

BLUE REVIEWSM

A Provider Publication

February 2023

■ 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. Your input is vital! Register now to join via Zoom for the first quarter meeting on **Feb. 16, 2023**.

[Read More](#)

■ Quality Improvement

Supporting Heart Health Equity

Social determinants of health can play a significant role in cardiovascular health, according to the Centers for Disease Control and Prevention (CDC). You can help by encouraging members to talk about barriers to care they may be experiencing, such as issues with transportation or access to healthy food.

[Read More](#)

■ Wellness and Member Education

Ten Facts Your Patients May Not Know About Heart Disease

February is **American Heart Month**, and a good time to talk with your patients about heart disease facts that may surprise them, promote conversation or encourage change.

[Read More](#)

■ Electronic Options

We're Working To Improve Prior Authorization Processes

BlueApprovRSM is a new tool that helps simplify and expedite the process for prior authorization requests handled by Blue Cross and Blue Shield of Illinois (BCBSIL) for **commercial non-HMO** members. **Join us for a webinar this month** to see easy it is to gain access and use this intuitive tool as part of your daily workflow.

[Read More](#)

■ Claims and Coding

Visit Our Website for New Documentation and Coding Resources

We appreciate your time and the care and services you provide to your patients, our members. When it's time to submit your claims for reimbursement, we want to help ensure the process goes smoothly.

[Read More](#)

■ Pharmacy Program

Pharmacy Update: Initial Prescription Limit – Changes to Maximum Days' Supply for BCCHP

Starting **Feb. 1, 2023**, BCBSIL updated prescription drug coverage for BCCHP members. BCBSIL will update the initial prescription logic used for opioids and benzodiazepines.

[Read More](#)

Inflation Reduction Act To Affect Insulin and Vaccine Costs for Medicare Members

As of **Jan. 1, 2023**, the Inflation Reduction Act (IRA) of 2022 affects the costs of insulin and adult vaccines for Medicare members.

[Read More](#)

Pharmacy Program Updates: Prior Authorization Changes Effective March 2023

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.](#)

■ Clinical Updates

Prior Authorization Code Updates for Some Commercial and Government Programs Members, Effective April 1, 2023

BCBSIL is changing prior authorization requirements that may apply to some **commercial non-HMO** and government programs – **Blue Cross Medicare Advantage (PPO)SM, BCCHP and MMAI** – members. Refer to the News and Updates for a summary of [commercial](#) and [government programs](#) changes and code updates.

Laboratory Benefit Management Program: Reminders and Resources

In November 2022, we launched a new program with Avalon Healthcare Solutions for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members. Lab Benefit Management Program Clinical Payment and Coding Policies were posted on our Provider website as of Aug. 1, 2022. Some policies became effective Nov. 1, 2022, and other policies became effective **Feb. 1, 2023**.

[Read More](#)

■ Quality Improvement and Reporting

Delivering Quality Care: Cervical and Breast Cancer Screenings

The new year is an opportunity to remind our members to schedule screenings for cervical cancer and breast cancer. Your patients may not realize that regular screening can detect problems early when they're easier to treat.

[Read More](#)

Federal Employee Program[®] (FEP[®]) Annual Medical Record Data Collection Runs Through April 2023

The BCBSIL FEP team would like your help again this year in completing the Healthcare Effectiveness Data Information Set (HEDIS[®]) medical record data collection for FEP members.

[Read More](#)

■ 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.

[Read More](#)

What To Include When Emailing Our Provider Network Consultant Team

Our Provider Network Consultants (PNCs) serve as your liaison with BCBSIL. Professional PNCs are assigned by region so that you and your staff have a dedicated team to contact via email for help.

[Read More](#)

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. Make sure your information is up-to-date so prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan.

[Read More](#)

■ Notification and Disclosure

ClaimsXten™ Quarterly Update Effective April 17, 2023

BCBSIL will implement its first quarter code update for the ClaimsXten auditing tool on or after **April 17, 2023**.

