



BLUE REVIEWSM

A Provider Publication

July 2021

■ Focus on Behavioral Health

Help Support Quality Care in Mental Health

We encourage providers to talk with our members about their mental health, including signs of depression and anxiety in adults and children.

[Read More](#)

Earn CME/CEU Credit at Free Webinar on Opioid Use

Join our board-certified psychiatrists and behavioral health medical directors on opioid use disorder on **Monday, Aug. 16, 2021**.

[Read More](#)

■ Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – Part 2

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 Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Changes effective on or after **July 1, 2021**, are outlined [here](#).

■ Wellness and Member Education

In-home Test Kits for Colorectal Cancer Screening

BCBSIL is working with Home Access Health Corporation to provide in-home test kits for certain

members who need a colorectal cancer screening.

[Read More](#)

Blue Door Neighborhood CenterSM Celebrates Physical Opening of Locations

Join us for an outdoor event to **celebrate the physical opening of the Blue Door Neighborhood Center (BDNCSM)** in South Lawndale on **July 12, 2021, from noon to 2 p.m.**

[Read More](#)

■ Network Innovation/Product Updates

Closing Gaps in Care for Group Medicare Advantage (MA) Members

The Blue Cross and Blue Shield (BCBS) National Coordination of Care program is again serving **Blue Cross Group Medicare Advantage (PPO)SM** (Group MA PPO) members.

[Read More](#)

Blue Choice Opt PPOSM Network Expanding to All Illinois Counties

Effective **July 1, 2021**, BCBSIL expanded our Blue Choice Opt PPO network (BCO) to cover all Illinois counties.

[Read More](#)

■ Electronic Options

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

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

[Read More](#)

■ Clinical Updates, Reminders and Resources

New Video Features Medical Director Insights on Prior Authorization and Related Processes

We're continuing to refine the Utilization Management section on our Provider website. Recently, we added a new [Utilization Management: Medical Director Video](#). It includes four short videos from members on our Medical Director team. Choose from a menu of four topics: Terminology Overview, Intake Process, Peer-to-Peer Process, or Appeals. View one or all of the videos, in any order. If you have questions or feedback, there's a link to a survey. We value your input!

■ Claims and Coding

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.

[Read More](#)

■ Provider Education

Provider Learning Opportunities

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

[Read More](#)

■ Notification and Disclosure

Important Dates and Reminders

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

Reminder: CPT Codes May Change

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

[Read More](#)



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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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2021

Help Support Quality Care in Mental Health

Mental health conditions are common, affecting people of all ages. The [Centers for Disease Control and Prevention](#) (CDC) estimates that half of Americans will be diagnosed with a mental illness or disorder at some point in their lives.¹ The number of Americans seeking help for mental health has increased [during the pandemic](#). We encourage providers to talk with our members about mental health awareness, including signs of depression and anxiety in [adults](#) and [children](#). Consider using a depression screener in your office, such as the [nine-question patient health questionnaire \(PHQ-9\)](#), and encourage members to get help if needed.

Closing Care Gaps

As part of monitoring and helping improve quality of care, we track two measures related to mental health:

- [Follow-up after Hospitalization for Mental Illness](#) (FUH)²
- [Follow-up after Emergency Department \(ED\) Visit for Mental Illness](#) (FUM)³

Both are Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures from the National Committee for Quality Assurance (NCQA). Follow-up care for people with mental illness is linked to fewer repeat emergency department (ED) visits and improved physical and mental function, according to [NCQA](#).

About FUH

As defined by [NCQA](#), FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the “treatment of selected mental illness or intentional self-harm.”² FUH captures the percentage of discharges for which members had a follow-up visit:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (8 total days)

About FUM

FUM focuses on behavioral health follow-up visits after an ED visit for members ages 6 and older with a diagnosis of mental illness, according to [NCQA](#).³ FUM captures the percentage of ED visits for which members had a follow-up visit:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (8 total days)

For more information about the FUH and FUM quality measure, see our [HEDIS tip sheets](#).

