

# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

January 2019

## ■ CMO Perspective

### Let's Work Together in 2019 to Help Reduce Health Care Disparities

Our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, kicks off the new year with a discussion of some of our company's priorities for 2019.

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## ■ Clinical Updates, Reminders and Resources

### Notification of Annual Benefit Updates

As a reminder, Blue Cross and Blue Shield of Illinois (BCBSIL) will be updating member files with annual benefit changes over the next few weeks. Updates are also in progress due to open enrollment. We encourage all providers to use electronic options rather than calling BCBSIL for eligibility and benefits requests.

[Read More](#)

### Annual Reminder: Medicare Outpatient Observation Notice Required

As of March 8, 2017, hospitals and Critical Access Hospitals (CAH) must give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive Medicare benefits and are observed as outpatients for more than 24 hours. For BCBSIL, this includes our Blue Cross Medicare Advantage (PPO)<sup>SM</sup>, Blue Cross Medicare Advantage (HMO)<sup>SM</sup> and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members.

[Read More](#)

## ■ Electronic Options

### **Check Eligibility and Benefits: Don't skip this important first step!**

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization/pre-notification required for a particular member/service?

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### **Close HEDIS® Gaps Easily Through the Availity® Provider Portal**

You may now quickly comply with Healthcare Effectiveness Data and Information Set (HEDIS) measures using Availity's new Clinical Quality Validation (CQV). CQV will allow providers to electronically document their patient's care and assessments to close quality HEDIS gaps for BCBSIL members.

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### **Responding to Electronic Quality and Risk Adjustment Medical Record Requests Via the Availity Provider Portal**

We want to help make it easier for providers to do business with us. Coming soon, you will be able to receive electronic quality and risk adjustment medical record requests from BCBSIL and submit the needed documentation through the Availity Portal.

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### **Tips to Help You Navigate Our New Provider Onboarding Form**

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[Read More](#)

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## **■ Focus on Behavioral Health**

### **Behavioral Health Benefit Preauthorizations for City of Chicago Employees**

BCBSIL's Provider Relations team is committed to helping you stay aware of changes and trends that may have an impact on your business. The City of Chicago (three-character member ID prefix: CTY) has implemented changes for employees who are BCBSIL members that affect outpatient behavioral health and outpatient substance abuse services.

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Checking eligibility and benefits electronically through the Availity Portal or your preferred web vendor is the quickest way to access behavioral health coverage information for BCBSIL members. If you do not have access to electronic options, please be aware of upcoming changes to how eligibility and benefits requests for behavioral health services may be conducted using our automated phone system.

[Read More](#)

### **Behavioral Health Forms Get a Facelift**

Starting Jan. 1, 2019, you may notice some changes to BCBSIL behavioral health request forms. The changes will help make it easier for you to navigate the forms. The forms also include the new Current Procedural Terminology (CPT<sup>®</sup>) codes for Applied Behavioral Analysis (ABA).

[Read More](#)

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## **Wellness and Member Education**

### **Remind Your Patients: It's Not Too Late for a Flu Shot**

The Centers for Disease Control and Prevention (CDC) reports that for the week ending Dec. 22, 2018, the proportion of people seeing their health care provider for influenza-like illness (ILI) was above the national baseline.

[Read More](#)

### **Help Your Patients Understand Blood Pressure Results**

Your patients may not be aware that high blood pressure increases the risk for heart disease and stroke, two of the leading causes of death for Americans. With your continued help, we can work together to help improve member education regarding blood pressure control and blood pressure readings.

[Read More](#)

### **Health of America Report Shows Branded Prescription Drug Costs Increased**

Drug costs are on the rise, and while many Americans have turned to generic prescription drugs to lower costs overall, prescription drug spending is up. The most recent Blue Cross Blue Shield Association (BCBSA) Health of America Report found reasons for increased drug spending.

[Read More](#)

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## ■ Pharmacy Program

### **Change in Preferred Diabetic Testing Supplies for Select Illinois Medicaid Members**

Beginning Jan. 1, 2019, OneTouch® diabetic testing supply products will become preferred products for BCBSIL members with Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) prescription drug coverage.

[Read More](#)

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## ■ Network Innovation

### **Blue Distinction® Centers for Fertility Care**

Blue Distinction is a national designation awarded by BCBSIL in partnership with BCBSA to recognize PPO providers that demonstrate expertise in delivering quality specialty care – safely, effectively and cost-efficiently. The foundation of Blue Distinction Specialty Care is the quality-focused Blue Distinction Center designation.

[Read More](#)

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## ■ What's New

### **New Professional Provider Network Relations Phone Number**

The fastest way to work with us is online, using electronic options listed on the Provider Tools page. But, if you have questions that can't be answered through online options, call our new phone line.