[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 [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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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.

We'd like to invite you to join us for our next committee meeting on Feb. 16, 2023. See below for details, including the Zoom registration link.

Why participate?

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.

What's on the agenda?

At every meeting, we share updates for MMAI and BCCHP providers, such as new programs and resources to share with your patients. We also feature guest speakers and allow time for a general Q&A.

What: Q1 2023 MMAI and BCCHP Community Stakeholder Committee Meeting

When: Thursday, Feb. 16, 2023, from 1 to 2:30 p.m.

Where: Online, via Zoom – [Register now!](#)

Highlights: Our guest speaker is **Katie Cangemi, Blue Cross and Blue Shield of Illinois, Grants and Sponsorships Program Officer**. Katie will be discussing grants and sponsorships relating to **social determinants of health**.

We look forward to your participation.

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Supporting Heart Health Equity

Social determinants of health can play a [significant role](#) in cardiovascular health, according to the Centers for Disease Control and Prevention (CDC). Social determinants of health are [non-medical factors that influence health outcomes](#). They include the social, economic and physical conditions where people live, learn, work, play, worship and age.

You and your staff may support our members who have risk factors for heart attacks or strokes. We encourage you to ask our members about their needs related to social determinants of health, such as issues with transportation or access to healthy food. They may need to be prompted to discuss non-medical issues that impact their health. On the claims you submit to us, you can include [ICD-10 Z codes for social determinants of health](#) so that we can help address barriers.

Why It Matters

Heart disease and stroke are among [the leading causes of death](#) in the U.S., according to the CDC. However, heart disease, stroke and their risk factors [disproportionately affect](#) some populations. According to the American Heart Association:

- [Black adults](#) have higher rates of severe high blood pressure, and it develops earlier in life.
- [Low-income adults](#) are less likely to be screened for cardiovascular disease.
- Adults living in [less walkable neighborhoods](#) have a higher risk of cardiovascular disease.

See our [Health Equity and Social Determinants of Health webpage](#) for more information.

Other Tips To Close Gaps in Cardiovascular Care

- Talk with our members about reducing and managing their risks for heart disease and stroke. This may include taking medications as prescribed, smoking cessation, increasing physical activity and eating a low-sodium diet. We've created [resources for members](#), including information on [high blood pressure](#) and [cholesterol](#).
- The [U.S. Preventive Services Task Force \(USPSTF\)](#) recommends blood pressure checks for adults age 18 and older at every visit. Ensure that screenings and results are documented in our members' electronic medical records. See our [preventive care](#) and [clinical practice guidelines](#) for more information.
- Offer telehealth services when available and appropriate for preventive care appointments.
- Encourage members to return for follow-up visits. Reach out to those who cancel or miss appointments and help them reschedule as soon as possible.

- For members who have transportation barriers, let them know that we provide Medicaid members with free non-emergency [transportation services](#).
- For members who need language assistance, let them know we offer [help and information in their language](#) at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.

Tracking Our Members' Progress

For the quality measure [Controlling High Blood Pressure](#), we measure the percentage of members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled. The National Committee for Quality Assurance (NCQA) defines controlling blood pressure as:

- Systolic blood pressure < 140 mmHg
- Diastolic blood pressure < 90 mmHg

We also track [Statin Therapy for Patients with Cardiovascular Disease](#). It measures the percentage of male members ages 21 to 75 and female members ages 40 to 75 who:

- Have atherosclerotic cardiovascular disease, and
- Were dispensed at least one high- or moderate-intensity statin medication and remained on the medication for at least 80% of the treatment period

Learn more about [statin therapy recommendations](#).

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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Ten Facts Your Patients May Not Know About Heart Disease

February is **American Heart Month**, and a good time to talk about some of the lesser-known facts about heart disease. Many Americans believe heart disease is not something they have to worry about until they get older, so you may want to remind all patients of the risks and the good news – about 80% of all cases of cardiovascular disease are preventable.¹ Most people know they can lower their risk by making some changes to their lifestyle including eating a healthy diet, exercising and getting enough sleep.

