BlueCross BlueShield of Illinois

BLUE REVIEW℠

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS DECEMBER 2015

BCBSIL Behavioral Health Quality Improvement Program

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to improving our members' experience and the value they receive from behavioral health care services provided by independently contracted providers participating in the network. To meet these goals, BCBSIL identifies, monitors and evaluates opportunities for clinical and service improvement through the Behavioral Health Quality Improvement (BHQI) program.

The BHQI program reviews behavioral health care management and quality improvement programs annually to assess progress toward identified goals as well as the overall effectiveness of the behavioral health program. The goal of the BHQI program is to improve quality of care for our members by implementing programs that,

- Help ensure that members are able to make and keep provider appointments after a hospitalization;
- Verify that expectant mothers have received depression screenings and appropriate treatment;
- Connect members with resources in their community that may provide additional support; and
- Improve care coordination between members' primary care physicians and specialists.

To ensure we are providing optimal service to our members, BHQI tracks whether members and providers have suitable phone access to BCBSIL and whether members have appropriate behavioral health provider network options in their geographic areas. BHQI also responds to complaints and quality of care concerns regarding the behavioral health program or behavioral health providers.

The BCBSIL behavioral health program is accredited by nationally recognized health care quality organizations, including URAC and the National Committee for Quality Assurance (NCQA). For more information about the BHQI program, send an email to bhqualityimprovement@bcbstx.com.

The Behavioral Health program is available only to those members whose health plans include behavioral health benefits **through BCBSIL**. All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan.

This program does not apply to HMO members.

Talking with BCBSIL Behavioral Health Staff

BCBSIL behavioral health representatives are available to help with questions about member benefits, requests for benefit authorization, care coordination, finding community resources for members and more.

You can reach a BCBSIL behavioral health representative Monday through Friday from 8 a.m. to 6 p.m., CT, excluding holidays. For assistance, call the Customer Service number on the member's ID card; call toll-free or collect. After normal business hours, you can leave a message in a confidential voicemail box. A representative will return your call within 24 hours and identify herself/himself by name, title and company name.

BCBSIL behavioral health representatives are available 24 hours a day, seven days a week for crisis calls and emergency benefit preauthorization requests, via the Customer Service number on the member's ID card.

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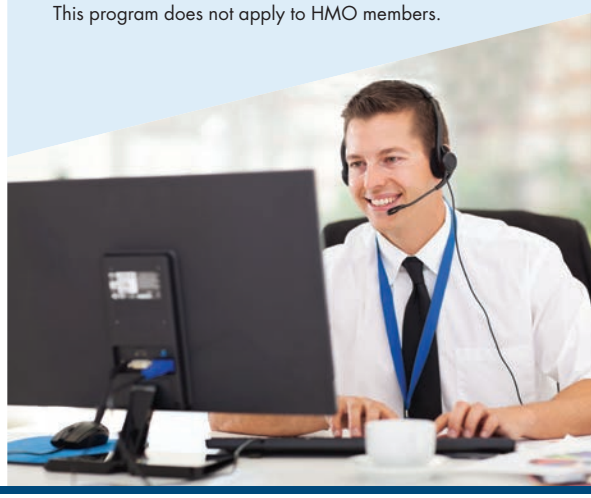
This program does not apply to HMO members.



Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

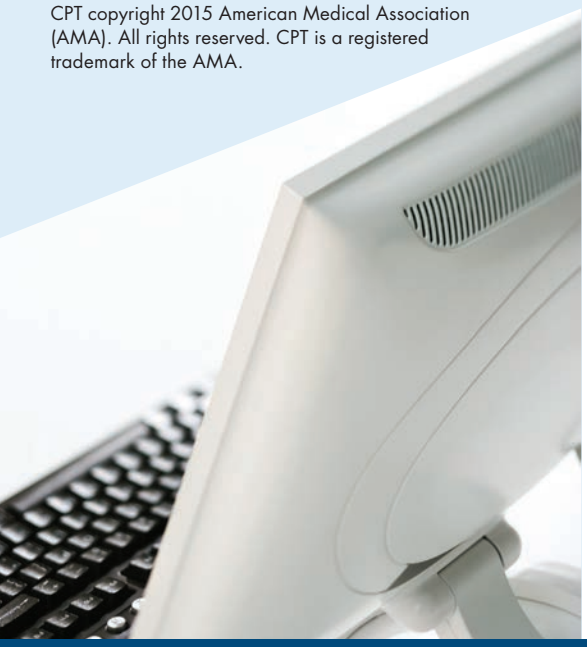
Effective Dec. 1, 2015, codes 90649, 90651 and 90670 were updated.

