

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

August 2018

■ CMO Perspective

Women's Health Alert: Are your patients getting their mammograms?

Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer introduces this month's article as follows: *Screening mammography can reduce mortality from breast cancer in women who are asymptomatic and at average risk for the disease. Although guidelines for age of first screening and interval may differ, the importance of screening remains the same: to detect cancer at an earlier stage when the patient's treatment options and chances of survival are higher.*

[Read More](#)

■ Quality Improvement and Reporting

HMO Quality Fund and HEDIS[®] Measures

Our HMO model represents an example of value based care where we are working in collaboration with health care systems, medical groups and independent practice associations to provide access to quality care efficiently. This is accomplished by delegating essential aspects of utilization management, care management, and now population health, to our clinical partners. In this context, monitoring Healthcare Effectiveness Data and Information Set (HEDIS) results takes on increased importance.

[Read More](#)

Clinical Corner: Quick Tips for Patient Conversations

Blue Cross and Blue Shield of Illinois (BCBSIL) quality improvement and reporting initiatives are in place to help support positive outcomes related to care and services provided to our members. This section of our newsletter offers quick tips that may be helpful when you are talking with patients who may not understand the “why” behind certain guideline-based screenings or other types of care and services.

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■ Provider Education

New Process Will Support Completion of Existing Provider Demographic Updates Within 10 Days

BCBSIL is in the process of streamlining how commercial provider demographic information change requests are received and updated in our system. Beginning Jan. 1, 2019, provider demographic changes will be visible in our online Provider Finder[®] within 10 business days after the change request is received by BCBSIL.

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■ Provider Learning Opportunities

BCBSIL provides complimentary educational workshops and webinars with an emphasis on electronic transactions, provider tools and helpful online resources. A list of upcoming training sessions is included in this month's issue.

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■ Electronic Options

Submitting Electronic Replacement or Corrected Claims

The BCBSIL claim system recognizes claim submission types on electronic claims by the frequency code submitted. The ANSI X12 837 claim format allows you to submit changes to claims that were not included on the original adjudication.

[Read More](#)

■ Wellness and Member Education

Expanded Preventive Service for Medicare Advantage Members at Risk for Type 2 Diabetes

BCBSIL has partnered with Solera Health, Inc. to facilitate Medicare Diabetes Prevention Program (MDPP) services for our members with Medicare Advantage plans. The MDPP is recognized by the Centers for Disease Control and Prevention (CDC) to be a proven lifestyle change program. Your patients who may be eligible may have received letters from BCBSIL informing them of Solera's services.

[Read More](#)



Clinical Updates, Reminders and Resources

'Annual Wellness Visit' Campaign Leads to Importance of Proper Coding

BCBSIL is currently conducting a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. We know you already see a lot of patients and, since this annual visit campaign may increase patient traffic to your office, we wanted to take this opportunity to emphasize the importance of careful medical record documentation.

[Read More](#)

■ Focus on Behavioral Health

Online Magazine Spotlight: Recent Topics Include Suicide Prevention and Transgender Care

BCBSIL has an insider's view of how providers, hospitals, employers and other stakeholders depend on one another to support access to affordable, quality health care that may help people live healthy, productive lives. This month's *Blue Review* spotlights two recent [Making the Health Care System WorkSM](#) articles that focus on increasing awareness of behavioral health-related issues.

[Read More](#)

■ Notification and Disclosure

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.



Contact Us

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

[bcbsil.com](#)

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Women's Health Alert: Are your patients getting their mammograms?

An introductory message from [Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer](#):

Screening mammography can reduce mortality from breast cancer in women who are asymptomatic and at average risk for the disease.¹ Although guidelines for age of first screening and interval may differ,² the importance of screening remains the same: to detect cancer at an earlier stage when the patient's treatment options and chances of survival are higher. In addition to ordering mammograms, please consider potential barriers that may be impacting your patients' adherence to your screening recommendations. Thank you for joining us in the effort to increase breast cancer screening rates in Illinois.