Here are 10 facts your patients may not know about heart disease that may surprise them and promote conversation or encourage change.

1. The term heart disease refers to **several types of heart conditions**, including heart attacks and coronary artery disease, which increases the risk for stroke.²
2. Heart disease is the leading cause of death in **both** men and women in the United States.³
3. More men have heart attacks, but **more women die** from heart attacks because often women have symptoms that seem entirely unrelated to a heart attack, and they may not seek treatment.⁴
4. **Women are more likely** than men to experience nausea, unexplained tiredness and jaw pain when having a heart attack.²
5. It's possible to have a **silent heart attack** and not know for weeks or months later when your doctor does tests.⁵
6. High blood pressure, high LDL cholesterol, diabetes and smoking are **key risk factors** for heart disease.⁵
7. Nearly 7 in 10 people over **age 65 who have diabetes** will die of some type of heart disease.³
8. Heart disease doesn't happen just to older adults. It's **happening to younger adults** more and more often.⁶
9. People can **check for heart disease at home** by measuring their pulse rate and their blood pressure if they have a blood pressure monitor.⁶
10. **Sudden cardiac arrest** isn't the same as a heart attack.⁷

¹American Heart Association, CDC Prevention Programs, May 2018. <https://www.heart.org/en/get-involved/advocate/federal-priorities/cdc-prevention-programs>

²CDC, About Heart Disease, July 12, 2022. <https://www.cdc.gov/heartdisease/about.htm>

³CDC, Mortality in the United States, December 2022. <https://www.cdc.gov/nchs/products/databriefs/db456.htm>

⁴Northeast Georgia Health System, Why Women Are More Likely to Die From a Heart Attack, Feb. 26, 2021. <https://www.nghs.com/2021/02/26/why-women-are-more-likely-to-die-from-a->

[heart-attack](#)

⁵Northwestern Medicine, 10 Things You May Not Know About Heart Disease, February 2020. <https://www.nm.org/healthbeat/healthy-tips/heart-facts-infographic>

⁶CDC, Heart Disease: It Can Happen at Any Age, Jan. 26, 2021.

https://www.cdc.gov/heartdisease/any_age.htm#:~:text=Heart%20disease%E2%80%94and%20the%20conditions,heart%20disease%20earlier%20in%20life.

⁷American Heart Association, Heart Attack and Sudden Cardiac Arrest Differences, Dec. 2, 2022. <https://www.heart.org/en/health-topics/heart-attack/about-heart-attacks/heart-attack-or-sudden-cardiac-arrest-how-are-they-different>

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We're Working To Improve Prior Authorization Processes

BlueApprovRSM is a new tool that helps simplify and expedite the process for prior authorization requests handled by Blue Cross and Blue Shield of Illinois (BCBSIL).

We launched BlueApprovR in November 2022 for online submission of prior authorization requests for some behavioral health services and specialty pharmacy drugs for many of our **commercial, non-HMO** members. We'll soon be expanding this tool to handle additional types of prior authorization requests for these members.

Remember: For some services, prior authorization may be handled by a utilization management vendor, such as AIM Specialty Health[®] (AIM), rather than BCBSIL. When you check eligibility and benefits to confirm membership, you'll be advised of prior authorization requirements and utilization management vendors, if applicable.

Why use BlueApprovR?