ANNUAL PROCEDURE CODE UPDATE

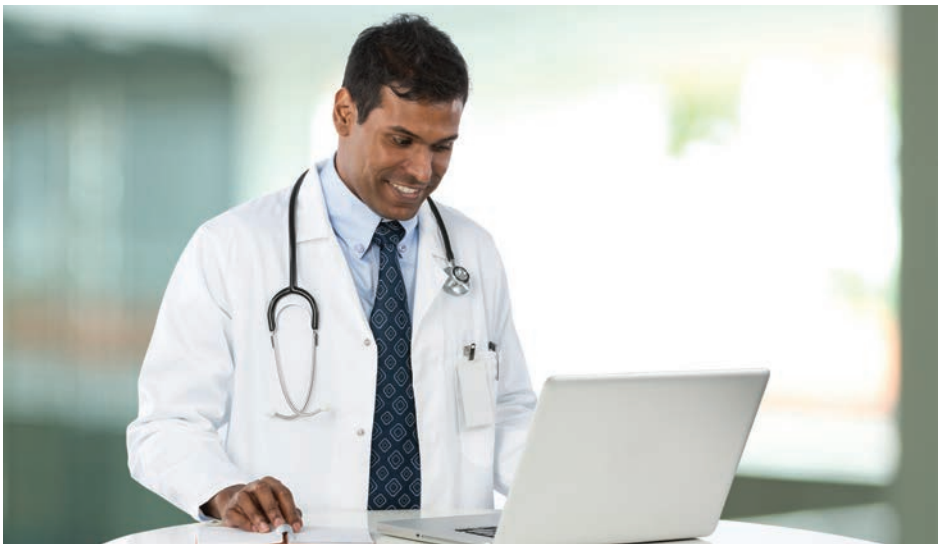
On Jan. 1, 2016, BCBSIL will implement Current Procedural Terminology (CPT®) and HCPCS procedure code additions, deletions and revisions. Please note that codes to be deleted will not be accepted for payment for dates of service on or after Jan. 1, 2016.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available in the Education and Reference Center/Forms section of our website at *bcbsil.com/provider*.

CPT copyright 2015 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.



Join Us for a Remittance Viewer Webinar



If you're looking for a faster, easier way to view your claim payment information from BCBSIL, we invite you to use the remittance viewer, a convenient online tool that gives you the option to:

- View your 835 Electronic Remittance Advice (ERA) even if a billing service is your designated ERA Receiver
- Search for claim details by check number, check date range or claim number
- Reconcile, save and print your claim information

If you are a registered Availity™ Web Portal user who is also enrolled to receive your ERA from BCBSIL, you've already met the prerequisites for gaining access to this convenient tool.

Did you miss our last round of remittance viewer webinars? Or would you like to attend again? We invite you to join us for a remittance viewer webinar to learn more about how to gain or grant access, conduct a search, view general and payer-specific information, and save or print your results.

The next remittance viewer webinar is scheduled for **Jan. 20, 2016, from 11 a.m. to noon**. For additional dates and times of upcoming webinars, refer to the Provider Learning Opportunities on page 7. To register, visit the Workshops/Webinars page in the Education and Reference Center section of our website at *bcbsil.com/provider*.

You'll find a remittance viewer tip sheet and other helpful resources in the Education and Reference Center/Provider Tools section of our Provider website. Or, you may contact the BCBSIL Electronic Commerce Center at 800-746-4614 for assistance.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Interpreting the 'PLB' Segment on the 835 ERA

There are reversals and corrections when claim adjudication results have been modified from a previous report. The method for revision is to reverse the entire claim and resend the modified data. Provider level adjustments are reported in the PLB segment within your 835 ERA from BCBSIL.

