

BLUE REVIEWSM

A Provider Publication

November 2022

■ What's New

2022 *Blue Review* Readership Survey Continues Through November

If you're a contracted provider with Blue Cross and Blue Shield of Illinois (BCBSIL) and you read our monthly newsletter, you're an expert! We rely on your feedback to help assess how the *Blue Review* measures up, and what we can do better next year. Don't miss this opportunity to tell us what you think! [Take the survey now.](#)

■ Network Innovation/Product Updates

BCBSIL To Offer Medicare Advantage Programs in 61 Additional Counties

In 2023, BCBSIL will offer Medicare Advantage programs in 97 of the 102 counties in Illinois, allowing us the capability to serve 2.2 million Medicare-eligible Illinois residents. To support this expansion, 2,378 providers and 483 facilities will be added to BCBSIL's Medicare Advantage network. We're also introducing new plan options for cost-conscious Medicare consumers. [View our press release to learn more.](#)

■ Quality Improvement and Reporting

Health Equity in Cancer Prevention and Control

Health equity presents the ideal that everyone deserves a fair shot at living their healthiest possible life. But some populations may be at a disadvantage due to social determinants of health (SDoH) – social, economic or physical conditions they experience at home, school, work and elsewhere in their neighborhoods and communities.

[Read More](#)

Addressing Disparities in Breast Cancer for Black Women

October was Breast Cancer Awareness Month, but we want to keep the momentum going. Breast cancer is one of the most common cancers among women in the U.S. and, according to the American Cancer Society, it disproportionately affects Black women. What can you do to help? [Read more on News and Updates.](#)

■ Community Involvement

MMAI and BCCHPSM Providers: Join Our Community Stakeholder Committee

We're hosting quarterly Community Stakeholder Committee meetings to find ways to better serve our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM (BCCHP) members. Register now for the fourth quarter meeting on **Dec. 1, 2022.**

[Read More](#)

National Diabetes Awareness Month events at Blue Door Neighborhood CenterSM

Our Blue Door Neighborhood Center (BDNCSM) locations will be hosting virtual and in-person National Diabetes Awareness Month events in November.

[Read More](#)

■ Wellness and Member Education

BCBSIL Helps Some Rural Members Prevent or Manage Diabetes

In recognition of Diabetes Awareness Month is in November, we're getting the word out to our members, especially regarding prediabetes. Our members' wellness can't wait.

[Read More](#)

■ Focus on Behavioral Health

Diabetes Screening for People Using Antipsychotic Medications

People with serious mental illness who use antipsychotic medications are at increased risk of diabetes, according to the National Committee for Quality Assurance (NCQA). Regular screening for diabetes is important for detecting, monitoring and in the treatment of the disease.

[Read More](#)

Pathways to Success: New Medicaid Initiative To Begin Jan. 1, 2023

You may have participated in the recent Illinois Medicaid webinars, facilitated by the Illinois Department of Healthcare and Family Services (HFS), regarding the rollout of the new Pathways to

Success initiative. BCBSIL will implement **Pathways to Success** for our BCCHP members beginning **Jan. 1, 2023**.

[Read More](#)

■ Provider Education

Critical Incident Reporting Guidance

Mandated reporting makes specific professionals required by law to report all suspected abuse, neglect and exploitation of children, disabled adults or senior citizens to the appropriate referral entity. Mandated reporters include, but are not limited to: Daycare workers, social workers, law enforcement, teachers, homemaker and adult day care providers, nurses and doctors.

[Read More](#)

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](#)

■ Claims and Coding

Illinois Medicaid Claims Alert: Hospice Room and Board Adjustments and Repayment

On Aug. 29, 2022, HFS issued a provider notice regarding incorrect submission of hospice room and board claims to HFS, as these claims should be submitted to the appropriate Managed Care Organizations (MCOs). In response to this notice, BCBSIL will work with hospice providers to resolve claims submission and reimbursement discrepancies, if applicable, for services rendered to BCCHP members. [Read more on News and Updates](#).

