BlueCross BlueShield of Illinois

BLUE REVIEW℠

For Providers

February 2024

Wellness and Member Education

Supporting Healthy Hearts

February is American Heart Month. We're spotlighting awareness for our members who may not know that heart disease and stroke are among the leading causes of death in the U.S. We encourage you to talk with our members about reducing and managing their risks for these conditions.

Learn More

Community Involvement

BCCHP℠ and MMAI Providers: Join Our Community Stakeholder Committee

We're hosting quarterly Community Stakeholder Committee meetings to find ways to better serve our Blue Cross Community Health Plans℠ and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members. We'd like to invite you to join us for our next committee meeting on **Feb. 15, 2024**. Read more on News and Updates.

Quality Improvement and Reporting

What You Can Do To Help Improve CAHPS® Survey Results

Blue Cross and Blue Shield of Illinois conducts an annual Consumer Assessment of Healthcare Providers and Systems survey for BCCHP and MMAI members. The aim of the

survey is to monitor the members' experience and their satisfaction with BCBSIL and its contracted providers and medical groups.

Learn More

Collection of HEDIS® Records for FEP® Members Begins This Month

Providers who care for our Federal Employee Program® members may receive medical record requests from BCBSIL or our medical record retrieval vendor through April 2024.

Learn More

Clinical Updates, Reminders and Resources

Utilization Management: Avoid Delays and Denials

Our utilization management program helps ensure our members get the right care, at the right time, in the right setting. There are optional recommended clinical reviews and required prior authorization reviews that are conducted before services are rendered.

Learn More

Prior Authorization Code Updates for Some Commercial and Government Programs Members, Effective April 1, 2024

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

Pharmacy Program

Pharmacy Program Updates: Prior Authorization Changes Effective April 1, 2024

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. FDA-approved labeling, scientific literature and nationally recognized guidelines. Read more on News and Updates.

Appropriate Use of Opioids Program Retired in January 2024

The Appropriate Use of Opioids program was retired on **Jan. 1, 2024**. BCBSIL will continue to promote safe and effective use of prescription opioids through an approach that more closely aligns with the Centers for Disease Control and Prevention 2022 Guidelines for Prescribing Opioids for Pain, which emphasize flexibility and individualized care. Read more on News and Updates.

Focus on Behavioral Health

Managing Our Members' Antidepressant Medication

We encourage you to talk with our members about getting help for depression, if needed. A depression screening tool can help clarify whether depressive symptoms indicate major depressive disorder.

Learn 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.

Learn 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®. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan.

Learn More

Claims and Coding

Reminder: CPT® Codes May Change

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

Learn More

Notifications and Disclosures

ClaimsXten™ Quarterly Reminder: Updates Effective April 15, 2024

BCBSIL will implement its first quarter code updates for the ClaimsXten auditing tool **on or after April 15, 2024**.

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

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Supporting Healthy Hearts

You may care for our members who have risk factors for heart disease and stroke. These conditions are among the leading causes of death in the U.S. We encourage you to talk with our members about reducing and managing their risks. 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.

Closing Gaps in Members' Care

We track data from the quality measures Controlling High Blood Pressure and Statin Therapy for Patients with Cardiovascular Disease. These are Healthcare Effectiveness Data and Information Set measures from the National Committee for Quality Assurance.

For **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. NCQA defines controlling blood pressure as:

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

Statin Therapy for Patients with Cardiovascular Disease tracks the percentage of men ages 21 to 75 and women 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

Tips To Consider

- The U.S. Preventive Services Task Force recommends blood pressure checks for adults ages 18 and older at every visit. Ensure that screenings and results are documented in our members' electronic medical records.
- The American Heart Association recommends statin therapy to treat cardiovascular disease in adults with established clinical atherosclerotic cardiovascular disease. USPSTF recommends statin therapy to prevent cardiovascular disease in adults with certain risk factors. See our preventive care and clinical practice guidelines for more information.
- Heart disease, stroke and their risk factors disproportionately affect some populations. Social determinants of health can play a significant role in cardiovascular health, according to the Centers for Disease Control and Prevention. See our Health Equity and Social Determinants of Health page for information about addressing barriers to health.
- Offer telehealth services when available and appropriate for preventive care appointments.
- Encourage members to return for follow-up visits. Build care gap alerts in your electronic medical records as reminders. Reach out to those who cancel or miss appointments and help them reschedule as soon as possible.

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.

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What You Can Do To Help Improve CAHPS® Survey Results

Blue Cross and Blue Shield of Illinois conducts an annual Consumer Assessment of Healthcare Providers and Systems survey with its Blue Cross Community Health Plans℠ and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members. The aim of the survey is to monitor the members' experience and their satisfaction with BCBSIL and its contracted providers and medical groups. The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction.

