

# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

## March 2020

### ■ What's New

#### **2019 *Blue Review* Readership Survey: Your Ideas and Input in Action**

The results are in for our annual readership survey (conducted in October and November of 2019). Read more for a snapshot of the results, along with some of our upcoming plans to put your input into action.

[Read More](#)

#### **Use ICD-10 Z Codes to Document Social Determinants of Health Needs**

To better track and address the social needs of our members, Blue Cross and Blue Shield of Illinois (BCBSIL) invites you to incorporate Social Determinants of Health (SDoH) ICD-10 Z codes on the claims you submit to us.

[Read More](#)

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### ■ CMO Perspective

#### **New Program to Increase Access to Maternal and Infant Health Care Among Vulnerable Communities**

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses our partnership with a national non-profit organization, Centering Healthcare Institute (CHI), to help close the gap in health disparities and improve maternal and infant birth outcomes in our communities.

[Read More](#)

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### ■ Wellness and Member Education

#### **Blue Distinction<sup>®</sup> Centers for Cellular Immunotherapy Recognizes CAR-T Therapy**

## Providers

Blue Distinction® (BDC) is a national designation awarded by Blue Cross and Blue Shield (BCBS) Plans to recognize providers who demonstrate expertise in delivering quality specialty care – safely, effectively and cost efficiently.

[Read More](#)

## Online Breast Cancer Screening Tool May Encourage Women to Schedule Mammogram

Apart from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity. Screening can help improve outcomes.

[Read More](#)

## Transportation Services to Help Our Medicaid Members

BCBSIL is working with LogistiCare Solutions, LLC (LogistiCare) to provide non-emergency medical transportation services at no cost to our Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members.

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## ■ Claims and Coding

### Attention Non-emergent Transportation Providers: Medicaid Claim Process Changes, Effective Feb. 1, 2020

BCBSIL is making some claim handling changes for non-emergent transportation services provided to our BCCHP and MMAI members.

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## BlueCard® Program Reminder Checklist

The BlueCard program is designed to help our members take their coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement.

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## ■ Electronic Options

### New Electronic Commercial Claim Validation Edits, Effective April 1, 2020

As of **April 1, 2020**, BCBSIL will implement new electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).

[Read More](#)

[Read More](#)

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## ■ Pharmacy Program

### **Safety Alert: Ranitidine Drug Recall**

Since late September 2019, the U.S. Food and Drug Administration (FDA) has been alerting patients and health care professionals of several manufacturers' voluntary nationwide recalls of ranitidine medications.

[Read More](#)

### **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020 – 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 **April 1, 2020**, are outlined [here](#).

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## ■ Provider Education

### **Statewide HealthChoice Illinois MLTSS Implementation: Quarterly Webinar Reminder**

Per the Illinois Department of Healthcare and Family Services (HFS), effective **July 1, 2019**, the Managed Long Term Services and Supports (MLTSS) program became part of HealthChoice Illinois statewide.

[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](#)

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## ■ Notification and Disclosure

### **Procedure Code and Fee Schedule Updates**

As part of our commitment to informing our independently contracted providers of certain developments, BCBSIL has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

[Read More](#)

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## 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](#).

## bcbsil.com

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## 2019 *Blue Review* Readership Survey: Your Ideas and Input in Action

The results are in for our annual readership survey (conducted in October and November of 2019). We know you are extremely busy, and we want you to know that we value your time and input. See below for a snapshot of the results, along with some of our upcoming plans to put your input into action.

### Quick Results Summary

The 2019 response rate was similar to 2018. Most respondents reported that they read the newsletter every month; if they don't read it, it's typically due to lack of time. Nearly all respondents said the newsletter frequency is just right. The majority of respondents gave high marks for article quality and effectiveness (writing, timeliness and relevance of content). Ratings for newsletter format (ease of navigation) rose slightly, compared to the 2018 results.

### Opportunities for Improvement

Many participants took the time to write in comments and suggestions. We'll be making some changes in the coming months, based on this feedback. For example, you'll see more articles on:

- Behavioral health and other specialty-specific topics
- Claim filing updates and "how-to" information
- Member education and wellness resources
- Whom to contact, when and how
- Provider training opportunities

### What's next?

We're also looking into ways we can make it easier for you to find the information that's most relevant to your practice. As part of our planning process, we're reviewing several innovative ideas suggested by survey participants. Watch for an article later this year for more details.

