

BLUE REVIEWSM

A Provider Publication

January 2023

■ What's New

BlueApprovRSM is here! Join Us for a Webinar To See What This New Online Prior Authorization Tool Can Do For You

In November 2022, we announced the launch of BlueApprovR – a new tool to expedite prior authorization approvals for some behavioral health services for many of our **commercial, non-HMO** members. We'll soon be expanding this tool to handle additional types of prior authorization requests for these members. We've added more webinars in January and February 2023. [Read more on News and Updates.](#)

■ Focus on Behavioral Health

CMO Perspective Spotlights Illinois House Bill 2595

The Generally Accepted Standards of Behavioral Health Care Act of 2021 requires that insurers cover all medically necessary behavioral health care services as essential health care services, **beginning Jan. 1, 2023**. In a recent *CMO Perspective* blog post, our vice president and chief medical officer, Derek Robinson, M.D., summarized key points related to IL HB 2595 that may be of interest to providers.

[Read More](#)

Expanding Access to Behavioral Health Care Services: Coverage for Services Provided by Pre-licensed Behavioral Health Interns and Postdoctoral Fellows

This is the first article in a series that's committed to increasing awareness of ways we're partnering with health care providers and other community organizations to expand access to behavioral health services for our members, their families and the community.

[Read More](#)

■ Provider Education

Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (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](#)

We've Made Updates to the Policy and Procedure Information on Our Provider Website

The BCBSIL Provider Manuals for the following lines of business have been updated, effective **Jan. 1, 2023**: Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM and Commercial PPO plans.

[Read More](#)

■ Claims and Coding

Fighting Fraud, Waste and Abuse Reminder: Inaccurate Identification of Rendering Providers May Lead to Improperly Paid Claims

BCBSIL is aware of several cases involving providers/groups filing claims under the rendering National Provider Identifier (NPI) of a physician or medical doctor; however, these services were actually performed by a mid-level provider, resulting in claims being inaccurately paid at inflated reimbursement rates.

[Read More](#)

■ Electronic Options

Updates to 'Message This Payer' Option via Availity® Essentials as of Dec. 12, 2022

In August 2022, we announced a new option for you to send secure claim messages electronically to BCBSIL for commercial member claims. To better serve you and ensure timely responses, BCBSIL is limiting the *Message This Payer* capability to BCBSIL member claims only.

[Read More](#)

■ Clinical Updates, Reminders and Resources

'Predetermination' Is Now 'Recommended Clinical Review'

Effective Jan. 1, 2023, BCBSIL is changing the name of its long-standing pre-service review,

previously called predetermination, to *recommended clinical review*. This type of pre-service review is available for **commercial non-HMO** members. [Read more on News and Updates](#).

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](#)

■ Pharmacy Program

Pharmacy Prior Authorization (PA) Program Changes Effective February 2023

The pharmacy PA program encourages safe, cost effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. Food and Drug Administration (FDA) approved labeling, scientific literature and nationally recognized guidelines.

[Read more on News and Updates](#).

■ Quality Improvement and Reporting

2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Reminder

Each year, we conduct a CAHPS survey to monitor BCCHP and MMAI member satisfaction with BCBSIL, contracted providers and medical groups. **During the months of February and March**, if your patients receive a survey, please encourage them to participate.

[Read More](#)

■ Wellness and Member Education

Wellness Can't Wait: Cervical Cancer Is a Preventable Disease

January is Cervical Cancer Awareness Month. The American Cancer Society estimates about 14,000 new cases of invasive cervical cancer will be diagnosed this year and about 4,200 women will die from it.

[Read More](#)

■ Community Involvement

Jump Start Your New Year at Our Blue Door Neighborhood CenterSM (BDNCSM)

Happy New Year! Our BCBSIL BDNC locations may help your patients stay healthy in 2023. All programming – in-person and virtual – at BDNC locations is free and open to BCBSIL members and

non-members.

[Read More](#)

■ Network Innovation/Product Updates

Medicare Providers May Treat Medicare Advantage Flex and Group Medicare Advantage Open Access PPO Members

If you're a Medicare provider, you may treat **Blue Cross Group Medicare Advantage Open Access (PPO)SM** and **Blue Cross Medicare Advantage Flex (PPO)SM** members.

