

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2017

April is Alcohol Awareness Month

The April issue of the Blue Cross and Blue Shield of Illinois (BCBSIL) *LifeTimes*[®] under-65 (U65) member newsletter features the article, “What Lifestyle Change Should 2 out of 3 Adults Consider?” to coincide with the National Health Observance – Alcohol Awareness Month. Two in 3 adult drinkers report drinking above moderate levels at least once a month, according to the Centers for Disease Control and Prevention (CDC).¹ The article explains how alcohol use is linked to short- and long-term health risks, including high blood pressure and many cancers.

Also in the April issue, readers can find articles on high blood pressure, reducing sugar intake and the benefits of volunteering. *LifeTimes* is online at lifetimes.bcbsil.com. It is hosted on the BCBSIL public site and no login is required. Anyone can read articles about taking care of costly health issues and learn more about health plan basics and benefits. Be sure to bookmark the *LifeTimes* website at lifetimes.bcbsil.com today and share a link with your patients and office staff.

¹CDC, Fact Sheets - Moderate Drinking, <https://www.cdc.gov/alcohol/fact-sheets/moderate-drinking.htm>, last updated March 18, 2016.

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BCBSIL Member Explanation of Benefits (EOB) Redesigned

Your patients may mention to you that their Blue Cross and Blue Shield of Illinois (BCBSIL) EOBs look different. Recently the BCBSIL EOB was updated to help make it more reader-friendly and easier to understand. BCBSIL streamlined the design, clarified the claims math and simplified the language to create a more straightforward tool to help our members better understand their health care finances. The new EOB is also available in Spanish.

The EOB redesign has a completely new layout and focuses on **three major sections**:

1. **Total of Claims** highlights the major financial information – the amount billed, total benefits approved and the amount the member may owe to the provider – for all claims contained in one EOB.
2. **Service Detail** identifies the services received for each claim, including the facility or physician, dates of service(s), the charge – both billed and allowed and what was paid to the provider. For the first time, this new EOB breaks out provider discounts and deductions from any amounts not covered, visibly showing members the value they receive from their BCBSIL benefits coverage.
3. **Summary** shows members a picture of their deductible, coinsurance, copays and spending accounts.

If members choose to receive their EOB by mail instead of electronically, another benefit of the new layout includes the reduction of paper usage. Simple or shorter claims will now fit on one EOB page. In addition, there will only be one Appeals Addendum produced per set of EOBs (household), helping to improve the member experience.

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2016 Survey Measures HMO Primary Care Physician Satisfaction Rates

Results are available from the 2016 HMO Illinois[®], Blue Advantage HMOSM and Blue Precision HMOSM Primary Care Physician (PCP) Survey. Blue Cross and Blue Shield of Illinois (BCBSIL) received completed questionnaires from 1,155 HMO physicians, which represents a response rate of 18 percent.

The table below shows select highlights of the results from the 2016 survey. The survey used a 5-point Likert scale, from Excellent to Poor. The results are based on combined responses in the top three boxes (Excellent, Very Good and Good), and 2015 results are being provided for comparison to the 2016 results.

| BCBSIL WEBINARS | HMO PCPs | |
|---|----------|------|
| | 2015 | 2016 |
| Survey Response Rate | 17% | 18% |
| Medical Group/Independent Practice Association (MG/IPA) Overall Rating * | 92% | 93% |
| MG/IPA Utilization Management (UM) * | | |
| • Case Management | 90% | 91% |
| • Timeliness of UM decisions | 90% | 90% |
| • Overall UM Process | 89% | 89% |
| MG/IPA Referral Process * | | |
| • Adequacy of Specialist Network | 90% | 91% |
| • Quality of Specialist Network | 94% | 94% |
| • Overall Process | 87% | 88% |
| MG/IPA Claims Payment * | | |
| • Timeliness | 91% | 90% |
| • Accuracy | 90% | 88% |
| BCBSIL Services | | |
| • Experience with Network Data Access Services (NDAS) Online/eCare [®] or Availity TM | 93% | 94% |
| • Blue Star MG/IPA Report SM | 96% | 94% |
| BCBSIL Quality On-Site Audit | | |
| • Knowledge of BCBSIL Quality On-Site Audit staff | 98% | 98% |
| • Courtesy of BCBSIL Quality On-Site Audit staff | 98% | 98% |
| After-Hours Access | | |
| • Response Time <30 minutes | 92% | 89% |
| Continuity and Coordination of Care | | |
| • Timeliness of feedback from Behavioral Health (BH) specialists | 74% | 68% |
| • BH specialist feedback was helpful | 86% | 87% |
| • Hospital provided discharge information in a timely manner | 95% | 97% |
| • Discharge information provided adequate information about medications at discharge | 96% | 97% |

*HMO physicians were asked to evaluate the MG/IPA on these attributes

Continuity and Coordination between Managed Care Physicians and Health Care Facilities

In 2016, over 88 percent of the PCPs participating in the HMO survey rated the reports they received from hospitals, outpatient surgery/surgicenters, skilled nursing facilities, home health care facilities, immediate care facilities, emergency rooms, rehab facilities, extended care facilities and hospice as Excellent, Very Good or Good. More than 89 percent of PCPs rated feedback from several specialists, including but not limited to, cardiologists, orthopedic surgeons, ophthalmologists, dermatologists and hospitalists as Excellent, Very Good or Good.

