



BLUE REVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

NOVEMBER 2015

Star Measures for Blue Cross Medicare AdvantageSM Members

The Centers for Medicare & Medicaid Services (CMS) posts quality ratings of Medicare Advantage plans to provide Medicare beneficiaries with additional information about the various Medicare Advantage plans offered in their area. CMS rates Medicare Advantage plans on a scale of one to five stars, with five stars being the highest rating in terms of plan performance.

Quality scores for Medicare Advantage plans are based on performance measures derived from sources such as Healthcare Effective Data and Information Set (HEDIS) results, along with CMS administrative data (such as information on member satisfaction, appeal processes, audit results and customer service).

Blue Cross and Blue Shield of Illinois (BCBSIL) strives to achieve the highest possible CMS star rating for the HMO and PPO Blue Cross Medicare Advantage plans we offer. These ratings reflect our performance as a health insurance carrier, and also serve as a testimony to the care and services you provide to our members. In support of this quality initiative, we ask that you review the information below with your patients during each visit.

ALL BLUE CROSS MEDICARE ADVANTAGE MEMBERS SHOULD BE REVIEWED FOR THE FOLLOWING:

- BMI assessment
- Fall risk assessment
- Bladder leakage assessment
- Physical activity assessment
- Flu shot
- Medication review (annually and high risk, if applicable)
- Cancer screenings (mammogram and/or colonoscopy, flex sig, FOBT)

MEMBERS WITH HYPERTENSION (HTN) SHOULD BE REVIEWED FOR THE FOLLOWING:

- Blood pressure check
- Diabetics, ages 60-85 ≤ 139/89
- Non-diabetics, ages 60-85 ≤ 149/89
- Members, ages 18-59 ≤ 139/89
- Medication adherence (anti-hypertensives)

MEMBERS WITH DIABETES SHOULD BE REVIEWED FOR THE FOLLOWING:

- A1c screening
- Eye exam
- Nephropathy screening
- Medication adherence (diabetes medications, statins, ACE/ABR)

For additional information, refer to the Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM Provider Manuals, located in the Standards and Requirements section of our website at bcbsil.com/provider.

The CMS Star Ratings System is based on an assessment of various health care metrics for Medicare Advantage HMO and PPO plans. To gauge quality and performance measures, CMS collects data from Medicare Part C and Part D health plans in five categories including outcomes, immediate outcomes, patient experience, access to care and process or method in which health care is provided. Each year CMS changes and/or updates the metrics and issues guidance to the industry. Stars are assigned for each domain category and related measures. For additional information regarding the star rating system, visit CMS.gov/.

This material is for informational purposes only and is not a substitute for the sound medical opinion of a doctor. Doctors are advised to exercise their own independent medical judgement. The fact that a service is listed here is not a guarantee of benefits or payment. Claims will be determined on the basis of the member's certificate of coverage in effect on the date of service including all benefits, limitations and exclusions.



Complex Case Management for PPO Members

Case management services may be available for your patients.

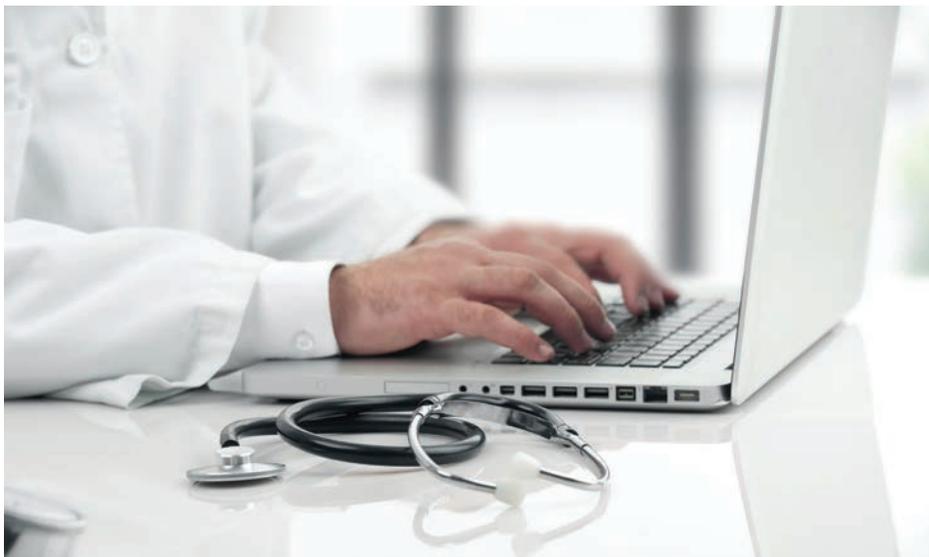
Case Management (CM) is a voluntary program that provides assistance with the coordination of BCBSIL member health care benefits. The CM Program assists members who may be overwhelmed by the complexity, severity or pervasiveness of a medical condition in navigating the health care system. Following an evaluation of the individual's health care needs by the physician(s) and other health care providers, the member is contacted by a case manager who assists the member in coordinating services and referrals. The member or member's representative must provide consent for the case manager to coordinate health care services.