[Read More](#)

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## ■ Provider Education

### **Provider Learning Opportunities**

BCBSIL provides free 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.

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## ■ Quality Improvement and Reporting

### **HEDIS Results for Medicaid Childhood and Adolescent Immunization**

According to the 2018 HEDIS rates for BCCHP and MMAI members, the childhood immunization measure, Combo 10, is improving but fell short of the 75th percentile goal. The

adolescent immunization measure, Combo 2, met the benchmark; however, we did not meet the benchmark for Combo 1.

[Read More](#)

### **2019 CAHPS Survey for Medicaid Members**

BCBSIL conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with its BCCHP and MMAI members. The primary focus of the survey is to assess our members' satisfaction with BCBSIL and its independently contracted providers and specialists.

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## **■ Notification and Disclosure**

### **Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) Introduces FEP Blue Focus**

Starting Jan. 1, 2019, you may begin seeing BCBSIL FEP members with FEP Blue Focus, a new benefit plan consistent with our commitment to expand access and make health care more affordable. We will also continue to offer FEP members our Standard Option and Basic Option products.

[Read More](#)

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

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

[Read More](#)



## **Quick Reminders**

### **Stay informed!**

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

### **Update Your Information**

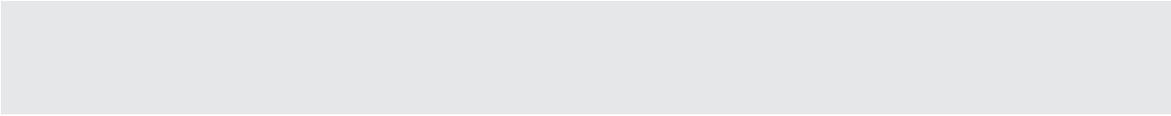
Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to [request an information change](#).

### **Provider Training**

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

### **Online Magazine**

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



### Contact Us

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

### **bcbsil.com**

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## Let's Work Together in 2019 to Help Reduce Health Care Disparities



As chief medical officer of BCBSIL, I took over this column in the 4th Quarter of 2018 and got the conversation started with articles focused on [Maternal Health Inequity and Rising Mortality Rates](#) and one of BCBSIL's newest initiatives, the [Blue Door Neighborhood Center<sup>SM</sup>](#).

I am pleased to have the opportunity to kick-off the CMO Perspective for 2019 by discussing some of BCBSIL's priorities for the new year. This article forum is a means to help keep you informed and to engage your partnership on important efforts as we journey into 2019 and beyond.

BCBSIL is committed to helping to improve health equity for our members and the communities that we serve. The prevalence of health disparities has both a moral and economic imperative for action. It is estimated that nationally, health disparities contribute \$101.9B in excess direct medical costs. Consequently, we are seeking to address opportunities to help improve health equity within the health care delivery system and outside of health care, upstream from disease and medical treatment.

Within health care delivery, we have taken steps to help to begin integrating goals for reducing health disparities within provider agreements with a focus on disparities in asthma, diabetes, and hypertension management. We embrace our role in partnering with providers on health equity. In 2019, we will broaden availability of cultural competency training and implicit bias training for providers in Illinois. Additionally, we are centering our focus on maternal and infant health to develop solutions for disparities in infant mortality as well as maternal morbidity and mortality.

Beyond health care delivery, we are exploring ways to help better integrate insights regarding the social determinants of health into our operations. We are supporting innovative pilots to target nutritional support to individuals living in food deserts and transportation services to those living in transportation deserts. Findings from these pilots will help inform our understanding of which interventions may best support various populations.

Through the CMO Perspective column this year, you will continue to hear more about how we hope to collaborate with you to help improve member and community health outcomes. Examples of topics in upcoming issues of the *Blue Review* include:

- Quality Improvement Priorities for 2019;
- Cancer Screenings;
- Provider Cultural Competency and Implicit Bias Trainings; and
- Physician Diversity Initiatives.

Our commitment is enduring. Our shared customers – our members, your patients – are our neighbors, relatives and classmates of our children. It is imperative that we work together as a team, with the common goal of supporting the best possible outcomes.

I look forward to connecting with you throughout 2019.

[Learn more about Dr. Derek J. Robinson](#)

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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## 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 few weeks. Updates are also in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first, using [Avality®](#) or your preferred vendor portal. In the event you are asked to contact BCBSIL Provider Customer Service, please know that hold times may be longer than normal. For patients who are not scheduled for appointments, you may want to defer eligibility and benefit information requests to a later date.

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.

Avality is a trademark of Avality, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Avality provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Avality. 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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This notice lets people know why they are not considered to be inpatient and what their cost sharing and hospital coverage will be. It must be explained verbally and completed no later than 36 hours after observation begins or sooner if patients are admitted, transferred or released. Patients must sign to confirm they received and understand the notice. If they say no, the staff member who gave the patient the notice must certify that it was presented.

