



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

April 2022

## ■ What's New

### Our Website Has A New Look

Last month, we transitioned our website to a new platform. Things may look a bit different, but the content remains the same.

[Read More](#)

## ■ Wellness and Member Education

### Minority Health Month: Boosting Awareness of Health Care Disparities

April is National Minority Health Month and this year's theme, as announced by the U.S. Department of Health and Human Services Office of Minority Health (OMH), is ***Give Your Community a Boost!***

[Read More](#)

## ■ Quality Improvement and Reporting

### Visit Our New Physician Efficiency, Appropriateness, & Quality<sup>SM</sup> Program Page

Did you see our [recent News and Updates notice](#)? We've added new Physician Efficiency, Appropriateness, & Quality (PEAQ<sup>SM</sup>) program resources to our website. PEAQ will help measure individual provider performance to optimize quality and value of care for our members. To view the **detailed program methodology and other information**, visit our [new PEAQ page](#) in the [Provider Tools](#) section. We'll keep you updated as the program evolves.

## Closing Gaps in Colon Care

Screening is the most effective way to reduce the risk of colorectal cancer, according to the Centers for

Disease Control and Prevention (CDC). We encourage you to discuss screening and colon health with our members. We've created resources that may help.

[Read More](#)

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## ■ Community Involvement

### **Fresh Ideas for Spring at Blue Door Neighborhood Center<sup>SM</sup> (BDNC<sup>SM</sup>)**

Our BDNC locations in Chicago's Morgan Park, Pullman and South Lawndale neighborhoods offer free classes, workshops and other resources to help your patients and their families focus on their health and wellness goals.

[Read More](#)

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## ■ Claims and Coding

### **Change Coming to FEP<sup>®</sup> Out-of-State Claims Processing**

We'll be making changes to how misdirected claims are handled for Federal Employee Program<sup>®</sup> (FEP) members. Remember to submit all out-of-area member claims to Blue Cross and Blue Shield of Illinois (BCBSIL) for processing, rather than sending them to the member's Home Plan.

[Read More](#)

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## ■ Provider Education

### **New Lab Management Program: Attend an April Webinar and Gain Early Access to Claim Simulation Tool**

Effective **May 1, 2022**, BCBSIL will implement its new claims program with Avalon Health Solutions (Avalon) for certain outpatient laboratory services provided to many of our **commercial non-HMO** members.

[Read More](#)

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## **Provider Learning Opportunities**

BCBSIL offers free webinars and workshops for the independently contracted providers who work with us. A preview of upcoming training sessions is included in this month's issue.

[Read More](#)

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## ■ Focus on Behavioral Health

### **Earn CME/CEU Credit at Free Webinars on Behavioral Health Topics**

Join us for two free one-hour webinars in April and May 2022: **Diabetes and Behavioral Health** and **Substance Abuse: Coordinating Care and Improving Follow-Up**. All providers are welcome. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

[Read More](#)

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### Supporting Our Members' Mental and Behavioral Health

More than half of Americans will be diagnosed with a mental illness or disorder at some point in their lives, according to the CDC. We have resources for members, like our online Connect Community, and we encourage providers to talk with our members about the importance of mental health and getting help if needed.

[Read More](#)

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### ■ Pharmacy Program

#### BCCHP<sup>SM</sup> Drug List Change Notification

BCBSIL would like to inform you of drug list changes effective **April 1, 2022**, for Blue Cross Community Health Plans<sup>SM</sup> (BCCHP) members.

[Read More](#)

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### Pharmacy Program Updates: Prior Authorization Changes Effective May 2022

There are upcoming changes to the standard prior authorization programs. These changes impact BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. [Read more in the News and Updates.](#)

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### ■ Clinical Updates, Resources and Reminders

#### Updated: Wheelchair Medical Necessity and Home Evaluation Verification Form

To help ensure we receive all necessary information to support wheelchair review requests for our **commercial non-HMO** members, a Wheelchair Medical Necessity and Home Evaluation Verification Form is available on our Provider website. We've updated this form with more detailed instructions and a separate repair and replacement section.

[Read More](#)

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### Prior Authorization Code Updates for Some Commercial Members, Effective March/April 2022

BCBSIL is changing prior authorization requirements that may apply to some commercial non-HMO

members. [Read more in the News and Updates.](#)

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### Government Programs: Prior Authorization Code Update, Effective April 1, 2022

BCBSIL is changing prior authorization (PA) requirements for Blue Cross Medicare Advantage (PPO)<sup>SM</sup> (MA PPO), BCCHP and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members. [Read more in the News and Updates.](#)

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## ■ Notification and Disclosure

### Medicare Final Rule Resources

It's important to refer to the Centers for Medicare & Medicaid Services (CMS) website for updates that may be relevant to your practice.

