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A newsletter for contracting institutional and professional providers

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Network Innovation

Acupuncturists, Naprapaths and Registered Dietitians Can Now Join the PPO and Blue Choice PPO℠ Networks

Beginning Jan. 1, 2019, acupuncturists, naprapaths and registered dietitians will be eligible to participate in the PPO and Blue Choice PPO networks.

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CMO Perspective

Blue Door Neighborhood Center℠ Breaks Ground to Break Down Health Care Barriers

Our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, announces a new initiative in this month's article: *I'm pleased to share that, this month, we will officially break ground on The Blue Door Neighborhood Center in Chicago's historic Pullman community. The Blue Door Neighborhood Center marks the first time in the history of our company that we've had brick-and-mortar presence in our local communities.*

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Focus on Behavioral Health

Behavioral Health and Opioid Use Disorders Discussed at Blue University℠ Event

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HEDIS® Measures for Antidepressant Medication Management

Major depression is one of the most common mental illnesses, affecting 6.7 percent (more than 16 million) American adults each year. As part of a quality initiative to help assess effectiveness of care and services to our members, we use specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS).

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Pharmacy Program

Help Combat Antibiotic Resistance

According to the Centers for Disease Control and Prevention (CDC), antibiotic resistance is one of the biggest public health challenges of our time. The CDC lists the top 18 antibiotic-resistant threats in the U.S. and identifies facts about minimum estimates of morbidity and mortality from antibiotic-resistant infections, people at especially high risk, gaps in knowledge about antibiotic resistance, etc.

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FEP Benefits Changes for Infliximab, Effective Jan. 1, 2019

The autoimmune drug infliximab will be covered as a medical benefit for Blue Cross and Blue Shield Federal Employee Program® (FEP) members who receive their first infusion on or after Jan. 1, 2019.

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Clinical Updates, Reminders and Resources

Recommendations and Reminders for Eye Care Professionals

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Hospital Discharge Summaries Contain Important Information for Primary Care Providers

We want to remind you about some important information to help you when discharging FEP and other BCBSIL members after inpatient hospital stays.

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Communicate Pre- and Post-natal Care Information to Support Effective Coordination, Continuity of Care

This article includes important information to help you when providing pre- and post-natal care and services to FEP and other BCBSIL members.

Read More

2019 Benefit Preauthorization Requirements, Reminders and Resources (Commercial and Government Programs)

At BCBSIL, our goal is to support access to quality, affordable health care for our members. Benefit preauthorization requirements are in place to help our members maximize their benefits and to help ensure appropriate benefits are applied, according to each member's certificate of benefits.

Read More

Electronic Options

Medicaid Reminder – Tips to Avoid High Call Volumes

Remember that during peak call times, typically 9 to 11 a.m., you can check eligibility and benefits through the MEDI application on the secure myHFS website and claim status via the Availity® Provider Portal or your preferred vendor portal.

Read More

Check Eligibility and Benefits: Don?t skip this important first step!

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service? Don't take chances. Check eligibility and benefits for each patient, prior to every scheduled appointment.

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Coming Soon: Check Online for Procedure Code-specific Benefit Preauthorization Requirements

BCBSIL is implementing a new electronic alternative. With this change, when you conduct electronic eligibility and benefits inquiries/responses (270/271 transactions) through Availity or your preferred web vendor, you will have the option to verify if *specific procedure codes* require benefit preauthorization.

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Provider Education

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.

Read More

Update Provider Finder® with Multiple Service Locations

We would like you to help make sure your provider service locations are up to date. Over the next few months, your Provider Network Consultant (PNC) will be working with you to add all locations where your physicians and mid-levels practice.

Read More

Government Programs Providers: Reminder, We Want Your Feedback

Your thoughts, comments, questions and concerns are important to us so our Government Programs Provider Network team has developed an online survey to provide you with an opportunity to give us feedback as it relates to your interaction with your PNC.

Read More

Quality Improvement and Reporting

When Considering Continuity and Coordination of Medical Care, Keep the Word TEST in Mind

We are always working to promote continuity and coordination of member care between primary care physicians and specialists or other health care teams. The seamless transition of patient care from one setting to another involves collaboration between the patient and all members of the health care team to develop a care plan that helps deliver quality, cost-effective care.

Read More

Choosing Wisely® for Imaging Tests and Lower Back Pain

A current initiative of the American Board of Internal Medicine (ABIM) finds that improved communication in health care may be the key to improved use of imaging for lower back pain. *Choosing Wisely* is an ABIM program in partnership with Consumer Reports designed to help foster appropriate and cost-effective use of health care resources by conveying to physicians and their patients key insights from 50 clinical specialty groups.

Read More

Notification and Disclosure

Blue Cross Medicare Advantage℠ Providers are Prohibited from Billing Dually Eligible Individuals Enrolled in the QMB Program

As a reminder, the independently contracted providers participating in the Blue Cross Medicare Advantage (PPO)℠ (MA PPO) and/or Blue Cross Medicare Advantage (HMO)℠ (MA HMO) member products may not bill beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) program for Medicare cost-sharing. QMB is a Medicare Savings Program that exempts

Medicare beneficiaries from Medicare cost-sharing liability.

Read More

Procedure Code and Fee Schedule Updates

As part of our commitment to informing our independently contracted providers of certain developments, BCBSIL has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

Read More

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.

Read More

ClaimsXten™ Quarterly Updates

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

Read More

Quick Reminders

Stay informed!