According to the Centers for Disease Control and Prevention (CDC), breast cancer continues to be the second leading cause of cancer death among American women overall and the leading cause of cancer death for Hispanic women in the U.S. Additionally, according to the CDC, the risk of getting breast cancer has not changed overall in the past 10 years – one in every eight women will be diagnosed with breast cancer over the course of a lifetime – the risk has increased for African-American, Asian, and Pacific Islander women in the U.S.³

For the current year, the American Cancer Society estimates that 266,120 women in the U.S. will be diagnosed with breast cancer and about 40,920 women will die from this type of cancer. In Illinois, it is estimated that 9,960 cases of breast cancer will be diagnosed in 2018, resulting in an estimated 1,720 deaths.⁴ *Every day, 28 women in Illinois are diagnosed with breast cancer.*⁵

Breast cancer is a serious, potentially life-changing disease, and early detection is vital to increasing each patient's chances for survival. Blue Cross and Blue Shield of Illinois (BCBSIL) values your diligence in encouraging your patients to get mammograms and other recommended screenings according to the U.S. Preventive Services Task Force (USPSTF) guidelines.* But it doesn't end there, because the message may not be reaching certain populations, or, if it is, some individuals may not be taking appropriate action.

As Dr. Anita Stewart, medical director for BCBSIL describes it, "Early detection is the road to life after breast cancer." However, BCBSIL has identified areas of opportunity for increased awareness among some of our members, based on claims data. For example, breast cancer screening rates among members in our Medicaid population are lagging, despite ongoing member education and outreach efforts. You may be ordering mammograms, but there may be several factors that may be preventing some of your patients from following through on their doctors' orders. We are seeking your help to bridge the gap.

What are the potential barriers preventing members from getting mammograms?

When talking with your patients, it's important to recognize potential disparities in breast cancer screening, particularly among some minority populations. The Susan G. Komen[®] website compares mammography screening rates among different groups of people and offers a number of points to consider.⁶

- **Lack of Awareness** – Some women may not be aware of the importance of routine screening. They may not be aware their risk increases with age. If diagnosed, they may not understand the importance of acting quickly.
- **Cost Concerns** – Patients in low-income households may be concerned about taking time off from work for doctors' appointments. They may not think they can afford screening or treatment.
- **Limited Access** – A patient may make it to an annual visit, but it may be hard to arrange for additional visits such as a screening, or other follow-up appointments. There may not be a screening facility close to where the patient lives or works. They may not have transportation.
- **Fear** – Some patients may be worried that screening will be painful, dangerous or ineffective. They may be apprehensive about results. They may be afraid their insurance will not cover treatment, if it becomes necessary.
- **Lack of Support** – Some patients may be serving as primary caregivers for children or other family members. They may not feel they have anyone else to help if they need to make their own health top priority.

What can you do to help?

Some members may need more than a written order for screening. Here are some suggestions to help make sure your patients follow through:

- **Offer to make the appointment for your patient.** Print instructions and circle important details. Make sure patients have a number to call if they have questions.
- **Talk about potential costs.** Remind patients they can call the number on their member ID card for additional information regarding their health care benefits.
- **Make sure your patients understand.** Ask questions, such as: Do you understand why screening is important? When are you going? Where are you going? Do you have transportation? Are there any reasons that may prevent you from keeping your appointment?
- **Encourage your patients to learn more.** Direct them to additional resources for information and support.
- **Follow up after your patients leave your office.** Call or mail a letter to confirm your patient completed their screening.

Additional Resources for Providers

For helpful tips on effective communication with various patient populations, a Cultural Competency online training module is available on the [Provider Training Requirements/Resources page](#) of our Provider website.

Many other organizations offer excellent resources as well. Here are just a few examples to consider:

- **American Cancer Society** – [How to Increase Cancer Screening Rates: A Quality Improvement Toolkit for Busy Office Practices](#)
- **Susan G. Komen Foundation** – [Breast Cancer Education Toolkit for Hispanic/Latino Communities](#)
- **Jackson County Health Department** (Sponsored by the Illinois Department of Public Health Center for Minority Health Services) – [Breast & Cervical Cancer Screening & Education Provider Toolkit \(October 2017, Version 2.0\)](#)

Additional Resources for Members

BCBSIL conducts member education campaigns to help increase awareness of preventive care opportunities, such as scheduling annual routine physical exams. Reminders about mammograms and other important topics also are published on our public [LifeTimes[®]](#) health and wellness site.