Your PPO patient may be referred to this program if the PPO member has a complex chronic condition requiring multiple services and/or a specific acute condition. These referrals are primarily initiated by BCBSIL utilization and case management areas; however, contracted providers also may provide referrals for patients they believe could benefit from the program. Providers may contact the customer service number on the member's ID card for assistance, or call 888-978-9034 to reach a case manager, if needed.

The case management program is not a substitute for the sound medical advice of a doctor. Members are instructed to discuss any questions or concerns regarding their health with their health care provider.

The final decision about any health care service or treatment is between the member and their health care provider.

Chief Medical Officer Now a Contributor to The Huffington Post



Dr. Stephen Ondra, senior vice president and enterprise chief medical officer of our operating company's health insurance Plans in Illinois, Montana, New Mexico, Oklahoma and Texas, is now a monthly contributor to The Huffington Post's health care section at <http://www.huffingtonpost.com/dr-stephen-ondra/>. Dr. Ondra joins a roster of high-profile contributors, such as the CEO of the American Heart Association, writing about important topics affecting the health care industry.

Read Dr. Ondra's first article in the HuffPost, "Seeing Health Care Prices More Clearly" at http://www.huffingtonpost.com/dr-stephen-ondra/seeing-health-care-prices-more-clearly_b_8210116.html. In it, he addresses the price transparency dilemma currently facing the health care industry and showcases our company's efforts to help consumers.

Watch for future articles from Dr. Ondra, and follow him on Twitter at @StephenOndra where he tweets about his work and the future of health care.

Information about the BCBSIL Quality Improvement Program

The BCBSIL Quality Improvement (QI) Program addresses both care and service provided to members. To learn more about the BCBSIL QI Program, call 312-653-3465 to request a QI program summary. The summary includes information about the structure of the QI program, outcomes of the program and its success in meeting goals.

This specific information only applies to non-government programs. For information regarding government programs such as Medicare and Medicaid, please refer to the applicable provider manual.



BCBSIL Makes Updates to Blue Precision HMOSM Plans

Attention HMO Providers: Your Medical Group may be getting questions from some BCBSIL members in the Blue Precision HMO individual plan concerning their coverage for 2016. We wanted to provide some clarification for you, so that you can discuss these changes with your staff and patients.

Our plans are reviewed and updated each year to make any needed changes for the coming year. For 2016, changes were needed to align with the actuarial values set by CMS. Sometimes, the changes warrant filing a new plan rather than revising an existing plan. This was the case for all our 2015 Blue Precision HMO individual plans and some small group Blue Precision HMO plans.

We discontinued the 2015 versions of the Blue Precision HMO plan. Renewing 2016 enrollees will automatically be moved to the new versions of this plan. The replacement plans will be the same network, have the same level of benefits and at the same metallic level. Medical Group assignments will stay the same, as well. However, we are asking members to go to StayBlueIL.com to confirm that the Medical Group information is correct.

Under CMS's passive enrollment process, a consumer is automatically renewed into the same plan or most similar plan (if their existing plan is being discontinued), unless they choose to enroll in different coverage during the open enrollment period. The passive enrollment process helps to ensure that the consumer does not experience an undesired or unexpected break in coverage that could impact their medical care, while continuing to allow exploration of other available coverage options. You should not experience any break in coverage for your current patients in the Blue Precision HMO as a result of the transition to the new plan for 2016.

Members have been formally notified of the replacement of their 2015 plan with a comparable new plan.

For your information, the plans are mapped in this way:

2015 Plan Name	2016 Plan Name
Blue Precision Platinum HMO SM 004	Blue Precision Platinum HMO SM 104
Blue Precision Gold HMO SM 001	Blue Precision Gold HMO SM 101
Blue Precision Silver HMO SM 002	Blue Precision Silver HMO SM 102
Blue Precision Bronze HMO SM 003	Blue Precision Bronze HMO SM 103
Blue Precision Gold HMO SM 005	Blue Precision Gold HMO SM 105
Blue Precision Gold HMO SM 006	Blue Precision Gold HMO SM 101
Blue Precision Silver HMO SM 002	Blue Precision Silver HMO SM 102
Blue Precision Bronze HMO SM 003	Blue Precision Bronze HMO SM 103
Blue Precision Platinum HMO SM 004	Blue Precision Platinum HMO SM 104
Blue Precision Gold HMO SM 005	Blue Precision Gold HMO SM 105

Behavioral Health Utilization Management Affirmation Statement

The purpose of the BCBSIL Behavioral Health Utilization Management plan is to help members maximize their benefits while ensuring that services received meet the medical necessity criteria set forth in their health benefit plan, BCBSIL. BCBSIL will help our members access their behavioral health benefits and help improve coordination of care between medical and behavioral health providers. BCBSIL affirms that Utilization Management decisions are based on the definition of medical necessity in the member's health benefit plan. BCBSIL further affirms that:

- The organization does not specifically reward health plan staff, providers and practitioners or other individuals for issuing denials of coverage, care or service.
- Incentive programs are not utilized to encourage decisions that result in under-utilization.
- BCBSIL does not allow decisions in exchange for financial rewards.

