



# BLUE REVIEW<sup>SM</sup>

For Providers

December 2023

## Wellness and Member Education

### **Moving the Needle: Closing Gaps to Improve Outcomes for Our Members**

Quality measures, including Healthcare Effectiveness Data and Information Set<sup>®</sup> measures from the National Committee for Quality Assurance, help our members receive appropriate care that supports their health and wellbeing. Here are some resources on measures where our members may need your help.

[Learn More](#)

### **Chronic Kidney Disease Management Strategies for Primary Care Providers**

Blue Cross and Blue Shield of Illinois invites primary care providers to an online learning series on chronic kidney disease management strategies. The courses offer continuing medical education credit at no cost to you.

[Learn More](#)

### **Encourage Annual Eye Exams for Members with Diabetes**

You may play an important role in supporting our members with diabetes by encouraging an annual retinal or dilated eye exam by an eye care specialist.

[Learn More](#)

## Focus on Behavioral Health

### **BlueApprovR<sup>SM</sup> Now Accepts Recommended Clinical Reviews for Behavioral Health**

BCBSIL continues to streamline the pre-service review process to reduce your workload with BlueApprovR. This tool, accessible in Availity<sup>®</sup> Essentials, now processes optional recommended clinical reviews for behavioral health services, in addition to medical and surgical services and pharmacy drugs for many of our commercial, non-HMO members.

[Learn More](#)

### **Training Resources for Behavioral Health Care**

Here are some training opportunities and resources that providers across disciplines may find helpful to support patients presenting with behavioral health concerns.

[Learn More](#)

## What's New

### **New 'Plan Documents Viewer' for NDC Fee Schedules via Availity Essentials**

A new *Plan Documents Viewer* application is available via Availity Essentials for providers contracted with BCBSIL to view, download and/or save the National Drug Code Fee Schedules. [Read more on News and Updates.](#)

## 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?



[Learn More](#)

## **New Email Address for Electronic Commerce Services**

Please update your records with the new email address. For your convenience, inquiries sent to the previous Electronic Commerce Services email address will be forwarded to the new email address during this transition. [Read more on News and Updates.](#)

## Claims and Coding

### **See Updates to Claim Editing Changes for Emergency Department Services**

We're enhancing our claims editing and review process with Cotiviti for emergency department evaluation and management services for some of our commercial members. [Read more on News and Updates.](#)

## Provider Education

### **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.

[Learn More](#)

### **BCCHP<sup>SM</sup> and MMAI Provider Alert: Mandatory Annual Training Must Be Completed by Dec. 31, 2023**

This reminder applies to all providers that are independently contracted with BCBSIL to provide care and services to the following government programs members: Blue Cross Community MMAI<sup>SM</sup> and/or Blue Cross Community Health Plans<sup>SM</sup>.

[Learn More](#)

## Pharmacy Program

### **BCCHP Instructions to Hospital Providers Regarding Recent HFS Notice:**

## Hospital Inpatient Payment for Long-Acting Injectable Antipsychotic Drugs per Public Act 102-0043

BCBSIL is working on system updates to align with the Illinois Department of Healthcare and Family Services' new billing guidance for add-on payments applicable to psychiatric inpatient claims for certain long-acting injectable antipsychotic drugs effective with dates of service beginning Jan.1, 2022.

[Learn More](#)

## Pharmacy Program Updates: Prior Authorization Changes Effective Dec. 1, 2023

The BCBSIL 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 approved labeling, scientific literature, and nationally recognized guidelines. [Read more on News and Updates.](#)

## Pharmacy Program Updates: Quarterly Changes Effective Jan. 1, 2024 – Part 1

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 Jan. 1, 2024, are outlined [here](#).

## Quality Improvement and Reporting

### Help Close Gaps in Care for Group Medicare Advantage Members: Medical Records and Vendor Reminders

If we need medical records for Blue Cross Group Medicare Advantage<sup>SM</sup> members, you will receive requests from BCBSIL or our vendor, Change Healthcare, as part of the Blue Cross and Blue Shield [National Coordination of Care program](#). In addition, you may receive [requests from EXL Health](#) for select inpatient, diagnosis-related group claims for any out-of-area PPO members. Please respond quickly to our requests, including requests related to risk adjustment gaps and HEDIS<sup>®</sup> measures.

