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2024 All Blue Workshop[SM] Provider Questions & Answers

Thank you for you attending the 2024 All Blue Workshop. We received many questions during the presentations, and we've compiled them below for your reference. We hope you find this helpful.

Does CoverKids offer transportation?

Please refer to page 159 of the BlueCare Provider Administration Manual (PAM) - Non-Emergency Medical Transportation (NEMT). (See Attachment I of this manual for additional non-emergency medical transportation information.)

Can providers fax a PCP change request if a member's PCP has been changed within 24 hours at another provider location, and the member comes to our but Availity won't allow the second location to change PCP within 24 hours?

Page 51 of the BlueCare PAM gives information on the PCP member change process. If the above timeline occurs, please update the member's PCP in Availity as soon as possible.

Does BlueCare accept faxed PCP change forms when Availity is down? If not, what is the correct process for when Availity is down and a PCP change is needed?

When you get an error like this: Click the printer icon to save the error page. Then send the error information, along with the reason for the PCP change, to the email address in the red banner: Fax_pcp@bcbst.com. Also, providers can backdate the PCP change three business days, with the exception being for newborns, which can be backdated 21 business days to allow for TennCare to generate a Member ID number.

What about BlueCross Medicare Advantage PCP changes?

Medicare Advantage does not assign PCPs for members.

Can you address BlueCross Advantage dual coverage?

Volunteer State Health Plan, BlueCare Plus Tennessee, is contracted with the Centers for Medicare and Medicaid Services (CMS) to offer Dual-Special Needs Plans to beneficiaries in the state of Tennessee. Coverage under BlueCare Plus Tennessee includes three plan options: BlueCare Plus Dual-Special Needs Plan (D-SNP), BlueCare Plus Choice Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), and BlueCare Plus Select. The reference to BlueCare Plus will refer to all three BlueCare Plus Plans, D-SNP, Choice and Select. Dual eligible are some of the most vulnerable members of the Tennessee population due to a combination of low income, social determinants of health, and a high incidence of chronic health conditions. BlueCare Plus Tennessee is a specialized Medicare Advantage Plan (a Medicare "Special Needs Plan"), which means its benefits are designed for people with special health care needs. BlueCare Plus Tennessee is designed specifically for people who have Medicare and who are also entitled to assistance from TennCare (Medicaid). Coverage under BlueCare Plus Tennessee includes two plan options: BlueCare Plus Dual Special Needs Plan (D-SNP) and BlueCare Plus Choice Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP).

Should we see two adjustments on dual - Medicare (primary) adjustment and a Medicaid adjustment? OR is BlueCross just pricing at Medicaid rates with one adjustment?

If a member is Dual Eligible and has chosen a Medicaid MCO you will see one remit for that claim per your agreement. If a member does not choose an MCO and you file to CMS and then to a secondary, you will see two remits.

Where do we find these slides?

You can download the presentation on this page (provider.bcbst.com/news-updates/events/).

If a patient has BlueCare with dual coverage, where do we find other coverage the patient has?

All member benefits should be accessed and viewed in our BlueCross Payer Spaces on Availity. Coordination of Benefits information for other coverage can be found in the individual member's benefit information located on this screen.

Are we allowed to bill the patient if they identify as SLMB (Specified Low-Income Medicare Beneficiary) only?

You may only bill the member for the out-of-pocket amount listed in the member responsibility section on your remit.

If we receive XL7 denials, should we refile the claim with the correct EOB?

Yes, please refile with the correct Explanation of Benefits with the correct policy number and correct carrier name.

How do members access their benefits? There is no available benefit breakdown for families with special needs.

To check their benefits, members can go to the member login page on BCBST.com. When a provider needs to check benefits and they're not available on Availity, they can contact customer service at 1-800-468-9736 and TennCare*Select* at 1-800-276-1978.

Why is BlueCross BlueShield of Tennessee pushing providers to use TruHearing only?

Please contact your Provider Network Manager for more details.

Can we bill insurance for interpreters for deaf patients?

