



BLUE REVIEWSM

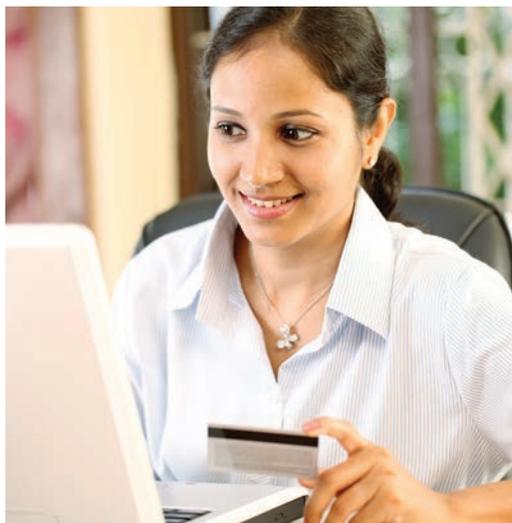
FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

FEBRUARY 2016

Out-of-area Members May Have Member ID Cards With the 'Blue Choice[®]' Product Name

With new products introduced in 2016, you may see the name "Blue Choice" on both out-of-area and Blue Cross and Blue Shield of Illinois (BCBSIL) member ID cards. Some names, including Blue Choice, are used by multiple Blue Plans.

Please be advised that out-of-area Blue Choice plans are different products that are separate from and unrelated to BCBSIL's plan, product and network offerings. Additionally, while products offered by various Blue Plans may have the same or similar names, it is important to remember that – regardless of the name of their plan or product – out-of-area PPO members have access to all PPO independently contracted BCBSIL providers as part of our BlueCard[®] Program.



Checking for eligibility and benefits before every patient visit is the most reliable way for providers to determine network status for local BCBSIL members and also for out-of-area Blue Plan members. For example, even if an out-of-area Blue Plan member's product name is Blue Choice or something similar, Availity[™] Web Portal users conducting online eligibility and benefits inquiries will still see "Preferred Provider Organization (PPO)" as the insurance type on the summary results page, when applicable. The same, or similar, functions may be available through other vendor portals as well.

Out-of-area member benefits are determined by the Home Plan in accordance with the member's certificate of coverage. For services deemed eligible for benefits, you will be reimbursed according to your BCBSIL PPO provider contract. For additional information regarding out-of-area members, please refer to the BlueCard Program Provider Manual, located in the Standards and Requirements section of our website at bcbsil.com/provider.

Verification of 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Availity is a trademark of Availity, L.L.C., 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.

Check Eligibility and Benefits Before Assuming You're In- or Out-of-Network

It is extremely important to check eligibility and benefits prior to rendering services or assuming that you or your practice/medical group are out-of-network for a particular member. Conducting this step will help you identify the member's product/plan, the network(s) they may use, benefit preauthorization requirements, and other important details.

Checking eligibility and benefits electronically through Availity, 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.

For additional information, such as a library of online transaction tip sheets organized by specialty, refer to the Claims and Eligibility/Eligibility and Benefits section of our website at bcbsil.com/provider. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries – see the Provider Learning Opportunities on page 3 for upcoming session dates and times.

Verification of 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

ICD-10 'Coding Basics' Video and Other Resources

While it may take time for providers, payers, clearinghouses and other vendors to adjust completely, it appears that the national transition to ICD-10 has been largely successful.

The Centers for Medicare & Medicaid Services (CMS) continues to release educational resources for providers, such as a recent video titled, "ICD-10 Post-Implementation: Coding Basics Revisited." This video covers such points as the CMS definition of a valid code, basic guidelines for coding and reporting on claims, as well specific examples (7th character, unspecified codes, external cause codes, laterality, etc.) and information on resources for coders. The 33-minute video features American Health Information Management Association (AHIMA) Senior Director of Coding Policy and Compliance Sue Bowman, MJ, RHIA, CCS, FAHIMA, and Nelly Leon-Chisen, RHIA, from the American Hospital Association (AHA).

The Coding Basics Revisited video may be accessed via the CMS website at cms.gov/icd10. For your convenience, a link to the video is posted in the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider. You'll also find links to other ICD-10 resources on our Provider website, such as updated answers to frequently asked questions.

BCBSIL makes no endorsements, representations or warranties with respect to the materials provided by CMS, or any opinions expressed by third parties therein. The views and opinions expressed in the materials are solely those of CMS and individuals or organizations referenced therein and do not reflect the views or opinions of BCBSIL, its officers, directors or employees.

Announcement: PPO and Blue Choice PPOSM Networks for Oral Surgeons



We are pleased to announce that the BCBSIL PPO and Blue Choice PPO networks will include oral surgeons effective **March 1, 2016**.

