

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2017

Where Data Flows, Improvements are Bound to Follow

Payers and providers are increasingly collaborating to share clinical and claims data, with the shared goal of working to improve health outcomes and better manage the overall cost of care to consumers.

One of the main goals of BCBSIL is to help our members, your patients, have access to quality, affordable health care. Access to data and analytics in a way that helps transform data into actionable insights plays a role in meeting this goal and helps drive value-based outcomes. Secure and timely information exchange across health system stakeholders, without regard to geography, point of care or type of information system used, helps enable better care connections and more informed diagnostic and treatment decisions.

Blue Cross and Blue Shield of Illinois (BCBSIL) has launched a multi-pronged, multi-year effort to put quality, provider performance and members' clinical data within easy reach of providers, electronically, 24/7. Our endeavors are bringing technology experts, data scientists, health care quality professionals and select participating providers together to create and fine-tune new and sophisticated tools and systems.

Three Synergistic Data Solutions to Help Improve Quality of Care

We are now in the pilot stage of offering new, strategic reporting of providers' own practice data, called **Provider and Network Decision AnalyticsSM (PANDASM)**. PANDA will provide a more comprehensive evaluation of providers' cost efficiency performance and treatment pattern differences compared to their peers within the network of independently contracted providers, using claims data from our members. We are currently evaluating the process and look to make adjustments before we deliver this insightful reporting in the near future. One goal of the tools is help you and other providers collectively learn from each other, leveraging each other's individual strengths while gaining new insights into successful practices of others to help drive improvements in care delivery.

With PANDA, the goals are to allow you to:

- View how your relative cost performance derived from episodes of care, such as treatments for appendicitis or osteoarthritis, compares to the performance of similar providers in your area
- See additional reporting to demonstrate provider-to-provider relationships through shared patient analysis (SPA) as teams of providers naturally form working relationships
- Understand how care given by providers you share patients with as a team affects the total cost of care for your patients
- Compare how services you provide your patients varies from some of your peers and how those peers may treat patients with similar conditions
- Identify actions you can take that may have a positive impact on your patients' health and help reduce their out of pocket costs

We believe access to this type of data can drive both care value and quality enhancements. For quality measurement and reporting, we are introducing **Electronic Quality Intelligence for ProvidersSM (EQuIP)**. Our new care quality reporting tool is designed to help enable providers to view their quality performance against various standardized performance measures across their entire BCBSIL patient population. EQuIP seeks to deliver timely information to providers about patient care and risk gaps. Quality performance can be viewed at various levels: by organization, plan type and individual provider. Filters that are envisioned for this program will enable providers to view their quality performance by medical condition, patient gender and/or age range, or individual patient. These reports are meant to:

- Enable providers to better monitor their quality performance and attend to potential gaps in care more quickly
- Support the development of scalable quality improvement programs that are more responsive to priority quality performance trends
- Better inform care teams and practice leadership decision making

This project is currently being reviewed with a select audience. The new tool is being rolled out in waves, with a broader implementation planned for in the near future with future plans to add physician specialist reporting. Ultimately, it will also be offered to facilities to aid in their accreditation and quality reporting requirements.

Our **Clinical Data Exchange** solution creates a bi-directional flow of information between BCBSIL and the independently contracted participating providers. We are advancing a series of services to exchange clinical information electronically 24/7. Special focus has been placed on developing secure data exchange capabilities that are readily accessible for providers and easily incorporated within their existing workflows.

This effort builds channels and capabilities to enhance the exchange of key categories of clinical data that providers and BCBSIL rely on to make more informed decisions and better manage operations. Our data exchange solution will make it easier and quicker for providers to access members' health summary data at the site of care and submit what BCBSIL needs for health plan operations such as claims processing, precertification reviews, health care management, risk adjustment applications, and quality improvement initiatives.

BCBSIL anticipates introducing its clinical data solution in the months ahead.

We are committed to becoming your payer of choice by making it easier to do business with us. We know that we can work together to enhance the care our members receive and help them better afford the care they need. Together, we can make the health system work better for all stakeholders.