The financial responsibility for the provision of the requested language assistance is that of the entity that provides the service. Charges for these services should not be billed to BlueCare Tennessee and it is not permissible to charge a BlueCare Tennessee member or the member's representative for these services.

If a provider is in-network with Medicaid but not Medicare, can we still bill BlueCare dual coverage?

Yes. If your agreement includes D-SNP, you don't have to have an agreement with both Medicaid and our Medicare Advantage line of business to file dual eligible claims. Please be sure that your provider information is up to date in CAQH as well as in our system.

What is work age insurance?

The individual is age 65 or over and is covered under a group health plan / The individual has current employment status (or has a spouse of any age with current employment status) / The individual is working (or has a spouse who is working) for an employer that has 20 or more employees.

How long should we wait for a response for an Availity message?

Pertaining to claims, there is a backlog so it will be past 10 days.

Can we use 'message this payer' prior to recon for questions pertaining to a claim?

Yes, providers can use this feature if they have questions about the claim.

How do I look up previous comments and communications in Availity that may have been closed?

Log into Availity > on Availity landing page click Messaging > choose Unassigned, Unread, Pending or Recently Resolved

How do we obtain document control numbers?

Please reach out to your Provider Network Manager.

Can PWK be used for timely filing?

PWK can only be used when submitting a claim. For timely filing, the claim would be submitted at the same time so the CLAIM would show timely filing.

How long will BlueCross be in a backlog for processing reconsiderations? Why do providers have to call in to request reconsiderations submissions be processed?

While we're unable to provide an exact timeframe for the backlog completion, please know that your reconsiderations and adjustment requests are being diligently worked. Additional staff and overtime are being utilized to ensure reconsiderations are being handled as quickly and accurately as possible. Please note that multiple reconsideration submissions and/or Availity messages may cause delays. Our Claims department is working on ways to better automate more claims to increase output. We appreciate your patience as we work to rectify this staffing issue as quickly as possible.

How should we do reversal payments for BlueCare?

If you're referring to an incorrectly submitted claim, you can resubmit the claim and use 7 as corrected claim OR 8 to void a previously submitted claim. Note: you'll have to add the previous claim number.

Why are we still receiving denials for medical records when they were clearly attached via PWK?

We need more specific information to answer this question. Please reach out to your Provider Network Manager.

Why are we having a problem with: 1. Enrollment updates and changes, and having issues that the provider cannot be added due to BlueCross not having access to CAQH? 2. For a missing or invalid Medicaid ID, our information is correct, and we waited the two days to update after attesting, as directed by CAQH.

BlueCross does have access to CAQH and we can pull provider / group information, but there may be a couple days of lag time, especially if a weekend is involved. As for missing or invalid Medicaid numbers: If the provider does NOT have a Medicaid ID, they MUST request one which can take at least a week. Then the provider has to update CAQH, which takes two work days, before we can access it.

Why aren't claims showing denial remarks on the bottom in Availity?

We've recently been made aware of this issue and we're looking into a resolution.

What is the preferred admin code BlueCare wants for Beyfortus?

96380 / 96381 / S9562

Why is it taking so long to add providers to our group? This is usually fast but has been taking upwards of two months.

Please send examples with Group Enrollment IDs to your Provider Network Manager and ask them to escalate to the PNO team for review. There are many elements that can impact the turnaround times throughout our process.

What information is needed in the eCommerce section?

eCommerce contact's first and last name / eCommerce email address / phone number

How do we determine who and how to contact BlueCross about credentialing? We are seeing delays and notifications sent to the wrong address.

For credentialing questions, please email credentials@bcbst.com. If you'd like to know how we verify your Credentialing Contact, we look at Contact Preferences on the submitted enrollment form and then check the CAQH Profile for Credentialing Contact details. If it exists, this secondary contact is our primary source as it's generally the most current.

The application tracker still seems stuck. It is still showing at 15% after months.

The tracker request application is refreshed daily, generally at 6:30 ET. You can review the next estimated refresh time in the upper right-hand corner of the application. If you have not seen any movement on your status, please escalate to your Provider Network Manager.

