



BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

February 2018

■ Clinical Updates, Reminders and Resources

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[Read More](#)

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■ Electronic Options

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[Read More](#)

Electronic Commerce Services – Hours of Operation Update

Beginning March 5, 2018, BCBSIL's Electronic Commerce Service Center hours of operation will change to a new schedule. We are here to assist if you have questions or if you experience issues with electronic data interchange (EDI) transactions or related online tools.

[Read More](#)

2018 Holiday Schedule Reminders for Electronic Claim, Payment and Remittance Transactions

BCBSIL offices will be closed and claims will not be adjudicated on a number of holidays. This article includes our 2018 corporate holiday schedule and reminders to assist you with planning ahead for scheduling variances that may affect electronic claims (837) and/or claims payment and remittance (835) transactions.

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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](#)

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The BlueCard program is designed to help our members take their coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement. As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing in most instances – your local Blue Plan.

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Fighting Health Care Fraud, One Phone Call at a Time

Each year, our Fraud Hotline receives thousands of calls reporting possible health care fraud and abuse. The BCBSIL Special Investigations Department (SID) actively reviews every call to determine if the call provides sufficient information to investigate suspected fraud and abuse.

[Read More](#)

■ Quality Improvement and Reporting

Annual Medical Record Data Collection for Quality Reporting Began Feb. 1, 2018

As a reminder, BCBSIL is collecting performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS®) and by the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS®).

[Read More](#)

Information about BCBSIL's Quality Improvement Program

The Quality Improvement (QI) Program at BCBSIL addresses both care and services provided to members. A QI Program summary is available, upon request, to provide you with information about the structure of the QI Program, outcomes of the program, and its success in meeting goals.

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■ Notification and Disclosure

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Effective Jan. 1, 2018, the Centers for Medicare & Medicaid Services (CMS) determined the drug Sensipar will no longer be separately reimbursable under the Medicare Part D benefit when administered for hemodialysis. Instead, members with ESRD may be able to continue to receive coverage for Sensipar therapy from their dialysis center within the bundled hemodialysis payment.

[Read More](#)

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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.



[Print](#) this month's newsletter in its entirety.



Contact Us

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

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2017-2018 Flu Season Activity at Dangerous Levels

The Centers for Disease Control and Prevention (CDC) issued an official CDC health advisory earlier this year due to the increased number of flu cases. A health advisory conveys the highest level of importance and warrants immediate action or attention.¹

The CDC reports that the number of flu cases is three times higher than last year and is widespread across the U.S. with influenza A(H3N2) viruses predominating so far this season. A number of key flu indicators similar to what was seen at the peak of the 2014-2015 season, the most severe season in recent years, were present when the advisory was issued.¹

The CDC expects the vaccine effectiveness (VE) against A(H3N2) viruses to be 32 percent this season, if the A(H3N2) virus continues to predominate.² Despite the low VE, the CDC continues to recommend influenza vaccination for everyone 6 months of age and older as the best way to prevent illness and protect against flu complications. In addition, the CDC recommends [antiviral medications](#), such as neuraminidase inhibitor (NAI), as an important second line of defense in treating influenza and reducing complications when treatment is started early.¹

Typically, the peak of flu season occurs in February but activity can last as late as May.

In the past, A(H3N2) virus-predominant influenza seasons have been associated with more hospitalizations and deaths in persons aged 65 years and older and young children compared to other age groups.¹

While many Blue Cross and Blue Shield of Illinois (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.

Additional information such as [information for Health Care Professionals](#) and [weekly flu reports](#) can be found on the CDC's Influenza (Flu) page at cdc.gov/flu.

¹Center for Disease Control and Prevention, Seasonal Influenza A(H3N2) Activity and Antiviral Treatment of Patients with Influenza, <https://emergency.cdc.gov/han/han00409.asp>

²<https://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm>

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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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 AvailityTM, or your preferred vendor portal, is strongly encouraged. Electronic eligibility and benefits inquiries may be conducted for local Blue Cross and Blue Shield of Illinois (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 [Eligibility and Benefits page](#) in the Claims and Eligibility section of our website at bcbsil.com/provider. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits. To view dates and times and register online for a BCBSIL Back to Basics: 'Availity 101' Webinar, visit the [Webinars page](#) in the Education and Reference Center section of our Provider website.

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

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Availity™ Claim Research Tool Offers Enhanced Claim Status Results

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

The CRT allows registered Availity users to search for claims by Member ID, Group Number and Date of Service, or by National Provider Identifier (NPI) and specific claim number, also known as a Document Control Number (DCN). The CRT also enables users to check the status of multiple claims in one view to obtain near real-time claim status, with easy-to-read denial descriptions.

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

- Diagnosis Code
- Copay
- Coinsurance
- Deductible
- Modifier
- Unit or Time or Mile

This important information is available within a few clicks, lessening the need to speak with a Customer Advocate. For additional information, refer to the [CRT tip sheet](#) in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider. As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit availity.com, or contact Availity Client Services at 800-282-4548.