Adjustments in the PLB segment can either decrease the payment **(a positive number)** or increase the payment **(a negative number)**. The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (in the PLB segment) equals the total payment (BPR02). The information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the Technical Report Type 3 (TR3).* Questions may be directed to our Electronic Commerce Center at 800-746-4614. **Please share this important information with your practice management software vendor, and/or your billing service or clearinghouse, if applicable**.

C5 – Temporary Allowance	This code is used to inform you that we have identified an overpayment of less than $50. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSIL. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report. *Example:* PLB*15483NN082*20151231***C5**:02015NNNQ3980X00.55NN30940*-2 In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be $0.
CS – Adjustment	This code is used to inform you that we have identified an overpayment of $50 or more. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSIL, or do nothing, in which case the payment recovery will occur automatically. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report. *Example:* PLB*15483NN082*20151231***CS**:020150NNN0C85890X00.5NN82101*-1156 In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be $0.
WO – Overpayment Recovery	This code indicates the automatic recovery of a previous payment. *Example:* PLB*154837NN82*20151231***WO**:0201509NN08956B0X.5520NN142*1156*
WO – Overpayment Recovery **72 – Authorized Return** **B2 – Rebate**	This combination is used to acknowledge the return of funds. *Example:* PLB*15483NN082*20151231*72: 0201509NN08956B0X.5520NN142*-14*WO: 0201509NN08956B0X.5520NN142*14*B2: 0201509NN08956B0X.5520NN142*-14

*The TR3 is available for purchase on the Washington Publishing Company (WPC) website at wpc-edi.com. WPC is an independent third party vendor that is solely responsible for its products and services.

Identification Verification for BCBSIL Members

The BCBSIL Provider Manual has been updated to include the following language:

Every BCBS subscriber will be supplied with an appropriate identification card and the Contracting Provider shall be responsible for verifying the identity of the BCBS subscriber (e.g., government issued photo identification or other proof of identity). The identity of the BCBS subscriber must be verified each and every time services are provided.

The BCBSIL Provider Manual is available in the Standards and Requirements section of our website at *bcbsil.com/provider*.

2015 Annual HMO and PPO HEDIS® Reports

Each year, BCBSIL reports audited Health Care Effectiveness Data and Information Set (HEDIS) results. HEDIS is a nationally standardized set of measures related to important areas of care and service. Developed by the NCQA, it is one of the most widely used set of health care performance measures in the U.S.

HMO HEDIS REPORT

The 2015 BCBSIL HMO HEDIS Report, which is based on 2014 data using HEDIS 2015 specifications, includes measures across domains of care that reflect: effectiveness of care, access/availability of care and utilization. Audited HEDIS results are reported for HMO Illinois® and Blue Advantage HMO℠ combined. The table below summarizes the HEDIS 2015 BCBSIL HMO rates for select measures. The 2015 Quality Compass National Averages are provided to compare the HMO's performance to the performance of other health care organizations submitting data to NCQA.

To learn more about the HMO Illinois and Blue Advantage HMO Quality Improvement (QI) program, including goals, processes and outcomes related to member care and service, call 312-653-3465 and request information about the QI program. The complete HMO HEDIS Report is available in the Clinical Resources/HEDIS Report section of our website at *bcbsil.com/provider*.

