

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

■ CMO Perspective

Health Equity: Bold Strategies, Unique Solutions

Our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, opens this month's newsletter with a discussion about how Blue Cross and Blue Shield of Illinois (BCBSIL) recognizes National Minority Health Month as an opportunity to collaborate with providers to address some of the pressing and challenging inequitable health outcomes that may affect the members we serve.

[Read More](#)

■ Wellness and Member Education

Is it time for your patients to clean out their medicine cabinets?

When you talk to your patients about how to take prescribed medications, do you also ask if they know about safe storage and disposal options? As a reminder, National Prescription Drug Take Back Day is April 27, 2019. Year-round safe medication disposal options are available, too.

[Read More](#)

■ Provider Education

Provider Learning Opportunities

We provide free workshops and webinars to help independently contracted providers who work with us. A list of upcoming training sessions is included in this month's issue.

[Read More](#)

Health Equity Will be Discussed at the Next Blue UniversitySM Event

At BCBSIL, we are engaging with providers as partners to help improve quality, provide value and maintain member satisfaction. Join us at our next event on **May 15, 2019**.

[Read More](#)

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](#)

■ Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2019

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes that were effective April 1, 2019, are outlined [here](#).

■ Focus on Behavioral Health

Attention Illinois Medicaid Providers: Submit Benefit Preauthorization Requests Online for Intensive Outpatient Program (IOP) Services

As a reminder, providers offering behavioral health IOP services may use iExchange® to submit IOP benefit preauthorization requests online for our Illinois Medicaid members. A new tip sheet is available on our Provider website. We also offer ongoing webinars.

[Read More](#)

■ Electronic Options

Changes to the Three-Character Prefix on Member ID Cards

Blue Cross and Blue Shield member ID numbers usually begin with a three-character prefix. Prior to April 2018, the prefixes included letters only.

[Read More](#)

Medicaid Providers: New IAMHP Comprehensive Billing Manual Available

The Illinois Association of Medicaid Health Plans (IAMHP) has created a Comprehensive Billing Manual to provide support and guidance to contracted Medicaid managed care providers on billing for services to Medicaid beneficiaries.

[Read More](#)

■ Clinical Updates, Reminders and Resources

Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Illinois Medicaid Claims

Effective March 1, 2019, payer response reports for the above-referenced electronic government programs claims will identify invalid National Drug Codes that are causing the claim to reject.

[Read More](#)

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

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

[Read More](#)

■ Notification and Disclosure

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. These policies may impact your reimbursement and your patients' benefits.

[Read More](#)

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor.

[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 [Workshops/Webinars](#) page.

Online Magazine

You and your patients also may be interested in viewing the latest stories on our [Making the Health Care System Work](#) site.



Contact Us

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

bcbsil.com

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

300 E. Randolph Street, Chicago, IL 60601

© Copyright 2019. Health Care Service Corporation. All Rights Reserved.

[Legal and Privacy](#) | [Unsubscribe](#)

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Health Equity: Bold Strategies, Unique Solutions

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

April is National Minority Health Month as designated by the U.S. Department of Health and Human Services (HHS) Office of Minority Health. In observance of National Minority Health Month, HHS actively joins partners around the U.S. to spotlight the importance of tackling opportunities to end health disparities based on race, ethnicity, language, gender, socioeconomic status, disability status and ZIP code.

BCBSIL recognizes Minority Health Month as an opportunity to collaborate with our provider partners across the state to help address some of the pressing and challenging inequitable health outcomes that may affect the members we serve. As part of our commitment to implementing innovative health equity solutions throughout Illinois, we are leading by providing educational/training programs and making targeted investments to help improve the quality of life for all members.

The intersection of health equity, cultural competency and implicit bias; the physician workforce shortage; and disparities in the number of underrepresented minorities practicing medicine in Illinois are three areas that BCBSIL is proud to announce as key pillars of our health equity strategies and solutions. On March 19th, I was honored to host a statewide summit titled, "Physician Diversity & Health Equity: The Imperative for Increasing Underrepresented Minorities in Medicine." This meeting convened leadership teams representing deans of medical schools, student affairs/admissions/academic affairs officials, chief medical officers, diversity and inclusion officers and Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Officers. The idea is to develop a framework for how BCBSIL and the philanthropic community can accelerate meaningful improvement in the physician diversity pipeline in partnership with academic institutions. I recently participated in an [NPR interview](#) on this topic that discusses the challenges in detail.

This month, BCBSIL leaders and staff are participating in the Third Annual Health Equity Summit. This year's theme is: "Health Equity Evolution: Accelerating the Path for Advancing Health Equity and Social Determinants of Health." Jenne Johns, Director Quality Improvement and Health Equity, Medical Management, BCBSIL, offers the following insight: "The annual internal Health Equity Summit is one way that BCBSIL leads by example by educating our staff and aligning internal strategies, stakeholders, programs and solutions. We are all vested in supporting improved health outcomes for all our members, and the summit provides a safe space to be transparent with others in our organization to raise awareness about the evolution of our health equity and social determinants of health journey."