[Read More](#)

■ Notification and Disclosure

Hospitals Must Provide Medicare Outpatient Observation Notice

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our Blue Cross Medicare AdvantageSM members who are under outpatient observation for more than 24 hours. **The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.**

[Read More](#)

Patients in the Qualified Medicare Beneficiary Program Should Not Be Billed

If you participate in Blue Cross Medicare Advantage plans, you may not bill our members enrolled in the Qualified Medicare Beneficiary (QMB) program, a federal Medicare savings program.

[Read More](#)

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

[Read More](#)



Quick Reminders

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Verify and Update Your Information

Verify your directory information every 90 days. Use the [Availity® Provider Data Management](#) feature or our Demographic Change Form. **Facilities** may only use the [Demographic Change Form](#).

Provider Training

For dates, times and online registration, visit the [Webinars and Workshops](#) page.



Contact Us

Questions? Comments? [Send an email to our editorial staff](#).

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CMO Perspective Spotlights Illinois House Bill 2595

The [CMO Perspective](#) on our Provider website features blog-style posts from our vice president and chief medical officer, Derek Robinson, M.D.

On Dec. 27, 2022, our *CMO Perspective* topic was the Generally Accepted Standards of Behavioral Health Care Act of 2021 – Illinois House Bill 2595 (Public Act 102-0579). This new law requires that insurers cover all medically necessary behavioral health care services as essential health care services, beginning Jan. 1, 2023, for all eligible members.

See Dr. Robinson's latest *CMO Perspective* entry, [New Law Supports Behavioral Health Access and Equity, Effective Jan. 1, 2023](#), for an overview of key points, such as:

- What's changing with IL HB 2595? What's not changing?
- How does IL HB 2595 affect providers?
- What's Blue Cross and Blue Shield of Illinois doing to increase awareness?

As Dr. Robinson notes, "Physical health does not truly exist without mental health, and mental health services should not be a challenge to access and should meet the needs of our communities. Now is the time to close this gap and ensure that quality care is available for the whole person, and for all people."

Thank you for supporting our members on their health and wellness journeys.

Where's the *CMO Perspective*?

You'll find a link to the *CMO Perspective* on our [Provider homepage](#), under Resources. Or you can access it by going to the Clinical Resources – just hover your mouse over the tab name for a list of pages within the section). Each time there's a new entry from Dr. Robinson, we'll alert you via the [News and Updates](#). We hope you find this online forum interesting and useful.

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. 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. Further, the information presented is not intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples or suggestions in this publication are for illustrative and/or educational purposes only and should not be relied on in determining how a specific provider will be reimbursed.

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Expanding Access to Behavioral Health Care Services: Coverage for Services Provided by Pre-licensed Behavioral Health Interns and Postdoctoral Fellows

This is the first article in a series that's committed to increasing awareness of ways we're partnering with health care providers and other community organizations to expand access to behavioral health services for our members, their families and the community.

Blue Cross and Blue Shield of Illinois (BCBSIL) reimburses for covered services provided by masters and doctoral interns, in addition to postdoctoral fellows (e.g., psychology, social work and counseling trainees). These unlicensed behavioral health trainees must be working toward clinical state licensure, under the clinical supervision of a fully licensed BCBSIL contracted provider. The intern or fellow isn't added to a group, doesn't contract with BCBSIL and is excluded from BCBSIL's online Provider Finder[®] directory.

The behavioral health trainee, as defined above, may only bill under the supervising clinician's rendering National Provider Identifier (NPI) and must abide by the same contractual obligations as the contracting provider. The behavioral health trainee's supervising contracted provider must maintain adequate medical and administrative records consistent with the standards of major organizations conducting accreditation and must permit BCBSIL or its agent or representative to review such medical records and administrative records regarding BCBSIL members.

All covered services provided to and billed for BCBSIL members by the contracting provider must either be performed by the contracting provider or under that provider's direct and personal supervision, except as otherwise authorized and communicated by BCBSIL. Direct personal supervision requires that a contracting provider be in the immediate vicinity to perform or to manage the procedure personally, if necessary, but doesn't require the contracting provider to be present in the actual therapy session.

Licensing and supervision requirements are directed by the corresponding licensing bodies and/or professional organizations corresponding to the clinician's license.