Other resources you may wish to share with your patients include:

- **CDC** – The [Breast Cancer: What You Need to Know](#) fact sheet provides a quick overview of important details such as risk factors and symptoms.
- **Susan G. Komen** – Patients may visit ww5.komen.org to learn more about screening and sign up for reminders. Patients also may contact the Breast Care Helpline at 877-465-6636 or helpline@komen.org for breast health and breast cancer information or free, professional support services.
- **Illinois Department of Public Health (IDPH)** – The [Illinois Breast & Cervical Cancer Program \(IBCCP\)](#) offers free mammograms, breast and pelvic exams and Pap tests to eligible women. To find out if they qualify, patients may call 888-522-1282 (800-547-0466 TTY)

^{1,2} USPSTF, [Final Recommendation Statement. Breast Cancer Screening](#)

³ Basic Information About Breast Cancer, CDC, June 13, 2018, https://www.cdc.gov/cancer/breast/basic_info/index.htm

⁴ Cancer Statistics Center, American Cancer Society, <https://cancerstatisticscenter.cancer.org>

⁵ Cancer in Illinois, IDPH, August 2017, <http://www.dph.illinois.gov/sites/default/files/publications/cancer-illinois-2017-102417.pdf>

⁶ Comparing Breast Cancer Screening Rates Among Different Groups, Susan G. Komen, April 25, 2018, <https://ww5.komen.org/BreastCancer/RacialEthnicIssuesinScreening.html>

**Note: There are multiple guidelines for breast cancer screening. In addition to USPSTF guidelines, also refer to the American College of Obstetricians and Gynecologists (ACOG) [Statement on Breast Cancer Screening Guidelines](#), and the American Cancer Society [Recommendations for the Early Detection of Breast Cancer](#).*

The Susan G. Komen Foundation is an independent, third party organization. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party organizations such as Susan G. Komen. If you have any questions about the products or services provided by such organizations, you should contact those organizations directly.

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HMO Quality Fund and HEDIS[®] Measures

Blue Cross and Blue Shield of Illinois (BCBSIL) is proud of its insurance offerings under our Health Maintenance Organization (HMO) model. Our HMO model represents an example of value based care where we are working in collaboration with health care systems, medical groups and independent practice associations to provide access to quality care efficiently. This is accomplished by delegating essential aspects of utilization management, care management, and now population health, to our clinical partners. In this context, monitoring Healthcare Effectiveness Data and Information Set (HEDIS) results takes on increased importance in helping to make sure that resources are being utilized to improve health care outcomes effectively. (For more information on HEDIS generally, refer to our [July 2018 Blue Review](#) for the article titled, [An In-depth Look at HEDIS](#).)

The Quality Fund of our HMO provides an additional pay-for-performance component to supplement routine operational needs by aligning the measures of the Quality Fund to key indicators as monitored by HEDIS. The key difference here is that rather than evaluating performance at the health plan level, we leverage the Quality Fund to produce annual medical group quality performance results. For the administrative HEDIS measures, this means taking the larger network data and segregating it by medical group. For hybrid HEDIS measures that rely on the actual review of medical records to achieve meaningful results sampled at the plan level, we reproduce this sampling effort at the provider level by reviewing the collective claim and medical chart abstraction results of 150 members for each of the seven hybrid measures in the Quality Fund. This combined administrative and chart review process for the seven hybrid measures, including related outreach and educational efforts, is referred to as our Quality Fund "Special Projects."

In addition to these Special Projects, the 2018 Quality Fund includes 21 administrative HEDIS measures, referred to as our "Select Administrative Measures," and eight member satisfaction survey measures. While all of these measures are valuable in tracking important aspects of quality, only thirteen of these Select Administrative Measures, and all of our Special Projects measures, are utilized by the National Committee for Quality Assurance (NCQA) in its process for assessing health plan accreditation, as listed below:

2018 Quality Fund Measures Used for NCQA Accreditation

Select Administrative Measures	Special Projects
<ul style="list-style-type: none"> • Antidepressant Medication Management • Appropriate Testing for Children with Pharyngitis 	<ul style="list-style-type: none"> • Childhood Immunization Status • Colorectal Cancer Screening

Appropriate Treatment for Children with Upper Respiratory Infection

- Medication Management for People with Asthma
- Asthma Medication Ratio
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Breast Cancer Screening
- Chlamydia Screening in Women
- Follow-Up After Hospitalization for Mental Illness
- Follow-Up for Children Prescribed ADHD Medication-Initiation Only
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Use of Imaging Studies for Low Back Pain

Comprehensive Diabetes Care

- Controlling High Blood Pressure
- Immunizations for Adolescents
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

A Quick Progress Report

BCBSIL is pleased to report that, based on the hard work and focus of HMO network clinicians, our Special Projects measures have shown a general improvement over the last three years. Congratulations, and thank you!