The MOON and what to do with it can be found [here](#).

The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

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

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

### Get Answers Up Front

*Benefits will vary based on the service being rendered and individual and group policy elections.* It is imperative to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable benefit preauthorization/pre-identification requirements. When services may not be covered, you should notify members that they may be billed directly.

### Don't Take Chances

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

### Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity<sup>®</sup> Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area Blue Plan and Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) members.

### Learn More

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

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

Checking eligibility and benefits and/or obtaining preauthorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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You may now quickly comply with Healthcare Effectiveness Data and Information Set (HEDIS) measures using Availity's new Clinical Quality Validation (CQV). CQV will allow providers to electronically document their patient's care and assessments to close quality HEDIS gaps for Blue Cross and Blue Shield of Illinois (BCBSIL) members. Additionally, CQV helps support BCBSIL's Centers for Medicare & Medicaid Services (CMS) star rating for HMO and PPO Blue Cross Medicare Advantage<sup>SM</sup> plans.

This new validation process will also verify that the data submitted by the provider is supported in the medical record.

### CQV Functionality:

- Captures quality-related medical documentation to close quality HEDIS gaps
- Ensures quality measures documented in medical records are captured accurately for submission to CMS for HEDIS Stars ratings
- Will display care gaps that BCBSIL provides to Availity
- Provides alerts of care gaps, directing providers to access their work queue

Existing Availity users do not have to complete an additional registration to access CQV. However, Availity administrators need to ensure their users are assigned the Medical Staff and Office Staff roles.

### CQV Benefits:

- Improves engagement, health outcomes
- Offers an easy, consistent completion process
- Improves quality of information collected
- Maintains document integrity and security
- Reduces manual processes, decreases medical requests during HEDIS seasonal reporting

### Learn More About CQV:

- A [CQV Tip Sheet](#) is available on our Provider website for quick reference and navigational assistance.
- Refer to Availity's [Quick Start Guide for Clinical Quality Validation](#).
- Registered users may log on to the [Availity Provider Portal](#) for an on-demand webinar. Once you log on, select "Help & Training," then "Get Trained" and search for the Clinical Quality Validation recording.

Note: This new feature is offered as an added service and does not replace manual processes currently in place.

Not yet registered with Availity? Visit [availity.com](https://www.availity.com) to get started. If you need assistance, you may contact Availity Client Services at 800-282-4548.

To learn more about HEDIS, refer to the [In-depth Look at HEDIS article](#) published in the BCBSIL July *Blue Review*.

At this time, electronic medical record request and submission process through CQV are only available for closing quality HEDIS care gaps and are not available for medical record requests resulting from utilization review activities or the claims adjudication process.

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## Responding to Electronic Quality and Risk Adjustment Medical Record Requests Via the Availity<sup>®</sup> Provider Portal

We want to help make it easier for providers to do business with us. Coming soon, you will be able to receive electronic quality and risk adjustment medical record requests from Blue Cross and Blue Shield of Illinois (BCBSIL) and submit the needed documentation through the [Availity Provider Portal](#).

To receive and respond to these medical records requests, you must be registered with Availity. Once registered users log into the Availity Provider Portal, requests for these medical records will display in the **Notification Center**. Providers may then upload and submit medical record documentation using the "Medical Attachments" application. Providers may track and audit their submissions.

To enable this feature, administrators may log in and select:

- Enrollment Center
- Medical Attachments Setup
- And then enter the required data

BCBSIL aims to integrate new transactions and processes within providers' daily Availity workflow. This new electronic quality and risk adjustment medical records submission capability has the potential to:

- Lessen the administrative burden and inconveniences associated with mailing or faxing medical records;
- Reduce delays and frustrations associated with paper submissions; and
- Lessen in-person visits to retrieve medical records.

BCBSIL is aiming to integrate payer-provider transactions and processes within providers' daily Availity workflow with this medical attachment application as well as the [Clinical Quality Validation \(CQV\)](#) and [Claim Encounter Reconciliation Application \(CERA\)](#).

**Each tool has a specific purpose, so be sure to follow the guidelines for use. Also remember that records should only be submitted upon request from BCBSIL.**

Mailing and faxing medical records remain options for all independently contracted providers.

If you are not a registered Availity user, we encourage you to register with [availability.com](http://availability.com) and complete the online application, at no charge. Becoming a registered Availity user grants access to many other tools and resources, while also allowing you to begin using new business solution tools immediately upon launch.

For more information, review the [tip sheet](#) on the [Provider Tools](#) page. Check back for [News and Updates](#) on the BCBSIL [Provider website](#) for scheduling of online training sessions.

At this time, electronic medical record request and submission process are not available for medical record requests resulting from utilization review activities or the claims adjudication process.