Non-credentialed provider types – Licensed Social Workers (LSWs) and Licensed Professional Counselors (LPCs) – may be added to a group but will remain excluded from BCBSIL's Provider Finder. These providers can and should bill under their own rendering NPIs. Once they're fully licensed, and upon completion of the credentialing process through the

Council for Affordable Quality Healthcare (CAQH®), Licensed Clinical Social Workers (LCSWs) and Licensed Clinical Professional Counselors (LCPCs) must be added to the group again. At this point, these fully licensed clinicians will be reflected as such in BCBSIL's Provider Finder.

In summary:

- Covered services rendered by the behavioral health trainee as described above **must be billed under a supervising licensed clinician's NPI**, in accordance with all other standard billing requirements.
- **Direct, personal supervision is required**, which means the supervising contracted provider must be available 100% of the time the behavioral health trainee is providing services, enabling the supervisor to provide direction and intervene in the event of an emergency.
- **Supervising providers may supervise a maximum of four behavioral health trainees** at a time.¹
- **Behavioral health trainees must receive the required minimum individual face-to-face supervision** in compliance with Illinois' state licensure requirements, specific to the trainee's level of licensure.
- **Supervisors and any behavioral health trainee should work within the same organization/system.** (BCBSIL may waive this element where necessary for programs reaching underserved populations.)
- **Under no circumstances can the behavioral health trainee make direct payment to the supervisor** for supervision while pursuing clinical hours for state licensure.

If you have questions or need more information, [contact your assigned BCBSIL Provider Network Consultant](#).

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

¹This information is consistent with the Centers for Medicare & Medicaid Services (CMS) Medicare teaching rules prohibiting supervision of more than four residents at any given time, as referenced on page 10 of the CMS [Guidelines for Teaching Physicians, Interns, and Residents: MLN Booklet, March 2017, ICN 006347](#) (updated May 2022).

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#). **Note: All times listed are Central Time (CT).**

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
Availity® Essentials and BlueApprovRSM Prior Authorization Tools <i>Learn how to electronically submit inpatient, outpatient prior authorization and referral requests handled by Availity. Providers also will learn how to submit Medical/Surgical, Behavioral Health and Specialty Rx prior authorization requests using the BlueApprovR tool.</i>	Jan. 18, 2023 Jan. 25, 2023	11 a.m. to noon
Availity Claim Status, Clinical Claim Appeals and Message This Payer <i>Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using Availity's Provider Portal.</i>	Jan. 12, 2023 Jan. 19, 2023 Jan. 26, 2023	11 a.m. to noon
Availity Orientation: Save Time and Go Online <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	Jan. 17, 2023 Jan. 24, 2023 Jan. 31, 2023	11 a.m. to noon
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</i>	Jan. 19, 2023	1 to 2 p.m.

(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.

BCCHPSM and MMAI Required Provider Training Webinars

[Jan. 18, 2023](#)

10 a.m. to noon

If you provide care and services to our Blue Cross Community Health PlansSM (BCCHP) and/or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Services (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).

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

[Jan. 19, 2023](#)

1 to 2:30 p.m.

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

HEDIS[®] Changes in 2023

[Jan. 19, 2023](#)

Noon to 1 p.m.

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

Monthly Provider Hot Topics Webinar

[Jan. 12, 2023](#)

10 to 11:30 a.m.

Stay up-to-date on the latest news from BCBSIL! Engage with our PNCs to learn about upcoming initiatives, program changes and updates, as well as general network announcements.

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HEDIS is a registered trademark of The National Committee for Quality Assurance (NCQA).

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

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We've Made Updates to the Policy and Procedure Information on Our Provider Website

We appreciate the care and services you provide to our Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM, and Commercial PPO plan members.

The [Blue Cross and Blue Shield of Illinois \(BCBSIL\) Provider Manuals](#) in the Standards and Requirements section on our Provider website have been updated with the most current provider manual for each of the lines of business listed above. The Standard and Requirements section is intended to provide Medical Groups/Independent Practice Associations (MGs/IPAs) with an overview of established BCBSIL guidelines, access to provider manuals, and the necessary steps needed to be completed in the treatment of members. As a reminder, each provider manual section is displayed as a separate document, allowing you to easily navigate to the information you need. **The updated provider manuals are effective Jan. 1, 2023.**

For more information regarding the Standards and Requirements for each of your contracted lines of business, please [contact your assigned Provider Network Consultant](#).

