



QUALITY+

Tennessee Health Care Innovation Initiative

A PROGRAM GUIDE TO PRIMARY
CARE TRANSFORMATION

Dear Provider,

Thank you for participating in the Division of TennCare's Tennessee Health Care Innovation Initiative (THCII). By working with us to implement THCII programs in your practice, you've made a commitment to provide our members with high-quality care in the most efficient manner.

With this program guide, we're sharing important information about three components of THCII:

- Patient-Centered Medical Home (PCMH)
- Tennessee Health Link (THL)
- Episodes of Care (EOC)

PCMH and THL are part of the THCII Primary Care Transformation strategy, which focuses on improving the quality of primary care services and reducing health care-related costs. BlueCare Tennessee has collaborated with the Division of TennCare to develop PCMH and THL models that serve all of our members, including those with the highest level of behavioral and medical health needs. Care coordination, population health management, and the integration of physical and behavioral health services are among the key principles of these care models.

The EOC strategy focuses on the care patients receive during clinical situations that involve more than one provider, such as joint replacement surgery. Encouraging team-based care, EOC strives to achieve optimal patient outcomes while rewarding high-quality care.

In this guide we've included information essential for developing your THCII programs. You'll read more about PCMH, THL, EOC, the provider attribution model for the PCMH and THL programs, quality and reporting metrics, and BlueCare Tennessee resources that support your success. Links in the guide provide access to additional information that you may find helpful.

If you have questions, please contact us at TennCare_PCMH@bcbst.com. Thank you, again, for providing outstanding care to our BlueCare Tennessee members.

Sincerely,

Jeanne James, M.D., FAAP



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Vice President and Chief Medical Officer
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Tennessee Health Care Innovation Initiative Program Concept

In 2013, Governor Haslam launched the Tennessee Health Care Innovation Initiative (THCII) to change the way health care is reimbursed in Tennessee by paying for value instead of volume of care. The program rewards providers for high quality and efficient treatment of medical conditions and for helping to maintain patients' health over time.

THCII includes these strategies:

- Primary Care Transformation
 - Patient-Centered Medical Home (PCMH)
 - Tennessee Health Link (THL)
- Episodes of Care (EOC)

Primary Care Transformation

Primary Care Transformation focuses on the role of the Primary Care Physician (PCP) and includes the PCMH care delivery model and the THL program.

Patient-Centered Medical Home (PCMH)

A PCMH represents a holistic approach to care coordination with the PCP at the center of a patient's care. All attributed members of a PCMH's panel have access to the full spectrum of necessary care. The PCP works with other care providers, such as specialists or behavioral health care providers, and patients to enable joint decision-making across the continuum of care.

The PCMH model of care includes the following elements:

- **Patient-Centered Access:** Providing same-day appointments for routine and urgent care
- **Team-Based Care:** Conducting scheduled patient care team meetings or a structured communications process
- **Population Health Management:** Using risk stratification to address chronic and acute care services and perform outreach activities
- **Care Management Support:** Identifying high-need, high-risk patients for care management and developing care plans with self-care support recommendations

- **Care Coordination and Care Transitions:** Tracking referrals; completing follow up and coordination of care transitions
- **Performance Measurement and Improvement:** Measuring and tracking quality and efficiency metrics

Tennessee Health Link (THL)

THL serves TennCare members with high behavioral health (BH) needs and involves multiple stakeholders. The program goal is to offer every patient a chance to reach his or her full potential for living a rewarding and increasingly independent life in the community. Through better coordinated behavioral and physical health services, the THL program is designed to promote:

- Improved patient outcomes
- Greater provider accountability and flexibility for delivery of appropriate care, and
- Improved cost control for the State

THL providers coordinate health care services for these members and encourage the integration of physical and behavioral health care as well as recovery and resiliency. Providers strive to ensure the best care setting for each patient, offer expanded access to care, improve treatment adherence, and reduce hospital admissions.

To best meet the needs of attributed members, dedicated THL staff within the Behavioral Health Quality Management Department and Regional Provider Quality Consultants work directly with THL providers, promoting coordination and collaboration with primary care.

Additional information on PCMH and THL programs can be found at: www.tn.gov/tenncare/health-care-innovation/primary-care-transformation.html.

Episodes of Care (EOC)

An EOC is “acute or specialist-driven health care delivered during a specified time period to treat a physical or behavioral condition.” Episode-based payment models reward high-quality care for specific conditions or procedures achieved through coordinated, team-based care.

Providers, who are in the best position to influence quality and cost of care, are tapped as Principal Accountable Providers or Provider Quarterbacks. They are accountable for all EOC-specified services and to ensure quality across the patient’s episode of care. Those Quarterbacks whose leadership and care coordination deliver high-quality and cost-efficient care receive rewards beyond current reimbursement rates.

