Provider Quick Reference Guide

A Summary of Important Topics and Helpful Information for Providers

of Tennessee

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Welcome

We're glad to have you in our provider network. Thank you for your dedication to the health of your patients. We're right here to partner with you as you provide care for our neighbors covered by a BlueCross plan.

Pointing You in the Right Direction

Need answers to the most frequently asked provider questions? Start here.

Our provider website is your best starting point for provider information. There you'll have 24/7 access to:

- Provider administration manuals (PAMs)
- News and updates
- Self-service tools
- Forms and guidelines
- Upcoming code edits

Availity® is our secure provider portal where you can access information specific to you, your practice and your patients, including:

- **Enrollment & Provider Changes**
  Enroll providers or make changes to your practice information on the **Provider Changes, Updates and Enrollment** tile within **BlueCross Payer Spaces**.
- **Eligibility & Benefits**
  You can easily confirm your patients' benefits and their eligibility for care and services.
- **Prior Authorization**
  Request prior authorization for care, medicines or equipment.
- **Inquiries, Reconsiderations and Appeals**
  Submit and review your inquiries, reconsiderations and appeals online instead of via phone, fax, email or mail.
- **Claims & Payments**
  We strive to pay you promptly and accurately for the care you provide, and we offer the tools and resources you need to manage and review claims or payments.
- **Reimbursement Information**
  Review your reimbursement rates and track what you're paid for your services.
- **Contact Preferences**
  Update your information in **Contact Preferences** so we can send you important messages and announcements that apply to you and your practice.

Three Common Claims Issues You Can Avoid

Rejected claims are frustrating. They make more work for your office, as well as ours, so we'd rather help you avoid them. Here are the three most common reasons for a claims rejection:

- **Non-covered service** — Our plans provide members with benefits for thousands of services. Confirming your patients' eligibility and benefits before you provide care helps us process claims efficiently and reimburse you promptly.
- **No prior authorization** — Please be sure to obtain prior authorization before delivering non-emergency services that require it, or your claim may be rejected.
- **Transcription errors** — Always make sure the information in your claim is accurate. While transcription errors usually only cause delays, misspelled names, wrong birth dates, invalid codes, incorrect tax IDs and missing subscriber numbers can lead to a rejected or denied claim.

You Have Options After a Denied Claim

A denial isn't always the end of the claim story. You have options.

- **Reconsideration** — If you believe your claim has been denied in error, you can submit a reconsideration form for review.
- **Appeal** — If you disagree with the reconsideration decision, you can submit a formal appeal.
- **Arbitration** — You have the option to request binding arbitration if you're not satisfied with the formal appeal decision.

We're Right Here for You

Promoting Patient Care and Supporting Your Practice with Technology Training

Coordination of Care for Your Patients

Our Population Health Management programs offer quality and effective coordination of care for your patients at whatever level they require — even chronic and catastrophic illnesses or injuries. Member benefits for these types of care can be complicated, so we're here to help. Visit our **Care Management site** to find the right person to speak with about your patient.

eBusiness Technology Support & Training (including Availity)

Our eBusiness technology support team is available to help you and your staff with education and training for the online tools that are vital to your transactions, submissions and communications with us. For help from our eBusiness team, please contact them via our Provider Service line at **1-800-924-7141**. You can also contact them directly by calling **(423) 535-5717**, Monday – Friday 8 a.m. to 6 p.m. ET and selecting **option 2**, or emailing **eBusiness_Service@bcbst.com**.

Quality+ Partnerships Program

We know you're already providing high-quality care for your patients, and we're here to help make sure your practice gets the recognition it deserves. Learn how to maximize your performance in our quality programs on our **Quality Care Initiatives page**.