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Here are some tips to help you when you are using the online form:

1. Use Google Chrome™.
2. On the first step – Select Participation – be certain to have all information listed in the blue box on the left of the screen available before getting started. The other fields, on the right side of the screen, should be the contact information of the person completing the form on behalf of the provider (office manager, biller, etc.).
3. Know your billing (Type 2 organizational) National Provider Identifier (NPI) as listed in the NPI Registry.
4. If you are a New Group or an Existing Group adding additional providers on step two – Enter Your Information – pay special attention to the “Provider Roster Instructions” box on the right side of the screen. Be sure to download and complete **only** the roster provided by BCBSIL.
5. **You must submit the roster as an Excel file.** If the appropriate roster is not used your information will be rejected. You must complete all the data elements on the roster. See the Standardized Template Grid (second tab of roster Excel sheet) as an example.

For more information, see [Tips to Help You Navigate Our Provider Onboarding Form](#). Questions? Email [netops\\_provider@bcbsil.com](mailto:netops_provider@bcbsil.com).

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City of Chicago employees who receive outpatient behavioral health or outpatient substance abuse services are covered for up to seven visits in one year before utilization review is required. Members who have received seven outpatient services in one year will need benefit preauthorization for additional visits, which providers can obtain by contacting the medical advisor, Telligen, prior to the eighth visit. Please note that the seven visits before benefit preauthorization is needed per member, not per provider. Thus, if the member has received services from another behavioral health or substance abuse provider prior to coming to you for treatment, benefit preauthorization may be needed before their initial visit with you.

You can reach Telligen at 800-373-3727 or visit their [Provider Portal](#).

Questions may be directed to [ProviderRelations@bcbsil.com](mailto:ProviderRelations@bcbsil.com), or by contacting your Provider Network Consultant (PNC). Services that are not preauthorized will not be paid and will be the financial responsibility of the provider. Members may not be charged for services that were not preauthorized.

**BCBSIL cares about connecting behavioral health patients with an outpatient provider within 30 days of discharge from an inpatient stay.** For more information about our Behavioral Health program, visit the [Behavioral Health Program](#) page. The latest Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) results can be found on the [Quality Improvement](#) page, under HEDIS.

Telligen is an independent company that provides Utilization Review/Case Management/Disease Management/Maternity Management to BCBSIL. Telligen is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by Telligen.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Checking eligibility and benefits and/or obtaining preauthorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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If you do not have online access and need to call BCBSIL to verify patient coverage for behavioral health services, as of Dec. 16, 2018, you must first obtain eligibility and benefit details through the BCBSIL Interactive Voice Response (IVR) phone system. The IVR quotes the same level of eligibility and benefit information as a Customer Advocate provides. Our Customer Advocates will continue to be available for additional assistance and more complex benefit quotes.

Please note that the IVR main menu options have been reordered. When using your touch-tone key pad, select "1" for Medical, "2" for Pharmacy, "3" for Dental, or "4" for Behavioral Health. The ordering of the IVR main menu does not affect callers who use voice commands to respond to prompts.

### Learn More

To learn more about electronic options, refer to the [Provider Tools page](#) in the Education and Reference Center of our Provider website. For IVR navigational assistance, refer to the [Eligibility and Benefit Caller Guide](#) located in the Claims and Eligibility section.

**Government Programs Note:** To verify eligibility and benefits via phone for government programs (Medicare Advantage and Illinois Medicaid) members, refer to the number on the member's ID card.

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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Starting Jan. 1, 2019, you may notice some changes to Blue Cross and Blue Shield of Illinois (BCBSIL) behavioral health request forms. The changes may help make it easier for you to navigate the forms. The forms also include the new Current Procedural Terminology (CPT<sup>®</sup>) codes for Applied Behavioral Analysis (ABA).

Also, several of the new forms can be submitted using [iExchange<sup>®</sup>](#). For example, in-network providers can submit an initial Intensive Outpatient Program (IOP) or Electroconvulsive Therapy (ECT) request for up to 12 sessions using iExchange. The instructions at the top of each form indicate the preferred method for submission.

Please use the appropriate CPT codes for 2019 as communicated by the American Psychological Association and the American Medical Association.

The changes include:

- A new [ABA Clinical Service Request Form](#) that replaces the following forms:
  - ABA Initial Treatment Request
  - ABA Managed Care/Concurrent Review
  - ABA Treatment Request Member Schedule forms
- A new [ABA Initial Assessment Request Form](#)
- Updates to the following existing forms:
  - [ECT Request Form](#)
  - [Focused Outpatient Management Program \(FOPM\)](#)
  - [IOP Request Form](#)
  - [Psychological or Neuropsychological Testing Request Form](#)

You will [find the latest forms](#) on our Provider website.