The State of Tennessee determines the following for each EOC:

- Quarterback
- Reporting parameters and requirements
- Acceptable thresholds



A total of 48 episodes will be released in nine waves. The evaluation of quarterback performance for episodes of care is illustrated in a reporting cycle, which includes quarterly interim performance reports of the performance period (i.e., performance period = Calendar Year). A final performance report is available in August each year reflecting the previous calendar year performance. All performance reports for the reporting period are available quarterly on Availity®, a secure platform that can be accessed through BlueCross BlueShield of Tennessee’s website. Overall performance assessment for the reporting period, including payout (gain share) and recoupment (risk share) information at the quarterback level, are also found on the Availity® platform. Quarterbacks also have the ability to discuss their quarterly reports with BlueCare Tennessee representatives and a reconsideration process is also available.

Additional details about the EOC program for THCII can be found at:

www.tn.gov/tenncare/health-care-innovation/episodes-of-care.html

A list of developed Episodes of Care included in THCII can be found at:

www.tn.gov/content/dam/tn/tenncare/documents2/EpisodesOfCareSequence.pdf

Updated episode requirements for the 2019 reporting period for EOC can be found at:

www.tn.gov/content/dam/tn/tenncare/documents2/Memo2019EpisodesChanges.pdf

PCP Classification

For the purposes of the THCI program, the following provider specialties are considered PCPs, shown below by sub-categories:

Pediatric Specialties

- Pediatrics
- Nurse Practitioner, Pediatrics

Primary Care Specialties

- Family Medicine
- Internal Medicine
- Nurse Practitioner
- Family Practice
- Nurse Practitioner, Family Practice
- Physician Assistant
- General Practice

Attribution Methodology

PCMH Attribution Overview

Attribution is the process by which a member is matched to a PCMH practice for the purpose of the program. Attribution defines the set of members for whom the PCMH practice should actively manage care and be held accountable.

Only those members assigned to a PCP within the group are eligible for attribution. This includes aligned dual membership only. Other dually eligible members are not assigned to a PCP, and are, therefore, not included in this program.

Members are attributed to the PCMH practice associated with their active PCP. If the member's PCP is not part of a participating PCMH practice, the member will not be attributed to any PCMH for that month.

Newly eligible TennCare members may be attributed to a PCMH when they select a PCP. TennCare members may change their PCP at any time, which may affect the PCMH to which they are attributed.

PCMH Definitions

- **Associated:** The link between a PCP and a PCMH practice. (A PCP is associated with a PCMH.)
- **Assigned:** The link between a member and PCP created by the managed care organization (MCO). (A member is assigned to a PCP.)
- **Attributed:** The link between a member and a PCMH. (A member is attributed to a PCMH.)
Note: A PCP may be associated with more than one practice, but a member may be attributed to only one PCMH at any given time.

THL Attribution Overview

Members are attributed to Health Links (HL) based on their BH outpatient (OP) visits of a clinical nature with an HL during a specified period of time. If there are no qualifying BH OP visits, members are attributed based on Level 2 case management visits during a specified period of time. If there are no qualifying Level 2 case management visits, the member, if attributed to a PCP that is an HL, is attributed to that HL. If no attribution exists for the eligible member

after the claim-based attribution update, the MCO manually attributes the member to an appropriate HL using geographical provider location.

Specific criteria regarding THL attribution can be found in the Tennessee Health Link: Provider Operating Manual at:

www.tn.gov/content/dam/tn/tenncare/documents2/HealthLinkProviderOperatingManual2019.pdf

Quality Metrics

National Quality Care Standards

Improving the health of our members – your patients – is a goal we share, and we promise to work with you toward meeting and exceeding national standards of health care for them. THCI uses nationally recognized measures that align with the Healthcare Effectiveness Data and Information Set (HEDIS®) and National Committee for Quality Assurance (NCQA) requirements.

Our HEDIS® scores are a measure of how well providers in the BlueCare Tennessee network deliver care to members based on several factors, including: effectiveness of care, ease of access, and patient experience. To ensure that HEDIS® stays current, NCQA has established a process to evolve the measurement set each year.

The Division of TennCareSM (TennCare) has selected a group of core quality metrics for the PCMH and THL programs, which include certain HEDIS® measures as well as custom TennCare measures. (TennCare recognizes that the measures do not constitute the complete set required for a member to be considered HEDIS® compliant.) BlueCare Tennessee works closely with each PCMH to close care opportunities – gaps in care – identified through these measures. The PCMH and THL programs include technical specifications for quality and efficiency metrics defined by TennCare, which are provided for both core and reporting metrics.

The descriptions for HEDIS® measures that follow are based on HEDIS® 2019 specifications. Practices will always be measured on the most current HEDIS® specifications available.

For more information, see: www.ncqa.org/hedis

PCMH Metrics Specifications

BlueCare established thresholds for core efficiency metrics based on guidance from TennCare. This guidance can be found on the State's PCMH website:

Family Practice

www.tn.gov/content/dam/tn/tenncare/documents2/2019PCMHFamilyPracticeQualityMetricsThresholdsTable.pdf

Pediatrics

www.tn.gov/content/dam/tn/tenncare/documents2/2019PCMHPediatricPracticeQualityMetricsandThresholdsTable.pdf