Visit the Clinical Resources/Behavioral Health section of our website at bcbsil.com/provider for more information including the Behavioral Health Medical Necessity Criteria. For additional information, call the Customer Service number on the back of the member's ID card.

This material is for informational purposes only and is not a substitute for the sound medical opinion of a doctor. Doctors are advised to exercise their own independent medical judgement. The fact that a service is listed here is not a guarantee of benefits or payment. Claims will be determined on the basis of the member's certificate of coverage in effect on the date of service including all benefits, limitations and exclusions.

Approval of services for utilization management purposes is not a guarantee of payments of benefits. Payment of benefits is subject to several factors including, but not limited to, eligibility, benefits, and limitation and exclusions set forth in the member's certificate of coverage.

Asthma Care Reminder



The National Institutes of Health (NIH) National Asthma Education and Prevention Program recommends that patients with persistent asthma should be treated with an inhaled corticosteroid. According to the NIH National Heart, Lung, and Blood Institute guidelines, chronic inhaled corticosteroid use is safe in adults and children, and can be the most effective and preferred first-line control therapy for asthma.¹ Inhaled corticosteroids help improve asthma control more effectively than any other long-term control medications.²

An analysis of eight cohort and ecologic studies conducted strongly suggests that inhaled corticosteroids, when taken regularly, can decrease the number of hospitalizations for asthma by up to 80 percent.² Pharmacy claims appear to show that asthma patients rely on albuterol rescue inhalers as the primary treatment for their asthma. A patient refilling their albuterol rescue inhaler more than once a month may be an indication that their asthma is not being appropriately treated.

If your patients are not adherent to, or are resistant to taking their inhaled corticosteroid as directed, please discuss and address their concerns. Some reasons why patients may not be taking inhaled corticosteroids are:

- Concerns about taking a steroid medication (inhaled corticosteroids have fewer and less severe systemic side effects than oral steroids);
- Lack of immediate relief that albuterol inhalers can provide;
- Difficulty remembering twice daily dosing;

- Improper inhaler technique (have your patient demonstrate their technique while in the office); and
- In rare cases, thrush (prevented by rinsing mouth after use).

It is highly recommended that you work with your patient to create an asthma action plan. An asthma action plan can be a written, individualized worksheet showing your patient the steps to take in order to help prevent their asthma symptoms from worsening. Also, for patients with persistent asthma, assess their symptoms and determine if an inhaled corticosteroid is appropriate.

BCBSIL uses the GuidedHealth® platform to review claims data to help identify members who have had a claim for an asthma rescue inhaler but have not received an inhaled corticosteroid. The prescribing physicians of these identified members are sent informational letters on a quarterly basis to help increase awareness and promote patient safety.

BCBSIL is also committed to working with communities to help improve pediatric asthma care. Through a collaboration with the American Lung Association of the Upper Midwest (ALAUM), BCBSIL is supporting the Enhancing Care for Children with Asthma Project, a program that implements community-based interventions to improve the health outcomes of children with asthma. For more information about the Enhancing Care for Children with Asthma Project, visit the ALAUM at lung.org.

References

1. Global Strategy for Asthma Management and Prevention. Global Initiative for Asthma (GINA) 2012.
2. Suissa, Samy et al. Inhaled corticosteroids: Impact on asthma morbidity and mortality. *J Allergy Clin Immunol.* 2001. Jun;107(6):937-44.

GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and other related services. BCBSIL, as well as several other Blue Cross and Blue Shield Plans, has an ownership interest in Prime. BCBSIL makes no endorsement, representations or warranties regarding GuidedHealth. If you have any questions about this product or services, you should contact Prime Therapeutics directly.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Antipsychotic Drug Use in Elderly Patients with Dementia

The Centers for Medicare & Medicaid Services (CMS) and the CMS National Partnership to Improve Dementia Care in Nursing Homes have set a new goal to achieve a 25 percent reduction in antipsychotic drug use within nursing homes by the end of 2015, with a 30 percent reduction by the end of 2016. Eleven states met the previous 2012 goal to reduce antipsychotic drug use within nursing homes by 15 percent.

A Black Box warning was released by the U.S. Food and Drug Administration (FDA) in 2005, which notified health care professionals that patients with dementia-related psychosis treated with antipsychotics are at an increased risk of death. The Black Box warning was based on a review of 17 placebo-controlled trials showing a 1.6 to 1.7 times greater increase in death with the use of atypical antipsychotics compared with the placebo group.¹ Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (pneumonia) in nature. Additional studies have found the increased risk of death is similar between conventional and atypical antipsychotics.