With the implementation of the oral surgery network of independently contracted providers for medical services, members accessing the contracted providers will receive the highest level of medical benefits for covered services. Oral surgeons who do not have a PPO contract in place when seeing PPO members, and a Blue Choice Amendment when seeing Blue Choice PPO members, will be considered out-of-network and the medical claims will be adjudicated at the member's out-of-network benefit level.

If your practice includes oral surgery and you would like to participate in the PPO and Blue Choice PPO networks, please complete a PPO Participating Agreement and a Blue Choice Amendment. To request these documents, send a request to BCBSIL at netops_provider_update@bcbsil.com.

Additionally, please make sure to complete the credentialing process before sending the above-referenced documents to BCBSIL. The credentialing application process is completed with the Council for Affordable Quality Healthcare, Inc. (CAQH) ProView™. Providers may self-register at <https://proview.caqh.org/pr> to complete the application. If you have questions regarding the CAQH credentialing application process, contact the CAQH Help Desk at providerhelp@proview.caqh.org or 888-599-1771.

Once BCBSIL receives the signed Participating Agreement, Blue Shield Provider Application and Blue Choice Amendment, if applicable, and confirms receipt of your credentialing application, your file will be reviewed for completeness, accuracy and compliance with our credentialing and contracting standards; this process may take up to ninety (90) days from receipt of the signed documents.

Signed documents may be returned to BCBSIL via fax, email or mail, as follows:

Fax: 312-540-8609

Email: netops_provider_update@bcbsil.com

Mail: BCBSIL, 23rd Floor, 300 E. Randolph St., Chicago, IL 60601-5000

Your office will be notified via a letter of your participation status. If you have any questions, please contact the BCBSIL Network Operations Unit at 312-653-6555.

The Council for Affordable Quality Healthcare, Inc. ("CAQH") is an independent third party vendor that is solely responsible for its products and services. If you have any questions about any of their products or services, you should contact CAQH directly.



Provider Learning Opportunities

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

BCBSIL WEBINARS

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| <p>BCBSIL Back to Basics: Availity 101 <i>This training reviews electronic transactions, provider tools and online resources.</i></p> | <p>Feb. 16, 2016 Feb. 23, 2016</p> | <p>All Sessions: 11 a.m. to noon</p> |
| <p>Introducing Remittance Viewer <i>The remittance viewer is an online tool that offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i></p> | <p>Feb. 17, 2016 March 16, 2016</p> | <p>All Sessions: 11 a.m. to noon</p> |
| <p>iExchange® Training: 2016 System Enhancements <i>Join us for a review of how to use our online benefit preauthorization tool, including an overview of new features.</i></p> | <p>March 9, 2016</p> | <p>All Sessions: 11 a.m. to noon</p> |

AVAILITY WEBINARS

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

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Attention eCare® Online Users: Conversion to OneSource® is in Progress

Passport/Nebo Systems is in the process of converting all eCare Online users to OneSource, a similar tool for checking patient eligibility, benefits and claim status. With the conversion to OneSource, users will gain access to additional features not currently available through eCare Online, such as the option to customize the tool based on user-specific business needs and preferences.

According to Passport/Nebo Systems, the conversion process is quick and easy, with no software to install, no need for IT involvement and no licensing fees. Additionally, there will be no charge for the upgrade, and any existing terms and conditions will remain in force for the remainder of each user's agreement with the vendor.

A Passport/Nebo Systems representative will contact you if any additional information is needed from you for your facility to be converted to OneSource. Also watch for online training opportunities and other resources from Passport/Nebo Systems.

If you have questions or if you would like to expedite the conversion process for your facility, please contact Claudia.Wagner@passporthealth.com and provide the following information:

- Facility name
- Contact name, phone number, extension and email address
- Number of users to be converted
- Current eCare login ID (user name)

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.

OneSource is the registered trademark of Passport Health Communications. eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc. Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers. Passport/Nebo Systems is an independent third party vendor and is solely responsible for its products and services. BCBSIL makes no representations or warranties regarding independent third party vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our 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, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

You may view active, new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies Home page.

You may also view draft medical policies that are under development, or are in the process of being revised, by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Please visit the Standards and Requirements/Medical Policy section of our Provider website for access to the most complete and up-to-date medical policy information.

The BCBSIL Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. 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 their local customer service representative for specific coverage information.

The National Committee for Quality Assurance (NCQA) and the U.S. Department of Health and Human Services (HHS) require an NCQA-certified auditor to perform an annual Healthcare Effectiveness Data and Information Set (HEDIS) audit of BCBSIL's health plan quality performance.