Care Provided to BCBSIL HMO Members	BCBSIL HMO HEDIS Rate	2015 Quality Compass National Average (excluding PPO)
Effectiveness of Care		
Prevention and Screening		
Adult BMI Assessment	92%	76%
Childhood Immunization • Combination 3 Rate: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV • Combination 10 Rate: Combination 3 plus 1 Hep A, 2-3 RV, 2 Influenza	 77% 47%	 78% 52%
Breast Cancer Screening	73%	74%
Cervical Cancer Screening	78%	76%
Colorectal Cancer Screening	63%	64%
Chlamydia Screening in Women – Ages 16 to 24	42%	47%
Immunizations for Adolescents: • Combination 1 Rate: 1 Meningococcal, 1 Tdap/Td	 67%	 71%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents • BMI Percentile • Counseling for Nutrition • Counseling for Physical Activity	 73% 66% 64%	 61% 59% 56%
Respiratory Conditions		
Appropriate Testing for Children with Pharyngitis	79%	82%
Appropriate Treatment for Children with Upper Respiratory Infection	86%	87%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	19%	28%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	36%	43%
Pharmacotherapy Management of COPD Exacerbation • Systemic Corticosteroid • Bronchodilator	 77% 81%	 75% 81%
Use of Appropriate Medications for People with Asthma – Total	92%	91%
Medication Management for People with Asthma • Total – Medication Compliance 75%	 45%	 45%
Asthma Medication Ratio – Total	79%	78%
Cardiovascular Conditions		
Controlling High Blood Pressure – Total	66%	64%
Persistence of Beta Blocker Treatment After a Heart Attack	86%	84%
Diabetes		
Comprehensive Diabetes Care • Hemoglobin A1c (HbA1c) Testing • HbA1c Control (<8.0%) • Eye Exam (retinal or dilated exam) • Medical Attention for Nephropathy • Blood Pressure Control < 140/90 mmHg	 89% 58% 63% 88% 70%	 91% 58% 56% 85% 65%

(continued on page 5)

(HMO HEDIS REPORT, continued from page 4)

Musculoskeletal Conditions		
Anti-Drug Therapy in Rheumatoid Arthritis	91%	88%
Use of Imaging Studies in Low Back Pain	72%	75%
Medication Management		
Annual Monitoring for Patients on Persistent Medications – Total	79%	83%
Behavioral Health		
Follow Up After Hospitalization for Mental Illness – 7-Day Rate	62%	53%
Antidepressant Medication Management		
• Effective Acute Phase Treatment	64%	66%
• Effective Continuation Phase Treatment	46%	50%
Follow-Up Care for Children Prescribed ADHD Medications		
• Initiation Phase	34%	38%
• Continuation and Maintenance Phase	37%	47%
Access/Availability of Care		
Children and Adolescents' Access to Primary Care Practitioners		
• 12 to 24 months	93%	98%
• 25 months to 6 years	84%	92%
• 7 to 11 years	86%	92%
• 12 to 19 years	85%	90%
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
• Initiation of Treatment	38%	35%
• Engagement of Treatment	14%	13%
Prenatal and Postpartum Care		
• Timeliness of Prenatal Care	95%	88%
• Postpartum Care	86%	77%
Adults' Access to Preventive/Ambulatory Health Service – Total	92%	95%
Call Answer Timeliness	59%	73%
Utilization		
Well-Child Visits in the First 15 Months of Life (6+ Visits)	68%	78%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	67%	76%
Adolescent Well-Care Visits	41%	46%
Measures Collected Through the CAHPS®* Health Plan Survey		
Flu Vaccinations for Adults Ages 18 to 64	47%	50%
Discussing Aspirin Risks and Benefits	49%	44%

Results are rounded to the nearest percentage.

*Consumer Assessment of Healthcare Providers and Systems

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

PPO HEDIS REPORT

The table below summarizes the HEDIS 2015 BCBSIL PPO rates for select measures. The 2015 Quality Compass National Averages are provided to compare the PPO's performance to the performance of other health care organizations submitting data to NCQA. The complete PPO HEDIS Report is available in the Clinical Resources/HEDIS Report section of our website at *bcbsil.com/provider*.

Care Provided to BCBSIL PPO Members Residing in Illinois	BCBSIL PPO HEDIS Rates	2015 Quality Compass National Average – PPO
Effectiveness of Care		
Prevention and Screening		
Breast Cancer Screening	69%	70%
Cervical Cancer Screening	76%	74%
Colorectal Cancer Screening	55%	58%
Chlamydia Screening in Women – Age 16 to 24	41%	43%
Immunizations for Adolescents:		
• Combination 1 Rate: 1 Meningococcal, 1 Tdap/Td	55%	62%

(continued on page 6)

(PPO HEDIS REPORT, continued from page 5)

