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BLUE REVIEW℠

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Wellness and Member Education

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What else can you do to help your pediatric patients with Attention-Deficit/Hyperactivity Disorder (ADHD)? The American Academy of Pediatrics (AAP) recommends both behavioral therapy and medication for children 6 years of age and older.

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Focus on Behavioral Health

Medical and Behavioral Health Care Services: Improving the Connection to Support Patient Progress

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CMO Perspective

Addressing the Maternal and Infant Health Crisis Through A Health Equity Lens

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses the imperative to find solutions to eliminate maternal health inequities and combat rising mortality rates.

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Global Obstetric Services: Use Caution to Ensure Proper Coding on Claims

Obstetrical services are processed in accordance with Current Procedural Terminology (CPT®) coding guidelines. Global obstetric services fall into three categories. We appreciate your attention to careful coding to ensure services performed are accurately reported on claims.

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What's New

Automated Phone System Offers More Service Options for MMAI and Medicare Advantage

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Provider Education

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eviCore Benefit Preauthorization Training – Obstetric Ultrasounds

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Reminder: Availity Claim Research Tool Provides Claim Status Results

One of the most convenient, efficient and secure methods of requesting detailed claim status from BCBSIL is by using an online option such as the Availity Claim Research Tool (CRT).

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Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.

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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.

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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.

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ClaimsXten™ Quarterly Updates

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

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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.

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While ADHD Diagnosis Rises, Treatment Patterns Fall Short

What else can you do to help your pediatric patients with Attention-Deficit/Hyperactivity Disorder (ADHD)? The American Academy of Pediatrics (AAP) recommends both behavioral therapy and medication for children 6 years of age and older. For preschool children, 4 to 5 years old, the first line of treatment is behavioral therapy. If the response is not enough, medication may be added.[1]

A Blue Cross Blue Shield Association and Blue Health Intelligence® (BHI) study titled, The Impact of Attention Deficit Hyperactivity Disorder on the Health of America's Children, looked at claims data among children diagnosed with ADHD. The children were between the ages of 2 and 18 and covered by commercial health insurance. The findings showed a large gap between what the AAP recommends and actual practice. Of children diagnosed with ADHD in 2017:[2]

- 27% received what the AAP recommends, both behavioral therapy and medication.
- 49% received only medication.
- 12% received only behavioral therapy.

The study revealed trends that show the importance of diagnosis and proper treatment of ADHD:[2]

- ADHD is one of the most common behavioral health conditions affecting kids in the U.S.
- Diagnoses increased by 31% from 2010 to 2017 in children 2 to 18 years old.
- ADHD is considered the second-most impactful condition affecting children's health in the U.S. It accounts for 16% of the impact of all health conditions on Generation Z (0-19 years old).
- Four in 10 children with ADHD also have at least one other behavioral health condition, including:
  - Depression
  - Anxiety
  - Learning disorders
  - Disruptive behavioral disorders
  - Autism Spectrum Disorder (ASD)

Rates of depression and anxiety increase in children with ADHD from preschool to middle school. The rates increase sharply in high school students. Rates of learning disorders, disruptive behavioral disorders and ASD are most common in preschool children with ADHD. The rates decrease sharply from preschool to elementary school and continue to decrease in high school kids.

[1] AAP, ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, November 2011, https://pediatrics.aappublications.org/content/pediatrics/128/5/1007.full.pdf

[2] Heatlh of America Report, The Impact of Attention Deficit Hyperactivity Disorder on the Health of America's Children, March 28, 2019, https://www.bcbs.com/the-health-of-america/reports/impact-of-adhd-attention-deficit-hyperactivity-disorder-on-health-of-americas-children

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Medical and Behavioral Health Care Services: Improving the Connection to Support Patient Progress

We want to offer more articles on behavioral health-related topics that may be of interest to our readers, based on feedback expressed during our annual newsletter survey. This article is the second in a series of articles written in collaboration with the Illinois Psychological Association. We hope you find the information relevant and useful.