2019 PCMH and THL Quality Measure Sets and Thresholds

Family	Pediatric	Core Metric	Threshold
✓	—	Antidepressant medication management (adults only)- Effective continuation phase (AMM – Continuation Phase)	≥40%
✓	—	Comprehensive Diabetes Care: BP control (<140/90 mmHg) (CDC BP Control) ¹	≥56% (national 25 th percentile)
✓	—	Comprehensive Diabetes Care: eye exam (retinal) performed (CDC Eye Exam) ¹	≥51% (national 25 th percentile)
✓	—	Comprehensive Diabetes Care: HbA1c poor control (>9.0%) (CDC Poor Control (>9%)) ¹	≤47% (national 25 th percentile)
BMI Composite²			
✓	—	Adult BMI assessment (ABA)	≥83% (national 25 th percentile)
✓	—	Weight assessment and counseling for nutrition for children/ adolescents – BMI percentile only (WCC – BMI Percentile)	≥66% (national 25 th percentile)
✓	✓	Asthma medication ratio (AMR (new)) ³	≥81%
✓	✓	Childhood immunizations – Combination 10 (CIS (Combo 10) (new)) ^{3/4}	≥42% (statewide performance average)
✓	✓	Immunizations for adolescents – Combination 2 (IMA (Combo 2)) ⁴	≥26% (national 25 th percentile)
EPSDT (Composite for older kids)			
✓	✓	EPSDT: Well-child visits ages 7-11 years (Custom EPSDT (7-11))	≥55%
✓	✓	EPSDT: Adolescent well-care visits age 12-21 (AWC)	≥47% (statewide performance average)
EPSDT (Composite for younger kids)			
✓	✓	EPSDT: Well-child visits first 15 months – 6 or more visits (W15)	≥61% (statewide performance average)
✓	✓	EPSDT: Well-child visits at 18, 24, & 30 months (Custom EPSDT (18, 24, 30))	≥34%
✓	✓	EPSDT: Well-child visits ages 3-6 years (W34)	≥69% (statewide performance average)

Low Volume Efficiency Metrics

For low volume panel practices with fewer than 5,000 members, PCMH organizations may earn outcome payments for annual improvement on efficiency metrics compared to the performance on the same metrics in the previous year.

PCMH Efficiency Thresholds	2019	
	PEDS	Family
Ambulatory care ED visits per 1,000 member months (AMB)	54.76	69.95
Inpatient utilization discharges per 1,000 member months (IPU)	2.15	6.03

¹Composite metric is unbundled into stand-alone metrics for Family core set

²New composite metric for Family core set

³New metrics for Family and Pediatric core sets

⁴Composite metric is unbundled into stand-alone metrics for Family and Pediatric core sets

