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PATHWAYS TO MANAGED CARE

BlueCare Tennessee

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

Optum® Provider Claim Review

We're required to submit diagnostic data for our members enrolled in certain Medicaid health plans. You may be contacted within the next few weeks by Optum with a request to review and confirm information if a difference is found between medical records and claims you've submitted.

Optum will coordinate this provider claim review (PCR) by:

- Coordinating the review and confirmation of adjusted claims when coding results indicate a discrepancy in risk-adjusted diagnosis codes.
- Identifying diagnosis codes from patient visits during chart review and creating an adjusted CMS-1500 claim form for you.
- Having an Optum representative work with you to determine the appropriate person to receive these claims and explain the PCR process.

If you're contacted by Optum, we'll need you to review and confirm the information on the adjusted claim and submit it through the PCR process by the date requested.

If you have questions, you can view the Optum Reference Sheet. Or, contact your Optum business operations specialist at 1-866-985-8462.

This issue:

Cultural Competency Training Reminder

If you're a provider who participates in BlueCare, TennCareSelect, CoverKids, CHOICES or ECF CHOICES, you can submit a Cultural Competency Attestation Form to let us know you've completed your cultural competency training. We help members identify providers who've completed this training in our Provider Directory.

Our network providers can complete Quality Interactions training, which provides one continuing education unit offered at no cost to you, or complete brief online training created by BlueCare Tennessee. You can take training from other sources other than BlueCare Tennessee if it emphasizes the delivery of services in a culturally competent manner. To be eligible for this classification, the training should include information about caring for people with disabilities, diverse cultural and ethnic backgrounds, or limited English proficiency, regardless of their sex.

Once you finish training, please email your completed Cultural Competency Training Attestation Form to PNS_GM@bcbst.com so we can update our Provider Directory. If you have questions about this training, please contact your Provider Network Manager.

If you have questions about this training, please contact your Blue Cross Provider Network Manager.

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Medicare Advantage

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

Provider Assessment Forms

The Provider Assessment Form (PAF) is an important tool for collecting comprehensive information on each patient's current health status annually. It shows how active chronic and acute conditions are documented and managed. There are two options for PAF submission:

- Electronic PAF: a brief, hierarchical chronic condition-focused PAF is in the Quality Care Rewards (QCR) application, export it for completion and upload it to the QCR, or fax it.
- Non-Standard PAF: Providers/groups that currently have an approved non-standard PAF with BlueCross may continue to submit these assessments for 2023 either by uploading it to the QCR or faxing it.

Providers should submit the appropriate CPT and E/M codes once per calendar year when the PAF is complete.

- Electronic PAF: CPT code 96161
- Approved Non-Standard PAF: CPT code 96160

Reimbursement for completing a PAF is based on the PAF submission option:

- Electronic PAF: $225 January through December 31
- Non-Standard PAF: $100 January 1 through December 31

If you have questions, contact your Provider Quality Outreach Consultant.

Note: The blank PAF form has been retired and is no longer accepted.

Soon you'll be able to access information for your patients with Cigna Medicare Advantage coverage on the Cigna for Health Care Professionals website (CignaforHCP.com). This means you will no longer need to manage and access two separate websites. We hope this change will help to simplify your workflow and make it easier and faster to administer Cigna Medicare Advantage plans.

Additional benefits

Once this update occurs, you will be able to access more benefit and claim details, as well as view and submit precertification requests for your patients with Cigna Medicare Advantage plans.

Registered users of CignaforHCP.com do not need to register again

If you are not currently registered for CignaforHCP.com, go to CignaforHCP.com and click Register.

Be on the lookout for upcoming announcements.

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CIGNA MEDICARE ADVANTAGE COVID-19 UPDATES

COVID-19 guidance continues to evolve based on the latest scientific information available. For the latest Cigna Medicare Advantage coverage, interim accommodation information, billing guidelines, and answers to your diagnostic and treatment questions, visit **MedicareProviders.Cigna.com**.

Public health emergency (PHE) period

Cigna continues to make certain accommodations for COVID-19 through at least January 11, 2023, to align with the ongoing public health emergency (PHE) period, with an expectation that it will be extended further. Visit **MedicareProviders.Cigna.com** for the latest information.

Testing

On September 2, 2022, the federal government ended its free COVID-19 test kit program. We will continue to cover diagnostic COVID-19 tests and related office visits without a cost share through the end of the PHE period.

Treatment

- As of August 31, 2022, there are new codes available to bill for the administration of the new bivalent vaccines.
- Effective August 15, 2022, Cigna reimburses for the monoclonal antibody treatment drug bebtelovimab when providers purchase it directly from the manufacturer.

More resources

Find the COVID-19 Billing Guidelines and FAQ at **MedicareProviders.Cigna.com**, or visit the Centers for Medicare & Medicaid Services (CMS) Current Emergencies web page at **CMS.gov** > Coronavirus Disease 2019: **Learn more**.

Provider vaccine reimbursement reminders

Providers receive reimbursement consistent with established national CMS rates for vaccine administration billed under the medical benefit.

- **COVID:** For 2022 and 2023, Medicare payment for COVID-19 vaccine administration for Medicare Advantage plan enrollees will be made by the Medicare Advantage plan. Original Medicare won't pay COVID-19 vaccine administration claims for Medicare Advantage enrollees vaccinated on or after January 1, 2022.
- **Flu:** Provider offices should process through Part B by submitting the appropriate Current Procedural Terminology (CPT®) code for vaccine administration to the health plan. Part B vaccine administration will be billed to the medical benefit, similar to other office-administered drugs.
- **Coding:** An evaluation and management (E&M) service and vaccine administration code should only be billed when a significant and separately identifiable E&M visit is performed at the same time as vaccine administration.
- **Precertification:** Precertification (i.e., prior authorization) is not required for COVID-19 vaccine administration.

Learn more about flu vaccination, including proper codes for reimbursement, at **MedicareProviders.Cigna.com** > COVID-19, Flu, and Pneumococcal Pneumonia Updates.