Progress on the Select Administrative Measures, however, has lagged. We suspect that this is in part due to a less direct interaction around Select Administrative Measures since they are solely claims-based. However, Select Administrative Measures reflect guideline-based care and quality of care provided to our members, your patients. That's why this year, we are putting an additional program in place to support providers around Select Administrative Measures.

What's next?

We recently developed a Care Gap Report that will provide information to our medical groups in two useful ways. First, for measures that assess quality at the member level over time, like screening and prevention measures, we provide a status update of gaps in care for the Select Administrative Measures and for Special Projects measures (possible gaps that can trigger verification and intervention) as needed. We hope this member-centric report will aid medical groups in doing outreach and identifying opportunities to provide services as patients come for regularly scheduled visits. The reports will be as current as possible, but given the inevitable lags in receiving claims, you might consider checking the medical record prior to reaching out to patients. Nevertheless, this data will provide a valuable starting place for focused intervention to help improve quality. Second, for episodic measures where performance is based on an episode of care that has already been completed, we will provide updated performance results and benchmarking so that medical groups can track their performance and educate their providers on opportunities for improvement, as necessary.

This Care Gap Report was first released and presented during a webinar series offered to the medical groups in July 2018. All groups will continue to receive the Care Gap Report monthly, with more focused outreach and education with many of the medical groups continuing through the fall to help leverage the value of the report. Closer to the end of the year, we will provide an updated scorecard of your results in addition to the Care Gap Report. This scorecard will provide updated performance results and benchmarks for all measures, the member-centric measures and episodic measures, and may assist you in conducting targeted outreach to your patients in the remaining weeks of the year.

And all along the way, for medical groups that would benefit from some extra guidance, BCBSIL will be here to help. HMO medical groups that have questions may contact our HEDIS clinical team via email at ILHEDISDepartment@bcbsil.com for assistance.

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Clinical Corner: Quick Tips for Patient Conversations

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- **Colon Cancer Screening** – There is no need to get frustrated with a patient who declines colon cancer screening with colonoscopy. This situation could be used to start a conversation about effective alternatives. An annual Fecal Immunochemical Test (FIT) exam or a stool DNA test (Cologuard[®]) every three years has been shown to have approximately the same effectiveness as colonoscopy, and both options may be covered as preventive services without copays by BCBSIL for eligible members. You may need to help your patients understand that, while positive tests require a follow-up colonoscopy, this approach can significantly increase screening efforts and, ultimately, save lives.^{1, 2}
- **Breast Cancer Screening** – It is important that clinicians seek to understand the specific barriers to breast cancer screening amongst their patients and tailor messages with individualized recommendations. Some patients may be reluctant to take the time to get screened. They may not believe they are at risk. They may be anxious about experiencing pain or discomfort during the mammogram. For some patients, the fact that screening may lead to a breast cancer diagnosis is enough to scare them away from getting screened. Research has shown that individualized messaging tailored to a woman’s particular concern more effectively increases breast cancer screening rates over generalized screening recommendations.³
- **Imaging in Low Back Pain** – Frequently, patients experiencing acute back pain may request advanced imaging with an MRI even when, as clinicians know, there is little utility in obtaining an MRI for acute back pain in the absence of clinical red flags. Here is a suggestion to help you discuss this situation with your patient: Data suggests that patients who got an MRI right away did just as well in a year, but those who got an MRI were twice as likely to end up getting back surgery. Ask your patient, “Do you really want to have back surgery?” If the answer is no, then consider discussing with your patient that the best strategy may be to wait and see how the pain resolves with physical therapy and conservative pain management before jumping ahead to advanced imaging. Help your patient understand that getting an MRI may be more likely to lead to unnecessary surgery when it is obtained before giving the back to heal on its own.^{4, 5, 6}

¹ National Institutes of Health (NIH), National Cancer Institute website. [Tests to Detect Colorectal Cancer and Polyps.](#)

² U.S. Preventive Services Task Force (USPSTF), [Final Recommendation Statement, Colorectal Cancer: Screening.](#)