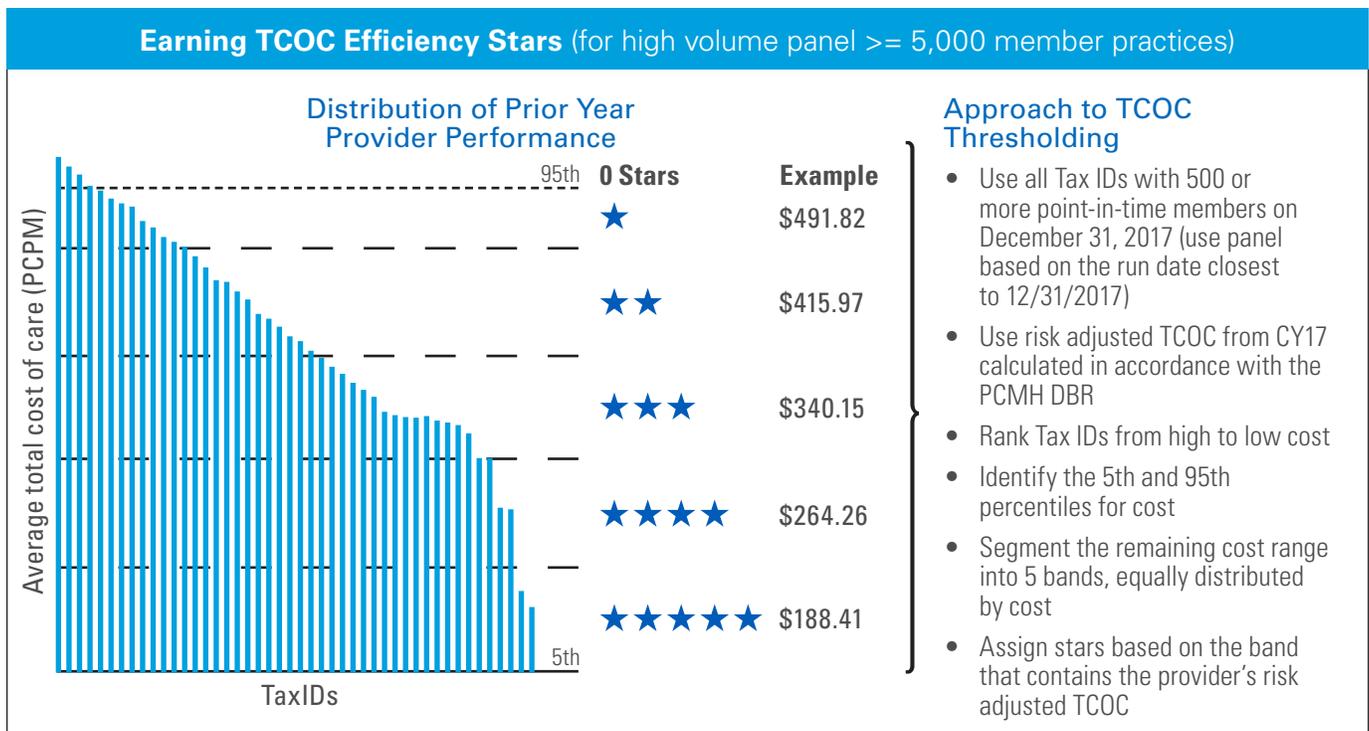
Total Cost of Care Categories

Each PCMH organization will receive a breakdown of their TCOC by category in each quarterly report. High-volume PCMHs will generate outcome payments based on these values.

Category	Description
Inpatient facility	All services provided during an inpatient facility stay, including room and board, recovery room, operating room and other services
Emergency department or observation	All services delivered in an Emergency Department or Observation Room setting, including facility and professional services
Outpatient facility	All services delivered by a facility during an outpatient surgical encounter, including operating and recovery room and other services
Inpatient professional	Services delivered by a professional provider during an inpatient hospital stay, including patient visits and consultations, surgery and diagnostic tests
Outpatient laboratory	All laboratory services in an inpatient, outpatient or professional setting
Outpatient radiology	All radiology services, such as MRI, X-Ray, CT and PET scan, performed in an inpatient, outpatient or professional setting
Outpatient professional	Uncategorized professional claims, such as evaluation and management, health screenings and specialists visits
Pharmacy	Any pharmacy claims billed under the pharmacy or medical benefit with a valid National Drug Code
Other	PCMH support payments, DME, home health and any remaining uncategorized claims

For purposes of the PCMH program, these spending categories are excluded from the TCOC calculation:

- Dental, transportation, NICU and nursery
- Any spending during the first month of life
- Mobile Crisis Capitation payments
- Medication therapy management (MTM) payments for CY 2019
- Gain-sharing payments made to the PCMH as a Principal Accountable Provider (i.e., Quarterback) of episode-based payment models



Practice Support Payments and Requirements

Practice support payments are per-member-per-month (PMPM) payments made to the PCMH to support the delivery of care under the PCMH model. There are two components to practice support payments:

1. Practice transformation payments; and
2. Activity payments

Both types of practice support payments are calculated retrospectively and made on a monthly basis.

Practice Transformation Payment

The practice transformation payment is set at \$1 PMPM and is provided for the first year of program participation only. This value is not risk adjusted.

Activity Payment

The activity payment is a risk-adjusted PMPM amount and will continue throughout the duration of the program. Each PCMH will receive their PMPM payment amount from the MCO based on the risk of their membership panel. The payments will primarily support the PCMH for the labor and time required to improve and support their care delivery models. PCMHs may hire new staff, such as care coordinators, or change responsibilities for existing staff to support the required care delivery changes.

Determination of Risk-Adjusted Activity Payment Amounts

Activity payment amounts are risk adjusted to account for differences in the degree of care coordination required for members with serious or chronic health conditions.

Sample Activity Payment Calculation

$$2500 \text{ members} \times \$4 \\ = \$10,000/\text{month}$$

The average payout across all participating providers must average at least \$4 PMPM. No PMPM will be less than \$1.

At the beginning of each performance period, a practice risk score will be calculated that will define the organization's risk for the year. The MCO will determine the specific PMPM amount based on that risk. The organization's risk score will be updated annually before the start of the next performance period to account for changes in organization risk over time.

Requirements for Activity Payment

1. Initial eligibility: Requirements for payments will be contingent on enrollment in the PCMH program.
2. Activity requirements: Practices must perform all activities in order to continue receiving payments. The organization must commit to the following PCMH activities:
 - Maintain Level 2 or 3 PCMH recognition from the NCQA or NCQA's 2017 PCMH accreditation;
 - Sign up and use State's Care Coordination Tool; and
 - Share best practices with other participating PCMH organizations and support them in their organization transformation by participating in learning collaboratives on an ongoing basis.

PCMH Program Requirements

All PCMH organizations must complete the following:

1. Meet program requirements, such as NCQA recognition requirements
2. Meet quality performance expectations:

Family Practice:

- **Year 1:** Must earn 2-4 quality stars
- **Year 2:** Must earn 3-7 quality stars
- **Year 3 and ongoing:** Must earn 6-10 quality stars

Pediatric Practice

- **Year 1:** Must earn 0-1 quality star
- **Year 2:** Must earn 2-3 quality stars
- **Year 3 and ongoing:** Must earn 4-5 quality stars

Family and Pediatric Practice 2019 Efficiency Stars

High-Volume practice

Must achieve a reduction in TCOC year-over-year based on the end-of-year performance report

Low-Volume practice

Must achieve reduction in Ambulatory ED visits and inpatient utilization discharges year-over-year based on the end-of-year performance report. For more information, see Low Volume Efficiency Metrics on page 6.

