

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

August 2017

Colon Cancer Screenings Goal: 80% Participation by 2018 – Will you commit?

In collaboration with the American Cancer Society (ACS) and the National Colorectal Cancer Roundtable, Blue Cross and Blue Shield of Illinois (BCBSIL) has signed a pledge to have 80 percent of our members ages 50-75, screened for colon cancer by 2018.

“This collaboration is another example of how BCBSIL works with organizations to advocate on matters important to the wellbeing of our members,” said Chief Medical Officer for BCBSIL, Dr. Stephanie Vomvouras. “We strongly encourage our members age 50 and older to get screened for colon cancer. Those younger than 50 with risk factors for colon cancer should check with their health care providers to see if they need screening starting at an earlier age. We are reaching out to you, as their health care providers, to help get the word out and make guideline-based colorectal cancer screening a priority.”

How far away are we from reaching this goal? In 2016, the national Healthcare Effectiveness Data and Information Set (HEDIS[®]) PPO average was 57.1 percent compared to BCBSIL’s commercial PPO HEDIS result of 55.94 percent.

We need your help to reach this goal. Over the next few months, we will be providing articles on Colorectal Cancer (CRC) screenings, as well as barriers to CRC screenings. These articles will provide useful information such as:

- CRC screening test options and selections most suitable for your patients overcoming barriers to CRC screenings
- How to implement a CRC screening program in your practice

The biggest influencer to motivate patients to get screened is you and your staff. Identify your patients who need a CRC screening, talk to them about the importance of CRC screenings and encourage them to be screened. You may also want to ask your most persuasive and educated staff to answer questions and concerns, and help patients commit and complete CRC screenings.

Thank you in advance for your commitment to this important preventive screening.

Learn more. The Centers for Disease Control and Prevention (CDC) is providing free continuing education for PCPs, nurses, nurse practitioners and clinicians who perform colonoscopies. Visit the CDC website to access [Screening for Colorectal Cancer: Optimizing Quality](https://www.cdc.gov/cancer/colorectal/quality/)* and other CDC training resources.

*<https://www.cdc.gov/cancer/colorectal/quality/>

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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Are you receiving the *Blue Review* directly from BCBSIL?

The monthly *Blue Review* is your source for timely updates on new Blue Cross and Blue Shield of Illinois (BCBSIL) products, programs and services, as well as provider learning opportunities, electronic options and related resources. The newsletter also provides notification of contractual and other mandated changes.

How do you access the *Blue Review* monthly newsletter currently? Do you view it on the BCBSIL Provider website? Do you receive it by email, forwarded from a colleague? For greater convenience, why not sign up to have the newsletter emailed directly to you each month? It's simple. Just [fill out our online form now](#) and watch for the *Blue Review* to arrive in your email inbox next month.

We appreciate your readership!

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Code-Auditing Enhancement

Effective Nov. 12, 2017, Blue Cross Blue Shield of Illinois (BCBSIL) will be implementing a code-auditing enhancement to its claim system.* This software will help improve auditing of professional and outpatient facility claims that are submitted to BCBSIL by clinically validating modifiers submitted on such claims. Upon implementation of the code-auditing enhancement, providers may use the Claim Research Tool, available on the AvailityTM Web Portal, to research specific claim edits. For additional information, watch the *Blue Review*, as well as the News and Updates section of our Provider website.

****The above notice does not apply to government programs claims.***

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers complimentary educational workshops and 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. For additional information, refer to the [Workshops/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>	Aug. 1, 2017 Aug. 8, 2017 Aug. 15, 2017 Aug. 22, 2017 Aug. 29, 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>	Aug. 15, 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>	Aug. 8, 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>	<p>Easst Peoria Par-A-Dice Hotel 21 Blackjack Blvd. East Peoria, IL 61611</p>	<p>Sept. 14, 2017 Registration deadline: Sept. 8, 2017</p>	<p>J'ne Erlenbush JErlenbush@bcbsil.com 217-698-5125</p>

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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The Importance of Safeguarding PHI

The recent wave of ransomware attacks on businesses, including health care companies, is a good reminder to pay attention to your cyber security. Beyond the current crop of hacking scams, additional vulnerabilities may put your system in jeopardy, including improper disposal of protected health information (PHI), stolen laptops, unauthorized access to PHI and insufficient training of employees.