Attention to Detail

Our **Medical Policy Manual** and our **PAMs** are comprehensive resources for billing guidelines, and policies and procedures for our plans. Answers to almost every administrative question are available in these **manuals**. We have unique versions of the PAM for our different lines of business: Commercial/ Medicare Advantage, BlueCare Tennessee, and BlueCare Plus Tennessee (our Medicare Advantage Dual Eligible Special Needs Plan).

BlueAlert is our monthly newsletter that includes updates about our policies and the latest provider news for all lines of business. You can review the latest information, as well as archives of previous editions at **provider.bcbst.com/news-updates**.

Connecting the Dots

Our plans and provider networks work together to deliver benefits for your patients — and all the information you need is on the Member ID card.

We have three major categories of medical networks, in addition to our dental and vision networks, which serve different member populations. As a provider, you may participate in several of our networks or only one. Read below to learn how our different lines of business connect with the provider networks that your patients use.

Medical Networks (includes Behavioral Health)

Commercial

Blue Network P℠, Blue Network S℠, Blue Network L℠ and Blue Network E℠ (Marketplace Only)

Commercial plans cover members who work for the federal government (FEP) or employers that provide health benefits for their employees. These plans also cover people who purchase individual plans directly from us or on the health insurance marketplace.

Behavioral Health (BH) Comprehensive Network

Our BH Comprehensive Network includes all BlueCross Commercial networks (P, S, L and E). If you participate in the BH Comprehensive Network, you're considered in-network for all Commercial members.

Note: Multi-specialty group practices may also employ medical providers in addition to BH providers. BH providers in a multi-specialty group participate in **all networks** under the BH Comprehensive Network, even if the medical providers with that group only participate in Networks P and S (for example).

Government

BlueCare, TennCare*Select* and CoverKids

Government lines of business include plans for members covered by TennCare (including CHOICES) and supported by federal programs like Medicaid or Children's Health Insurance Program (CHIP).

Medicare

BlueAdvantage (PPO)℠ and BlueCare Plus (HMO D-SNP)℠

These plans are primarily for seniors who purchase plans that work in combination with federal senior health care programs.

Specialty Networks

Our specialty networks offer dental and vision products for members with certain plans.

Member ID Card Overview

Member ID number
(here, the prefix is ABC)

Member plan coverage

Group number

Provider network

Individual Marketplace has a blank suitcase as only emergency services are covered outside of our service area.

PPO suitcase means members can find in-network providers in all 50 states.

Copay amounts for most types of care

of Tennessee

CHRIS B
HALL

Subscriber ID:
ABC123456789

MEDICAL / DENTAL / VISION
Group No. 123456
BLUE NETWORK S

PPO

RXBIN 004336
RXPCN ADV
RXGRP RX123456
RX FORMULARY Preferred
RX NETWORK RX03

PLAN:	Deductible	Out-of-Pocket Max
IN NETWORK		
	Ind. $00000	Ind. $00000
	Fam. $00000	Fam. $00000
OUT OF NETWORK		
	Ind. $00000	Ind. $00000
	Fam. $00000	Fam. $00000
SEPARATE PHARMACY IN NETWORK		
	Ind. $0000	
	Fam. $0000	

PLAN:	Copayments
	Office Visit $00
	Specialist Visit $00
	ER Visit $000
	Hospital Stay $000
	Vision $00

Front

of Tennessee
An Independent Licensee of the BlueCross BlueShield Association

Providers: Submit claims to your local BCBS Plan. Prior authorization required for admissions and certain medical services.