[Read More](#)

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### ClaimsXten™ Quarterly Update Reminder

The ClaimsXten code auditing tool is updated quarterly. On or after **June 13, 2022**, BCBSIL will implement the second quarter code update in the ClaimsXten tool.

[Read More](#)

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### Quick Reminders

#### Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

#### Verify and Update Your Information

Verify your directory information every 90 days. Use the [Avality® Provider Data Management](#) feature or our Demographic Change Form. **Facilities** may only use the [Demographic Change Form](#).

#### Provider Training

For dates, times and online registration, visit the [Webinars and Workshops](#) page.



### Contact Us

Questions? Comments? [Send an email to our editorial staff.](#)

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## Our Website Has A New Look

Last month, we transitioned our website to a new platform. Things may look a bit different, but the content remains the same.

You can still find the [News and Updates](#), [Blue Review](#), and [Webinars and Workshops](#) pages in the Education and Reference Center, for example. There's also a link on the [homepage](#) for quick access to the News and Updates.

We hope you find the "new" site to be more user friendly. We look forward to using it to make our content even more educational, engaging and dynamic.

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## Minority Health Month: Boosting Awareness of Health Care Disparities

April is National Minority Health Month (NMHM) and this year's theme, as announced by the [U.S. Department of Health and Human Services Office of Minority Health \(OMH\)](#), is **Give Your Community a Boost!**

Mask mandates are beginning to relax in some areas and situations, but the fight to end the COVID-19 pandemic isn't over. This year's NMHM theme spotlights the importance of keeping the call to action strong, especially in communities where health education resources may be limited or ignored.

The pandemic hit some neighborhoods harder than others, with communities of color seeing disproportionately high cases of COVID-19. Even as vaccines and boosters became readily available, vaccine resistance remained high. Why? One reason, as noted on the [OMH site](#), may be this:

“Experience with racism and discrimination can contribute to mistrust of the system among racial and ethnic minority groups, leading to mistrust of factual information on vaccines and boosters.”

The OMH site offers ideas to get involved, increase awareness, build trust and promote vaccines and boosters. It suggests that individuals share photos or stories via social media using hashtags #BoostYourCommunity and #NMHM2022, to show how they gave their community a boost.

Blue Cross and Blue Shield of Illinois (BCBSIL) recognizes NMHM by continuing to promote vaccine awareness across Illinois through our [Care Van® Program](#). We also offer ongoing events, classes and educational activities at our [Blue Door Neighborhood Center<sup>SM</sup>](#) locations. We're giving Illinois communities a boost by being present and meeting our members where they live, work and play.

### See What Our CMO Has to Say

Our Chief Medical Officer, Dr. Derek Robinson will soon be launching an online **CMO Perspective**. This new online forum will take a peer-to-peer discussion approach, similar to the former article series in the *Blue Review*. In recognition of Minority Health Month, Dr. Robinson will start with a blog post on **health care disparities in the diagnosis and treatment of chronic kidney disease** in communities of color. Watch the [News and Updates](#) for more

information – we'll let you know when and where you can view the online CMO Perspective.

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## Closing Gaps in Colon Care

Screening is the most effective way to reduce the risk of colorectal cancer, according to the [Centers for Disease Control and Prevention \(CDC\)](#). **The CDC and the [U.S. Preventive Services Task Force \(USPSTF\)](#) recommend that everyone 45 to 75 years old get a screening.** We encourage you to discuss screening and colon health with our members. We've [created resources](#) that may help.

### Recommended Screening

USPSTF recommends screening with any of the following tests for adults ages 45 to 75:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT every one to three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

Providers may want to discuss earlier screening with members with a family history of colorectal disease or other risk factors. See our [preventive care guidelines](#) for more information about screening.

### Closing Care Gaps

[Colorectal Cancer Screening](#) is a quality measure developed by the National Committee for Quality Assurance (NCQA) that tracks appropriate screenings. We track data from quality measures to help assess and improve our members' care. To help close gaps in care, consider these tips:

- In our members' records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Encourage members to stay up to date on screening.
- Reach out to members who cancel screenings and help them reschedule.

### Checking Eligibility and Benefits

For most of our members, preventive colorectal cancer screening is covered at no cost share. Testing that doesn't fall

under preventive care guidelines, such as having a family history or additional risk factors, may impact the member's cost share. Check member eligibility and benefits using [Availity® Essentials](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles.

Some screenings involve a member's pharmacy benefits in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than Blue Cross and Blue Shield of Illinois (BCBSIL).

