

# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

## January 2018

### ■ What's New

#### **Ring in a New Medicaid Product**

It's a New Year and Blue Cross and Blue Shield of Illinois (BCBSIL) has a new Medicaid product – Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>). BCBSIL has a network of independently contracted providers including physicians, hospitals, skilled nursing facilities, ancillary providers, Long Term Supports and Services (LTSS) and other health care providers through which members may obtain covered Medicaid services throughout the State of Illinois.

[Read More](#)

### ■ Electronic Options

#### **Notification of Annual Benefit Updates**

BCBSIL will be updating member files with annual benefit changes over the next several weeks. In addition, updates are in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first, using Availity<sup>TM</sup> or your preferred vendor portal.

[Read More](#)

### ■ Clinical Updates, Reminders and Resources

#### **2018 Benefit Preauthorization Requirements for Commercial and Government Programs Members**

With the increasing number of plans and products, we understand that navigating how, when and for whom benefit preauthorization should be obtained may be challenging. This month's *Blue Review* includes reminders to assist you and your staff, along with links to recent communications about benefit preauthorization requirements for commercial and government programs members.

[Read More](#)

## **Behavioral Health Program Changes for Boeing Members, Effective Jan. 1, 2018**

The Boeing Company (Boeing) has made the decision to change administrators for its Behavioral Health (Mental Health and Substance Abuse) benefits offered under Boeing-sponsored health care plans. The previous administrator was Beacon Health Options. As of Jan. 1, 2018, Boeing plan members' behavioral health benefits are now administered through BCBSIL.

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## **Wellness and Member Education**

### **Skilled Nursing Facility (SNF) Benefit Change for Federal Employee Program® (FEP) Members**

Starting Jan. 1, 2018, senior patients with an FEP Standard Option health plan who are not enrolled in Medicare Part A and need rehabilitation that a nursing home does not offer may be covered for up to 30 days per benefit year of inpatient SNF care.

[Read More](#)

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## **Quality Improvement and Reporting**

### **Annual Medical Record Data Collection for Quality Reporting Begins Feb. 1, 2018**

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®).

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## **Pharmacy Program**

### **Pharmacy Benefit Tips, Guidelines and Reminders**

For BCBSIL members with prescription drug benefits administered by Prime Therapeutics, BCBSIL employs a number of industry-standard management strategies to ensure appropriate utilization of prescription drugs. These strategies can include drug list management, benefit design modeling, specialty pharmacy benefits and clinical programs, among others.

[Read More](#)

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## **Provider Education**

**Online Magazine Spotlight: 'How Health Care Veterans Foster (and Learn from)**

## Startups'

Did you catch our recent online magazine article titled, [How Health Care Veterans Foster \(and Learn from\) Startups](#)? This article features video commentary by BCBSIL's Dr. Elif Oker, who notes that mentoring entrepreneurs helps to inspire fresh thinking in her role as Executive Director of Digital User Experience.

[Read More](#)

## 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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## ■ Notification and Disclosure

### Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, BCBSIL has designated a section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

[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](#)

### Medical Policy Updates

Approved, new, or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. These policies may impact your reimbursement and your patients' benefits.

[Read More](#)



Quick Reminders

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

### Update Your Information

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

### Provider Training

For dates, times and online registration, visit the [Workshops/Webinars](#) page.



### Contact Us

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

## bcbsil.com

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# BLUE REVIEW<sup>SM</sup>

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## Ring in a New Medicaid Product

It's a New Year and Blue Cross and Blue Shield of Illinois (BCBSIL) has a new Medicaid product – Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>).

BCCHP replaces three previous Medicaid products:

- Blue Cross Community Family Health Plan<sup>SM</sup> (FHP)
- Blue Cross Community Integrated Care Plan (ICP)<sup>SM</sup>
- Blue Cross Community Managed Long Term Supports and Services<sup>SM</sup> (MLTSS)

BCBSIL has a network of independently contracted providers including physicians, hospitals, skilled nursing facilities, ancillary providers, Long Term Supports and Services (LTSS) and other health care providers through which members may obtain covered Medicaid services throughout the State of Illinois.

