BlueCross BlueShield of Illinois

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A newsletter for contracting institutional and professional providers

December 2020

Wellness and Member Education

‘Have you had a flu shot?’ and Other CAHPS® Survey Questions

December 6-12 is **National Influenza Vaccination Week** and a good time to encourage patients who haven’t received their flu shot yet to get one.

Read More

Tips to Help Your Medicaid Patients Make and Keep Their Appointments

Even before COVID-19, some of your patients may have had obstacles preventing them from getting to your office and following your prescribed health plan. During the COVID-19 pandemic and afterward, you may want to use these tips to help your patients make and keep their appointments.

Read More

CMO Perspective

Blue University℠: Nutrition and Chronic Disease Management

In this month’s CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses last month’s virtual forum on nutrition and chronic disease management.

Read More

Community Involvement

BCBSIL Opens Third Blue Door Neighborhood Center

Blue Cross and Blue Shield of Illinois (BCBSIL) is aiming to improve community health and help make a positive impact in lives of residents on the West Side of Chicago. Our third Blue Door Neighborhood Center (BDNC℠) in the South Lawndale community is scheduled to begin offering virtual programs on **Dec. 7, 2020**.

Read More

What's New

BCBSIL's Salma Khaleq Celebrated as One of Crain's Chicago Business '40 Under 40'

Crain's Chicago Business 40 Under 40 feature recognizes business, nonprofit, government and cultural leaders who've made an impact on Chicago business and the community. This year, Crain's is honoring **Salma Khaleq**, a vice president in our Network Management area, for her innovative work in care initiatives with BCBSIL participating providers. Read more in News and Updates.

We've Made Our Medicare Advantage HMO Policy and Procedure Information Easier to Navigate

We appreciate the care and services you give our Blue Cross Medicare Advantage (HMO)℠ (MA HMO) members. Our Provider website includes a set of MA HMO Policies and Procedures.

Read More

New Prior Authorization Resources Added to Our Utilization Management Section

Last month, we launched a new Utilization Management section on our Provider website. This month, we've added some quick reference diagrams to show how the process works.

Read More

Clinical Updates, Resources and Reminders

Transition of Member Care: Commercial Prior Authorization Change from eviCore to AIM

Starting Jan. 1, 2021, prior authorization requests for **commercial** BCBSIL members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through AIM Specialty Health® (AIM).

Read More

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

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

Read More

City of Chicago Benefit Change, Effective Jan. 1, 2021

The City of Chicago will implement a physical therapy utilization management change **effective Jan. 1, 2021**, for some of its employees with BCBSIL coverage.

Read More

Physical Medicine Utilization Management Program Ends Dec. 31, 2020

The last date of service for the Physical Medicine Utilization Management (PMUM) prior authorization program for Indian Prairie School District (IPSD) group members is **Dec. 31, 2020**.

Read More

Electronic Options

View, Download and Print the BCBSIL Member’s ID Card Online via the Availity® Provider Portal

This month, BCBSIL is excited to offer providers the ability to view, download and print the member’s medical ID card online via the Availity Eligibility and Benefit Inquiry results (271 transaction).

Read More

Verify Multiple Patient’s Eligibility and Benefits Coverage via Availity

The Availity Eligibility and Benefits Inquiry offers an **Add Multiple Patients** feature for providers to check real-time eligibility and coverage details for two to 50 patients in the same request.

Read More

New Electronic Duplicate Claim Rejections for Commercial Claims (December 2020)

Starting this month**,** duplicate claim validation edits will be implemented for commercial electronic Professional and Institutional claims (837P and 837I transactions) when submitted to BCBSIL.

Read More

View Professional Provider Fee Schedule via Availity – Now Available

A new Fee Schedule viewer tool is now available via the Availity Provider Portal for participating professional providers in our Preferred Provider Option (PPO) and Blue Choice PPO℠ networks.

Read More

Provider Education

Submit Commercial Claim Reviews Online via the Claim Inquiry Resolution (CIR) Tool

The Claim Inquiry Resolution (CIR) tool offers you an online method to request claim reviews for certain finalized claims.

Read More

Provider Learning Opportunities

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

Read More

Claims and Coding

Fighting Fraud, Waste and Abuse: Amniotic Membrane and Amniotic Fluid Products

BCBSIL's Special Investigations Department (SID) has become aware of several cases involving experimental, investigational and/or unproven applications of human amniotic membrane products.

Read More

2020 Reminder to Encourage Regular Pre- and Post-natal Care

This article includes important information to help you when providing pre- and post-natal care

and services to Federal Employee Program® (FEP®) members.

Read More

Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic FEP members to eye care specialists for annual eye examinations. We encourage eye care specialists to promptly communicate exam results to the PCP to help coordinate the member's care.

Read More

Focus on Behavioral Health

Billing Reminders for Psychological and Neuropsychological Testing

Proper coding of the specific services provided for psychological and neuropsychological testing may help expedite claim processing and support accurate claim payment.

Read More

New Behavioral Health HEDIS® Measures Tip Sheets: APM and UOP

Two behavioral health tip sheets have been added to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code claims appropriately.

Read More

Quality Improvement and Reporting

Hospital Discharge Summaries Contain Important Information for Primary Care Providers

It's important for PCPs to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information and used to improve coordination and quality of care that may reduce the number of preventable readmissions.