Dentists-In and Out of Tennessee
File dental claims to:
BCBST Claims Service Center
1 Cameron Hill Circle Suite 0002
Chattanooga, TN 37402-0002

bcbst.com
Member Service: **1-800-565-9140**
Network Provider Outside Tennessee:
1-800-810-2583 (BLUE)
Provider Service: Eligibility / ALL Prior Authorizations, (call to confirm) and Claims:
1-800-924-7141
Pharmacists: **1-800-364-6331**

Dental: GRID/GRID+ 1-800-523-1478
Vision: EyeMed 1-877-342-0737

Avoid additional costs. Show this card to your provider and ask for a prior authorization check. See your benefit materials for details. This card does not guarantee benefits eligibility.
001 (01/22)

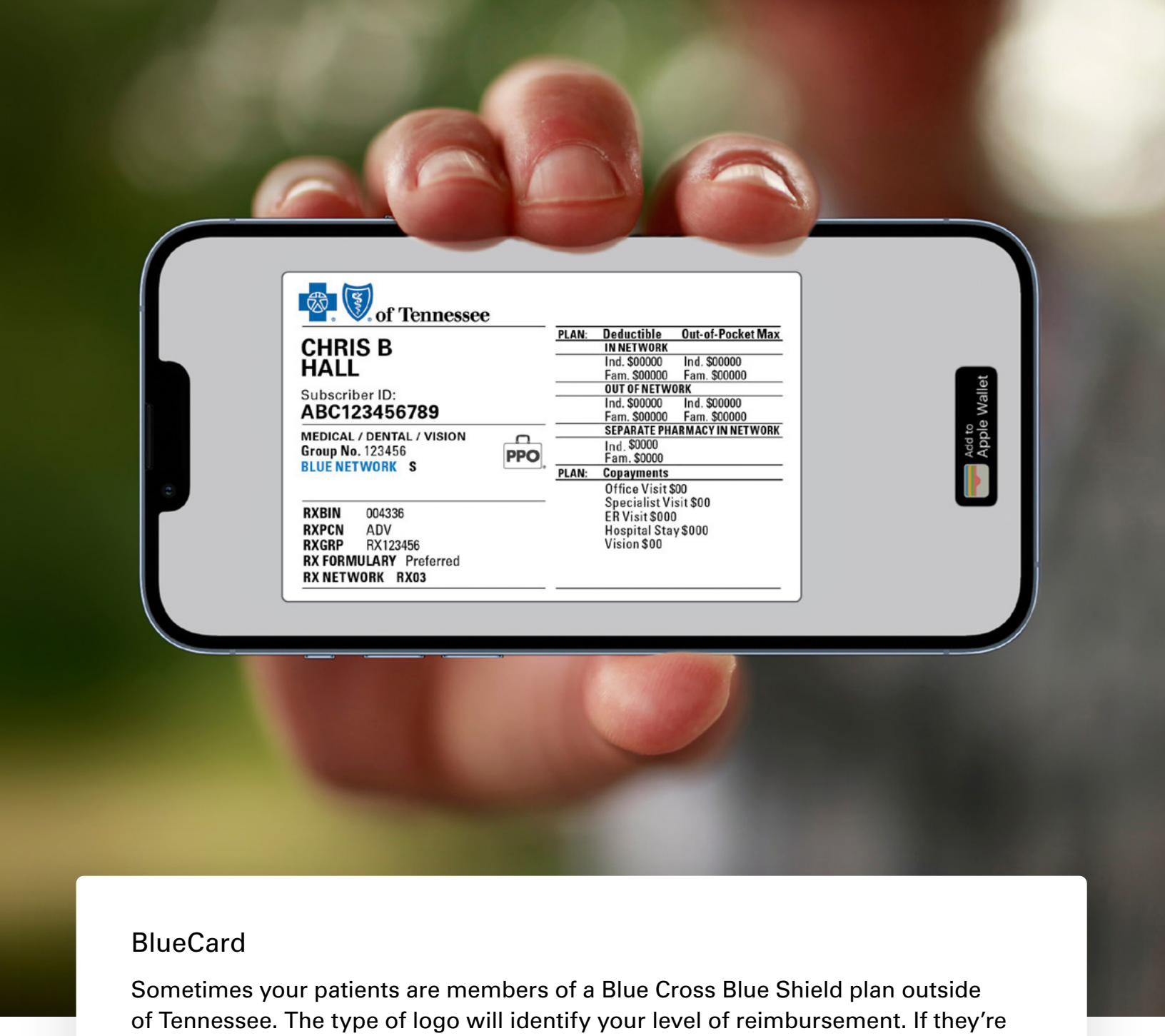
Provider Service

Back

Each member has an ID card with the information you'll need to submit claims and coordinate your patients' care. While the ID cards vary depending on the member's health care benefit plan, there are standard elements to most Member ID cards.