Atypical antipsychotics are associated with significant weight gain and metabolic changes, such as hyperlipidemia and an increased risk of diabetes. Conventional antipsychotics are additionally associated with movement disorders such as akathisia, parkinsonism and dystonia. Side effects may be more prominent in elderly patients, as they may have altered metabolism of medications due to physiologic changes. The long half-lives of some antipsychotics also are concerning, as patients may experience prolonged lethargy and sedation. Patients and/or caretakers should be aware of the risks of taking an antipsychotic prior to initiating therapy. Baseline weight, blood glucose level and lipid panels should be established and then monitored when a patient begins taking an antipsychotic.

Despite the FDA Black Box warning, a U.S. Department of Health and Human Services Office of Inspector General (OIG) report released in 2011 showed 88 percent of atypical antipsychotic drug claims in nursing homes were for patients with dementia.² The report also showed 83 percent of atypical antipsychotic drug claims were for non-FDA labeled indications (off-label indications).

References

1. Schneider LS, Dagerman KS, Insel P. Risk of death with atypical antipsychotic drug treatment for dementia: meta-analysis of randomized placebo-controlled trials. *JAMA*. 2005; 294:1934–1943.
2. Department of Health and Human Services. Office of Inspector General. (May 2011) Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents. OE-07-07-00150.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.



In addition to the antipsychotic reduction targets, CMS is surveying nursing facilities that dispense antipsychotics for: chemical restraints, unnecessary drugs, quality of care, standards of care, physician review and drug regimen review. CMS regulations state that each nursing home resident's drug regimen must be free from unnecessary drugs, as well as drugs that are used in excessive doses for excessive durations, without adequate monitoring and indications for their use or in the presence of adverse consequences. Besides increased CMS scrutiny, law firms are also becoming increasingly aggressive in their liability claims against nursing homes. A variety of litigation claims against nursing facilities have attributed the use of antipsychotics to various medical conditions, including: tardive dyskinesia, gynecomastia, diabetes, pancreatitis, neuroleptic malignant syndrome, suicide, cardiovascular events and death.

BCBSIL is using the GuidedHealth platform to help review claims data that it receives to help identify members who have had a claim for an anti-dementia medication and who also have a recent pharmacy claim for an antipsychotic drug. Prescribing physicians of these identified members are sent informational letters on a quarterly basis to help increase awareness and promote patient safety.

Meet Your Ancillary Provider Network Consultant

BCBSIL contracts with more than 2,000 independent ancillary providers in Illinois and Northwest Indiana.

Our Ancillary Provider Network Consultants (PNCs) focus specifically on the services provided by skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers and private duty nursing agencies.

Our Ancillary PNCs are available to provide training and discuss BCBSIL policies and procedures, billing and contractual issues.

You may direct your requests and inquiries to our general email box at ancillarynetworks@bcbsil.com, or leave a message at 312-653-4820.



Professional Provider Network Consultant Assignments (Revised November 2015)

Our PNCs serve as the liaison between BCBSIL and our independently contracted professional provider community, developing and maintaining cooperative working relationships with professional providers in our network throughout Illinois and northwest Indiana.

Your Professional PNC is knowledgeable and is available to meet with you on a routine basis to educate your staff on BCBSIL procedures, help ensure provider contract compliance and work with you to resolve any operational issues.

If you are an ancillary provider (DME, home infusion therapy, skilled nursing facility, home health, hospice, orthotics/prosthetics, dialysis, private duty nursing), you may contact your PNC at ancillarynetworks@bcbsil.com.

For the name of your Professional PNC, refer to the Illinois county map on the facing page. PNCs for professional providers in Cook and DuPage Counties (Codes 16 and 22) are assigned by either Chicago ZIP code or city, as listed below. The Professional Provider Network Consultant List and map are also available in the Education and Reference Center on our website at bcbsil.com/provider.

IL TERRITORY BREAKDOWN BY COUNTY CODE

Northern (8, 43, 49, 81, 89 and 98) – **Gina Plescia**

Southern (2, 3, 14, 24, 28, 30, 33, 35, 39, 40, 41, 44, 60, 61, 64, 67, 73, 76, 77, 79, 82, 83, 91, 93, 95, 96, 97 and 100) – **Teresa Trumbley**

West-Central (1, 5, 7, 9, 29, 31, 34, 36, 42, 55, 59, 63, 65, 66, 69, 75, 85, 86 and 94) – **Roy Pyers**

Midwest (10, 20, 21, 23, 27, 38, 53, 54, 57, 58, 70, 72, 74, 90, 92 and 102) – **Amanda Williams**

East Central (11, 12, 13, 15, 17, 18, 21, 23, 25, 26, 40, 51, 68, 70, 80, 84, 87) – **J'ne Kanady**

North Metro (4, 6, 19, 37, 45, 47, 48, 50, 52, 56, 62, 71, 78, 88 and 101) – **Cathy Dismuke**

South Metro (32, 46 and 99) – **Aaron Nash**

Northwest Indiana – **Kathleen Barry**

Cook County (16) – See below for Cook and DuPage County Breakdown.

DuPage County (22) – See below for Cook and DuPage County Breakdown.