Did you miss the 2019 survey? There will be a 2020 survey, so you'll have another chance to take part. Meanwhile, you're always welcome to email the [Blue Review editor](#) with any feedback, ideas or suggestions. Thank you for your readership, engagement and input!

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## Use ICD-10 Z Codes to Document Social Determinants of Health Needs

To better track and address the social needs of our members, Blue Cross and Blue Shield of Illinois (BCBSIL) invites you to incorporate Social Determinants of Health (SDoH) ICD-10 Z codes on the claims you submit to us. Any clinician (physician, nurse, social worker, community health worker, case manager, or other providers) can document a person's social needs.<sup>1</sup>

### What are Social Determinants of Health?

Social determinants of health are conditions in the environments in which people are born, grow, live, work and age. These social factors can impose significant barriers to a person's health and wellness.

### Using Social Determinants of Health ICD-10 Codes

What does this mean for you and your staff? Each patient brings more to your office than the symptoms they present on the surface. SDoH may affect a patient's ability or willingness to follow their recommended treatment plan, so it's important to adopt a "whole-person" approach. By working together, we can help remove barriers to improved health and help provide an improved quality of life to members. Through the use of ICD-10 Z code data, we will be able to better understand the unique, social needs of BCBSIL members and help connect members with available resources.

### What You Can Do:

- Educate staff on the need to screen, document and code data on patients' SDoH needs.
- Ask patients about their SDoH needs. Patients may not know to discuss non-medical issues with their provider and may need to be prompted.
- Document any SDoH needs by using the SDoH ICD-10 Z codes listed on this [flyer](#) and adding them to claims you submit to BCBSIL.

**We would love to hear from you. *Where are you in your health equity and social determinants of health journey? What challenges are you facing? What successes have you achieved?*** Your input will help us continue to enhance the [Health Equity and Social Determinants of Health section](#) of our Provider website with ways you can take action, along with helpful links and related resources. **[Please complete our brief survey now.](#)**

<sup>1</sup>American Hospital Association. ICD-10-CM Coding for Social Determinants of Health. Nov. 2019, [www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf](http://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.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.

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## **New Program to Increase Access to Maternal and Infant Health Care Among Vulnerable Communities**

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

Preterm birth rates are on the rise in the U.S., affecting approximately one of every 10 babies born each year.<sup>1</sup> Unfortunately, the danger doesn't end upon delivery. Premature birth and related complications are the primary cause of infant death in our country.<sup>2</sup> But the risk is higher for some populations. The 2019 March of Dimes Report Card for Illinois shows the preterm birth rate for babies born to black women is 52% higher than the rate for all other women.<sup>3</sup>

For some Illinois communities, social determinants of health, such as low income, lack of health care coverage and limited access to quality maternity care may contribute to higher rates of premature birth rates and infant mortality. BCBSIL believes access to quality maternal care is a critical step toward improving the health of pregnant and post-partum women and fostering more equitable care delivery in our communities. We're committed to collaborating with new partners that demonstrate effective new health care solutions and help bring our communities together.

This year, we're teaming up with a national non-profit organization, [Centering Healthcare Institute \(CHI\)](#), to help close the gap in health disparities and improve maternal and infant birth outcomes in our communities. Through a grant to CHI, we're supporting expansion of CenteringPregnancy<sup>®</sup> – an evidence-based, nationally recognized model for group prenatal care – to select Federally Qualified Health Centers (FQHCs) across Illinois.

CenteringPregnancy is one of several CHI Centering programs that combine health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. Especially in communities at risk for poor birth outcomes, it's necessary for women to have access to care and resources they need to help them manage their health. Group prenatal care helps women connect with others who have similar questions and concerns. It also frees up time for providers, so they can spend more time on more complex issues.

Through the CenteringPregnancy program, women can receive routine prenatal care, childbirth classes, group therapy and personalized health assessments. CenteringPregnancy sessions are facilitated by a medical professional. There are

set topics for each week, but participants can talk about whatever they want, such as proper nutrition, common discomforts, stress management, breastfeeding and infant care.