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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

A newsletter for contracting institutional and professional providers

January 2019

## Remind Your Patients: It's Not Too Late for a Flu Shot

According to the Centers for Disease Control and Prevention (CDC) [Weekly U.S. Influenza Surveillance Report](#) for the week ending December 22 (week 51), the proportion of people seeing their health care provider for influenza-like illness (ILI) was 3.3 percent, which is above the national baseline of 2.2 percent.<sup>1</sup> Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate.<sup>1</sup>

A new survey from NORC (formerly known as National Opinion Research Center) at the University of Chicago reports that as of mid-November 2018, 43 percent of adults reported that they had gotten a flu vaccination. However, 41 percent of adults said they have not been vaccinated and do not intend to do so.<sup>2</sup>

The CDC reports that the majority of influenza viruses characterized antigenically and genetically are similar to the cell-grown reference viruses representing the 2018–2019 Northern Hemisphere influenza vaccine viruses.<sup>1</sup>

**It is not too late to get a flu vaccine. 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.** The intranasal flu vaccine (e.g. Flumist<sup>®</sup>), which was not recommended the past two flu seasons, is now one of several available influenza vaccines endorsed by the CDC for select eligible populations 2 years of age and older.<sup>3</sup>

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

As a reminder, you may want to talk to your patients about the flu vaccine. There are several misconceptions regarding this vaccine, so it is important to educate patients about the risks and benefits of getting a yearly flu vaccine. The following discussion points may help you help your patients feel more informed and aware of their health care:

- Potential health risks of influenza infection
- Relative benefits and effectiveness of receiving the flu vaccine
- Potential side effects that could occur after receiving the vaccine
- Any patient concerns/issues regarding influenza vaccination

While many of our 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 our 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](https://www.cdc.gov/flu).

<sup>1</sup>CDC, Weekly U.S. Influenza Surveillance Report, <https://www.cdc.gov/flu/weekly/index.htm>

<sup>2</sup>NORC at the University of Chicago, 41 Percent of Americans Do Not Intend to Get a Flu Shot this Season, Dec. 5, 2018. <http://www.norc.org/NewsEventsPublications/PressReleases/Pages/41-percent-of-americans-do-not-intend-to-get-a-flu-shot.aspx>

<sup>3</sup>CDC, Frequently Asked Flu Questions 2018-2019 Influenza Season, Aug. 30, 2018, <https://www.cdc.gov/flu/about/season/flu-season-2018-2019.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<sup>SM</sup>

A newsletter for contracting institutional and professional providers

January 2019

## Help Your Patients Understand Blood Pressure Results

The Centers for Disease Control and Prevention (CDC) reports that while approximately 75 million people have high blood pressure, only 54 percent of patients diagnosed with hypertension have their blood pressure under control.<sup>1</sup> High blood pressure increases the risk for heart disease and stroke, two of the leading causes of death for Americans.<sup>1</sup> With your continued help, we can work together to help improve member education regarding blood pressure control and blood pressure readings.

Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members recently received a [hypertension postcard](#) that may be a useful tool to distribute to your patients. These educational materials may help them learn about ways to control blood pressure and what blood pressure numbers are healthy. The postcards are available in English and Spanish and can be printed from the Related Resources section of the [Clinical Practice Guidelines page](#).

<sup>1</sup>High Blood Pressure. Retrieved from: <https://www.cdc.gov/bloodpressure/index.htm#>

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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# BLUE REVIEW<sup>SM</sup>

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## Health of America Report Shows Branded Prescription Drug Costs Increased

Drug costs are on the rise, and while many Americans have turned to generic prescription drugs to lower costs overall, prescription drug spending is up. The most recent Blue Cross Blue Shield Association (BCBSA) [Health of America \(HoA\) Report](#)<sup>1</sup> found the following reasons for increased drug spending:

- Basically, there are two types of prescription drugs – generic and branded. Branded drugs can be divided into smaller groups, including branded patent-protected drugs and branded specialty drugs. Although inexpensive generic drugs continue to slow the increase in total drug spending, there is limited competition for both branded patent-protected and branded specialty drugs, enabling substantial cost hikes in 2018 (5 percent for branded patent-protected drugs and 10 percent for branded specialty drugs)<sup>1</sup>
- Expensive branded prescription drugs accounted for only 17 percent of total prescriptions filled, but 79 percent of total prescription drug spending (\$79.5 billion)<sup>1</sup>
- Branded specialty drugs made up 3 percent of branded drug prescriptions filled but accounted for 34 percent of total branded drug spending (\$27 billion)<sup>1</sup>

Blue Cross and Blue Shield of Illinois (BCBSIL) strives to improve not only the quality but also the affordability of care for our members. One way we do this is through prescription drug tiers or lists, which set different out-of-pocket costs for different types of prescription medicines. In building these lists, we bring together doctors, nurses and pharmacists to evaluate safety, effectiveness, and how drugs should appear on lists, all while trying to bring down the cost.