According to the U.S. Department of Health and Human Services' (HHS) Office of Civil Rights' Breach Portal, there have been 152 health care data breaches in the U.S. exposing more than 2.75 million individual records between January 1 and June 30, 2017.¹ Although that number is better than the same time in 2016 (148 breaches with over 4.56 million records), it proves that the health care industry still has work to do to safeguard PHI.

As a reminder, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule establishes national standards to protect individuals' electronic protected health information (ePHI) that is created, received, used or maintained by a HIPAA-covered entity. The HIPAA security rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity and security of ePHI.²

If you suspect a breach of PHI has occurred, you must follow the guidelines set forth by [HHS](#).

For more information regarding compliance with the HIPAA Security Rule, and what to do if you think there's been a cyberattack, visit the [Security Rule Guidance Material](#) page of the HHS website at [hhs.gov](#).

¹U.S. Department of Health and Human Services, Office for Civil Rights, Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information, https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf.

²U.S. Department of Health and Human Services, The Security Rule, <https://www.hhs.gov/hipaa/for-professionals/security/index.html>

This information is for educational purposes only and should not be considered legal advice. If you have any questions or concerns about the laws mentioned here, you should consult your legal advisor.

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Breast Cancer Screening Guidelines for MMAI, ICP and FHP Members

Breast Cancer Screening is included in the Blue Cross and Blue Shield of Illinois (BCBSIL) Quality Improvement (QI) program for the following Blue Cross Community OptionsSM, or BCBSIL Medicaid, members: Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community Integrated Care Plan (ICP)SM and Blue Cross Community Family Health PlanSM (FHP).

BCBSIL encourages independently contracted practitioners to discuss the importance of mammograms with their patients. Once a referral has been given to a patient, you may want to follow up with the patient at her next appointment to ensure she received her mammogram. This may help to improve the percentage of women who receive this preventive screening test. The Healthcare Effectiveness Data and Information Set (HEDIS[®]) guideline for Breast Cancer Screening is that women 50-74 years of age should have a mammogram every two years.

Breast cancer screenings are captured through claims data, so it is important for clinics who provide mammograms to use the correct Current Procedural Terminology (CPT[®]) codes when billing for services. BCBSIL encourages providers to obtain a copy of the mammogram results or record the date of the test and the result in their patient's medical record.

The BCBSIL QI Department strives to ensure that members have access to quality care that is in alignment with nationally recognized practice and treatment standards. The QI team includes registered nurses in the state of Illinois, with many years of clinical, quality improvement and management experience.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a health care provider. Physicians and other health care providers are to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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Care for Older Adults Guidelines for Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Members

Care for Older Adults is one category included in the Blue Cross and Blue Shield of Illinois (BCBSIL) Quality Improvement (QI) program for the MMAI product. The BCBSIL QI program is based on the view that the delivery of medical care and services can be continuously improved. Care for Older Adults is a Preventive Screening Measure for members 66 years and older that contains the categories outlined below.

- **Advanced Care Planning:** There must be documentation in the medical record, on a yearly basis, of an advance care plan or discussion regarding who can make medical decisions for the member if they are unable to make them.
- **Medication Review:** There must be documentation in the medical record, on at least a yearly basis, that the member's medications were reviewed by a prescribing practitioner or clinical pharmacist.
- **Functional Status Assessment:** There must be documentation in the medical record, on at least a yearly basis, that the member's functional status has been reviewed for the following categories:
 - **Activities of Daily Living (ADL)** were assessed for at least five areas (e.g., bathing, dressing, eating, using toilet, walking, transferring to include getting in and out of chairs).
 - **Instrumental Activities of Daily Living (IADL)** were assessed in four areas (e.g., meal preparation, transportation, telephone use, etc.)
 - **Notation that at least three of the following four areas were assessed:** cognitive status; ambulation status; hearing, vision and speech; other functional independence (e.g., exercise, perform job, etc.)
 - **Result of a standardized functional assessment tool** such as, Bayer ADL (B-ADL) Scale, Barthel Index, Independent Living Scale (ILS), Klein-Bell ADL Scale, etc.
- **Pain Assessment:** There must be documentation in the medical record, on a yearly basis, that a pain assessment was performed. Tools such as a brief pain inventory of the entire body, pain thermometer or numeric pain scale (e.g., 1-10), or Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale), etc., must be used.

Each category of this measure can be captured through claims data, so it is important for providers to use the correct Current Procedural Terminology (CPT[®]) codes when billing for services.