This evidence-based model to prenatal care is shown to help improve health outcomes by reducing the rate of preterm births, low birth weight and Neonatal Intensive Care Unit (NICU) admissions – all while increasing care compliance among participating members.<sup>4</sup> The program also helps promote breastfeeding, postpartum depression screenings and healthier pregnancy spacing. With more than 100 published studies and peer-reviewed articles, [evidence](#) shows that CenteringPregnancy reduces costs, improves health outcomes for mothers and their babies and reduces racial health disparities.

The first new CenteringPregnancy site locations will be announced later this year. Leveraging data from BCBSIL claim reports, the pilot program will target key ZIP codes in communities with a high prevalence of premature birth outcomes and NICU admissions with suboptimal health outcomes and high cost of services.

It's important that all our members have a forum to share and be heard, understood, educated, supported and empowered to make decisions that promote their own health and wellbeing. As prenatal care becomes more collaborative and patient-centric, we can help reduce health disparities by being more responsive to the diverse needs of pregnant and post-partum women.

Please continue to watch the [Blue Review](#) and [News and Updates](#) for more information as it becomes available. CenteringPregnancy site locations and related information will be posted in the [Health Equity and Social Determinants of Health \(SDoH\) section](#) of our Provider website. We hope you will encourage your patients to leverage this innovative learning model.

[Learn more about Dr. Derek J. Robinson](#)

<sup>1</sup> March of Dimes, Fighting Premature Birth: The Prematurity Campaign, Premature Birth Report Card. Accessed Feb. 12, 2020, at <https://www.marchofdimes.org/mission/prematurity-campaign.aspx> <https://www.marchofdimes.org/mission/reportcard.aspx>

<sup>2</sup> Centers for Disease Control and Prevention (CDC), National Vital Statistics Reports, Births: Final Data for 2018. Accessed Feb. 12, 2020, at [https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_13-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf)

<sup>3</sup> March of Dimes, 2019 March of Dimes Report Card for Illinois. Accessed Feb. 12, 2020, at <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?rmodrc=1&req=17>

<sup>4</sup> CHI, CenteringPregnancy. Accessed Feb. 24, 2020, at <https://www.centeringhealthcare.org/what-we-do/centering-pregnancy>

CenteringPregnancy is a trademark of CHI.

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 Distinction<sup>®</sup> Centers for Cellular Immunotherapy Recognizes CAR-T Therapy

Blue Distinction<sup>®</sup> (BDC) is a national designation awarded by Blue Cross and Blue Shield (BCBS) Plans to recognize providers who demonstrate expertise in delivering quality specialty care – safely, effectively and cost efficiently. The goal of the program is to help patients find both quality and value for their specialty care needs, while providing a credible foundation on which employers may customize their employees' benefits.

### **Distinction in Local Communities and Nationwide**

The Blue Distinction Centers for Cellular Immunotherapy program aims to help support improved patient outcomes and affordability for members, beginning with individuals undergoing chimeric antigen receptor T cell (CAR-T) therapies. These are genetically-modified autologous T cell immunotherapies that may help bring new treatment options for certain cancer patients.

The treatment involves the genetic re-engineering of a patient's white blood cells. Two CAR-T therapies have been approved recently by the U.S. Food and Drug Administration (FDA) to treat certain patients with leukemia (Kymriah<sup>™</sup>) and lymphoma (Yescarta<sup>™</sup> and Kymriah). The complexity and expertise needed to deliver these treatments supports identifying centers of excellence, through the Blue Distinction Centers for Cellular Immunotherapy program.

Providers that have been identified by a product manufacturer certification program to deliver CAR-T therapy will be invited to participate in this Blue Distinction program's designation process. The program will continue to expand in the future as new treatments become FDA-approved.

Since these new CAR-T therapies have been recently introduced into clinical use, current insight into the episode of care and optimal clinical pathways is limited. As the Blue Distinction program and its selection criteria evolve, BCBS Plans will continue to work with the medical community to help identify meaningful clinical measures of quality and establish outcomes data that may help guide quality improvement for patient care.

Designation as a Blue Distinction Center for Cellular Immunotherapy differentiates providers locally, as well as nationally. This highly respected designation acknowledges the expertise providers have demonstrated and their commitment to improving quality and affordability. Designations are awarded based on quality criteria that support delivery of timely,

coordinated, multidisciplinary, evidence-based care with a focus on quality improvement and patient-centered care.