Read More

Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – 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, 2021**, are outlined here.

Notification and Disclosure

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice are 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.

Read More

Important Dates and Reminders

Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.

Quick Reminders

Stay informed!

Watch the News and Updates on our Provider website for important announcements.

Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to request an information change.

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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‘Have you had a flu shot?’ and Other CAHPS® Survey Questions

Although the seasonal influenza activity in the U.S. remains low, you may want to ask patients if they’ve gotten their flu vaccine yet. If they haven’t, explain the benefits and work on a plan to help them get it. December 6-12 is **National Influenza Vaccination Week** and a good time to encourage patients who haven’t received their flu shot yet to get one.

Have you had a flu shot since July 1 of the previous year? is also one of the questions on the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The **CAHPS survey** evaluates how satisfied members are with their health plans and prescription drug services. Member satisfaction is impacted by experiences and interactions the member has with every part of their health plan, including you, the provider community. That’s why it’s so important for all of us to be focused on member satisfaction throughout the year.

The results of the CAHPS survey also factor into the Centers for Medicare & Medicaid Services (CMS) **Star ratings** for Medicare Advantage and Part D programs. The CAHPS survey is administered to a random sample of Blue Cross and Blue Shield of Illinois members from March through June 2021.

Some additional questions members are asked on the CAHPS survey include:

- *How often did you get an appointment to see a specialist as soon as you needed?*
- *How often did you see the person you came to see within 15 minutes of your appointment time?*
- *How often did you and your personal doctor talk about all the prescription medicines you are taking?*
- *How often did your personal doctor seem informed and up-to-date about the care you received from specialists?*

Association

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Tips to Help Your Medicaid Patients Make and Keep Their Appointments

Even before COVID-19, some of your patients may have had obstacles preventing them from getting to your office and following your prescribed health plan. For many people, COVID-19 has exacerbated social determinants of health (SDoH), such as access to health care, safe and affordable housing, transportation, healthy food, health literacy and personal safety. When these social factors are challenged, they may impose significant barriers to your patient's health and wellness.

During the COVID-19 pandemic and afterward, you may want to use these tips to help your patients make and keep their appointments.

Reach Out to Your Patients
Call, text, email and/or mail your patients to remind them that they are due or overdue for their preventive care appointment. Schedule follow-up appointments at check out.

Address patient barriers to attending appointments such as transportation, finances or health literacy.

- Blue Cross and Blue Shield of Illinois (BCBSIL) is working with LogistiCare Solutions, LLC (LogistiCare) to provide non-emergency medical transportation services at no cost for our Blue Cross Community Health Plans℠ (BCCHP℠) and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members.
- Offer telehealth appointments if medically appropriate and educate your patients regarding the process.
- Make sure your BCCHP and MMAI patients know that they may order over-the-counter (OTC) products such as pain relievers, vitamins, blood pressure cuffs and digital scales at no cost. Encourage them to call Member Services at 877-860-2837 (TTY 711), 24 hours a day, seven days a week to find out the dollar amount and products available for them.
- Encourage your BCCHP and MMAI patients with complex health and social needs to learn more about the care coordination available for them.

Help Patients Feel Safe and Comfortable Returning to Your Office

- Screen all employees and patients for COVID-19 symptoms upon entering the facility.
- Ensure proper use of patient protective equipment, including universal mask policy for all patients, health care providers and staff.
- Add accessible hand sanitizer stations.

- Space out appointments to allow time to clean exam rooms and equipment after each patient visit/procedure.
- Limit visitors in the office to promote physical distancing.
- Optimize telehealth services when available and appropriate.

To learn more about SDoH, including what BCBSIL is doing and a list of resources, visit our Health Equity and Social Determinants of Health section.

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Blue University℠: Nutrition and Chronic Disease Management

By: Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Illinois (BCBSIL)

As we wind down another year of CMO Perspective articles in the *Blue Review*, I'd like to take the time to thank you for your readership. This peer-to-peer section of our newsletter has been one of the ways we've worked to stay connected with the provider community this year, despite the unprecedented challenges of COVID-19. We've also appreciated your participation throughout the year in educational meetings, webinars and special forums, such as our Blue University events and related follow-up activities.

While COVID-19 has taken center stage for most of 2020, we've encouraged our members to continue preventive care measures, such as keeping appointments for routine exams and recommended health screenings. In September 2020, we offered three webinars on coordination of care to help better support member education and outreach activities, such as increasing awareness on the importance of keeping up childhood immunizations and annual influenza vaccines.

Last month, we hosted a virtual Blue University forum to discuss chronic disease management. This forum explored connections between nutrition and the development of chronic disease, as well as the general implications of nutrition for chronic disease management, outcomes and potential treatment. In addition, management of chronic diseases during the current COVID-19 pandemic was discussed.

November 2020 Blue University topics included:

- Nutrition and Plant-based Diets
- Hypertension and COVID-19
- Diabetes and COVID-19
- Organ and Tissue Transplantation

Speakers included Terry Mason, M.D., former Commissioner of Health for Cook County and the Chicago Department of Public Health; Damon Arnold, M.D., medical director at BCBSIL; Ambry Loud, MS, RD, LD, CWPC, BCBSIL Worksite Wellness Operations; and two Gift of Hope presenters, CEO Harry Wilkins, M.D., and Jack Lynch, Senior Advisor.