COOK AND DUPAGE COUNTY BREAKDOWN BY CITY AND ZIP CODE

Aaron Nash – City: Lemont

Ana Hernandez – Zip Codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60612, 60614, 60616, 60622, 60634

Cathy Dismuke – Cities: Addison, Bartlett, Bloomingdale, Hanover Park, Hillisburg, Medinah, Roselle, Streamwood, Wayne

Gina Plescia – Cities: Arlington Heights, Elk Grove Village, Hoffman Estates, Schaumburg

Kathleen Barry – Cities: Aurora, Burr Ridge, Calumet City, Chicago Heights, Darien, Dolton, Flossmoor, Ford Heights, Glen Ellyn, Glendale Heights, Glenwood, Homewood, Lansing, Lisle, Lynwood, Matteson, Naperville, Olympia Fields, Park Forest, Richton Park, Riverdale, Sauk Village, South Holland, Steger, Summit, Thornton, Warrenville, Willowbrook, Woodridge

Michelle Brownfield-Nance – Cities: Calumet Park, Carol Stream, Country Club Hills, Countryside, Crestwood, Downers Grove, Harvey, Hazel Crest, Hickory Hills, Homer Glen, Markham, Midlothian, Oak Forest, Orland Hills, Orland Park, Palos Heights, Palos Hills, Palos Park, Posen, Robbins, Tinley Park, West Chicago, Wheaton, Willow Springs, Winfield, Worth

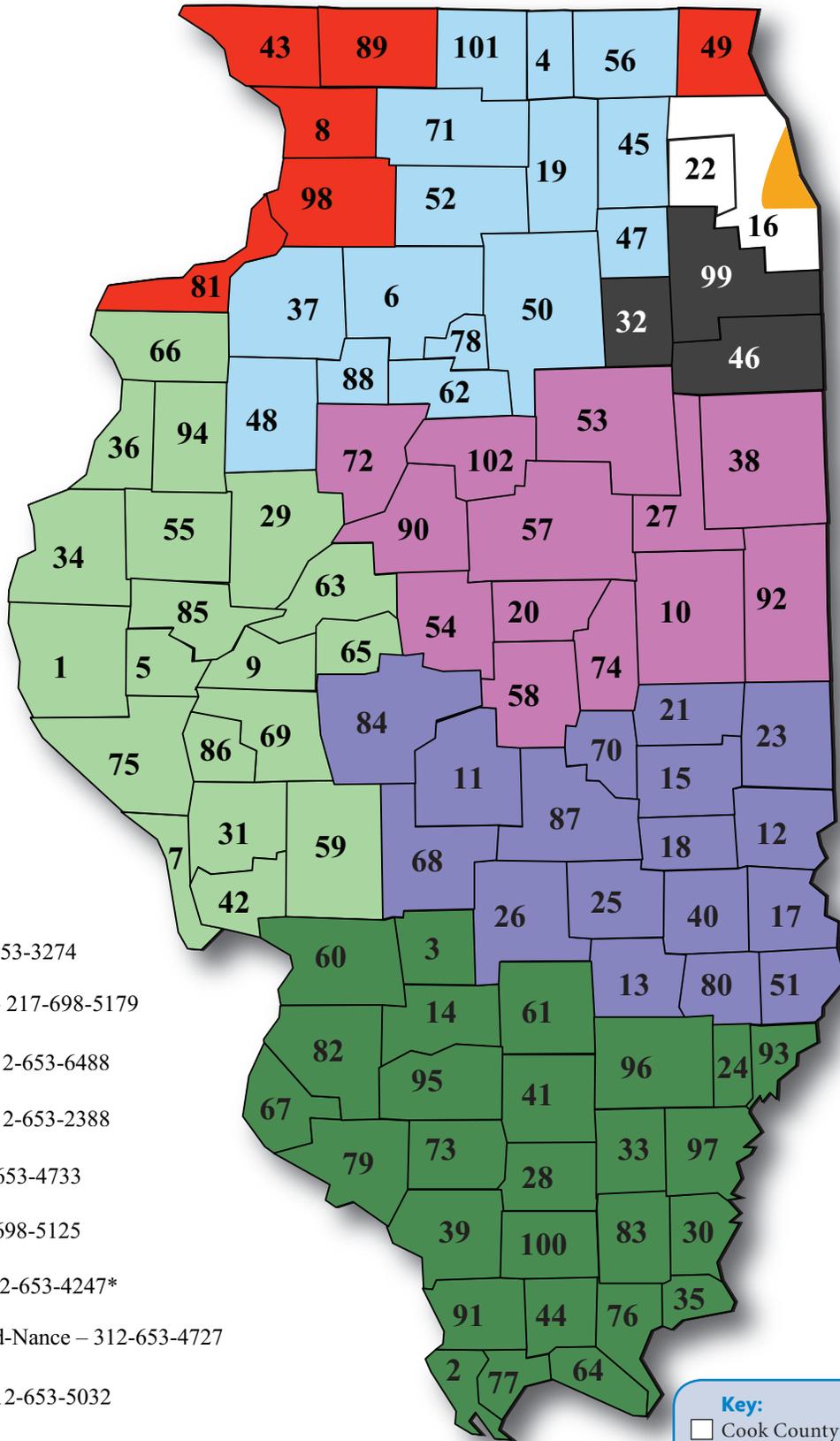
Ramona Espino – Cities: Bensenville, Clarendon Hills, Des Plaines, Elmhurst, Glencoe, Glenview, Golf, Hinsdale, Inverness, Itasca, Kenilworth, Lincolnwood, Lombard, Morton Grove, Mt. Prospect, Neenah, Niles, Northbrook, Northfield, Oak Brook, Oak Brook Terrace, Palatine, Prospect Heights, Rolling Meadows, Rosemont, Skokie, South Barrington, Villa Park, Westmont, Wheeling, Wilmette, Winnetka, Wood Dale