Respiratory Conditions		
Appropriate Testing for Children with Pharyngitis	82%	81%
Appropriate Treatment for Children with Upper Respiratory Infections	86%	85%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	26%	26%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	39%	41%
Pharmacotherapy Management of COPD Exacerbation • Systemic Corticosteroid • Bronchodilator	 76% 79%	 73% 78%
Use of Appropriate Medications for People with Asthma – Total	93%	90%
Medication Management for People with Asthma • Total – Medication Compliance 75%	 47%	 46%
Asthma Medication Ratio	82%	76%
Cardiovascular Conditions		
Persistence of Beta Blocker Treatment After a Heart Attack (PBH)	85%	82%
Diabetes		
Comprehensive Diabetes Care • Hemoglobin A1c (HbA1c) Testing • Medical Attention for Nephropathy	 88% 72%	 88% 80%
Musculoskeletal Conditions		
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis Use of Imaging Studies in Low Back Pain	88% 74%	87% 75%
Medication Management		
Annual Monitoring for Patients on Persistent Medications – Total	81%	80%
Behavioral Health		
Follow Up After Hospitalization for Mental Illness – 7-day Rate	52%	50%
Antidepressant Medication Management • Effective Acute Phase Treatment • Effective Continuation Phase Treatment	 66% 51%	 66% 51%
Follow-Up Care for Children Prescribed ADHD Medications • Initiation Phase • Continuation and Maintenance Phase	 45% 55%	 37% 44%
Access/Availability of Care		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
• Initiation of Treatment – Total	39%	36%
• Engagement of Treatment – Total	18%	14%
Adults' Access to Preventive/Ambulatory Health Service – Total	93%	94%
Call Answer Timeliness	59%	76%

Results are rounded to the nearest percentage.

HEDIS is a registered trademark of NCQA.

ICD-10: Moving Toward Business-as-Usual

Across the industry, the move to ICD-10 appears to have been relatively smooth for most providers. Now that we have transitioned to ICD-10, our dedicated ICD-10 email help desk at *icd@bcbsil.com* will be discontinued as of Dec. 31, 2015. For reference purposes, general information such as links to industry resources will remain available in the Standards and Requirements/ICD-10 section of our website at *bcbsil.com/provider*. As always, if you have questions or need personalized assistance, you may contact your assigned Provider Network Consultant.

Outpatient Pre-certification may not be Necessary: Check Benefits First to Find Out

Checking eligibility and benefits is a critical first step prior to rendering services. In addition to receiving important details, such as your in-network status for a particular member, this step will alert you if prior benefit approval is required according to the member's benefit plan. If benefit preauthorization/pre-certification is not required, there is no need to request it. In fact, requesting benefit preauthorization/pre-certification when it is not required only creates extra work for your staff and ours, with a potential delay in care and services for our members.

Eligibility and benefits requests may be submitted electronically or by calling our automated phone system. For additional information, refer to the Claims and Eligibility/Eligibility and Benefits section of our website at *bcbsil.com/provider*.

Checking eligibility and/or benefit information is not a guarantee of payment. Please note that the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

Member Rights and Responsibilities Notification

BCBSIL will provide members of HMO Illinois, Blue Advantage HMO, Blue Precision HMO℠ and Blue Choice products with a written statement of the Member Rights and Responsibilities. Members will receive the document through the Member Handbook and via hard copy upon request. This information is also found on the BCBSIL website. Providers can review the complete listing of Member Rights and Responsibilities in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at *bcbsil.com/provider*.

Note: Information contained in the BCBSIL Provider Manual is password protected. Please follow the instructions given to gain access to this secure information. Then select "HCM Rights and Responsibilities Policy and Procedure" under the Policy and Procedure section.

Provider Learning Opportunities

BCBSIL WEBINARS

Complimentary training sessions are offered throughout the year with an emphasis on electronic transactions. A snapshot of upcoming training sessions is included below so you can mark your calendar. To register online, visit the Workshops and Webinars page in the Education and Reference Center on our website at *bcbsil.com/provider*.

Introducing Remittance Viewer

The remittance viewer is an online tool that offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.

Jan. 20, 2016
Feb. 17, 2016
March 16, 2016

All sessions: 11 a.m. to noon

iExchange® Training: 2016 System Enhancements

Join us for a review of how to use our online benefit preauthorization tool, including an overview of new features.

Jan. 13, 2016
Feb. 10, 2016
March 9, 2016

All sessions: 11 a.m. to noon

AVAILITY WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website at availity.com for details, or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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Blue Review is a monthly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at *bcbsil.com/provider.*

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

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