## Take Our 2023 Readership Survey

Our annual *Blue Review* survey will be open just a couple more weeks. It's brief and easy to complete. There are several questions to help you rate your experience as a reader – what you like, and what we can do to improve. We value your experience and unique point of view. If you've already completed the survey, thank you! If not, now's your chance: [Take the 2023 survey now.](#)

## Working To Fight Health Care Fraud

Each year, our Fraud Hotline receives calls reporting possible health care fraud, waste and abuse. Our Special Investigations Department reviews every call to determine if there's enough information to investigate suspected fraud.

[Learn More](#)

## Clinical Updates, Reminders and Resources

### Reminder: Hospital 30-day Readmission Review Process for BCCHP and MMAI Members

BCBSIL conducts readmission review of hospital services provided to our BCCHP and MMAI members.

[Learn More](#)



#### 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® Essentials 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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# BLUE REVIEW<sup>SM</sup>

for Providers

December 2023

## Moving the Needle: Closing Gaps To Improve Outcomes for Our Members

Quality measures, including Healthcare Effectiveness Data and Information Set measures from the National Committee for Quality Assurance, help our members receive appropriate care that supports their health and wellbeing.

HEDIS<sup>®</sup> is a scorecard to track how our members benefit from preventive health care services. The eight measures with the lowest scores show the highest gaps in care, based on claims data. We're taking a closer look at why some areas are falling short.

- More education may be needed to show why preventive care is important.
- Members with chronic conditions may not be aware of what they can do to better manage their care.
- Some members may have barriers to getting care due to social determinants of health.

Blue Cross and Blue Shield of Illinois conducts ongoing member outreach campaigns and we're active in the communities we serve. We offer education and support, but the best way to reach our members is by partnering with their trusted health care providers.

Below are resources on measures where our members may need your help. We hope you find this information helpful when you're talking with your patients.

### Maternal and Infant Health

These articles focus on prenatal and postpartum care, and well-child visits in the first 15 months:

- [Screening and Follow-Up Care for Maternal Mental Health](#)
- [Track Care Visits During and After Pregnancy](#)

- [Catch Up on Routine Vaccines and Well-Child Visits](#)

## Colorectal Cancer Screening

We publish updates to improve cancer screening rates. These articles include reminders and discussion points for providers:

- [We're Sending In-Home Test Kits to Some Members for Colorectal Cancer Screening](#)
- [Closing Gaps in Colon Care](#)

## Behavioral Health

These articles spotlight depression, antidepressant management and post-hospitalization follow-up to increase awareness:

- [Quality Care: Screening for Depression](#)
- [Behavioral Health Consultations During Hospitalization Can Improve Access and Outcomes](#)

## Diabetes

These resources offer reminders on the importance of eye exams and kidney evaluation for patients with diabetes:

- [Encourage Annual Eye Exams for Members with Diabetes](#)
- [Helping Our Members Manage Diabetes](#)
- [Comprehensive Diabetes Screening Toolkit](#)

We also encourage you to visit our [Health Equity and Social Determinants of Health page](#) for more information, ideas and related resources.

HEDIS is a registered trademark of the NCQA.

This material is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials. References to other third party sources or organizations are not a representation, warranty or endorsement of such resources or organizations. 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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# BLUE REVIEW<sup>SM</sup>

for Providers

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## Chronic Kidney Disease Management Strategies for Primary Care Providers

Blue Cross and Blue Shield of Illinois invites primary care providers to an online learning series on chronic kidney disease management strategies. The courses offer continuing medical education credit at no cost to you. We're pleased to offer this 12-part series through the National Kidney Foundation®, an independent organization dedicated to the awareness, prevention and treatment of kidney disease.