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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## Fresh Ideas for Spring at Blue Door Neighborhood Center<sup>SM</sup> (BDNC<sup>SM</sup>)

Our BDNC locations in Chicago's Morgan Park, Pullman and South Lawndale neighborhoods offer free classes, workshops and other resources to help your patients and their families focus on their health and wellness goals.

### Looking Back and Looking Ahead

In honor of Colorectal Cancer Awareness Month, our BDNC locations in Chicago's Morgan Park and South Lawndale neighborhoods held events with the American Cancer Society and the Colorectal Cancer Alliance on March 30 and 31. Activities included sign-ups for **free** at-home colorectal cancer screening kits for our members. We also offered screening options to non-members.

As a follow-up to the March event, Blue Cross and Blue Shield of Illinois (BCBSIL) is mailing 350 kits to our Medicaid/Medicare eligible members. This is part of a larger initiative to support our members' health and wellness.



## What's new this month?

In April, all three BDNC locations are hosting **Earth Day Spring Garden** events with fresh produce, herbs and plants to grow at home. We're also celebrating **Black Maternal Health Week** with a community baby shower and classes for expectant parents getting ready to grow their families.

These are just a few of the program offerings at BDNC in April. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details, dates and online registration. They can also visit the [BDNC Facebook page](#) for other events at all three BDNC locations.

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## Change Coming to FEP<sup>®</sup> Out-of-State Claims Processing

We will be making changes to how misdirected claims are handled for Federal Employee Program<sup>®</sup> (FEP) members.

Claims for FEP members **should be filed with the local (Host) Plan** where services are rendered.

Currently, some FEP claims are mistakenly submitted to the member's Home Plan rather than the local Plan where services were rendered. In these cases, Blue Cross and Blue Shield of Illinois (BCBSIL) has manually forwarded the claims to the Host Plan.

### What's Changing:

**Effective June 15, 2022**, BCBSIL will no longer forward misdirected claims for FEP members to the following Host Plans for processing: Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, Blue Cross and Blue Shield of Texas. Instead, we'll deny these claims and instruct providers to resubmit the claims to the appropriate local Plan where the service was rendered.

Similarly, if you treat FEP members from any of these four out-of-state Plans, and you submit the claims to the member's Home Plan rather than BCBSIL, the claim will be denied, and you'll be instructed to resubmit your claim to us, the local Plan where services were rendered.

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## **New Lab Management Program: Attend an April Webinar and Gain Early Access to Claim Simulation Tool**

Effective **May 1, 2022**, Blue Cross and Blue Shield of Illinois (BCBSIL) will implement its new claims program with Avalon Health Solutions (Avalon) for certain outpatient laboratory services provided to many of our **commercial non-HMO** members.\*

### **There's Still Time for Training**

Attend a free webinar on how to use the **Avalon Trial Claim Advice Tool** and learn more about the Laboratory Benefit Management Program. Use the link below to register now:

- [April 12, 2022, 1 – 2 p.m. \(CT\)](#)

### **Trial Claim Advice Tool Opened April 1, 2022**

Beginning **April 1, 2022**, you can get free access to the Avalon **Trial Claim Advice Tool** by registering at [Availity<sup>®</sup> Essentials](#). The self-service Trial Claim Advice Tool via Availity is available 24/7. It will allow you to input laboratory procedure and diagnosis codes to see, before submitting a claim, the potential outcome of your claim.

### **The Trial Claim Advice Tool doesn't guarantee approval, coverage, or reimbursement for health care services.**

Potential claim outcomes provided by Avalon's Trial Claim Advice Tool consider information entered into the tool for the date of service entered, historical claims finalized through the prior business day and may link to applicable policies and/or guidelines.

### **For More Information**

See [last month's article](#) for details on the Lab Management Program. Also continue to watch the [News and Updates](#) for future program updates.

**\*This program doesn't apply to government programs or any of our HMO members.**

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free webinars and workshops for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#). **Note: All times listed are Central Time (CT).**

### BCBSIL WEBINARS

*To register now for a webinar on the list below, click on your preferred session date.*

#### Descriptions:

#### Dates:

#### Session Times:

#### **Availity® Authorizations Tool**

*Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.*

[April 6, 2022](#)  
[April 13, 2022](#)  
[April 20, 2022](#)  
[April 27, 2022](#)

11 a.m. to noon

#### **Availity Claim Status and Clinical Claim Appeals**

*Learn how to verify detailed claim status and submit clinical claim appeals online using Availity's Claim Status tool.*

[April 7, 2022](#)  
[April 14, 2022](#)  
[April 21, 2022](#)  
[April 28, 2022](#)

11 a.m. to noon

#### **Availity Remittance Viewer and Reporting On-Demand**

*These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.*

[April 21, 2022](#)

1 to 2 p.m.