Integrated Behavioral Care (IBC) is designed to help address two potential obstacles or barriers in a patient's health care journey. The first barrier may arise when there is limited access to a full range of interventions – biological, behavioral, social and educational – which, when provided together, may contribute to improved outcomes. The second barrier may occur when there is a lack of communication among providers coordinating the patient's care.

In the ideal scenario, a patient has access to a variety of services at a point of service where professionals from multiple disciplines (e.g., medicine, nursing, psychology, social services, patient education) are on site. For behavioral services, patients who are referred to a psychologist located at the point of service may be more likely to accept behavioral interventions, particularly when the interventions are de-stigmatized, by referring to them as "behavioral" rather than "psychological." It also may be helpful for patients to know that their providers use health and behavior coding developed to recognize that many medical illnesses have behavioral components which, when treated along with the medical components, may help improve patient outcomes.

When representatives of each of the disciplines are not present at the point of service, a number of challenges may emerge. In some cases, referral follow-through may be jeopardized. For example, a medical provider may believe that a patient would benefit from a behavioral intervention targeting a diagnosed illness or a psychoeducational group at a separate location. But it may be difficult for the patient to move from one provider to another at different settings.

Also, patients who receive referrals, but who cannot obtain immediate appointments, may be less motivated to adhere to their providers' prescribed treatment plans. Care Coordinators at Blue Cross and Blue Shield of Illinois (BCBSIL) work with members to help coordinate care among providers from different levels of care and across multiple locations, if necessary. However, their efforts may be challenged if patients are unable to obtain appointments in a timely manner or keep those appointments once they're made.

Lastly, a patient may be hesitant to follow through if there are challenges in effective and timely communication among the various providers who are involved in their plan of care. Irrespective of quality of care, a patient's belief in the treatment plan is critical to help promote adherence and mobilize healing. For example, when a patient asks the patient's psychologist, "Have you talked to my

medical doctor about my case?" and the answer is "No," it may reduce the patient's belief in the importance of adherence to the prescribed treatment plan.

There are a limited number of settings where patients may obtain the most enhanced form of integrated care with complete access to a full range of interventions and services across multiple disciplines in a single location. So, what can behavioral health providers do to help increase efficiencies when coordinating care among providers outside of the same point of service? Here are some IBC suggestions to consider:

1. Always obtain a Release of Information from the patient that specifies all other providers involved in the patient's care so that you may fax or otherwise share basic information about your assessment and planned intervention.
2. If you have specific requests for the patient's other provider(s), include these requests in your correspondence. However, be brief. Send an update, as appropriate.
3. Identify your ability to provide health-related behavioral health care services associated with medical illnesses.
4. Use only those health and behavior codes that are appropriate to the services you provide.
5. Respond within 24 hours to requests for your services with information about whether and when you will be available.

Coordination among all providers who are working together to provide care and services for our members is essential. At BCBSIL, we are committed to increasing awareness and educating our members about ways their medical and behavioral health care needs may intersect. We continue to seek innovations that will help our members receive the right care at the right time and in the right place.

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Addressing the Maternal and Infant Health Crisis Through A Health Equity Lens

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

In November 2018, I wrote a column discussing the imperative to help find solutions to eliminate maternal health inequities and combat rising mortality rates. While pregnancy is a significant and happy life event for expecting parents, the risk some women face during pregnancy and after giving birth is magnified. Racial and ethnic disparities exist in both obstetric outcomes and health care quality. These disparities are not simple differences but rather inequities that systematically and negatively impact less advantaged groups. Minority women suffer a disproportionate number of maternal deaths, pregnancy complications, comorbid illnesses, and adverse obstetric outcomes and have been shown to receive obstetric care that differs by race and ethnicity.[1]

Compared to all other racial/ethnic groups, African American women have three to four times more maternal deaths.[1] Similarly, adverse perinatal outcomes, including infant death, are more common among black women than white women. In fact, in a study including over 100,000 women, racial and ethnic disparities were documented in frequency of labor induction, episiotomy and cesarean delivery. The authors of the study, Byrne and Tanesini, suggest that there appears to be a fundamental inconsistency between research which shows that some minority groups consistently receive lower quality healthcare and the literature indicating that healthcare workers appear to hold equality as a core personal value.[2]

