



BlueREVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

OCTOBER 2014

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Introducing the Blue Cross Community Family Health PlanSM

The Illinois Department of Healthcare and Family Services (HFS) has entered into a contract with Blue Cross and Blue Shield of Illinois (BCBSIL) to offer the Blue Cross Community Family Health Plan (FHP) beginning Oct. 1, 2014. FHP will be offered to eligible participants in six Illinois counties: Cook, DuPage, Kane, Kankakee, Lake and Will.

The Blue Cross Community Family Health Plan is a program for children under age 19, their parents who live with them or a relative acting as caretaker, as well as pregnant women. FHP also covers the Affordable Care Act (ACA) expansion population, which includes the newly eligible adult population of Illinois residents between the ages of 19 and 64 whose monthly income is less than 138 percent of the federal poverty level.

Enrollment in FHP is mandatory for those individuals who are eligible for the plan. Eligible individuals may enroll in the plan of their choice, or the State of Illinois will automatically enroll them. Illinois Client Enrollment Services (ICES) provides individuals with access to unbiased education and information on available health plan options and assists members in the enrollment process.

BCBSIL has a network of independently contracted providers including physicians, hospitals, skilled nursing facilities, ancillary providers, Long-term Services and Support (LTSS) and other health care providers through which members may obtain covered services.

REQUIRED TRAINING FOR PROVIDERS

The FHP contract with BCBSIL requires that providers for FHP members must participate in specific training, which is also required for Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community ICPSM. BCBSIL is required by the State of Illinois to offer training to providers on the following topics:

- Person Centered Practice, Care Coordination and the Interdisciplinary Care Team
- Fraud, Waste and Abuse
- Critical Incidents – Health, Safety and Welfare
- Cultural Competency
- Disability Literacy
- Independent Living and Recovery
- Mental Health Crisis Intervention

Please refer to the Blue Cross Community OptionsSM page in the Network Participation section of our website at bcbsil.com/provider for links to our online training modules. In addition to training on the required topics, you may also complete a MMAI, ICP and FHP Overview module.

FOR MORE INFORMATION

The Blue Cross Community Family Health Plan Provider Manual includes additional details on the plan and is located in the Standards and Requirements/BCBSIL Provider Manual section of our website at bcbsil.com/provider.

If you have any questions related to FHP, MMAI or ICP, please contact our Provider Network team via email at govproviders@bcbsil.com.



Member Education: Understanding Provider Networks

In the July 2014 issue of *Blue Review*, we announced a consumer education campaign to help new individual HMO and PPO members understand how to use their plan's network and find in-network providers for their health care needs.

The Know Your NetworkSM campaign marks a strong education effort using multiple communication channels such as emails, newsletters and flyers. This campaign was launched to help engage members and is designed to:

- Educate members about network basics and how their plan's network operates
- Help members understand how to identify independently contracted network providers by using the "Find a Doctor or Hospital" features of our online Provider Finder[®]
- Reduce out-of-network use

As part of this effort, BCBSIL has created educational materials (in English and Spanish) to help our members understand network basics and the importance of staying in-network for health care services. Additional information on these materials is forthcoming.

As a reminder, it is always important to check eligibility and benefits for each patient visit and make in-network referrals to help members maximize their plan benefits. For additional information view the *Network Participation Frequently Asked Questions* available in the Standards and Requirements/ Affordable Care Act section of our website at bcbsil.com/provider.



Be Covered Illinois Campaign Updates



In 2013, BCBSIL launched our Be Covered Illinois campaign to inform the uninsured about the Affordable Care Act (ACA) and its key provisions. The intent of this campaign was to provide essential information to assist the uninsured in confidently selecting a health plan regardless of the insurer.

We are continuing our Be Covered campaign in 2014 as part of our commitment to help people understand health care reform and what it might mean to them as a newly insured individual. To meet this objective, we have developed a variety of educational materials that are available on the Be Covered Illinois website at illinois.becovered.org. These materials are intended to guide the newly insured and the uninsured in navigating the new health care environment.