Ronald Smothers – Zip Codes: 60601, 60602, 60603, 60604, 60608, 60609, 60613, 60615, 60617, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60627, 60628, 60629, 60630, 60631, 60632, 60633, 60634, 60635, 60636, 60637, 60638, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60647, 60648, 60649, 60650, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60658, 60659, 60660, 60661, 60666, 60668, 60669, 60670, 60673, 60674, 60675, 60676, 60677, 60678, 60680, 60681, 60686, 60689, 60690, 60693, 60694, 60695, 60696

Vickey Jones – Cities: Alsip, Bellwood, Berkeley, Berwyn, Blue Island, Bridgeview, Broadview, Brookfield, Burbank, Chicago Ridge, Cicero, Elmwood Park, Evergreen Park, Forest Park, Franklin Park, Harwood Heights, Hillside, Hines, Hometown, Indian Head Park, Justice, Knoxville, La Grange, La Grange Park, La Grange Highlands, Lyons, Maywood, Melrose Park, Merrionette Park, Norridge, North Riverside, Northlake, Oak Lawn, Oak Park, Park Ridge, River Forest, River Grove, Riverside, Schiller Park, Stone Park, Summit Argo, Westchester, Western Springs

Code	County
1	Adams
2	Alexander
3	Bond
4	Boone
5	Brown
6	Bureau
7	Calhoun
8	Carroll
9	Cass
10	Champaign
11	Christian
12	Clark
13	Clay
14	Clinton
15	Coles
16	Cook
17	Crawford
18	Cumberland
19	DeKalb
20	Dewitt
21	Douglas
22	DuPage
23	Edgar
24	Edwards
25	Effingham
26	Fayette
27	Ford
28	Franklin
29	Fulton
30	Gallatin
31	Greene
32	Grundy
33	Hamilton
34	Hancock
35	Hardin
36	Henderson
37	Henry
38	Iroquois
39	Jackson
40	Jasper
41	Jefferson
42	Jersey
43	Jo Daviess

Code	County
44	Johnson
45	Kane
46	Kankakee
47	Kendall
48	Knox
50	LaSalle
49	Lake
51	Lawrence
52	Lee
53	Livingston
54	Logan
58	Macon
59	Macoupin
60	Madison
61	Marion
62	Marshall
63	Mason
64	Massac
55	McDonough
56	McHenry
57	McLean
65	Menard
66	Mercer
67	Monroe
68	Montgomery
69	Morgan
70	Moultrie
71	Ogle
72	Peoria
73	Perry
74	Piatt
75	Pike
76	Pope
77	Pulaski
78	Putnam
79	Randolph
80	Richland
81	Rock Island
83	Saline
84	Sangamon
85	Schuyler
86	Scott
87	Shelby
82	St Clair
88	Stark
89	Stephenson
90	Tazewell
91	Union
92	Vermilion
93	Wabash
94	Warren
95	Washington
96	Wayne
97	White
98	Whiteside
99	Will
100	Williamson
101	Winnebago
102	Woodford



-  Aaron Nash – 312-653-3274
-  Amanda Williams – 217-698-5179
-  Ana Hernandez – 312-653-6488
-  Cathy Dismuke – 312-653-2388
-  Gina Plescia – 312-653-4733
-  J'ne Kanady – 217-698-5125
-  Kathleen Barry – 312-653-4247*
-  Michelle Brownfield-Nance – 312-653-4727
-  Ramona Espino – 312-653-5032
-  Ron Smothers – 312-653-8518
-  Roy Pyers – 217-698-2524
-  Teresa Trumbley – 618-998-2528
-  Vickey Jones – 312-653-6321

Key:

-  Cook County (16) and DuPage County (22) are split between Ana, Cathy, Gina, Kathleen, Michelle, Ramona, Ron and Vickey.
-  City of Chicago is split between Ana and Ron.
-  *NW Indiana is assigned to Kathleen.

Remittance Viewer Reminder

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 for ERA from BCBSIL, you've already met the prerequisites for gaining access to this convenient tool.

You'll find a remittance viewer tip sheet and other helpful resources in the Education and Reference Center/ ProviderTools 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 independent 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.