3. Respond to and meet with MCO and/or TennCare as necessary.

PCMH Remediation Process

The remediation process includes triggers for probation, remediation, and/or removal for failure to:

1. Meet program requirements
2. Meet performance expectations
3. Respond to or meet with MCO and/or TennCare



PCMH Remediation Process

The remediation process is initiated when a PCMH organization fails to meet deadlines and/or performance targets on required program activities. The remediation process includes three phases outlined below.

Phase 1 — Probation

- A PCMH organization is placed on probation by TennCare and the MCO(s) for not meeting performance and program requirements. A letter is issued by TennCare to a PCMH organization outlining the reasons for the probation and the six-month period for review. TennCare and MCO(s) will be in monthly contact with clear communication regarding a PCMH organization's probation status. TennCare will provide a copy of the letter to the MCO(s).
- If after the six-month period a PCMH organization has not been able to correct their performance and program issues, MCO(s) will notify TennCare by letter. Prior discussions, documentation, and reports will also be provided to TennCare.
- After receiving the letter and other PCMH organization documentation from the MCO(s), TennCare will issue a final probation letter outlining the performance and program requirement issues to a PCMH organization within three calendar days. TennCare will provide a copy of the final probation letter to the MCO(s).
- After receiving the final probation letter, a PCMH organization will be required to work with the MCO(s) and those providing coaching to write a corrective action plan. The corrective action plan must be submitted to the MCO(s), TennCare, and coach(s) within 30 calendar days of receiving the final probation letter for review and approval.
- A PCMH organization will remain in probation status for the duration of the period outlined in the corrective action plan, in which a PCMH organization will be re-evaluated based on their corrective action plan and performance improvement. If performance has not improved, then the MCO(s) will notify TennCare and the PCMH organization will be moved into the remediation phase.

Phase 2 — Remediation

- After receiving notification by the MCO(s) that a PCMH organization's corrective action plan has not been followed or performance improvement has not occurred within the specified time period, TennCare will notify a PCMH organization that they are in remediation within three calendar days by letter.
- MCO(s) will review the corrective action plan and work with coaches a second time to determine if a PCMH organization is making improvements in performance and/or program requirement issues by doing further analysis.
- MCO(s) will stop activity payments if the corrective action plan is not followed or performance and/or program requirement issues are not met.
- MCO(s) may move a PCMH organization from remediation to probation under a revised corrective action plan at their discretion.

Phase 3 — Removal from PCMH

- TennCare and MCO(s) will work together within 10 calendar days to determine if a PCMH organization has not fulfilled their corrective action plan and if they should be removed from the program.
- MCO(s) will terminate all of a PCMH organization's provider payment streams after receiving a removal letter from TennCare.
- TennCare will notify MCO(s) within three calendar days of their decision to remove a PCMH organization.
- TennCare and MCO(s) reserve the right to remove a PCMH organization from the program in less than 10 calendar days in extreme circumstances.

Reporting and Monitoring Progress

The BlueCare Provider Incentive and Engagement (PIE) team ensures that:

- Structures and processes are in place to continuously improve the quality of care, safety, and appropriateness of services provided to our members.
- Quality indicators are identified, monitored, and evaluated at least quarterly, at a minimum, and more frequently if needed.
- Monitoring and reporting activities identify trends or issues that require evaluation and remediation of procedures or processes.
- Targeted strategies, such as focus audits, surveys, and tracking of complaints, identify opportunities for improvement and result in enhancements to the delivery and quality of care.
- All lines of business within the BlueCare division consistently meet quality standards as required by contract, regulatory agencies, recognized care guidelines, and industry and community standards, based on a multidisciplinary approach to quality improvement.



BlueCare Tennessee Resources

Provider Incentive and Engagement (PIE) Team

BlueCare's PIE program was created to encourage an active, positive relationship with providers to improve provider performance, quality service delivery, and health outcomes for members.

To ensure the success of the program, the PIE team has instituted the following practices:

- Employ dedicated THCI staff within the PIE department as well as regional PIE consultants who work directly with the practices to support the adoption of the PCMH program, provide oversight, and ensure PCMH practices receive the service, support, training and education required to meet their goals.
- Expand the support of PCMH in its adoption of chronic care and pediatric primary care disciplines that care for children to encompass the full range of services provided by pediatricians for all children and their families.
- Collaborate to look beyond the purely "medical" issues confronting our families; focus on complex medical concerns, social determinants, family support, transportation, outreach, appointment scheduling, meeting coordination, quality reporting and analysis, and assistance with meeting quality goals.
- Work with providers to achieve quality and productivity improvement goals and improve inter-departmental communications based on report findings.
- Provide best practices in delivering high-quality care; serve as a liaison for IT-based support tools that help stakeholders achieve success with quality-related activities.
- Provide member- and provider-facing materials to increase member engagement and supplement clinical and non-clinical best practice resources.
- Offer quality analysis to help practices improve performance.

For PCMH program questions, please email:
TennCare_PCMH@bcbst.com

THL Provider Engagement Team

The primary objective of THL is to coordinate health care services for TennCare members with the most significant behavioral health needs. The THL program strives to produce improved member outcomes, greater provider accountability, and flexibility, all at a lower cost per member. This is accomplished through improved coordination of behavioral and physical health services, linkage to community resources, advocating, and offering natural supports education and training to meet the needs of the member.