Watch the News and Updates on our Provider website for important announcements.

Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to request an information change.

Provider Training

For dates, times and online registration, visit the Workshops/Webinars page.

Online Magazine

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

Contact Us

Questions? Comments? Send an email to our editorial staff.

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Acupuncturists, Naprapaths and Registered Dietitians Can Now Join the PPO and Blue Choice PPO℠ Networks

Beginning Jan. 1, 2019, the following providers will be eligible to participate in the PPO and Blue Choice PPO networks:

- Acupuncturists
- Naprapaths
- Registered dietitians

If your practice includes a provider type listed above who would like to participate in the PPO or Blue Choice PPO network, add them to your existing contract with us via the Provider Onboarding Form.

Existing Blue Cross and Blue Shield of Illinois independently contracted providers should also check their Provider Finder® profile occasionally to make sure their information is up to date. Members use this information to look for a new provider while other providers use this information to refer patients. Follow the steps in How to Navigate our Updated Provider Finder to check your information. If you find issues, use the Demographic Change Form on the Information Change Request page or refer to the Has your information changed? Let us know! article in this issue.

Special Note: Effective Jan. 1, 2019, the provider types listed above will need to complete the credentialing application process with the Council for Affordable Quality Healthcare (CAQH®). If you have questions about the credentialing application process, contact the CAQH Help Desk at providerhelp@proview.caqh.org or 888-599-1771.

CAQH is an independent third party not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the ProView database.

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Blue Door Neighborhood Center℠ Breaks Ground to Break Down Health Care Barriers

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 last month's *Blue Review*, we talked about the maternal health crisis, with an emphasis on recognizing health care inequities that need to be addressed to start reversing the trend in rising rates of pregnancy-related deaths. For example, women with limited English proficiency may be less likely to seek care because it's hard to explain their needs and concerns. If they do go to the doctor, they may not understand the instructions or treatment their doctor prescribes. Of course, the problem extends beyond pre- and post-natal care, and, as noted in last month's article, we need to start finding ways to increase health care awareness in new, community settings where some of our members may feel more at ease.

Educating our members and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. With this objective in mind, I'm pleased to share that, this month, we will officially break ground on The Blue Door Neighborhood Center in Chicago's historic Pullman community. Located in the 111th Street Gateway Retail Center, just west of Doty Avenue, the Blue Door Neighborhood Center marks the first time in the history of our company that we've had brick-and-mortar presence in our local communities.

The Blue Door Neighborhood Center will allow BCBSIL to make health insurance more accessible by helping our current members better understand their health care benefits and access care coordinator services. It will also give us the opportunity to meet with potential members face-to-face to help them find affordable coverage, possibly for the first time.

In describing BCBSIL's vision for the Blue Door Neighborhood Center, Clarita Santos, Executive Director, Community Health Initiatives, says: "We hope to offer a welcoming place that promotes health literacy – helping people get health care related information that's easy to understand and use. We want to help increase awareness about common health conditions and the importance of preventive care, such as getting routine screenings, eating healthy foods and staying active. Getting the conversation started is just the beginning, though. We also want to help link people with community resources and services that may be able to help address specific health conditions and related concerns."

Opening in spring 2019, the Blue Door Neighborhood Center will provide:

- Free wellness classes with a focus on nutrition and health conditions, such as diabetes, asthma, heart disease and behavioral health

- Information to help residents better use their health insurance benefits
- Connection with community resources that provide access to food or transportation services
- Help with care coordination

Programs and classes will be open to everyone and provided at no cost. In addition, childcare may be available while residents attend the center's programs. Most importantly, the Blue Door Neighborhood Center will serve as a public gathering place where residents and community organizations may come together to learn and grow in a supportive environment.

If you have patients who live in the Pullman or Roseland areas, feel free to tell them to watch for the Blue Door Neighborhood Center and spread the word to others in their community.

You may ask, “What about your patients from communities where health care disparities may exist?” Consider the social determinants of health that may affect your patients’ willingness or ability to follow through on your recommended treatment. Ask if your patients have questions to ensure they understand. Offer to make screening appointments for them, if applicable. Ask when and where they will be filling prescriptions. Your connection with your patients is vital and we applaud your efforts to communicate with each patient as an individual, considering their unique needs and history.

Join the Conversation
We are building our programs and services and would appreciate your feedback. When thinking about ways to improve population health, what services do you think would be helpful to provide at the Blue Door Neighborhood Center? Send your suggestions to *BlueDoorCenterIL@bcbsil.com*.

Learn more about Dr. Derek J. Robinson

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Behavioral Health and Opioid Use Disorders Discussed at Blue University℠ Event

On Oct. 9, 2018, Blue Cross and Blue Shield of Illinois (BCBSIL) along with national and local providers gathered to discuss the behavioral health and clinical options for patients with opioid use disorder (OUD). The speakers were Roueen Rafeyan, M.D., Omar Manejwala, M.D. and Daniel Yohanna, M.D.

Dr. Rafeyan, chief medical officer of Gateway Foundation, discussed the different ways to identify patients with substance use disorder. He highlighted multiple reasons why substance use disorders are overlooked in the primary care settings, including the negative stigma around substance abuse, shame and guilt from the patient combined with a reluctance to voluntarily share that they have a substance problem. He also discussed how individuals with low D2 receptor density show a genetic predisposition and higher tolerance for methylphenidate.