One or more of your patients may be randomly selected for medical record review as part of this process. While we use claims data to the extent possible, some of the measures require information from medical records.

Each measure requires precise documentation of services within the specified timeframes in order to meet HEDIS specifications. Therefore, it is important that health care practitioners follow the data collection instructions for each measure closely and provide BCBSIL or its contracted vendor, Enterprise Consulting Solutions, Inc. (ECS) with the medical record data requested.

For example, the measure that relates to Comprehensive Diabetes Care (CDC) is one that requires medical record data. For this measure, BCBSIL, or its contracted representative, will be requesting the information as described below for a random sample of our members who have been identified with diabetes diagnoses.

HBA1C:

- Identify the **last** HbA1c date of service and value in 2015.
 - Look for a notation of "HbA1c," "A1c," "HgbA1c," "Glycohemoglobin A1c" or "Hemoglobin A1c."

RETINAL EYE EXAM:

- Identify if the members had a retinal eye exam in 2014 or 2015.
 - To identify a retinal eye exam, look for reference to "fundus," "macula," "retina," "dilation of the eye (dilating agents)," etc.
 - The eye exam must be with an eye care professional. Therefore, the specialty of the provider for the eye exam must be written on the medical record.
- If the medical record contains documentation of a retinal exam by an eye care professional in 2015, **no** results are needed. If the retinal eye exam was performed in 2014, include the result of the retinal or dilated eye exam.
 - A negative eye exam may be recorded as: "No background diabetic retinopathy (BDR)" or "No evidence of diabetic retinopathy (DR)."
 - For a positive eye exam, results may be recorded as: "DR," "BDR," "proliferative diabetic retinopathy (PDR)" or "non-proliferative diabetic retinopathy (NPDR)."

BLOOD PRESSURE:

- Identify the **last** blood pressure in the medical record in 2015.
 - Do not submit blood pressure readings from inpatient stays or outpatient visits where a diagnostic test or surgical procedure was performed. Also, blood pressure readings reported or taken by the member must not be submitted.

(continued on page 5)

MEDICAL ATTENTION FOR NEPHROPATHY:

- Identify evidence in the medical record of medical attention for nephropathy. This may include:
 - Documentation of angiotensin-converting enzyme (ACE) inhibitor/angiotensin receptor blockers (ARBs) therapy during 2015;
 - Documentation of a visit to a nephrologist in 2015;
 - Documentation of a diagnosis of nephropathy, end-stage renal disease (ESRD), chronic renal failure (CRF), acute renal failure (ARF), renal insufficiency, dialysis, or renal transplant in 2015; and/or
 - A urine test for albumin or protein with results.

If your office is selected, you will receive a letter outlining the information that is being requested, the medical record request list with members' names and the identified measures that will be reviewed. If you have any questions about medical record requests, please contact the BCBSIL HEDIS Department at 312-653-5005.

We at BCBSIL thank you for your assistance with this very important health plan quality improvement initiative!

HEDIS is a registered trademark of NCQA

Ancillary Providers: How to Update Your Demographic Information

When seeking health care services, our members often rely upon the information in our online Provider Finder®. Additionally, referring physicians may use the Provider Finder to locate independently contracted in-network specialists and ancillary providers, **such as skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers and private duty nursing agencies.**

It is very important that you inform BCBSIL whenever any of your office information changes. This includes changes in ownership, as well as address, telephone number and other demographic information. **If you are an ancillary provider, you may request changes to your provider record by sending details to ancillarynetworks@bcbsil.com.** Or call 312-653-4820 to leave a message with your requested changes.

Billing Reminders for Pneumatic Compression Devices

When submitting a hospital/inpatient facility claim with BCBSIL, a hospital or surgical center is responsible for including all equipment, supplies and outside services obtained for a patient. Equipment or supplies used in an inpatient or outpatient hospital setting or in an ambulatory surgery center may not be billed separately by a DME company.

A pneumatic compression device may be eligible for benefits when utilized in the home for conditions as outlined in the BCBSIL Medical Policy, Outpatient Use of Pneumatic Compression Devices (MED202.060). However, pneumatic compression devices utilized in an inpatient facility or ambulatory surgery center are the responsibility of the inpatient facility and/or ambulatory surgery center and may not be billed to BCBSIL by the DME supplier. Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

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 ID card for more specific benefit information.



Guide Outlines Member ID Card Basics

As an independently contracted BCBSIL provider, you may render services to BCBSIL members, as well as other Blue Plan members who travel or live in Illinois. With the growing number of available products, plans and corresponding networks, it is increasingly important to ask for each member's current ID card at every visit, along with a photo ID, prior to checking eligibility and benefits.