In addition to meeting quality and business criteria, each designated facility is required to have a payment model for CAR-T specialty pharmacy products with their local Blue Plan that meets the value criteria, including protection against mark-up over the wholesale acquisition cost (WAC). Although a BDC+ designation is not offered at this time, the initial BDC designation incorporates an expectation of cost value. A Blue Distinction® Center+ (BDC+) level may be added in a future designation enhancement, once episode-based cost of care may be measured and risk adjusted meaningfully.

As the program evolves for a re-designation cycle, targeted for 2021, a global episode-based payment model including medical care services is anticipated to be added as an additional requirement.

The new Blue Distinction Centers for Cellular Immunotherapy program designations will be awarded on an ongoing basis, and the program will continue to expand as new providers become certified and eligible for designation.

For more information, visit the [Blue Distinction® Specialty Care page](#).

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. The designation is not a guarantee of any particular outcome. Individual outcomes may vary.

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## Online Breast Cancer Screening Tool May Encourage Women to Schedule Mammogram

Apart from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity.<sup>1</sup> Screening can help improve outcomes. Early detection not only reduces the risk of dying from breast cancer but can also provide a greater range of treatment options and lower health care costs.<sup>2</sup> Blue Cross and Blue Shield of Illinois (BCBSIL) encourages providers to discuss the importance of mammograms with their patients.

One tool that may encourage women to schedule a mammogram is a five-minute online questionnaire developed by Bright Pink. We are working with Bright Pink, a non-profit organization, on a pilot program to help bridge the gap for breast and ovarian cancer. Bright Pink has created an [Assess Your Risk](#) tool that allows women to take a quick assessment online to learn about their risk of developing breast or ovarian cancer. You may want to share this information with your patients when you remind them to get a mammogram.

The Breast Cancer Screening Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measure evaluates the percentage of women between 50 and 74 years of age who had a mammogram screening performed between October 1 two years prior to the measurement year, through December 31 of the measurement year. For example, for the measurement year 2020, the mammogram would need to have been performed between Oct. 1, 2018 and Dec. 31, 2020. Members in hospice are excluded from the eligible population. HEDIS is one of the most widely used set of health care performance measures in the U.S.

### Reminders:

- All types and methods of mammograms such as screening, diagnostic, film, digital or digital breast tomosynthesis, will count as compliant for this HEDIS measure.
- This measure does not include biopsies, breast ultrasounds or magnetic resonance imaging (MRI).
- As an administrative measure that is captured through claims data, it is vital mammograms are billed using the correct Current Procedural Terminology (CPT<sup>®</sup>) codes.
- If a patient has a history of bilateral mastectomy, it is important to submit the appropriate ICD-10 diagnosis code to reflect this.

<sup>1</sup> Centers for Disease Control and Prevention, Breast Cancer Statistics, May 28, 2019. <https://www.cdc.gov/cancer/breast/statistics/index.htm>

<sup>2</sup> American Cancer Society, Recommendations for the Early Detection of Breast Cancer, Oct. 3, 2019. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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## Transportation Services to Help Our Medicaid Members

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<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members.

### What is covered?

BCBSIL offers this service, at no cost, for BCCHP and MMAI members to get to and from their scheduled in-network doctor appointments, to pick up medical supplies and equipment, including prescriptions, or to get to a scheduled lab test. The appointment must be within 65 miles of the member's home and may be with their primary care physician (PCP), a specialist, physical therapist, behavioral health therapist, dentist or eye-care specialist. BCCHP and MMAI members may use the benefit as often as necessary.

### What is *not* covered?

The service does **not** cover transportation:

- For non-medical reasons
- To a member's in-network provider if the provider's location is more than 65 miles away from the member's home without prior authorization from LogistiCare
- To providers who are outside of the member's BCBSIL network without prior authorization from LogistiCare

### How can members schedule rides?

- Members must call LogistiCare at least 72 hours before their appointment.
- Members may pre-schedule return rides if they know what time they will need to be picked up. Members who don't pre-schedule rides may call LogistiCare between 8 a.m. and 6 p.m., when they are ready to be picked up. The driver should arrive within one hour of the call. If a member needs a ride outside of the LogistiCare business hours, they may call the number on their BCBSIL ID card 24 hours a day, seven days a week. BCBSIL Member Services will connect the member to LogistiCare.
- Members should call 911 for emergency transport only (approval is not required for emergency transport).