Each year, the survey is mailed in the **month(s) of February/March** to randomly selected members. It instructs the members to rate their experience with the care they received in the last six months. Examples of topics and questions addressed in the survey are listed below, with an emphasis on domains where providers have the most impact.

Survey Category/Topic	Sample Questions
Getting Needed Care	• How often was it easy to get the care, tests or treatment you needed? • How often did you get an appointment to see a specialist as soon as you needed to?

Getting Care Quickly	• When you needed care right away, how often did you get care as soon as you needed it? • When you made an appointment for a check-up or routine care visit at a doctor's office or clinic, how often did you get an appointment as soon as you needed it?
How Well Doctor Communicates	• How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you? • How often did your personal doctor spend enough time with you?
Care Coordination	• Did your personal doctor seem informed and up-to date about the care you got from other health providers?
Smoking Cessation	• Did your provider ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

What You Can Do To Help Improve CAHPS Survey Results:

BCBSIL is currently in a "look-back period," and we strongly encourage any efforts to improve results. Here are some recommendations that may help you and your staff with improving BCCHP℠ and MMAI member satisfaction:

- Ensure availability of walk-in appointments in the morning/evening hours for urgent care.
- Spend enough time with patients and explain things in a way they can understand easily.
- Assist patients in scheduling appointments with specialists.
- Follow up with members' specialists to ensure continuity of care.
- Provide patients with educational materials.
- Discuss available treatment and medication options with patients.
- Encouraging patients to get a flu shot this year.
- At the end of each visit, review the treatment plan, discuss with your patient reasons why and why not to take medications, and list all available treatment options.
- Consider performing a preventive health care visit during a sick visit if time and indications allow.
- Educate patients about preventive illnesses.

Encourage Your Patients To Participate

During the months of February and March, if your patients receive a survey, please encourage them to complete it and return it using the enclosed pre-paid envelope.

For more information on CAHPS, please review the provider resources on our HEDIS® Medicaid (BCCHP/MMAI) page. Also refer to the Agency for Healthcare Research and Quality website.

Physicians and other health care providers should use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment.

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Collection of HEDIS® Records for FEP® Members Begins This Month

Providers who care for our Federal Employee Program® members may receive medical record requests from Blue Cross and Blue Shield of Illinois or our medical record retrieval vendor from February through April 2024. BCBSIL collects data for Healthcare Effectiveness Data and Information Set measures to help monitor FEP members' care.

How You Can Help

Either BCBSIL or our vendor will contact you by fax, phone or email to provide details about the medical records needed and how you can return them. When requested, please provide complete and accurate records within five business days of the request.

Patient authorization isn't required to release these records, as their collection and review is considered a component of health care operations under the Health Information Portability and Accountability Act.

What Data We're Seeking

We collect data for HEDIS measures developed by the National Committee for Quality Assurance including:

- High Blood Pressure Control
- Diabetes Care
  - Hemoglobin A1c Control
  - Blood Pressure Control
  - Eye Exam

Cervical Cancer Screening
- Colorectal Cancer Screening
- Childhood Immunizations
- Immunizations for Adolescents
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This data helps us ensure compliance with Federal Employee Health Benefits Program requirements.

If You Have Questions

Contact FEP Quality Improvement at 888-907-7918.

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Utilization Management: Avoid Delays and Denials

Our utilization management program helps ensure our members get the right care, at the right time, in the right setting. There are optional recommended clinical reviews and required prior authorization reviews that are conducted before services are rendered. These pre-service, utilization management reviews are not a guarantee of benefits or payment. The terms of the member's plan control the available benefits.

Before rendering care or services, always check eligibility and benefits first, via Availity® Essentials or your preferred web vendor. In addition to verifying membership and coverage status, **this step returns information on prior authorization requirements and utilization management vendors, if applicable**.

Member benefits and review requirements and recommendations may vary based on services rendered and individual/group policy elections.

Our Utilization Management page explains the review types needed or suggested when you're providing care for Blue Cross and Blue Shield of Illinois members. You can find "how to" direction and vendor profiles as well as prior authorization and recommended clinical review code lists.

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.

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. Certain employer groups may require prior authorization or pre-notification through other vendors. If you have any questions, call the number on the member's ID card. 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.

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Managing Our Members' Antidepressant Medication

Major depressive disorder is one of the most common mental disorders in the U.S., affecting more than 17 million adults each year, according to the Substance Abuse and Mental Health Services Administration. About a third of those don't receive behavioral therapy or medication treatment, or a combination. Patients often rely on their primary care physicians for behavioral health care, according to the American Academy of Family Physicians.