How do I navigate to / through 'how to see if a provider is in network?'

You can do this through the directory. We do prepopulate existing Group and Provider Networks on the enrollment application.

How do we reach the application status tracker? Can it be accessed by the group or does it have to be the individual provider?

The application tracker is located at the bottom of the main Persona Page, just before the 'submit' button. Once you select this option, you can select the Organization and Tax ID you're inquiring about. This will populate any Group or Individual enrollments associated with the selected Org and Tax ID we have received.

Since the start of 2024 we have not received payment from any Medicaid payers when secondary to Medicare and when the Medicare deductible hasn't been met.

We have reviewed a number of these claims and have found that some are pending for processor review, however the claims being processed currently are being handled correctly per TennCare guidelines. To date, we have worked this balance down to ~9,000 claims pending and are working expeditiously to complete them. If you have specific examples, please reach out to your Provider Network Manager and we will be happy to help.

How do the weights from EOC risk factors differ from the PCMH risk score?

PCMH risk factors are derived from a different population than what we do for EOC so the factors and risk weights are different. Simply, different models produce different factors because the population bases are not the same.

How does autism influence risk factor as its symptomology impacts multiple areas of physical and behavioral health?

Autistic Disorders are a clinical exclusion for ADHD and ODD episodes.

BlueCross reps have said they don't have anything to do with Availity if there's been a COB update or they're unsure how the COB was updated. Why does it take two seconds to verify, but BlueCross months to fix?

Fee schedules have a specific user role of "Provider Enrollment and Contracting." If the fee schedule viewer tile is not displaying, please have the Provider Organization Administrator update the user role. Have the user log off, and log back into Availity. You should see the fee schedule viewer tile at that time. If they do not, please clear your browsing history and then log back into the portal.

What if the fee schedule viewer is not an option under BlueCross Payer Spaces?

Please contact your eBusiness representative or Provider Network Manager and we're happy to help.

Are there any fee schedules available for OON providers?

No.

Are drug fee schedules loaded quarterly?

Physician drug schedules are updated quarterly.

What modifier would we use for PMHNP?

If this refers to a Behavioral Health nurse, which we know is an APRN, that modifier is SA. If they do not use the modifier, then the system unfortunately pays the Physician rate which is incorrect. So, a licensed psychiatric nurse should use the SA modifier on their BlueCare/TennCare*Select*/CoverKids claims.

Are the rate increases discussed during the Behavioral Health portion of the Workshop JUST for Medicare?

The new commercial contracts were for Commercial and Medicare Advantage.

Is the rate increase described during the Behavioral Health presentation for BH providers only?

Yes.

For ortho claims are NPs still considered ancillary and non-covered when used as assistants at surgery? Are PAs still covered for surgery?

Nurse Practitioners fall under Professional and not Ancillary. Ancillary providers are issued an NPI Type 2. Nurse Practitioners are issued an NPI Type 1. PAs are covered during surgery when billed with the appropriate modifier.

Do providers have the option to allow patients to opt out of having their insurance billed?

This can be line of business specific, so please refer to the PAM or your Provider Network Manager.

What is the website for Home Health only?

Home Health and Private Duty Nursing Billing and Reimbursement Guidelines are outlined in the BlueCross BlueShield of Tennessee PAM on provider.bcbst.com.

What email will my contract be coming from?

The contracts will always come from dse@docusign.net. We assign contracts to the signature authority via DocuSign.

Is there a way to verify receipt of faxed reconsiderations without calling?

At this time, providers need to call customer service to confirm receipt of a reconsideration.

What do I do if I stop receiving BlueAlert emails?

Make sure the provider's information is updated in Availity and CAQH. The email addresses for BlueAlert email notification are pulled from Availity.

Where do we go to request vaccine resources?

Please reach out to your Provider Network Manager and we'll be happy to help.

Why are we being labeled as OON by out of state plans when we're PAR with OOS benefits?

Please reach out to your Provider Network Manager with claims examples.

Can we use this webinar towards CEUs for certifications for APPC?

No