### Other Transportation Options

- Members may call LogistiCare at least 24 hours in advance of their scheduled appointment to inform LogistiCare that a

friend or family member will drive them to their appointment. LogistiCare will create a case for the member and provide instructions and forms for mileage reimbursement. Reimbursement is issued to the driver, not the member.

- Members may call LogistiCare at least five days in advance of their scheduled appointment to inform LogistiCare that they plan to use mass transportation to get to their appointments. Once approved, LogistiCare will send the member mass transit passes.

**If members have questions or would like to schedule a ride, they may call LogistiCare at 877-831-3148, TTY/TDD: 711 or 866-288-3133, Monday through Friday, 8 a.m. to 6 p.m. CST.**

**If providers have questions or would like to schedule a ride for their patient, they may call LogistiCare's Provider Customer Service at 877-917-4149.**

LogistiCare, a subsidiary of The Providence Service Corporation, is an independent company that provides transportation services for BCBSIL members. LogistiCare is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by LogistiCare.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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, please call the number on the member's ID card.

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## Attention Non-emergent Transportation Providers: Medicaid Claim Process Changes, Effective Feb. 1, 2020

Blue Cross and Blue Shield of Illinois (BCBSIL) is making some claim handling changes for non-emergent transportation services provided to our Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members. Physician Certification Statement (PCS) form submission procedures for non-emergent transportation also are changing.

Effective **Feb. 1, 2020**, adjudication and processing of non-emergent transportation claims for ambulance (ground and air), service car, medicar, stretcher van and safety car services for BCCHP and MMAI members are no longer being administered by LogistiCare Solutions, LLC (LogistiCare). Instead, adjudication and processing of these claims now aligns with BCBSIL's current process for emergent transportation claims submitted for services provided to BCCHP and MMAI members.

LogistiCare will continue to handle eligibility and benefits and benefit preauthorization requests, in addition to scheduling of non-emergent transportation across all service categories. LogistiCare also will continue to administer claims for non-emergent taxi, private auto, mass transit transportation and commercial airplane services for eligible members.

To assist you with this transition, here are some frequently asked questions from transportation providers, with answers from BCBSIL:

1. ***As of Feb. 1, 2020, who serves as claims administrator – LogistiCare or BCBSIL – for which type of transportation provider?***

The table below outlines claims administrator information according to date of service. Helpful links for transportation billing and PCS form guidelines are listed at the bottom of the table for your reference purposes.

Type of Transportation Provider	Claim Administrator Dates of service through Jan. 31, 2020	Claim Administrator Dates of service on or after Feb. 1, 2020
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**NON-EMERGENT**

LogistiCare

BCBSIL

- Ambulance (ground or air)
- Service car
- Medigar
- Stretcher van
- Safety car

**NON-EMERGENT**

LogistiCare

LogistiCare

- Taxi/livery
- Private auto
- Mass transit including bus and train
- Commercial airplane

**EMERGENT**

BCBSIL

BCBSIL

Ambulance (ground or air)

For detailed billing guidelines, view the [Illinois Association of Medicaid Health Plans \(IAMHP\) Provider Memorandum](#)

To learn more about PCS form guidelines, refer to the [Illinois Department of Health and Family Services \(HFS\) Provider Notice](#).

**2. What is the easiest way to submit non-emergent claims to BCBSIL for ambulance (ground or air), service car, medigar, stretcher van and safety car for dates of service on or after Feb. 1, 2020?**

We encourage electronic claim submission. Transportation providers may submit claims via the Availity® Provider Portal. Non-emergent transportation claims for both BCCHP and MMAI members may be sent electronically. The payer ID is MCDIL. Please note: You must be a registered user to submit claims via the Availity portal. There is no cost to register. Visit the [Availity website](#) to sign up online or call Availity Client Services at 800-AVAILITY (282-4548).

**3. Can we send paper claims to BCBSIL?**

If you do not have electronic access, paper claims may be mailed. Note: There is a mailing address specific to each type of member, BCCHP or MMAI.

