**PCP Assignment**

**Provider Portal Associate FAQs**

*I am currently a participating provider with BlueCare Tennessee. How does PCP Assignment affect me?*

If you are a specialist, PCP Assignment has no impact on you. If you are a Primary Care Provider (PCP), it is your responsibility to verify that any BlueCare Tennessee member you see is assigned to your PCP Member Roster or to a participating provider's PCP Member Roster within your group/Tax Identification Number (TIN). Your PCP Member Roster can be located on BlueAccessSM at bluecare.bcbst.com. It’s important that you only provide services to members who are on your assigned PCP Member Roster or another participating provider within your group. Beginning Aug. 1, 2015, you will not be reimbursed for any services you provide to a member who is not assigned to you or to your group/TIN. Please remember, group referral can only be made to those providers operating under the same TIN.

*I am a BlueCare Tennessee provider. What happens if my member is in the hospital on Aug. 1, 2015?*

As a PCP, if you visit a member in a hospital or nursing facility setting, you will be reimbursed for the visit whether or not the member is assigned to you or your group/TIN.

*What do I do if a member presents in my PCP office and the member is not assigned to me or another participating provider in my group/TIN?*

Please ask the member to change his or her PCP. We recommend that you facilitate this from your office by calling BlueCare Customer Service at 1-800-468-9698 or TennCareSelect Customer Service at 1-800-263-5479.

*How long will it take for the PCP change to go into effect so I can see the member?*

The change would be effective immediately on the date of request.

*Will the member be educated about these changes so they are not upset with my office or have a delay in care?*

Members were notified about this through a letter mailed Oct. 31, 2014. Quarterly follow-up communications will be sent with additional details. Communications and reminders will continue through 2015. Based on our review of past member behaviors, some will receive letters specific to their situation. For example, letters will be mailed to members who have not seen their assigned PCP in the past year, but have visited other PCPs. Also, members who have seen multiple PCPs in the past year will be notified. BlueCare Tennessee Case Management will also reach out directly to members when necessary.
If I am a solo practitioner, will the physician covering for me be paid for the services they provide while covering for me?
As a solo practitioner, you are required to provide us with the name and the TIN of your covering physician. If someone other than the identified covering physician provides services for members on your assigned panel, or the covering physician is non-participating, you are responsible for reimbursing that provider per the provider manual.

Will you reimburse regardless of who sees the member and pay the claims according to that provider's contract or my own?
In this project, members will only be allowed to see their assigned PCP or another participating PCP within their group/same TIN, because no other provider will be paid for providing services to them. It is our intention to provide providers with a solid framework (up-to-date PCP Member Roster) to mitigate claim denials. Reimbursement will not be denied when claims are filed from the assigned PCP’s covering provider. The payment made will be based on the rendering PCP’s agreement.

What if the member is shown as being assigned to a “Default PCP”?
If the member is assigned to a “Default PCP” on your PCP Member Roster, it means the member has not been assigned to a PCP at that time and you can see the member.

Will I be reimbursed if I see a newborn?
All participating PCP claims for newborns under 91 days of age will be reimbursed.

Why are you requiring members to choose a PCP?
The objectives are in line with the Patient-Centered Medical Home Model, which aims to strengthen the doctor-patient relationship. BlueCare Tennessee encourages its members to make more informed health care choices while directing them to receive coordinated care which starts with their PCP.

How often will my PCP Member Roster be updated on the website?
The PCP Member Roster will be updated weekly.

Will I be able to easily tell which members were moved to me or which members were moved away from me?
Yes, you will be able to see members that were moved to and from your PCP Member Roster. We have asked for an option for you to view newly assigned members as well.

What is the best way to handle members that come into my office in the morning but later change their PCP to another doctor?
This situation will be handled on a complaint basis. The PCP should not be penalized in this case.

Do all members for all lines of business have to choose a PCP?
All BlueCare and TennCareSelect members, except for those who are dual-eligible (having Medicare and Medicaid), must choose a PCP.

How will minute clinics be affected with these changes?
The rules will not apply to minute clinics. The rules apply to location codes 11 (office) and 12 (home) only.

Newborns are assigned a PCP once their ID number is obtained. How can a newborn be assigned a new PCP?
When necessary, the baby’s parent or guardian can call BlueCare Tennessee to request a change.
Will there be a change to the process of removing or dismissing patients from my provider panels?
No, we will handle provider panels according to our current process.

I am a PCP and have patients assigned to me. I also practice in an Urgent Care facility under the same tax ID. Will my claims for urgent care be denied for reimbursement?
If the claim is filed by a PCP, and the location code is office (11) or home (12) the new configuration will begin to determine:
  o If the rendering provider is the assigned PCP;
  o If the rendering provider is in the same group as the PCP; or
  o If the rendering provider is the covering physician for the assigned PCP.
When the claim is determined to be the assigned PCP, covering or in the same group as the assigned PCP, benefits should be allowed. When the claim is determined not to be filed from any of these, benefits will not be allowed effective Aug. 1, 2015.

If the claim is filed by a PCP, and the location code is other than office (11) or home (12) (as with urgent care clinics) the configuration will not apply. This means if the member sees a PCP at an urgent care clinic who they are not assigned to, the claim will not deny because the claim will be billed with a location other than 11 or 12.

What if there are members on my PCP Member Roster that I have never seen before?
Members appearing incorrectly can be easily reassigned by e-mailing IO-BluecarePCP_GM@bcbs.com. Please include the member’s name, ID and date of birth.

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