BlueApprovR is an intuitive tool that fits right into your daily workflow. Here's a summary of how it works and what this tool offers to you and your staff:

- **Easy access** – You can launch BlueApprovR via a single sign-on process through the [Availity[®] Essentials](#) portal – no need to log on to a separate vendor site. It's free and available 24/7 for registered Availity users. For more information, visit our [BlueApprovR page](#) for a helpful [user guide](#).
- **A personalized experience** – BlueApprovR has user friendly features to make the process efficient, but also enjoyable. Choose an avatar – the system remembers you the next time you log on.
- **Simple navigation** – The tool gives you step-by-step prompts to follow. Just answer a minimum number of questions, specific to your request.
- **Option to upload attachments** – You'll get an alert message if documentation is required to process your request. You can attach the necessary files (PDF or TIF), just like you would add attachments to an email, and submit them to BCBSIL on the spot.
- **Check details** – You'll get a summary page to double check your information. You can make edits as needed, then submit the request.
- **Quick results** – You'll get an answer from BCBSIL within minutes. BlueApprovR returns a certificate number and patient information. (You'll also get a letter in the mail in three to five days with the same information, but you don't

need to wait for the letter to proceed with care.)

- **Option to print or save** – Just go to your BlueApprovR homepage to download or print a summary of what's been approved so you can save it in the patient's record for future reference.

What are providers saying about BlueApprovR?

During our introductory webinars, we asked participants how BlueApprovR compares to previous processes. Here's a summary of comments we've received: ***It's quicker and more user friendly, with less questions and information to fill out. The ability to submit a request and get a response from BCBSIL while the patient is still in the office makes a huge difference.***

Find Out What's New: Join Us for a Webinar

If you attended a previous webinar, you've already had a preview of how BlueApprovR works. If you missed the training or you'd like a refresher, there's still time to attend a webinar this month. Select a date and time below to register. (Times listed are in Central Time.)

[Feb. 8, 2023 – 11 a.m. to noon](#)

[Feb. 9, 2023 – 10 to 11 a.m.](#)

[Feb. 15, 2023 – 11 a.m. to noon](#)

[Feb. 22, 2023 – 11 a.m. to noon](#)

You don't have to be a current Availity user to attend a webinar, but you must be registered with Availity to gain access to BlueApprovR. **Not a registered Availity user?** Go to the [Availity website](#) to register online, at no cost. If you need help with Availity registration, call Availity Client Services at 800-282-4548. If you have any questions on how to access BlueApprovR or if you need customized training, email our [Provider Education Consultant Specialist team](#).

Other Reminders and Resources

- Always check [eligibility and benefits](#) first via Availity or your preferred web vendor, prior to rendering care and services. This step confirms membership and other important information, including prior authorization requirements and utilization management vendors, if applicable.
- For prior authorization code lists and a digital lookup tool, go to [the Prior Authorization Support Materials \(Commercial\) page](#) in our Utilization Management section.
- Even if prior authorization isn't required, you may want to submit an optional request to BCBSIL for recommended clinical review (formerly called predetermination). See our [Medical Policy Reference List](#) for details.

We Want To Be Your Payer of Choice

We appreciate the care and services you provide to our members. We value your time, and we want to make it easier for you to do business with us. In addition to BlueApprovR, we offer and support a suite of electronic tools and resources for contracted providers. Please refer to our [Provider Tools page](#) for a menu of options. Also see our [Electronic Commerce page](#) for an overview of electronic transactions and how to get started. Questions? Email your assigned [BCBSIL Provider Network Consultant](#).

*BlueApprovR isn't available for prior authorization requests for government programs (Medicare Advantage or Illinois Medicaid) or any of our HMO 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.

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. AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

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Visit Our Website for New Documentation and Coding Resources

We appreciate your time and the care and services you provide to your patients, our members. When it's time to submit your claims for reimbursement, we want to help ensure the process goes smoothly.

How can you ensure your claims get through the door?

You've checked eligibility and benefits to determine membership and other important details, such as prior authorization requirements and utilization management vendors to use, if applicable. That's great! But without thorough documentation and careful coding, your claims may be denied or returned for more information.