Keep reading future issues of the [Blue Review](#) to find out what's new.

The initiatives discussed in this article rely upon claims information that BCBSIL receives from providers and therefore, may not represent a complete picture of a provider's practice or the medical services that a member may have received. The initiatives are designed with the goal to assist health care providers and members in better coordinating care and improving health outcomes. The programs are not a substitute for the independent medical judgment of a health care provider. Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment.

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Reminder: Utilization Management Reviews for Inpatient and Outpatient Services

As a reminder, medical management at Blue Cross and Blue Shield of Illinois (BCBSIL) includes utilization management reviews across the continuum of care for both inpatient and outpatient services that are covered services under the member's health benefit plan.*

The medical management team, which includes physicians and nurses, evaluate hospital admissions (anticipated or unanticipated) and continued stays as well as outpatient services. The team utilizes a variety of resources, including, but not limited to, MCGTM (formerly Milliman Care Guidelines) criteria and BCBSIL Medical Policy to inform benefit determinations regarding the level of care, transition of care and the management of home care needs.

Medical management does not make determinations about whether services are medically appropriate, only if the services meet the definition of medically necessary under the terms of the applicable benefit plan. If a service does not meet the definition of medically necessary initially, the case is referred to a medical director for a review of the medical necessity determination.

Board certified physicians are available to review referred cases, make medical necessity determinations, as defined in the member's benefit plan, and resolve appeals. See the provider manual for guidance on provider requirements when requesting services. The final determination about what treatment or services should be received is between the patient and their health care provider.

*This information does not apply to HMO Illinois[®], Blue Advantage HMOSM and Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM.

MCG (formerly Milliman Care Guidelines) is a trademark of MCG Health, LLC (part of the Hearst Health network), an independent third party vendor. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as MCG. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Medical management decisions are solely to determine if the medical services meet the definition of medical necessity as defined in the member's benefit plan. Regardless of the benefit determination, the final decision about any medical treatment is between the patient and their health care provider.

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Study Assesses Alarming Increase in Stimulant Use Among Adults

An article published recently in the Journal of the American Medical Association (JAMA) Psychiatry magazine highlighted an increase in stimulant use among American adults, raising concern that a growing population may be using the medication for something other than treatment for attention-deficit/hyperactivity disorder (ADHD).¹

According to the JAMA Psychiatry article, ADHD-related stimulant usage has been growing nationally among both youth and adults. A U.S. household survey showed usage among youth increased by 50 percent over a 16-year period beginning in 1996, while stimulant usage among adults increased by 700 percent – seven times – over roughly the same time span.²

Against this national backdrop, the JAMA Psychiatry article focused on a five-year study of about 3.5 million youth and adults. Among other carriers, the study group included a number of Blue Cross and Blue Shield of Illinois (BCBSIL) members. Based on claims data, the study revealed the following:

- From 2010 to 2014, stimulant usage among youth – up to 19 years old – jumped by an average of 15 percent.
- Stimulant usage among adults – ages 20 to 64 – increased by an average of nearly 60 percent.

A potential area of concern raised by the study was whether the dramatic increase in adult usage of stimulant was driven by a corresponding increase in outpatient diagnoses of ADHD. Additionally, as the claims data showed, “a large proportion of stimulant-treated adults lacked an ADHD diagnosis, potentially reflecting off-label use. This raises concerns regarding potential nonmedical use of prescription stimulants,” said Frank Webster, M.D., a senior medical director of behavioral health for BCBSIL. “The [study] data is certainly consistent with the reports about increasing prevalence of ADHD diagnoses in children and adults, as well as increased prescription of stimulants.”

“Stimulants are highly effective for the treatment of properly diagnosed ADHD. Non-medication treatments such as proper sleep, hygiene, mindfulness training and managing environment to minimize distractions should always be part of any treatment approach to ADHD,” he said. “The prescription data in adults may be somewhat impacted by off-label use of stimulants to manage daytime drowsiness in adults with sleep disorders.”

