



BlueCross BlueShield
of Illinois

Blue REVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

SEPTEMBER 2013

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The Affordable Care Act: Open Enrollment for Health Insurance Marketplaces is Oct. 1, 2013

Blue Cross and Blue Shield of Illinois (BCBSIL) shared information in the May 2013 issue of *Blue Review* about how we are helping to prepare our communities for change resulting from the Affordable Care Act (ACA). The amount of change can seem overwhelming to you and your patients, so it is helpful to understand the basics of the Health Insurance Marketplace open enrollment.

HEALTH INSURANCE MARKETPLACE OPEN ENROLLMENT

Open enrollment for the new public marketplace begins Oct. 1, 2013, for individuals and small employers in the state of Illinois. Individuals will need to have completed the enrollment process by Dec. 15, 2013, to begin receiving benefits on Jan. 1, 2014. Individuals can continue to enroll for coverage in 2014 until March 31, 2014.

As we've done for more than 70 years, BCBSIL's goal is to expand access to cost-effective health care to as many people as possible. Although we have not yet received final certification to market our products, BCBSIL intends to offer new products on the Health Insurance Marketplace beginning Oct. 1, 2013. In fact, BCBSIL has entered into an agreement with the Centers for Medicare & Medicaid Services (CMS) to provide health insurance coverage through Qualified Health Plans on the Illinois Health Insurance Marketplace.

If you are a participating provider in our PPO currently, Blue Choice PPO or our new Blue Precision HMO network, you may see members who purchase coverage through the Health Insurance Marketplace or the Small Business Health Options Program (SHOP).



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Provider Learning Opportunities

For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at bcbsil.com/provider.

WEBINARS

Electronic Refund Management (eRM) Webinar

(All sessions: 2 to 3 p.m.)
Sept. 25, 2013

iEXCHANGE® Webinars

iEXCHANGE is a Web-based application that can be used to submit transaction requests for inpatient admissions and extensions, treatment searches, provider/member searches and select outpatient services and extensions. Customized training is available upon request.

To view available topics, visit the Workshops/Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

To request training, contact us at iexchange_helpdesk@bcbsil.com and include your name, telephone number and the topics of interest.

Fall BCBSIL Managed Care Roundtable

Oct. 23, 2013: 8:30 to 11:30 a.m.

Fall BCBSIL Medicare Advantage Roundtable Luncheon

Oct. 23, 2013: Noon to 2 p.m.



The Affordable Care Act: Open Enrollment for Health Insurance Marketplaces is Oct. 1, 2013

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ESSENTIAL HEALTH BENEFITS

ACA requires all health plans in the Marketplace to cover ten categories of essential health benefits (EHBs). The EHB categories are:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

OTHER ACA-RELATED CHANGES

In previous issues of the *Blue Review*, we've discussed many other ACA-related changes and initiatives that will affect provider practices, including:

- Risk adjustment, reinsurance and risk corridor programs that are designed to promote premium stability in both individual and small group markets
- Young adults may stay on a parent's policy until they turn age 26
- Certain preventive services must be covered by some types of plans without cost-sharing (copay, coinsurance or deductible) when using an in-network provider

Marketplace plans will be divided into four different levels – Bronze, Silver, Gold and Platinum. The key difference between these “metallic” plans is the percentage of covered medical expenses shared between the health plan and the member.

Private insurers in the individual and small group market will not be permitted to refuse coverage to anyone based on health status, including pre-existing conditions.

Over the coming months, we will be sharing additional information about the different aspects of health care reform that may affect you and your patients. Watch the *Blue Review*, and please visit us at bcbsil.com/provider.

Flu Vaccination Reminder

The beginning of this year's flu season may be less than a month away. We encourage you to communicate to your patients the importance of receiving an annual flu shot.

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine 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 three main flu strains that research indicates will cause the most illness during the flu season. Some children younger than age 9 may require two doses of influenza vaccine.