Tips to Consider

For EDs and hospitals:

- Help our members schedule an in-person or telehealth follow-up visit with a behavioral health provider within seven days of discharge. The follow-up visit must be on a different date than the discharge date.
- Educate members about the importance of following up with treatment.
- Focus on member preference for treatment, allowing members to take ownership of the treatment process.

For providers:

- Encourage members to bring their discharge paperwork to their first appointment.
- Educate members about the importance of following up and adhering to treatment recommendations.
- Use the same diagnosis for mental illness at each follow-up visit. A non-mental illness diagnosis code will not fulfill this measure.
- Coordinate care between behavioral health and primary care providers.
 - Share progress notes and updates.
 - Include the diagnosis for mental illness
 - Reach out to members who cancel appointments and help them reschedule as soon as possible.

¹ CDC, Learn About Mental Health, Jan. 26, 2018. <https://www.cdc.gov/mentalhealth/learn/index.html>

² NCQA, Follow-Up After Hospitalization for Mental Illness (FUH), <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>

³ NCQA, Follow-Up After Emergency Department Visit for Mental Illness (FUM), <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

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. HEDIS is a registered trademark of the NCQA.

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BLUE REVIEWSM

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Earn CME/CEU Credit at Free Webinar on Opioid Use

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar on opioid use disorder. The webinar is on **Monday, Aug. 16, 2021, at 8 a.m., CT**. It's free to providers. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

The webinar will provide a high-level overview of the assessment and treatment of opioid use disorder in a primary care setting. This introductory training focuses on substance abuse in the primary care setting, with treatment options across settings.

How do I attend?

Registration is required. Visit our [Webinars and Workshops](#) page for more information and online registration. Or, [register now](#).

Future CME/CEU Offering

We will offer a free webinar on comorbid behavioral health and physical health conditions on **Oct. 25, 2021**.

Watch the [News and Updates](#) and our [Webinars and Workshops](#) page for details on these trainings.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians (MDs and DOs), nurses, physician assistants and nurse practitioners can use AOA Cat 1-4 credit toward licensure. Psychologists, social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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Association

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – Part 2

Posted June 9, 2021

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1](#) article. While that Part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this Part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

DRUG LIST CHANGES

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 (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [Quarterly Pharmacy Changes Part 1](#) article. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective July 1, 2021 are outlined below.

Drug List Coverage Additions – As of July 1, 2021

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml)	Relapsing Multiple Sclerosis
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Schizophrenia, Bipolar Depression
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Relapsing Multiple Sclerosis
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml))	Diabetes
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml)	Relapsing Multiple Sclerosis
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml)	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis
VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XTANDI (enzalutamide tab 40 mg, 80 mg)	Prostate Cancer
ZOKINVY (lonafarnib cap 50 mg, 75 mg)	Progeria

Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
AFINITOR (everolimus tab 10 mg)	Cancer
ARANESP ALBUMIN FREE (darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml, 300 mcg/ml)	Anemia
ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 10 mcg/0.4 ml, 150 mcg/0.3 ml, 500 mcg/ml)	Anemia
AZITHROMYCIN (azithromycin powd pack for susp 1 gm)	Infections
COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
COTELLIC (cobimetinib fumarate tab 20 mg (base equivalent))	Cancer
CRINONE (progesterone vaginal gel 4%, 8%)	Infertility
DILANTIN (phenytoin sodium extended cap 30 mg)	Seizures
EMCYT (estramustine phosphate sodium cap 140 mg)	Cancer
LOTEMAX (loteprednol etabonate ophth oint 0.5%)	Ophthalmic Inflammatory Conditions
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions
LUMIGAN (bimatoprost ophth soln 0.01%)	Ocular Hypertension, Glaucoma
MESNEX (mesna tab 400 mg)	Hemorrhagic Cystitis
MULTAQ (dronedarone hcl tab 400 mg (base equivalent))	Atrial Fibrillation
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Neutropenia
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	Gastroesophageal Reflux Disease (GERD)
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate ophth soln 1%)	Ophthalmic Inflammatory Conditions
PREDNISON (prednisone oral soln 5 mg/5 ml)	Inflammatory Conditions
PRENATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
PRENATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg)	Prenatal Vitamin
PROPRANOLOL HCL (propranolol hcl oral soln 20 mg/5 ml, 40 mg/5 ml)	Hypertension
PURIXAN (mercaptapurine susp 2000 mg/100ml (20 mg/ml))	Cancer
SE-NATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
SE-NATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg)	Prenatal Vitamin
SIMBRINZA (brinzolamide-brimonidine tartrate ophth susp 1-0.2%)	Ocular Hypertension, Glaucoma
SYNJARDY (empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg)	Diabetes
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg)	Diabetes
TABLOID (thioguanine tab 40 mg)	Cancer
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Chronic Kidney Disease

VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	Attention Deficit Hyperactivity Disorder (ADHD)
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	Attention Deficit Hyperactivity Disorder (ADHD)
ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)	Ophthalmic Inflammatory Conditions
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
abiraterone acetate tab 500 mg (generic for ZYTIGA)	Cancer
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	HIV/HIV Prophylaxis
ERYTHROMYCIN ETHYLSUCCINATE (erythromycin ethylsuccinate tab 400 mg)	Infections
glucagon (rdna) for inj kit 1 mg (generic for GLUCAGON EMERGENCY KIT)	Hypoglycemia
HUMIRA PEN (adalimumab pen-injector kit 80 mg/0.8 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis
HUMIRA PEN-PEDIATRIC UC STARTER PACK (adalimumab pen-injector kit 80 mg/0.8 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis
ICLUSIG (ponatinib hcl tab 10 mg, 30 mg (base equivalent))	Leukemia
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	Obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency
JANSSEN COVID-19 VACCINE (covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml)	COVID-19 Vaccine
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml)	Relapsing Multiple Sclerosis
loteprednol etabonate ophth gel 0.5% (generic for LOTEMAX GEL)	Ophthalmic Conditions
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Relapsing Multiple Sclerosis
MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 100 mcg/0.5 ml)	COVID-19 Vaccine
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Chemotherapy-Induced Neutropenia
ORGOVYX (relugolix tab 120 mg)	Prostate Cancer
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml))	Diabetes
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml)	Relapsing Multiple Sclerosis
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml)	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis
THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5 ml)	Hypothyroidism
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)	Vaccine
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp)	Vaccine
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis

XTANDI (enzalutamide tab 40 mg, 80 mg)	Prostate Cancer
ZOKINVY (lonafarnib cap 50 mg, 75 mg)	Progeria
XHANCE (fluticasone propionate nasal exhaler susp 93 mcg/act)	Nasal Polyps
Balanced and Performance Select Drug Lists	
brinzolamide ophth susp 1%	Glaucoma, Ocular Hypertension
imiquimod cream 3.75% (generic for ZYCLARA)	Actinic Keratosis
JORNAY PM (methylphenidate hcl cap delayed er 24hr 20 mg, 40 mg, 60 mg, 80 mg, 100 mg (pm))	Attention-Deficit Hyperactivity Disorder (ADHD)
WINLEVI (clascoterone cream 1%)	Acne
Balanced Drug List	
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis
droxidopa cap 100 mg, 200 mg, 300 mg (generic for NORTHERA)	Neurogenic Orthostatic Hypotension
hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (generic for HYSINGLA ER)	Pain
IMPEKLO (clobetasol propionate lotion 0.15 mg/act (0.05%))	Topical Inflammation/Itching
NAPROXEN SODIUM (naproxen sodium tab er 24hr 750 mg (base equivalent)) (authorized generic for NAPRELAN)	Pain, Inflammation
ONGENTYS (opicapone cap 25 mg)	Parkinson's Disease
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN (oxycodone w/ acetaminophen soln 10-300 mg/5 ml)	Pain
PREGEN DHA (prenatal mv & min w/fe carbonyl-fa-dha cap 28-1-35 mg)	Prenatal Vitamin
PROLATE (oxycodone w/ acetaminophen soln 10-300 mg/5 ml)	Pain
QDOLO (tramadol hcl oral soln 5 mg/ml)	Pain
RELTONE (ursodiol cap 200 mg, 400 mg)	Gallstones
SULCONAZOLE NITRATE (sulconazole nitrate solution 1%) (authorized generic for EXELDERM SOLN)	Fungal Infections
TRISTART FREE (prenat w/o a w/dha & fecbn-methylf-fa cap 33-1 mg)	Prenatal Vitamin

