

VOL. 7 ISSUE 2 · JUNE 2024



upasolutions.com

## PATHWAYS TO MANAGED CARE



@upasolutions

## This issue:



**Data  
Verifications**



**Carrier  
Contact List**



**BlueCross  
BlueShield**



**Amerigroup**



**Quarterly Data Verifications have been sent out for Q2 2024.**

**Please review and return this form if you have not already done so. This data verification is required by CMS, and helps us ensure that we have accurate information in our credentialing system.**



In May 2023, we launched the **BlueCare Primary Care Provider (PCP) Change Maintenance** application in Availity. You can read more about the application in the [May, June and July 2023 BlueAlert newsletters](#).

The application has been successful, averaging 200-300 PCP changes daily. Due to its success, we're phasing out the existing **PCP Change Request Form**. Beginning **April 1, 2024**, providers will need to use the **BlueCare PCP Change Maintenance** application to change the PCP assignment for a member with BlueCare, TennCare Select or CoverKids coverage.

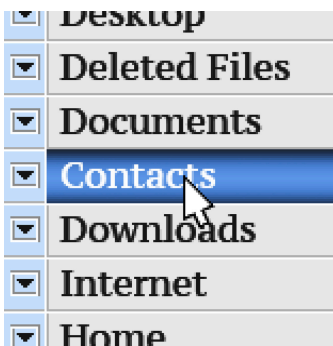
**Please note:** This only affects the PCP change process providers use. Our members can still change their PCP by calling the Member Service line or through their member online account.

As a reminder, when you use the application, changes are made in real time. New ID cards are mailed to members automatically when the change is made, and digital ID cards are available immediately in the **BCBSTN** mobile app. For step-by-step instructions for using the new Availity application, review our quick reference guide in the **Resources** section of our **Payer Space**. If you have questions about using Availity, please call **(423) 535-5717, option 2**, or contact your eBusiness Regional Marketing Consultant.

June Pathways Page 1 of 18



## Carrier Contact List



See Page Two for the most recently updated UPA Carrier Contact List.