³ PubMed.gov, [Tailored Interventions to Promote Mammography Screening: A Meta-Analytic Review.](#)

⁴ PubMed.gov, [Rapid magnetic resonance imaging vs radiographs for patients with low back pain: a randomized controlled trial.](#)

⁵ PubMed.gov, [Magnetic resonance imaging in follow-up assessment of sciatica.](#)

⁶ PubMed.gov, [Acute low back pain and radiculopathy: MR imaging findings and their prognostic role and effect on outcome.](#)

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New Process Will Support Completion of Existing Provider Demographic Updates Within 10 Days

Blue Cross and Blue Shield of Illinois (BCBSIL) is in the process of streamlining how commercial provider demographic information change requests are received and updated in our system. Beginning Jan. 1, 2019, provider demographic changes will be visible in our online Provider Finder[®] within 10 business days after the change request is received by BCBSIL. While this may result in minor differences in how you communicate change requests to us, it will allow BCBSIL to comply with a new State of Illinois mandate for timely provider data updates that will take effect the first day of January 2019.

Effective immediately, in preparation for the new mandate, the following options are available to request updates to existing provider demographic information:

- Non-HMO professional providers – Complete the [demographic change form](#), available on our Provider website
- HMO professional providers – Email your request to hmo_network@bcbsil.com
- Ancillary and facility providers – Email your request to facility_demographic_changes@bcbsil.com
- Medical groups transmitting rosters only – Email your request to providerrosterrequests@bcbsil.com

Starting in September 2018, BCBSIL will remind providers that, as of Jan. 1, 2019, demographic change requests will no longer be accepted by phone or fax and will be rejected if not received through the appropriate method as listed above.

It is critical to note that this process change only applies to existing providers' demographic changes. Offices should continue using current processes to add new providers.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) provides 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](#) on our Provider website.

BCBSIL WEBINARS

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

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. 7, 2018 Aug. 14, 2018 Aug. 21, 2018 Aug. 28, 2018	11 a.m. to noon
Introducing Remittance Viewer <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>	Aug. 9, 2018	11 a.m. to noon
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. 23, 2018	Noon to 1:30 p.m.
Blue Cross Community Health PlansSM for Behavioral Health/Medical Providers <i>Learn about our new 2018 Medicaid product</i>	For CMHC, LTSS, SUPR Provider	9 to 10 a.m.

<p><i>This webinar is intended for the following provider types: Community Mental Health Centers (CMHC), Substance Use Prevention and Recovery (SUPR), Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Medical Group/Independent Practice Association (MG/IPA), Long Term Supports and Services (LTSS), Primary Care Physician (PCP), School Based Clinic (SBC), Specialist</i></p>	<p>Types: Aug. 15, 2018</p>	
<p>Blue Cross Community Health PlansSM Webinars for Ancillary Providers <i>Learn about our new 2018 Medicaid product</i></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, Durable Medical Equipment (DME), Home Infusion, Dialysis</i></p>	<p>LTC, SMHRF, SLF Provider Types: Aug. 14, 2018 Aug. 28, 2018</p> <p>Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types: Aug. 14, 2018 Aug. 28, 2018</p>	<p>10 to 11 a.m.</p> <p>Noon to 1 p.m.</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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Submitting Electronic Replacement or Corrected Claims

The Blue Cross and Blue Shield of Illinois (BCBSIL) claim system recognizes claim submission types on electronic claims by the frequency code submitted. The ANSI X12 837 claim format allows you to submit changes to claims that were not included on the original adjudication.

Claim Frequency Codes

The 837 Implementation Guides refer to the National Uniform Billing Data Element Specifications Loop 2300 CLM05-3 for explanation and usage. In the 837 formats, the codes are called “claim frequency codes.” Using the appropriate code, you can indicate that the claim is an adjustment of a previously submitted finalized claim.

Use the below frequency codes for claims that were previously **adjudicated**.

Claim Frequency Codes			
Code	Description	Filing Guidelines	Action
5 Late Charge(s) (Institutional Providers Only)	Use to submit additional charges for the same date(s) of service as a previous claim.	File electronically, as usual. Include only the additional late charges that were not included on the original claim.	BCBSIL will add the late charges to the previously processed claim
7 Replacement of Prior Claim	Use to replace an entire claim (all but identity information).	File electronically, as usual. File the claim in its entirety, including all services for which you are requesting reconsideration.	BCBSIL will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim.