¹Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of July 1, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
CARBAGLU (carglumic acid tab 200 mg)	Preferred Brand	Hyperammonemia
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Preferred Brand	Menopause Symptoms
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Preferred Brand	Bipolar Disorder, Schizophrenia
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE)	Non-Preferred Generic	Contraceptive
promethazine & phenylephrine syrup 6.25-5 mg/5 ml	Non-Preferred Generic	Cold & Allergies

promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml	Non-Preferred Generic	Cough/Cold
terconazole vaginal cream 0.8%	Non-Preferred Generic	Yeast Infections
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (generic for QUDEXY XR)	Non-Preferred Generic	Seizures
VIMPAT (lacosamide oral solution 10 mg/ml)	Preferred Brand	Seizures
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Preferred Brand	Seizures
Balanced and Performance Select Drug Lists		
imiquimod cream 3.75%	Non-Preferred Generic	Actinic Keratosis
QUILLICHEW ER (methylphenidate hcl chew tab extended release 20 mg, 30 mg, 40 mg)	Preferred Brand	Attention-Deficit Hyperactivity Disorder (ADHD)
QUILLIVANT XR (methylphenidate hcl for er susp 25 mg/5 ml (5 mg/ml))	Preferred Brand	Attention-Deficit Hyperactivity Disorder (ADHD)
Balanced Drug List		
levorphanol tartrate tab 3 mg	Non-Preferred Generic	Pain

¹Third-party brand names are the property of their respective owner.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **June 1, 2021**, the Imcivree Specialty Prior Authorization (PA) program and target drug Imcivree will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **July 1, 2021**, the following changes will be applied:
 - The Benlysta Specialty PA program will change its name to Lupus. The program includes the same targeted medication and a new one, Lupkynis, which applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. The program criteria will also be updated as needed.
 - The Circadian Rhythm Disorders PA program will change its name to Hetlioz. The program includes the same targeted medication and a new one, Hetlioz LQ. The program criteria will also be updated as needed.
 - The Coagulation Factor VIIa Specialty PA program and target drugs NovoSeven RT and Sevenfact will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
 - The Zokinvy PA program and target drug Zokinvy will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsil.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Reminder: Split Fill Program Available to Select Members

BCBSIL offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

HDHP-HSA Preventive Drug Program Reminder

Select BCBSIL members’ High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes. *Please note:* If coverage of the member’s medication is changed on their prescription drug list, the amount the member will pay for the same medication under their preventive drug benefit may also change.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

As a reminder, the brand Truvada 200-300 mg will be removed from coverage under the HIV Pre-exposure Prophylaxis (PrEP) ACA category effective July 1, 2021 and may not be covered on the member’s drug list. This change applies to members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance, Performance Select and IL Non-HMO Health Insurance Marketplace. Members who are affected by this change were notified prior to the effective date. ***If you have patients with an HMO Illinois® or Blue Advantage HMOSM plan, this change may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2022.***

Emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is 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. Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. 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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July 2021

In-home Test Kits for Colorectal Cancer Screening

Blue Cross and Blue Shield of Illinois (BCBSIL) is working with Home Access Health Corporation to provide in-home test kits for certain members who need a colorectal cancer screening. Because of the COVID-19 pandemic, many may have delayed getting appropriate care. Home Access Health is sending Fecal Immunochemical Test (FIT) kits to certain Blue Choice Preferred PPOSM members at no additional charge.

How It Works

The process is quick and easy for members to follow:

- Home Access Health sends the kits to a sample of eligible members who've been identified with a gap in care for colorectal cancer screening. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Medications are taken according to members' normal schedule.
- Members complete the test kit at home, provide the name of their primary care physician (PCP) and mail the test for processing to Home Access Health by Dec. 31, 2021. An addressed, postage-paid envelope is included.
- Home Access Health sends results to the member and their PCP in three to four weeks.