In summary, satisfaction rates remain high, well in the 90 percent range, for most survey responses, despite a drop in a few percent for some responses when compared to the 2015 results. The scores are reflective of the MG/IPAs and their contracting physicians' commitment to coordinating the care of HMO members.

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Federal Employee Program Member Reminder: Predetermination of Benefits Requirement for Sleep Studies

Effective for dates of service on or after Jan. 1, 2017, predetermination of benefits is required for sleep studies (polysomnography) conducted in settings other than the home (including but not limited to hospitals, skilled nursing facilities, clinics and sleep labs) for **Federal Employee Program (FEP) members**. Predetermination of benefits requests for sleep study services for FEP members are processed through a Blue Cross and Blue Shield of Illinois (BCBSIL) Clinical Health Medical Management review.

Predetermination of benefits requests and electronic medical record attachments may be submitted online through iExchange[®], or by faxing a predetermination of benefits request form and clinical information to 888-368-3406. Additional information on [iExchange](#) is available in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider. The predetermination of benefits request fax form can be found in the same section of our Provider website on the Forms page. **Clinical information submitted should include clinical data as to why a home sleep study is contraindicated.**

Additional Reminders for FEP Members:

- Sleep studies performed in the home do not require a predetermination of benefits.
- Obtaining a predetermination of benefits through BCBSIL is waived when traditional Medicare or other insurance is primary.
- The sleep study service provider must have the appropriate licenses and credentials necessary to conduct sleep study services.
- The sleep study services must meet the medical necessity guidelines.

Check Eligibility and Benefits for All Members

Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. **Also ask to see the member's BCBSIL ID card for current information** as well as a photo ID to help guard against medical identity theft. When services might not be covered, members should be notified that they might be billed directly.

If you have questions or need additional information, contact your assigned BCBSIL Provider Network Consultant (PNC) for assistance.

Checking 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 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.

Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

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Provider Data Management: Requesting Demographic Information Changes

Keeping your practice information up-to-date with Blue Cross and Blue Shield of Illinois (BCBSIL) is important for many reasons, such as helping to ensure our members have access to correct contact information and other details when they are viewing your listing on our online Provider Finder[®].

To help make it easier for you to update your information quickly and efficiently, we're pleased to introduce new, user-friendly forms to request demographic information changes on our website at bcbsil.com/provider.

You will continue to find the forms in the [Network Participation/Update Your Information section](#) of our Provider website. You will be able to enter the same information as before, but with easier to navigate forms and an email confirmation that your request has been received by BCBSIL.

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Provider Claim Summary Paper Mailing Discontinuance: Effective Date Delay

As a reminder, Provider Claim Summaries (PCSs) are now accessible through the Reporting On-Demand application, located under our Blue Cross and Blue Shield of Illinois (BCBSIL) branded *Payer Spaces* section on the Availity™ Web portal.

A [previous announcement](#) indicated that distribution of paper PCSs via regular mail would be discontinued March 1, 2017. However, to help support provider readiness, the effective date to discontinue mailing of paper PCSs has been delayed from March 1, 2017, to a future date within 2017. More information will be made available regarding the paper mailing end date in the upcoming months.

Exception requests to receive paper PCS mailings will continue to be reviewed. These requests may be submitted via email to PECS@bcbsil.com.

As a point of clarification, enrollment for Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) remains optional, and is not required to obtain your PCS from Reporting On-Demand. With Reporting On-Demand, the identical PCS received by mail from BCBSIL is readily available for you to view, download and/or print, at your convenience.

Not yet registered with Availity? Simply go to availity.com, select “Register” and complete the online registration process today at no cost. For more information on Availity registration or to request additional training, contact our Provider Education Consultants at PECS@bcbsil.com.

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Medical Record Retrieval for All Out-of-area Blue Plan Members

The “risk adjustment” requirement under the Affordable Care Act (ACA) requires Blue Cross and Blue Shield of Illinois (BCBSIL) to meet data submission and coding accuracy standards. Patient medical records are necessary to help ensure that these requirements are satisfied.

BCBSIL is working with Vercend, an independent company, to retrieve medical records for all out-of-area Blue Plan members to support Healthcare Effective Data and Information Set (HEDIS[®]), the risk adjustment requirement under ACA and government required programs.

