

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2018

■ Community Involvement

A Message from Our President: Improving Population Health

Our 2017 Social Responsibility Report is now available online. The report includes a message from Blue Cross and Blue Shield of Illinois (BCBSIL) President Maurice Smith, who invites you to “take a moment to enjoy learning more about the highlights of our community partnerships and ways in which we contribute to making a healthier Illinois.”

[Read More](#)

■ CMO Perspective

Rising Rates of Teen/Millennial Depression – A Call for Early Detection and Intervention

Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer introduces this month’s article as follows: *At Blue Cross and Blue Shield of Illinois (BCBSIL), we are working to increase awareness of mental health issues such as depression, and appreciate the crucial role our providers play in combatting this disease. This is a serious public health issue with broad social impact that needs our focused attention.*

[Read More](#)

■ Focus on Behavioral Health

Readmission Rates Discussed at Blue UniversitySM Event; Second Event Announced for This Fall

On June 13, 2018, BCBSIL, along with national and local thought leaders, gathered at the inaugural Blue University event to discuss reducing readmission rates. The keynote speaker, Suzanne E. Mitchell, M.D., M.S., a board-certified palliative care and family physician, health service researcher, medical educator and consultant in cross-cultural medical care and communication, shared her experiences and proven results to reduce readmission rates.

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■ Network Innovation

Value-based Care: A Brief Introduction

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[Read More](#)

■ Quality Improvement and Reporting

An In-depth Look at HEDIS®

The familiarity many office-based clinicians have with the Healthcare Effectiveness Data and Information Set, or HEDIS, as it is more commonly known, comes from what may seem like a deluge of medical records requests that now come every late winter in what has become known as HEDIS or “chart chasing” season. But there’s more to HEDIS than meets the eye.

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Look for the 2018 HMO PCP Survey in Your Mail This Month

The HMO Primary Care Physician (PCP) survey is performed annually to analyze physician experience with BCBSIL and with the practitioner’s primary Medical Group/Independent Practice Association (MG/IPA). The HMO PCP survey includes questions about operational, service and reporting activities that HMO MG/IPAs and BCBSIL conduct.

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■ Claims and Coding

Update to Default Rate for CPT®/HCPCS Codes on the Illinois Medicaid Fee Schedule with No Specified Rate

Beginning on July 20, 2018, BCBSIL will implement a new reimbursement methodology for Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes found on the Illinois Department of Healthcare and Family Services (HFS) fee schedules with no specified rate.

[Read More](#)

■ Provider Education

Government Programs Update: New Name for the Division of Alcoholism and Substance Abuse (DASA)

Attention providers participating in Blue Cross Community Health PlansSM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM: Effective immediately, the new name for the Division of Alcoholism and Substance Abuse (DASA) is the Division of Substance Use Prevention and Recovery (SUPR).

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Provider Learning Opportunities

BCBSIL provides complimentary educational workshops and webinars with an emphasis on electronic transactions, provider tools and helpful online resources. A list of upcoming training sessions is included in this month's issue.

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■ Clinical Updates, Reminders and Resources

Reminder: High-dose Influenza Vaccines Recommended Only for People Age 65 and Older

Before the 2018-2019 flu season begins, BCBSIL would like to remind you that the flu vaccines called high-dose influenza are only approved by the U.S. Food and Drug Administration (FDA) for those people age 65 and older.

[Read More](#)

Changes Coming to the BCBSIL Predetermination Request Form

In an effort to streamline the predetermination of benefits process, BCBSIL is updating the [Medical and Surgical Predetermination Request Form](#). Beginning in October 2018, the Member Data and Documentation sections of the form will include two new fields for drug name and dosing information.

[Read More](#)

■ Notification and Disclosure

Participating Providers are Responsible for Obtaining Inpatient Benefit Preauthorization for Blue Cross and Blue Shield Members

As a reminder, participating providers are responsible for obtaining applicable benefit preauthorization as required prior to rendering inpatient services for Blue Cross and Blue Shield members.



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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

[Read More](#)

ClaimsXten™ Quarterly Updates

New and revised CPT and HCPCS codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor.

[Read More](#)



Quick Reminders

Stay informed!