8 Void/Cancel of Prior Claim	Use to entirely eliminate a previously submitted claim for a specific provider, patient, insured and "statement covers period."	File electronically, as usual. Include all charges that were on the original claim.	BCBSIL will void the original claim from records based on request.
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Submitting Electronic Replacement Claims

When submitting claims noted with claim frequency code 7 or 8, the original BCBSIL claim number (also referred to as the Document Control Number or DCN) **must** be submitted in Loop 2300 REF02 – Payer Claim Control Number with qualifier F8 in REF01. The DCN can be obtained from the 835 Electronic Remittance Advice (ERA) or Electronic Payment Summary (EPS).^{*} Without the original BCBSIL DCN, adjustment requests will generate a compliance error and the claim will reject. BCBSIL only accepts claim frequency code 7 to replace a prior claim, or claim frequency code 8 to void a prior claim.

Specific information and examples for **Professional** and **Institutional** providers are included below.

Professional Providers:

Claim corrections submitted without the appropriate frequency code will deny and the original BCBSIL claim number will not be adjusted. For additional information on submitting electronic replacement claims please refer to the table and example below.

Code	Action
7 Replacement of Prior Claim	BCBSIL will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim.
8 Void/Cancel of Prior Claim	BCBSIL will void the original claim from records based on request.

An example of the ANSI 837 CLM segment containing the claim frequency code 7, along with the required REF segment and Qualifier in Loop ID 2300 - Claim Information, is provided below.

Claim Frequency Code

CLM*12345678*500***11:B:7*Y*A*Y*I*P~
REF*F8*(Enter the Claim Original Document Control Number)

Institutional Providers:

Claim corrections submitted without the appropriate frequency code will deny as a duplicate and the original BCBSIL claim number will not be adjusted. For additional information on submitting electronic replacement claims please refer to the table and example below.

Code	Action
5 Late Charge(s)	BCBSIL will add the late charges to the original claim processed claim.
7 Replacement of Prior Claim	BCBSIL will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim. <i>This code is not intended to be used in lieu of late charges.</i>

8 Void/Cancel
of Prior Claim

BCBSIL will void the original claim from records based on request.

When submitting corrected **institutional** claims, take note of CLM05-2, the Facility Code Qualifier. In this instance, the CLM05-2 field would require a value of “**A**” indicating an institutional claim – along with the appropriate frequency code (7) as illustrated in the example below.

Claim Frequency Code

CLM*12345678*500***11:**A**:7*Y*A*Y*I*P~
REF*F8*(Enter the Claim Original Document Control Number)

Note: If a charge was left off the original claim, submit the additional charge with all of the previous charges as a replacement claim using frequency code 7. All charges for the same date of service should be filed on a single claim.

Frequency Code 5, Late Charge(s) applies strictly to institutional claims.

For more information on professional electronic replacement claims and other claim filing tips, refer to the [Claim Submission](#) section of our Provider website.

****EPS files are not available for Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM claims.***

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

August 2018

Expanded Preventive Service for Medicare Advantage Members at Risk for Type 2 Diabetes

Blue Cross and Blue Shield of Illinois (BCBSIL) has partnered with Solera Health, Inc. (Solera) to facilitate [Medicare Diabetes Prevention Program \(MDPP\)](#) services for our members with Medicare Advantage plans. According to a National Institutes of Health (NIH) trial, this type of program has been shown to greatly reduce the progression of prediabetes to Type 2 diabetes.¹ The MDPP is recognized by the Centers for Disease Control and Prevention (CDC) to be a proven lifestyle change program. It seeks to help participants establish healthy habits and make positive changes, such as losing five to nine percent of their body weight, as this modest weight loss may help reduce the risk of developing Type 2 diabetes.² Members who meet eligibility requirements may participate in the program at no cost to them.

MDPP Eligibility Criteria

- Blood value:
 - Fasting plasma glucose of 110 to 125 mg/dL, or
 - A1C value between 5.7 to 6.4, or
 - Oral glucose tolerance test between 140 to 199 mg/dL.
- Body mass index (BMI) greater than 25 (or if Asian, greater than 23).
- No diagnosis of end-stage renal disease or Type 1 or Type 2 diabetes; previous gestational diabetes is not an exclusion to participation.