The BCBSIL Medicaid QI Department strives to ensure that members have access to quality care that is in alignment with nationally recognized practice and treatment standards. The QI team includes registered nurses in the state of Illinois, with many years of clinical, quality improvement and management experience.

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Medication Reconciliation Post-Discharge Guidelines for Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Members

Medication Reconciliation Post-Discharge is one category included in the Blue Cross and Blue Shield of Illinois (BCBSIL) Quality Improvement (QI) program for the MMAI product. The BCBSIL QI program is based on the view that the process for the delivery of medical care and services can be continuously improved.

Medication Reconciliation involves members age 18 and older who had documentation in their medical record that the provider, clinical pharmacist or registered nurse reconciled the member's current medications with the medications they were receiving upon discharge from an acute or nonacute inpatient stay. **The reconciliation must occur within 30 days of the hospitalization.**

Only documentation of medication reconciliation in the outpatient medical record meets the requirement of the measure. The note in the medical record must include the date reconciliation was performed and one of the following:

- The provider reconciled the current medications with the discharge medications.
- Notation of the current medications that references the discharge medications, such as:
 - No changes in medications since discharge.
 - Same medications at discharge.
 - Discontinue all discharge medications.
- A record of the member's current medications with a notation that the discharge medications were reviewed.
- The record contains a list of the member's current medications, a discharge medication list and a notation that both lists were reviewed on the same date of service.
- An office visit stating the member was seen in follow-up post-hospital discharge with evidence that medication reconciliation occurred.
- A discharge summary that states the discharge medications were reconciled with the current medications. The discharge summary must be filed in the outpatient chart within 30 days of the discharge.
- A notation that no medications were prescribed or ordered upon discharge.

Once reconciliation of the medication lists has occurred, the correct Current Procedural Terminology (CPT[®]) codes can be used to show this reconciliation was performed. This measure can be captured through claims data, so it is important for providers to use the correct CPT codes when billing for services.

The BCBSIL Medicaid QI Department strives to ensure that members have access to quality care that is in alignment with nationally recognized practice and treatment standards. The QI team includes registered nurses in the State of Illinois, with many years of clinical, quality improvement and management experience.

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Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

Effective Aug. 1, 2017, code ranges A4281-A4284 and A4286 were updated.

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

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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder[®]. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your own information in the Provider Finder – look for the link on our Provider website Home page at bcbsil.com/provider. Is your online information accurate? If changes are needed, it's important that you inform Blue Cross and Blue Shield of Illinois (BCBSIL) as soon as possible.

USE OUR ONLINE CHANGE REQUEST FORMS

You may request most changes to your information online by using one of our electronic change request forms. Visit the [Network Participation/Update Your Information section](#) of our Provider website to access instructions along with links to each type of form. Currently, there are three different change request forms to help you organize your information, as follows:

1. Request Demographic Information Changes

Use this form to request changes to your practice information currently on file with BCBSIL (such as address, email or NPI). You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.

2. Request Addition of Provider to Group

Use this form to notify BCBSIL when a new individual provider joins your practice. Please remember that new providers are subject to credentialing review and will not be effective until the process is completed and the provider is approved.

3. Request Removal of Provider from Group

Use this form to notify BCBSIL when an individual provider is leaving any or all of your practice locations.

Please note that changes are not immediate upon submission of an online change request form. Processing can take a minimum of 30 business days. If you would prefer to mail or fax your changes to BCBSIL, there is a downloadable Provider Information Change Request Form in the Network Participation/Update Your Information section of our Provider website, under the Related Resources. If you have any questions or need assistance, contact Provider Network Operations at netops_provider_update@bcbsil.com.

EXCEPTIONS TO THE ONLINE REQUEST PROCESS

The following types of changes are more complex and require special handling:

- **Multiple changes, especially changes involving more than one billing (Type 2) NPI** – These should be submitted via email to netops_provider_update@bcbsil.com.
- **Tax ID changes that may, or may not, involve Legal Business Name changes** – This type of change often requires a new contract. To request a contract application, visit the [Network Participation/Contracting section](#) of our Provider website. You may also want to discuss this change with your assigned Provider Network Consultant (PNC).
- **Ancillary provider changes** – Skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers, private duty nursing agencies and other ancillary providers may request changes by sending details to ancillarynetworks@bcbsil.com, or by calling 312-653-4820.

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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 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 also will be posted on the BCBSIL Provider website.

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 Connection™ (C3). C3 is a free, online reference tool. 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](#).

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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