**Availity Orientation: Save Time and Go Online**

Join us for a review of electronic transactions, provider tools and helpful online resources.

[April 12, 2022](#)

11 a.m. to noon

[April 19, 2022](#)[April 26, 2022](#)**Behavioral Health Webinar: Diabetes and Behavioral Health**

This training focuses on addressing behavioral health conditions in the primary care setting, with treatment options across various care settings. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

[April 18, 2022](#)

8 to 9 a.m.

[April 20, 2022](#)

9 to 10 a.m.

**BCCHP<sup>SM</sup> and MMAI Required Provider Training Webinars**

If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> and/or Blue Cross Community Health Plans<sup>SM</sup> (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).

[April 19, 2022](#)

1 to 3 p.m.

**Monthly Provider Hot Topics Webinar**

Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants (PNCs) learn about upcoming initiatives, program changes and updates, as well as general network announcements.

[April 14, 2022](#)

10 to 11:30 a.m.

**Orientation Webinars for New Commercial Providers**

Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.

[April 28, 2022](#)

10 to 11:30 a.m.

**Orientation Webinars for New MMAI and/or BCCHP Providers**

Learn how we can best work together to improve the health of our member. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

[April 27, 2022](#)

3 to 4:30 p.m.

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The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians, nurses, physician assistants, physical and occupational therapists, and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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## Earn CME/CEU Credit at Free Webinars on Behavioral Health Topics

Join us for free one-hour webinars in April and May 2022. All providers are welcome. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU). Register by clicking on the webinar date you'd like to attend. We'll offer each webinar twice:

### Diabetes and Behavioral Health

This webinar will provide a high-level overview of the relationship between diabetes and several behavioral health conditions. This introductory training focuses on addressing behavioral health conditions in the primary care setting, with treatment options across various care settings.

- [Monday, April 18, 2022](#), at 8 a.m. (CT)
- [Wednesday, April 20, 2022](#), at 9 a.m. (CT)

### Substance Abuse: Coordinating Care and Improving Follow-Up

This webinar will provide a high-level overview of substance abuse and strategies for coordinating care and improving follow-up. This introductory training focuses on addressing substance abuse in the primary care setting, with treatment options across various care settings.

- [Monday, May 16, 2022](#), at 8 a.m. (CT)
- [Wednesday, May 18, 2022](#), at 9 a.m. (CT)

A recording of our March 2022 webinar, **Differential Diagnoses of Depression: Assessment and Treatment**, is available online. You may still view and earn CME/CEU credit for this webinar but [registration is required](#).

Watch [News and Updates](#) and our [Webinars and Workshops page](#) for information on training.

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## Supporting Our Members' Mental and Behavioral Health

More than half of Americans will be diagnosed with a mental illness or disorder at some point in their lives, according to the [Centers for Disease Control and Prevention](#). We have resources for members, such as our [Connect Community](#), and we encourage providers to talk with our members about the importance of mental health and getting help if needed. A [depression screening tool](#) can help with this conversation.

To help assess and improve our members' care, we track these Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures from the National Committee for Quality Assurance (NCQA):

- [Antidepressant Medication Management \(AMM\)](#)
- [Follow-up after Hospitalization for Mental Illness \(FUH\)](#)
- [Follow-up after Emergency Department \(ED\) Visit for Mental Illness \(FUM\)](#)

### What AMM Measures

AMM captures the percentage of members ages 18 and older with major depression who are newly treated with antidepressant medication and remain on it. As defined by [NCQA](#), providers who prescribe antidepressants should support members in reaching these two phases:

- **Effective acute treatment phase** – Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- **Effective continuation treatment phase** – Adults who remained on antidepressant medication for at least 180 days (six months)

Each phase starts when the prescription is first filled.

To help close gaps in care related to AMM, consider these tips:

- Document the date of service, diagnosis of major depression and clear evidence that antidepressant medication was prescribed.
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.

## What FUH and FUM Measure

As defined by [NCQA](#), FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of selected mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a follow-up visit:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (8 total days)

FUM focuses on follow-up visits for mental illness after an emergency department (ED) visit for members ages 6 and older with a diagnosis of mental illness, according to [NCQA](#). FUM captures the percentage of ED visits for which members had a follow-up visit:

- Within 30 days of the ED visit (31 total days)
- Within seven days of the ED visit (eight total days)

To help close gaps in care, EDs and hospitals can help members schedule an in-person or telehealth follow-up visit with a behavioral health provider within seven days of discharge. The follow-up visit must be on a different date than the discharge date. Professional providers may want to consider:

- Encouraging members to bring their discharge paperwork to their first appointment.
- Using the same diagnosis for mental illness at each follow-up visit. A non-mental illness diagnosis code will not fulfill this measure.
- Coordinating care between behavioral health and primary care providers.