New Laboratory Benefit Management Program: Revised Effective Date for Some Policies

Our new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members became effective Nov. 1, 2022. Previously, we alerted you that Clinical Payment and Coding Policies (CPCPs) related to certain laboratory services, tests and procedures would be implemented using a phased approach.

[Read More](#)

Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA).

[Read More](#)

■ Electronic Options

Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization required for a particular member/service?

[Read More](#)

Confirm Receipt Status Online for Prior Authorization Medical Records Sent via Fax or Mail

We've enhanced our Medical Record Status Viewer so you can use it to confirm receipt of medical records submitted by fax or mail to BCBSIL for commercial prior authorization medical record requests.

[Read More](#)

■ Clinical Updates, Reminders and Resources

Prior Authorization Requirement Changes for Some Commercial Members and Code Updates Effective Jan. 1, 2023

BCBSIL is changing prior authorization requirements that may apply to some **commercial non-HMO** members. Changes are based on updates from Utilization Management prior authorization assessment, CPT code changes released by the AMA or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services (CMS).

[Read More](#)

Prior Authorization Requirement Changes for Some Government Programs Members and Code Updates Effective Jan. 1, 2023

BCBSIL is changing prior authorization requirements for **Blue Cross Medicare Advantage (PPO)SM (MA PPO), BCCHP and MMAI members**. See the article in this month's issue for a summary of code changes in certain care categories.

[Read More](#)

Postponed: Use Our Automated Phone System to Request Prior Authorization for FEP[®] Members

In [August 2022](#), we announced the launch of a new feature to offer prior authorization for Federal

Employee Program (FEP) members through our interactive voice response (IVR) phone system. On [Oct. 11, 2022](#), we alerted you that this new feature has been postponed. Please continue to watch the [News and Updates](#) for future program announcements.

■ Pharmacy Program

Pharmacy Program Updates: Prior Authorization (PA) Changes Effective December 2022

The pharmacy PA program encourages safe, cost effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. Food and Drug Administration (FDA) approved labeling, scientific literature and nationally recognized guidelines. Read more on [News and Updates](#).

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2022 – Part 2

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **Oct. 1, 2022**, are outlined [here](#).

■ Notification and Disclosure

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

[Read More](#)



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 [Availity® 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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Health Equity in Cancer Prevention and Control

Health equity presents the ideal that everyone deserves a fair shot at living their healthiest possible life. But some populations may be at a disadvantage due to [social determinants of health \(SDoH\)](#) – social, economic or physical conditions they experience at home, school, work and elsewhere in their neighborhoods and communities. **SDoH can lead to variances in health status/distribution of health resources, tipping the scale towards health inequity.**

When it comes to cancer, everyone should have a fighting chance – equal access to education on preventive care and screening options to identify risk, find cancer early and get proper treatment and follow-up after treatment is completed. But it's important to understand SDoH and health disparities that may affect your patients and create barriers to getting proper care.

The places where people live, learn, work and play can affect their chances of getting and dying from cancer. For example, some people may not have safe access to healthy food nearby. They may not have reliable transportation to get to the store or to make it to doctor's appointments. They may not be aware of educational and support resources in their communities. They may have challenges with finding childcare. They may not have health insurance.

SDoH may help determine how likely a person is to be diagnosed with cancer. The [Centers for Disease Control and Prevention \(CDC\)](#) works to identify cancer facts, potential disparities and ways to increase awareness. Here are some examples:

- *Cigarette smoking can cause cancer almost anywhere in the body.* Smoking rates are higher among people with a lower education level. For example, nearly 20% of all U.S. adults with a high school education smoke, but only about 7% of people with a four-year college degree smoke.¹ At a national level, the CDC's Office of Smoking and Health is continuously putting forth efforts to reduce deaths and prevent chronic diseases that result from smoking, including cancer.
- *Obesity is linked with a higher risk of getting at least 13 different kinds of cancers, including breast cancer.* Adults living in rural counties are more likely to have obesity than adults in urban counties. This is likely due to having less access to quality grocery stores that sell healthy and affordable food options.
- *Lack of screenings for cancer as recommended can result in cancer being found at a late stage when it's harder to treat.* Those patients experiencing disparities often don't get screened due to lack of transportation, unable to schedule

time off from work or lack of accessibility to screening centers.