We are also investing in new capabilities to help combine the management of pharmacy-related needs and other types of medical care to counteract the upward shift in drug costs. Our long-term strategy strives to:

- **Empower whole-person health:** Combining pharmacy and medical care management may provide a complete view of patient medical history and treatment. We focus on the whole person, not a list of individual diagnoses and symptoms.
- **Deliver cost savings:** Customer advocates work with members to avoid high-cost claims. They also work with clinicians on treatment options. This may help improve health outcomes and lower costs.
- **Improve member experience:** Combining medical and pharmacy care management may help deliver lower combined pharmacy and medical costs. But it also aims to help our members make more informed health care choices. This may help

improve their quality of care and helps them understand how pharmacy and health care work together.

Prescription Drugs Cost Trend Update is the 22nd study of the [Blue Cross Blue Shield: The Health of America Report](#)<sup>®</sup> series, a collaboration between BCBSA and [Blue Health Intelligence](#)<sup>®</sup>, which uses a market-leading claims database to uncover key trends and insights into health care affordability and access to care.<sup>1</sup>

<sup>1</sup>BCBSA Health of America, Prescription Drug Costs Trend Update, Nov. 14, 2018. <https://www.bcbs.com/the-health-of-america/reports/prescription-drug-costs-trend-update>

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# BLUE REVIEW<sup>SM</sup>

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## Change in Preferred Diabetic Testing Supplies for Select Illinois Medicaid Members

Beginning Jan. 1, 2019, OneTouch<sup>®</sup> diabetic testing supply products will become preferred products for Blue Cross and Blue Shield of Illinois (BCBSIL) members with Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) prescription drug coverage.

- BCCHP members currently using other diabetic testing supply products will need to switch their blood glucose meters, test strips and lancets to the OneTouch products. Members currently using Bayer Contour<sup>®</sup> diabetic testing supply products will receive a letter about this change.
- To minimize disruption in therapy, current members will continue to receive coverage for non-preferred products for 60 days post the effective date, which will be March 3, 2019. After March 3, 2019, members will only receive coverage for the preferred product. We encourage you to help transition your patient(s) to our preferred product during this time span.
- **Please Note:** All new BCCHP members will only receive coverage for OneTouch products starting Jan. 1, 2019.

Products Removed from Drug List Jan. 1, 2019	Alternative Product(s) Covered Jan. 1, 2019
Bayer Contour Test Strips 25's	OneTouch Verio Flex <sup>®</sup> System Kit
Bayer Contour Test Strips 50's	OneTouch Ultra <sup>®</sup> Test Strips 25's
Bayer Contour Test Strips 100's	OneTouch Ultra Test Strips 50's
Bayer Contour Next Test Strips 25's	OneTouch Ultra Test Strips 100's
Bayer Contour Next Test Strips 50's	OneTouch Verio <sup>®</sup> Test Strips 25's
Bayer Contour Next Test Strips 100's	OneTouch Verio Test Strips 50's
Bayer Breeze <sup>®</sup> 2 Test Strips 30's	OneTouch Verio Test Strips 100's
Bayer Breeze 2 Test Strips 50's	OneTouch Ultra <sup>®</sup> 2 System

Bayer Breeze 2 Test Strips 100's

OneTouch UltraMini™ System Kit Silver Moon™

Bayer Contour Meter Kit

OneTouch UltraMini System Kit Pink Glow™

Bayer Contour Next Meter Kit

OneTouch UltraMini System Kit Blue Comet™

Bayer Contour Next Ez Meter Kit

OneTouch Verio IQ System Kit

Bayer Contour Next Link Meter Kit

OneTouch Verio System Kit

Bayer Contour Next One Meter Kit

Bayer Breeze 2 Meter Kit

Members and providers can call the Member Services number on the member's ID card for any questions about this change.

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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

January 2019

## Blue Distinction<sup>®</sup> Centers for Fertility Care

Blue Distinction is a national designation awarded by Blue Cross and Blue Shield of Illinois (BCBSIL) in partnership with Blue Cross Blue Shield Association (BCBSA) to identify PPO providers that demonstrate expertise in delivering specialty care safely, effectively and cost-efficiently.

The foundation of [Blue Distinction Specialty Care](#) is the quality-focused Blue Distinction Center designation. An additional and more select value-based designation, Blue Distinction<sup>®</sup> Center+, further distinguishes health care providers delivering specialty care. These two designations became available for Fertility Care as of Jan. 1, 2019.