Illinois residents who are eligible for Medicaid Managed Care must enroll in a managed care organization (MCO). Eligible individuals may enroll in the plan of their choice, or the State of Illinois will automatically enroll them. Illinois Client Enrollment Services (ICES) provides individuals with access to unbiased education and information on available health plan options and assists members in the enrollment processes.

### Required Training for Providers

The Illinois Department of Healthcare and Family Services (HFS) requires providers servicing BCCHP members to participate in mandatory training annually. BCBSIL is required by the State of Illinois to offer training to providers on the following topics:

- Model of Care/Medical Home (Person Centered Practice)
- Combating Medicare Parts C and D Fraud, Waste, and Abuse
- Abuse, Neglect, Exploitation/Critical Incidents
- Cultural Competency
- Americans with Disabilities Act (ADA)/Independent Living
- Medicare Parts C and D General Compliance Training

Additionally, to determine compliance with the Americans with Disabilities Act (ADA), the Centers for Medicare & Medicaid Services (CMS) accessibility and language requirements, providers are required to complete the BCBSIL ADA survey. For links to our online training modules and survey please refer to the [Medicaid page](#) in the Network Participation section of our website at [bcbsil.com/provider](https://bcbsil.com/provider).

### **For More Information**

The BCCHP Provider Manual includes additional details about the network. The manual can be viewed in the [Standards and Requirements/BCBSIL Provider Manual](#) section of our Provider website. Information contained in the BCBSIL Provider Manual section is password protected. You will need to follow the instructions given on our Provider website to gain access to this secure information.

If you have any questions related to BCCHP, please contact our Provider Network team via email at [govproviders@bcbsil.com](mailto:govproviders@bcbsil.com).

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## Notification of Annual Benefit Updates

Blue Cross and Blue Shield of Illinois (BCBSIL) will be updating member files with annual benefit changes over the next several weeks. In addition, updates are in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first, using [Availity<sup>TM</sup>](#) or your preferred vendor portal. In the event you are instructed to contact BCBSIL Provider Customer Service, please recognize that hold times may be longer than normal. For patients who are not scheduled for appointments, deferring eligibility and benefit information requests to a later date is appreciated.

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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## 2018 Benefit Preauthorization Requirements for Commercial and Government Programs Members

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. With the increasing number of plans and products, we understand that navigating how, when and for whom benefit preauthorization should be obtained may be challenging. See general reminders below to assist you and your staff, along with links to recent communications about benefit preauthorization requirements for commercial and government programs members.

### GENERAL REMINDERS

#### Check Eligibility and Benefits First

As a reminder, it is important to check member eligibility and benefits through [Availity<sup>TM</sup>](#) or your preferred vendor portal prior to every scheduled appointment, as 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

BCBSIL has contracted with eviCore healthcare (eviCore) to manage benefit preauthorization requests for select care categories for certain commercial and government programs members. For these services, providers must obtain benefit preauthorization through [eviCore](#). Benefit preauthorization for all other care categories is managed by BCBSIL and providers may continue to use our online tool, [iExchange<sup>®</sup>](#), for most of these benefit preauthorization requests.

### FOR MORE INFORMATION

#### Commercial

- [Additional Benefit Preauthorization Requirements for 2018](#) – This News and Updates notice was posted on Sept. 29, 2017, to alert you of additional care categories for which benefit preauthorization through BCBSIL is required for some PPO members with the following products/networks: PPO (PPO network), Blue Choice PPO<sup>SM</sup> (BCS network), Blue Choice Preferred PPO<sup>SM</sup> (BCE network), Blue Options<sup>SM</sup>/Blue Choice Options<sup>SM</sup> (BCO network).