- Member name
- Member ID number (including three-letter alpha prefix)
- Group number (if applicable)
- Participating provider network
- Member copay
- Health Reimbursement Arrangement (HRA) plan designation (if applicable)
- Mailing address for claims and inquiries (back of card)
- Behavioral Health Services telephone number (if applicable)
- Rx network (if applicable)

Our logo appears on all ID cards. However, some cards may have the BlueCare Tennessee logo or BlueCross BlueShield logo without the specific plan listed (e.g., "of Tennessee").



BlueCard

Sometimes your patients are members of a Blue Cross Blue Shield plan outside of Tennessee. The type of logo will identify your level of reimbursement. If they're covered by the BlueCard program, their ID cards will have a special suitcase logo like these:

PPO

MA | PPO
MEDICARE ADVANTAGE

Some health plans may have customized ID cards that differ slightly from those outlined here. Please be sure to read the back of your patient's ID card for information about their plan.

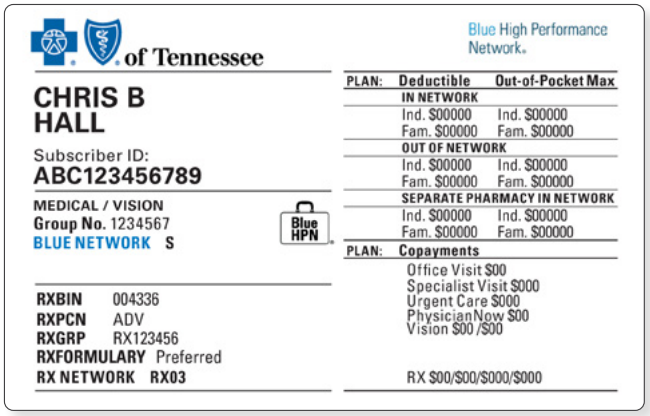
Blue High Performance Network® (BlueHPN®)

Blue High Performance Network (BlueHPN) is a national network of select health care providers who are partnering to provide high quality, cost-efficient care for our members in certain metropolitan areas across the country. BlueHPN is designed as an Exclusive Provider Organization (EPO) solution, so members must see BlueHPN providers to receive full benefits.

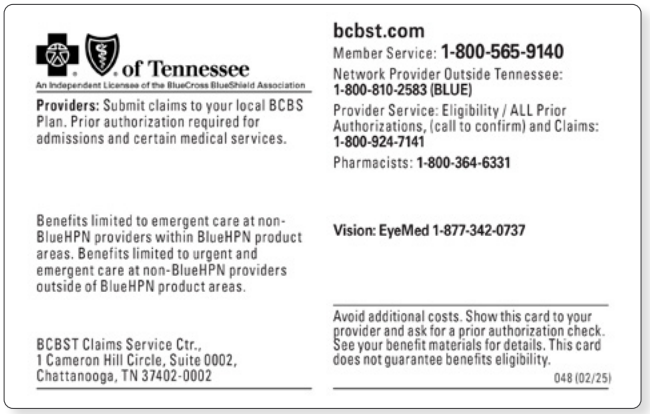
Benefits are provided at the in-network level if the provider participates in our existing Network S. Out-of-network benefits are limited to urgent and emergency care services.