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

Update Your Information

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

Provider Training

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



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



Contact Us

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

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[A Message from Our President: Improving Population Health](#)

Our [2017 Social Responsibility Report](#) is now available online. The report includes the following message from Blue Cross and Blue Shield of Illinois (BCBSIL) President Maurice Smith:

Helping our members make informed decisions about their individual and family wellness and health care needs is one of many steps BCBSIL has taken toward improving the health of our members and the communities we serve. Our programs, partnerships with community organizations and health policy advocacy efforts all aim to improve quality of life. This is one of the tenants of BCBSIL's promise to stand with our members.

Health literacy is at the foundation. Education on medical conditions and how changes in diet, physical activity and ways of thinking can make a positive difference is just the start. As an example, BCBSIL sponsors [Northern Illinois Food Bank's Nutrition Education Program](#) which teaches young children about healthy eating habits by engaging them in preparing their own meals. We have continued our partnership with bike sharing company [Divvy](#) to promote wellness throughout Chicago. Benefits of cycling include increased cardiovascular fitness and decreased stress levels. In addition, the [Springfield Urban League's Wellness on Wheels](#) mobile health clinic engages communities with health disparities above the national average. They provide health screenings and prevention services at community health events as well as organize more direct approaches in neutral locations such as local barbershops, beauty salons, currency exchanges and soup lines to reach the targeted population.



Celebrating the good that happens in the community is also important to BCBSIL. Every year, the [Bud Billiken Parade](#) – our nation's largest African-American parade – takes place on the south side of Chicago right before kids go back to school from summer break. It celebrates youth, education and the African-American life. BCBSIL takes this opportunity to directly engage attendees through distributing health literacy information, wellness activities and special "senior seating" tents, providing parade viewing shelter from the sun and heat.

Our programs, partnerships with community organizations and health policy advocacy efforts all aim to improve quality of life. This is one of the tenants of BCBSIL's promise to stand with our members.

With [violence now being recognized as a public health issue](#), there is increased focus on its mental impact as well as physical impact. BCBSIL promotes safe environments through the initiatives of community organizations. [UCAN](#) works with youths in North Lawndale to provide alternatives to reduce cycles of violence and decrease exposure to traumatic situations. [Youth Guidance's](#) BAM (Becoming A Man) and WOW (Working on Womanhood) programs work with youths caught in violent environments in many Chicago neighborhoods. Improving their decision-making skills, emotional regulation and interpersonal competencies help youths become successful socially, emotionally and academically.

Within our own walls, our employees are doing their part to improve population health. Whether it's through donation of their time, talent or treasure, it's all about giving back and helping others. Over 2,500 employee volunteers have given more than 53,000 hours of their time to support 668 nonprofits and 532 events in 2017. Our volunteer of the year, Tracy Trice-Watts is an outstanding example of our employees' commitment to the communities in which we work and play. Tracy is a life coach for young couples dealing with the joys and challenges of raising toddlers, tutors first graders in reading and math skills, and volunteers with six different organizations.

In addition, BCBSIL collaborates with doctors and hospitals to improve our health care system through a variety of programs and resources focused on driving down unnecessary health care cost and increasing access to care.

At BCBSIL, we recognize that our physical, mental, emotional and even spiritual health all contribute to our well-being. As the largest insurer in Illinois, it is essential that we are part of the solution to improving population health [and making the health care system work](#). Please take a moment to enjoy learning more about the highlights of our community partnerships and ways in which we contribute to making a healthier Illinois.

Very Sincerely,

Maurice Smith, President, Blue Cross and Blue Shield of Illinois

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Rising Rates of Teen/Millennial Depression – A Call for Early Detection and Intervention

An introductory message from [Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer](#):

Major depression impacts the health and wellbeing of four percent of commercially insured people in Illinois, according to a recent Blue Cross and Blue Shield Association (BCBSA) Health of America Report.¹ Of particular concern is the rising rate of depression in those under age 35, including children, with its potential to impact health over a lifetime. At Blue Cross and Blue Shield of Illinois (BCBSIL), we are working to increase awareness of mental health issues such as depression, and appreciate the crucial role our providers play in combatting this disease. This is a serious public health issue with broad social impact that needs our focused attention.