The discussion revolved around nutrition as preventive care and considering that a plant-based diet may be a cornerstone of health. Heart disease reversal protocols have emerged over time where both diet and exercise are critical components of a successful program. Although medicinal treatment may be required, the importance of dietary practices cannot be understated as an adjunct to the effective treatment of chronic disease. This has important implications for those with chronic disease who often have underlying vascular disease such as with diabetes and hypertension. This is especially true during the pandemic, a time when COVID-19 appears to attack the very same vascular system. There are multiple ongoing studies concerning plant-based diets and their ability to affect the progression of disease as well as reverse end organ damage, e.g., in the heart, kidneys and brain. It seems obvious that proper plant-based nutrition can serve as a complement to traditional allopathic medicinal therapies.

Each speaker presented a unique perspective, with the common thread of food as medicine. Dr. Mason issued a call for a better health system that "treats or eradicates [chronic conditions], not just manages complications." He proposed using dietary histories as the earliest indicators of disease because "by the time you get a symptom, that's not early – that's late." To that end, Dr. Mason emphasized the importance of the "real 'farmacy,'" or plant-based diet interventions to help promote healthier outcomes. Dr. Arnold discussed how COVID-19 patients with hypertension and particularly critically ill patients are highly susceptible to acute kidney injury. He cited a plant-based diet as a top-of-the-list healthy lifestyle measure, along with exercise, adequate sleep, stress reduction and medical care access. He noted the importance of reducing salt intake as one critical change to discuss with patients who may not be aware that their daily salt intake also includes sources like prepared foods, soups and crackers.

Ms. Loud spotlighted diabetes as a condition that puts patients at increased risk for complications and death from COVID-19. She emphasized the role of lifestyle management and screening for diabetes and prediabetes, which is particularly important as many individuals may not be aware they're at risk, so they can begin making changes sooner rather than later. Where can patients go for educational information about nutrition? In addition to the American Diabetes Association, Ms. Loud referenced the U.S. Department of Agriculture's ChooseMyPlate site, as well as the Academy of Nutrition and Dietetics eat right site, which offers a variety of resources, such as tools to track food. Ms. Loud also noted BCBSIL resources that are available to members with conditions like diabetes and hypertension – for example, members may choose to work with health coaches or participate in home mentoring programs.

Gift of Hope Organ & Tissue Donor Network has 58 locations across the country to help evaluate potential donors for patients that need organ and tissue transplants and also to offer support to families of donors. Gift of Hope presenters Dr. Wilkins and Mr. Lynch emphasized the importance of prevention as discussed by other speakers. When other measures fail, they noted, referring patients for transplantation is an important consideration, as survival rates far outweigh dialysis success. Unfortunately, there have been a record-breaking number of transplants this year due to COVID-19 and, while kidney failure is a top issue, the Gift of Hope waiting list for a kidney transplant is currently 10 times higher than the next organ on the list. How can providers help? The presenters suggested asking patients to consider registering to be organ donors and also advising patients to talk with loved ones to ensure they're aware of organ donation wishes.

Looking ahead to 2021, we hope to continue discussions around the importance of nutrition, spotlight wellness initiatives, and focus on ways our members can perhaps build their defenses to help guard against illness, or at least adopt healthy lifestyle changes to better manage existing conditions. We also want to provide you with exemplary educational support. If you have ideas for topics you'd like us to explore, or if you have any questions or comments about the Blue University event, please email us. Also feel free to let us know what more we can do to continue to expand our partnership with you as we all look forward to a healthier and happier New Year.

Learn more about Dr. Derek J. Robinson

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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BCBSIL Opens Third Blue Door Neighborhood Center℠

Blue Cross and Blue Shield of Illinois (BCBSIL) is aiming to improve community health and help make a positive impact in lives of residents on the West Side of Chicago. Our third Blue Door Neighborhood Center (BDNC℠) in the South Lawndale community is scheduled to begin offering virtual programs on **Dec. 7, 2020**.

Blue Door Neighborhood Centers are designed to be hubs where the community can learn, connect and focus on their whole person health – which includes tackling the physical, mental, environmental and social factors that can impact wellbeing.

The South Lawndale site, at 2551 W. Cermak Road, will offer services for people whether or not they are a BCBSIL member. Programming will include low-impact fitness, health literacy and classes on topics such as managing diabetes, behavioral health and healthy eating. It will also offer education on how to better use health insurance and connect people to other community resources, as well as feature a meeting room that can be reserved by nonprofit organizations that have missions aligned with the goals of the BDNC.

The first BDNC opened in April 2019 in Pullman. In its first year of operation, the Pullman BDNC had more than 6,000 visitors and collaborated with 55 community-based partner organizations. The second BDNC, a facility combined with employee workspace, opened in August 2020 in Morgan Park. All programming is currently virtual due to COVID-19 safety restrictions. The BDNC team still hosts more than 70 engagement opportunities monthly, continuing to be a resource to the communities they serve.

Learn more at Blue Door Neighborhood Center or check out our Facebook page.

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We've Made Our Medicare Advantage HMO Policy and Procedure Information Easier to Navigate

We appreciate the care and services you give our Blue Cross Medicare Advantage HMO℠ members. Our Provider website includes a set of Medicare Advantage (MA) HMO Policies and Procedures. The MA HMO Policy and Procedures are intended to provide Medical Groups/Independent Practice Associations (MGs/IPAs) an overview of established BCBSIL guidelines and the necessary steps needed to complete in the treatment of members.