### How to Access the Modules

We've emailed contracted BCBSIL PCPs a link to register for the series through the National Kidney Foundation learning management system. If you missed or didn't receive an email, you can find registration instructions in [Availity® Essentials](#) in the Resources section in BCBSIL Payer Spaces.

### Course Offerings

Earn **0.5 CME credit** for each of the following modules completed:

- Strategies for Slowing Progression in CKD
- Blood Pressure Management in Patients with CKD
- Nutritional Management in Kidney Disease: Opportunities and Challenges
- CKD and Cardiovascular Risk Management in Primary Care
- Strategies to Improve Outcomes in Diabetic Kidney Disease
- Evaluation and Diagnosis of Chronic Kidney Disease
- Women's Health and CKD from the Primary Care Perspective
- Medical Management of Advanced CKD from the Primary Care Perspective
- Management of Geriatric Patients with CKD from the Primary Care Perspective

## Addressing Health Inequities: An Opportunity to Improve Outcomes in Kidney Disease

- Kidney Replacement Therapy from the Primary Care Perspective
- Medication Management in Patients with CKD

You may complete the modules in any order and take as many as you choose.

### More About CKD

Kidney diseases are a leading cause of death in the U.S., according to the [Centers for Disease Control and Prevention](#). About 37 million adult Americans are estimated to have CKD, and most are undiagnosed.

BCBSIL tracks the quality measure [Kidney Health Evaluation for Patients with Diabetes](#) to help improve quality of care. KED applies to members ages 18 to 85 with diabetes (type 1 or type 2) who received a kidney health evaluation. An evaluation is defined by an estimated glomerular filtration rate and a urine albumin-creatinine ratio during the measurement year.

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## Encourage Annual Eye Exams for Members with Diabetes

People with diabetes are at a higher risk of vision loss and eye diseases, but 60% don't get annual eye exams, according to the [Centers for Disease Control and Prevention](#). Early diagnosis and proper treatment can greatly lower the chance of blindness from diabetic retinopathy. You may play an important role in supporting our members with diabetes by encouraging an annual retinal or dilated eye exam by an eye care specialist.

In its [Standards of Care in Diabetes 2023](#) for retinopathy, the American Diabetes Association recommends annual dilated retinal exams by an ophthalmologist or optometrist for members with any signs of retinopathy. See our [preventive care](#) and [clinical practice guidelines](#) for more information on diabetes.

### Monitoring Our Members' Care

We track [Eye Exam for Patients with Diabetes](#), a Healthcare Effectiveness Data and Information Set measure from the National Committee for Quality Assurance. EED captures the percentage of our members ages 18 to 75 with diabetes (type 1 and type 2) who have a retinal eye exam by an eye care professional during the measurement year to monitor or screen for diabetic retinal disease.

To help close gaps in care for this measure, consider the following:

- In early stages of retinopathy, people often don't experience any symptoms. Discuss the importance of annual eye exams with our members who have diabetes, including members who are planning to be pregnant or are pregnant. We've created [information that may help](#).
- Consider building care gap alerts for eye exams in our members' electronic medical records and

sending them reminders.

- We encourage eye care specialists to communicate exam results to our members' primary care providers to help coordinate care.

We track additional quality measures for our members with diabetes:

- Hemoglobin A1c Control for Patients with Diabetes, Blood Pressure Control for Patients with Diabetes and Kidney Health Evaluation for Patients with Diabetes: [Learn more](#)
- Statin Therapy for Patients with Diabetes: [Learn more](#)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications: [Learn more](#)

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# BLUE REVIEW<sup>SM</sup>

for Providers

December 2023

## BlueApprovR<sup>SM</sup> Now Accepts Recommended Clinical Reviews for Behavioral Health

Blue Cross and Blue Shield of Illinois continues to streamline the pre-service review process to reduce your workload with BlueApprovR. This tool, accessible in [Availity® Essentials](#), now processes optional recommended clinical reviews for behavioral health services, in addition to medical and surgical services and pharmacy drugs for many of our commercial, non-HMO members.