### Value of the Fertility Care Program

Similar to other Blue Distinction programs, the Fertility Care program will be evaluated on quality and cost of care criteria. It will focus on in vitro fertilization (IVF), which is the most common assisted reproductive technology (ART) treatment. This voluntary program is open to IVF ART providers in various care settings, including individual physicians, physician groups and clinics. Providers will be evaluated on quality components that include data from the Society for Assisted Reproductive Technology (SART) Registry.

### Distinction in Your Community and Nationwide

Designation as a Blue Distinction Center or Blue Distinction Center+ differentiates your practice among peers in your local market, affirming to your community, patients and other providers that you are committed to quality care for patients' fertility care needs. It also offers opportunities to collaborate with BCBSIL to promote the designation.

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. The designation is not a guarantee of any particular outcome. Individual outcomes may vary.

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# BLUE REVIEW<sup>SM</sup>

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January 2019

## New Professional Provider Network Relations Phone Number

One of the fastest ways to work with us is online using electronic options listed on the [Provider Tools](#) page. The free applications can be used to accomplish tasks and gain information like:

- Checking eligibility and benefits
- Requesting claim status
- Receiving electronic payment and remittance
- Reporting demographic changes
- Adding a provider to your group

However, we understand at times you may need to contact Provider Network Relations by phone for other inquiries. For your ease, we have a new phone line. If you have questions that can't be answered through online options, call 217-862-5410, provide the following information, and we will respond to your inquiry within 24 hours:

- Provider name
- Billing **and** rendering National Provider Identifiers (NPIs)
- Tax ID
- Call-back phone number and the most convenient time to return your call
- Details of your request/inquiry

Checking eligibility and benefits is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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# BLUE REVIEW<sup>SM</sup>

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## Provider Learning Opportunities

We provide free workshops and webinars that can help create administrative efficiencies for the independently contracted providers who conduct business with us. See the snapshot of upcoming training sessions is included below. For more information, refer to our [Workshops/Webinars page](#).

### BCBSIL WEBINARS

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

#### Descriptions:

#### Dates:

#### Session Times:

#### BCBSIL Back to Basics: 'Availity<sup>®</sup> 101'

*Join us for a review of electronic transactions, provider tools and helpful online resources.*

[Jan. 8, 2019](#)  
[Jan. 15, 2019](#)  
[Jan. 22, 2019](#)  
[Jan. 29, 2019](#)

11 a.m. to noon

#### Introducing Remittance Viewer

*Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information.*

[Jan. 17, 2019](#)

11 a.m. to noon

#### iExchange<sup>®</sup>: New Enrollee Training

*Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.*

[Jan. 24, 2019](#)

11 a.m. to 12:30 p.m.

#### Blue Cross Community Health Plans<sup>SM</sup> – Webinars for Ancillary Providers

*Learn about our new 2018 Medicaid product  
 This webinar is intended for the following provider types: Long Term Care Facilities (LTC), Skilled Nursing*

**LTC, SMHRF,  
 SLF Provider Types:**  
[Jan. 8, 2019](#)

10 to 11 a.m.

Noon to 1 p.m.

**Home Health, Hospice,**

*Facility (SNF), Intermediate Care Facility (ICF),  
Specialized Mental Health Rehab Facility (SMHRF),  
Supportive Living Facilities (SLF), Home Health,  
Hospice, Durable Medical Equipment (DME),  
Home Infusion, Dialysis*

**DME, Home Infusion,  
Dialysis Provider Types:**  
[Jan. 8, 2019](#)

## **AVAILITY WEBINARS**

Availity also provides free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? [Visit their website](#) for details; or call Availity Client Services at 800-AVAILITY (282-4548) for 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 provides collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and Meddecision. 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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# BLUE REVIEW<sup>SM</sup>

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January 2019

## HEDIS<sup>®</sup> Results for Medicaid Childhood and Adolescent Immunization

According to the 2018 Healthcare Effectiveness Data and Information Set (HEDIS) rates for Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members, the childhood immunization measure, Combo 10, is improving but fell short of the 75th percentile goal of 39.66 percent. The adolescent immunization measure, Combo 2, met our benchmark goal of the 75th percentile, however, we did not meet our benchmark goal for Combo 1.<sup>1</sup> **Proper documentation is crucial to ensure vaccinations are recorded correctly.**

Childhood Immunization Status (CIS) – Combo 10:

- Goal (2017 Quality Compass Benchmark) = 39.66 percent
  - 2016 HEDIS rate = 25.29 percent
  - 2017 HEDIS rate = 29.63 percent
  - 2018 HEDIS rate = 36.01 percent

Immunizations for Adolescents – Combo 1 and Combo 2:

- Combo 1 Goal = 83.89 percent
  - 2018 HEDIS rate = 80.78 percent
- Combo 2 Goal = 24.62 percent
  - 2018 HEDIS rate = 33.82 percent

HEDIS measures performance in health care where improvements can help make a meaningful difference in people's lives. HEDIS is a nationally standardized set of measures related to important areas of care and service. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is one of the most widely used set of health care performance measures in the U.S.