## 2024 UPA Carrier Contract List

Carrier List	Line of Business	Provider Rep	Email	Phone/Fax	Notes
<b>Aetna</b>	PPO/POS/EPO	Lora Yates	<a href="mailto:YatesL@aetna.com">YatesL@aetna.com</a>	(P) (860) 900-6171	
	Medicare Advantage				* UT is not contracted at this time
<b>American Health Plans</b>	I-SNP	TBD		(P) (423)747-9622	
<b>BlueCross BlueShield Tennessee</b>		Jessica Taylor	<a href="mailto:jessica_taylor@bcbst.com">jessica_taylor@bcbst.com</a>	(P) (865) 588-4647	
*Network P	Commercial			(F) (865) 588-4655	
*Network S	Commercial Limited Network, Exchange				
*Network L	Commerical Small Group, Exchange				Effective 1/1/22. *Entire group must have privileges at UT
*BlueAdvantage LPPO	Medicare Advantage				
*BlueCare & TennCare Select & CoverKids	TennCare/CHIP				PCP Required
*Blue Care Plus	SNP				
<b>Cigna</b>	PPO/POS/EPO	Melissa Gibson	<a href="mailto:melissa.gibson3@cigna.com">melissa.gibson3@cigna.com</a>	(P) (804) 688-2412	
*Cigna Connect	Exchange				*Effective 01/01/2022 geographical restrictions removed
*Cigna- Great West	Commercial				
*Cigna Local Plus	Commercial Limited Network				*Tennova is out of network
*Cigna MA (Healthsprings)	Medicare Advantage HMO and PPO				*Must have PCP for HMO Plan
<b>Coventry</b>		Provider Service	<a href="http://www.directprovider.com">www.directprovider.com</a>	(P) (800) 937-6824	
*Coventry WC	WC				*Groups have the right to opt into or out of WC and Auto agreements
*Coventry Auto	Auto				
<b>Devoted Health</b>	Medicare Advantage	TBD			*Effective 01/01/2024
<b>East TN Health Plan</b>	PPO/EPO	Pending			*Must have privileges at UTMCK or Tennova
<b>Farm Bureau</b>	Medicare Advantage	Deborah Higgs	<a href="mailto:dhiggs@fbhp.com">dhiggs@fbhp.com</a>	(P) 931-560-0041 ext. 6218	*Effective 01/01/2023
<b>First Health</b>	Leased Network/Mail-Handlers/WC	Provider Service	<a href="http://www.directprovider.com">www.directprovider.com</a>	(P) (800) 937-6824	Now owned by Aetna
<b>Humana</b>			<a href="mailto:humanaproviderservices@humana.com">humanaproviderservices@humana.com</a>	(P) (800) 448-6262	*Include reference # from 1st attempt to resolve issue
*Commercial	PPO/CPOS/POS/EPO	Julie Hooyman	<a href="mailto:jhooyman1@humana.com">jhooyman1@humana.com</a>		*Humana Commercial exiting market mid-2024
*Humana Gold	Medicare Advantage/SNP				
<b>MultiPlan (PHCS, Beech Street, &amp; IHP)</b>		Customer Service		(800) 950-7040	
*Multiplan Medical	PPO/Leased Network				
*Multiplan WC	WC				
*Multiplan Auto	Auto				
<b>NHC Advantage</b>	I-SNP	Robyn Hopkins	<a href="mailto:robyn.hopkins@allyalign.com">robyn.hopkins@allyalign.com</a>	(P) (913) 653 - 5921	
<b>NovaNet PPO</b>	Leased Network/Medical/Auto/WC	Jill Smith	<a href="mailto:jsmith@novanetppo.com">jsmith@novanetppo.com</a>	(P) (800) 513-7177 Ext. 283	
<b>Signature Advantage Plan</b>	I-SNP	Kate Kessler	<a href="mailto:networksupport@signatureadvantageplan.com">networksupport@signatureadvantageplan.com</a>	(615) 258-5567	*Effective 01/01/2023
<b>UnitedHealthcare</b>		Amanda Hustad	<a href="mailto:Amanda_Hustad@uhc.com">Amanda_Hustad@uhc.com</a>	(P) (423) 845 -0173	
*UHC, UHC Navigate	HMO/PPO/POS			(F) (844) 387-3343	
*UHCRV	HMO/PPO/POS				
*UnitedHealthcare Community Plan	TennCare/SNP				PCP Required
*Medicare Solutions	Medicare Advantage/AARP				
*VACCN	Veterans				
*Coverkids					
*Exchange	Exchange				Effective 1/1/22
<b>UPMC Health Plan</b>	Medicare Advantage		Pending		
<b>Valenz Access (Formerly NX Health Network)</b>	PPO	TPA - Claims Issues	<a href="http://www.capitoladm.com">www.capitoladm.com</a>		
<b>Wellcare</b>	Medicare Advantage HMO and PPO	Barbre Jackson	<a href="mailto:Barbre.L.Jackson@wellcare.com">Barbre.L.Jackson@wellcare.com</a>	(501) 366-6268	
<b>Wellpoint (Formerly AmeriGroup/AmeriVantage)</b>	TennCare/Medicare Advantage/SNP	Bradley Clifford	<a href="mailto:Bradley.clifford@wellpoint.com">Bradley.clifford@wellpoint.com</a>	(P) (423) 637-9721	PCP Required
*Coverkids				(F) (866) 574-6748	





Start typing to search this payer space...

[Applications](#)
[Resources](#)
[News and Announcements](#)

Sort By

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

♥ [Custom Learning Center](#)

Find payer-centric training and resources in the learning center.

♥ [Alerts Hub](#)

Providers can access a list of their patients with recent clinical events.

♥ [Aunt Bertha](#)

Research state/health plan sponsored community resources for Medicaid Members.

♥ [Care Central](#)

ATYPICAL MEDICAID PROVIDERS  
Manage non-medical services & claims for LTSS & IDD

♥ [Change PCP Request](#)

Use this form to request a change of PCP for members in your care.

♥ [Claims Status Listing](#)

Retrieve a list and status of the claims you've submitted.

♥ [Clear Claim Connection](#)

Research procedure code edits and receive edit rationale.

♥ [Health Link Provider Attestation Form](#)

Allow providers to update provider attestation forms.

♥ [Information Center](#)

Locate important policies, forms and resources.

♥ [Maternity](#)

Complete attestations for expecting members.

♥ [Member Clinical Reports](#)

PCP's can access events for their patients with ADTs and Medicare HRA Care Plans

♥ [Patient360](#)

Access member-centric clinical and case management data.

♥ [Precertification Look Up Tool](#)

Check if Preauthorization is required for your Medicaid or Medicare Patients.

♥ [Preference Center](#)

Setup notification preferences for your staff.