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## BCCHP<sup>SM</sup> Drug List Change Notification

Blue Cross and Blue Shield of Illinois (BCBSIL) would like to inform you of the following drug list changes effective **April 1, 2022**. The table below shows product status changes on the formulary for Blue Cross Community Health Plans<sup>SM</sup> (BCCHP). To improve patient experience related to this change, please consider transitioning your BCCHP patients to the preferred product or submit prior authorization before the effective date. Participating pharmacies may reach out to you to provide a new prescription for your covered patients.

Preferred Products Starting April 1, 2022:	Non-Preferred Products Starting April 1, 2022:
ADVAIR DISKU AER 100/50	FLUTIC/SALME AER 100/50
ADVAIR DISKU AER 250/50	WIXELA INHUB AER 100/50
ADVAIR DISKU AER 500/50	WIXELA INHUB AER 250/50
ADVAIR HFA AER 45/21	FLUTIC/SALME AER 250/50
ADVAIR HFA AER 115/21	WIXELA INHUB AER 500/50
ADVAIR HFA AER 230/21	BEVESPI AER 9-4.8MCG
AIRDUO DGHLR INH 113-14	
AIRDUO RESPI INH 55-14	
AIRDUO DGHLR INH 232-14	
AIRDUO RESPI INH 113-14	

AIRDUO RESPI INH 232-14	
AIRDUO DGHLR INH 55-14	
ANORO ELLIPT AER 62.5-25	
INCRUSE ELPT INH 62.5MCG	
SPIRIVA SPR 2.5MCG	

Members can call the Member Services phone number on their BCBSIL ID card if they have any questions.

If you have any questions regarding processing claims, please call the Prime Therapeutics Contact Center at **800-821-4795**.

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.

Trademarks are the property of their respective owners.

Prime Therapeutics LLC (Prime) is a separate pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and other related services. BCBSIL, as well as several Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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# BLUE REVIEW<sup>SM</sup>

A Provider Publication

April 2022

## Updated: Wheelchair Medical Necessity and Home Evaluation Verification Form

Blue Cross and Blue Shield of Illinois (BCBSIL) reviews requests for manual wheelchairs (MWCs) and power-operated vehicles (POVs) (i.e., Power Wheelchair, Scooter, Other POV) as required according to details of our members' benefit plans and medical necessity criteria outlined in [BCBSIL's Medical Policies](#).

To help ensure we receive all necessary information to support wheelchair review requests for our **commercial non-HMO** members, a [Wheelchair Medical Necessity and Home Evaluation Verification Form](#) is available on our Provider website.

**Recently, we updated this form with more detailed instructions and a separate repair and replacement section to help expedite review requests.**

As noted in **BCBSIL Medical Policy DME101.010, Wheelchairs and Accessories**, this form or any reasonable substitute with the same wheelchair medical necessity/home evaluation information may be used for repair, replacement and initial review requests for **commercial non-HMO** BCBSIL members. Please refer to the medical policy for details.

**Note:** Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the [Standards and Requirements](#) section of our website.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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## Medicare Final Rule Resources

It's important to refer to the Centers for Medicare & Medicaid Services (CMS) website for updates that may be relevant to your practice.

We'd like to call your attention to two CMS fact sheets for educational purposes – both of these resources are found in the [CMS Newsroom](#):

- [Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Final Rule \(CMS-1738-F, CMS-1687-F and CMS-5531-F\)](#)
- [Fiscal Year \(FY\) 2022 Medicare Hospital Inpatient Prospective Payment System \(IPPS\) Final Rule with Comment Period \(CMS 1752-FC3\)](#)

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## ClaimsXten<sup>TM</sup> Quarterly Update Reminder

The ClaimsXten code auditing tool is updated quarterly. On or after **June 13, 2022**, Blue Cross and Blue Shield of Illinois (BCBSIL) will implement the second quarter code update in the ClaimsXten tool.

These quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT<sup>®</sup>) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSIL may also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website. Information also may be included in the *Blue Review*.

Use **Clear Claim Connection<sup>TM</sup> (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSIL's code-auditing software.

Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

**For more information on C3 and ClaimsXten**, refer to the [Clear Claim Connection page](#). It includes a user guide, rule descriptions and other details.

***This article doesn't apply to government programs (Medicare Advantage and Illinois Medicaid) member claims.***

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