Patients ages 18-75 with Type 1 or Type 2 diabetes should have a retinal or dilated eye exam by an eye care professional, or interpreted by an eye care professional, during the measurement year. Patients can also have a negative retinal eye exam in the year prior to the measurement year (coded correctly with 3072F). Bilateral eye enucleation (any time during the patient's history through Dec. 31 of the measurement year) with documentation will close the gap in care, as will loss of both eyes.

Eye exam results read by a system providing artificial intelligence interpretation meet criteria for gap closure but may not be covered by the member's health plan.

Exclusions include:

- Patients in hospice or palliative care
- Patients 66 and older with both advanced illness and frailty
- Patients who died any time during the measurement year

Note: Blindness isn't an exclusion for a diabetic eye exam because it's difficult to distinguish between individuals who are legally blind but still need a retinal exam and those who are completely blind and don't need an exam.

Federal Employee Program (FEP) Implements Changes for U.S. Postal Service (USPS)

Starting Jan. 1, 2025, FEP is offering a new Postal Service Health Benefits (PSHB) plan for USPS employees and retirees, as well as their eligible family members. While PSHB will be part of the overall Federal Employees Health Benefits program, it will be a separate plan from those offered to other federal employees in the program.

Transitioning PSHB members will continue to use Blue Network P so there will be no network changes. Additionally, benefits/coverage will remain the same and members will still use their current FEP-branded Member ID cards. The only change will be a new group number. Network P providers could start seeing PSHB members as early as Jan. 1, 2025.

For questions prior to Jan. 1, 2025, please contact FEP customer service at 1-800-572-1003. After Jan. 1, 2025, providers with questions about PSHB should call **1-866-780-7742**.

BlueCare Tennessee

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

Prioritize Health Education During Well-Child Exams

The number of people under age 20 living with type 1 diabetes rose 45% between 2001 and 2017, according to the CDC. The incidence of type 2 diabetes in this population rose 95% during the same time. And the CDC estimates that rates of diabetes in young people will continue to rise over the next 40 years.

Researchers forecasted two scenarios of how many kids and teens will be diagnosed with diabetes by 2060:

- Constant incidence: If the rate of new diagnoses stays the same, type 1 diabetes cases would remain about the same. Type 2 diabetes cases would increase about 70%.
- Increasing incidence: If the rate of new diagnoses continues to increase, type 1 diabetes cases would increase about 65%. Type 2 diabetes cases would increase about 700%.

While research into the causes of these increases is ongoing, growing rates of childhood obesity likely contribute to the rise in type 2 diabetes levels. You can help address these rising rates by discussing healthy habits during checkups.

Health education is an essential part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams. This important step allows you to address age-appropriate topics, including nutrition, physical activity, media use, sleep position counseling, and violence, injury and illness prevention. Additionally, consider using this time to talk with patients about any specialists they're seeing or other medications they're taking. Some prescriptions and over-the-counter medications can raise blood sugar levels. For example, children and adolescents who take antipsychotic medication need yearly metabolic screening tests to check their blood sugar and cholesterol levels.

For more information about the components of EPSDT visits, please see our TennCare Kids Tool Kit in the Provider Tools and Resources section of **bluecare.bcbst.com/providers**.

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

Gestational Diabetes Awareness

November is American Diabetes Awareness Month, so now's a good time to talk with your patients and their families about gestational diabetes. And according to March of Dimes, 6% of pregnant people in the United States will develop it.

Most people with gestational diabetes don't have symptoms. So it's important to check with your patients during their visits.

There are several ways they can lower their risk of getting it. You can encourage them to:

- Maintain a healthy weight (if they're not pregnant yet).
- Gain a healthy amount of weight (if they're already pregnant).
- Get physical activity.
- Eat a healthy diet.

Gestational diabetes usually goes away after the baby is born. But it's important to be aware that it can increase the mother's risk of developing type 2 diabetes later.

Keep an eye on your patients and work with them closely. This can help them maintain their health and well-being.

Review the Health Care for Adults with Intellectual and Developmental Disabilities (IDD) Tool Kit

Don't forget about the resources available to provide information for primary care of adults with IDD.