Here's how to submit RCR and prior authorization requests with BlueApprovR:

- In Availity, select “Payer Spaces” from the navigation menu, then select “BCBSIL.”
- On your Payer Spaces page, select the Applications tab, then select “BlueApprovR.”
- You'll be redirected to BlueApprovR to complete your request online.

**Note:** Your RCR submissions will follow the same path through BlueApprovR as prior authorization requests. Also, your RCR submission via BlueApprovR replaces the need to fax or to attach forms in Availity.

**Remember:** Member benefits vary based on the service being rendered and individual and group policy elections. Always check eligibility and benefits first through Availity or your preferred web vendor. This step will confirm coverage and other important details, such as prior authorization requirements and utilization management vendors, if applicable. For a list of services for which recommended clinical review is available, see our [Recommended Clinical Review \(Predetermination\) Code List](#).

## BlueApprovR Tool Offers End-to-End Efficiencies

Registered Availity Essentials users have free, 24/7 access to BlueApprovR tool to:

- Request prior authorizations and RCRs for inpatient and outpatient behavioral health, medical and surgical services, and pharmacy drugs
- Secure real-time approvals for certain services – begin treatment right away!
- Easily attach medical records
- Check approval status of your request

## Provider Training

Join us this month for an instructor-led, free webinar to learn how to use BlueApprovR. To register, select your preferred date and time from the list below. Times listed are Central Time:

- [Dec. 6, 2023 – 11 a.m. to 12:30 p.m.](#)
- [Dec. 13, 2023 – 11 a.m. to 12:30 p.m.](#)
- [Dec. 14, 2023 – 1 to 2 p.m.](#)
- [Dec. 20, 2023 – 11 a.m. to 12:30 p.m.](#)
- [Dec. 21, 2023 – 1 to 2 p.m.](#)
- [Dec. 27, 2023 – 11 a.m. to 12:30 p.m.](#)
- [Dec. 28, 2023 – 1 to 2 p.m.](#)

You can use BlueApprovR to request prior authorization or RCR for these types of care:

- Specialty Pharmacy Drugs
- Behavioral Health
- Inpatient Acute Care
- Long-term Acute Care
- Inpatient Rehab
- Skilled Nursing Facility
- Outpatient Hospice
- Inpatient Hospice
- Home Health
- Outpatient Service

## Other Prior Authorization Request Methods

If you're not a registered Availity Essentials user, register today on [Availity.com](https://www.availity.com). Otherwise, you still may request prior authorization by calling the number on the member's BCBSIL ID card.

## Provider Resources

See our [BlueApprovR page](#) for a user guide, instructional videos and other information. Also continue to watch the [News and Updates](#) for future program updates and training opportunities.

***This tool is currently not available for Federal Employee Program®, Medicare Advantage, Illinois Medicaid, or any of our HMO members. Please use your existing process for requesting prior authorization reviews for these members.***



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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## Training Resources for Behavioral Health Care

More than 120 million Americans live in areas experiencing a shortage in behavioral health care providers, according to the [Health Resources and Services Administration](#). Even when providers are available, patients often rely on primary care physicians for behavioral health care, according to the [American Academy of Family Physicians](#).

Below are resources that providers across disciplines may find helpful to support patients presenting with behavioral health concerns. Blue Cross and Blue Shield of Illinois makes no endorsement of these resources and encourages providers to consider what care is best for their patients under their specific circumstances.

- [Substance Abuse and Mental Health Services Administration Practitioner Training](#) – SAMHSA offers educational tools and technical assistance
- [Providers Clinical Support System Education and Training](#) – Online courses and other materials on preventing and treating opioid use disorders
- [Postpartum Support International State Perinatal Psychiatry Access Programs](#) – Listing of psychiatric perinatal and pediatric mental health consultation lines

## BCBSIL Webinars with Continuing Education Credit

We offer introductory behavioral health webinars at no cost to providers. [Register or sign in here](#) to view recordings of the following webinars. You will earn one continuing medical education credit or continuing education unit per course, unless otherwise noted.