To assist with this objective, dedicated THL Quality Management (QM) specialists are in place as part of the behavioral health quality team to:

- Conduct regular and ongoing engagement and evaluation reviews of medical records of THL members.
- Assist with the development and revisions, as needed, of the engagement and evaluation review tool based on a review of findings. This review is a process used to ensure THL providers are operating within the best practices outlined by the THL as it relates to care coordination and continued stay.
- Serve as a point of contact for various items related to THL, including closing HEDIS gaps in care.
- Provide information, education, outreach, and recommendations for improvements to providers in THL.

The Behavioral Health Provider Relations team is also available to offer support for THL Operations, including:

- Fielding THL portal inquiries
- Assisting with claims issues
- Addressing questions related to performance reports
- Facilitating regular meetings and other information-sharing and learning opportunities

THCII PCMH Consultants

THCII PCMH consultants work closely with PIE consultants to assist and support practices in implementing the PCMH model of care. Additionally, they help practices achieve and maintain NCQA recognition. The consultants serve as the primary BlueCross liaison working with the state-approved practice transformation vendor, Navigant.

Member Outreach

BlueCare is committed to a comprehensive member outreach program specifically designed to raise awareness of the program's benefits, educate members and their caregivers on the importance of establishing a relationship with their primary care provider, promote preventive health, and improve access to care. Our strategy includes a new member welcome program, preventive and seasonal reminders (both mail and telephonic throughout the year based on member needs), and numerous health education mailings and population health interventions for children, adults, and pregnant females, based on identification and stratification levels. We actively pursue community involvement through member and provider advisory panels, health fairs, and targeted preventive screening events. Members in need of preventive screenings are engaged with a giveaway and incentive program. Incentives may include gift cards, fitness trackers, tablets, game systems, or simple giveaways, like selfie sticks, pop sockets, and school supplies.

Additionally, we strive to engage all members by providing timely, flexible, and cost-effective access to health information. Employing a variety of platforms and channels to provide essential information, we offer members the ability to improve their lives through improved health care.

Technologies include our website, social networking through Facebook and Instagram, as well as texting. To streamline the appointment scheduling process, we offer MyHealthDirect, a cloud-based integrated appointment scheduling platform, to providers.

Care Coordination and Population Health

We are committed to providing services for BlueCare members who have a continuing health problem or a serious health event. Your patients may be eligible for our Population Health programs depending on their health risks and need for the services.

We can help your patients with:

- Smoking cessation
- Weight management
- Maternity and newborn care
- Managing chronic and acute conditions
- Transplants

Our programs are comprehensive and include both providers and patients. While we stress the importance of education, supportive counseling, and self-management, the patient's dedication to their doctor's plan of care is critical to success. Together, a team of experienced registered nurses, social workers, and other health care professionals can help patients regain ideal health or improve their functional skills.

To request case management services, call 1-800-225-8698, Monday through Friday, 8 a.m. to 6 p.m. ET.

TennCare Non-Emergency Medical Transportation Services (NEMT)

BlueCare Tennessee offers NEMT to BlueCareSM and TennCare*Select* members needing transportation to covered health care services.

This is a shared-ride service, and other TennCare members with health care appointments in the same area may ride together in the same vehicle. If necessary, one escort or attendant may accompany a member to his or her appointment, but these arrangements must be made when the trip is scheduled.

Other transportation benefits:

- Bus passes may be provided to members who are medically able to ride public transportation and members whose trips meet the guidelines for covered services.
- Members who have access to a vehicle may drive themselves to receive TennCare-covered services or have a family member or friend drive them and be reimbursed for fuel cost.

This program is only available to members who have been using transportation services for the past six months.

eBusiness Marketing & Service Center

The eBusiness Marketing team is the resource for all eBusiness transactions, including benefits and

eligibility, claim status verification, prior authorizations, and online remittance advice statements. The team offers on-site and/or webinar training to meet provider education needs.

The Service Center offers technical support and troubleshooting for electronic submitters. Additionally, the center assists providers with software installation, connectivity training, system testing, and implementation, as well as technical support and troubleshooting for all BlueCross-specific applications on Availity.

For technical issues or general questions, contact the eBusiness Service Center at:

- 1-800-924-7141 – Select Option 4
- eBusiness_service@bcbst.com

Online Tools

Care Coordination Tool

Tennessee has developed a shared Care Coordination Tool that allows providers participating in the PCMH and THL programs to be more successful in the state's new payment models. This tool was built and implemented in partnership with Altruista Health.

The tool identifies and tracks the closure of gaps in care linked to quality measures. It also allows providers to view their member panel and members' risk scores, which helps them reach members more likely to have adverse health events. The tool allows users to see when one of their attributed members has had an admission, discharge, or transfer (ADT) from a hospital or emergency room and track follow-up actions.

While the tool does not presently contain ADT feeds from every hospital in Tennessee, the State has successfully enrolled more than 95 percent of hospitals and continues to work with the Tennessee Hospital Association. The tool also provides claims-based medication information about members for providers to view.

Availity Platform

PCMH, THL and EOC quarterly reports are available through the THCII application on the Availity platform. Depending on their program participation, practitioners may have reports in one or more sections.