Premature births and their complications are the greatest contributor of infant mortality within the first year of life. The U.S. preterm birth rate is among the worst of high-resource nations. About 380,000 babies are born prematurely in the U.S. each year.[3]

According to the Centers for Disease Control and Prevention (CDC), the preterm birth rate rose for the third year in a row in 2017, and racial and ethnic differences in preterm birth rates remain.[4] In 2017, the national average for premature birth rate in the U.S. was 9.93%. This means one in 10 babies is born too soon.[3] In Illinois, the 2017 premature birth rate was above the national average at 10.4%, but for black women in Illinois it's 14.2%, which is 53% higher than the rate among all other ethnical groups of women in Illinois.[5]

Why is this important at BCBSIL?
Previously, I noted the importance of patient-centric factors, like language proficiency, cultural beliefs and/or socioeconomic factors. It's these factors that may impact patient understanding, access and adherence to care plans during pregnancy. BCBSIL has

several initiatives underway to help address these factors and to provide vital member education that will have long-lasting impact on the communities we serve.

BCBSIL is standing by its members and providing access to information, care and other resources to support a healthy pregnancy, including the recovery period immediately following delivery, and beyond. Our Special Beginnings® program provides expectant mothers with access to articles, videos and information needed to care for themselves and their baby during pregnancy and up to six weeks after giving birth. Going forward, we want to expand our disparity-reducing efforts to various vulnerable populations within the state of Illinois.

Our fall Blue University℠ event will continue this conversation on addressing the maternal and infant health crisis through a health equity lens. How can BCBSIL work with providers to help tackle this issue? Please share your ideas with us by emailing the *Blue Review* editor and look for Blue University registration information in the coming months.

Learn more about Dr. Derek J. Robinson

[1] U.S. National Library of Medicine, NIH, Improving hospital quality to reduce disparities in severe maternal morbidity and mortality, August 2017. https://www.ncbi.nlm.nih.gov/pubmed/28735811

[2] U.S. National Library of Medicine, NIH, Instilling new habits: Addressing implicit bias in healthcare professionals, December 2015. https://www.ncbi.nlm.nih.gov/pubmed/25771742

[3] March of Dimes, Fighting Premature Birth: The Prematurity Campaign, https://www.marchofdimes.org/mission/prematurity-campaign.aspx

[4] CDC, Premature Birth, June 2019. https://www.cdc.gov/reproductivehealth/features/premature-birth/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fprematurebirth%2Findex.html,%20accessed%207/2019

[5] March of Dimes, 2018 Premature Birth Report Card, 2019. https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1&reg=17

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Global Obstetric Services: Use Caution to Ensure Proper Coding on Claims

Obstetrical services are processed in accordance with Current Procedural Terminology (CPT®) coding guidelines. **Global obstetric** services fall into the following categories:

- Antepartum care (care provided prior to delivery)
- Delivery
- Postpartum care (care provided after delivery)

According to CPT coding guidelines, if only **one** physician treated a patient for an entire pregnancy, to include all antepartum care visits, delivery and ending with postpartum care, billing with a global CPT code may be appropriate.

When an obstetrical patient requires the services of two (or more) different physicians during the course of pregnancy, however, it is the responsibility of each physician to bill for services using the appropriate CPT code that accurately describes the services they performed.

Here is an example from the 2019 CPT codebook published by the American Medical Association (AMA): “If all or part of the antepartum and/or postpartum patient care is provided except delivery due to termination of pregnancy by abortion or referral to another physician or other qualified health care professional for delivery, see the antepartum and postpartum codes….”

We appreciate the care and services you provide to our members. We also appreciate your attention to careful coding to ensure services performed are accurately reported on claims.

This material is provided for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials.

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Automated Phone System Offers More Service Options for MMAI and Medicare Advantage

Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ (MMAI) members and their health care providers now have access to a new Interactive Voice Response (IVR) automated phone system. The system also became available for Blue Cross Medicare Advantage℠ member and provider inquiries beginning **July 9, 2019**.