We know you're busy and it can be challenging to find specific information you need quickly and easily. So, we've made a change to help.

- Previously, the MA Policy and Procedures was posted as one document on our website.
- You'll still find the MA Policy and Procedures information in the Standards and Requirements, Provider Manual section.
- Now you'll see that each Policy and Procedure is broken into separate documents, so you can go right to the information you need without having to scroll through multiple pages.

For more help with MA Policies and Procedures, contact your assigned Medicare Advantage Provider Network Consultant.

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New Prior Authorization Resources Added to Our Utilization Management Section

Last month, we announced the launch of a new Utilization Management section under the Claims and Eligibility tab of our Provider website.* As a reminder, this section includes a page for each type of pre-service medical necessity review: Prior Authorization, Predetermination and Pre-notification. Each page defines terminology and steps to assess if review is needed, and how to request it. Prior authorization code lists and other reference materials are found on the Support Materials (Commercial) and Support Materials (Government Programs) pages.

It's our goal to continue to enhance this section of our website to help ensure the information is useful. This month, we've added the following new resources:

- Utilization Management Process Overview (Commercial) – This diagram offers a high-level snapshot with all three processes at a glance to help show what type of review may be needed for commercial members, as well as how to submit review requests. (**Note:** This document will be updated Jan. 1, 2021, to reflect utilization management vendor changes for prior authorization requests.)
- Utilization Management Process Overview (Government Programs) – This diagram outlines the prior authorization process, with instructions on how to submit review requests for our Medicare Advantage and

Is the information in the Utilization Management section clear and easy to navigate? Are these new related resources helpful? If you have feedback you'd like to share, please email us – your input is always appreciated. Continue to watch the News and Updates for announcements and links to other resources as they are added. We'll also alert you when existing materials are updated.

The information in this section does not apply for our HMO members.

Checking eligibility and/or benefit information and/or obtaining prior authorization or pre-notification 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, contact the number on the member's ID card.

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Transition of Member Care: Commercial Prior Authorization Change from eviCore to AIM

On Oct. 1, 2020, we alerted you that the **utilization management vendor** that processes prior authorizations for some of our **commercial** members is changing. **Starting Jan. 1, 2021**, prior authorization requests for **commercia**l Blue Cross and Blue Shield of Illinois (BCBSIL) members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through **AIM Specialty Health® (AIM)**.

The update below includes: Key dates to consider as we transition care for some members between eviCore and AIM; new contact information for AIM and hours of operation; and reminders on upcoming training dates.

Consider these key dates and scenarios during the transition of care between eviCore and AIM:

- Continue to submit prior authorization requests to eviCore **through Dec. 31, 2020**, for dates of service before or on Dec. 31, 2020.
- AIM's ProviderPortal will be open for you to begin submitting prior authorization requests **effective Dec. 21, 2020,** for dates of service on or after Jan. 1, 2021.
- **As of Jan. 1, 2021**, commercial prior authorization requests must be submitted to AIM. Do not submit prior authorization requests to eviCore for dates of service on or after Jan. 1, 2021.

Join Us for A Webinar to Learn More

Please attend an online training session for more in-depth information on key dates, as well as a preview of the AIM ProviderPortal and BCBSIL-specific resources on the AIM website. **Select your preferred date and time from the list below to sign up now:**

- Dec. 8, 2020 - 10 a.m. to noon
- Dec. 10, 2020 - 1 to 3 p.m.
- Dec. 15, 2020 - 1 to 3 p.m.
- Dec. 17, 2020 - 10 a.m. to noon
- Jan. 6, 2021 - 10 a.m. to noon

Other Important Reminders

Make sure you're registered with AIM prior to Jan. 1, 2021. [If you're already registered with AIM to submit Radiology

Quality Initiative (RQI) requests for BCBSIL members, you don't need to register again.] There are two ways to register:

- **Online** – Go to the **AIM ProviderPortal**; or
- **By Phone** – Call the **AIM Contact Center at 866-455-8415**, Monday through Friday, 7 a.m. to 7 p.m., CT.

Member benefits will vary based on the service being rendered and individual and group policy elections. Always check eligibility and benefits first, through the Availity® Provider Portal or your preferred web vendor, prior to rendering services. This step will help you confirm coverage and other important details, such as prior authorization requirements and vendors, if applicable. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

For More Information

Continue to watch the News and Updates for reminders, announcements and educational resources that will help you transition to submitting commercial prior authorization requests through AIM.

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

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

Get Answers Up Front

Benefits will vary based on the service being rendered and individual and group policy elections. It is imperative 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 prenotification 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 the Availity® Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area Blue Plan and Federal Employee Program® (FEP®) members.

Learn More

For more information, such as an Availity user guide, refer to the Eligibility and Benefits section of our Provider website. We also offer educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the Provider Learning Opportunities for upcoming webinar dates, times and registration links to sign up now.

Checking eligibility and benefits and/or obtaining prior authorization or pre-notification 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, pre-notification or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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City of Chicago Benefit Change, Effective Jan. 1, 2021

The City of Chicago will implement a change **effective Jan. 1, 2021**, for some of its employees with Blue Cross and Blue Shield of Illinois (BCBSIL) coverage, as noted below.