Vercend is contractually bound to preserve the confidentiality of health plan members’ protected health information (PHI) obtained from medical records, in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Please note that patient-authorized information releases are not required in order for you to comply with the requests from Vercend for medical records.

As outlined in your contract with BCBSIL, you are required to respond to requests for medical records from BCBSIL related to covered services. This also applies to requests from BCBSIL’s designated agents, like Vercend, in support of risk adjustment, HEDIS and other government required activities within the requested timeframe. BCBSIL is working diligently to ensure this process is followed.

For your convenience medical records may be submitted to Vercend in the following ways:

- Upload the record image to Vercend’s secure portal and enter your password that is included with your Vercend request. Select the files to be uploaded.
- Fax records to Vercend’s secure fax at 888-231-9601
- Mail records to Vercend, 66 E. Wadsworth Park Dr., Draper, UT 84020

Providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)]. For more information regarding privacy rule language, please visit [hhs.gov/ocr/privacy](https://www.hhs.gov/ocr/privacy).

If you have any questions, contact your assigned Provider Network Representative (PNC).

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers complimentary educational webinars with an emphasis on electronic options that can help create administrative efficiencies for the independently contracted providers who conduct business with us. A snapshot of upcoming training sessions is included below. To register online now, visit the [Webinars page](#) in the Education and Reference Center on our website at bcbsil.com/provider.

| BCBSIL WEBINARS | | |
|---|---|-----------------------|
| <i>To register now for a webinar on the list below, click on your preferred session date.</i> | | |
| Descriptions: | Dates: | Session Times: |
| BCBSIL Back to Basics: 'Availity™ 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i> | April 4, 2017 April 11, 2017 April 18, 2017 April 25, 2017 | 11 a.m. to noon |
| Introducing Remittance Viewer <i>Have you heard? This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i> | April 11, 2017 | 10 to 11 a.m. |
| iExchange® Training: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i> | April 18, 2017 | 11 a.m. to 12:15 p.m. |

| BCBSIL PROFESSIONAL PROVIDER WORKSHOPS | | | |
|--|---|--|---|
| <i>Register via the Workshops page in the Education and Reference Center on our Provider website.</i> | | | |
| Description: | Locations: | Dates: | Questions? Contact: |
| <p><i>Our Provider Network Relations team is offering specialized training with a question-and-answer session to discuss current areas of interest pertaining to independently contracted BCBSIL providers.</i></p> <p>The session time for each workshop is 9:30 a.m. to noon. Check-in will be held from 9 to 9:30 a.m.</p> <p>To register online: Visit the Workshops page in the Education and Reference Center on our Provider website. <i>Be sure to sign up by the registration deadline so that we can be prepared to accommodate all attendees.</i></p> | Mt. Vernon Drury Inn & Suites 145 North 44th St. Mt. Vernon, IL 62864 | May 17, 2017 Registration deadline: May 12, 2017 | Teresa Trumbley trumbleyt@bcbsil.com 618-246-5201 |
| | New Lenox Silver Cross Hospital 1900 Silver Cross Blvd New Lenox, IL 60451 | June 22, 2017 Registration deadline: June 16, 2017 | Aaron Nash aaron_nash@bcbsil.com 312-653-3274 |
| | Aurora Rush-Copley Heart Institute 2088 Ogden Ave. Aurora, IL 60504 | June 27, 2017 Registration deadline: June 23, 2017 | Kathy Barry kathleen_barry@bcbsil.com 312-653-4247 |
| | Arlington Heights Northwest Community Hospital, Auditorium 800 W. Central Rd. Arlington Hts., IL 60005 | July 19, 2017 Registration deadline: July 14, 2017 | Gina Plescia gina_plescia@bcbsil.com 312-653-4733 |
| | East Peoria Par-A-Dice Hotel 21 Blackjack Blvd. East Peoria, IL 61611 | Sept. 14, 2017 Registration deadline: Sept. 8, 2017 | J'ne Erlenbush jerlenbush@bcbsil.com 217-698-5125 |

AVAILITY WEBINARS

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

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Confirmation: ClaimsXtenTM 1st Quarter 2017 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 are not considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this additional 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. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) also will be posted on the BCBSIL Provider website.

Effective **March 20, 2017**, BCBSIL enhanced the ClaimsXten code auditing tool by adding the first quarter 2017 codes and bundling logic into our claim processing system. A notice regarding this change was posted Dec. 19, 2016, in the [News and Updates section](#) of our website at bcbsil.com/provider.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim ConnectionTM (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSIL's code-auditing software. Refer to the [Clear Claim Connection page](#) in the Education and Reference Center/Provider Tools section of our Provider website for additional information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#).

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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 website at bcbsil.com/provider 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, which is 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 [Standards and Requirements/Medical Policy section](#) of our Provider website. 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 Home page.

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/Medical Policy section](#) of our Provider website for access to the most complete and up-to-date medical policy 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.

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