You can recognize BlueHPN members by the following:

- The Blue High Performance Network name on the front of the Member ID card
- The BlueHPN suitcase logo on the front of the Member ID card
- Network S on the bottom left of the card



Front



Back

Provider Contact Reference

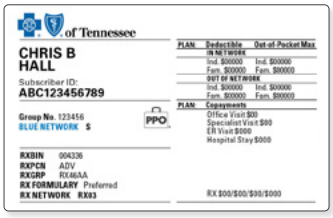
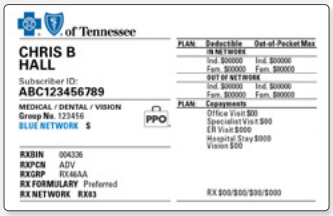
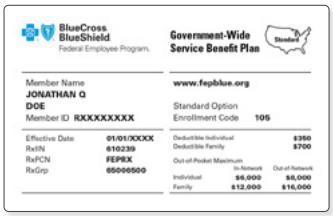
These grids are a quick reference guide of our products, networks, Member ID cards, provider services and who to contact when you have questions.

Provider Service and Prior Authorization

For questions about member benefits, eligibility or claims, please visit Availity first. If you can't find the information you need there, select the link to get a Fast Path phone number that moves you to the top of the calls received list. Provider Service is available Monday through Friday from 8 a.m. to 6 p.m. (ET) for all lines of business. BlueAdvantage offers service from 8 a.m. to 9 p.m. (ET) seven days a week.

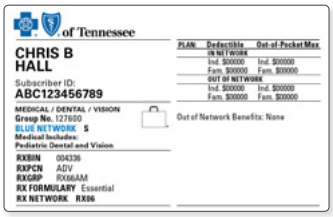
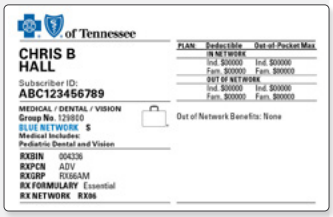
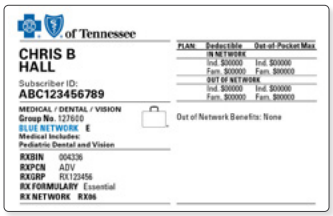
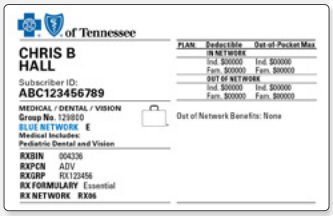
Commercial Medical (includes behavioral health)

(Blue Network P, Blue Network S, Blue Network L, Blue Network E)

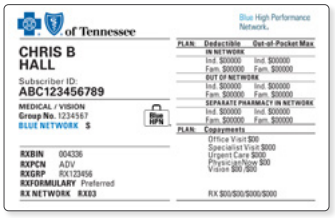
Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
Medical Only	Varies	Network P Network S	Availity.com 1-800-924-7141	1-800-924-7141	
Medical/Dental/Vision (Group)	Varies	Network P Network S	Availity.com 1-800-924-7141	1-800-924-7141	
Federal Employee Program (FEP)	R	Network P	1-800-924-7141	1-800-572-1003	

Commercial Medical (includes behavioral health)

(Blue Network P, Blue Network S, Blue Network L, Blue Network E)

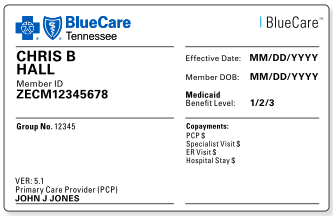
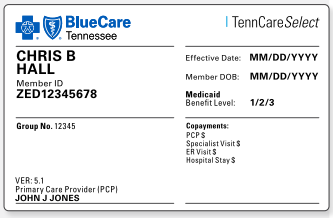
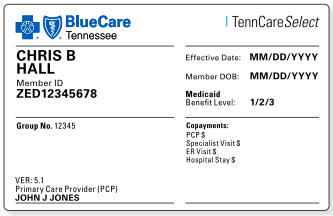
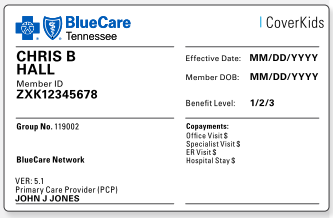
Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
On Marketplace (Individual)	ZQJ	Network S[1]	Availity.com 1-800-924-7141	1-800-924-7141	
Off Marketplace (Individual)	ZQL	Network S[1]	Availity.com 1-800-924-7141	1-800-924-7141	
On Marketplace (Individual)	EPU	Network E[1]	Availity.com 1-800-924-7141	1-800-924-7141	
Off Marketplace (Individual)	EPX	Network E[1]	Availity.com 1-800-924-7141	1-800-924-7141	