**For BCCHP claims handled by BCBSIL, mail paper claims to:**

Blue Cross Community Health Plans  
c/o Provider Services  
P.O. Box 3418  
Scranton, PA 18505

**For MMAI claims handled by BCBSIL, mail paper claims to:**

Blue Cross Community MMAI (Medicare-Medicaid Plan)  
c/o Provider Services  
P.O. Box 4168  
Scranton, PA 18505

**4. What happens if claims are sent mistakenly to the wrong claim administrator?**

If BCBSIL receives a claim for a non-emergent trip via ambulance, service car, medigar, stretcher van or safety car transport, for any dates of service through Jan. 31, 2020, the claim will be denied. The transportation provider will need to resubmit the claim to LogistiCare.

If LogistiCare receives a claim for non-emergent transport provided on or after Feb. 1, 2020, by an ambulance, service car, medicar, stretcher van or safety car, the claim will be denied. The transportation provider will need to resubmit the claim to BCBSIL.

**5. *Where and how should we send Physician Certification Statement (PCS) forms for our non-emergent trips for dates of service on or after Feb. 1, 2020?***

Fax PCS forms to the administrator responsible for adjudication and payment of the claim. For non-emergent trips provided on or after Feb. 1, 2020, by ambulance (ground or air), service car, medicar, stretcher van and safety car, fax PCS forms to BCBSIL at **877-272-3629**. (PCS forms for non-emergent trips for dates of service through Jan. 31, 2020, should be sent to LogistiCare.)

**6. *What if PCS forms are sent incorrectly to either LogistiCare or BCBSIL?***

If a PCS form is submitted incorrectly, the receiving administrator will redirect the form.

**7. *Will LogistiCare continue to preauthorize benefits and schedule trips for non-emergent transportation?***

Yes. LogistiCare will continue to verify member benefits and eligibility and provide benefit preauthorization and scheduling of non-emergent transportation services for BCCHP and MMAI members.

**8. *What happens to a non-emergent claim for a trip on or after Feb. 1, 2020, that was approved for ambulance services but was later downgraded and serviced by a medicar?***

Assuming the claim is completed and submitted correctly, it will be paid at the medicar rate. A claim for a service that was upgraded after benefit preauthorization will be paid at the higher rate for the vehicle used.

**9. *Where can we get more how-to information about the new non-emergent claims and PCS forms processes?***

Transportation providers will be assigned a BCBSIL Provider Network Consultant (PNC) who will conduct an orientation to acquaint you with resources for providers, such as the [BCBSIL Provider Manual](#) and monthly [Blue Review](#) newsletter. If you need help, simply email your request to our [Government Programs PNC team](#).

**10. *If we encounter issues during the transition that neither LogistiCare nor BCBSIL can resolve, whom should we contact?***

Follow the dispute process as documented by the IAMHP. For details, refer to the Claim Dispute section of the [IAMHP Comprehensive Billing Manual](#). This guide is available on the [IAMHP website](#).

LogistiCare is an independent company that provides transportation services to BCBSIL through a contractual agreement between BCBSIL and LogistiCare. The relationship between BCBSIL and LogistiCare is that of independent contractors. 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 LogistiCare or Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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.

This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

March 2020

## BlueCard® Program Reminder Checklist

The BlueCard program is designed to help our members take their coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement. As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing in most instances – your local Blue Plan. For Illinois providers, that's Blue Cross and Blue Shield of Illinois (BCBSIL).

Here's a quick checklist of important BlueCard reminders:

- **Ask members for their current ID card.** Most BlueCard members have a suitcase logo on the front of their ID card. *Also ask for a photo ID to confirm the member's identity.*
- **Verify the member's eligibility, benefits and copayments.** For faster results, check coverage electronically through the Availity® Provider Portal, or your preferred web vendor.
- **When recording the member ID number, be sure to include the three-character prefix.** This prefix indicates the member's group information.
- **Submit BlueCard claims to BCBSIL electronically.** Do not submit duplicate claims.
- **Check claim status online.** Check the status of the original claim online by submitting an electronic claim status request to BCBSIL via Availity or your preferred vendor portal. For commercial claims, you may use the Availity Claim Research Tool for enhanced claim status.

For more in-depth information to assist you when you are filing claims for out-of-area members, refer to the [BlueCard Program Provider Manual](#).

Checking eligibility and/or benefits information 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, please call the number on the member's ID card.

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## New Electronic Commercial Claim Validation Edits, Effective April 1, 2020

As of **April 1, 2020**, Blue Cross and Blue Shield of Illinois (BCBSIL) will implement new electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).<sup>\*</sup> These claim edits will be applied to claims during the pre-adjudication process to help increase efficiencies and to comply with Medicare data reporting requirements.