BCBSIL aims to help improve patient safety and access to care for our members. Therefore, more research on this topic is needed to fully understand the issue. Continued study of ADHD usage trends based on claims data could help identify if the stimulant medication is being prescribed appropriately and for the right patients. This information represents just one example of the way BCBSIL is using health care data to help pinpoint opportunities for potential intervention.

^{1,2}Trends in Stimulant Medication Use in Commercially Insured Youths and Adults, 2010-2014, JAMA Psychiatry. 2016; 73(9):992-993. doi:10.1001/jamapsychiatry.2016.1182, September 2016, <http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2527957?resultClick=1>

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. 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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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2017

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions were made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Changes that will be effective as of July 1, 2017 are outlined below.

Drug List Updates (Coverage Additions) – As of July 1, 2017

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard) Drug List	
Eloctate	Entresto
Entresto	Heart Failure
Humulin R U-500	Diabetes
Humulin R U-500 KWIKPEN	Diabetes
Kisqali	Cancer
Linzess	Irritable Bowel Syndrome
Vyvanse	ADHD
Xtandi	Cancer
Enhanced (formerly known as Generics Plus) Drug List	
Eloctate	Hemophilia
Entresto	Heart Failure
Humulin R U-500	Diabetes
Humulin R U-500 KWIKPEN	Diabetes
Invokamet	Diabetes
Invokamet XR	Diabetes
Invokana	Diabetes
Kisqali	Cancer
Welchol	High Cholesterol
Xtandi	Cancer
Performance Drug List	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	Narcolepsy
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Acne
XIGDUO XR	Diabetes
XTAMPZA ER	Pain
ZERIT	Antiviral
Performance Select Drug List	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	Narcolepsy
BELSOMRA	Insomnia
BYSTOLIC	Hypertension
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Acne
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Hypertension
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Hypertension
XIGDUO XR	Diabetes
XTAMPZA ER	Pain
ZERIT	Antiviral

Drug List Updates (Revisions/Exclusions) – As of July 1, 2017

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ¹⁻²
Basic (formerly known as Standard) Drug List Revisions			
Atrovent	Asthma/COPD	Ipratropium Bromide	Spiriva, Incruse, Ellipta
Performance Drug List Exclusions			
Adapalene cream 0.1%, gel 0.1%, gel 0.3%	Acne	<i>Members should talk to their pharmacist or doctor for over-the-counter options or other covered therapeutic alternatives</i>	
Butalbital/Acetaminophen/Caffeine with Codeine capsule 50-300-40-30 mg	Headaches	butalbital-acetaminophen-caff W/ cod cap 50-325-40-30 mg	N/A
Calcipotriene/Betamethasone Dipropionate Ointment 0.005-0.064%	Topical Steroid	N/A	Enstilar
Epi-Pen and Epi-Pen Jr.	Anaphylaxis	N/A	epinephrine auto-injector 0.15 mg/0.3 mL (EPIPEN JR authorized generic)
Karbinal ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL	N/A
Paroxetine ER 25 mg	Antidepressant	paroxetine tablets (immediate release)	N/A
Taclonex	Topical Steroid	N/A	Enstilar
Taytulla	Birth Control	junel fe 1/20 tab, gildess fe 1/20 tab, larin fe 1/20 tab, microgestin fe tab	N/A
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.025%, tretinoin gel 0.05%	N/A
Performance Drug List Revisions			
Chloroquine phosphate tab 250 mg	Malaria	chloroquine phosphate tablet 500 mg, hydroxychloroquine sulfate tablet	N/A
Clemastine fumarate tab 2.68 mg	Allergic Rhinitis	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Coditussin AC	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Lindane Shampoo	Lice	permethrin cream, malathion lotion	N/A
Methergine	Postpartum bleeding	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Metoclopramide ODT 5 mg	Nausea/vomiting	metoclopramide tablet (non-orally disintegrating), metoclopramide solution	N/A
Ninjacof-XG	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Oxymorphone Hcl SR tab	Pain	oxycodone tablets, oxymorphone tablets (immediate release)	Oxycontin tablets
Tolmetin sodium 400 mg	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet	N/A
Performance Select Drug List Exclusions			
Adapalene cream 0.1%, gel 0.1%, gel 0.3%	Acne	<i>Members should talk to their pharmacist or doctor for over-the-counter options or other covered therapeutic alternatives</i>	
Butalbital/Acetaminophen/Caffeine with Codeine capsule 50-300-40-30 mg	Headaches	butalbital-acetaminophen-caff W/ cod cap 50-325-40-30 mg	N/A
Calcipotriene/Betamethasone Dipropionate Ointment 0.005-0.064%	Topical Steroid	N/A	Enstilar
Karbinal ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL	N/A
Paroxetine ER 25 mg	Antidepressant	paroxetine tablets (immediate release)	N/A
Taytulla	Birth Control	junel fe 1/20 tab, gildess fe 1/20 tab, larin fe 1/20 tab, microgestin fe tab	N/A
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.025%, tretinoin gel 0.05%	N/A
Performance Select Drug List Revisions			
Chloroquine phosphate tab 250 mg	Malaria	chloroquine phosphate tablet 500 mg, hydroxychloroquine sulfate tablet	N/A
Clemastine fumarate tab 2.68 mg	Allergic Rhinitis	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Coditussin AC	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Lindane Shampoo	Lice	permethrin cream, malathion lotion	N/A
Methergine	Postpartum bleeding	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Metoclopramide ODT 5 mg	Nausea/vomiting	metoclopramide tablet (non-orally disintegrating), metoclopramide solution	N/A
Oxymorphone Hcl SR tab	Pain	oxycodone tablets, oxymorphone tablets (immediate release)	Oxycontin tablets
Tolmetin sodium 400 mg	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet	N/A