[1] No benefits for out-of-network services and services received outside of the BlueCross BlueShield of Tennessee service area except for emergency care.

Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
Small Group EHB	E4Z	Network L[2]	Availity.com 1-800-924-7141	1-800-924-7141	
BlueCard (Blue Cross Blue Shield plans outside Tennessee)	Varies	Varies	Claims 1-800-705-0391	Benefits & Eligibility 1-800-676-2583	Varies
Blue High Performance Network	Varies	Network S	Availity.com 1-800-924-7141	1-800-924-7141	

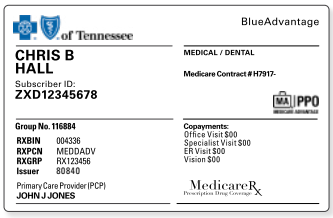
[2] Small network, limited to Knoxville, Nashville and Memphis areas.

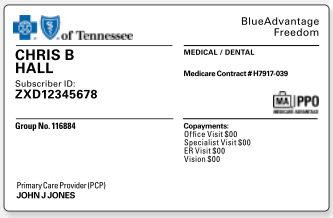
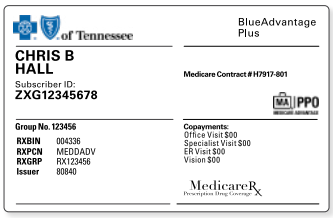
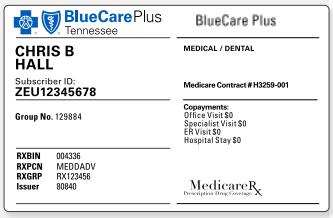
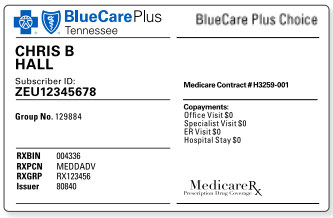
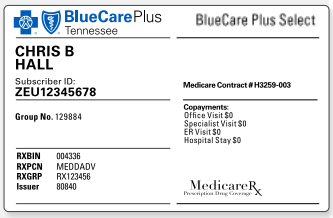
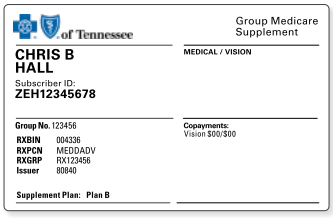
Government Medical
(BlueCare, TennCare*Select*, CHOICES, CoverKids)

Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
BlueCare	ZECM	BlueCare	Availity.com 1-888-423-0131	1-800-468-9736	
TennCare*Select*	ZED	TennCare*Select*	Availity.com 1-800-711-4104	1-800-276-1978	
CHOICES	ZECM	BlueCare	Availity.com 1-888-423-0131	1-800-468-9736	
CoverKids and CoverKids Maternity [3]	ZXK	BlueCare	Availity.com 1-888-325-8386	1-800-924-7141	

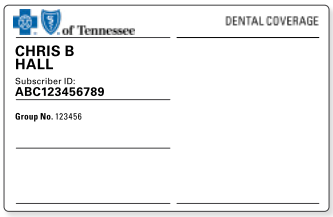
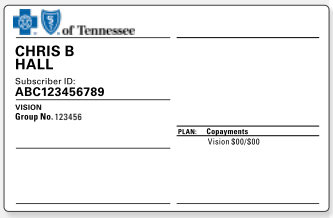
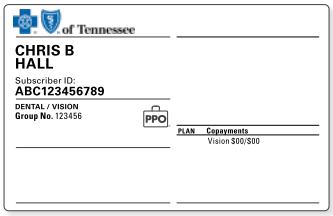
[3] CoverKids Maternity is also referred to as HealthyTNBabies.