As of **Jan. 1, 2021**, required **prior authorization requests for physical therapy services** for City of Chicago employees with three-character BCBSIL member ID prefix **CTY** and group numbers **189421 and 189422** must be submitted through **Telligen** instead of OrthoNet™.

Here are some keys points and reminders related to this change:

- Physical therapy services for these members must be certified to be medically necessary by Telligen.
- Claims submitted for physical therapy services without required prior authorization through Telligen may be denied.
- Prior authorization requests for physical therapy services for City of Chicago employees who are Blue Choice Options℠ members must be submitted through Telligen **after the seventh visit** per benefit period (not per provider) with dates of service on or after Jan. 1, 2021.

Always check eligibility and benefits first for all BCBSIL members prior to rendering services. This step will help you confirm prior authorization requirements and utilization management vendors, if applicable. If you have any questions on benefits, refer to the member's ID card for the appropriate contact information.

Telligen is an independent company that provides Utilization Review/Case Management/Disease Management/Maternity Management to BCBSIL. Telligen is wholly responsible for its own products and services. OrthoNet is a registered trademark of OrthoNet LLC, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by independent companies/third party vendors, such as Telligen and OrthoNet. If you have any questions about the products or services they offer, you should contact the vendor(s) directly.

Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized, 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 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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Physical Medicine Utilization Management Program Ends Dec. 31, 2020

The last date of service for the Physical Medicine Utilization Management (PMUM) prior authorization program for Indian Prairie School District (IPSD) group members is **Dec. 31, 2020**. Effective for dates of service on or after **Jan. 1, 2021**, prior authorization through OrthoNet™ will no longer be required for chiropractic services for members with IPSD group numbers **OMC644, OMC645, P20174** or **P40339**.

Don't forget: Always check eligibility and benefits first for all Blue Cross and Blue Shield of Illinois (BCBSIL) members prior to rendering services. This step will help you confirm prior authorization requirements and utilization management vendors, if applicable. If you have any questions on benefits, refer to the member's ID card for the appropriate contact information.

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View, Download and Print the BCBSIL Member's ID Card Online via the Availity® Provider Portal

This month, Blue Cross and Blue Shield of Illinois (BCBSIL) is excited to offer providers the ability to view, download and print the member's medical ID card online via the Availity Eligibility and Benefit Inquiry results (271 transaction). This new and convenient option for medical ID cards issued to BCBSIL members will help make it easier to obtain the member's ID card for your records.

Please note that Federal Employee Program® (FEP®) member ID cards are not currently available in the Availity eligibility and benefits results.

How do you view the member ID card via Availity?
Viewing and printing the member ID card online is easy and consists of only five steps:

- Log in to Availity
- Select Patient Registration from the navigation menu
- Select Eligibility and Benefit Inquiry, then complete and submit request
- Select the View Member ID Card from the top of the results screen, if available*****
- View, download and print the BCBSIL ID card

*******The online ID card is a courtesy feature offered to assist you. There may be instances when the BCBSIL member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.*

Providers not yet registered with Availity can sign up for free at Availity. For registration help, call Availity Client Services at **800-282-4548.**

For More Information
Refer to the Availity Eligibility & Benefits User Guide for navigational online assistance. If you need further help or customized training, contact our Provider Education Consultants.

Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized 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 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. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Verify Multiple Patient's Eligibility and Benefits Coverage via Availity®

Patient eligibility and benefits should be verified before every scheduled appointment. Providers are encouraged to use the Availity Provider Portal or their preferred vendor to check eligibility and benefits information for Blue Cross and Blue Shield of Illinois (BCBSIL) members. The Availity Eligibility and Benefits Inquiry offers an **Add Multiple Patients** feature for providers to check real-time eligibility and coverage details for two to 50 patients in the same request. In the Availity Eligibility and Benefits response, a Patient Card will appear in the left-side Patient History list, for each patient requested. Patient Cards will be available for interpretation for 24 hours and then auto delete from the Patient History list.

Tips for Using the Add Multiple Patients Option:

- Enter each patient's information on a separate line.
- Press Enter on your keyboard to start a new line.
- Separate each piece of information on each line with a comma.
- Make sure to enter the information that matches the search option you selected in the Patient Search Option field.

This feature is available for BCBSIL commercial, Federal Employee Program® (FEP®) and on and off-exchange members. Start saving time and streamlining your eligibility and benefits inquiries by utilizing the Add Multiple Patients option. Refer to the Availity Eligibility and Benefits User Guide for step-by-step instructions.

Please note that the Add Multiple Patients feature is currently unavailable for Medicare Advantage and Illinois Medicaid members.

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New Electronic Duplicate Claim Rejections for Commercial Claims (December 2020)

In March, we announced that, as of April 1, 2020, Blue Cross and Blue Shield of Illinois (BCBSIL) would start implementing new electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).*

Starting this month, duplicate claim validation edits will be implemented for commercial 837P and 837I transactions when submitted to BCBSIL. Upon implementation, you may see new duplicate claim rejection messages on the response files from your practice management/hospital information system or clearinghouse vendor(s).

If you receive a duplicate claim rejection, the affected claim will not be found in our system, as BCBSIL does not create claim numbers (document control numbers) for rejected claims. To verify real-time status of the **original** claim number, use the **Search by Member** option in the Availity® Claim Status tool. For navigational help, refer to the Availity Claim Status user guide on our Provider website.