Dr. Rafeyan suggested providers consult the Illinois Prescription Monitoring Program website before prescribing any prescription drugs. This program records all the controlled substances a person is prescribed, including the amount dispensed, the name of the prescribing physician and the payment method used by the patient. Providers may use this service to monitor their patients for potential misuse of their controlled substances. He also suggested that providers “think of addiction as a chronic illness with effective treatments” and that this disease is not about willpower or that care should stop after a relapse.

Dr. Manejwala, Senior VP and Chief Medical Officer of Catasys, Inc., spoke about behavioral considerations in managing chronic pain. His presentation discussed the following ideas:

- Chronic pain and behavioral health conditions have a bidirectional relationship.
- Functional imaging suggests this is partly because of shared neural mechanisms.
- Heavy overlap exists with depression, anxiety and substance use disorders.
- Smoking, suicide or historical and ongoing sexual violence may be common.
- “Fear-avoidance” model provides framework for understanding and treatment.
- Non-intoxicant based strategies can be highly effective.

Dr. Manejwala described how adults with behavioral health disorders are twice as likely as those without behavioral health disorders to receive prescription opioids. Providers may consider treating behavioral health disorders with therapy, such as acceptance and commitment therapy (ACT). ACT uses techniques to enhance nonjudgmental acceptance of pain that help patients commit to life goals and acceptance of pain in context.

The next speaker, Dr. Yohanna, interim chair and associate professor at the University of Chicago, discussed the integration of physical and behavioral health and the argument for collaborative care in primary care settings. He said, “Collaborative care is consistently more effective than care as usual,” and meets the “triple aim” per the Institute for Health Improvement, which includes:

- Improving the patient experience,
- Improving the health of the population, and
- Reducing the per capita cost of healthcare.[1]

Collaborative care deploys behavioral health managers in medical practice with the backup of a psychiatric consultant to provide:

- Assessments
- Brief psychosocial interventions
- Medical management support

Additionally, Dr. Yohanna noted that the Association of American Medical Colleges projects a shortage of psychiatrists by 2025, and that 60 percent of psychiatrists in the U.S. are over 55 years old.

More than 100 behavioral health and primary care providers attended the Blue University event and had the opportunity to ask the speakers questions about many subjects including, the relationship between trauma and pain, and the use of mindfulness-based techniques to treat chronic pain. They also had the ability to receive Continuing Medical Education (CME) credits.

Through the Blue University provider education program, BCBSIL is working to improve the affordability of care for our members through offering educational opportunities to support a diverse and quality provider network. Together, we can raise the standard and better help our members, your patients, navigate the health care system. Look for more information about our 2019 Blue University programs in future issues of the *Blue Review*.

[1] http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx

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HEDIS® Measure for Antidepressant Medication Management

As part of a quality initiative to help assess effectiveness of care and services to our members, we use specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is one of the most widely used and nationally accepted effectiveness of care measurements available.

Did you know?

- Major depression is one of the most common mental illnesses, affecting 6.7 percent (more than 16 million) American adults each year.[1]
- Although the majority of people with depression may have a full remission of the disorder with effective treatment, only about a third (35.3 percent) of those suffering from severe depression seek treatment from a mental health professional.[2]
- Clinical depression has become one of America's most costly illnesses. Left untreated, depression costs over $51 billion in absenteeism from work and lost productivity and $26 billion in direct treatment costs.[3]

Measurement Structure

In an effort to achieve the HEDIS requirement and measure the care our members receive, we study claim data based on the following structure:

- Effective Acute Phase Treatment: Adults 18 years of age and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: Adults 18 years of age and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months).

Tips and Strategies

We appreciate the care and services you provide to help improve the health and well-being of our members.

Our Behavioral Health Program is intended to help supplement the service and treatment that members receive from their health care providers. Below are a few tips and strategies you may want to discuss with your patients on antidepressants.

- Talk about the new medications and encourage discussion about:
  - Expectations of how long to wait for a determination about the effectiveness (three weeks or longer)
  - Expectations about how long the patient may need to be on the medication based on severity and lifetime recurrence

Risks of discontinuing the medication prior to six months, such as a higher rate of recurrence of depression
    - Possible medication side effects and how to manage them
    - What the patient should do if they experience side effects
    - The importance of continuing medication and the dangers of discontinuing suddenly
    - Additional factors that can contribute to improvement in symptoms along with the medication, such as aerobic exercise and counseling or therapy
    - Set follow-up visits in three to six weeks to reassess symptoms and see if changes need to be made to type or dose of medication
- Provide written instructions to support educational messages
- Discuss the importance of therapeutic engagement and coordination of care with other contracted health care providers
- Encourage members to inquire about generic prescriptions, if appropriate

To contact Behavioral Health Care Coordination, call 855-334-4780 and ask for Behavioral Health, Monday through Friday from 8 a.m. to 6 p.m. (CT).

[1]Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[2]Pratt LA, Brody DJ. Depression in the U.S. household population, 2009–2012. NCHS data brief, no 172. Hyattsville, MD: National Center for Health Statistics. 2014.

[3]Greenberg PE, Kessler RC, Birnbaum HG, Leong SA, Lowe SW, Berglund PA, Corey-Lisle PK. The economic burden of depression in the United States: how did it change between 1990 and 2000? Journal of Clinical Psychiatry. December 2003 Dec;64(12):1465-75.