[Benefit Preauthorization Requirements for PPO Members with Health Advocacy Solutions](#) (Posted Sept. 29, 2017; updated Oct. 27, 2017) – As of Jan. 1, 2018, BCBSIL will provide health advocacy solutions for some PPO members to help them make better-informed decisions concerning their health care. As part of health advocacy solutions, there are additional care categories that will require benefit preauthorization through eviCore or BCBSIL, as specified.

## Government Programs

- [Blue Cross Medicare Advantage \(PPO\)<sup>SM</sup> Benefit Preauthorization List, Effective Jan. 1, 2018](#) – This summary listing was posted originally in the News and Updates on Oct. 2, 2017; it was updated in December 2017. 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, 2018](#) – This summary listing applies to Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> and Blue Cross Community Health Plans<sup>SM</sup> members. Posted originally in the News and Updates on Oct. 2, 2017, this listing was updated in December 2017. Benefit preauthorization must be obtained through eviCore for some services and through BCBSIL for others, as specified.

We value your participation as an independently contracted network provider and we appreciate the quality care and services you provide to our members. For additional information 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. Also watch the [News and Updates](#) and upcoming issues of the [Blue Review](#). If you have questions, contact your assigned Provider Network Consultant (PNC) for assistance.

***This information does not apply to HMO members.***

Please note that the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL.

iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Medecision and Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Behavioral Health Program Changes for Boeing Members, Effective Jan. 1, 2018

The Boeing Company (Boeing) has made the decision to change administrators for its Behavioral Health (Mental Health and Substance Abuse) benefits offered under Boeing-sponsored health care plans. The previous administrator was Beacon Health Options.

As of Jan. 1, 2018, Boeing plan members' behavioral health benefits are now administered through Blue Cross and Blue Shield of Illinois (BCBSIL). Boeing members received notification of this transition beginning in August 2017. Additional member communications on the topic were mailed through December 2017. Member ID cards were updated to remove references to Beacon Health Options and new ID cards were mailed to members in December 2017. Boeing members were advised that they will need to utilize BCBSIL contracted providers, rather than Beacon Health Options network providers, effective beginning Jan. 1, 2018.

If you treat patients who are Boeing members, please follow your normal process for checking eligibility and benefits, obtaining benefit preauthorization, using our Provider Finder<sup>®</sup> to assist with in-network referrals, and submitting claims for BCBSIL members. If you or your patients have questions, contact the number on the member ID card for assistance.

Beacon Health Options is an independent company that is contracted through Boeing. Beacon Health Options does not provide BCBSIL products or services. Beacon Health Options is solely responsible for the products and services it provides.

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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## Skilled Nursing Facility (SNF) Benefit Change for Federal Employee Program<sup>®</sup> (FEP) Members

Starting Jan. 1, 2018, senior patients with an FEP Standard Option health plan who are not enrolled in Medicare Part A and need rehabilitation that a nursing home does not offer may be covered for up to 30 days per benefit year of inpatient SNF care.

To help ensure appropriate benefits are applied here are some requirements that you need to know:

- The patient must be enrolled in Blue Cross and Blue Shield of Illinois' (BCBSIL's) case management program before being admitted to an SNF.
- Per the Federal Employee Health Benefit Plan, before pre-certifying the SNF admission, a patient's signed consent to be enrolled in the case management program must be filed with BCBSIL. When the patient transfers from an acute care facility, discharge staff will collaborate with the BCBSIL case manager to help ensure this consent paperwork is completed by the patient or the patient's guardian.
- When applying for pre-certification, the requesting provider and discharging acute care facility must submit a detailed description of the patient's clinical status and proposed treatment plan to BCBSIL for review. The treatment plan includes:
  - Rationale for inpatient care
  - Estimated length of stay
  - Medical and rehabilitation therapies to be provided during the stay, including frequency
  - Preliminary short- and long-term goals
  - Plan for discharge, including discharge location and ongoing care
- A SNF representative must provide BCBSIL with updates on the patient's status at least every seven days. Updates convey progress towards goals as well as changes to the treatment and the discharge plan.
- The SNF's attending physician must write the admission orders within 24 hours of a patient's admission.
- Within 12 hours of admission, patients on a ventilator must be seen by a pulmonologist. Respiratory therapy must always be available.
- Within 16 hours of admission, patients who are admitted primarily for rehabilitation must be seen by a physical therapist and have a treatment plan in place. These patients must receive at least two hours of physical and occupational therapy, a minimum of five days per week. Documentation must be provided to BCBSIL.