SOME TOPICS COVERED IN THE CAMPAIGN INCLUDE:

- Get Health Insurance in 4 Simple Steps
- 7 Steps – Getting Ready To Buy Health Insurance
- Using Your New Insurance Coverage
 - Finding the Right Doctor
 - How to Get Your Prescriptions
 - Taking Advantage of Preventive Services
- Condition Management Topics
 - Managing Hypertension
 - Quit Smoking
 - What to Expect – Having a Baby

These resources are intended to be objective, are not payer-specific. Materials are available in English and Spanish and may help you answer some of your patients' questions or address their concerns. If you are interested in obtaining or sharing these educational materials, here are some options:

- Refer to the "Partner Toolkit" on the Be Covered Illinois website for an overview of available materials
- Contact your Provider Network Consultant (PNC) to request printed versions of these materials that can be shipped directly to your office to share with your patients at no cost to you
- Direct your patients to the Be Covered Illinois website to learn more at their leisure
- Also engage your staff to ensure they are aware of available resources

We are committed to helping our members and your patients understand how to use their newly acquired health care benefits to the fullest level possible and to stay insured. We will continue to expand our resource library on the Be Covered Illinois site. As we get closer to Open Enrollment on Nov. 15, 2014, look for new materials explaining how to get or change health coverage.

Making Electronic Provider Access Business-as-Usual

On Jan. 1, 2014, the Blue Cross and Blue Shield Association introduced Electronic Provider Access (EPA). Blue Plans are required to implement this new tool to give providers the option to conduct pre-service benefit reviews online, as an alternative to calling the health plan for out-of-area Blue Plan members.

The term “pre-service review,” as used with EPA, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. As always, checking eligibility and benefits prior to conducting pre-service reviews is strongly encouraged. **EPA implementation schedules will vary across Blue Plans.**



EPA was implemented for BCBSIL as of July 21, 2014. Attendance at our online training sessions in July and August was excellent. Feedback from BCBSIL providers has been positive and enthusiastic, and the number of EPA transactions conducted by providers is increasing daily. We have also collaborated with our out-of-area Blue Plan EPA contacts to share our training resources and promote EPA utilization.

REMINDERS & RELATED RESOURCES

BCBSIL independently contracted providers must be registered with Availity™ to gain access to EPA.* Online pre-service reviews for out-of-area Blue Plan members may be initiated via the Authorizations link under the “Auths and Referrals” menu on the Availity Web Portal. Upon entering the three-character prefix from the member’s ID card, you will be securely routed to the EPA landing page for the member’s Home Blue Plan, where available online pre-service review options will be displayed.

Please refer to the Education and Reference Center/Provider Tools/iEXCHANGE® section of our website at bcbsil.com/provider where you will find a variety of helpful EPA-related resources, such as tip sheets and answers to frequently asked questions.

Additionally, a *Submitting Authorizations and Referrals Using EPA* quick reference guide is available on the Availity Web Portal. Look for the *Learn More* link at the top right of the Authorization page to navigate to the *Authorizations and Referrals Learning Options page | Quick Reference Guide* section.

*Not registered with Availity? Visit availity.com to learn more and sign up online today.

Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, 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.

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.

Blue Cross and Blue Shield Top Medical Executive Talks Affordable Care Act

Stephen L. Ondra, M.D., Senior Vice President and Chief Medical Officer, was featured in the July 2014 issue of *Chicago Medicine* magazine. A recognized leader in the health care industry, Dr. Ondra is a neurosurgeon, veteran of the Iraq War, former health advisor to President Obama, and former senior vice president and chief medical officer at Northwestern Memorial Hospital. In the *Chicago Medicine* article, Dr. Ondra discusses his ideas on what physicians may need to do to prepare for the next round of initiatives under the Affordable Care Act, as well as other changes coming to health care as a result of potential impact on insurers, employers, other payers and the public at large. Please refer to the News and Updates section of our website at bcbsil.com/provider for a link to the complete article.



Third Quarter 2014 Pharmacy Optimization Initiative Highlights

As part of the BCBSIL pharmacy optimization initiative, we are posting a quarterly summary of news and announcements on our Provider website. Our third quarter summary spotlights recent pharmacy program enhancements, a preview of upcoming initiatives, and helpful reminders with links to related resources.