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Fighting Fraud, Waste and Abuse Reminder: Inaccurate Identification of Rendering Providers May Lead to Improperly Paid Claims

Blue Cross and Blue Shield of Illinois (BCBSIL) is aware of several cases involving providers/groups filing claims under the rendering National Provider Identifier (NPI) of a physician or medical doctor; however, these services were actually performed by a mid-level provider, resulting in claims being inaccurately paid at inflated reimbursement rates.

As a reminder, reimbursement is based on the type of rendering provider indicated on the claim. The provider types listed below will have the differentials applied to the Schedule of Maximum Allowances (SMA) as noted:

100% of the SMA

- Physician

85% of the SMA

- Licensed Clinical Psychologist
- Certified Nurse Specialist
- Certified Nurse Practitioner
- Certified Registered Nurse Anesthetist
- Licensed Physician Assistant

85% of 20% of the SMA

- Licensed Surgical Assistant
- Registered Nurse First Assistants

70% of the SMA

- Licensed Clinical Social Worker
- Master Social Worker
- Licensed Clinical Professional Counselor
- Licensed Professional Counselor
- Licensed Marriage and Family Therapist
- Board Certified Behavioral Analyst

- Board Certified Assistant Behavioral Analyst
- Certified Early Intervention Specialist
- Developmental Therapist

Please take an opportunity to review your billing practices and ensure claims submitted to BCBSIL are in compliance with requirements specified in the BCBSIL Provider Manual and your BCBSIL Provider Agreement.

If you're aware of an instance of potential fraud, waste and/or abuse, we encourage you to [file a report online](#) or call the BCBSIL Fraud Hotline at 877-272-9741 to create a report. All online reports and calls are confidential, and you may remain anonymous. For more information, visit our [Fraud and Abuse](#) page.

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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To better serve you and ensure timely responses, BCBSIL is limiting the *Message This Payer* capability to **BCBSIL member claims only**. As of Dec. 12, 2022, this option was temporarily disabled for BlueCard[®] (out-of-area) Blue Cross and Blue Shield member claims.* Our customer advocates remain available for complex claim inquiries – contact provider customer service at the number on the member's BCBSIL ID card during normal business hours.

For more information, including an updated [user guide](#), refer to the [Message This Payer page](#) in our [Provider Tools section](#).

***Reminder: *Message This Payer* is also unavailable for Medicare Advantage and Illinois Medicaid claims.**

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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 [Availity® Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL member, 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 still may want to submit an

optional request for recommended clinical review (predetermination). This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request recommended clinical review (predetermination), since it's optional. But there's a [Medical Policy Reference List](#) on our [Recommended Clinical Review \(Predetermination\) 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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2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Survey Reminder

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

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

Survey Category/Topic	Sample Questions
Getting Needed Care	• <i>How often was it easy to get the care, tests or treatment you needed?</i> • <i>How often did you get an appointment to see a specialist as soon as you needed to?</i>
Getting Care Quickly	• <i>When you needed care right away, how often did you get care as soon as you needed it?</i> • <i>When you made an appointment for a check-up or routine care visit at a doctor's office or clinic, how often did you get an appointment as soon as you needed it?</i>
How Well Doctor Communicates	• <i>How often did your personal doctor explain things in a way that was easy to understand?</i> • <i>How often did your personal doctor listen carefully to you?</i> • <i>How often did your personal doctor spend enough time with you?</i>

Smoking Cessation	• <i>How often did your personal doctor explain things in a way that was easy to understand?</i> • <i>How often did your personal doctor listen carefully to you?</i> • <i>How often did your personal doctor spend enough time with you?</i>
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What You Can Do To Help Improve CAHPS Survey Results

Here are some recommendations that may help you and your staff with improving BCCHP and MMAI member satisfaction:

- Primary care providers and office staff can assist patients in scheduling appointments with specialists.
- Increase availability of walk-in appointments in the morning/evening hours for urgent care.
- Spend enough time with each patient and explain things in a way they can understand easily.
- Provide the patient with educational materials.
- Discuss available treatment and medications options with the patient.
- Encouraging patients to get a flu shot each year.
- Discuss options to help patients quit smoking.
- At the end of each visit, review the treatment plan, talk with your patient about reasons why and why not to take medications, and list all available treatment options.
- Consider performing a preventive health care visit during a sick visit if time and indications allow.
- Educate patients about preventive services, such as education and counseling, screening tests and immunizations. For more information refer to our [Preventive Care Guidelines](#) page.