For more information, we invite you to visit the CDC influenza website for health care professionals at cdc.gov/flu/professionals/vaccination.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

BCBSIL Preparations for ICD-10



The transition to ICD-10, a mandate set by the U.S. Department of Health and Human Services, means that all HIPAA-covered entities must discontinue the use of ICD-9 codes for service or discharge dates on or after Oct. 1, 2014, replacing those codes with the more detailed ICD-10 code sets. Previous *Blue Review* articles describe some of the benefits of ICD-10 and the planning required for the transition, including technology considerations, staff training and budgeting tips. This month, we want to share some of our own planning activities at BCBSIL, as well as our commitment to being ready to meet the transition deadline.

In 2008 and 2009, BCBSIL undertook an exhaustive impact assessment to begin preparing for the transition to ICD-10. The assessment helped identify impacts to our business operations, systems and external exchanges and informed our work to update medical policies, contracts and business rules to be consistent with the ICD-10 code set.

Claims submitted after Oct. 1, 2014, may be for dates of service or discharge dates prior to the transition, and will require the continued ability to process ICD-9. BCBSIL's systems have been remediated for dual processing, which means claims can be processed based on the "date of service" or "discharge date." Claims with incorrect ICD codes for their respective dates of service or discharge dates will still be rejected.

An important part of preparing for ICD-10 is testing, which will help ensure that problems with ICD-10 claim submissions are identified and addressed before Oct. 1, 2014. BCBSIL has already engaged in early testing with vendors and select providers. In early 2014, BCBSIL will conduct larger-scale testing with providers of all types and sizes. Providers interested in testing with BCBSIL in 2014 should first complete the Readiness Survey on the ICD-10 page of the Standards and Requirements section of our website at bcbsil.com/provider. BCBSIL will reach out to qualified providers in 2014 for testing opportunities.

BCBSIL is also committed to helping providers with the transition to ICD-10 by providing educational and planning resources. Visit our Provider website to view on-demand webinars, download a visual map of changes to expect in your practice due to ICD-10 and access links to helpful resources from the Centers for Medicare & Medicaid Services (CMS), the American Health Information Management Association (AHIMA) and the Health Information and Management Systems Society (HIMSS).

Professional Provider Workshops

BCBSIL is offering specialized training for PPO providers on topics such as ICD-10, Risk Adjustment and other health care reform initiatives.

All workshops have two available sessions:

Morning Session

Registration: 9:30 to 10 a.m.

Session: 10 a.m. to noon

or

Afternoon Session

Registration: 1:30 to 2 p.m.

Session: 2 to 4 p.m.

WORKSHOPS

Moline: Sept. 25, 2013

Stoney Creek Inn
101 18th St.
Moline, IL 61265

The registration deadline is Sept. 18, 2013.

Providers can either register online or by contacting Gina Plescia at gina_plescia@bcbsil.com or 312-653-4733.

Naperville: Oct. 29, 2013

Edward Hospital
801 S. Washington St.
Naperville, IL 60540

The registration deadline is Oct. 22, 2013.

Providers can either register online or by contacting Lynn Sorensen at sorensenl@bcbsil.com or 312-653-5329.



Reminder: Initial Treatment Dates on ANSI v5010

As a reminder, the ANSI Version 5010 format for electronic claims no longer has a field for the date your patient was first treated for a particular condition by you or a referring physician. However, you may receive a letter from BCBSIL requesting this additional information.

When you receive this letter, you may submit the requested information to BCBSIL in one of the following ways:

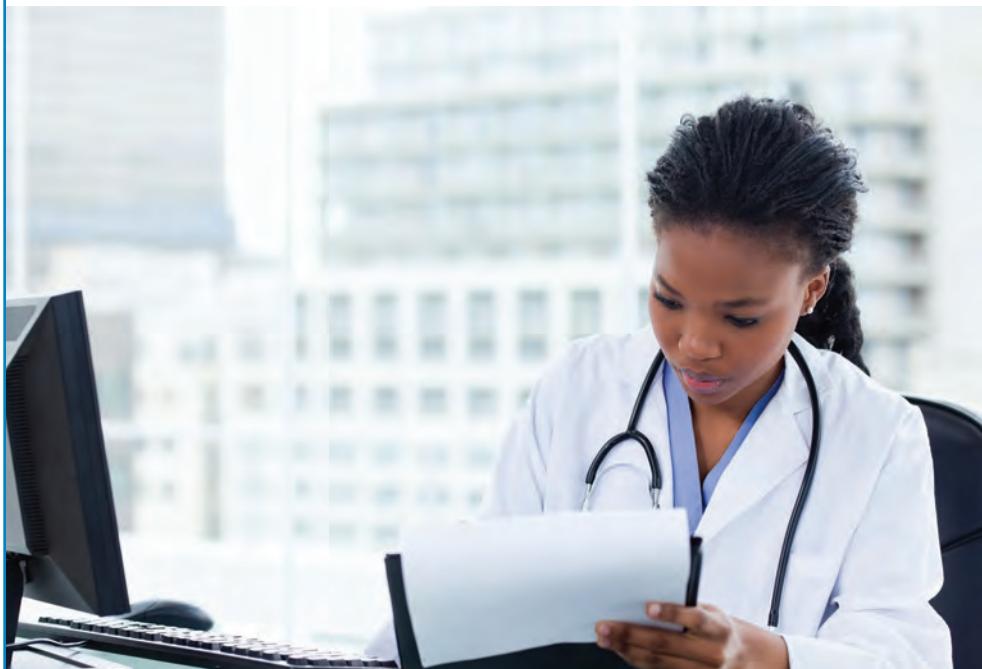
- **Fax (preferred method)** – Fill in the date and fax the letter to the number indicated on the letter
- **Phone** – Call the Customer Service number indicated on the letter to provide the date over the phone
- **U.S. Mail** – Fill in the date and mail to the return address indicated on the letter

If you utilize a billing service or clearinghouse to submit electronic claims on your behalf, please check with them to ensure they are aware of the above information.

We appreciate your patience and cooperation.



Investigating Health Care Fraud



Fraud is one of the factors contributing to the steep rise in health care costs. BCBSIL actively participates in inquiries and investigations to accurately identify and appropriately address potential fraudulent activities through our Special Investigations Department (SID). The SID is committed to fighting fraud, reducing health care costs and helping to protect the integrity of the BCBSIL independently contracted provider network.

BCBSIL holds providers accountable for the way they bill. The SID utilizes various tools, including software systems, to help us identify unusual billing patterns and atypical use of Current Procedural Terminology (CPT®) codes. Provider claims with statistical abnormalities are selected for further examination and investigation. It is the SID's policy to make every effort to work cooperatively with providers to resolve billing issues. If there is a question of fraud, interviews and field audits may be conducted to demonstrate there is reason to believe that fraud was committed. If no fraud is found, the matter may be referred to our Network Management Department to conduct additional provider training and guidance, and to ensure that honest mistakes are not investigated as fraud.

TO REPORT A CONCERN

If you suspect health care fraud, there are two ways to take action, 24 hours a day, seven days a week:

- File a report online using the link in the Education and Reference Center/Fraud and Abuse section of our website at bcbsil.com/provider.
- Call the Fraud Hotline at 877-272-9741. Staffed by experienced interviewers, all material leads are aggressively pursued. All calls are confidential and you may remain anonymous.

TO PARTICIPATE IN ONLINE TRAINING

Learn how health care fraud can affect your practice and your patients, and find out what you can do to take action. View the SID Fraud Awareness Tutorial, located in the Education and Reference Center/Fraud and Abuse section of our website at bcbsil.com/provider.

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National Drug Code (NDC) Pricing Paves the Way for Select Medication List

NDC pricing was implemented by BCBSIL as of June 1, 2013, for drugs billed under the medical benefit on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. As of the June 1, 2013, NDC pricing effective date, professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims for drugs must include NDC data in order to be accepted for processing by BCBSIL. If NDC data is not included as required by BCBSIL, your claim will be returned to you.