A navigation guide for accessing these reports can be found on Availity under THCII.

Quality Care Rewards (QCR) Tool

Practitioners can use the QCR tool to submit attestations. Once the information is entered into QCR, it's transmitted directly to BlueCross. Non-clinical users may also enter attestations, which are automatically added to the practitioner's queue. After the practitioner reviews and approves the attestation, it's transmitted to BlueCross. QCR also includes a variety of reporting features and allows practitioners to export the reports.

Practitioners and other practice staff can access the QCR tool through the Availity platform. Registration is required to use QCR. For help with registration, training and all QCR support needs, practices can contact their assigned regional eBusiness marketing consultant.

Online Resources

TennCare

For more detailed information about the THCII program, go to:

www.tn.gov/tenncare/health-care-innovation.html

THCII PCMH Operating Manual:

www.tn.gov/content/dam/tn/tenncare/documents2/PCMHProviderOperatingManual2019.pdf

THL Provider Operating Manual:

www.tn.gov/content/dam/tn/tenncare/documents2/HealthLinkProviderOperatingManual2019.pdf

Reimbursement Method and Calculation:

www.tn.gov/content/dam/tn/tenncare/documents2/PY2018PCMHTHLThresholdingGuidance.pdf

PCMH

Family

www.tn.gov/content/dam/tn/tenncare/documents2/2019PCMHFamilyPracticeQualityMetricsThresholdsTable.pdf

Pediatrics

www.tn.gov/content/dam/tn/tenncare/documents2/2019PCMHPediatricPracticeQualityMetricsandThresholdsTable.pdf

THL

www.tn.gov/content/dam/tn/tenncare/documents2/2019THLQualityMetricsThresholdsTable.pdf

BlueCare Tennessee

BlueCare Provider Administration Manual:
bluecare.bcbst.com/forms/Provider%20Information/BCT_PAM.pdf

BlueCare Provider Web Page:

bluecare.bcbst.com/providers

Find A Doctor Tool:

<https://bcbst.vitalschoice.com/>

Community Events:

bluecare.bcbst.com/about-us/news/community-events.html

American Academy of Pediatrics (AAP)

Bright Futures:

brightfutures.aap.org/Pages/default.aspx

TN Chapter of AAP – EPSDT

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) has developed the EPSDT Pocket Guide for physician and staff use in the office setting. The quick reference guide includes the most frequently used codes for EPSDT visits. This information is available on the website at the following link:

<http://www.tnaap.org/education/epsdt-coding-guide-09-28-17-final.pdf>

If you have questions or would like to schedule a training review for your practice, please contact Janet Sutton at janet.sutton@tnaap.org or (615) 447-3264.

Visit tnaap.org for additional information.

Appendix

Reporting-Only Metrics

Category	Reporting-Only Metric
Quality metrics for family practices	<ul style="list-style-type: none"> -Avoidance of antibiotics in adults with acute bronchitis (AAB) -Appropriate treatment for children with upper respiratory infection (URI) -Statin therapy for patients with cardiovascular disease – Received statin therapy -Statin therapy for patients with cardiovascular disease – Statin adherence 80% -Comprehensive diabetes care (CDC): HbA1c <8.0% -Comprehensive diabetes care (CDC): Nephropathy -Cervical cancer screening (CCS) -Breast cancer screening (BCS) -Medication management for people with asthma (MMA)
Quality metrics for pediatric practices	<ul style="list-style-type: none"> -Appropriate treatment for children with upper respiratory infection (URI) -Medication management for people with asthma (MMA)
Efficiency metrics	<ul style="list-style-type: none"> -Inpatient average length of stay -All-cause hospital readmissions rate -Avoidable ED visits per 1,000 member months -Mental health utilization – Inpatient services per 1,000 member months



Vaccines for Children (VFC)*

VFC is a federally funded program operated by the State of Tennessee's Department of Health (DOH). All TennCare-enrolled children 18 years of age and under are eligible for the VFC vaccines. These vaccines are available to any provider who serves eligible members.

*Does not apply to CoverKids.

If you provide care for BlueCare/TennCare *Select* members 0-18 years of age, you are eligible to receive free vaccine serums from the Tennessee Department of Health's VFC Program. Your practice can receive payments for the administration of vaccines under the federal Vaccines for Children (VFC) program by registering with the Tennessee Immunization Information System (TennIIS). TennIIS is a statewide system managed by the Tennessee Department of Health to help ensure Tennesseans of all ages are properly immunized. The program allows health care providers, pharmacists, schools and childcare organizations to access and update vaccination records.

To learn more about TennIIS and VFC programs, please visit <https://www.tennesseeiis.gov/tnsiis/>.