Please be aware that the new menu options are different from the previous phone system. You now can get the information you need more quickly and easily. Just follow the new prompts.

For MMAI, call 877-723-7702. Then listen to the menu options and select the help you need. Your options include:

- Check eligibility and benefits
- Check claim status
- Transfer to customer service for provider disputes

For Medicare Advantage, call 877-774-8592. As of **July 9, 2019**, your menu options now include:

- Check eligibility and benefits
- Check claim status
- Transfer to customer service for prior authorization
- Confirm key addresses and fax numbers

You can also choose to speak to a customer service representative at any time.

Checking eligibility and/or benefit information and/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.

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Member letters have a new look!

Service request approval and denial letters have a fresh, updated look. Blue Cross and Blue Shield of Illinois (BCBSIL) knows your time is valuable. We eliminated nonessential information to make member letters straightforward and simple. The new layout is now in color and includes symbols that are easy to understand. Both you and your patient can find the information you need fast. As always, you will be copied on member letters about service request approvals and denials. Keep a lookout for the redesigned member letters.

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University of Chicago Retiree Transition to Anthem Medicare Advantage Plan

On Jan. 1, 2019, University of Chicago retirees who were eligible for Medicare Parts A and B were transitioned from the University of Chicago Post-65 Retiree plan through Blue Cross and Blue Shield of Illinois (BCBSIL) to Anthem Medicare Preferred (PPO), a Medicare Advantage plan through Anthem Blue Cross and Blue Shield.

The Anthem Medicare Preferred (PPO) plan includes a National Access Plus benefit, which means retirees are free to receive services from any provider, as long as the provider is eligible to receive payments from Medicare. With this benefit, University of Chicago retirees will pay the same cost share for both in-network and out-of-network services. The Anthem Medicare Preferred (PPO) plan offers the same hospital and medical benefits that Medicare covers. It also covers additional benefits that Medicare does not, such as annual routine physical exams.

The prefix on University of Chicago retiree member ID cards is **WZV**. These ID cards also show the Anthem Medicare Preferred (PPO) product name, University of Chicago logo and National Access Plus icon.

Other Reminders:

- To check eligibility and benefits for University of Chicago retirees, submit an electronic 270 transaction through the Availity® Provider Portal or your preferred web vendor, or call the BlueCard® eligibility line at 800-676-BLUE (2583), just as you would for other out-of-area Blue Cross and Blue Shield members.
- If prior authorization is required, use the Electronic Provider Access (EPA) tool to submit your request – see the Pre-service Review for Out-of-area Members tip sheet for more information. Requesting pre-service review is not a substitute for checking eligibility and benefits.
- As always, submit all claims electronically to the local plan, BCBSIL. Claims should not be filed with Original Medicare for University of Chicago retirees.
- If you have any questions, contact the number on the member's ID card.

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.

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Reminder: A Second Surgical Opinion is Required for City of Chicago BCBSIL Members

Some Blue Cross and Blue Shield of Illinois (BCBSIL) members participating in the City of Chicago plan are required to call Telligen to obtain a second surgical opinion before having any of the scheduled surgeries listed below. Members of this group are identified with the alpha prefix CTY on their member ID cards and the group numbers 195500, 195501 or 195502.

Once the member calls Telligen to start the second surgical opinion review, the process typically takes **up to four weeks** to complete. Please allow adequate time for review when submitting your request.

This requirement applies to scheduled surgeries in the following areas:

- Hip/knee/shoulder
- Neck/back/spine
- Gallbladder
- Uterine/vagina/cervix
- Gastric bypass

This requirement does not apply to surgical procedures performed if the member was admitted through the emergency room for emergency surgery.

Although it is the member's responsibility to obtain the second opinion, a provider may contact Telligen to start the second opinion process. The provider is responsible for obtaining preauthorization for medical necessity for the surgery.