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Help Combat Antibiotic Resistance

According to the Centers for Disease Control and Prevention (CDC), antibiotic resistance is one of the biggest public health challenges of our time.[1] The CDC lists the top 18 antibiotic-resistant threats in the U.S. and identifies facts about minimum estimates of morbidity and mortality from antibiotic-resistant infections, people at especially high risk, gaps in knowledge about antibiotic resistance, etc.[1]

For example, the number one antibiotic-resistant threat is Clostridioides difficile. It is classified as an urgent threat.[1]

- Type: Bacteria
- Also known as: C. difficile or C. diff, previously Clostridium difficile
- About: C. difficile causes life-threatening diarrhea and colitis (an inflammation of the colon), mostly in people who have had both recent medical care and antibiotics
- Infections per year: 500,000
- Deaths per year: 15,000
- Learn more: CDC's C. difficile website

According to the CDC, antibiotic resistance happens when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them. That means the germs are not killed and continue to grow. Infections caused by antibiotic-resistant germs are difficult, and sometimes impossible, to treat. In most cases, antibiotic-resistant infections require extended hospital stays, additional follow-up doctor visits, and costly and toxic alternatives. Antibiotic resistance does not mean the body is becoming resistant to antibiotics; it is that bacteria have become resistant to the antibiotics designed to kill them.[2]

Ever since the discovery of the first antibiotic – penicillin – in 1928, there has been resistance because germs will always look for ways to survive and resist new drugs. More and more, germs are sharing their resistance with one another, making it harder for scientist to find new antibiotics.[2]

Antibiotic Resistance Threatens Everyone

Antibiotic resistance may affect people at any stage of life, but some people are at greater risk than others such as people with chronic illnesses. If antibiotics lose their effectiveness, then we lose the ability to treat infections and control public health threats. Many medical advances are dependent on the ability to fight infections using antibiotics, including joint replacements, organ transplants, cancer therapy, and treatment of chronic diseases like diabetes, asthma and rheumatoid arthritis.

Educate Yourself and Your Patients

For Providers

Several organizations, including the CDC, provide continuing education (CE) opportunities related to antibiotic resistance and appropriate antibiotic prescribing practices[3], such as:

- Educating Patients About Antibiotic Usage
- CDC Training on Antibiotic Stewardship
- To Prescribe or Not To Prescribe? Antibiotics and Outpatient Infections
- The Primary Care Office Visit: Antibiotics

For Patients

Within CDC's "The Core Elements of Outpatient Antibiotic Stewardship" booklet are suggestions that providers may choose to use to help educate their patients and families about appropriate antibiotic use:

1. **Use effective communication strategies to educate patients about when antibiotics are and are not needed.**
   For example, patients should be informed that antibiotic treatment for viral infections provides no benefit and thus should not be used for viral infections. In fact, certain bacterial infections (e.g., mild ear and sinus infections) might improve without antibiotics. Explanations of when antibiotics are not needed can be combined with recommendations for symptom management. This combination of messages has also been associated with visit satisfaction. In addition, providing recommendations for when to seek medical care if patients worsen or do not improve (i.e., a contingency plan) has been associated with higher visit satisfaction scores among patients who expected but were not prescribed antibiotics.[4]
2. **Educate patients about the potential harms of antibiotic treatment**
   Potential harms might include common and sometimes serious side effects of antibiotics, including nausea, abdominal pain, diarrhea, C. difficile infection, allergic reactions and other serious reactions. Usually parents of young children want to be informed about possible adverse events associated with antibiotics. In addition, increasing evidence suggests antibiotic use in infancy and childhood is linked with allergic, infectious and autoimmune diseases, likely through disturbing the microbiota (i.e., microorganisms within and on the human body).[4]
3. **Provide Patient Education Materials**
   These materials might include information on appropriate antibiotic use, potential adverse drug events from antibiotics and available resources regarding symptomatic relief for common infections. Educational materials on management of common infections are available on the Antibiotic Prescribing and Use page of the CDC website and in the Outpatient Antibiotic Stewardship booklet from the CDC.[4]

[1]CDC, Biggest Threats and Data, Sept. 10, 2018. https://www.cdc.gov/drugresistance/biggest_threats.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdrugresistance%2Fthreat-report-2013%2Findex.html

[2]CDC, About Antimicrobial Resistance, Sept. 10, 2018. https://www.cdc.gov/drugresistance/about.html

[3]CDC, Continuing Education and Informational Resources, Sept. 25, 2018, https://www.cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html

[4]CDC, The Core Elements of Outpatient Antibiotic Stewardship, https://www.cdc.gov/antibiotic-use/community/pdfs/16_268900-A_CoreElementsOutpatient_508.pdf

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FEP Benefits Changes for Infliximab, Effective Jan. 1, 2019

The autoimmune drug infliximab will be covered as a medical benefit for Blue Cross and Blue Shield Federal Employee Program® (FEP) members who receive their first infusion on or after Jan. 1, 2019.

Now, FEP members may receive infliximab under either pharmacy or medical benefits, as follows:

- Members currently receiving infliximab under pharmacy benefits will continue to receive it under pharmacy benefits after Jan. 1, 2019. FEP will notify these members.
- If a member receiving infliximab prior to Jan. 1, 2019, changes FEP benefit plans or health insurers, they will receive the drug under medical benefits, regardless of how they previously received it.

Infliximab brand names are Remicade, Inflectra and Renflexis. It is an intravenous antibody that is used to treat many life-long inflammatory health problems.