Making the transition to using NDCs on your claims may seem challenging, but it can also have its rewards. When you bill with NDCs, as required, BCBSIL can identify and reimburse you for the individual medication that was prescribed (instead of for a range of NDCs within HCPCS/CPT codes). With this capability in mind, we're introducing our new Select Medication List, which will be developed in stages to add specific drugs within particular classes or categories, based on safety and cost effectiveness.

Currently, there are two medications on the Select Medication List – Synvisc-One® and Euflexxa®. These are injections from the viscosupplementation class and are used primarily for osteoarthritis knee pain relief. Choosing a drug from the Select Medication List and billing for it with the appropriate NDC will result in a higher reimbursement rate than the rate applied for other, non-listed drugs in the same class.

Reimbursement for select medications is updated monthly, according to normal NDC reimbursement update processes. Increased reimbursement is limited to the medications on the Select Medication List. BCBSIL will be adding medications to the Select Medication List in the future; however, details regarding specific medications and timelines have not been finalized.

The following NDC reimbursement resources are available now to BCBSIL contracted providers who have registered for our Blue Access for Providers™ secure site:

- NDC Billing Tutorial
- NDC Units Calculator Tool
- NDC Reimbursement Schedule

To log in or register for Blue Access for Providers, look for the National Drug Codes (NDCs): Billing Resources box on our Provider Home page at bcbsil.com/provider. Additional information on the Select Medication List and other NDC pricing-related initiatives will be published in the *Blue Review*, as well as the News and Updates section of our website.

For quick reference purposes, you'll also find NDC Billing Guidelines and answers to Frequently Asked Questions (FAQs) in the Claims and Eligibility/Claim Submission section, under the Related Resources.

Synvisc-One is a registered trademark of Genzyme Corporation. Euflexxa is a registered trademark of Ferring Pharmaceuticals Inc. Genzyme Corporation and Ferring Pharmaceuticals are independent third party vendors and are solely responsible for the products and services they provide. The mention of a specific product or vendor is not an endorsement by BCBSIL, and BCBSIL makes no representations or endorsements regarding any of the vendors listed here. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

Trademarks are the property of their respective owners.

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 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.

2013-2014 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 at 877-828-3939.

Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association, contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. HCSC, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.



New Account Groups

Group Name:	Caputo's New Farm Produce, Inc.
Group Number:	B00541
Alpha Prefix:	XOH
Product Type:	BlueAdvantage HMOSM
Group Number:	P42703
Alpha Prefix:	XOF
Product Type:	PPO (Portable)
Effective Date:	Aug. 1, 2013
Group Name:	Dynamic Manufacturing, Inc.
Group Number:	P42424
Alpha Prefix:	XOF
Product Type:	PPO (Portable)
Group Number:	B00394
Alpha Prefix:	XOH
Product Type:	BlueAdvantage HMO
Effective Date:	Aug. 1, 2013
Group Name:	Metro East Industries
Group Number:	P62338
Alpha Prefix:	XOF
Product Type:	PPO (Portable)
Effective Date:	Sept. 1, 2013
Group Name:	Taylorville CUSD
Group Number:	P58482
Alpha Prefix:	XOF
Product Type:	PPO (Portable)
Effective Date:	Sept. 1, 2013

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

IN THE KNOW ✓

Medicare Marketing Guidelines for Providers

The 2014 CMS Annual Election Period for beneficiaries is fast approaching. For those providers who are independently contracted with BCBSIL to provide Blue Medicare Advantage HMO services, it's important to keep in mind the rules established by CMS when marketing to potential enrollees.

You may not be planning specific marketing activities, but what if a patient asks for information or advice? Remaining neutral when assisting with enrollment decisions is essential. Below, you'll find a partial listing of additional "Dos" and "Don'ts" for providers, as specified within the CMS Medicare Marketing Guidelines for contract year 2014 (section 70.11.1 on Provider-Based Activities).

DO:

- Provide the names of Plans/Part D Sponsors with which they contract and/or participate.
- Provide information and assistance in applying for the low income subsidy (LIS).
- Make available and/or distribute plan marketing materials.
- Refer their patients to other sources of information, such as SHIPs*, plan marketing representatives, their State Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov> or 800-MEDICARE.