Evaluating where we've been helps guide where we're going. Information shared in this forum will be leveraged to help shape provider educational programs, and targeted investments with non-profit organizations to help support our members' health and wellness.

When it comes to health equity, actions speak louder than words. We are committed to moving forward with new ideas. For example, BCBSIL has announced the debut of [foodQSM](#), a service we'll be offering in partnership with Blue Cross and Blue Shield InstituteSM ([BCBS InstituteSM](#)). foodQ is a healthy food delivery service that brings nutritious, affordable meals directly to people living in food deserts – areas that lack adequate access to fresh foods that make up a healthy diet. Through the foodQ service, consumers have easy access to affordable, nutritious foods to help them improve their health outcomes, particularly for diet-related, chronic conditions, while potentially reducing avoidable emergency room visits and hospital admissions.

BCBSIL supported the BCBS Institute's development of foodQ through [Affordability CuresSM](#), our company's commitment to develop long-term solutions that address the root causes of an expensive health care system, with investments in social determinants of health as one of the initial focus areas. The BCBS Institute will pilot foodQ in 25 Chicago ZIP codes. Any consumer living in these ZIP codes can participate, regardless of health insurance status or insurance carrier. Visit the [foodQ website](#) for more information.

I'm also pleased to announce the launch of a new training program for providers, in partnership with Quality Interactions, a small minority-owned business entity that leads virtual clinically focused cultural competency and implicit bias training programs. This training program involves two computer-based training modules and will initially be offered to select BCBSIL providers.

Do you have ideas you'd like to share to keep the conversation going? You are always welcome to [email our Blue Review editor](#) with any thoughts or feedback.

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

Blue Cross Blue Shield Institute (BCBS Institute) is an independent licensee of the Blue Cross Blue Shield Association, a federation of 36 independent Blue Cross and Blue Shield companies.

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.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Is it time for your patients to clean out their medicine cabinets?

When you talk to your patients about how to take prescribed medications, do you also ask if they know what to do with unused medications when no longer needed?

As noted on the U.S. Drug Enforcement Agency (DEA) website, “Medicines that languish in home cabinets are highly susceptible to diversion, misuse and abuse. Rates of prescription drug abuse in the U.S. are alarmingly high, as are the number of accidental poisonings and overdoses due to these drugs. Studies show that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet.”¹

To help remedy this potential public health and safety crisis, the DEA sponsors [National Prescription Drug Take Back Day](#) twice each year. This initiative provides a safe and convenient way for the general public to dispose of unwanted/unused and outdated/expired prescription medications.

- At the last event in October 2018, more than 36,895 pounds of drugs were collected via 188 sites across Illinois.²
- The next National Prescription Drug Take Back Day is **April 27, 2019**, from 10 a.m. to 2 p.m.
- Your patients may use the [DEA's search tool](#) to find a nearby collection site.

Year-round prescription drug disposal options are available, too. Blue Cross and Blue Shield of Illinois has joined Walgreens to expand the availability of safe medication disposal kiosks in select Walgreens locations. The kiosks are available during regular pharmacy hours at Walgreens pharmacies. For a full list of Walgreens safe medication disposal kiosk locations, see the [Walgreens store locator](#).

Safe medication disposal is a preventive measure to help ensure medications are not accidentally used, or intentionally misused, by someone other than the patient for whom the medication was originally prescribed. Thank you for reminding your patients to clean out their medicine cabinets.

¹ DEA website. Headquarters News, May 7, 2018. DEA brings in record number of unused pills during 15th annual National Prescription Drug Take Back Day. Accessed March 12, 2019, at <https://www.dea.gov/divisions/hq/2018/hq050718.shtml>.

² DEA website. National Prescription Drug Take Back Day. October 2018 16th National Take Back Day Collection Results. Accessed March 12, 2019, at <https://takebackday.dea.gov/sites/default/files/NTBI%20XVI%20Totals.pdf>.

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.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Provider Learning Opportunities

We provide free workshops and webinars to help independently contracted providers who work with us. See the snapshot of upcoming training sessions is included below. For more information, refer to our [Workshops/Webinars page](#).