Third party brand names are the property of their respective owners.

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Recommendations and Reminders for Eye Care Professionals

We appreciate the care and services you provide to our Federal Employee Program® (FEP) members. This article pertains to FEP and other Blue Cross and Blue Shield of Illinois members.

Many primary care providers (PCPs) refer our diabetic FEP and other members to eye care specialists for annual eye examinations. PCPs need to know details about the care their patients receive and to receive communications from their patients' eye care specialists. We want to encourage providers who do not routinely share results to consider doing so.

For quick reference purposes, a recommendation summary and additional information are included below to assist you when you are providing annual eye exams to our diabetic FEP and other members.

In 2017, the American Diabetes Association (ADA) updated its position statement on diabetic retinopathy and screening recommendations. A summary of ADA recommendations is included here for your reference purposes.

Initial Exams:	• Within five years of diagnosis for adults who have Type 1 diabetes • At the time of diagnosis for adults with Type 2 diabetes
Exam Frequency:	• Every two years in the absence of retinopathy • Annually in the presence of retinopathy • At more frequent intervals in the presence of progressive retinopathy and/or deterioration of vision due to disease progression
Pregnancy:	• Educate women who are planning to be or are pregnant and who also have diabetes about the risk of diabetic retinopathy developing or progressing • Perform an eye exam prior to or at the time of diagnosis of pregnancy, during every trimester, and one year after delivery in the presence of pre-existing Type 1 or Type 2 diabetes
Exams:	• Should not be substituted by retinal photography • Should be conducted as mentioned above[1]

To help improve patient outcomes, please consider the following:

- **Incorporate ADA recommendations into practice.** Following the above recommendations will help ensure best practice for patients.
- **Gather patient information.** Ask the patient about their diabetes history, medications they are taking, symptoms they are experiencing and if they have any questions.
- **Educate your patients.** Help them understand why a retinal exam for patients with diabetes is different than an eye exam for glasses and why it is essential to help prevent future problems.
- **Remind your diabetic patients to contact the number on their member ID card if they have any questions about their health care coverage details.** A yearly retinal exam may be a covered benefit for patients with diabetes.
- **Submit claims accurately.** When submitting a claim for a diabetic patient eye exam, be sure to include “diabetes” as a diagnosis to help ensure proper application of benefits.

We thank you for collaborating with us to support the health and wellness of our FEP and other members. Working together, we can help support improved outcomes for people with diabetes.

This article does not apply to claims submitted for HMO members.

[1]Diabetic Retinopathy: A Position Statement by the American Diabetes Association, Sharon D. Solomon, Emily Chew, Elia J. Duh, Lucia Sobrin, Jennifer K. Sun, Brian L.VanderBeek, Charles C. Wykoff, Thomas W. Gardner, Diabetes Care, Mar 2017, 40 (3) 412-418; DOI: 10.2337/dc16-2641. Additional information on diabetic retinopathy can be found on the ADA site at: http://care.diabetesjournals.org/content/40/3/412

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Hospital Discharge Summaries Contain Important Information for Primary Care Providers

We want to remind you about some important information to help you when discharging Federal Employee Program® (FEP) and other Blue Cross and Blue Shield of Illinois (BCBSIL) members after inpatient hospital stays.

It is important for primary care providers (PCPs) to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information.

Studies have shown that providing timely, structured discharge summaries to PCPs helps reduce readmission rates, improves patient satisfaction and supports continuity of care. One study found that, at discharge, approximately 40 percent of patients typically have test results pending and 10 percent of those results require action. PCPs and patients may be unaware of these results.[1,3]

A prospective cohort study found that one in five patients discharged from the hospital to their homes experienced an adverse event (defined as an injury resulting from medical management rather than from the underlying disease) within three weeks of discharge. This study found 66 percent of these were drug-related adverse events.[2,3]

As a reminder, please include the following information in every discharge summary:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes/medication reconciliation

Communication between the inpatient medical team and the PCP helps ensure a smooth transition of the patient to the next level of care. BCBSIL applauds PCPs who have adopted the best practice of receiving discharge summaries for their patients' inpatient admissions.

[1]Roy CL, Poon EG, Karson AS, et al. Patient safety concerns arising from test results that return after hospital discharge. Ann Intern Med. 2005;143(2):121–8.

[2]Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. Ann Intern Med. 2003;138(3):161–7.

[3]Snow, V., MD. (2009). Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. Journal of Hospital Medicine, 4(6), 364-370. doi:10.1002

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Communicate Pre- and Post-natal Care Information to Support Effective Coordination, Continuity of Care

This article includes important information to help you when providing pre- and post-natal care and services to Federal Employee Program® (FEP) and other Blue Cross and Blue Shield of Illinois members.

Communication between health care professionals during the course of a patient's pre-pregnancy, pregnancy and postpartum medical journey is important. When you are providing care, please document the following information in the patient's chart to help ensure effective coordination and continuity of care:

- **Prenatal Visit in First Trimester**
  - Prenatal risk assessment should include complete medical and obstetrical history, physical exam [e.g., American College of Obstetrics and Gynecology (ACOG) Form] and patient education/counseling
  - Prenatal lab reports [obstetric (OB) panel/toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and HIV antibody (TORCH) panel/Rubella antibody test/ABO (O, A, B, or AB blood group testing)/Rh factor testing]
  - Ultrasound, estimated due date (EDD)

- **Duration of Prenatal Visits**
  - Prenatal flow sheet [ACOG, Electronic Health Record (EHR), or other]
  - All progress/visit notes for duration of pregnancy
  - Ultrasound reports and all consult reports

- **Delivery**
  - Documents, such as hospital delivery records, verifying the member had a live birth; or,
  - If the member had a non-live birth, records that document the non-live birth

- **Postpartum**
  - Documentation of a postpartum visit on or between 21 to 56 days after delivery
  - Postpartum office visit progress notation that documents an evaluation of weight, blood pressure, breast exam, abdominal exam and pelvic exam

Thank you for your help supporting positive outcomes for our FEP and other BCBSIL members.

