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## Upcoming Changes for Dual Eligible Members

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Dear Valued Provider,

Beginning **Jan. 1, 2026**, the Centers for Medicare and Medicaid Services and the Division of TennCare will expand the **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)** model to improve care for those who qualify for Medicare and Medicaid.

Some of our members enrolled in **BlueCare<sup>SM</sup> Medicaid** and a **BlueCare Plus Tennessee Dual Eligible Special Needs Plan** will move into either the **BlueCare Plus (HMO D-SNP)<sup>SM</sup>** or **BlueCare Plus Choice (HMO D-SNP)<sup>SM</sup>** plan. Having one plan managed by one organization will help make navigating benefits easier and enhance care coordination.

We've summarized the key changes below. **Please note:** These changes only apply to individuals who are dually eligible and enrolled in BlueCare Medicaid.

### What's Changing?

- BlueCare Medicaid members who also get long-term services and supports (LTSS) will move to the **BlueCare Plus Choice** plan, if they're not already a BlueCare Plus Choice member. This plan supports LTSS CHOICES and ECF CHOICES members (Groups 1-8). Previously, only Groups 1-3 were included in the BlueCare Plus Choice plan.

### Member Impact

- Members will have **Medicare and Medicaid services managed under one plan.**
- They'll get **one ID card** for both services. It will display the BlueCare Plus Tennessee plan name and policy number.

### Impact on LTSS Providers

- Member ID cards will change. ID cards starting with "**M**" will change to "**Y**" or "**9**."
- Current authorizations for LTSS services end **Dec. 31, 2025.**
- New authorizations with updated Member ID numbers will take effect **Jan. 1, 2026.** These authorizations will keep their original end dates according to the member's **Person-Centered Support Plan (PCSP).**
- Claims must match the correct Member ID number. Claims for services through **Dec. 31, 2025,** must use 2025 authorizations and Member ID numbers.
- Providers using **Electronic Visit Verification (EVV)** must create new schedules based on the new authorizations effective Jan. 1.
- Providers using **Availity<sup>®</sup>** must submit claims through the portal with the correct authorization and Member ID. The BlueCare Support Center will email the updated authorizations before Jan 1.
- All LTSS providers, including those using third-party vendors, will get electronic authorization updates for Member ID changes. The BlueCare Support center will email authorizations before Jan. 1, and these authorizations will be visible in the EVV system.
  - Carebridge will transmit authorization changes to the applicable vendor for agencies using a third-party EVV vendor.

### We're Here to Help

Please contact us if you have any questions about these changes:

- **LTSS Provider Relations:** Email [CHOICESProviderRelations@bcbst.com](mailto:CHOICESProviderRelations@bcbst.com) or contact your assigned Provider Network Manager.
- **Provider Inquiry Specialist Team:** Email [ProviderAuthIssues@bcbst.com](mailto:ProviderAuthIssues@bcbst.com) or call **1-888-747-8955 (Option 2).**

- **Availity Tech Support: Call 1-800-282-4548.**

Thank you for serving our members.

Sincerely,  
Your Provider Service Team

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