- Bipolar Disorder: Diagnosis and Treatment (1.5 CME/CEU)
- Comorbid Behavioral Health and Physical Health Conditions

- Depression in a Primary Care Setting
- Diabetes and Behavioral Health
- Differential Diagnoses of Depression: Assessment and Treatment
- Maternal Mental Health: Pregnancy and Postpartum
- Opioid Use Disorder
- Substance Abuse: Coordinating Care and Improving Follow-Up
- Suicide Prevention with the Military Community (1.5 CME/CEU)
- Synthetic Opioids and the Opioid Crisis

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## for Providers

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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 still active? Are you or your practice/medical group in-network 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. Also, the benefit quote may include information on applicable prior authorization or pre-notification requirements.\* When services may not be covered, you should notify members that they may be billed directly.

#### Don't Take Chances

Ask to see the member's BCBSIL ID card 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<sup>®</sup> Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area BlueCard<sup>®</sup> and Federal Employee Program<sup>®</sup> 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 still may want to submit an optional request for recommended clinical review (predetermination). This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request recommended clinical review (predetermination), since it's optional. But there's a [Recommended Clinical Review \(Predetermination\) Code List](#) on our [Recommended Clinical Review \(Predetermination\) 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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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois 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](#).

### BCBSIL WEBINARS

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

Descriptions:

Dates:

Session Times:

**Availity<sup>®</sup> Essentials and BlueApprovR<sup>SM</sup> Prior Authorization Tools**

*Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using the Availity Authorizations tool. You'll also learn how to access and submit inpatient and/or outpatient medical/surgical, behavioral health and specialty pharmacy drug prior authorization requests through BlueApprovR.*

[Dec. 6, 2023](#)

[Dec. 13, 2023](#)

[Dec. 20, 2023](#)

[Dec. 27, 2023](#)

11 a.m. to 12:30 p.m.

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**Availity Essentials Claim Status, Clinical Appeals, Reconsiderations and Message This Payer**

*Learn how to verify claim status, submit and monitor clinical claim appeals and reconsiderations and Message This Payer online using the Availity Essentials Portal.*

[Dec. 7, 2023](#)  
[Dec. 14, 2023](#)  
[Dec. 21, 2023](#)  
[Dec. 28, 2023](#)

11 a.m. to 12:30 p.m.

**Availity Essentials Instructor-Led Training**

*Register for this session to better understand how electronic transactions can work for your organization. You'll learn the importance of Manage My Organization, how to use the Patient ID Finder, instruction on the newly updated Eligibility and Benefits capability, and the Electronic Predetermination process.*

[Dec. 19, 2023](#)

11 a.m. to noon

**Availity Remittance Viewer and Provider Claim Summary**

*These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice and the Provider Claim Summary. 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.*

[Dec. 21, 2023](#)

1 to 2 p.m.

**BlueApprovR: Prior Authorization Process**

*Learn how to access BlueApprovR via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization and recommended clinical review requests for many BCBSIL commercial members.*

[Dec. 14, 2023](#)  
[Dec. 21, 2023](#)  
[Dec. 28, 2023](#)

1 to 2 p.m.

**Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and Blue Cross Medicare Advantage (HMO)<sup>SM</sup> Provider**

[Dec. 6, 2023](#)

1 to 2 p.m.



## Orientation

*Effective Jan. 1, 2023, BCBSIL's Medicare Advantage Plan expanded to additional counties within Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.*

## BCCHP<sup>SM</sup> and MMAI Required Provider Training

### Webinars

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

[Dec. 12, 2023](#)

10 a.m. to noon

[Dec. 14, 2023](#)

1 to 3 p.m.

## Coding for Vascular Disease

*Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease.*

[Dec. 15, 2023](#)

Noon to 12:30 p.m.

## HEDIS<sup>®</sup> Update and Best Practices for Providers Groups

*This session will highlight how Healthcare Effectiveness Data and Information Set tracks measurement to improvement in quality reporting. Discussion also includes HEDIS methods and electronic clinical data systems.*

[Dec. 13, 2023](#)

Noon to 1 p.m.