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BlueCross BlueShield of Illinois

BLUE REVIEW℠

A newsletter for contracting institutional and professional providers

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2019 Benefit Preauthorization Requirements, Reminders and Resources (Commercial and Government Programs)

At Blue Cross and Blue Shield of Illinois (BCBSIL), our goal is to support access to quality, affordable health care for our members. Benefit preauthorization requirements are in place to help our members maximize their benefits and to help ensure appropriate benefits are applied, according to each member's certificate of benefits. See below for general reminders and links to recent communications about benefit preauthorization requirements for commercial and government programs members.

OVERVIEW OF 2019 CHANGES

Commercial

- Changes Coming to Benefit Preauthorization Requirements, Effective Jan. 1, 2019 – This News and Updates notice was posted on Oct. 3, 2018, to alert you of additional care categories for which benefit preauthorization through BCBSIL may be required for some PPO members with the following plans: PPO (PPO network), Blue Choice PPO℠ (BCS network), Blue Choice Preferred PPO℠ (BCE network), Blue Options℠/BlueChoice Options℠ (BCO network). Benefit preauthorization must be obtained through BCBSIL for some services, and through eviCore healthcare for others.

Government Programs

- Blue Cross Medicare Advantage (PPO)℠ Benefit Preauthorization Requirements, Effective Jan. 1, 2019 – This summary listing was posted in the News and Updates on Oct. 1, 2018. Benefit preauthorization must be obtained through eviCore for some services and through BCBSIL for others, as specified.
- Illinois Medicaid Benefit Preauthorization Requirements, Effective Jan. 1, 2019 – This summary listing applies to Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ and Blue Cross Community Health Plans℠ members. Posted originally in the News and Updates on Oct. 1, 2018, this listing was updated on Oct. 9, 2019. Benefit preauthorization must be obtained through eviCore for some services and through BCBSIL for others, as specified.

GENERAL REMINDERS

Check Eligibility and Benefits *First*

As a reminder, it's critical to check member eligibility and benefits through the Availity® Provider Portal or your preferred vendor portal prior to every scheduled appointment. This step will help you determine if benefit preauthorization is required for a particular member. Obtaining benefit preauthorization is not a substitute for checking eligibility and benefits. If benefit preauthorization is

required, services performed without benefit preauthorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

How to Obtain Benefit Preauthorization

Preauthorization requests for select care categories for certain commercial and government programs members must obtain benefit preauthorization through eviCore healthcare (eviCore). Benefit preauthorization for other care categories must be obtained through BCBSIL and providers may continue to use our online tool, iExchange®, for most of these benefit preauthorization requests.

FOR MORE INFORMATION

We value your participation as an independently contracted network provider and we appreciate the quality care and services you provide to our members.

- For details on the eviCore benefit preauthorization programs for commercial and government programs members, refer to the Claims and Eligibility/Prior Authorization section of our Provider website.
- For upcoming training sessions, check out the Provider Learning Opportunities or visit the Webinars page on our Provider website.
- Stay informed! Watch for announcements and articles in the News and Updates and upcoming issues of the *Blue Review*.
- Questions? Contact your BCBSIL Provider Network Consultant (PNC).

This information does not apply to HMO members.

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Medicaid Reminder – Tips to Avoid High Call Volumes

Remember that during peak call times, typically 9 to 11 a.m., you can check eligibility and benefits through the MEDI application on the secure myHFS website and claim status via the Availity® Provider Portal or your preferred vendor portal. If you do not have online access, call the number on the member's ID card to access the automated phone system.

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

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 offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

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

Is your patient’s membership with Blue Cross and Blue Shield of Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

Get Answers Up Front

Check eligibility and benefits for each patient, prior to every scheduled appointment. Eligibility and benefit quotes include important information regarding the patients’ benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Additionally, the benefit quote may include information on applicable benefit preauthorization/pre-renotification requirements. When services may not be covered, members should be notified that they may be billed directly.

Don’t Take Chances

Ask to see the member’s BCBSIL ID card for current information and also ask for a driver’s license or other **photo ID** to help guard against medical identity theft.

Use Online Options

Checking eligibility and benefits via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal is strongly encouraged. Electronic eligibility and benefits inquiries may be conducted for local BCBSIL members, as well as out-of-area Blue Plan and Federal Employee Program® (FEP) members.

Learn More

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

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Coming Soon: Check Online for Procedure Code-specific Benefit Preauthorization Requirements

It's important to check eligibility and benefits first to determine if benefit preauthorization is required. Requesting benefit preauthorization is not a substitute for checking eligibility and benefits. Obtaining benefit preauthorization, if required, may help alleviate claim and back-end process denials.