How You Can Help

Here are some ways you can help bridge the gap and remove barriers related to cancer care:

- Outreach and educate members on the importance of getting all recommended cancer screenings.
- Optimize use of telehealth services when available and appropriate for preventive care appointments.
- Participate in shared decision making to identify the best screening and treatment options for the member. Patient navigation from outreach, education, risk reduction, detection, diagnosis, and treatment, through survivorship or end-of-life care can help reduce barriers to quality care.²
- Assist members in scheduling appointments, such as mammograms, and ensure access to transportation.
- Remind BCBSIL members about free non-emergency transportation services. Members can call the number on their BCBSIL member ID to confirm eligibility and availability of services.
- For breast cancer screenings: Partner with mammogram facilities to ensure members with referrals complete their mammogram and conduct follow-up outreach to members as needed. When abnormal mammograms are detected, ensure follow up outreach to member is conducted along with assistance for follow-up care. For patients who lack health care insurance, the CDC provides an option for your patient to receive adequate cancer screening and resources through the National Breast and Cervical Cancer Early Detection Program.³
- Identify SDoH associated with cancer screening completions. Include [ICD-10Z codes for SDoH](#) on claims submitted to BCBSIL so that we can help address barriers and connect members with available resources.

¹U.S. Department of Health and Human Services. Burden of Cigarette Use in the U.S. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2021. Accessed Sept. 27, 2021, at <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

²Equity in Cancer Prevention and Control. Division of Cancer Prevention and Control, CDC. <https://www.cdc.gov/cancer/health-equity/equity.htm>

³CDC, National Breast and Cervical Cancer Early Detection Program. <https://www.cdc.gov/cancer/nbccedp/>

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MMAI and BCCHPSM Providers: Join Our Community Stakeholder Committee

We're hosting quarterly Community Stakeholder Committee meetings to find ways to better serve our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM (BCCHP) members.

Help us help our members. It's a great chance to work with faith leaders, advocacy groups and other community-based organizations that support our members' health and well-being. Your feedback is vital to improving the care and services these members receive.

Sign up in advance to attend. Each quarter, watch the [News and Updates](#) for dates, times and early registration. We'll also include reminders in the *Blue Review*.

Q4 MMAI and BCCHP Community Stakeholder Committee Meeting

Our next meeting is **Thursday, Dec. 1, 2022, from 1 to 2:30 p.m.** This meeting will be held virtually. We welcome your participation. [Register now!](#)

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National Diabetes Awareness Month events at Blue Door Neighborhood CenterSM

Our Blue Door Neighborhood Center (BDNCSM) locations will be hosting virtual and in-person **National Diabetes Awareness Month** events in November. According to the Centers for Disease Control and Prevention (CDC), diabetes is the seventh leading cause of death in the U.S. Your patients may benefit from our free nutrition classes, low-impact fitness classes and farmers markets to help them manage their diabetes.

We will also be hosting our **Get FIT with BDNC** event where your patients can learn about colorectal cancer prevention and management. The event will include live physical activity, resources and food.

- Morgan Park on November 19, 10 to 11 a.m.
- South Lawndale on November 22, 4 to 6:30 p.m.

These are a few of the programs that will be offered at our BDNC locations in November. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details, dates and to online registration. They also can visit the [BDNC Facebook page](#) for other events and happenings at all three BDNC locations.