Blue Cross and Blue Shield of Illinois (BCBSIL) WEBINARS

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

Descriptions:	Dates:	Session Times:
<p>BCBSIL Back to Basics: 'Availity® 101'</p> <p><i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>April 2, 2019</p> <p>April 9, 2019</p> <p>April 16, 2019</p> <p>April 23, 2019</p> <p>April 30, 2019</p>	<p>11 a.m. to noon</p>
<p>Introducing Remittance Viewer</p> <p><i>Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i></p>	<p>April 11, 2019</p>	<p>11 a.m. to noon</p>
<p>iExchange®: New Enrollee Training</p> <p><i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i></p>	<p>April 18, 2019</p>	<p>11 a.m. to 12:30 p.m.</p>
<p>Blue Cross Community Health PlansSM for Behavioral Health/Medical Providers</p> <p><i>This webinar is intended for the following provider types: Long Term Care Facilities (LTC), Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Specialized Mental Health Rehab Facility (SMHRF), Supportive Living Facilities (SLF), Home Health, Hospice,</i></p>	<p>LTC, SMHRF, SLF Provider Types:</p> <p>April 2, 2019</p> <p>Home Health, Hospice, DME, Home Infusion,</p>	<p>2 to 3 p.m.</p> <p>Noon to 1 p.m.</p>

AVAILITY WEBINARS

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

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. iExchange is a trademark of Meddecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and Meddecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Health Equity Will be Discussed at the Next Blue UniversitySM Event

At Blue Cross and Blue Shield of Illinois (BCBSIL), we are engaging with providers as partners to help improve quality, provide value and maintain member satisfaction. As partners, it is essential that we look for ways to strengthen our relationships and help each other.

To foster this partnership, we have created a free education program called Blue University, which provides a platform to engage providers in timely discussions regarding the current health care market. This is an opportunity to bring the focus to and educate on trends, best practices and emerging concerns that may have impacts to our members and providers. Past topics have included Opioid Use Disorder, reducing readmission rates and continuation of care.

On **May 15, 2019**, the discussion will focus on health equity and social determinants of health. As you know, equity is a key component of quality health care. Our members across all products and geographies experience health disparities. Factors outside the scope of health care – such as lack of access to food, housing and transportation – play a big role in a person's ability to attain a healthy lifestyle. These factors may also add to medical costs that place a financial burden on households and businesses.

These social determinants of health are factors that may shape the outcome for your patients and our members. By developing and implementing strategies for health equity within the health care delivery system, we can work together to provide access for our members, your patients, to quality and affordable care.

Workshop Details

The workshop will be held on Wednesday, May 15, 2019, at:

Blue Cross and Blue Shield of Illinois

300 E. Randolph St., Chicago, IL 60601

Registration Check-in: 8:30 to 9 a.m.

Forum: 9 a.m. to noon

Continental breakfast will be available.

[Register today!](#)

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

BlueCard[®] Program Reminder Checklist

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

Here's a quick checklist of important BlueCard reminders:

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

For more in-depth information to assist you when you are filing claims for out-of-area members, refer to the [BlueCard Program Provider Manual](#). This helpful resource may be found in the [Standards and Requirements](#) section of our Provider website.

Checking eligibility and/or benefits information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Attention Illinois Medicaid Providers: Submit Benefit Preauthorization Requests Online for Intensive Outpatient Program (IOP) Services

As a reminder, providers offering behavioral health IOP services may use iExchange[®] to submit IOP benefit preauthorization requests online for our Illinois Medicaid members. For instructions on how to submit IOP benefit preauthorization requests through iExchange for Illinois Medicaid, [refer to our new tip sheet](#). This tip sheet and other helpful resources may be found in the Provider Tools section of our website, under iExchange.

iExchange is available 24 hours a day, 7 days a week.* It may be accessed by physicians, professional providers and facilities who have obtained a provider record with Blue Cross and Blue Shield of Illinois (BCBSIL). Refer to the [iExchange page](#) for more information, including our [online enrollment form](#). Or, if you're a registered Availity[®] Provider Portal user, you may enroll to use iExchange via BCBSIL's Payer Spaces – select the Resource tab, then "Pre Auth Registration." There is no cost to use iExchange or Availity.

Customized training is available for providers who are new to iExchange. To request training, [email our Provider Education Consultants](#). For ongoing support, [email our iExchange Help Desk](#), or call 800-746-4614.

Don't Forget: Check Eligibility and Benefits First

It's critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity Portal](#) or your preferred web vendor portal. *Obtaining benefit preauthorization is not a substitute for checking eligibility and benefits.*

Learn More About iExchange and Availity

BCBSIL offers ongoing general webinars that emphasize using electronic options.

- Join us for an iExchange webinar to learn how to access and navigate our online benefit preauthorization tool.
- Also sign up for a BCBSIL Back to Basics: 'Availity 101' webinar for an overview of electronic transactions, such as eligibility and benefits, which may be conducted via the Availity Portal.

See the [Provider Learning Opportunities](#) for dates and times of upcoming webinars. To register to attend, visit the [Webinars page](#). Questions? Contact your Provider Network Consultant (PNC).

This information does not apply to services for HMO members.