Topics featured in the third quarter summary may include:

- **GuidedHealth® Program Updates**
- **Over-the-counter Equivalent Exclusion Information**
- **Pharmacy Program Benefit Changes, Effective Jan. 1, 2015**
- **CoverMyMeds® Reminders and Resources**

Watch for the *Pharmacy Optimization Initiative 3rd Quarter Highlights* in the News and Updates section of our website at bcbsil.com/provider. The quarterly highlights may also be accessed using the feature link on the Home page of our website.

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

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services.



Compound Medications May Warrant Dose of Caution

Pharmacy compounding is the practice of combining, mixing, or altering ingredients of a drug to create a customized medication for a particular patient, if warranted, based on the patient's individual health needs. For example, a compound drug may be necessary to help avoid allergic reactions; or the dosage form may need to be changed to a liquid for a child or other patient due to the patient's inability to swallow a pill. Compounding does not include mixing or reconstituting commercial products in accordance with the manufacturer's instructions or the product's labeling.



While compound drugs may be necessary in some cases, it is important to remember that compounded drugs frequently use bulk powders, which are not approved by the U.S. Food and Drug Administration (FDA). The FDA does not verify safety or effectiveness, as preparation cannot be monitored to ensure that compounded drugs are made in accordance with federal quality standards. Health risks may result from contamination of ingredients; patient safety also may be compromised if drugs are too potent, or not potent enough. Additionally, inappropriate billing practices may result in cases of fraud, waste and abuse (FWA).

BCBSIL periodically conducts claim reviews to help ensure that we are paying only for services that are included in our members' and groups' benefit packages, as well as within our claims guidelines and Medical Policies. An increasing number of claims for compounded drug products have been identified that do not meet our exception criteria for coverage under BCBSIL Medical Policy.

BULK POWDER REMINDER

Compounded medications formulated from bulk powders are not covered prescription drugs because they are not drug products approved under Section 505, 505(j), or 507 of the Federal Food Drug and Cosmetic Act. Compounds that utilize non-bulk, FDA-approved products for a claim may be considered for coverage (for example, tablets or capsules). Compounded medications using FDA-approved medications are considered "traditional" compounds when used for FDA-approved indications.* Physicians may want to verify with their compound drug suppliers upon ordering if bulk powders are being used.

LIMITED EXCEPTIONS

In general, compounded drug products using bulk powders are considered to be experimental, investigational and unproven. Bulk powder compound exceptions listed under our Medical Policy are for members that meet coverage criteria for the following:

Medical Policy Number	Description
(RX501.062)	Progesterone therapy as a technique to reduce preterm delivery in high-risk pregnancies
(SUR707.008)	Implantable infusion pump for criteria on coverage of intrathecal administration of compounded drugs for treatment of severe spasticity cerebral or spinal cord origin and/or severe, chronic, intractable pain

*Note: Compound drugs using commercially available FDA-approved drugs will continue to be considered for coverage.

For more information, please refer to the BCBSIL Compounded Drug Products Medical Policy (RX501.063), which is available in the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. On the Medical Policy page, select "Active and Pending Medical Policies." After reading the Medical Policies Disclaimer, click on "I Agree."

Compound Medications May Warrant Dose of Caution

(continued from p. 4)

FRAUD AWARENESS

A review of compound drug claims has identified significant billing issues surrounding quantity, day supply and billing for incorrect products. If you are aware of instances involving compound billing practices that may be considered inappropriate or characteristic of potential fraud, we encourage you to file a report online using the link in the Education and Reference Center/Fraud and Abuse section of our website. Or, call BCBSIL at 877-272-9741 to make a report. All online reports and calls are confidential and you may remain anonymous.



Pharmacy Program Benefit Changes, Effective Jan. 1, 2015

BCBSIL will be implementing pharmacy benefit changes as of Jan. 1, 2015, for some members with prescription drug benefits administered through Prime Therapeutics.*

Based on claims data, letters will be sent from BCBSIL to alert members who may be taking, or who may have been prescribed, a medication that may be affected by the 2015 pharmacy benefit changes. A summary of the changes, as outlined in the member letters, is included below for your reference.

Day Supply Limit Change – Benefits for covered medications are changing from a 34-day supply to a 30-day supply for prescriptions filled at retail pharmacies.