All programming – in person and virtual – at BDNC locations is free and open to everyone. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We're committed to strengthening the health of communities across the state.

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BDNC locations are not medical facilities, do not have medical providers on staff, do not offer medical advice, and do not provide health care or mental health services.

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BCBSIL Helps Some Rural Members Prevent or Manage Diabetes

Diabetes Awareness Month is in November and Blue Cross and Blue Shield of Illinois (BCBSIL) is getting the word out to our members about diabetes, and especially prediabetes. Our members' wellness can't wait. Small changes in their diet and lifestyle may be able to help prevent diabetes or delay its onset.

In Illinois, approximately 1.3 million adults, or 12.5% of the population, have diabetes, but roughly 341,000 of those don't know it.¹ It's estimated that 84 million Americans have prediabetes, of which 3.6 million live in Illinois.² Diabetes is the seventh leading cause of death nationally and in Illinois.³

Individuals with diabetes are at an increased risk for heart disease, stroke, blindness, kidney failure, dental disease and lower extremity amputations (not related to injuries).⁴ Diabetes and its complications occur among all age, racial, and ethnic groups, but [Illinois rural counties](#) predominately make up rates higher than the state's average.⁵ These increased rates are attributed to less diabetes-related health care services and access to diabetes self-management education programs than urban populations.

BCBSIL Resources

BCBSIL is committed to our members throughout the state. To help with this rural disparity, we offer two digital programs – Livongo and Omada Health – that may help some of our members prevent and manage diabetes. Both programs offer members holistic support for comorbid conditions that frequently occur with diabetes such as, hypertension, dyslipidemia, weight management and mental health. The programs provide the technology needed, such as a glucose reader, blood pressure monitor, and digital scale. One-on-one coaching, group classes and personalized programs provide support and accountability.

If you'd like to learn more about these programs, visit the [Livongo](#) or [Omada Health](#) websites. If you think one of these programs would be a good fit for your patients, have them call the number on their BCBSIL ID card to see if the program is covered by their benefits.

BCBSIL promotes preventive health through [Wellness Can't Wait](#) materials and resources for our members. You may want to share this [video](#) with your patients. Our vice president and chief medical officer, Derek Robinson, encourages

people with diabetes to work with their health care provider to make a care plan. Your patients also may learn more about prediabetes using this [flyer](#) and [articles](#) on our [Connect Community](#).

^{1, 2, 3, 4} Illinois Department of Public Health (IDPH), Diabetes. <https://dph.illinois.gov/topics-services/diseases-and-conditions/diabetes.html#:~:text=Prediabetes%20is%20a%20health%20condition,prediabetes%20from%20progressing%20to%20diabetes>.

⁵ IDPH, Diabetes Burden Report, 2021. https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/diabetes/Diabetes-Burden-Report-Infographic_10.20.21.pdf

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Livongo and Omada are independent companies that provide chronic disease prevention and/or management solutions for BCBSIL. Livongo and Omada are solely responsible for the products and services provided. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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Diabetes Screening for People Using Antipsychotic Medications

People with serious mental illness who use antipsychotic medications are at increased risk of diabetes, according to the [National Committee for Quality Assurance \(NCQA\)](#). Regular screening for diabetes is important for detecting, monitoring and in the treatment of the disease.

The NCQA quality measure [Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications \(SSD\)](#) tracks the number of people 18 to 64 years old who had an annual diabetes screening. Blue Cross and Blue Shield of Illinois (BCBSIL) tracks SSD and other Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to help assess and improve our members' care.