In our [June 2018 Blue Review](#), we published an article on the latest BCBSA Health of America Report, [Major Depression: The Impact on Overall Health](#). According to this report, based on medical claims data for commercially insured Americans, the diagnosis rates of major depressive disorder (major depression) rose dramatically (by 33 percent) from 2013 through 2016. Diagnosis rates appear to be climbing fastest among the pediatric population, including millennials (up by 47 percent) and adolescents (up by 47 percent for boys, 65 percent for girls).²

The rise in diagnosis rates for major depression among teens and millennials has potentially serious implications on the lifetime health status of these populations. Of particular concern is that diagnoses such as depression are often not addressed in the adolescent population due to inadequate screening and lack of access to behavioral health specialists. Diagnosing of behavioral health issues is often delayed in this population, with an average of six to 23 years before a visit to a behavioral health specialist or other treatment provider.³

Lack of awareness coupled with social stigma surrounding behavioral health issues complicates matters further. The normal personality and behavior changes of adolescence may mimic or mask symptoms of a behavioral health condition. Parents and family members may not be aware, or they may not want to admit there may be a problem. Children experiencing issues may feel confused, embarrassed or afraid. They may be reluctant to talk with their parents. They may not know what questions to ask, or where to go for help.

It's time to recognize behavioral health as just one more factor in the overall health and wellbeing of an individual. Just like getting an annual physical exam, joining a gym or shopping carefully for nourishing foods, seeking help for depression and other behavioral

health issues can be a positive, life-affirming, self-care activity. At BCBSIL, we encourage our members to talk to their primary care physicians about screening for major depression, as recommended by the U.S. Preventive Services Task Force (USPSTF) for adults as well as children.⁴

While an estimated one in five children have a diagnosable mental health illness, only about 50 percent of adolescents with depression get diagnosed before reaching adulthood. The American Academy of Pediatrics has issued guidelines stressing the need to screen children for depression yearly, starting at age 12.⁵ Early engagement, intervention and support are crucial to supporting improved outcomes. Speaking to physicians and patients alike, Dr. Anita Stewart, Medical Director at BCBSIL says, "Those with the burden of mental illness require support not shame. Spread the word."

Help Empower Your Patients by Promoting Awareness

Providing your patients with information that major depression can be treated is important. Stabilization and recovery may be possible, especially when the diagnosis process and treatment are started early and patients play a strong role in their own treatment. Increasing awareness of behavioral health issues may help empower your patients to further educate themselves, utilize available support resources and perhaps implement supplementary lifestyle changes sooner, rather than later.

- Talk candidly with your patients about the importance of screening family members – adults as well as children – for major depression.
- Direct your patients to user friendly public resources, such as the KidsHealth® website at kidshealth.org, where kids and teens can access information written just for them, such as a presentation titled, [Talking to Parents About Depression](#).⁶
- If needed, refer BCBSIL members to behavioral health providers for treatment – our Provider Finder® lists in-network behavioral health providers and their specialties.
- Some BCBSIL members also may have access to MDLIVE® for virtual visits with behavioral health therapists to help expand access to care. Remind members to call the number on their ID card if they have questions about their benefits.

Additional Member Resources from BCBSIL

BCBSIL is working to develop new ways to help identify members who may benefit from education, care coordination and other types of support to help them better manage their health. Through data analytics, we are now identifying a population that previously would not have been identified as candidates for true integration with a behavioral health care program. Our clinical staff work closely with physicians and hospitals to share data and best practices to help our members access quality care and support to help them live healthy lives.

BCBSIL makes a number of educational resources available to our members, such as our [Making the Health Care System Work](#)SM online magazine. Additionally, we publish articles for members on our [LifeTimes](#)® health and wellness website – see below for three examples that we welcome you to share with your patients.

- **Teen Depression: More than Just a Phase** – This article presents straight talk on challenges today's teens may face and emphasizes the need for parents to watch for changes in their teens' attitudes and behaviors.
[English](#)
[Spanish](#)
- **The Science of Happy: You Don't Have to Be Born That Way** – This article talks about tips families can emphasize, such as the importance of social activity, meditation, exercise and sleep.
[English](#)
[Spanish](#)
- **Calming Down High Anxiety** – This article includes ideas on ways to help children cope with stressful times, along with information on how to download Centered, our award-winning free app that offers guided meditation sessions to help manage stress.

^{1,2} Major Depression: The Impact on Overall Health, May 10, 2018, <https://www.bcbs.com/the-health-of-america/reports/major-depression-the-impact-overall-health>. This is the twentieth study of the [Blue Cross Blue Shield: The Health of America Report](#)[®] series, a collaboration between BCBSA and [Blue Health Intelligence](#)[®], which uses a market-leading claims database to uncover key trends and insights into health care affordability and access to care.

³ Closing the Gap Improving Access to Mental Health Care Through Enhanced Training in Residency. R. Gaurir and Stephanie K. Douplik, Pediatrics, January 2017. Volume 139: Issue 1.