If you have questions regarding an electronic claim rejection message, contact your practice management/hospital information system software vendor, billing service or clearinghouse for assistance.

This new duplicate rejection edit does not apply to Medicare Advantage or Illinois Medicaid electronic claim submissions.

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View Professional Provider Fee Schedule via Availity® – Now Available

In the November 2020 *Blue Review*, we announced the upcoming launch of a new electronic Fee Schedule viewer tool via the Availity Provider Portal. This new tool is now available for participating professional providers in our Preferred Provider Option (PPO) and Blue Choice PPO℠ networks.

Fee schedules are a key component of your contractual relationship with Blue Cross and Blue Shield of Illinois (BCBSIL). Professional providers may use the Availity Fee Schedule Listing tool to electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform.

How to Access the Availity Fee Schedule Listing Tool:

- Log in to Availity
- Select Claims & Payments from the navigation menu
- Select Fee Schedule

Note: Availity Administrator must assign the 'Provider Fee Schedule' role for users to gain access to this tool.

How to Use the Availity Fee Schedule Listing Tool:

- Select BCBSIL as the payer
- Select your organization
- Select Tax ID number
- Enter the billing National Provider Identifier (NPI)
- Choose the related billing address
- Enter the procedure code(s) and modifier(s)

You must be registered with Availity to use the new Fee Schedule tool. You can sign up for free. For registration help, call Availity Client Services at **800-282-4548**. If you don't have online access, you may continue to fax and/or mail your requests using the Fee Schedule Request forms located on the Forms page of our website.

For More Information

Refer to the instructional **Availity Fee Schedule Tool User Guide** coming soon to the Provider Tools section of our

website. If you need further help, you can email our Provider Education Consultants.

This information is not applicable to Medicare Advantage or Illinois Medicaid members.

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Submit Commercial Claim Reviews Online via the Claim Inquiry Resolution (CIR) Tool

The Claim Inquiry Resolution (CIR) tool offers you an online method to request claim reviews for certain **finalized claims.*** This tool can be used as an alternative option to request claim adjustments over the phone or via the Blue Cross and Blue Shield of Illinois (BCBSIL) Claim Review Form. Using the CIR tool can help save your staff time by reducing the need for phone calls and written correspondences to BCBSIL.

BCBSIL accepts the following claim inquiry types for reconsideration through the CIR tool:

- Medicare/Other Insurance Explanation of Benefits (EOB)
- Duplicate Denial
- Additional Information
- Fee Schedule/Pricing Inquiry
- Eligibility
- Federal Employee Program® (FEP®)
- Prior Authorization Denial
- I-Bill (HOST) Prepay High Dollar Review

Tips for submitting CIR inquiries:

- Submit one inquiry for each claim number that you are requesting for review.
- Avoid duplicate submissions of previously submitted claim inquiries.

This tool is located in our BCBSIL-branded Payer Spaces within the Electronic Refund Management (eRM) tool via the Availity® Provider Portal. You must first complete the eRM onboarding form to gain access to the CIR tool.

Not yet registered for Availity? Sign up for free at Availity. If you need help with registration, call Availity Client Services at 800-282-4548.

For More Information

Refer to the instructional CIR tip sheet located in the Provider Tools section of our website. If you need further education and/or customized training, email our Provider Education Consultants.

The CIR tool is currently unavailable for Medicare Advantage and Illinois Medicaid claim reviews.

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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.

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
2021 Commercial Prior Authorization Updates *This training will provide an overview of key dates, reminders and resources to help you prepare for utilization management vendor and other changes taking effect Jan. 1, 2021.*	Dec. 8, 2020 Dec. 10, 2020 Dec. 15, 2020 Dec. 17, 2020	10 a.m. to noon 1 to 3 p.m. 1 to 3 p.m. 10 a.m. to noon
Availity® Authorizations Tool *We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's new Authorizations tool*.	Dec. 9, 2020 Dec. 16, 2020 Dec. 30, 2020	11 a.m. to noon
Availity Remittance Viewer and Reporting On-Demand *Have you heard? 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.*	Dec. 17, 2020	11 a.m. to noon

BCBSIL Back to Basics: 'Availity 101' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Dec. 8, 2020 Dec. 15, 2020 Dec. 29, 2020	11 a.m. to noon
Introducing Blue High Performance Network℠ (Blue HPN℠) *In January 2021, BCBSIL is launching Blue HPN, a new national high-performance network for large commercial employer groups.*	Dec. 9, 2020	10 to 11 a.m.
Monthly Provider Hot Topics Webinar *These monthly webinars will be held through December 2020. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements*	Dec. 9, 2020	10 to 11 a.m.

AVAILITY WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website for details; or call Availity Client Services at 800-AVAILITY (282-4548) for help.

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Fighting Fraud, Waste and Abuse: Amniotic Membrane and Amniotic Fluid Products

The Blue Cross and Blue Shield of Illinois (BCBSIL) Special Investigations Department (SID) has become aware of several instances involving experimental, investigational and/or unproven applications of human amniotic membrane products.

SID would like to remind independently contracted providers that the BCBSIL Medical Policy for amniotic membrane and amniotic fluid (SUR704.011) includes specific requirements for the use of human amniotic membrane products such as PalinGen®, AmnioBand® Membrane, Biovance®, EpiCord®, Epifix®, Grafix™, to be considered medically necessary.