Use Our Claim Filing Tip Sheets

Claim filing tip sheets are available on our [Claim Submission page](#), under **Documentation and Coding Resources**. Currently, there are tip sheets for the following conditions (**asterisked items are new as of January 2023**):

- **Asthma and Asthma-Associated Conditions***
- Atrial Fibrillation
- Cancer and Cancer Related Treatment
- Diabetes Mellitus
- Human Papillomavirus (HPV)
- **Hypertension (High Blood Pressure)***
- Major Depressive Disorder
- **Mental, Behavioral and Neurodevelopmental Disorders***
- Obesity

More tip sheets may be added in the coming months. Watch the [News and Updates](#) and [Blue Review](#) for announcements on new tools and related resources.

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Pharmacy Update: Initial Prescription Limit – Changes to Maximum Days' Supply for Blue Cross Community Health PlansSM (BCCHPSM)

Starting **Feb. 1, 2023**, Blue Cross and Blue Shield of Illinois (BCBSIL) updated prescription drug coverage for BCCHP members. BCBSIL will update the initial prescription logic used for opioids and benzodiazepines. This change was at the direction of the Illinois Department of Healthcare and Family Services (HFS) and will impact fee-for-service (FFS) as well as Managed Medicaid Health Plans.

- For opioids, the initial fill limit will be a maximum of five days' supply.
- For benzodiazepines, the initial fill limit will be a maximum of 14 days' supply.

After the initial fill, prescriptions for these drugs may be filled for a 30-day supply. The initial fill limit applies to members who have not had another opioid or benzodiazepine claim within the past 60 days.

Please note: Benzodiazepines have no recognized role in pain control and could be hazardous (due to risk of respiratory depression and death) if prescribed for concurrent use with opioids.

Providers can request prior authorization for chronic opioid therapy for members with a diagnosis of chronic painful conditions, such as cancer or sickle cell disease. Upon approval, the five-day initial fill limit will be bypassed. Continuing 30-day refills will then be available to those members with a prescription without additional prior authorization requirements.

Members can call the Member Services number on their BCBSIL ID card if they have any questions. Providers also may contact Provider Customer Service team at 800-972-8088. Pharmacies may contact our Pharmacy Help Desk at 855-457-0173.

¹CDC Guideline for Prescribing Opioids for Chronic Pain, Aug. 29, 2017, https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-508.pdf

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.

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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Inflation Reduction Act To Affect Insulin and Vaccine Costs for Medicare Members

As of Jan. 1, 2023, the [Inflation Reduction Act \(IRA\) of 2022](#) affects the costs of insulin and adult vaccines for Medicare members. The act requires:

- The cost of a covered insulin to be capped at \$35 for a month's supply for those enrolled in a Medicare prescription drug plan.
- No out-of-pocket costs for adult vaccines covered under Medicare Part D.

In January 2023, some Medicare members may have been charged more than \$35 per month for a covered insulin. If that happened, we will reimburse members for any amount paid over \$35. Reimbursement checks were mailed by Jan. 31, 2023.

Here are some frequently asked questions about the changes:

What insulin products are included in the \$35 per month cap?

Included in the cap are insulin products covered under Medicare prescription drug plans and dispensed at a network retail or mail order pharmacy, according to the Centers for Medicare & Medicaid Services.

What vaccines are covered by Medicare Part D at a \$0 copay?

There is no cost sharing for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). This includes the shingles and Tetanus-Diphtheria-Whooping Cough vaccines. ACIP is a group of medical and public health experts that is part of the CDC.

Do the insulins or vaccines need to be included in the plan's formulary to be eligible for the cost reductions?

Insulins and vaccines that are included on the formulary are eligible. Any vaccine or insulin that is approved in transition or due to a formulary coverage exception request is also eligible.

What if a Medicare member has a coverage determination for a non-formulary product?

If a Medicare member has requested a formulary exception for insulin or vaccine and has received an approval, those products are subject to the \$35 cap (insulins) or the \$0 copay (vaccines).

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Laboratory Benefit Management Program: Reminders and Resources

In November 2022, we launched our Laboratory Benefit Management program with Avalon Healthcare Solutions for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members.