How You Can Help

As a trusted provider, you may want to encourage our members to take advantage of this opportunity to learn more about their health.

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices with our members.
- If our member receives a kit and calls your office with questions, discuss their screening options.
- Document any test results in the member's medical record and discuss the results with our member.

FIT Testing

- The [U.S. Multi-Society Task Force on Colorectal Cancer](#) recognizes annual FIT testing and colonoscopy as the two cornerstones of screening every 10 years.
- FIT testing is appropriate screening for individuals with an average risk for colorectal cancer. Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer.

Home Access Health Corporation is an independent company that provides health screenings for BCBSIL. Home Access Health Corporation is solely responsible for the products and services it provides.

Material presented 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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BLUE REVIEWSM

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Blue Door Neighborhood CenterSM Celebrates Physical Opening of Locations

Join us for an outdoor event to **celebrate the physical opening of the Blue Door Neighborhood Center (BDNCSM)** in South Lawndale on **Monday, July 12, 2021, from noon to 2 p.m.** Meet our staff, tour the center and pick up some produce at our farmers market. Invite your patients and staff, and bring your family for entertainment and music.

Come one, come all to the **block party at the BDNC in Pullman** on **Saturday, July 17, from 11 a.m. to 3 p.m.** The family-centered block party will feature:

- Music and food
- 40+ double-dutch and South Shore drill teams
- Balloon artist
- Care Van[®]
- Health information
- Low-impact fitness demos

In July, we're also hosting **Minority Mental Health Month** events such as:

- Mental Health Disparities in the Latino and Black Populations
- Coping with Stress
- Fall Prevention for Seniors
- Bingocize[®] – Bingo with fall prevention exercises
- Zumba[®] for seniors

As with all programming at BDNC, events and classes are free and open to BCBSIL members and non-members.

These are just a few of the programs we'll offer at our BDNC sites on multiple dates and times in July. Encourage your patients to check the online calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details and to register. They can also visit the [BDNC Facebook page](#) for other events and happenings at all three locations. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

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. 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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Closing Gaps in Care for Group Medicare Advantage (MA) Members

The Blue Cross and Blue Shield (BCBS) **National Coordination of Care** program is again serving **Blue Cross Group Medicare Advantage (PPO)SM** (Group MA PPO) members. The program paused during the global pandemic. As we told you in [January 2020](#), the program supports continuity of care for all BCBS Group MA PPO members.

What This Means for Medicare Providers

Blue Cross and Blue Shield of Illinois (BCBSIL) will work with you to help close gaps in care for BCBSIL and other BCBS Group MA PPO members. If we need medical records, you won't receive requests from multiple BCBS plans or their vendors. You will receive requests only from BCBSIL or our vendor, Change Healthcare. We may request medical records for:

- Risk adjustment gaps related to claims submitted to BCBSIL
- Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures
- Centers for Medicare & Medicaid Services (CMS) Star Ratings

Important Reminders

- Respond quickly to requests related to risk adjustment, HEDIS and other government-required activities as your contract requires.
- You don't need patient-authorized information releases to fulfill medical records requests and risk adjustment gaps through this program.
- Use the [Availity[®] Provider Portal](#) or your preferred vendor to verify BCBSIL and other BCBS members' eligibility and benefits before every appointment. Eligibility and benefit quotes include:
 - Membership verification
 - Coverage status
 - Prior authorization requirements
 - Provider's network status for the patient's policy
 - Applicable copayment, coinsurance and deductible amounts
- Ask to see the member's ID card and a photo ID to help guard against medical identity theft.
- Notify members that they may be billed directly when services may not be covered.

Questions? Call the Customer Service number on the member's ID card.

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, call the number on the member's ID card.

HEDIS is a registered trademark of the National Committee for Quality Assurance.