⁴ Final Recommendation Statement, USPSTF. November 2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1>

⁵ Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice, Preparation, Identification, Assessment, and Initial Management. Rachel A. Zuckerbrot, Amy Cheung, Peter S. Jensen, Ruth E.K. Stein, and Danielle Laraque. Pediatrics, March 2018, Volume 141: Issue 3.

⁶ KidsHealth For Teens website, Talking to Parents About Depression, August 2016. Accessed June 11, 2018, at <http://kidshealth.org/en/teens/talk-depression.html?WT.ac=t-ra>

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of the member's benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

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Readmission Rates Discussed at Blue UniversitySM Event; Second Event Announced for This Fall

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Dr. Mitchell highlighted three areas:

- Best practices, strategies and tools to improve transitions of care
- Problems during transitions of care and identified specific ways to start making improvements
- Successful examples of transitions of care with several model programs

She discussed tools such as:

- The LACE Tool which stands for **L**ength of stay (<1 to ≥14 days), **A**cute admission, **C**omorbidities and **E**mergency department visits (in past 6 months). The LACE Tool helps identify high-risk patients who may need additional care.
- Medication Therapy Management (MTM), which emphasizes medication safety and optimizing patient care and outcomes.
- The Teach-Back method, a communication technique to help improve patient understanding.

In addition, Dr. Mitchell touched on Project RED – reducing readmissions through the Re-Engineered Discharge – a research group at Boston University Medical Center that develops and tests strategies to improve the hospital discharge process in a way that promotes patient safety and reduces re-hospitalization rates.¹

Dr. Mitchell shared a statement from a patient that she felt summed up an important transition of care issue: “I need to know someone’s responsible for my care. That someone cares that I become healthy again.” She stressed the importance of listening and communicating effectively.

Also at the event, David Wenzel, senior director of Behavioral Health clinical operations for BCBSIL, and Tom Allen, medical director of Behavioral Health for BCBSIL, discussed the BCBSIL Behavioral Health Care Coordination and Early Intervention Program (CCEI[®]). The CCEI program includes a skilled team of CCEI clinicians that reach out to each member before, during and

after a hospital admission, offering education and support as needed.

The over 150 physicians, clinicians and other external medical staff attending the Blue University event had the opportunity to ask the speakers transition of care questions and receive feedback on topics such as transportation issues, keeping appointments, medication discrepancies, home visits and resistance to treatment.

A panel discussion with Kris Alden, M.D., Hinsdale Orthopedics, Christopher Boyle, M.D., medical director, NorthShore Medical Group and Phil Branshaw, M.D., Fox Valley Medicine shared methods they've tried at their health care facilities, what they've learned from their experiences and best practices they are currently using. Although they admit there is no silver bullet, they emphasized identifying gaps, coordinating efforts and continuously communicating. Dr. Alden also reminded the group not to forget about the intake process in addition to transition of care.

John Franco, medical director at Century PHO in Chicago, said he enjoyed the event and he found the topic very relevant. "The speakers did a good job stressing the complexity of readmission rates but I was able to pinpoint some areas I would like to bring up with our Board."

Barbara Loeb, chief medical officer of Chicago Health System, noted Dr. Mitchell's emphasis that the tools presented at the Blue University event are meant to be taken back and modified so they are effective at her workplace. "It would be great to have a webinar for our case management staff to share all this data and tools," she added.

"It really helped me to think outside the box," said Chris McGeever, manager of complex case management at Chicago Health System. "It is so easy to get stuck in our everyday routine. It's nice to know they're experiencing the same thing."

Tony Vancauwelaert, M.D., FAAFP, medical director for BCBSIL, wrapped up the event by reminding the audience that providers – including support staff – payers and patients are all in this together. "We're all wanting to do this together to improve the health of our patients, community and country."

BCBSIL Executive Director of Network Performance Geoff Guiton announced the second Blue University event will be held this fall with a focus on Behavioral Health. Opportunities to receive Continuing Medical Education (CME) credits will be available.

¹Project RED, Re-Engineered Discharge, 2014, <https://www.bu.edu/fammed/projectred/>

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Value-based Care: A Brief Introduction

At Blue Cross and Blue Shield of Illinois (BCBSIL), our members are at the heart of everything we do. We are proud to offer a variety of products to help our members access quality care and services. We also offer a variety of wellness tools and resources to help educate our members on ways they can become more actively involved in matters concerning their health, including maximizing the benefits of their health care coverage plans.