Encourage Your Patients To Participate

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

Related Resources

For more information on BCCHP and MMAI quality measures, including a [CAHPS Checklist to Improve Survey Results](#), go to the [Medicaid page](#) under [HEDIS®](#), in the Clinical Resources section.

Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of The National Committee for Quality Assurance (NCQA).

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Wellness Can't Wait: Cervical Cancer Is a Preventable Disease

January is Cervical Cancer Awareness Month. The American Cancer Society estimates about 14,000 new cases of invasive cervical cancer will be diagnosed this year and about 4,200 women will die from it.¹

Cervical cancer is a preventable disease if women have routine screenings and receive the human papillomavirus (HPV) vaccine. HPV is the most common sexually transmitted infection (STI). There are more than 40 HPV types that can infect males and females. Most people who become infected with HPV don't even know they have it. HPV may cause multiple forms of cancer in men and women, including mouth, throat, genitals and cervix.²

In Illinois, 60% of females and 55% of males ages 13 to 17 have received both recommended two-dose series of the HPV vaccine.³ Although the Illinois numbers are better than the U.S. statistics, they fall short of the U.S. Department of Health and Human Services Healthy People 2030 goal of 80% vaccination.⁴

Unlike the tetanus-diphtheria pertussis (Tdap) and meningococcal conjugate (MenACWY) vaccines, the HPV vaccination isn't a requirement for adolescents entering school in Illinois, despite national recommendations from four leading national medical associations since 2014.⁵ Although lawmakers in Illinois support access to the vaccine, there are concerns about making it a school mandate. These concerns include the drug's cost, safety and parents' rights to refuse. Others may have moral objections related to a vaccination mandate for a sexually transmitted infection.⁶

A 2020 study found the most common reason for vaccine hesitancy among parents was safety concerns for their children (23%). Among parents of adolescents who received only one HPV vaccine dose, lack of a recommendation from a health care provider (22%) was the most frequently cited reason for not completing the series.⁷

Cervical cancer is most treatable when it's diagnosed and treated early. Women who get routine Pap tests and follow up as needed can identify problems before cancer develops. Prevention is always better than treatment.

Blue Cross and Blue Shield of Illinois promotes preventive health through Wellness Can't Wait materials and resources for our members. You may want to share this [video](#) with your patients. Our vice president and chief medical officer, Derek

Robinson, M.D., reminds women to talk with their health care provider about cervical and breast cancer screenings. Your patients also may learn more about cervical cancer screenings by viewing this [flyer](#).

¹American Cancer Society, Key Statistics for Cervical Cancer, January 2022. <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>

²Illinois Department of Public Health, Human Papillomavirus <https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/hpv.html>

^{3,4,5,7}Illinois Department of Public Health, HPV-Associated Cancers in Illinois, June 2021. <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/cancer/hpv-associated-cancers-illinois-part-ii-final-06252021.pdf>

⁶National Conference of State Legislatures, HPV Vaccine: State Legislation and Regulation. <https://www.ncsl.org/research/health/hpv-vaccine-state-legislation-and-statutes.aspx>

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. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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BLUE REVIEWSM

A Provider Publication

January 2023

Jump Start Your New Year at Our Blue Door Neighborhood CenterSM (BDNCSM)

Happy New Year! Our Blue Cross and Blue Shield of Illinois (BCBSIL) BDNC locations may help your patients stay healthy in 2023. **Wellness Wednesday** will take place on Wednesday, January 25 at our Pullman center. Visitors will receive wellness tips on staying motivated to meet their goals. Our centers can help community members plan SMART goals – specific, measurable, achievable, realistic and anchored within a time frame – for 2023.

Your patients also may enjoy creating 2023 vision boards while enjoying fresh smoothies. **Sip, Smoothies and Paint** will take place on Saturday, January 28 at our Morgan Park center.

The South Lawndale BDNC will host a **Health and Wellness Fair** on Saturday, January 28. The event includes health-focused workshops, screenings and resources. We also encourage all visitors to take advantage of popular classes that we offer: yoga, Zumba, bingo and line dance.