DISPENSING LIMIT CHANGES

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

Effective July 1, 2017:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic (formerly known as Standard), Performance and Performance Select Drug List Changes	
Antibiotics	
Sivextro tablet	6 tablets per 180 days
Opioid Dependence (cumulative across agents and strengths)	
Bunavall 2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg films	60 films per 30 days
buprenorphine-naloxone 2/0.5 mg, 8/2 mg tablets	60 tablets per 30 days
Suboxone 2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg films	60 films per 30 days
Zubsolv 0.7/0.18 mg, 1.4/0.36 mg, 2.9/0.71 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg tablets	60 tablets per 30 days
Neuromuscular Agent (cumulative across strengths)	
Lyrica 25, 50, 75, 100, 150, 200, 225, 300 capsules	90 capsules per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective July 1, 2017, the following changes were applied:
 - Injectable Atopic Dermatitis and Emlaza will be added to the standard Prior Authorization (PA) programs for standard pharmacy benefit plans, upon renewal for most members. The Injectable Atopic Dermatitis PA program includes the target drug Dupixent. The Emlaza PA program includes the target drug Emlaza.
 - Several targeted medications will be added to the current PA programs for standard pharmacy benefit plans, upon renewal for most members. As a reminder, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Also, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2017

Drug Category	Targeted Medication(s) ¹
Basic (Standard) and Performance Drug Lists	
Therapeutic Alternatives	Auvi-Q, generic metformin ER (Fortamet)

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the [Pharmacy Program section](#) of our Provider website.

¹Third party brand names are the property of their respective owners

²These lists are not all inclusive. Other medications may be available in this drug class.

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

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The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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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Checking Eligibility and Benefits: Don't Skip this Important First Step

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

Checking eligibility and benefits electronically through AvailityTM, or your preferred vendor portal, is strongly encouraged. Electronic eligibility and benefits inquiries may be conducted for local Blue Cross and Blue Shield of Illinois (BCBSIL) members, as well as out-of-area Blue Plan and Federal Employee Program (FEP) members.

For additional information, such as a library of online transaction tip sheets organized by specialty, refer to the [Claims and Eligibility/Eligibility and Benefits section](#) of our website at bcbsil.com/provider. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to [Workshops/Webinars](#) page in the Education and Reference Center on our Provider website for upcoming webinar dates, times and registration information.

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Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered, including benefit limitations and exclusions.