Providers submitting these claims electronically on or after **April 1, 2020**, may see new edit messages on the response files from their practice management system or clearinghouse vendor(s) before the claim is adjudicated. These responses will specify if additional data elements are necessary. If you receive claim rejections, the affected claims must be corrected and resubmitted with the needed information as specified in the rejection message.

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.

*<sup>\*</sup>These new validation edits do not apply to government programs (Medicare Advantage or Illinois Medicaid) electronic claim submissions.*

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## Safety Alert: Ranitidine Drug Recall

Ranitidine is available as an over the counter (OTC) and prescription drug. OTC ranitidine tablets are commonly used to relieve heartburn due to acid indigestion and sour stomach. Prescription ranitidine products are often prescribed to treat conditions linked to acid reflux disease and ulcers.

Since late September 2019, the U.S. Food and Drug Administration (FDA) has been alerting patients and health care professionals of several manufacturers' voluntary nationwide recalls of ranitidine medications. If you have patients who are taking these medications, please consider contacting them to discuss treatment options. Multiple drugs are FDA-approved for the same or similar uses as ranitidine.

For more information, including the current list of affected products, refer to the [drug recalls page](#) on the FDA website.

This article is intended for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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## Statewide HealthChoice Illinois MLTSS Implementation: Quarterly Webinar Reminder

Per the Illinois Department of Healthcare and Family Services (HFS), effective **July 1, 2019**, the Managed Long Term Services and Supports (MLTSS) program became part of HealthChoice Illinois statewide. For more information, please refer to the following HFS Provider Notices:

- [The Medical Electronic Data Interchange \(MEDI\) System – Identifying Dual Eligible Beneficiaries Enrolled in HealthChoice Illinois Managed Long Term Services and Supports \(MLTSS\)](#)
- [ALERT: Statewide HealthChoice Illinois Managed Long Term Services and Supports Implementation – Coverage Effective July 1, 2019](#)

### Join us for our next webinar!

This year, Blue Cross and Blue Shield of Illinois (BCBSIL) is offering quarterly MLTSS Orientation Webinars to help LTSS providers learn more about the MLTSS program as it relates to our Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) plan. We'll also review how to navigate BCBSIL requirements, electronic options and online provider resources. These online orientations offer you the flexibility to join live via your desktop. Provider billers, clinical and administrative staff are encouraged to take advantage of this important educational opportunity. Agenda topics will include:

- MLTSS definition
- Eligibility and enrollment criteria and key dates
- Key support areas for MLTSS

*Participating providers may select a date and time from the list below to enroll in any of the available sessions:*

- [May 21, 2020 – 10 to 11 a.m.](#)
- [Aug. 20, 2020 – 10 to 11 a.m.](#)
- [Nov. 19, 2020 – 10 to 11 a.m.](#)

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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:

#### BCBSIL Back to Basics: 'Availity® 101'

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

[March 10, 2020](#)

[March 17, 2020](#)

[March 24, 2020](#)

[March 31, 2020](#)

11 a.m. to noon

#### Introducing Availity Remittance Viewer

Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information. The Reporting On-Demand application allows users to readily view, download, save and/or print the Provider Claim Summary (PCS) and other reports online, at no additional cost.

[March 19, 2020](#)

11 a.m. to noon

#### Monthly Provider Hot Topics Webinar

These monthly webinars will be held through December 2019. 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.

[March 11, 2020](#)

10 to 11 a.m.

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## 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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## Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. It's important to review this section each month.

**Effective March 1, 2020, we will update select immunizations, vaccines and toxoids in the 90281-90396 and 90476-90756 Current Procedural Terminology (CPT<sup>®</sup>) code ranges. Please note that not all CPT codes in this range will be affected.**

### **FEE SCHEDULE UPDATE:**

**Effective June 1, 2020, BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) including Durable Medical Equipment (DME) supplies, prosthetics, orthotics and clinical laboratory codes. This fee schedule update takes into consideration the revisions made by the Centers for Medicare & Medicaid Services (CMS) to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2020, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPO<sup>SM</sup> fee schedules for professional providers. Providers may request fee schedules for this update starting May 22, 2020.**

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates may also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above may also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available on the [Forms page](#) on our Provider website.

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