The Laboratory Benefit Management program applies to commercial outpatient laboratory claims (typically performed in an office, hospital outpatient, or independent laboratory setting) with dates of service beginning Nov. 1, 2022. Laboratory services provided in an emergency room, hospital observation or hospital inpatient setting are excluded from this program. Member coverage terms still apply.

- [Lab Benefit Management Program Clinical Payment and Coding Policies](#) were posted on our Provider website as of Aug. 1, 2022. Some policies became effective Nov. 1, 2022, and other policies became effective **Feb. 1, 2023**.
- A Trial Claim Advice tool is available to registered users on [Avality® Essentials](#).
- [Avalon Lab Management Program FAQs](#) are available on our [Claim Submission page](#), under the Related Resources.

Continue to watch the [News and Updates](#) for announcements on this program and other Blue Cross and Blue Shield of Illinois (BCBSIL) initiatives. Also be sure to join our Provider Network Consultant (PNC) team for their monthly Provider Hot Topics webinar. Dates, times and registration links are listed on our [Webinars and Workshops page](#). It's a great place to connect with your PNC and stay in the loop on the latest BCBSIL news.

The Laboratory Benefit Management Program doesn't apply at this time to government programs or any of our HMO members.

Avalon Health Solutions (Avalon) is an independent company that provides claims management services for members with coverage through BCBSIL. Avality is a trademark of Avality, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Avality provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services regarding third party vendors and the products and services they offer.

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Delivering Quality Care: Cervical and Breast Cancer Screenings

The new year is an opportunity to remind our members to schedule screenings for cervical cancer and breast cancer. Regular screening can detect problems early when they're easier to treat.

Recommended Screenings

The U.S. Preventive Services Task Force recommends:

- Screening all women for [cervical cancer](#) starting at age 21
- Screening women ages 50 to 74 for [breast cancer](#) every two years. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

See our [preventive care guidelines](#) for more information.

Addressing Health Disparities

According to the American Cancer Society:

- American Indian and Hispanic women have the highest rates of [cervical cancer](#).
- Black women are more likely to die from [breast](#) and cervical cancer than other racial or ethnic groups. [Learn more](#) about disparities in breast cancer.

Other non-medical drivers of health, such as education levels and poverty, are also linked to different health outcomes. See our [Health Equity and Social Determinants of Health](#) page for more information on health equity and how you can help.

Closing Gaps in Care

Cervical Cancer Screening and Breast Cancer Screening are Healthcare Effectiveness Data Information Set (HEDIS®) measures developed by the [National Committee for Quality Assurance \(NCQA\)](#). We track data from HEDIS measures to help assess and improve our members' care.

[Cervical Cancer Screening](#) tracks the following:

- Women ages 21 to 64 who had cervical cytology performed within the last three years
- Women ages 30 to 64 who had either:

- Cervical high-risk human papillomavirus (hrHPV) testing within the last five years or
- Cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years

[Breast Cancer Screening](#) assesses the percentage of women ages 50 to 74 who had at least one mammogram in the past two years.

Tips to Consider

- Talk with our members about risk reduction and prevention.
 - We've created [a video](#) and flyers you may want to share with your patients – [cervical cancer screening](#), [breast cancer screening](#)
 - The Centers for Disease Control and Prevention recommends [human papillomavirus \(HPV\) vaccines](#) for men and women up to age 26 to protect against cervical cancers. We have a tip sheet on [coding and documenting for HPV and related cancers](#).
- Document screenings in the medical record. Indicate the date and result.
- Document medical and surgical history in the medical record, including dates.
- For members who have had a hysterectomy, document the type of hysterectomy and date. Discuss with our members that they may continue to need cervical cancer screening after their hysterectomy, depending on the procedure previously performed.
- Follow up with members if they miss their appointment and help them reschedule.

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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BLUE REVIEWSM

A Provider Publication

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Federal Employee Program[®] (FEP[®]) Annual Medical Record Data Collection Runs Through April 2023

The Blue Cross and Blue Shield of Illinois (BCBSIL) FEP team would like your help again this year in completing the Healthcare Effectiveness Data Information Set (HEDIS[®]) medical record data collection for FEP members. HEDIS is a comprehensive set of standardized performance measures that assess quality of care and outcomes. HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and is used to ensure compliance with the Federal Employees Health Benefits Program (FEHBP) requirements.