If you are aware of an instance of potential fraud, we encourage you to file a report online or call BCBSIL at 877-272-9741 to make a report. All online reports and calls are confidential, and you may remain anonymous. To view the medical policy for amniotic membrane and amniotic fluid, and access the most up-to-date BCBSIL Medical Policy information, refer to the Medical Policy section of our Provider website.

HMO reminder: Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual section.

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2020 Reminder to Encourage Regular Pre- and Post-natal Care

This article includes important information to help you when providing pre- and post-natal care and services to Federal Employee Program® (FEP®) members.

A practice advisory from the American College of Obstetricians and Gynecologists (ACOG) reported that pregnant women with COVID-19 may be at increased risk for more severe illness compared with nonpregnant peers. Although, the risk with COVID-19 is substantially lower than that of pandemic H1N1 influenza infection during pregnancy. Even though there are community efforts underway to mitigate the spread of COVID-19, these efforts should not inhibit the medically necessary prenatal care, referrals and consultations that are necessary for members.[1]

Communication between health care professionals during a patient's pre-pregnancy, pregnancy and postpartum medical journey is important. When you're providing care, please document the following information in the patient's chart to help ensure effective coordination and continuity of care:

Prenatal Visit in First Trimester

- Prenatal risk assessment, including the diagnosis of pregnancy, complete medical and obstetrical history, and physical exam as referenced in the ACOG form
- Prenatal lab reports [e.g., obstetric (OB) panel/toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and HIV antibody (TORCH) panel/Rubella antibody test/ABO (O, A, B, or AB blood group testing)/Rh factor testing]
- Ultrasound, estimated due date (EDD)
- Patient education/counseling

Postpartum

- Documentation of a postpartum visit on or between seven to 84 days after delivery. Postpartum office visit progress notation that documents an evaluation of weight, blood pressure, breast exam, abdominal exam and pelvic exam.
- **Best practice supports provider staff calling member within one week after delivery to schedule postpartum follow-up visit.**

[1] ACOG, Practice Advisory Novel Coronavirus 2019, September 2020. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019

best medical judgment based upon all available information and the condition of the patient in determining the best 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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Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic Federal Employee Program® (FEP®) members to eye care specialists for annual eye examinations. We encourage eye care specialists to promptly communicate exam results to the PCP to help coordinate the member's care.

Some members may be hesitant to be in such close contact with providers due to COVID-19, so please share your office safety protocols.

The American Diabetes Association (ADA) recommends diabetic annual eye exams. In 2017, the ADA updated its position statement on diabetic retinopathy and screening recommendations.[1] A summary of ADA screening recommendations for patients with diabetes is included here for your reference.

Screening:	• Comprehensive evaluation by an eye care specialist should not be substituted by retinal photography. However, retinal photography with remote reading by a retinal specialist is acceptable where eye care professionals are not readily available.
Routine Exams:	• Every two years in the absence of retinopathy • Annually in the presence of retinopathy • At more frequent intervals in the presence of progressive retinopathy and/or deterioration of vision due to disease progression
Initial Exam:	• Within five years of diagnosis for adults who have Type 1 diabetes • At the time of diagnosis for adults with Type 2 diabetes
Pregnancy:	• Educate women who are planning to be, or are pregnant, and who also have diabetes about the risk of diabetic retinopathy developing or progressing

	• Perform an eye exam prior to or at the time of diagnosis of pregnancy, during every trimester, and one year after delivery in the presence of pre-existing Type 1 or Type 2 diabetes

To help improve patient outcomes, please consider the following:

- **Incorporate ADA recommendations into practice.** Following the above screening recommendations may help ensure best practice for patients.
- **Gather patient information.** Ask the patient about their diabetes history, medications they are taking, symptoms they are experiencing and if they have any questions.
- **Educate your patients.** Help them understand why a retinal exam for patients with diabetes is different than an eye exam for glasses and why it is essential to help prevent future problems.
- **Remind your diabetic patients** to contact the number on their member ID card if they have any questions about their health care coverage details. A yearly retinal exam may be a covered benefit for patients with diabetes.
- **Submit claims accurately.** When submitting a claim for a diabetic patient eye exam, be sure to include “diabetes” as a diagnosis to help ensure proper application of benefits.
- **Follow up** with the patient’s PCP to coordinate care.

Thank you for working with us to support the health and wellness of our FEP members. Together, we can help support improved outcomes for people with diabetes.

[1]Diabetic Retinopathy: A Position Statement by the American Diabetes Association, Sharon D. Solomon, Emily Chew, Elia J. Duh, Lucia Sobrin, Jennifer K. Sun, Brian L.VanderBeek, Charles C. Wykoff, Thomas W. Gardner, Diabetes Care, Mar 2017, 40 (3) 412-418; DOI: 10.2337/dc16-2641. Additional information on diabetic retinopathy can be found on the ADA site at: http://care.diabetesjournals.org/content/40/3/412

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Billing Reminders for Psychological and Neuropsychological Testing

Below are billing reminders for psychological and neuropsychological testing. Proper coding of the specific services provided may help **expedite claim processing and support accurate claim payment**. Blue Cross and Blue Shield of Illinois (BCBSIL) may reach out to you by phone or email when we note incorrect coding patterns.