We encourage you to talk with our members about getting help for depression, if needed. A depression screening tool may help clarify whether depressive symptoms indicate major depressive disorder.

We created a video about depression screening tools, procedure codes and following up on positive screening. You can watch the video here.

Supporting Quality Behavioral Health Care

We track Antidepressant Medication Management, a Healthcare Effectiveness Data and Information Set measure from the National Committee for Quality Assurance. By managing patients' antidepressant medication, providers can help increase medication compliance, monitor side effects and improve treatment outcomes, according to NCQA.

The AMM measure applies to our members with major depression who are age 18 and older. It captures the percentage of members who are newly treated with antidepressant medication and remain on it. Providers who prescribe antidepressants should support members in reaching these two phases:

Effective Acute Treatment Phase – Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Treatment Phase – Adults who remained on antidepressant medication for at least 180 days (six months)

Each phase starts when the prescription is first filled.

Tips To Consider

- Document all the following:
  - Date of service
  - Diagnosis of major depression
  - Clear evidence that antidepressant medication was prescribed
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of discontinuing suddenly. If they take medication for fewer than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

Resources

- HEDIS® tip sheets
- Documentation and coding resources for major depressive disorder
- Depression screening tool

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.

HEDIS is a registered trademark of the NCQA.

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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® Essentials, BlueApprovR℠ Prior Authorization and Recommended Clinical Review Tools *Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using Availity Essentials 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, as well as recommended clinical review, through BlueApprovR.*	Feb. 7, 2024 Feb. 14, 2024 Feb. 21, 2024 Feb. 28, 2024	11 a.m. to 12:30 p.m.

Availity Essentials Claim Status, Clinical Appeals, Reconsiderations and Message This Payer *Learn how to verify enhanced claim status, submit clinical claim appeals reconsiderations requests and Message This Payer online using the Availity Claim Status tool.*	Feb. 8, 2024 Feb. 15, 2024 Feb. 22, 2024 Feb. 29, 2024	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 how to verify patients' Eligibility and Benefits, and other online options.*	Feb. 20, 2024	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.*	Feb. 15, 2024	1 to 2 p.m.
BlueApprovR: Prior Authorization Process and RCR Process *Learn how to access via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization requests, as well as recommended clinical review, for many BCBSIL commercial members.*	Feb. 6, 2024 Feb. 13, 2024 Feb. 20, 2024 Feb. 27, 2024	3 to 4 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*	Feb. 8, 2024	10 to 11:30 a.m.

changes and updates, as well as general network announcements.		
Orientation Webinars for New Blue Cross Community Health Plans℠ and/or MMAI 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. 15, 2024	1 to 2 p.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. 14, 2024	1 to 2:30 p.m.

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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.

See below for reminders and instructions on how to update your data. **Updating your data will count as your 90-day verification**.

How To Make Demographic Changes

Online options are available for most changes you may need to request.

- **Professional Providers** – We recommend using the Availity® 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. See our PDM page and user guide for more details. If you're unable to use Availity, use our 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. As a participating provider, your NPI(s) should already

be on file with BCBSIL. If needed, you can request deactivation of an existing NPI.

- **Professional Provider Groups** – Groups can verify individual providers using the Availity PDM feature or our Demographic Change Form.
- **Acute and Ancillary Facilities** – Facilities and ancillary providers may use only the Demographic Change Form to verify and update data. See our user guide for more details.

To enable us to meet the two-day directory update requirement defined by the CAA, **we won't accept demographic changes by email, phone or fax**. Any demographic updates requested through these channels will be rejected and closed.

For more information, refer to our Verify and Update Your Information page.

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. (Verification reminder: Medical groups who update their provider information by roster can verify all their providers' information every 90 days by submitting a roster. When you submit a roster, all providers affiliated with this group and not listed with an update are verified as correct with no changes.)

*For status of your professional contract application, application, use the Case Status Checker.

If you have any questions, contact your assigned Provider Network Consultant.

representations or warranties regarding any products or services provided by third party vendors and the products and services they offer.

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Reminder: CPT® Codes May Change

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

bcbsil.com

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ClaimsXten™ Quarterly Reminder: Updates Effective April 15, 2024

Blue Cross and Blue Shield of Illinois will implement its first quarter code updates for the ClaimsXten auditing tool on or **after April 15, 2024**.

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

- Current Procedural Terminology codes
- Healthcare Common Procedure Coding System 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 Connection™** 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.