Your cooperation in our previous surveys helped make the project a success. As in past years, we select and examine a sample of medical records as defined by HEDIS to measure quality. We will collect medical records using internal resources and we've contracted with Episource to facilitate the medical record retrieval and review process. This medical retrieval process will begin in February 2023 and run through the end of April 2023.

You may be contacted by Episource, on our behalf, to arrange for the collection of certain medical records for HEDIS review purposes **through April 30, 2023**. Episource will provide you with instructions regarding how to submit the medical records by fax, mail, secure email, remote electronic medical record (EMR) download or onsite scanning performed by an Episource medical record technician. If you receive a request for medical records, we ask that you reply within five business days. Your cooperation is crucial to ensure that FEP data is reported accurately and timely.

In addition, BCBSIL FEP staff may contact you directly for certain medical record information to be faxed or emailed to BCBSIL, attention FEP Quality Improvement (QI) Department.

Patient authorization for release of medical record data isn't required. These reporting activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations (45 C.F.R. Parts 160 and 164), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, as incorporated in the American Recovery and Reinvestment Act (ARRA) of 2009, and its implementing regulations, each as issued and amended.

We appreciate your time and continued collaboration. If you have any questions about medical record requests, please contact the BCBSIL FEP QI (HEDIS) Department at 888-907-7918.

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Episource LLC is an independent third party vendor that is solely responsible for the products or services they offer. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors.

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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:

Availity® Essentials and BlueApprovRSM Prior Authorizations Tools

Learn how to electronically submit inpatient and outpatient prior authorization via Availity. Providers will also learn how to submit Medical/Surgical, Behavioral Health and Specialty Rx prior authorization requests through BlueApprovR authorization tool.

[Feb. 8, 2023](#)

[Feb. 9, 2023](#)

11 a.m. to noon
10 to 11 a.m.

Availity Claim Status, Clinical Claim Appeals and Message This Payer

Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using Availity's Provider Portal.

[Feb. 9, 2023](#)

[Feb. 16, 2023](#)

[Feb. 23, 2023](#)

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.

[Feb. 7, 2023](#)

[Feb. 14, 2023](#)

[Feb. 21, 2023](#)

[Feb. 28, 2023](#)

11 a.m. to noon

Availity Remittance Viewer and Reporting On-Demand

[Feb. 16, 2023](#)

1 to 2 p.m.

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.

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Provider Orientation

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

[Feb. 15, 2023](#)

10 to 11 a.m.

[Feb. 23, 2023](#)

1 to 2 p.m.

HEDIS[®] Changes in 2023

Register today to learn about the changes for Healthcare Effectiveness Data and Information Set in 2023 how it will affect providers. This session will highlight the use of HEDIS to move from measurement to improvement by emphasizing equitable care through the identification of health disparities and Social Determinates of Health.

[Feb. 8, 2023](#)

Noon to 1 p.m.

[Feb. 22, 2023](#)

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, as well as general network announcements.

[Feb. 9, 2023](#)

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.

[Feb. 8, 2023](#)

1 to 2 p.m.

Orientation Webinars for New MMAI and/or BCCHPSM 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 network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

[Feb. 16, 2023](#)

10 to 11 a.m.

Website Review Webinar

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

[Feb. 21, 2023](#)

10 to 11:30 a.m.

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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 the health care provider. If you have

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What To Include When Emailing Our Provider Network Consultant Team

Our Provider Network Consultants (PNCs) serve as the liaison between Blue Cross and Blue Shield of Illinois (BCBSIL) and our independently contracted provider community. Professional PNCs are assigned by region so that you and your staff have a dedicated team to contact via email for help. Among other services, your assigned PNC can help keep you up-to-date on BCBSIL initiatives, alert you of training opportunities and assist you with adhering to financial requirements and contractual compliance.