Medication Coverage Exclusions – Weight loss drugs, non-sedating antihistamines and compound medications will no longer be covered under the prescription drug benefit.

If your patients have questions about their prescription drug benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members also may visit bcbsil.com and log in to Blue Access for MembersSM for a variety of online resources.

*Changes may be applied for some members, if applicable, based on their employer's 2015 group plan renewal, or new plan effective date.

Pharmacy Disclaimer

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 including benefits, limitations and exclusions. 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.

2014-2015 Season Reminders for Synagis®

The Respiratory Syncytial Virus (RSV) season is upon us. We would like to take this opportunity to remind you of some important details regarding Synagis (palivizumab) intramuscular (IM) injections for the prevention of serious lower respiratory tract infection caused by RSV.

- Coverage for Synagis IM injections is limited to members who meet the BCBSIL Medical Policy criteria. Refer to BCBSIL Medical Policy RX504.009 Respiratory Syncytial Virus (RSV) Immunoprophylaxis, located in the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider.
- The Synagis Prior Authorization fax form is available on our website in the Pharmacy Programs section, under Related Resources. Submit your request via fax to the number indicated on the form.
- Prime Specialty Pharmacy is both a medical and pharmacy provider for a wide variety of specialty medications, including Synagis. To order Synagis, fax your request along with appropriate documentation to Prime Specialty Pharmacy 877-828-3939.

Trademarks are the property of their respective owners.

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 back of the member's ID card.



Now Available – Electronic Refund Management (eRM) 'On-Demand' Training

BCBSIL offers the option to access the Electronic Refund Management (eRM) tool online. The eRM tool is intended to help simplify overpayment reconciliation and related processes. Among other features, the eRM tool provides:

- Single sign-on convenience
- Electronic notification of overpayments
- Online Inquiry/Dispute/Appeal functionality
- Option to deduct from future payments
- Pay-by-check capability

The eRM tool also includes a Claim Inquiry Resolution (CIR) function, which enables you to submit a variety of online requests for reconsideration on finalized claims.

You now have the opportunity to learn how to use eRM and CIR online at your convenience. Look for the eRM tutorial link, available in the Education and Reference Center/Provider Tools/Electronic Refund Management section of our website at bcbsil.com/provider.



Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

Below is a list of complimentary training sessions sponsored by BCBSIL. For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at bcbsil.com/provider.



WEBINARS

Introducing Remittance Viewer <i>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.</i>	Oct. 15, 2014	1 to 2 p.m.
	Oct. 22, 2014	11 a.m. to noon
	Oct. 29, 2014	1 to 2 p.m.
	Nov. 19, 2014	11 a.m. to noon
	Dec. 10, 2014	11 a.m. to noon
BCBSIL Professional Provider Webinar <i>Don't miss our last professional PPO provider training of 2014! This specialized webinar session will include a discussion about health care reform-related initiatives, as well as a chance to ask questions to address individual concerns or areas of interest.</i>	Oct. 15, 2014	9:30 a.m. to noon