Tips to Help Close Gaps in Care

- Order an annual diabetes screening test, such as a glucose or HgbA1c test, for our members with schizophrenia or bipolar disorder who are using antipsychotic medications.
- Build care gap alerts for screening tests in your electronic medical records. Reach out to our members who cancel appointments and help them reschedule as soon as possible.
- Encourage shared decision-making by educating our members and caregivers about:
 - Increased risk of diabetes with antipsychotics
 - Importance of screening for diabetes
 - Diabetes symptoms
- We've created [resources for members about diabetes](#) that may help.
- Coordinate care between behavioral health and primary care physicians (PCPs) by requesting test results, communicating about test results or scheduling an appointment for testing.
- For members who don't have regular contact with their PCP, behavioral health practitioners may order diabetes screening tests and communicate the results to the PCP.

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Pathways to Success: New Medicaid Initiative To Begin Jan. 1, 2023

You may have participated in the recent Illinois Medicaid webinars, facilitated by the Illinois Department of Healthcare and Family Services (HFS), regarding the rollout of the new **Pathways to Success** initiative. Blue Cross and Blue Shield of Illinois (BCBSIL) will implement Pathways to Success for our Blue Cross Community Health PlansSM (BCCHPSM) members **beginning Jan. 1, 2023**.

Program Overview

As described on the [HFS website](#), Pathways to Success is a program for Medicaid-enrolled children under the age of 21 in Illinois, who have significant and complex behavioral health needs. The program provides access to an evidence-informed model of intensive care coordination and additional home and community-based services.

The goal of the program is to improve family functioning and reduce caregiver stress. It involves increased use of evidence-based practices by expanding access to services provided in home and community settings. The program promotes more stable living situations, improved school attendance and performance, increased family and youth involvement, and reduced contacts with law enforcement and child welfare officials. Pathways to Success is designed to address many of the state's commitments under the HFS [N.B. Consent Decree](#).

Who's eligible?

A BCCHP member is eligible to participate in Pathways to Success if they meet the following criteria:

- A Medicaid recipient
- Under age 21
- Have been diagnosed with a Serious Emotional Disturbance (SED) or Serious Mental Illness (^{SMI})
- Demonstrates a need for intensive services pursuant to the [Illinois Medicaid Comprehensive Assessment of Needs and Strengths \(IM+CANS\)](#) decision support criteria

What's the role of the provider?

Pathways to Success involves participation of Care Coordination and Support Organizations (CCSOs).

- The role of the CCSO is to provide Care Coordination and Support Services to children enrolled in Pathways to Success.

As the local hub, the CCSO is accountable to serve as the care coordination entity for children enrolled in the Family Support Program (FSP) and the Specialized Family Support Program (SFSP).

- The CCSO will also operate as the fiscal agent for individual Support Services (ISS) and Therapeutic Support Services (TSS).
- In addition, the CCSO will serve as the designated Mobile Crisis Response (MCR) Provider for the newly reconstructed Designated Service Area (DSA), on a no-decline basis, to all eligible individuals within the DSA. Only CCSOs will receive calls from Crisis and Referral Entry Services (CARES) as the DSA MCR Provider.
- Existing DSAs have been redrawn, reducing the total number of DSAs statewide to 32; this redesign allows for streamlined management of the statewide CCSO and MCR system and ensures that each CCSO will have a referral base robust enough to sustain operations.

Pathways to Success Program Rollout

The timeline for implementation is as follows:

- **Nov. 1, 2022** – MCR transition to new DSA and new Providers
- **Jan. 1, 2023** – Pathways to Success Program goes live

Learn More

If you missed the recent webinars or need a refresher, the recorded sessions and presentation slides are available on the HFS site on the [Pathways to Success Town Hall Webinars and Other Resources](#) page. This page also includes answers to frequently asked questions and links to helpful education and reference materials.

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Critical Incident Reporting Guidance

A *critical incident* is an actual or alleged case of abuse, neglect, exploitation, or any incident that has the potential to place a member or a member's health care services at risk, including incidents that may escalate to the level of abuse, neglect or exploitation. Events that may cause substantial or serious harm to the physical or mental health of a member, or the safety of a member's services, must be considered as critical incidents.