Solera will work closely with each eligible member to enroll them in a two-year program in their area. The program is focused on encouraging healthier food choices and increased activity. The first year includes weekly lessons in a small group setting for six months, followed by monthly lessons for six months. The second year provides ongoing support for participants who, during the first year, meet the five percent weight-loss goal and attend a minimum of two sessions every three months. Throughout the two years, participants have access to a one-on-one lifestyle health coach to help them set goals and stay on track.

Your patients who may be eligible may have received letters from BCBSIL informing them of Solera's services. The letter explains that our members may verify their eligibility and enroll in the program by going to solera4me.com/bcbsil or by calling 866-671-8597 (TTY 711), Monday through Friday from 9 a.m. to 9 p.m., CT.

¹ The Lancet, [Volume 374, No. 9702](#), p1677–1686, Nov. 14, 2009. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. Published Oct. 29, 2009. Accessed at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61457-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61457-4/fulltext)

² National Diabetes Prevention Program, CDC, Jan. 16, 2018, <https://www.cdc.gov/diabetes/prevention/index.html>

Solera Health, Inc. (Solera) is an independent company that provides diabetes prevention services for BCBSIL. Solera is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by Solera.

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.

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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'Annual Wellness Visit' Campaign Leads to Importance of Proper Coding

Blue Cross and Blue Shield of Illinois (BCBSIL) is currently conducting a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. We know you already see a lot of patients and, since this annual visit campaign may increase patient traffic to your office, we wanted to take this opportunity to emphasize the importance of careful medical record documentation.

Careful documentation is critical for proper assignment of ICD-10-CM/PCS codes. To help ensure that claims are properly billed and appropriate benefits are applied, your documentation must paint a clear and complete picture of each patient's condition with details to support subsequent diagnoses and treatment.

As you know, medical record data is also used to help develop provider report cards and demonstrate meaningful use in electronic health records. Provider profiles may be made publicly available through online transparency or comparison tools, and potential patients may use this information when they are choosing where to go for care.

Clinical documentation improvement tools and services are widely available. Regardless of whether your organization or office has implemented a clinical documentation improvement (CDI) program, there are some basic CDI principles you can use to help support accurate ICD-10 coding on your claims:

1. **Lay the groundwork** by outlining a complete history.
2. **Go below the surface** by highlighting potential red flags and risk factors.
3. **Include progress notes** to illustrate how the patient was monitored and evaluated.
4. **Put the pieces together** with details on why decisions were made.
5. **Focus on teamwork** between medical, coding and billing staff.

We appreciate your efforts to support our members' health and wellness at their annual visits and every other visit. Careful medical record documentation for each patient at every visit will help ensure your claims accurately reflect the care and services you provide to our members.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims. Health care providers are instructed to submit claims using the most appropriate codes based upon the medical record documentation and coding guidelines and reference materials.

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Online Magazine Spotlight: Recent Topics Include Suicide Prevention and Transgender Care

At Blue Cross and Blue Shield of Illinois (BCBSIL), we believe that having access to affordable, quality coverage can help make a positive, and often profound, difference in our members' lives. [Making the Health Care System WorkSM](#) is BCBSIL's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

Did you catch these recent stories in our online magazine? This month we're spotlighting two articles that focus on increasing awareness of behavioral health-related issues:

- [Communication Is Key in Assessing and Addressing Suicide Risk](#) – A well-timed call, a few extra questions during a routine check-up, or even paying close attention to the answer to “How are you?” may be the difference between life and death. Offering support may help make the difference between life and death for someone considering suicide. Learn the 12 warning signs of suicide.
- [Closing the Gap in Transgender Care](#) – The health care system is beginning to respond to the challenges transgender men and women face in getting the care they need. About 1.4 million people in the U.S. identify as transgender, according to the Williams Institute at UCLA School of Law. But the health care system, in many ways, is just beginning to grapple with the specific needs of the transgender community.

To view the full stories and also browse other articles that may be of interest to you and your patients, visit us online at makingthehealthcaresystemwork.com.

Join the Conversation

[Subscribe](#) to get updates from [Making the Health Care System Work](#) delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we may help expand access to quality coverage and care, reduce costs and improve health.

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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 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 some 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. Refer to the [Clear Claim Connection page](#) on 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](#). It is important to note that C3 does not contain all of the claim edits and processes used by BCBSIL in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSIL. McKesson Information Solutions, Inc. 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.

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