To help ensure that you have quick access to benefit preauthorization requirements for specific Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes, Blue Cross and Blue Shield of Illinois (BCBSIL) will soon be implementing a new electronic alternative. With this change, when you conduct electronic eligibility and benefits inquiries/responses (270/271 transactions) through the Availity® Provider Portal or your preferred web vendor, you will have the option to verify if specific CPT/HCPCS codes require benefit preauthorization.

CPT/HCPCS code inquiry verification is for benefit preauthorization determination only and is not a code-specific quote of benefits or eligibility. To verify if a CPT/HCPCS code is a covered benefit for a specific patient, you may need to speak with a Customer Advocate. Refer to the Eligibility and Benefits Caller Guide for more information.

Once the new functionality is live, here's how to check benefit preauthorization requirements online for CPT/HCPCS codes:

- Enter the optional CPT/HCPCS code(s) and the associated place of service on the Eligibility and Benefit Inquiry entry screen (270), through the Availity portal or your preferred web vendor.
- The Pre-Authorization Info tab on the Eligibility and Benefit Inquiry response (271) will display specific benefit preauthorization requirements based on the CPT/HCPCS codes entered.
- The Pre-Authorization Info tab will also indicate contact information for completing the benefit preauthorization request, and other important details.

Note: To receive an online quote of benefits, make sure you select a Benefit/Service Type when completing the Eligibility and Benefit Inquiry (270). If a Benefit/Service Type is not selected, you will only receive benefit preauthorization requirements for the CPT/HCPCS code entered.

Exceptions

Upon the initial implementation, online CPT/HCPCS code inquiry verification for benefit preauthorization **will not be available** for the

following BCBSIL members:

- Federal Employee Program® (FEP®)
- Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM
- Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM

For More Information

Watch the News and Updates for implementation announcements and related resources.

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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' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Dec. 11, 2018 Dec. 18, 2018	11 a.m. to noon
Introducing Remittance Viewer *Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information*.	Dec. 20, 2018	11 a.m. to noon
iExchange® Training: New Enrollee Training *Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.*	Dec. 27, 2018	11 a.m. to 12:30 p.m.
Blue Cross Community Health Plans℠ – Webinars for Ancillary Providers *Learn about our new 2018 Medicaid product* *This webinar is intended for the following provider types: Long Term Care Facilities (LTC), Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Specialized*	**LTC, SMHRF, SLFProvider Types**: Dec. 19, 2018	10 to 11 a.m.

Mental Health Rehab Facility (SMHRF), Supportive Living Facilities (SLF), Home Health, Hospice, Durable Medical Equipment (DME),	**Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types**: Dec. 19, 2018	Noon to 1 p.m.
Professional PPO Provider Virtual Workshop *Learn about our new 2018 Medicaid product* *These webinars are customized for the BCBSIL commercially contracted professional 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.*	Dec. 13, 2018	11 a.m. to noon

AVAILITY WEBINARS

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

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Update Provider Finder® with Multiple Service Locations

When seeking health care services, our members often rely upon the information in our online Provider Finder.

We would like you to help make sure your provider service locations are up to date. Over the next few months, your Provider Network Consultant (PNC) will be working with you to add all locations where your physicians and mid-levels practice.

This information may help efficiency in network adequacy reporting, claims processing, referrals and precertification across all networks and lines of business.

Medical groups may request a copy of their roster to update provider locations by submitting the request, along with applicable National Provider Identifiers (NPIs) and Tax IDs, to *ILProviderRosterRequests@bcbsil.com*.

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Government Programs Providers: Reminder, We Want Your Feedback

This article applies to professional providers who are contracted with us to provide care and services to our government programs – Medicare Advantage and Illinois Medicaid – members. This includes Blue Cross Medicare Advantage (PPO)℠, Blue Cross Medicare Advantage (HMO)℠, Blue Cross Community Health Plans℠ and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members.

We appreciate the service you provide to our Medicare Advantage and Illinois Medicaid members and we hope to be here for you when you need our help. Your Government Programs Professional Provider Network Consultant (PNC) is available to provide training and discuss our policies and procedures, billing and contractual or operational issues.

Your thoughts, comments, questions and concerns are important to us so our Government Programs Provider Network team has developed an online survey to provide you with an opportunity to give us feedback as it relates to your interaction with your PNC.

For those providers with assigned PNCs, a link to the PNC survey will be emailed to you on a quarterly basis. This is a great opportunity to help us gauge the level of satisfaction you have with your PNC and add improvements to our meeting and agenda structure. We also want to know which areas you are most satisfied. The information you provide will be confidential.

If you have additional comments, suggestions or service issues that aren't addressed in the survey, please add them in the additional comments section in the survey. If you do not wish to remain anonymous or would like a follow-up call, you can use this section to add your name and phone number.

The survey should take no more than five minutes. Please complete and submit your response to the online survey within two weeks of receipt via email.

We value your time and appreciate your feedback to help us improve our service to you.

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When Considering Continuity and Coordination of Medical Care, Keep the Word TEST in Mind

We are always working to promote continuity and coordination of member care between primary care physicians (PCPs) and specialists or other health care teams. The seamless transition of patient care from one setting to another involves collaboration between the patient and all members of the health care team to develop a care plan that helps deliver quality, cost-effective care.