Medicare Medical
(BlueAdvantage, BlueAdvantage Freedom, BlueAdvantage Plus, BlueCare Plus, BlueCare Plus Choice, BlueCare Plus Select, BlueElite℠)

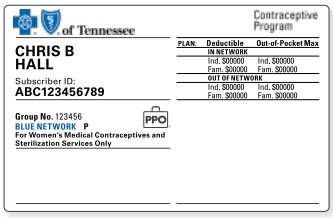
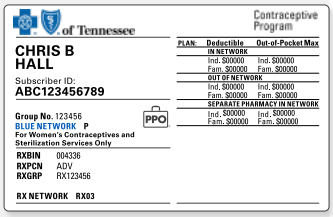
Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
BlueAdvantage (PPO)℠	ZXD	PPO Network	Availity.com 1-800-924-7141	1-800-924-7141	

Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
BlueAdvantage Freedom (PPO)℠	ZXD	PPO Network	Availity.com 1-800-924-7141	1-800-924-7141	
BlueAdvantage Plus (PPO)℠	ZXG	PPO Network	Availity.com 1-800-924-7141	1-800-924-7141	
BlueCare Plus (HMO D-SNP)℠	ZEU	HMO D-SNP Network	Availity.com 1-866-789-6314	1-800-299-1407	
BlueCare Plus Choice (HMO D-SNP)℠	ZEU	HMO D-SNP Network	Availity.com 1-866-789-6314	1-800-299-1407	
BlueCare Plus Select (HMO D-SNP)℠	ZEU	HMO D-SNP Network	Availity.com 1-866-789-6314	1-800-299-1407	
BlueElite℠ Medicare Supplement	ZEH	N/A	N/A	1-800-924-7141	

Specialty
(Dental, Vision)

Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
Dental	N/A	Dental	Availity.com	1-800-924-7141	
Vision	N/A	Vision	Availity.com	1-800-924-7141	
Dental and Vision	N/A	Dental/Vision	Availity.com	1-800-924-7141	

Contraceptive Pharmacy Program
(very limited population)

Product	ID Prefix	Network	Prior Authorization	Provider Services	Member ID Card
Medical Contraceptives	Varies	Blue Network P Blue Network S	Varies	1-800-924-7141	
All Contraceptives	Varies	Blue Network P Blue Network S	Varies	1-800-924-7141	

Provider Enrollment/Contracting & Credentialing

If you have questions about:

- Enrollment paperwork
- Fee schedules
- Electronic billing
- EFT or ERA
- Contracts and/or effective dates
- Credentialing
- Acceptance letters
- Demographic changes (non-par)
- Returned mail or checks, etc.
- A provider who has been loaded into our system
- Use of a change form instead of an enrollment form

Contact

Call: **1-800-924-7141** Email: **Contracts_Reqs_GM@bcbst.com**

Submission of Provider or Practice Changes:

To submit changes, please log in to **Availity**, click **Payer Spaces** and the **BlueCross** logo, then choose the **Provider Enrollment, Updates and Changes** tile.

Send supporting documents for a submitted enrollment form or online enrollment process issues, along with the Provider Enrollment Form ID to: **ProviderSupport@bcbst.com**

Provider Network Managers

Our Provider Network Managers are here to help you.
Participating providers can find their Network Manager **here**.

of Tennessee

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

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