Developed for primary care providers (PCPs) by Vanderbilt University Medical Center and the Vanderbilt Kennedy Center, the **Health Care for Adults with IDD Toolkit** offers best-practice tools and information regarding specific medical, mental and behavioral health concerns, including resources for patients and families. While the toolkit is geared toward adult patients, it contains useful information for all PCPs, including those caring for children and young adults.

We've also launched an IDD resource toolkit for BlueCare Tennessee members on our member website. These resources can help guide members and their families through a diagnosis and connect them with the IDD community and available resources. **Click here** to view the member toolkit.

Note: The information in this article only applies to TennCare*Select*.

Coming Soon: Abortion, Sterilization or Hysterectomy (ASH) Claims Review

In late 2024, we'll review BlueCare, TennCare*Select* and CoverKids claims that include an ASH code submitted with a date of service between July 1, 2023, and June 30, 2024.

The retrospective ASH review includes an in-depth look at documents that may not have been required at the time claims were submitted. If you submitted a claim with an ASH code between July 2023 and June 2024, we may contact you for additional records. **Note:** We may recover payment if we don't receive records within the requested time frame.

If you have questions about the ASH review or ASH claims guidelines, please see the **BlueCare Tennessee Provider Administration Manual** or contact your Provider Network Manager.

Behavioral Health Provider Initiated Notice

The **Provider Initiated Notice (PIN) form** may now be attached to the Member Authorization on Availity. Simply look up the existing authorization and attach the PIN form in the Clinical Update section. The Quick Reference Guide is housed on Availity Payer Spaces under the Resources tab. If you have Availity questions or would like training for your organization, please contact your **eBusiness Regional Marketing Consultant**.

BlueCare Plus Tennessee

This information applies to our Medicare and Medicaid dual-eligible special needs plans unless stated otherwise.

2024 Special Needs Plan Model of Care (MOC) Training Still Available

Providers participating in BlueCare Plus Tennessee special needs plans are contractually required to complete our MOC Training after initial contracting, then every year afterwards. This training promotes quality of care and cost effectiveness through coordinated care for our members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation at **bcbst.com/model-of-care-training**.

Medicare Advantage

This information applies to our BlueAdvantage (PPO)℠ plans unless stated otherwise.

Acute Inpatient Stays

Effective **Oct. 1, 2024**, we're reviewing acute inpatient stays for medical necessity. Those that are approved will cover the entirety of the patient's DRG stay. Extended stay or concurrent reviews on admissions don't need to be submitted because the approval covers the DRG payment. Outlier payments may be subject to retrospective claims review.

Pharmacy

This information applies to all lines of business unless stated otherwise.

New Resource for Drug Prior Authorization Criteria

Tennessee House Bill 0885, effective Jan. 1, 2025, requires us to give providers 45 days' notice about upcoming changes to drug prior authorization criteria. To prepare for this, we've created a resource where providers can view the impending changes. This document will be updated periodically as criteria are revised.

The document will be available **here**.

You can also find it by navigating to **provider.bcbst.com**, selecting **Documents and Forms**, then the **Commercial** tab, and looking under the **Pharmacies & Prescriptions** drop down.

Humira® Leaving Our Preferred Formulary

Effective Jan. 1, 2025, we'll remove Humira from our Preferred Formulary. Instead, we'll cover three biosimilars:

- Simlandi
- Hadlima
- Adalimumab-adaz

Please talk to your patients who are currently taking Humira to see which covered biosimilar is right for them. You'll need to provide a new prescription for the biosimilar chosen. We'll automatically batch load prior authorizations for all patients currently taking Humira, which will be valid through the original approval date for Humira.

2025 Drug List Changes

Each year, we review our drug lists and make changes based on a drug's safety, effectiveness and affordability. Although many of these changes happen at the beginning of the year, they may occur at any time because of market changes, such as:

- Release of new drugs to the market after FDA approval
- Removal of drugs from the market by the FDA
- Release of new generic drugs to the market

Please visit the following links on the Pharmacy Resources & Forms page to view the 2025 drug list changes:

- **2025 Preferred Formulary Changes**
- **2025 Essential Formulary Changes**
- **2025 BlueAdvantage Formulary**
- **2025 BlueAdvantage Extra Formulary**
- **2025 BlueCare Plus Formulary**

Refer to the TennCare Pharmacy Benefit Manager for Important Updates

Please **click here** to review important notices about prescribing changes, authorization guidelines and other items related to the TennCare Pharmacy Program.