Below are a few tips and strategies you may want to apply to the continuity and coordination of care of your patients. Keep the word T E S T in mind:

- **T**ransition – Consider using a discharge coordinator who may help patients by providing instructions on medication reconciliation, scheduling follow-up appointments with the appropriate providers and attempting to alleviate barriers to attending the appointments and following treatment plans prior to discharge. Discharge coordinators may also help with follow-up communication after discharge by asking about any complications and reminding patients of any follow-up appointments.
- **E**ducation – PCPs play a key role in educating their patients about the importance of ensuring medical records including summaries of care and test results from other health care providers are communicated back to them. PCPs may also include their contact information on referrals so specialists are reminded to send reports of the patients care back to the PCP.
- **S**pecialists and other health care team members – Specialists and other health care members also play a key role in helping to close the communication gap by asking patients who their PCP is and sending the patient's care information back to the PCP and then documenting communication has occurred.
- **T**echnology – The electronic medical record (EMR) is a great communication tool, especially if the EMR provides access to records outside the area of care or if the patient received care within the same system. If this is the case, both the specialist and the PCP will be able to access all the notes, tests, procedures, results, medications, etc. from the other. A form or template in the EMR that includes key information such as, diagnosis, reconciled medications, results, follow up needs and pending results may help to standardize the information.

Association

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Choosing Wisely® for Imaging Tests and Lower Back Pain

A current initiative of the American Board of Internal Medicine (ABIM) finds that improved communication in health care may be the key to improved use of imaging for lower back pain. *Choosing Wisely* is an ABIM program in partnership with Consumer Reports designed to help foster appropriate and cost-effective use of health care resources by conveying to physicians and their patients key insights from 50 clinical specialty groups.

According to the National Institutes of Health, in a three-month period about 25 percent of adults will experience at least one day of back pain.[1] In some instances back pain can be severe, and imaging tests (MRI, CT and/or conventional X-rays) are often performed in an attempt to identify the source of the pain. However, medical specialty groups, including the American Academy of Family Physicians and the American Society of Anesthesiologists – Pain Medicine, recommend not performing imaging tests for low back pain for at least six weeks, unless red flags, such as history of cancer with potential metastases, known aortic aneurysm, progressive neurologic deficit, unexplained fever, weight loss or night pain are present.[2,3] There are several reasons for the recommendation.

According to *The Lancet* medical journal, imaging tests when performed in the absence of red flags fail to correlate with improved outcomes.[4] Moreover, the U.S. National Library of Medicine and The New England Journal of Medicine find that many older adults without symptoms have baseline abnormalities on imaging tests and many findings on imaging tests are inconsistent with patient symptoms leading to unnecessary surgery.[5]

For more information on low back pain, visit the *Choosing Wisely* website.

[1]National Institute of Arthritis and Musculoskeletal and Skin Diseases, What is back pain? Aug. 30, 2016. http://www.niams.nih.gov/Health_Info/Back_Pain/default.asp#2

[2]Crownover MD, Brian K. & Bepko MD, Jennifer L. (2013). Appropriate and Safe Use of Diagnostic Imaging. Am Fam Physician, 87(7). Retrieved from http://www.aafp.org/afp/2013/0401/p494.html

[3]American Society of Anesthesiologists, Patients suffering from chronic pain should question certain tests and treatments, Jan. 21, 2014. http://www.asahq.org/about-asa/newsroom/news-releases/2014/01/choosing-wisely-2

[4]The Lancet, Imaging strategies for low-back pain: systematic review and meta-analysis, Feb. 7, 2009. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60172-0/abstract

[5]The New England Journal of Medicine, Magnetic Resonance Imaging in Follow-up Assessment of Sciatica, March 14, 2013. http://www.nejm.org/doi/full/10.1056/NEJMoa1209250

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Blue Cross Medicare Advantage℠ Providers are Prohibited from Billing Dually Eligible Individuals Enrolled in the QMB Program

As a reminder, the independently contracted providers participating in the Blue Cross Medicare Advantage (PPO)℠ (MA PPO) and/or Blue Cross Medicare Advantage (HMO)℠ (MA HMO) member products may not bill beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) program for Medicare cost-sharing. QMB is a Medicare Savings Program (MSP) that exempts Medicare beneficiaries from Medicare cost-sharing liability.

Please ensure that you and your staff are aware of the federal billing law and policies regarding QMB individuals. All MA PPO and MA HMO providers should ensure that their billing software and administrative staff exempt QMB individuals from Medicare cost-sharing billing and related collection efforts. Providers who inappropriately bill QMB individuals are subject to sanctions.

The QMB program is a State Medicaid benefit that covers Medicare premiums and deductibles, coinsurance and copayments, subject to State payment limits. MA PPO and MA HMO providers may not bill QMB individuals for Medicare cost-sharing, regardless of whether the State reimburses the providers for the full Medicare cost-sharing amounts.

Contact Customer Service at 877-774-8592 to learn about ways to identify QMB patients and procedures applicable to Medicaid reimbursement for their Medicare cost-sharing. For more information, read the full Centers for Medicare & Medicaid Services (CMS) notice.

This is a brief description of some of the terms of the MA PPO and MA HMO plans. For more details, please refer to the applicable MA PPO or MA HMO plan document.

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Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has created a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. It is important to review this area of the *Blue Review* each month.

Codes D9222 and D9223 will be updated on March 1, 2019.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates may also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above may 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 of our website.

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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®. Potential patients may use it 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.

Please check your own information in our Provider Finder. Is your online information accurate? If you need to make changes, please let us know 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 Blue Cross and Blue Shield of Illinois (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.

Additional 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. Change(s) may take up to 30 business days.

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*. Thank you for your patience!

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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 some 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 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.