DON'T:

- Accept Medicare enrollment forms.
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider.
- Mail marketing materials on behalf of Plans/Part D Sponsors.
- Distribute materials/applications within an exam room setting.

The above list provides just a sampling of important points for your convenience. For a more in-depth review of the guidelines that are applicable to providers, please refer to the Provider Medicare Marketing Guidelines Excerpt, located in the Network Participation/Related Resources section of our website at bcbsil.com/provider.

If you have questions about these guidelines or are planning marketing activities, please refer to the Managed Care Marketing page located under Health Plans in the Medicare section of the CMS website at cms.gov.

*SHIPs are Senior Health Insurance Assistance Programs

Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association, is a Medicare Advantage organization with a Medicare contract under contract H3822 with the Centers for Medicare and Medicaid Services.

HCSC is a Medicare Advantage organization with a Medicare contract.

Coming Soon: Revised CMS-1500 Paper Claim Form (Version 02/12)

The National Uniform Claim Committee (NUCC) maintains the CMS-1500 paper claim form and makes updates according to health care industry requirements. NUCC recently announced that the health care industry will transition to a revised version of the CMS-1500 paper claim form in early 2014.

On June 10, 2013, the White House Office of Management and Budget (OMB) approved the revised CMS-1500 paper claim form, known as OMB-0938-1197 FORM 1500 (02-12). You'll see this new code at the bottom of the revised version.

Notable changes include:

- Indicators added for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes
- The number of possible diagnosis codes expanded to 12
- Qualifiers added to identify provider roles (ordering, referring, supervising)

For consistency with electronic transactions, the revised paper form also aligns with the requirements of the Accredited Standard Committee X12 (ASC X12) Health Care Claim: Professional (837P) Version 5010 Technical Reports Type 3 (TR3s).^{*} Several fields on the previous paper form were removed for CMS-1500 (version 02/12) since they are not reported in the 837 transaction.

The tentative implementation timeline is as follows:

- Jan. 6, 2014 – Medicare begins receiving and processing paper claims submitted on the revised CMS-1500 claim form (version 02/12).
- Jan. 6, 2014 through March 31, 2014 – Dual-use period during which Medicare continues to receive and process paper claims submitted on the old CMS-1500 claim form (version 08/05), as well as on the new revised CMS-1500 claim form (version 02/12).
- April 1, 2014 – Medicare receives and processes paper claims submitted only on the revised CMS-1500 claim form (version 02/12).

The above timeline is pending finalization and is subject to change. BCBSIL will comply with the mandated timeline for implementation of the revised CMS-1500 paper claim form.

Please note: BCBSIL encourages all providers to use electronic claim submission. This can help streamline your administrative processes, help protect your patients' information, and may result in faster claim processing and payment. To learn more visit the Electronic Commerce page in the Claims and Eligibility section of our website at bcbsil.com/provider.

For additional information on the CMS-1500 claim form, visit the NUCC website at nucc.org. Please share this information with your practice management software vendor and/or your billing service or clearinghouse, if applicable.

^{*}The Washington Publishing Company (WPC) is an independent publisher of implementation guides recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the WPC website at wpc-edi.com.

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.

Code 90672 was updated July 20, 2013.

Codes A4206 and A4253-A4259 will be updated effective Dec. 1, 2013.

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.



BCBSIL Claim Letters Get a New Look

BCBSIL is continually working to improve the provider experience, including correspondence related to the claims process. We know that you and your patients appreciate information that is easy to understand quickly. That's why we recently updated the format, tone and readability of many of our standard claim letters.

In addition to redesigning the letter format, the content has been updated to provide a friendly, concise message and it is written in plain language. New sections explain the next steps in the claim process, to help your office take action if needed. The new letters also specify if we need additional information from you, helping to ensure that your claims are processed appropriately.

Your patients can view claim letters electronically on our secure member website, Blue Access for MembersSM. A sample provider letter is available in the Claims and Eligibility/Claim Status and Adjudication section of our website at bcbsil.com/provider. You'll find it under Related Resources.



VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

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FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS



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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