Join us for a webinar! BCBSIL hosts complimentary Back to Basics: 'Availity 101' Webinars for providers to learn how to use the CRT and other electronic tools to the fullest potential. You do not need to be an existing Availity user to attend a webinar. To register online now for an upcoming webinar, visit the [Webinars page](#) in the Education and Reference Center section of our Provider website.

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

This information does not apply to HMO member claims.

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Electronic Commerce Services – Hours of Operation Update

Blue Cross and Blue Shield of Illinois (BCBSIL) supports the use of Electronic Data Interchange (EDI) transactions and related online tools for increased security and efficiency of daily operational, financial and administrative processes. We want to make it easier for you to conduct business with us, and electronic solutions can help.

BCBSIL's Electronic Commerce Service Center is available to assist if you have questions or if you experience issues with EDI transactions or online tools. Beginning **March 5, 2018**, the Electronic Commerce Service Center hours of operation will change to the following schedule:

- Monday through Thursday – 8 a.m. to 4:30 p.m. (CT)
- Friday – 8:30 a.m. to 3 p.m. (CT)

You may contact our Electronic Commerce Service Center for assistance by emailing ecommerceservices@bcbsil.com or calling 800-746-4614. If sending an email, make sure to include any pertinent information needed to research your issue.

To learn more about EDI transactions and other electronic options available to providers, refer to the [Electronic Commerce page](#) in the Claims and Eligibility section of our website at bcbsil.com/provider. BCBSIL also hosts educational webinars to assist you with getting connected and navigating online tools and resources. To view upcoming webinar dates and times and register for a session, visit the [Webinars page](#) in the Education and Reference Center on our Provider website.

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2018 Holiday Schedule Reminders for Electronic Claim, Payment and Remittance Transactions

The reminders below are intended to assist providers in planning ahead for scheduling variances that may affect electronic claims (837) and/or claims payment and remittance (835) transactions in 2018. A [Holiday Schedule Reminders](#) document is also available in the [Claims and Eligibility/Electronic Commerce section](#) of our website at bcbsil.com/provider.

Electronic Claim Reminders

- Our Electronic Data Interchange (EDI) gateway at Blue Cross and Blue Shield of Illinois (BCBSIL) is available 24 hours a day, seven days a week, 365 days a year for the submission of electronic claims (837 transactions).
- Providers will receive BCBSIL automated payer response reports within 24 hours of transmission.
- Claims transmitted to BCBSIL on Saturday, Sunday and Monday automatically are forwarded to the claims adjudication system on the next business day. This processing cycle is not impacted by corporate or banking holidays.

Electronic Payment and Remittance Reminders

- BCBSIL offices will be closed and claims will not be adjudicated on the BCBSIL Holiday Observed Dates indicated in the table below. *Please note there are separate columns for BCBSIL Holiday Observed Dates for Commercial Claims and Government Programs Claims. Government programs claims include Medicare Advantage and Illinois Medicaid.*
- Legal banking holidays will add one day to the normal Electronic Funds Transfer (835 EFT) schedule. This means that the EFT payment will be become available the next business day after the file is sent to the bank.
- Payment reports and Electronic Remittance Advice (835 ERA) files for claims adjudicated immediately following an observed holiday will be available for retrieval the next business day. This also affects the Electronic Payment Summary (EPS), which is delivered in conjunction with the ERA for commercial claims only. *EPS files are not delivered for government programs claims.*

Do you utilize a billing service and/or clearinghouse?

Please contact your vendor(s), if applicable, to determine any additional scheduling reminders they may have that may affect your electronic transaction timelines.

Holiday Name	Calendar	Legal	BCBSIL Holiday	BCBSIL Holiday
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	Date	Banking Holiday Observed Date	Observed Date for Commercial Claims*	Observed Date for Government Programs Claims*
President's Day	Mon., 2/19/18	Mon., 2/19/18		
Memorial Day	Mon., 5/28/18	Mon., 5/28/18	Mon., 5/28/18	Mon., 5/28/18
Independence Day	Wed., 7/4/18	Wed., 7/4/18	Wed., 7/4/18	Wed., 7/4/18
Labor Day	Mon., 9/3/18	Mon., 9/3/18	Mon., 9/3/18	Mon., 9/3/18
Columbus Day	Mon., 10/8/18	Mon., 10/8/18		
Veteran's Day	Sun., 11/11/18	Mon., 11/12/18		
Thanksgiving	Thurs., 11/22/18	Thurs., 11/22/18	Thurs., 11/22/18 and Fri., 11/23/18	Thurs., 11/22/18 and Fri., 11/23/18
Christmas Holiday	Tues., 12/25/18	Tues., 12/25/18	Tues., 12/25/18	Mon., 12/24/18 and Tues., 12/25/18

*The BCBSIL corporate holiday schedule is subject to change.