While there is no charge for the second opinion and the member is not expected to travel or be examined to complete the review, if Telligen is not contacted before the scheduled surgery, the services may be denied and the member may be responsible for costs associated with the services. The second opinion review process takes **up to four weeks** to complete.

The benefit of this requirement is that the member will receive a confidential written report of the second opinion related to the proposed surgery. The member makes the final decision on how to proceed with the proposed treatment plan. Telligen will not share any information with the City of Chicago, the member's treating physician or BCBSIL other than to verify that the member met the requirement of the second surgical opinion. Members may call Telligen at 800-373-3727.

Telligen is an independent company that provides Utilization Review/Case Management/Disease Management/Maternity Management to BCBSIL. Telligen is wholly responsible for its own

products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by Telligen.

Checking eligibility and/or benefit information and/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, please call the number on the member's ID card.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our Workshops/Webinars page.

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' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Aug. 6, 2019 Aug. 13, 2019 Aug. 20, 2019 Aug. 27, 2019	11 a.m. to noon
Introducing Availity Remittance Viewer *Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save/print and reconcile Electronic Remittance Advice (835 ERA) data.*	Aug. 8, 2019	11 a.m. to noon
iExchange®: New Enrollee Training *Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.*	Aug. 15, 2019	11 a.m. to 12:30 p.m.
BCBSIL Monthly Virtual Provider Workshop *These monthly webinars will be held through December 2019. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.*	Aug. 14, 2019	10 to 11 a.m.

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 for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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eviCore Benefit Preauthorization Training – Obstetric Ultrasounds

Blue Cross and Blue Shield of Illinois (BCBSIL) is working with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to offer provider orientation sessions, as noted below.

This web-based training will cover how to navigate the eviCore website to submit benefit preauthorization requests for obstetric ultrasounds (OBUS) when benefit preauthorization for this service is required for BCBSIL members. Even simple errors may lead to a denial. Submitting requests online helps reduce the chance of error.

In the training, you'll learn how to electronically submit benefit preauthorization requests through eviCore. You'll also learn how to access and locate required information on the eviCore website, as well as what clinical documentation you may need for the top requested services.

Learn how to properly submit benefit preauthorization requests for OBUS services by enrolling for one of the sessions below. This is your chance to have your eviCore questions answered by the experts. Each training session is about an hour. The training is free, but registration is required.

Training Schedule

OBUS	Aug. 6, 2019	1 p.m., CST
OBUS	Aug. 13, 2019	9 a.m., CST

How to Register

1. Go to evicore.webex.com.
2. Click "WebEx Training" on the left side of the webpage.
3. Click the "Upcoming" tab to select which orientation training session you want to attend. **(Note:** Orientation training sessions are shown as **"BCBSIL & BCBSTX OBUS Provider Orientation Session"** under the "Topic" field.)
4. Click the "Register" box and enter all required information.

You'll get a confirmation email with your registration ID and a link to your selected training session.

Training Documents

If you're unable to attend a training session, go to evicore.com/implementation to download a PDF copy of the presentation or any additional documents. Adobe Acrobat Reader is available for download here.

Always Check Eligibility and Benefits *First*

Benefits will vary based on the service being rendered and individual and group policy elections. It's critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the Availity® Provider Portal or your preferred web vendor portal.

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Reminder: Availity® Claim Research Tool Provides Claim Status Results

One of the most convenient, efficient and secure methods of requesting detailed claim status from Blue Cross and Blue Shield of Illinois (BCBSIL) is by using an online option such as the Availity Claim Research Tool (CRT).* The CRT helps you manage account receivables by viewing details of a single claim or statuses of multiple claims for a specific member in one view.

The CRT allows registered Availity users to search for claims by patient ID, group number and date of service, or by National Provider Identifier (NPI) and specific claim number, also known as a Document Control Number (DCN). The CRT also allows users to obtain real-time claim status, with detailed ineligible reason code descriptions.