## Monthly Provider Hot Topics Webinar

*Stay up to date on the latest news from BCBSIL! Engage with our PNCs to learn about upcoming initiatives, program changes and updates, and general network announcements.*

[Dec. 14, 2023](#)

10 to 11:30 a.m.

**Orientation Webinars for New Commercial Providers**[Dec. 13, 2023](#)

1 to 2:30 p.m.

*Learn how we can best work together to support better health outcomes for 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 BCCHP and/or MMAI Providers**[Dec. 7, 2023](#)

10 to 11 a.m.

*Learn how we can best work together to support better health outcomes for 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.*

**Provider Resource Webinar**[Dec. 7, 2023](#)

1 to 3 p.m.

*This webinar will offer additional information and resources to help BCBSIL providers resolve common topics of concern for commercially contracted providers.*

**Website Review Webinar**[Dec. 6, 2023](#)

10 a.m. to noon

*Join us for a tour of the BCBSIL Provider website. The information covered will include both government programs and commercial lines of business.*

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# BLUE REVIEW<sup>SM</sup>

for Providers

December 2023

## **BCCHP<sup>SM</sup> and MMAI Provider Alert: Mandatory Annual Training Must Be Completed by Dec. 31, 2023**

This reminder applies to all providers that are independently contracted with Blue Cross and Blue Shield of Illinois to provide care and services to the following government programs members: **Blue Cross Community MMAI<sup>SM</sup> and/or Blue Cross Community Health Plans<sup>SM</sup>**.

It's a Centers for Medicare & Medicaid Services and/or Illinois Department of Healthcare and Family Services requirement for BCBSIL to make available provider training on specific topics related to MMAI and BCCHP. **Annual completion of all required training modules is mandatory for all MMAI and BCCHP contracted providers.**

There are six required training modules and one required survey:

- Model of Care/Medical Home (Person Centered Practice)
- Fraud, Waste and Abuse
- Abuse, Neglect, Exploitation (Critical Incidents)
- Cultural Competency
- Americans with Disabilities Act/Independent Living
- Medicare Parts C and D General Compliance Training (MMAI only)
- ADA Site Compliance Survey

Please join us for guided webinars that will review all the required provider trainings and allow you to complete an attestation for your facility, group and/or individual providers. More information about the required training modules can be found on our [Provider Training Requirements/Resources page](#).

## BCCHP and MMAI Required Provider Training Webinar Session

- [Dec. 12, 2023 – 10 a.m. to noon](#)
- [Dec. 14, 2023 – 1 to 3 p.m.](#)

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# BLUE REVIEW<sup>SM</sup>

for Providers

December 2023

## BCCHP<sup>SM</sup> Instructions to Hospital Providers Regarding Recent HFS Notice: Hospital Inpatient Payment for Long-Acting Injectable Antipsychotic Drugs per Public Act 102-0043

Blue Cross and Blue Shield of Illinois is working on system updates to align with the Illinois Department of Healthcare and Family Services' [new billing guidance](#) for add-on payments applicable to psychiatric inpatient claims for certain long-acting injectable antipsychotic drugs effective with dates of service beginning Jan. 1, 2022.

This guidance pertains to psychiatric inpatient claims submitted for Blue Cross Community Health Plans<sup>SM</sup> members. BCBSIL is asking that providers do not hold claims until our system configuration is complete. BCBSIL will adjust any claims received and billed in accordance with the HFS guidance to include the add-on payments.

When coding LAI - Antipsychotics on a service line, providers should only use covered revenue codes. Use of non-covered revenue codes will result in a full claim denial. Drug codes presenting on the Practitioner Fee Schedule with "Y" populating in the National Drug Code Indicator column must be submitted with the NDC on the service line.

**Beginning Jan. 1, 2024**, BCBSIL will require providers to submit prior authorization requests for LAI antipsychotic drugs concurrently with requests for inpatient behavioral health care services. Prior authorization requests can be submitted electronically or by phone.