The following are common Current Procedural Terminology (CPT®) codes for billing psychological and neuropsychological testing services:

Code	Service
96127	BRIEF EMOTIONAL/BEHAV ASSMT
96130 +96131	PSYCL TST EVAL PHYS/QHP 1ST +PSYCL TST EVAL PHYS/QHP EA
96132 +96133	NRPSYC TST EVAL PHYS/QHP 1ST +NRPSYC TST EVAL PHYS/QHP EA
96136 +96137	PSYCL/NRPSYC TST PHY/QHP 1ST +PSYCL/NRPSYC TST PHY/QHP EA
96138 +96139	PSYCL/NRPSYC TECH 1ST +PSYCL/NRPSYC TST TECH EA
96146	PSYCL/NRPSYC TST AUTO RESULT

Billing Reminders

- According to CPT guidelines, codes **96130-96133** and **96136-96139** are for a **psychological or neuropsychological**

assessment. BCBSIL doesn't recognize these codes for brief screenings or assessments to monitor patient progress during routine therapy sessions or psychiatric follow-up visits unless followed by a comprehensive assessment. CPT guidelines provide specific brief screening codes for these purposes.

- **Base codes** (96130, 96132, 96136, 96138) may be used only **once per testing episode**. If testing occurs across multiple days, the base code may be used one time at the start of testing.
- Determine whether the testing is **mainly psychological or neuropsychological**. Psychological and neuropsychological evaluation codes shouldn't be applied to the same episode of service.
- **Time-based CPT codes** billed by one servicing provider **shouldn't overlap.** For example, if a Beck Depression Inventory is administered during a 60-minute therapy session, a 60-minute therapy code and a brief behavioral assessment code may be billed. An additional half hour or one hour of testing shouldn't be billed since only 60 minutes was spent with the member.

To learn more about Psychological and Neuropsychological Testing, refer to the Clinical Payment and Coding Policy page on our Provider website.

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New Behavioral Health HEDIS® Measures Tip Sheets: APM and UOP*

Two behavioral health tip sheets have been added to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code claims appropriately:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Use of Opioids from Multiple Providers (UOP)

These measures from the National Committee for Quality Assurance (NCQA) serve as quality improvement tools to help ensure our members receive appropriate care.

The tip sheets usually include measurement requirements, best practices and billing codes.

APM Measure
Document **metabolic testing** for members ages **1 to 17 years old** who were dispensed **two or more antipsychotic medications** within a year. If the medications are dispensed on different dates, even if it's the same medication, test **both** blood glucose **and** cholesterol levels.

UOP Measure
This measure evaluates members **18 years and older** who were dispensed an **opioid for 15 days or more** from multiple prescribers and/or pharmacies. Three rates are reported. The proportion of members dispensed opioids from **four or more different prescribers**, **four or more different pharmacies** and from a **combination** of four or more different prescribers ***and*** four or more different pharmacies.

*Measurement Year (MY) 2020 and MY 2021

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Hospital Discharge Summaries Contain Important Information for Primary Care Providers

It's important for primary care providers (PCPs) to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information and used to improve coordination and quality of care that may reduce the number of preventable readmissions.

Here's some useful information you may want to use to help when discharging Federal Employee Program® (FEP®) members after inpatient hospital stays. Use of Electronic Health Records (EHRs) when available may help distribute information from hospital to the member's extended health care network.

Studies have shown that providing timely, structured discharge summaries to PCPs helps reduce readmission rates, improves patient satisfaction and supports continuity of care. One study found that, at discharge, approximately 40% of patients typically have test results pending and 10% of those results require action. PCPs and patients may be unaware of these results.[1,3]

A prospective cohort study found that one in five patients discharged from the hospital to their homes experienced an adverse event (defined as an injury resulting from medical management rather than from the underlying disease) within three weeks of discharge. This study found 66% of these were drug-related adverse events.[2,3]

The following key information is important to include in every discharge summary:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes/medication reconciliation

Communication between the inpatient medical team and the PCP helps ensure a smooth transition to the next level of care. FEP Case Management staff are available to work with members, collaborate with medical team while inpatient and post discharge to facilitate discharge planning instruction. BCBSIL and FEP applaud PCPs who have adopted the best practice of using discharge summaries along with medication reconciliation from their patients' inpatient admission.

[1]Roy CL, Poon EG, Karson AS, et al. Patient safety concerns arising from test results that return after hospital discharge. Ann Intern Med. 2005;143(2):121–8.

[2]Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. Ann Intern Med. 2003;138(3):161–7.

[3]Snow, V., MD. (2009). Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. Journal of Hospital Medicine, 4(6), 364-370. doi:10.1002

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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®. In particular, potential patients may use this online tool to confirm if you or 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 in our Provider Finder. Is your online information accurate? If changes are needed, please let us know as soon as possible.

Types of Information Updates

- **Demographic Changes**
  Use the Demographic Change form to change existing demographic information, such as address, email, National Provider Identifier (NPI)/Tax ID or to remove a provider. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.
- **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 are not immediate upon submission of this form. The provider being added to the group will not be considered in-network until they are 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 are an existing provider who 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 are 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.

Changes are not immediate upon request submission.

For status of your professional contract application, or if you have questions or need to make changes to an existing contract, email our Network Operations Provider Update team.

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