Tips for Coding Professionals

This information applies to all lines of business unless stated otherwise. Please note these tips are educational only, providers remain responsible for completion of claims submitted to BlueCross.

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

You can easily find current coding updates and pending claim edit changes under **Coding Updates** in the Coding Information section of our **Coverage & Claims** page. You can access code edits 60 days before the effective date. If you have questions, please call us at **1-800-924-7141** and follow the prompts for providers **(option 1)**.

Quality Care Rewards

This information applies to all lines of business unless stated otherwise.

Tennessee Health Care Innovation Initiative (THCII) Episodes of Care Quarterly Reports Coming Soon

New quarterly reports for Medicaid and Commercial Episodes of Care quarterbacks will be available starting **Nov. 21, 2024**. If you're a quarterback who's having trouble accessing your Quarterly Report, please call **(423) 535-5717** and press **option 2** or email **eBusiness_Service@bcbst.com**.

BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee and their licensed health plan and insurance company affiliates comply with the applicable federal and state laws, rules and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability. If a member or participant needs language, communication or disability assistance, or to report a discrimination complaint, please, call **1-800-468-9698** for BlueCare, **1-888-325-8386** for CoverKids or **1-800-263-5479** for TennCare*Select*. For TTY help call **771** and ask for **1-888-418-0008**.

This information is educational in nature and is not a coverage or payment determination, reconsideration or redetermination, medical advice, plan pre-authorization or a contract of any kind made by BlueCross BlueShield of Tennessee, Inc. or any of its licensed affiliates. Inclusion of a specific code or procedure is not a guarantee of claim payment and is not instructive as to billing and coding requirements. Coverage of a service or procedure is determined based upon the applicable member plan or benefit policy. For information about BlueCross BlueShield of Tennessee member benefits or claims, please call the number on the back of the member's ID card.

Archived editions of BlueAlert are available **online.**

Contact Us Through Availity

Availity® makes it easy for you to do business with us online anytime, offering faster prior authorizations, claims decisions and more. You can log in at **Availity.com** to:

- Check benefits, eligibility and coverage details
- Manage prior authorizations
- Enroll a provider
- Request claim status
- View fee schedules and remittance advice
- Manage your contact preferences

CAQH Solutions | PROVIEW™

Be sure your **CAQH ProView**™ profile is kept up to date at all times. We depend on this vital information.

Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Service Lines	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
Commercial UM	1-800-924-7141
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	
Federal Employee Program	1-800-572-1003
Monday-Friday, 8 a.m. to 6 pm. (ET)	
BlueCare	1-800-468-9736
TennCare*Select*	1-800-276-1978
CoverKids	1-800-924-7141
CHOICES	1-888-747-8955
ECF CHOICES	1-888-747-8955
Monday–Friday, 8 a.m. to 6 p.m. (ET)	
BlueCare Plus℠	1-800-299-1407
Seven days/week, 8 a.m. to 6 p.m. (ET)	
***Select*Community**	1-800-292-8196
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCard	
Benefits & Eligibility	1-800-676-2583
All other inquiries	1-800-705-0391
Monday–Friday, 8 a.m. to 6 p.m. (ET)	
BlueAdvantage	1-800-924-7141
Seven days/week, 8 a.m. to 9 p.m. (ET)	
eBusiness Technical Support	
Phone: Select Option 2 at	(423) 535-5717
Email:	**eBusiness_service@bcbst.com**
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	

Important Note:

If you have moved, acquired an additional location, changed your status for accepting new patients, or made other changes to your practice or facility:

Please visit our payer space at **Availity.com** and update your information.

Update your provider profile on the **CAQH Provider Portal** website.

Questions? Call **1-800-924-7141**.