BCBSIL and Advocate Health Care to Offer a New HMO



Effective Jan. 1, 2016, BCBSIL will offer the BlueCare DirectSM plan, a unique HMO that promotes high quality care at a low cost for patients. BCBSIL is collaborating with Advocate Health Care* – the largest health system in Illinois – to create BlueCare Direct, which gives members access to the entire Advocate group of providers. BlueCare Direct will be BCBSIL's lowest-cost insurance offering, with low monthly premiums and low out-of-pocket costs for covered services for eligible members.

Like other HMOs, members choose a primary care physician (PCP) to help navigate and coordinate their care and refer them to appropriate specialists. The BlueCare Direct plans offer access to Advocate's more than 250 sites of care with over 4,000 Advocate primary care and specialty physicians across Cook, DuPage, Lake, Kane and Will counties.

The BlueCare Direct plans will be offered both on and off the Get Covered IllinoisSM exchange during open enrollment, which began Nov. 1, 2015, and concludes on Jan. 31, 2016. If members want coverage to start on Jan. 1, 2016, they must enroll by Dec. 15, 2015. The BlueCare Direct plans will also be available for small group customers during their open enrollment period.

BlueCare Direct furthers BCBSIL's commitment to building affordable, quality networks for our members across Illinois. For more information about BlueCare Direct and other networks and products, contact your assigned Provider Network Consultant.

*Advocate Health Care is an independently contracted provider.

Diabetic Test Strip Coverage Change for ICP and FHP Members

Effective Dec. 1, 2015, Blue Cross Community ICPSM, or Integrated Care Plan, and Blue Cross Community Family Health PlanSM (FHP) members must have a paid claim for a diabetes drug processed under their pharmacy benefit in order for their diabetic test strips to be considered for coverage, in most instances.

On and after Dec. 1, 2015, if you have a patient for whom you would like to prescribe diabetes test strips, but who does not have a claim for a diabetes medication, you may either prescribe a diabetes medication (if appropriate) or submit a benefit prior authorization request to BCBSIL for coverage consideration. *The above change does not apply to Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, ICP and FHP patients with prescription claims for prenatal vitamins, antipsychotic, oral steroids, oncology or thyroid medications.*

Benefit prior authorization requests for diabetic test strips may be submitted online via the CoverMyMeds[®] site at covermymeds.com. Additional information on CoverMyMeds is available in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider. A link to CoverMyMeds also is available to registered users on the Availity Web Portal, under the Authorizations menu. While electronic options are preferred, benefit prior authorization requests also may be called in to 800-285-9426, followed by a statement with supporting documentation, which may be faxed to 877-243-6930, or mailed.

Responses will usually be provided within 24 hours after receipt of benefit prior authorization requests that include all necessary information. If the request is determined to be clinically appropriate, the diabetic test strips will be approved as a covered benefit. If the benefit prior authorization request is not approved, the diabetic test strip prescription may be filled, but the member may be responsible for the full amount charged.

Prior to Dec. 1, 2015, letters will be mailed to ICP and FHP members who may be affected by the above referenced change. If there are questions, members are instructed to call the number on their member ID card.

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.

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the products or services they offer, you should contact the vendor(s) directly.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

TruHearing[®] Moves to Out-of-network Status for MMAI, ICP and FHP Members

Attention Blue Cross Community Options Providers: As of Sept. 30, 2015, TruHearing is no longer a contracted provider for the BCBSIL MMAI, ICP and FHP plans. If you previously referred members to TruHearing, you may use our Provider Finder[®] to locate a different, in-network provider. Provider Finder information for MMAI, ICP and FHP can be found in the Related Resources section of the Network Participation/Blue Cross Community Options section of our Provider website.

TruHearing[®] is a registered trademark of TruHearing, Inc.



Flu Season Reminder

With the 2015-2016 flu season likely to begin soon, BCBSIL encourages you to encourage your patients to have an annual flu shot.

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccination for everyone 6 months of age and older as the first and most important step in protecting against this potentially serious disease. While there are many different flu viruses, the flu vaccine is designed to protect against the main flu strains expected during the current flu season. Some children younger than age 9 may require two doses of influenza vaccine.

Please note that, while many BCBSIL members' health benefit plans include influenza vaccination coverage with no member cost sharing when using a participating provider, there are some exceptions. It is important to check eligibility and benefits information to confirm details regarding copays, coinsurance and deductibles before administering the influenza vaccine to BCBSIL members.

Additional information can be viewed at the CDC's Influenza (Flu) page at cdc.gov/flu.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Checking eligibility and/or benefit information 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. If you have any questions, please call the number on the member's ID card.