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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](#) in the Education and Reference Center on our website at bcbsil.com/provider.

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
BCBSIL Back to Basics: 'Availity™ 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	Feb. 6, 2018 Feb. 13, 2018 Feb. 20, 2018 Feb. 27, 2018	11 a.m. to noon
iExchange® Training: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	Feb. 8, 2018	11 a.m. to 12:15 p.m.

AVAILITY WEBINARS

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

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The BlueCard program is designed to help our members take their coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement. As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing in most instances – your local Blue Plan. For Illinois providers, that's Blue Cross and Blue Shield of Illinois (BCBSIL).

Here's a quick checklist of important BlueCard reminders:

- **Ask members for their current ID card.** BlueCard members have a suitcase logo on their ID card. *Also ask for a photo ID to confirm the member's identity.*
- **Verify the member's eligibility, benefits and copayments.** For faster results, check coverage electronically through Availity™, or your preferred vendor portal.
- **When recording the member ID number, be sure to include the three-digit alpha prefix.** This prefix indicates the member's group information.
- **Submit BlueCard claims to BCBSIL electronically.** Do not submit duplicate claims.
- **Check claim status online.** Check the status of the original claim online by submitting an electronic claim status request to BCBSIL via Availity or your preferred vendor portal. For commercial claims, you may use the Availity Claim Research Tool for enhanced claim status.

For additional information on our BlueCard program, refer to the BlueCard Program Manual in the [Standards and Requirements/BlueCard Program](#) section of our website at bcbsil.com/provider.

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Fighting Health Care Fraud, One Phone Call at a Time

Each year, our Fraud Hotline receives thousands of calls reporting possible health care fraud and abuse. The Blue Cross and Blue Shield of Illinois (BCBSIL) Special Investigations Department (SID) actively reviews every call to determine if the call provides sufficient information to investigate suspected fraud and abuse.

If there is a question of fraud, preliminary interviews and field audits may be conducted to determine if fraud was intentionally committed. If the SID concludes that there was no act of fraud, the case may be referred to the appropriate business area, which may offer guidance to resolve the issue.

There have been cases for which hotline reports have led to recovery efforts for inappropriate payment of claims and reimbursements, or to law enforcement for criminal prosecution. Some of the most egregious cases leading to criminal prosecutions have stemmed from hotline calls.

Members and providers are encouraged to call the **BCBSIL Fraud Hotline at 800-543-0867** to report suspicions of potential health care fraud and abuse. The Fraud Hotline is available 24 hours a day, seven days a week. All calls are confidential and may be made anonymously.

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Annual Medical Record Data Collection for Quality Reporting Began Feb. 1, 2018

As mentioned in the January 2018 *Blue Review*, Blue Cross and Blue Shield of Illinois (BCBSIL) collects performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS[®]) and by the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS[®]). HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and HHS requires reporting of QRS measures.

To meet these requirements, BCBSIL is collecting medical records using internal resources and leveraging CIOX Health, an independently contracted third party medical records vendor, to assist in records collection. Please note, since these activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, patient authorization for release of information is not required.

If you receive a request for medical records, please reply within 7 to 10 business days. BCBSIL or CIOX Health may be contacting your office or facility in February or March 2018 to identify a key contact person and to ascertain which data collection method your office or facility prefers (fax, secure email or onsite).

Appointments for onsite visits will be scheduled with your staff, if applicable. You will then receive a letter outlining the information that is being requested, and 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 Quality Improvement (HEDIS) department at 312-653-5005.

HEDIS is a registered trademark of NCQA.

CIOX Health is an independent medical records company that has contracted with BCBSIL to provide records collection. Contact CIOX Health directly with any questions regarding the services they provide.

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BlueCross BlueShield of Illinois

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This specific information only applies to non-government programs. For information regarding government programs such as Medicare and Medicaid, please refer to the applicable provider manual.

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Effective Jan. 1, 2018, the Centers for Medicare & Medicaid Services (CMS) determined the drug Sensipar will no longer be separately reimbursable under the Medicare Part D benefit when administered for hemodialysis. Instead, members with ESRD may be able to continue to receive coverage for Sensipar therapy from their dialysis center within the bundled hemodialysis payment.

Members who are receiving Sensipar as part of their hemodialysis treatment should be referred to their nephrologist and/or dialysis center to discuss treatment options. If a member is not using Sensipar to treat an ESRD condition, the coverage change with Sensipar does not affect the approval for the drug. These members can continue receiving coverage for the drug at their pharmacy under their Part D coverage.

For additional information, contact your assigned Provider Network Consultant (PNC).

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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.

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ClaimsXtenTM Quarterly Updates

New and revised Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this additional data to the BCBSIL claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSIL Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSIL Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim ConnectionTM (C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection page](#) in the Education and Reference Center/Provider Tools section of our Provider website for additional information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). 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.

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