♥ [Provider Enrollment](#)

Submit an online request to join our provider network.

♥ [Provider Online Reporting](#)

Provider Online Reporting

♥ [Remittance Inquiry](#)

View, print, or save a copy of your Remittance Advice.




## PCP Change Request

Use this form to request a change of PCP for members in your care. Submitted changes will go into effect immediately.  
\*required fields

Organization\* 

Select an Organization

Select a Provider 

Select a Provider

Tax ID\* 

Select a Tax ID

NPI 

Next

► [Terms of Use](#)

Please repeat  
terms of use  
on every  
screen below  
white card



## PCP Change Request

Find Member

PCP Information

Reason for Change

Review & Submit

[< BACK](#) | [CANCEL](#)

### Find Member

To get started, let's find the member:

\*required fields

Member ID

Date of Birth

Find Member





## PCP Change Request



 Find Member

 PCP Information

 Reason for Change

 Review & Submit

[← BACK](#) | [CANCEL](#)

### Find Member

To get started, let's find the member:

\*required fields

Member ID

999999999

Date of Birth

01/01/1980

Find Member



# PCP Change Request



[BACK](#) | [CANCEL](#)

## Find Member

To get started, let's find the member:

\*required fields

Member ID

999999999

Date of Birth

01/01/1980

Find Member

### Member Found

Member Name	Doe, Jane	Member ID	999999999
Date of Birth	01/01/1980	Product	Product Name
Address	123 Main Street Somewhere, ST 12345	Plan	Plan Name

**Member is under 18 years of age. Please add parent/legal guardian information.**

only visible  
is member  
is under age  
18

#### Legal Guardian

First Name\*

Last Name\*

Phone\*

Email\*

Next



# PCP Change Request



- Find Member
- PCP Information
- Reason for Change
- Review & Submit

[BACK](#) | [CANCEL](#)

## Find Member

To get started, let's find the member:

\*required fields

Member ID

999999999

Date of Birth

01/01/1980

Find Member

### Member Found

Member Name	Doe, Jane	Member ID	999999999
Date of Birth	01/01/1980	Product	Product Name
Address	123 Main Street Somewhere, ST 12345	Plan	Plan Name

Member is under 18 years of age. Please add parent/legal guardian information.

### Legal Guardian

First Name\*

John

Last Name

Smith

Phone

555-555-1234

Email

johnsmith@email.com

Next



## PCP Change Request

Find Member 

PCP Information 

Reason for Change 

Review & Submit 

[BACK](#) | [CANCEL](#)

### PCP Information

\*required fields

Enter the information of the PCP you are requesting:

Organization: Sunnybrooke Skilled Nursing      Tax ID 123456789

Date of Request\*

04/01/2023

Provider\*

Select 

NPI\*

Search



## PCP Change Request



 Find Member

 PCP Information

 Reason for Change

 Review & Submit

[< BACK](#) | [CANCEL](#)

### PCP Information

\*required fields

Enter the information of the PCP you are requesting:

Organization: Sunnybrooke Skilled Nursing      Tax ID 123456789

Date of Request\*

04/01/2023

Provider\*

O'Toole, Shamus



NPI\*

123456789

Search



# PCP Change Request



Find Member



PCP Information



Reason for Change



Review & Submit

[← BACK](#) | [CANCEL](#)

## PCP Information

\*required fields

Enter the information of the PCP you are requesting:

Organization: Sunnybrooke Skilled Nursing Tax ID 123456789

Date of Request\*

04/01/2023

Provider\*

O'Toole, Shamus

NPI\*

123456789

Search

Search Results Showing 4 of 4 Providers

Provider Name	Address	Select PC
O'Toole, Shamus	67094 Birdsong Road, San Bernardino, CA 12345	<input type="radio"/>
O'Toole, Shamus	3128 Day Creek Blvd, San Bernardino, CA 12345	<input type="radio"/>
O'Toole, Shamus	44932 Foothill Blvd, San Bernardino, CA 12345	<input type="radio"/>
O'Toole, Shamus	67094 Milliken Ave, San Bernardino, CA 12345	<input type="radio"/>

Next



# PCP Change Request



  
Find Member

  
PCP Information

  
Reason for Change

  
Review & Submit

[← BACK](#) | [CANCEL](#)

## PCP Information

\*required fields

Enter the information of the PCP you are requesting:

Organization: Sunnybrooke Skilled Nursing

Tax ID 123456789

Date of Request\*

04/01/2023

Provider\*

O'Toole, Shamus

NPI\*

123456789

Search

Search Results Showing 4 of 4 Providers

Provider Name	Address	Select PC
O'Toole, Shamus	67094 Birdsong Road, San Bernardino, CA 12345	<input checked="" type="checkbox"/>
O'Toole, Shamus	3128 Day Creek Blvd, San Bernardino, CA 12345	<input type="checkbox"/>
O'Toole, Shamus	44932 Foothill Blvd, San Bernardino, CA 12345	<input type="checkbox"/>
O'Toole, Shamus	67094 Milliken Ave, San Bernardino, CA 12345	<input type="checkbox"/>

Next



## PCP Change Request



### Reason for Change

\*required fields

Please choose the change that best fits the reason (choose one)

- |   |   |
|---|---|
| <input type="radio"/> Established patients only | <input type="radio"/> Member/PCP Relocation     |
| <input type="radio"/> PCP office inconvenient   | <input type="radio"/> Override patient load     |
| <input type="radio"/> Unhappy with PCP          | <input type="radio"/> Override age restrictions |
| <input type="radio"/> Initial Assignment        | <input type="radio"/> Member Choice             |
| <input type="radio"/> Appointment Availability  | <input type="radio"/> Other                     |

[Next](#)



## PCP Change Request



### Reason for Change

\*required fields

Please choose the change that best fits the reason (choose one)

- ☒ Established patients only
  - ☐ PCP office inconvenient
  - ☐ Unhappy with PCP
  - ☐ Initial Assignment
  - ☐ Appointment Availability
- ☐ Member/PCP Relocation
  - ☐ Override patient load
  - ☐ Override age restrictions
  - ☐ Member Choice
  - ☐ Other

[Next](#)



## PCP Change Request

Find Member

[BACK](#) | [CANCEL](#)

### Reason for C

\*required fields

Please choose the change that best fits the reason (choose one)

- ☒ Established patients only
- ☐ PCP office inconvenient
- ☐ Unhappy with PCP
- ☐ Initial Assignment
- ☐ Appointment Availability
- ☐ Member/PCP Relocation
- ☐ Override patient load
- ☐ Override age restrictions
- ☐ Member Choice
- ☐ Other

#### Attestation

I hereby attest that I have the member's consent to submit a PCP change request on their behalf. Information provided in this form is true, accurate and complete to the best of my knowledge.

[Cancel](#)

[Review & Submit](#)

Review & Submit

[Next](#)



## PCP Change Request

Find Member

[← BACK](#) | [CANCEL](#)

### Reason for C

\*required fields

Please choose the change that best fits the reason (choose one)

- ☒ Established patients only
- ☐ PCP office inconvenient
- ☐ Unhappy with PCP
- ☐ Initial Assignment
- ☐ Appointment Availability
- ☐ Member/PCP Relocation
- ☐ Override patient load
- ☐ Override age restrictions
- ☐ Member Choice
- ☐ Other

#### Attestation

☒ I hereby attest that I have the member's consent to submit a PCP change request on their behalf. Information provided in this form is true, accurate and complete to the best of my knowledge.

[Cancel](#)

[Review & Submit](#)

[Review & Submit](#)

[Next](#)



PCP Change Request



- Find Member
- PCP Information
- Reason for Change
- Review & Submit

BACK | CANCEL

Review and Submit

Member Information

Member Name	Doe, Jane	Date of Birth	01/01/1980	Edit
Member ID	999999999	Product	Product Name	
Address	123 Main Street Somewhere, St 12345	Plan	Plan Name	

Legal Guardian

Guardian Name	Smith, John	Phone	555-555-1234	Edit
Email	johnsmith@email.com			

only visible  
to member  
is under age  
18

PCP Information

Organization	Sunnybrooke Skilled Nursing	Tax ID	987654321	Edit
Provider	Shamus O'Toole	NPI	123456789	
Date of Request	04/01/2023			

Reason for Change

Reason Established patients only

Edit

Submit



## PCP Change Request

### Change Request Successful

Transaction ID: [Brand Prefix]-ERV-20247749417

Transaction Date: Nov 03 2020 4:38 PM ET

Your change request has been submitted and will take effect immediately.

Please print for your records.

Member	Member ID	Date of Birth	New PCP	Tax ID	NPI
Doe, Jane	999999999999	00/00/0000	Seamus O'Toole	000000000000	000000000000

 Print    [Submit Another Request](#)    [Payer Space Landing Page](#)