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Blue Choice Opt PPOSM Network Expanding to All Illinois Counties

Effective **July 1, 2021**, Blue Cross and Blue Shield of Illinois (BCBSIL) expanded our Blue Choice Opt PPO network (BCO) to cover all Illinois counties. If you're currently contracted with BCBSIL for the Blue Choice PPOSM or Blue Choice Preferred PPOSM network, as of July 1, 2021, you are an in-network provider for members who have the Blue OptionsSM or the Blue Choice OptionsSM PPO benefit plans.

Organizations who already participate in our Blue Choice PPO or Blue Choice Preferred PPO networks may have received letters welcoming them to BCO, a tiered network that incentivizes members to use participating providers. If you're already a contracted or designated provider in one of the above networks and you received a welcome notice, no action is necessary on your part. The notice was for informational purposes, and your current reimbursement rates will remain in place.

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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's critical to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable prior authorization or pre-notification requirements.* When services may not be covered, you should notify members that they may be billed directly.

Don't Take Chances

Ask to see the member's BCBSIL ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through 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 page](#) on our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Webinars and Workshops page](#) for upcoming dates, times and registration links to sign up now.

***Note:** For commercial non-HMO members, even if prior authorization isn't required, you may still want to submit a

voluntary predetermination request. This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request predetermination, since it's optional. But there's a [Medical Policy Reference List](#) on our [Predetermination page](#) to help you decide.

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Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (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:
<p>Availity[®] Authorizations Tool <i>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 Authorizations tool.</i></p>	<p>July 7, 2021 July 14, 2021 July 21, 2021 July 21, 2021</p>	<p>11 a.m. to noon</p>
<p>Availity Claim Status <i>We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.</i></p>	<p>July 8, 2021 July 15, 2021 July 22, 2021 July 29, 2021</p>	<p>11 to 11:30 a.m.</p>
<p>Availity Remittance Viewer and Reporting On-Demand <i>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.</i></p>	<p>July 22, 2021</p>	<p>1 to 2 p.m.</p>

<p>BCBSIL Back to Basics: ‘Availity 101’ <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>July 13, 2021 July 20, 2021 July 27, 2021</p>	<p>11 a.m. to noon</p>
<p>BCCHPSM and MMAI Required Provider Training Webinars <i>If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).</i></p>	<p>July 21, 2021</p>	<p>1 to 3 p.m.</p>
<p>Medicaid HEDIS[®] 101 Training <i>This training will cover a wide range of quality improvement topics and resources to help improve Healthcare Effectiveness Data and Information Set (HEDIS) rates.</i></p>	<p>July 14, 2021 July 28, 2021</p>	<p>Noon to 1 p.m.</p>
<p>Medicaid HEDIS 102 Training <i>This training is designed for contracted providers working with new BCCHP and MMAI members. We’ll review HEDIS measure updates, discuss strategies to sharpen your knowledge of HEDIS measures, and cover the measure year (MY) 2020 and MY 2021 HEDIS technical specifications and general guidelines.</i></p>	<p>July 20, 2021</p>	<p>Noon to 1 p.m.</p>
<p>Monthly Provider Hot Topics Webinar <i>These monthly webinars will be held through December 2021. 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.</i></p>	<p>July 14, 2021</p>	<p>10 to 11 a.m.</p>
<p>Orientation Webinars for New BCCHP and MMAI Providers <i>These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.</i></p>	<p>July 13, 2021 July 20, 2021</p>	<p>1 to 2 p.m. 10 to 11 a.m.</p>
<p>What is Vaccine Confidence? <i>Join us for a free webinar with Dr. Suzanne R. White, MD, MBA, FACEP, FACMT, Regional Medical Director employed by Merck & Co. Learn about possible determinants of and barriers to vaccine confidence, and provider and team approaches to building vaccine confidence.</i></p>	<p>July 21, 2021 July 21, 2021</p>	<p>Noon to 1 p.m. 3 to 4 p.m.</p>

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Reminder: CPT[®] Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA). Refer to the [AMA website](#) for more information on CPT codes.

Our online systems are updated to reflect AMA coding changes. Be sure to check eligibility and benefits prior to rendering services to our members to confirm coverage and other important details, such as which services may require prior authorization.

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Checking eligibility and/or benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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