If have questions about credentialing or contracting, you can email the professional PNC team assigned to your region. For a list of email addresses, refer to our [Professional PNC Assignments list](#).*

*Quick Tip: Select only one mailbox from the list to help expedite your inquiry. (Copying multiple mailboxes will only delay the response time.)

To enable the assigned PNC team to quickly and efficiently assist, **include all applicable information from the list below** in your email inquiry:

- Group Name
- Group/Provider Tax ID
- Billing National Provider Identifier (NPI)
- Rendering Provider Name:
- Rendering Provider NPI
- Council for Affordable Quality Healthcare (CAQH®) Number:
- Provider License Number
- Case Number
- Full Description of Issue

Remember: The PNCs aren't your first point of contact for claim-related issues.

For inquiries about **commercial claim issues**, contact our Provider Telecommunications Center (PTC) at 800-972-8088 – just follow the prompts to direct your call. To submit a commercial claim inquiry online, registered [Availity® Essentials](#) users can access the [Claim Inquiry Resolution \(CIR\) tool](#). For **government programs (Medicare Advantage and Illinois Medicaid) claim inquiries**, call the customer service number on the member's ID card.

If you need further help with a claim-related inquiry, you can email your assigned PNC team. Include all of the applicable information from the list above, along with the following additional information:

- Claim Number
- Call Reference Number from the PTC (format will be 1-1xxxxxxx) **or** CIR Number (commercial claims only)

Monthly Provider Hot Topics Webinar

We appreciate hearing from you via email, but we also hope you'll join us the first week of every month for our Provider Hot Topics webinars. Our PNCs use this online forum to share upcoming initiatives, program updates and general network announcements.

This month's Hot Topics webinar is Feb. 9, 2023, from 10 to 11:30 a.m. – [register now!](#) We look forward to connecting with you.

CAQH is an independent third party not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services.

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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder[®]. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your information as it appears in our [Provider Finder](#) on a monthly basis.

- Verify your information (name, specialty, address, phone and website URL) for our provider directory every 90 days. This is [required by federal law](#).
- Update your data when it changes, including when you join or leave a network.
- If you leave a network, update your information immediately and according to your contract terms.

Online options are available for most changes you may need to request. See below for some reminders on the different types of changes and how to request them.

Demographic Changes

We recommend **professional** providers use the [Avality[®] Essentials](#) Provider Data Management feature to request changes to existing demographic information, such as service location, payment address, business website URL, hours of operation and languages spoken.

- If you're unable to use Avality, you may submit a [Demographic Change Form](#).
- You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) National Provider Identifier (NPI). As a participating provider, your NPI(s) should already be on file with Blue Cross and Blue Shield of Illinois. If needed, you can request deactivation of an existing NPI.
- **Facilities** may use only the [Demographic Change Form](#) to verify and update data.

Request Addition of Provider to Group

If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes aren't immediate upon submission of this form. The provider being added to the group won't be considered in-network until they're appointed into the network.

Other Information Changes

The following types of changes are more complex and require special handling:

- **Legal Name Change for Existing Contract** – If you're an existing provider that needs to report a legal name change, [complete a new contract application](#) to initiate the update process.*
- **Medical Group Change for Multiple Providers** – If you're a group (Billing NPI Type 2) and have more than five changes, please email our [Illinois Provider Roster Requests](#) team for a current copy of your roster to initiate your multiple-change request.

*For status of your professional contract application, application, use the [Case Status Checker](#).

If you have any questions, [contact your assigned Provider Network Consultant](#).

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ClaimsXtenTM Quarterly Update Effective April 17, 2023

Blue Cross and Blue Shield of Illinois (BCBSIL) will implement its first quarter code update for the ClaimsXten auditing tool on or after **April 17, 2023**.

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[®]) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSIL may 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 ConnectionTM (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that simulates how BCBSIL's code-auditing software works.

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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