Examples may include:

- An elderly member has worsening bed sores and appears not to be well cared for by a nursing home
- A disabled member was pushed by her caregiver resulting in a bone fracture

What is mandated reporting and who are mandated reporters?

Mandated reporting makes specific professionals required by law to report all suspected abuse, neglect and exploitation of children, disabled adults or senior citizens to the appropriate referral entity. It's important to know that willful failure to report suspected incidents of abuse or neglect is a misdemeanor or a class 4 felony and Illinois law protects the identity of all mandated reporters.

Mandated reporters include but are not limited to: Daycare workers, social workers, law enforcement, teachers, homemaker and adult day care providers, nurses, and doctors.

Here's a list of whom to call and when to report suspected abuse, neglect or exploitation:

Adult Protective Services (APS)	866-800-1409 (TTY: 888-206-1327)	Call APS for members with disabilities ages 18-59 or members over the age of 60 living in the community.
Department of Children and Family Services (DCFS)	800-252-2873 (voice (TTY: 900-358-5117)	Call DCFS for members under the age of 18 years old.

Illinois Department of Public Health (IDPH)	800-252-4343	Call IDPH for members residing in a nursing home.
Supportive Living Facility (SLF) Complaint Hotline	800-226-0768	Call the SLF hotline for members residing in a supportive living facility.

Collaboration With Care Coordinators Is Important

After a critical incident involving a Blue Cross and Blue Shield of Illinois (BCBSIL) member is identified, a BCBSIL Care Coordinators may reach out to applicable providers regarding details of the member's health, such as wounds/bed sores, falls, member's cognition and decision making ability, long term care placement, and other related information. BCBSIL also asks providers to collaborate with the member's assigned Care Coordinator when a critical incident is identified by the provider.

How to report a critical incident to BCBSIL:

To report a critical incident involving our **Blue Cross Community Health PlansSM (BCCHPSM)** or **Blue Cross Community MMAI (Medicare-Medicaid Plan)SM** members, providers may call **855-334-4780** or complete the [Critical Incident Reporting Form](#) located on our website.

When calling to report a critical incident for BCCHP and MMAI members, please have the following information available:

- The member's name and BCBSIL member ID number;
- A brief synopsis of what occurred; and
- Steps taken to ensure the safety of the member.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars 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:
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Availity® Essentials Authorizations Tool

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

[Nov. 9, 2022](#)
[Nov. 16, 2022](#)
[Nov. 23, 2022](#)
[Nov. 30, 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.

[Nov. 10, 2022](#)
[Nov. 17, 2022](#)
[Nov. 24, 2022](#)

11 a.m. to noon

Availity Orientation: Save Time and Go Online

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

[Nov. 15, 2022](#)
[Nov. 22, 2022](#)
[Nov. 29, 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

[Nov. 17, 2022](#)

1 to 2 p.m.

learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.

BCCHPSM and MMAI Required Provider Training Webinars

[Nov. 15, 2022](#)

1 to 3 p.m.

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

Medicaid HEDIS[®] 101 Training

[Nov. 9, 2022](#)

Noon to 1 p.m.

This training will cover a wide range of quality improvement topics and resources to help improve Healthcare Effectiveness Data and Information Set (HEDIS) rates.

Monthly Provider Hot Topics Webinar

[Nov. 10, 2022](#)

10 to 11:30 a.m.

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

Orientation Webinars for New Commercial Providers

[Nov. 16, 2022](#)

10 to 11:30 a.m.

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.

Orientation Webinars for New MMAI and/or BCCHP Providers

[Nov. 17, 2022](#)

3 to 4:30 p.m.

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 network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

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HEDIS is a registered trademark of NCQA.

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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BLUE REVIEWSM

A Provider Publication

November 2022

New Laboratory Benefit Management Program: Revised Effective Date for Some Policies

Our new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members became effective Nov. 1, 2022.