For an overview of key elements to watch for, along with guidance on how to interpret and use this information, please refer to our Quick Guide to BCBS Member ID Cards. This handy reference is available in the Standards and Requirements/BlueCard Program/Related Resources section of our website at bcbsil.com/provider.

Member ID cards are for identification purposes only and do not guarantee eligibility, benefits or payment of claims.

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 back of the member's ID card.

Help Keep Medical Identity Theft Out of Your Office



According to the Federal Trade Commission, medical identity theft occurs when someone uses another person's name or insurance information to obtain medical treatment, prescription drugs or surgery.¹ It would also be considered medical identity theft if a provider were to knowingly bill for services provided to one member if they were actually rendered for another. Not only could medical identity theft have a potentially negative impact on the victim's financial credit, but possible patient harm could occur if incorrect information is added to a patient's medical records.

The *Fifth Annual Benchmark Study on Privacy & Security of Healthcare Data* reveals medical identity theft nearly doubled in five years, from 1.4 million adult victims to over 2.3 million in 2014.² With identity theft on the rise, reviewing a patient's government-issued identification card with a photo, such as a driver's license or passport, is an increasingly important step. Independently contracted BCBSIL providers are required to verify the identities of our members each and every time services are provided, as stated in the BCBSIL Provider Manual.

INCREASING YOUR PATIENTS' AWARENESS

BCBSIL makes fraud awareness education materials available to our members. You can help too by encouraging your patients to review their insurance statements for accuracy. Specifically, they need to check the name of the provider, the date of service and the service provided. If an error is found, patients may report the problem by calling the number on their member ID card. Additionally, providers and members may call the BCBSIL Fraud Hotline at 800-543-0867 to report potential fraud concerns.

¹ <https://www.ftc.gov/tips-advice/business-center/guidance/medical-identity-theft-faqs-health-care-providers-health-plans>

² Ponemon/MIFA 2014 Fifth Annual Study on Medical Identity Theft.



Inappropriate Referrals and Other Cases of Potential Fraud, Waste and Abuse

According to the National Health Care Anti-Fraud Association, billing for services not rendered is a common provider-related health care fraud scheme.¹ The BCBSIL Special Investigations Department (SID) is committed to researching instances of potentially fraudulent, abusive and wasteful billing practices. Participating in anti-fraud investigations not only helps in the fight against rising health care costs, but also helps protect provider network integrity and promote member safety.

Recently, BCBSIL has become aware of potentially inappropriate referrals for equipment and services based on claims data compared with medical record information. Examples may include delivery of regular wheelchairs to patients while billing for medically unnecessary power wheelchairs, or referrals of patients for treatments based on inaccurate diagnoses. The latter may occur when providers who are unfamiliar with patients' conditions or medical history refer them for services. It may also occur when required follow-up is lacking between the referring provider and the specialist or outside service provider.

BCBSIL independently contracted providers are reminded to ensure that their prescribing and referral practices are in alignment with current standards of practice and are medically necessary. Contracted providers should especially take note when prescribing DME or when referring patients for additional testing and treatments. In addition, patient follow-up is encouraged in order to determine the ongoing need for and efficacy of such prescriptions and referrals.

TAKE ACTION: LEARN MORE

Health care fraud is serious business. Find out how it can affect your practice and what you can do to help fight back. View the SID Fraud Awareness Tutorial, located in the Education and Reference Center/Fraud and Abuse section of our website at bcbsil.com/provider.

¹<http://www.nhcaa.org/resources/health-care-anti-fraud-resources/the-challenge-of-health-care-fraud.aspx>



Flu Season Reminder

In a December 2015 article on its website, the Centers for Disease Control and Prevention (CDC) reported that, while the number of people getting flu shots typically decreases after November, "influenza activity most often peaks in February and significant circulation of flu viruses can occur as late as May." In this article, the CDC also reported that many patients may be more likely to take action if their health care providers recommend or offer flu shots.¹

Yearly flu vaccination is recommended by the CDC for everyone 6 months of age and older as the first and most important step in protecting against this potentially serious disease. While there are many different flu viruses, the flu vaccine is designed to protect against the main flu strains that are predicted to be circulating during the current flu season. Some children younger than age 9 may require two doses of influenza vaccine.

Please note that, while many BCBSIL members' health benefit plans include influenza vaccination coverage with no member cost sharing, there are some exceptions. It is important to check eligibility and benefits information for details regarding copays, coinsurance and deductibles before administering the influenza vaccine to BCBSIL members.

¹<http://www.cdc.gov/flu/news/half-of-americans-received-flu-vaccine.htm>

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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 back of the member's ID card.



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Blue Review is a monthly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at bcbsil.com/provider.

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

BLUE REVIEW

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