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Fax Notification Process for Benefit Preauthorization and Predetermination of Benefits

As always, we encourage you to take advantage of all available electronic options for increased administrative efficiencies. For example, iExchange[®] is our online tool that supports online submission and electronic approval of benefits for inpatient admissions, select outpatient and pharmacy services. iExchange accepts electronic medical record attachments when necessary in support of benefit preauthorization requests, and electronic medical record documentation may be submitted via this secure online tool for predetermination of benefit requests. iExchange also offers you an alternative to calling to request the status of your benefit preauthorization requests. For behavioral health services, you should use the current fax and telephone benefit preauthorization methods.

If you are not using iExchange, please note that, beginning April 1, 2017, Blue Cross and Blue Shield of Illinois (BCBSIL) implemented a fax notification process to respond to benefit preauthorization and predetermination of benefits requests from providers. While notification letters will continue to be sent by mail to the address we have on file for you, the new fax process supports faster communication of information, reducing the need for providers to contact BCBSIL to check status while waiting to receive the mailed notification letters from BCBSIL.

Fax notifications will be transmitted to the fax number we have on file for you, or the number listed on the utilization management, clinical request or other clinical documentation we received from you in conjunction with your benefit preauthorization or predetermination of benefits request. As a reminder, because confidential protected health information (PHI) may be sent to your office via fax, your fax machine should be in a secure location that is not accessible to those who do not have the authority to review member/patient PHI.

If you do not wish to receive these faxed notifications, please contact your assigned BCBSIL Provider Network Consultant to discuss other options, such as utilizing iExchange to submit and check status of most benefit preauthorization/predetermination of benefits requests online.

REMINDERS AND RESOURCES

- **Check eligibility and benefits *first*.** To determine if a benefit preauthorization is needed, confirm member eligibility and benefits first through AvailityTM, or your preferred online vendor portal. Questions may be directed to the Customer Service number on the member's ID card.
- **Learn more about iExchange.** For more information about [iExchange](#), including how to gain access if you are not a current user, visit the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider.

Attend a webinar. Training on iExchange and other topics is available. For webinar dates, times and online registration, visit the [Webinars page](#) in the Education and Reference Center of our Provider website.

Please note that checking eligibility and benefits and/or the fact that a service or treatment has been preauthorized or predetermined for benefits 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 questions, contact the number on the member's ID card.

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Careful Documentation Paves the Way for Accurate Coding Capture

[It all begins with you and your patient.](#) This fact did not change with the transition to ICD-10. However, with ICD-10, a higher level of specificity in your documentation is necessary in many instances – such as documenting laterality – to support proper assignment of ICD-10-CM/PCS codes. To help ensure that claims are properly billed and appropriate benefits are applied, your documentation must paint a clear and complete picture of each patient’s condition with details to support subsequent diagnoses and treatment.

Careful documentation is also important for auditing purposes, as the patient’s health record helps demonstrate adherence to quality of care measures. Medical record data is used to help develop provider report cards and to demonstrate meaningful use in electronic health records. Provider profiles may be made publicly available through online transparency or comparison tools, and potential patients may use this information when they are choosing where to go for care. Additionally, accurately capturing the severity of illness may ultimately affect case management index weighting and different forms of reimbursement.

Clinical documentation improvement tools and services are widely available. As part of the transition to ICD-10 coding, many providers have implemented clinical documentation improvement (CDI) programs. Regardless of whether your organization or office has implemented a specific program, there are some basic CDI principles you can use to help support accurate ICD-10 coding on your claims:

1. **Lay the groundwork** by outlining a complete history
2. **Go below the surface** by highlighting potential red flags and risk factors
3. **Include progress notes** to illustrate how the patient was monitored and evaluated
4. **Put the pieces together** with details on why decisions were made
5. **Focus on teamwork** between medical, coding and billing staff

For a quick overview of the importance of documentation and coding capture, we invite you to [view our short video](#), which also includes a link to helpful information on our website at bcbsil.com/provider.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims. Health care providers are instructed to submit claims using the most appropriate codes based upon the medical record documentation and coding guidelines and reference materials.