Previously, [we alerted you](#) that Clinical Payment and Coding Policies (CPCPs) related to certain laboratory services, tests, and procedures would be implemented using a phased approach. As of Aug. 1, 2022, some of our Laboratory Benefit Management Program CPCPs listed an effective date of Nov. 1, 2022; other lab CPCPs listed an effective Jan. 1, 2023.

Please note that all [Laboratory Benefit Management Program CPCPs](#) that were previously identified as being effective Jan. 1, 2023, have been updated with a new effective date of Feb. 1, 2023. The effective date in these policies is the only detail that was changed.

Resources and Reminders

Registered [Availity® Essentials](#) users have free access to Avalon's Trial Claim Advice Tool. This tool is available 24/7. It allows you to input laboratory procedure and diagnosis codes to better understand the potential outcome of claims. Not registered for Availity? [Sign up online today](#), at no cost.

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 in the tool for the date of service, claims finalized through the prior business day, and applicable policies and/or guidelines.

Laboratory services provided in an emergency room, hospital observation or hospital inpatient setting are excluded from this program. Member coverage terms still apply. Additionally, claim edits will not initially apply to the rate at which tests have been ordered or with respect to the age or gender of a patient.

This program doesn't apply at this time to government programs or any of our HMO members.

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Reminder: CPT[®] Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA). Refer to the [AMA website](#) for more information on CPT codes.

Our online systems are updated to reflect AMA coding changes. Be sure to check eligibility and benefits prior to rendering services to our members to confirm coverage and other important details, such as which services may require prior authorization.

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Checking eligibility and/or 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 their health care provider.

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Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with Blue Cross and Blue Shield of Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization required for a particular member/service?

Get Answers Up Front

Benefits will vary based on the service being rendered and individual and group policy elections. It's critical to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as:

- Membership verification
- Coverage status and applicable copayment, coinsurance and deductible amounts
- Prior authorization or pre-notification requirements and utilization management vendors, if applicable*

When services may not be covered, you should notify members that they may be billed directly.

Don't Take Chances

Ask to see the patient's BCBSIL member ID for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through [Availity[®] Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area BlueCard[®] and Federal Employee Program[®] (FEP[®]) members.

Learn More

For more information, such as an [Availity user guide](#), refer to the [Eligibility and Benefits page](#) on our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Webinars and Workshops](#) page for upcoming dates, times and registration links to sign up now.

***Note:** For commercial non-HMO members, even if prior authorization isn't required, you may still want to submit a voluntary predetermination request. This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request predetermination, since it's optional. But there's a [Medical Policy Reference List](#) on our [Predetermination page](#) to help you decide.

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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 their health care provider.

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Confirm Receipt Status Online for Prior Authorization Medical Records Sent via Fax or Mail

We've enhanced our Medical Record Status Viewer so you can use it to confirm receipt of medical records submitted by fax or mail to Blue Cross and Blue Shield of Illinois (BCBSIL) for commercial prior authorization medical record requests. As a reminder, this application is accessible to you in our BCBSIL-branded Payer Spaces section via Availity[®] Essentials. You can also use it to confirm receipt of medical records sent via fax or mail for commercial claim processing requests.

What does this application provide?

The Medical Record Status Viewer search results will specify "Yes" or "No" regarding receipt status. If records have been received, the response will display the receipt date, number of pages, and associated group number for up to four of the most recent medical records on file with BCBSIL for prior authorization and/or claim processing medical record requests.

For More Information

Refer to the instructional [Medical Record Status Viewer User Guide](#) in the [Provider Tools](#) section of our website. If you need further help or training, you can email our [Provider Education Consultants](#).

Don't have an Availity Essentials account?

Register online by going to [Availity](#), or contact Availity Client Services at 800-282-4548.

This information is not applicable to Medicare Advantage or Illinois Medicaid claims or prior authorization requests.