For benefit approval, a patient's information can be faxed to BCBSIL at 877-404-6455.

The new utilization management guidelines for SNF services have been added to the FEP Medical Policy Manual. This manual will

be available to members at [fepblue.org](http://fepblue.org) after Jan. 1, 2018.

If you have any questions regarding this update or to verify a patient's eligibility, please call **FEP Customer Service at 800-972-8382**.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment.

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.

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

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<sup>®</sup>) and by the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS<sup>®</sup>). 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 will be 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 QI (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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## Pharmacy Benefit Tips, Guidelines and Reminders

For Blue Cross and Blue Shield of Illinois (BCBSIL) members with prescription drug benefits administered by Prime Therapeutics, BCBSIL employs a number of industry-standard management strategies to ensure appropriate utilization of prescription drugs. These strategies can include drug list management, benefit design modeling, specialty pharmacy benefits and clinical programs, among others. You can help us achieve these goals by:

- **Prescribe drugs listed on the drug list**

The BCBSIL drug lists are provided as a guide to help in the selection of cost-effective drug therapy. Every major drug class is covered, although many of the drug lists cover most generics and fewer brand name drugs. The lists also provide members with criteria for how drugs are selected, coverage considerations and dispensing limits. While these drug lists are a tool to help members maximize their prescription drug benefits, the final decision about what medications should be prescribed is between the health care provider and the patient.

BCBSIL drug lists are regularly updated and can be found on the [Pharmacy Program section](#) of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

**Note:** For members with Medicare Part D or Medicaid coverage, the drug lists can be found on the plan's website:

- [Blue Cross MedicareRx \(PDP\)<sup>SM</sup>](#)
- [Blue Cross Medicare Advantage<sup>SM</sup>](#)
- [Blue Cross Community Health Plan<sup>SM</sup> \(BCCHP<sup>SM</sup>\)](#)
- [Blue Cross Community MMAI \(Medicare-Medicaid Plan\)<sup>SM</sup>](#)

- **Remind patients of covered preventive medications**

Many BCBSIL health plans include coverage at no cost to the member for certain prescription drugs, contraceptive products and over-the-counter (OTC) medicines used for preventive care services.\*

- [ACA \\$0 Preventive Drug List](#)
- [Contraceptive Coverage List](#)

*\*Not available for all plans. Members should call the Customer Service number on their ID card to help determine what benefits may be available, including any requirements, limitations or exclusions that apply. Please refer to the member's certificate of coverage and prescription drug list as there may be coverage for additional products beyond these lists.*

- **Submit necessary prior authorization requests**

For some medications, the member's plan may require certain criteria to be met before prescription drug coverage may be approved. You will need to complete the necessary prior authorization request and submit it to BCBSIL. More information about these requirements can be found on the [Pharmacy Program section](#) of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

- **Assist members with drug list exceptions**

If the medication you wish to prescribe is not on your patient's drug list or the preventive care lists, a drug list exception can be requested. You can call the Customer Service number on the member's ID card to start the process, or complete the [online form](#).

Visit the [Pharmacy Program section](#) of our website at [bcbsil.com/provider](http://bcbsil.com/provider) for more information.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. 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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## Online Magazine Spotlight: 'How Health Care Veterans Foster (and Learn from) Startups'

At Blue Cross and Blue Shield of Illinois (BCBSIL), we believe that having access to affordable, quality coverage can make a positive, and often profound, difference in our members' lives. We want to help be part of the solution by exploring ways we can all work together to make the health care system work better for everyone.