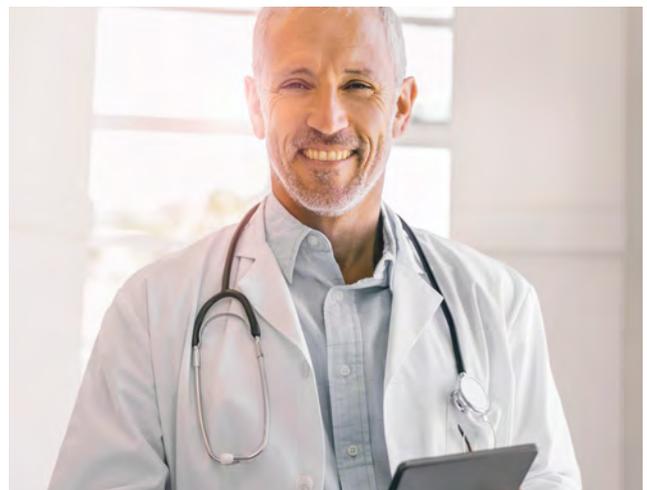
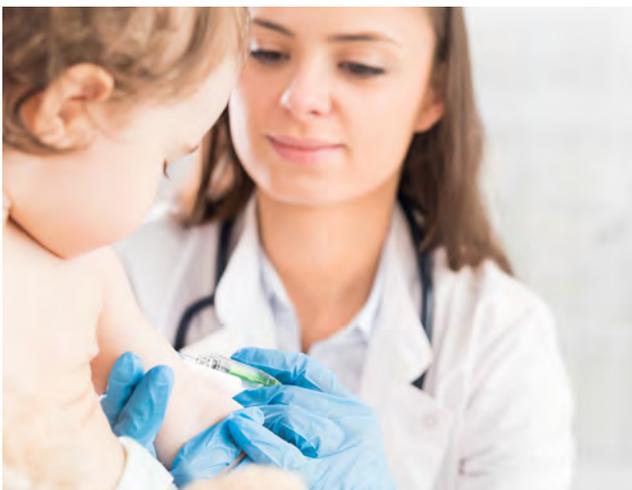
If you are interested in enrolling in the VFC Program for the first time or would like to request a Starter Kit, please contact the VFC Enrollment team directly at VFC.Enrollment@tn.gov.

BlueCare covers the vaccine administration fee for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) through passage of the VFC resolution. Please refer to the BlueCare Tennessee Provider Administration Manual for more information about our billing and reimbursement policies. http://bluecare.bcbst.com/forms/Provider%20Information/BCT_PAM.pdf

The ACIP includes in the Vaccines for Children program vaccines that are used to prevent the 16 diseases listed below; to be administered as provided in other VFC resolutions:

- Diphtheria
- Measles
- Rotavirus
- Haemophilus influenza type b
- Meningococcal
- Rubella
- Hepatitis A
- Mumps
- Tetanus
- Hepatitis B
- Pertussis (whooping cough)
- Varicella
- Human Papillomavirus
- Pneumococcal
- Influenza
- Poliomyelitis

More information about the VFC program is found on the Centers for Disease Control and Prevention website at <http://www.cdc.gov/vaccines/programs/vfc/index.html>.



Billing Guidelines

The appropriate administration CPT® codes must be reported in addition to the vaccine procedure code.

Note: CPT® guidelines should be followed for reporting administration services using add-on codes.

- Office visit code billed along with one or more immunization codes covered under the VFC is acceptable;
- Preventive visit code, billed along with one or more immunization codes covered under the VFC is acceptable;
- Therapeutic, prophylactic and diagnostic injection CPT® codes should not be billed with the immunization codes covered under the VFC program.

To encourage enrollment in Tennessee's VFC program, BlueCare reimburses \$10.25 per vaccine for the administration of vaccines given to children ages 18 years and younger. Practitioners who choose not to participate in the VFC Program will receive the same reimbursement for vaccines that are included in the VFC program.

The Centers for Medicare & Medicaid Services (CMS) released new information regarding the Vaccines for Children (VFC) program and the new CPT® vaccine administration codes 90460 and 90461. According to the Department of Health, reimbursement for the administration codes will continue to be based on a per-vaccine (per unit) basis and NOT on a per-antigen or per-component basis. Standard rates will be reimbursed for VFC

administration code 90460 for those vaccines included in the VFC program. Reimbursement for the component administration code 90461 is \$0 for the VFC program. Fee-for-service reimbursement will apply to the administration of vaccines not included in the VFC program. Reimbursement according to components will only be applied to those vaccines not available through the VFC program. Claims with no vaccine to match the administration fee will be denied with explanation code WB8: The number of administration services for these injections must equal injections billed.

Situations occur where children may have private health insurance and Medicaid as secondary insurance. These children will be VFC-eligible as long as they are enrolled in Medicaid. The options are described below:

Option 1

A provider can administer VFC vaccine to these children and bill the Medicaid agency for the administration fee.

Option 2

A provider can administer private stock vaccine and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.

Additional information can be found at: bluecare.bcbst.com/providers/news-manuals.html

Practitioners are encouraged to perform and document all components of preventive health screenings and to use the appropriate codes as directed by TennCare.

For Technical Support:

Contact our eBusiness team at **1-800-924-7141, Option 4** or at ebusiness_service@bcbst.com

For Program-Related Support:

Contact a Customer Service Professional (CSP) in Provider Interplan Operations (PIO) or BlueCare Provider Service at **1-800-468-9736**, and enter a **Member ID** in the IVR or your **Provider Identification Number**