## **Instructions for retroactive add-on payments for dates of service back to Jan. 1, 2022:**

If providers wish to file corrected claims to reflect the allowable codes published by HFS to bill for the LAI, there must be a valid inpatient authorization on file. Providers will have 90 days from the date of this News and Updates notice to resubmit corrected claims. After receipt of all corrected claims, BCBSIL will identify and adjust claims allowing a one-time override of timely filing and apply the add-on payment. Only claims that have been initially received per timely filing requirements will be eligible for adjustment.

Providers do not need to request prior authorizations from the BCBSIL Utilization Management Department for injections provided prior to Jan. 1, 2024. It is expected that providers are following criteria as identified in 89 Ill. Admin. Code section 148.110 when administering LAI drugs.

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# BLUE REVIEW<sup>SM</sup>

for Providers

December 2023

## Working To Fight Health Care Fraud

Each year, our Fraud Hotline receives calls reporting possible health care fraud, waste and abuse. Our Special Investigations Department reviews every call to determine if there's enough information to investigate suspected fraud.

If fraud is suspected, we may conduct initial interviews and field audits to determine if fraud was intentionally committed. If the SID concludes no fraud occurred, the case may be referred to the appropriate business area to resolve the issue.

Some hotline reports have led to recovery efforts for inappropriate payment of claims and reimbursements, or to law enforcement for criminal prosecution. Hotline calls reporting extreme cases of fraud have resulted in criminal prosecutions.

We encourage members and providers to call the Blue Cross and Blue Shield of Illinois Fraud Hotline at 800-543-0867 to report potential health care fraud, waste and abuse. The Fraud Hotline is available 24 hours a day, seven days a week. All calls are confidential and may be made anonymously. You can also [file a report online](#).



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# BLUE REVIEW<sup>SM</sup>

for Providers

December 2023

## Reminder: Hospital 30-day Readmission Review Process for BCCHP<sup>SM</sup> and MMAI Members

Blue Cross and Blue Shield of Illinois conducts readmission review of hospital services provided to our Blue Cross Community Health Plans<sup>SM</sup> and Blue Cross Community MMAI<sup>SM</sup> members. If you submit claims to BCBSIL for these members, please review the reminder information below.

BCBSIL reviews all subsequent hospital admission claims within the specified timeframe governed by Illinois law, the applicable regulations, and/or requirements set forth in Illinois Medicaid contracts. This process assesses all subsequent hospital admissions that occurred within 30 days of the previous discharge date. It determines whether each individual subsequent hospital admission is to be classified as a readmission for the same facility or hospital system.

### 30-day Readmission Review Process Exception Criteria

If BCBSIL receives a claim for a subsequent hospital admission and determines the claim is a readmission, BCBSIL will deny such claim unless one of the exception criteria on the list below is met. This list was established by the Illinois Department of Healthcare and Family Services:

- The readmission is determined to be due to an unrelated condition from the first inpatient admission and there is no evidence that premature discharge or inadequate discharge planning in the first admission necessitated the second admission;
- The readmission is part of a planned medically necessary, prior authorized or staged treatment plan;
- There is clear medical record documentation that the patient left the hospital against medical advice during the first hospitalization prior to completion of treatment and discharge planning;

Long term care and/or skilled nursing facility for custodial stays;

- Psychiatric and rehabilitation hospital care;
- Metastatic malignancy;
- Multiple traumas;
- Burns;
- Neonatal and obstetrical services;
- Sickle cell anemia;
- Certain HIV Diagnosis Related Groupers;
- Alcohol or drug detoxification;
- Behavioral health-related primary diagnosis at discharge;
- Post-acute admission to a SNF, Inpatient Rehabilitation Facility or Long-Term Acute Care Hospital; or
- Transfer from one acute care hospital to another.

**Always check eligibility and benefits through the [Availity® Essentials](#) or your preferred web vendor prior to rendering care and services to BCBSIL members.** This step will confirm membership status, coverage details and prior authorization requirements.

**How to request prior authorization:** Prior authorization requests may be made by phone (call 877-860-2837 for BCCHP members, call 877-723-7702 for MMAI members) or by fax to 312-233-4060 (same fax number for BCCHP and MMAI). Prior authorization requests for administrative days may not be submitted online at this time.

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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