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BlueCard[®] Program Reminder Checklist

The BlueCard program is designed to help our members take their benefit coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement.

As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing in most instances – your local Blue Plan. For Illinois providers, that's Blue Cross and Blue Shield of Illinois (BCBSIL).

Here's a quick checklist of important reminders:

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

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

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Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered, including benefit limitations and exclusions.

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2017

BCBSIL Announces New PPO Contracted Air Transportation Provider for Members

Alacura Medical Transportation is now a Blue Cross and Blue Shield of Illinois (BCBSIL) PPO independently contracted air transportation provider. Alacura will provide scheduled, non-emergency medical transportation using fixed-wing (airplane) aircraft services from provider to provider (including connecting ground transportation) for Illinois PPO group members. HMO and government program members are excluded from the program.

Non-contracted and/or non-medically necessary air ambulance transports may expose our members to significantly greater out-of-pocket costs and are often much costlier for employers. We believe Alacura will greatly benefit our members by assisting them with coordination and servicing appropriate air ambulance transportation when medically necessary, as defined under the member's benefit plan.

Facilities should continue to coordinate pre-arranged air ambulance transportation with the assigned BCBSIL nurse (refer to the pre-notify or pre-authorization medical phone number on the back of the member's ID card). BCBSIL will then notify Alacura of the pre-authorized flight for coordination and servicing. Air ambulance coverage is based on current member benefits, as well as medical necessity as defined in the member's benefit plan. Providers may contact Alacura at 844-4ALACURA (844-425-2287) to follow-up on flight coordination.

Member eligibility and benefits should be verified prior to rendering service. Eligibility and benefit quotes include membership verification, coverage status and other important information, such as an applicable copayment, co-insurance and deductible amounts. Providers must ask to see the member's ID card for current information and photo ID to help guard against medical identity theft. When services are not eligible for coverage, members should be notified that they may be billed directly.

Our growing portfolio of product offerings is part of BCBSIL's efforts to meet its goal of increasing access and affordability of health care products to our members and the community that we serve. Making it easier for you and your staff to conduct business with us is equally important. We appreciate your patience, cooperation and support as we work to adapt to this new air ambulance transportation option.

This is only a summary of some plan benefits. For more complete details, including benefits, limitations and exclusions, please refer to the applicable certificate of coverage.

Alacura is an independently contracted medical transportation provider solely responsible for the products and services they offer.

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Fighting Health Care Fraud, One Phone Call at a Time

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

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

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

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

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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.

BCBSIL WEBINARS		
<i>To register now for a webinar on the list below, click on your preferred session date.</i>		
Descriptions:	Dates:	Session Times:
BCBSIL Back to Basics: 'Availity™ 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	July 11, 2017 July 25, 2017	11 a.m. to noon
Introducing Remittance Viewer <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>	July 20, 2017	10 to 11 a.m.
iExchange® Training: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	July 13, 2017	11 a.m. to 12:15 p.m.

BCBSIL PROFESSIONAL PROVIDER WORKSHOPS			
<i>Register via the Workshops page in the Education and Reference Center on our Provider website.</i>			
Description:	Locations:	Dates:	Questions? Contact:
<p><i>Our Provider Network Relations team is offering specialized training with a question-and-answer session to discuss current areas of interest pertaining to independently contracted BCBSIL providers.</i></p> <p>The session time for each workshop is 9:30 a.m. to noon. Check-in will be held from 9 to 9:30 a.m.</p> <p>To register online: Visit the Workshops page 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>	Arlington Heights Northwest Community Hospital, Auditorium 800 W. Central Rd. Arlington Hts., IL 60005	July 19, 2017 Registration deadline: July 14, 2017	Gina Plescia gina_plescia@bcbsil.com 312-653-4733
	East Peoria Par-A-Dice Hotel 21 Blackjack Blvd. East Peoria, IL 61611	Sept. 14, 2017 Registration deadline: Sept. 8, 2017	J'ne Erlenbush JErlenbush@bcbsil.com 217-698-5125

AVAILITY WEBINARS

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

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ClaimsXtenTM Quarterly Updates

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

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

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