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Prior Authorization Requirement Changes for Some Commercial Members and Code Updates Effective Jan. 1, 2023

Blue Cross and Blue Shield of Illinois (BCBSIL) is changing prior authorization requirements that may apply to some **commercial non-HMO** members. Changes are based on updates from Utilization Management prior authorization assessment, Current Procedural Terminology (CPT[®]) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services (CMS).

A summary of changes is as follows:

- **Jan. 1, 2023** – Addition of Medical Oncology and Supportive Care drugs (reported with unlisted codes) and other additions to drug codes to be reviewed by AIM Specialty Health[®] (AIM)
- **Jan. 1, 2023** – Medical Oncology and Supportive Care drug codes previously reviewed by BCBSIL to be reviewed by AIM
- **Jan. 1, 2023** – Addition of a Radiation Oncology code to be reviewed by AIM
- **Jan. 1, 2023** – Removal of Musculoskeletal – Joint and Spine codes previously reviewed by AIM
- **Jan. 1, 2023** – Removal of a Molecular Genetic Lab code previously reviewed by AIM
- **Jan. 1, 2023** – Removal of a Specialty Pharmacy code previously reviewed by BCBSIL, that will continue to be reviewed by AIM
- **Jan. 1, 2023** – Replacement of a Specialty Pharmacy code reviewed by AIM
- **Jan. 1, 2023** – Removal of Orthopedic Musculoskeletal codes previously reviewed by BCBSIL

For more information, refer to the [Utilization Management section](#) for the updated procedure code lists. These are posted on the [Support Materials \(Commercial\) page](#).

Important Reminders

Always check eligibility and benefits first through [Avality[®] Essentials](#) or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Even if prior authorization isn't required for a commercial non-HMO member, you still may want to submit a voluntary

predetermination request. This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request predetermination, since it's optional. But there's a [Medical Policy Reference List](#) on our [Predetermination page](#) to help you decide.

Services performed without required prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

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Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. Availity is a trademark of Availity, LLC, 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 provided by third party vendors.

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Prior Authorization Requirement Changes for Some Government Programs Members and Code Updates Effective Jan. 1, 2023

Blue Cross and Blue Shield of Illinois (BCBSIL) is changing prior authorization requirements for **Blue Cross Medicare Advantage (PPO)SM (MA PPO)**, **Blue Cross Community Health PlansSM (BCCHPSM)** and **Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members**.

Changes are based on updates from Utilization Management prior authorization assessment, Current Procedural Terminology (CPT[®]) code changes released by the American Medical Association (AMA), or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services (CMS).

A summary of changes is included below. For some services/members, prior authorization may be required through BCBSIL. For other services/members, BCBSIL has contracted with [eviCore healthcare \(eviCore\)](#) for utilization management and related services.

- **Jan. 1, 2023** – Addition of Sleep drug codes to be reviewed by eviCore
- **Jan. 1, 2023** – Addition of a Radiation Oncology code to be reviewed by eviCore
- **Jan. 1, 2023** – Addition of Specialty Drug codes to be reviewed by eviCore
- **Jan. 1, 2023** – Addition of prior authorization codes to be reviewed by BCBSIL
- **Jan. 1, 2023** – Removal of prior authorization codes previously reviewed by BCBSIL

More Information:

Refer to the [Utilization Management section](#). Updated procedure codes are posted on the [Support Materials \(Government Programs\)](#) page.

Important Reminders

Always check eligibility and benefits first through [Avality[®] Essentials](#) or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member. Avoid post-

service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services.

Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on [our Provider website](#) the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may affect your reimbursement and your patients' benefits.

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.

It's important to refer to our website for access to the most complete and up-to-date BCBSIL information. Visit our [Medical Policy page](#) to view active, new, and revised policies, and policies pending implementation. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you'll be directed to the Medical Policies homepage.

To view draft medical policies that are under development or are in the process of being revised, select "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you'll be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Related Information

You'll find a [Medical Policy Reference List](#) in the Related Resources on our [Predetermination page](#); this list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

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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