Please note that checking eligibility or benefits, or the fact that a service has been preauthorized, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

iExchange is a trademark of Meddecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Meddecision and Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Changes to the Three-Character Prefix on Member ID Cards

Blue Cross and Blue Shield (BCBS) member ID numbers usually begin with a three-character prefix. Prior to April 2018, the prefixes included letters only. To ensure there are enough prefixes to support current and future business needs, the prefixes may now be alphanumeric.

Quick reminders:

- If a BCBS member's ID number does not have a three-character prefix, make sure you request their most current identification card.
- Three-character member ID prefixes may now have both letters and numbers.
- Member ID cards that have letters-only prefixes are still valid.
- The three-character prefix is always followed by the rest of the member's ID number.
- Include the entire member ID number, with the prefix, on all correspondence and claims.
- Do not omit, randomly select or substitute a different three-character prefix.
- Some BCBS member ID prefixes may have less than three characters. Federal Employee Program[®] (FEP[®]) members, for example, have a single-letter prefix.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Medicaid Providers: New IAMHP Comprehensive Billing Manual Available

The Illinois Association of Medicaid Health Plans (IAMHP) has created a [Comprehensive Billing Manual](#) to provide support and guidance to contracted Medicaid managed care providers on billing for services to Medicaid beneficiaries.

The manual includes:

- Managed Care Organizations (MCO) key plan contacts
- Minimum claim requirements
- General claim submission guidelines for all providers
- Policies and procedures for hospitals billing for outpatient services

The manual will be updated at least quarterly and can be found on the [IAMHP website](#). For your convenience, there's also a link to the IAMHP Comprehensive Billing Manual on our Provider website, on the [Medicaid page](#) under the Related Resources.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Illinois Medicaid Claims

The notice applies to providers submitting electronic claims for the following Blue Cross and Blue Shield of Illinois (BCBSIL) members:

- **Blue Cross Community Health PlansSM (BCCHPSM)**
- **Blue Cross Community MMAI (Medicare-Medicaid PlanSM)**

As of March 1, 2019, payer response reports for the above-referenced electronic government programs claims will identify invalid National Drug Codes (NDCs) that are causing affected claims to reject. Submitters will continue to receive:

- Health Care Claim Status Category Status Code A8: *Acknowledgement/Rejected for relational field in error*, and
- Health Care Claim Status Code 218: *NDC number*.

The 277CA – Health Care Claim Acknowledgement will now include the invalid NDC that caused the claim to reject in data element 2200D, STC12. This will help you quickly identify and correct the invalid NDC that is causing the claim to reject. All NDCs present are compared against the Medi-Span[®] NDC list and must be active relative to the Date of Service (DOS) on the service line. If they are not, the claim will reject. If the claim was a paper submission, you will receive a letter from BCBSIL notifying you of the claim rejection. After making the appropriate correction, you may immediately resubmit the claim electronically to help avoid processing/payment delays.

Please share this notice with your practice management/hospital information system software vendor, billing service or clearinghouse, if applicable, to help ensure they will be able to process/display the additional data element (2200D, STC12). Providers who use Availity[®] services for electronic claim submission do not need to confirm this process with them, as Availity will display this additional data element in their payer response reports.

If you have any questions, please contact your assigned Provider Network Consultant (PNC). To locate your PNC, refer to the [Provider Network Consultant Assignments page](#).

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. Medi-Span is a trademark of the Health division of Wolters Kluwer, an independent third party vendor that is a leading global provider of information and point of care solutions for the healthcare industry. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Wolters Kluwer. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

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 benefit preauthorization required for a particular member/service?

Get Answers Up Front

Benefits will vary based on the service being rendered and individual and group policy elections. It is imperative to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable benefit preauthorization/pre-identification 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.

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, out-of-area Blue Plan and Federal Employee Program[®] (FEP[®]) members.

Learn More

For more information, such as a library of online transaction tip sheets organized by specialty, refer to the [Eligibility and Benefits section](#) of our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Provider Learning Opportunities](#) for upcoming webinar dates, times and registration links to sign up now.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

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 impact 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 Provider website.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [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 may also 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. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Please visit the [Standards and Requirements section](#) of our Provider website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. 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.

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.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2019

ClaimsXtenTM Quarterly Updates

New and revised Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and aren't considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this data to the BCBSIL claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSIL Provider website. We will also post advance notice of ClaimsXten software updates on our website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to use Clear Claim ConnectionTM (C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection page](#) on our website for more information about C3, including [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). Please note that C3 doesn't contain all of the claim edits and processes used by BCBSIL in adjudicating claims, and results from use of the C3 tool aren't a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSIL. Change Healthcare is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.

CPT copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

bcbsil.com/provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

© Copyright 2019 Health Care Service Corporation. All Rights Reserved.