The search results page delivers the rendering provider ID and name submitted on the claim. Additionally, the claim status service line break-down returns:

- Service Date
- Revenue/Procedure Code
- Diagnosis Code
- Ineligible Reason Code and Amount
- Copay, Coinsurance and Deductible
- Modifier
- Unit or Time or Mile

This important information is available within a few clicks, lessening the need to speak with a Customer Advocate. For additional information, refer to the CRT tip sheet on our website. As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit availity.com, or contact Availity Client Services at 800-282-4548.

Join us for a webinar! BCBSIL hosts free Back to Basics: 'Availity 101' Webinars for you to learn how to use the CRT and other electronic tools to the fullest potential. You do not need to be an existing Availity user to attend a webinar. To register online for an upcoming webinar, visit the Webinars page.

***The CRT is not yet available for government programs claims.** To check claim status in the Availity portal for government programs (Medicare Advantage and Illinois Medicaid) claims, providers should use the **Claim Status & Remittance Inquiry tool**, instead of the CRT. The Availity **Claim Status** tool is located under the **Claims & Payments** tab on the Availity homepage.

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.

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Important Dates and Reminders

Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders. We understand that provider offices are extremely busy and, while this section of our newsletter should not be interpreted as all-inclusive, we hope this abbreviated summary format is useful to you and your staff.

Upcoming Changes to Watch For

Topic	Brief Description	Target Implementation Date:	For More Information
Benefit Preauthorization Change for Some BCBSIL Members with the Following Member ID prefixes: **PAS, BHP, SFZ, UAL**	Benefit preauthorization for these members must be obtained through eviCore healthcare (eviCore) instead of BCBSIL.	The effective date has been changed to **Aug. 31, 2019**	Refer to the News and Updates posted July 30, 2019

Special Events and Activities

Topic	Brief Description	Important Dates	For More Information
Cultural Competency and Implicit Bias Training Program	Online training modules; currently in progress for select HMO network primary care physicians.	**through October 2019**	Refer to the article in the April 2019 newsletter
Monthly Virtual Provider Workshops	Our Provider Network Consultant team will be hosting one-hour online training sessions to help keep you informed of important BCBSIL	**through December 2019**	Watch the Provider Learning Opportunities or visit the Webinars

	updates and initiatives.		page on our Provider website for upcoming dates and online registration

Deadlines and Other Reminders

Topic	Brief Description	Important Dates	For More Information
Email Validation Survey	If you're on our distribution list to receive the electronic *Blue Review*, you may receive a request from BCBSIL to validate your email information.	**Ongoing through 2019**	Refer to the News and Updates
Some of our Blue Choice Preferred PPO℠ members may receive Fecal Immunochemical Test (FIT) Kits for in-home colorectal cancer screening	Members will send their tests to Access Health Corporation, an independent company specializing in in-home diagnostic testing. This company will process tests and send results to our members and the primary care providers they specify.	Members have until **Nov. 15, 2019,** to complete and submit their tests for processing.	Refer to the article in the June 2019 newsletter

Please note that 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.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. 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 eviCore or Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

BlueCross BlueShield of Illinois

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A newsletter for contracting institutional and professional providers

August 2019

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 our Provider Finder. 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.

Types of Information Updates

- **Demographic Changes**
  Use the Demographic Change form to change existing demographic information (such as address, email, NPI/Tax ID or remove provider). 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.
- **Request Addition of Provider to Group**
  If you need to add a provider to your current contracted group, complete the Provider Onboarding Form. Due to the credentialing requirements, changes are not immediate upon submission of this form. The provider being added to the group will not be considered in network until they are appointed into the network.

Other Information Changes

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

- **Legal Name Change for Existing Contract**
  If you are an existing provider who needs to report a legal name change, complete a new contract application to initiate the update process.
- **Medical Group Change for Multiple Providers**
  If you are a group (Billing NPI Type 2) and have more than five changes, please send a request to *ILProviderRosterRequests@bcbsil.com* to obtain a current copy of your roster to initiate your multiple change request.

Changes are not immediate upon request submission.

For status of your professional contract application, or if you have questions or need to make changes to an existing contract, email *netops_provider_update@bcbsil.com*.

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bcbsil.com/provider

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Medical Policy Updates

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

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

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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 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 Connection™ (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.