These are just a few of the programs that will be offered at our BDNC locations in January. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details, dates and to online registration. They also can visit the [BDNC Facebook page](#) for other events and happenings at all three BDNC locations.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We're also committed to strengthening the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you, the provider community, to truly make a difference in the lives of residents in our communities.

All programming – in-person and virtual – at BDNC locations is free and open to BCBSIL members and non-members. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

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BDNC locations are not medical facilities, do not have medical providers on staff, do not offer medical advice, and do not provide health care or mental health services.

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Medicare Providers May Treat Medicare Advantage Flex and Group Medicare Advantage Open Access PPO Members

If you're a Medicare provider, you may treat **Blue Cross Group Medicare Advantage Open Access (PPO)SM** and **Blue Cross Medicare Advantage Flex (PPO)SM** members.

You may treat these members regardless of your contract or network status with Blue Cross and Blue Shield of Illinois (BCBSIL). That means you don't need to participate in BCBSIL's Medicare Advantage networks or in any other BCBSIL networks to see these members.

The **only requirements** are that you:

- Agree to see the member as a patient;
- Accept Medicare assignment; and
- Will submit claims to BCBSIL.

Flex and Open Access Advantages

These plans cover the same benefits as Medicare Advantage Parts A and B plus additional benefits per plan. Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.

- **Blue Cross Medicare Advantage Flex (PPO)** is available to individuals. It includes medical coverage and prescription drug coverage. It doesn't require member cost share.
- **Blue Cross Group Medicare Advantage Open Access (PPO)** is available to retirees of employer groups. It includes medical coverage and may include prescription drug coverage. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan. Call the number on the member ID card for details.

Referrals aren't required for office visits. Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSIL.

How To Identify Members

Look for **Blue Cross Medicare Advantage Flex (PPO)** or **Blue Cross Group Medicare Advantage Open Access (PPO)** on the front of member ID cards. It's always important to check eligibility and benefits before providing care. See [sample member ID cards](#).

For Reimbursement

Follow the billing instructions on the member's ID card. When you see these members, you'll submit the claims to BCBSIL and not Medicare.

- **If you're a Medicare Advantage-contracted provider with any Blue Cross and Blue Shield (BCBS) plan**, you'll be paid your contracted rate. You're required to follow utilization management review requirements and guidelines.
- **If you're a Medicare provider who isn't contracted for Medicare Advantage with any BCBS plan**, you'll be paid the Medicare-allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount.* You aren't required to follow utilization management guidelines. However, you may request a review to confirm medical necessity.

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

*Blue Cross Group Medicare Advantage Open Access (PPO) members may be responsible for cost share for supplemental dental services from non-contracted Medicare providers.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage Flex (PPO) or Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

Verification of eligibility and/or benefit 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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Hospitals Must Provide Medicare Outpatient Observation Notice

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our Blue Cross Medicare AdvantageSM members who are under outpatient observation for more than 24 hours. **The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.**

Steps for Providers To Complete the MOON

- Download the notice from the [Centers for Medicare & Medicaid Services \(CMS\) website](#).
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member if they are in observation more than 24 hours.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.
- Document all member communications regarding the MOON process in members' records.

The notice **must be completed no later than 36 hours after observation begins or sooner** if the patient is admitted, transferred or released.

Learn more from [CMS' notice instructions](#).

The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

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BLUE REVIEWSM

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Patients in the Qualified Medicare Beneficiary Program Should Not Be Billed

If you participate in Blue Cross Medicare AdvantageSM plans, you may not bill our members enrolled in the Qualified Medicare Beneficiary (QMB) program, a federal Medicare savings program.

QMB patients are dual eligible beneficiaries, which means they're eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. **QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.**

For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full

Tips To Avoid Billing QMB Patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It's against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare Advantage cost-sharing.

To avoid billing QMB patients, please take these precautions:

- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare Advantage cost-sharing billing and related collections efforts

Questions?

Call Customer Service at 877-774-8592 to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the [Centers for Medicare & Medicaid Services website](#).

The information provided here is only intended to be a summary of the law that has been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

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Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on [our Provider website](#) the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may affect your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the [BCBSIL Provider Manual](#), located in the [Standards and Requirements](#) section of our website.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [BCBSIL Medical Policy page](#). Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You also may view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the [Standards and Requirements section](#) of our website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. You'll find a [Medical Policy Reference List](#) in the Related Resources on our [Recommended Clinical Review \(Predetermination\) page](#) – this list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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