As a part of the health care team, doctors, practitioners and nurses play a vital role to help improve the HEDIS rates as well as educating parents and encouraging them to vaccinate their children. Below are a few tips you may choose to apply:

- Communicate with parents regarding the benefits of age appropriate childhood immunization
- Explain the pros and cons of immunizations
- Allow the parents to express their concerns

**To further your discussion, below are the HEDIS measures for CIS and Immunizations for Adolescents.**

Combo 10 refers to vaccinations children are recommended to receive by their second birthday<sup>2</sup>:

- Four diphtheria, tetanus and acellular pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophilus influenza type B (HiB)
- Three hepatitis B (HepB)
- One chicken pox (VZV)
- Four pneumococcal conjugate (PCV)
- One hepatitis A (HepA)
- Two or three rotavirus (RV)
- Two influenza (flu) vaccines

HEDIS measure assess adolescents 13 years of age who had the following immunization by age 13<sup>2</sup>:

#### **Combo 1**

- One dose of meningococcal vaccine
- One Tdap vaccine

#### **Combo 2**

- One dose of meningococcal vaccine;
- One Tdap vaccine; **and**
- The complete human papillomavirus vaccine series between 9 to 13 years of age
  - Two-dose Series: must be at least 146 days between the first and second doses
  - Three-dose Series: if three vaccines with different dates of service

For additional information on recommended immunization schedule for children and adolescents aged 18 years or younger, review our [Preventive Care Guidelines](#).

<sup>1</sup>NCQA. HEDIS and performance measures: <https://www.ncqa.org/hedis/>

<sup>2</sup>NCQA, Childhood Immunization Status (CIS). <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>

<sup>2</sup>CDC. Recommended Vaccines by Age, 2018: <https://www.cdc.gov/vaccines/vpd/vaccines-age.html>

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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# BLUE REVIEW<sup>SM</sup>

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## 2019 CAHPS Survey for Medicaid Members

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with its Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members. The primary focus of the survey is to assess members' satisfaction with BCBSIL and its independently contracted providers and specialists.

Surveys will be mailed in March 2019 to randomly selected members and it asks the members to rate their last six months of care. Examples of topics and questions in the survey include:

- Getting Needed Care – Did you receive the care you felt you needed quickly and were you able to get urgent appointments with specialist if needed?
- Shared Decision Making – Did your provider include you in your treatment decisions and discuss the risks, adverse effects and benefits with you?
- Provider communicates – Did your provider show respect, spend enough time and explain things in a way you could understand?
- Customer Service – Did you receive helpful information from office staff?
- Care Coordination – Was your provider informed and up-to-date about the care you received from other providers?
- Flu vaccination – Did your provider educate you on the benefits and importance of a yearly flu vaccination?
- Smoking Cessation – Did your provider ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction. Below are some questions you may want to consider that may help you and your staff improve member satisfaction:

- Do you or your office staff assist the patients in scheduling appointments with specialists?
- Are urgent care walk-in appointments available in the morning and evening hours?
- Do you spend time explaining things to patients in a way they can easily understand?
- Do you provide patients with educational materials?
- Do you discuss treatment and medication options with patients?
- Do you educate patients about preventive illnesses?

If your patients receive a survey, please encourage them to complete and return it to BCBSIL.

This information is for informational purposes only and is not a substitute for the sound medical judgment of a doctor. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.

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## Federal Employee Program® (FEP®) Introduces FEP Blue Focus

Starting Jan. 1, 2019, you may begin seeing Blue Cross and Blue Shield of Illinois (BCBSIL) FEP members with FEP Blue Focus, a new benefit plan consistent with our commitment to expand access and make health care more affordable. We will also continue to offer FEP members our Standard Option and Basic Option products.

Some of the features of FEP Blue Focus include:

- The first 10 office visits of the year to in-network doctors for only \$10
- No more than a \$5 copay for preferred generic drugs
- No copay for the first two telehealth visits, \$10 copay for each additional visit
- No copay or coinsurance for emergency room (ER) visits for accidental injuries if the visits are within 72 hours of the injury

BCBSIL is proud of our long history of serving federal employees, retirees and their families with products that deliver quality, comprehensive coverage. We appreciate your continued partnership in serving our FEP members.

For more information, refer to the [FEP website](#), or view the [FEP and Custom Networks](#) document in the [Provider Manual section](#) of our website, under 2019 BCBSIL Networks and Benefit Products. If you have any questions regarding this benefit, call FEP Customer Service at 800-972-8382.

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.

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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](#) on our Provider website for additional information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). It is important to note that C3 does not contain all of the claim edits and processes used by BCBSIL in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

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