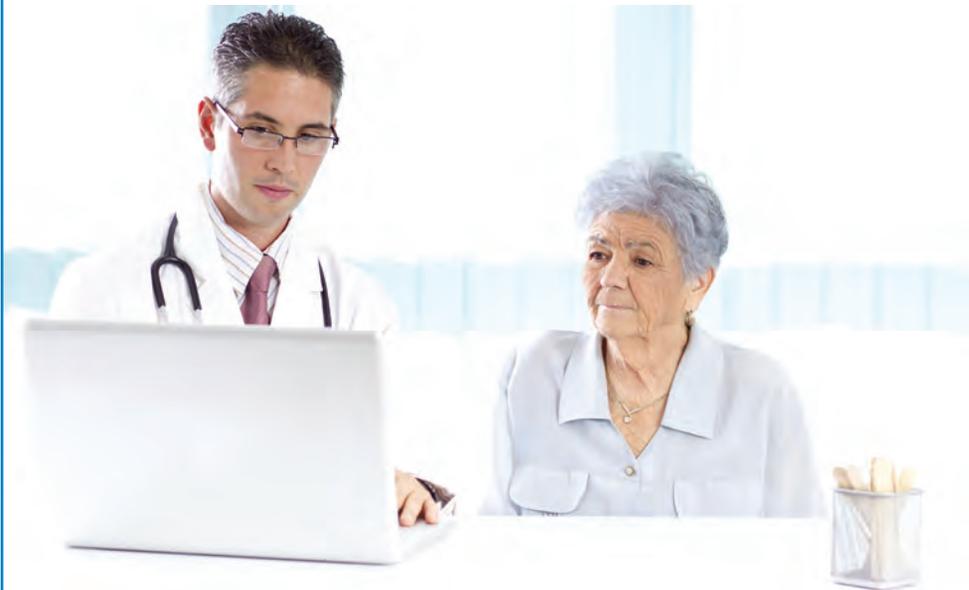
WORKSHOPS

Medicare Advantage Roundtable BCBSIL 300 E. Randolph Street Chicago, IL 60601 Conference Rooms 5 & 6	Oct. 14, 2014	7 to 8:30 a.m.
Managed Care Roundtable BCBSIL 300 E. Randolph Street Chicago, IL 60601 Auditorium A, B, C	Oct. 14, 2014	8:30 to 11 a.m.

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.

Medicare vs. Commercial Risk Adjustment



Risk adjustment is a tool used to help predict health care costs based on the relative risk of enrollees and is intended to help protect against potential effects of adverse selection. It is a way to help evenly distribute the weight of illness, demographics and other factors that patients bring to a health care encounter. Medicare risk adjustment has been in place for Medicare Advantage plans for many years and has evolved over time.

There are several important differences between the Health and Human Services Hierarchical Condition Categories (HHS-HCC) commercial risk adjustment model and the Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC) model used in Medicare Advantage plans.

- The HHS-HCC risk adjustment model is concurrent, which means that the risk score calculated for each patient is based on diagnoses from the same year as the associated revenue. For commercial risk adjustment, HHS employs the HCC groupings logic used in the Medicare risk adjustment program, but with HCCs refined and selected to reflect the expected risk adjustment population. There are currently 3,518 diagnosis codes that map to one of 127 HCCs.
- The CMS-HCC model uses risk adjustment diagnosis codes and demographic data reported for one year to determine payment for the next year. Calculations for payment are based on patient risk scores. Medicare risk adjustment utilizes HCC groupings logic in its risk adjustment model. Medicare Advantage plans cover an older population with inherently more chronic medical conditions. There are currently 3,034 diagnosis codes that map to one of 79 HCCs.

For both HHS and CMS risk adjustment models medical conditions have to be treated/ addressed and documented annually or need to specify that the patient no longer has the condition. The conditions need to be documented in the patient's medical record during face-to-face encounters with an acceptable provider type. Chronic conditions not documented in the medical records annually are not captured in risk scores.

Additionally, risk scores for Medicare Advantage plans represent a member's health status while HHS commercial risk scores represent health status and member benefit plan selection. For example the historical conditions for the CMS HCC model are coded and reported and transfer with the patient. The HHS models does not transfer patient level data between plans and all conditions need to be documented in the patient's medical record annually when the plan changes. For more information about risk adjustment, visit our website at bcbsil.com/provider and the CMS website at cms.gov.

ClaimsXten™ Updates— 4th Quarter 2014

BCBSIL reviews new and revised Current Procedural Terminology (CPT®) and HCPCS codes on a quarterly basis. Codes are periodically added to or deleted from the ClaimsXten software by McKesson and are not considered changes to the software version. BCBSIL will normally load this additional data to the BCBSIL claim processing system within 60 to 90 days after receipt from McKesson and will confirm the effective date on the BCBSIL Provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) will continue to be posted on the BCBSIL Provider website.

Beginning on or after Dec. 9, 2014, BCBSIL will enhance the ClaimsXten code auditing tool by adding the fourth quarter 2014 codes and bundling logic into our claim processing system.

For more details regarding ClaimsXten, including answers to frequently asked questions, refer to the Education and Reference Center/Provider Tools/ Clear Claim Connection™ page on our website at bcbsil.com/provider. Additional information also may be included in upcoming issues of the *Blue Review*.

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Flu Season Reminder

With the 2014-2015 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, 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 back of the member's ID card.

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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