[Making the Health Care System Work<sup>SM</sup>](#) is BCBSIL's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

### Did you catch our recent online magazine article titled, [How Health Care Veterans Foster \(and Learn from\) Startups?](#)

Entrepreneurs poised to disrupt health care often aren't familiar with the industry, so they need some guidance to create a viable business – and the industry benefits from the exchange of ideas. This article features video commentary by BCBSIL's Dr. Elif Oker, who notes that mentoring entrepreneurs helps to inspire fresh thinking in her role as Executive Director of Digital User Experience.

[View the full story here.](#)

### Join the Conversation

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

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers 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](http://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:
<b>BCBSIL Back to Basics: 'Availity™ 101'</b> <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	<a href="#">Jan. 9, 2018</a> <a href="#">Jan. 16, 2018</a> <a href="#">Jan. 23, 2018</a> <a href="#">Jan. 30, 2018</a>	11 a.m. to noon
<b>Introducing Remittance Viewer</b> <i>Have you heard? This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i>	<a href="#">Jan. 11, 2018</a>	11 a.m. to noon
<b>iExchange® Training: New Enrollee Training</b> <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	<a href="#">Jan. 18, 2018</a>	11 a.m. to 12:15 p.m.
<b>Blue Cross Community Health Plans<sup>SM</sup>: Learn about our new 2018 Medicaid product</b>	<b>For FQHC, RHC, IPA, PCP, Specialist,</b>	9 to 10 a.m.

	<p><b>SBC Provider Types:</b>  <a href="#">Jan. 9, 2018</a>  <a href="#">Jan. 16, 2018</a></p> <p><b>For CMHC, DASA, LTSS Provider Types:</b>  <a href="#">Jan. 10, 2018</a>  <a href="#">Jan. 17, 2018</a></p>	
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**BCBSIL WORKSHOP**  
 Register via the Workshops page in the Education and Reference Center on our Provider website.

Description:	Locations:	Dates:
<p><b>Blue Cross Community Health Plans<sup>SM</sup>:            Learn about our new 2018 Medicaid product</b></p> <p><i>This provider orientation workshop is intended for the following provider types: CMHC, DASA, FQHC, RHC, MG/IPA, LTSS, PCP, SBC and Specialist providers. Join us to learn more about member criteria, the enrollment process, care coordination, contact and inquiries process, provider trainings, appeals and grievances, critical incidents, provider duties and responsibilities.</i></p> <p><b>To register online:</b> Visit the <a href="#">Workshops page</a> in the Education and Reference Center on our Provider website. <i>Be sure to sign up by the registration deadline so that we can be prepared to accommodate all attendees.</i></p>	<p>The State House Inn            101 E. Adams            Springfield, IL 62701</p>	<p>Jan. 18, 2018</p> <p>Registration deadline:            Jan. 12, 2018</p> <p>Check-in:            9 to 9:30 a.m.</p> <p>Presentation:            9:30 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](http://availity.com) for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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. iExchange is a trademark of Meddecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity and Meddecision. 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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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

January 2018

## Fairness in Contracting

As part of our commitment to fairness in contracting and to keep our independently contracted providers informed, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a Fairness in Contracting section in the [Blue Review](#) to notify you of any significant changes to the physician fee schedules. It is important to review this area in our provider newsletter each month.

**On Jan. 1, 2018, BCBSIL implemented Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) procedure code additions, deletions and revisions. Please note that deleted codes will not be accepted for payment for dates of service on or after Jan. 1, 2018.**

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can 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](#) in the Education and Reference Center on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

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## ClaimsXten<sup>TM</sup> Quarterly Updates

New and revised Current Procedural Terminology (CPT<sup>®</sup>) 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<sup>TM</sup> (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.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSIL. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software, and services they provide.

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## Medical Policy Updates

Approved, new, or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our website at [bcbsil.com/provider](http://bcbsil.com/provider) 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 Provider website.**

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [Standards and Requirements/Medical Policy section](#) of our Provider website. 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 substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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