Reducing Elective Preterm Deliveries

In recent decades, there was a marked increase in the rate of deliveries induced before 39 weeks without a medical indication. In 2010, 17 percent of babies were delivered before 39 weeks gestation. However, there is clinical evidence that elective deliveries before full term increase medical risks to baby and mother.¹ In response to this evidence, efforts in recent years have reversed the trend. In 2013, less than 5 percent of babies were delivered before 39 weeks.²



Physicians may favor, in some cases, early elective deliveries for scheduling, liability, reimbursement and patient satisfaction reasons. Some patients appreciate the flexibility of early elective deliveries in allowing their preferred physician or family members to attend the delivery, ending the discomforts of pregnancy, avoiding certain dates or enabling an income tax deduction. Hospitals may seek to facilitate scheduling and staffing, increase patient and provider satisfaction and maximize market share.

However, clinical research shows that non-medically indicated preterm deliveries present greater health risks than full-term deliveries.¹ Infants born between 37 and 39 weeks have higher morbidity and mortality rates than those born at 39-40 weeks. The American Congress of Obstetricians and Gynecologists (ACOG) advocates delaying deliveries until at least 39 completed weeks of gestation, when there are no medical indications for expedient delivery.

An ACOG committee concluded that policies to decrease non-medically indicated deliveries before 39 weeks of gestation are effective in reducing these deliveries and improving neonatal outcomes. The largest improvements were observed when hospital policies prohibit early deliveries without a medical indication.¹

For further information on this issue, visit <http://www.marchofdimes.com/mission/39-weeks-quality-improvement.aspx> and <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Nonmedically-Indicated-Early-Term-Deliveries>.

References

1. American Congress of Obstetricians and Gynecologists, www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Nonmedically-Indicated-Early-Term-Deliveries
2. American Congress of Obstetricians and Gynecologists, "Deliveries Before 39 Weeks," <http://www.acog.org/About-ACOG/ACOG-Departments/Deliveries-Before-39-Weeks>

Choosing Wisely®: Encouraging the Physician-Patient Dialogue

Can improved communication in health care be the key to improved use of finite clinical resources? A current initiative of the American Board of Internal Medicine (ABIM) appears to respond with yes.

Choosing Wisely is an ABIM program designed to help foster the most appropriate and cost-effective use of health care resources by conveying key insights from approximately 70 clinical specialty groups to all physicians and their patients. In recognition of the considerable waste in the U.S. health care system, ABIM has compiled those insights in the form of five recommendations from each specialty group regarding tests or treatments whose appropriateness should be critically assessed by doctor and patient, rather than assumed. More information can be found on the ABIM website at <http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx>.

While recognizing that there are situations in which the identified services are appropriate, Choosing Wisely seeks to limit their use to medically necessary situations, thereby promoting medical professionalism, physician-patient dialogue and care that are best suited to the individual. The program encourages care that is truly necessary, is supported by evidence, avoids duplication of tests or procedures previously performed and is free from harm. Choosing Wisely recommendations are intended to motivate conversations about appropriate treatment, while recognizing that each patient situation is unique. Patients and providers are encouraged to work together to develop a treatment plan.

Examples of medical practices under discussion include the use of antibiotics to treat apparently viral respiratory infections (the American Academy of Pediatrics), routine preoperative or admission chest X-rays in ambulatory patients with an unremarkable history and physical exam (the American College of Radiology), and induced labor or Cesarean section delivery before 39 weeks of gestation when not medically indicated (the American College of Obstetricians and Gynecologists).

The non-profit organization Consumer Reports is supporting the Choosing Wisely campaign by coordinating the efforts of other consumer organizations to help inform the public of the need for patients to engage in conversations with their physicians about the most safe, effective and efficient care.

Information about Choosing Wisely, including the specialty society Lists of Five Things Physicians and Patients Should Question, is available at choosingwisely.org

Choosing Wisely is an initiative sponsored by the ABIM Foundation, which is solely responsible for the program and its content. The material presented here is for informational purposes only and is not intended to be medical advice. BCBSIL makes no representations or warranties regarding the Choosing Wisely program or any of its components.

Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

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.

WEBINARS

Our online educational webinars are designed to train billing, utilization and administrative professionals about how to use available electronic options and the advantages of these tools throughout the entire claims process.

BCBSIL Back to Basics: 'Availity 101'

This training provides an overview of electronic options that can help make doing business with BCBSIL faster and easier.

Dec. 1, 2015 – 11 a.m. to noon

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 – 11 a.m. to noon

iExchange® Training

Join us for an overview of this online benefit preauthorization tool.

Dec. 2, 2015 – 10 to 11 a.m.



BLUE REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS



Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

00014.1115

WHAT'S INSIDE?

- Star Measures for Blue Cross Medicare AdvantageSM Members 1
- Asthma Care Reminder 4
- Antipsychotic Use in Elderly Patients with Dementia 5
- Professional Provider Network Consultant Assignments 6
- Diabetic Test Strip Coverage Change for ICP and FHP Members 9
- Choosing Wisely®: Encouraging the Physician-Patient Dialogue 11

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:

BLUE REVIEW

Blue Cross and Blue Shield of Illinois
300 E. Randolph Street – 24th Floor
Chicago, Illinois 60601-5099
Email: bluereview@bcbsil.com
Website: bcbsil.com/provider

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.