As the health care industry continues to grow and change, however, the increasing number and complexity of products and networks may seem challenging, particularly for busy provider offices. When it comes to billing and payment, traditional fee-for-service models may no longer be the best approach to support our members' health and wellness. If an emphasis continues to be placed on numbers of patients seen and numbers of services performed, how can a focus on quality of care as top priority be practically and consistently maintained?

Value-based care offers an alternative approach that emphasizes quality of care over quantity of services. Also known as patient-centered care, this approach recognizes that, while each member is on an individual health care journey, the destination or long-term health of all members should be kept in sight. Value-based care seeks to provide access to quality care in the right place and time, at a reasonable cost for all members, from the healthiest individuals to those with serious health care conditions and everyone in between.

Care coordination is a key component of value-based care. Value-based care models are designed to help support the patient-provider relationship by facilitating increased collaboration and communication, with a focus on long term health and improved outcomes. The goal is to help providers help their patients lead healthier lives while avoiding unnecessary emergency room visits, duplicate services, hospital admissions and readmissions.

Watch for additional articles over the coming months for information on the specific value-based care models BCBSIL has implemented. We'll also be sharing updates on new provider resources, such as electronic options to help support clinical decision-making and other processes.

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An In-depth Look at HEDIS[®]

At Blue Cross and Blue Shield of Illinois (BCBSIL), we understand that clinicians are always striving to provide the highest quality health care to their patients and our members. We also understand that “quality” is hard to define. Prioritization of an emerging or acute issue, potentially complicated by a challenging social dimension, often takes precedence over addressing routine or chronic management, and that prioritization naturally reflects a dedication to providing quality care.

A population’s health may best be managed by measuring performance against established measures of quality that are known to align with important clinical outcomes, organizing processes to improve care delivery in areas in need of improvement, and tracking results over time. That is the purpose of the Healthcare Effectiveness Data and Information Set, or HEDIS, as it is more commonly known.

HEDIS is the evidence-based standard of quality measurement for population health. Currently consisting of 94 measures across seven domains of care, HEDIS is maintained by the National Committee for Quality Assurance (NCQA), the leading accrediting body for health insurance plans. HEDIS creates a common language of definitions that allow for a fair and scientific comparison across the broader population. These well-vetted specifications carefully outline how members that qualify for a measure are identified, including agreed-upon reasons for exclusion, and how patients meet the particular measure. Taken together as a denominator and a numerator, respectively, simple rates of performance can then be calculated.

These measures have been developed through a scientific process in collaboration with experts, and many of the measures have been endorsed by the National Quality Forum, a national organization working to standardize clinical quality measurement. Given the complexity of the data collection efforts, health plans frequently use NCQA-certified vendors that specialize in this quality measurement process, and, regardless of whether health plans calculate the data themselves or rely on vendors, the whole process is audited by NCQA-certified auditors to help ensure data integrity.

As a clinician, you are probably familiar with many of the measures, such as Appropriate Testing for Children with Pharyngitis, or Follow-Up After Hospitalization for Mental Illness. Many health systems have organized their care to respond to health plan efforts to monitor and identify opportunities to improve the care provided to our members. While clinicians and health systems generally focus on raw rates of performance, these rates are standardized nationally into performance percentiles for comparison of performance across health plans.

According to Dr. Elmer Abbo, a strategic medical director at BCBSIL and an internist who practiced as a hospitalist and palliative

care physician before joining Blue Cross: “While HEDIS is ever evolving and remains a work in progress, it really represents the best ability we have as part of the larger, national health care system to understand the quality of care being provided at a national level, and accordingly, how we are doing as a health plan in taking care of our members in comparison to others.”

“As you can imagine, there is a tremendous amount of focus on the results. Just like clinicians in the office or at the bedside, everyone wants to understand how they are doing and to identify opportunities for improvement. It’s why we got into health care in the first place. At the end of the day, we want to know that our members are getting the care they need to ensure good results and that they are living better lives with our help.”

The results are also used by NCQA in their accreditation assessment of health plans. Half of the assessment is based on established standards of industry practice for health plans that are important structural markers of quality. There is a component of member satisfaction, which captures key elements of quality not otherwise easily observed, but more than one third of the accreditation assessment is based on HEDIS results. Thus, these measures that any clinician would recognize as important and valid markers of quality play a key role in determining health plan accreditation.

While health plans receive detailed results, NCQA publicly shares summarized results that combine both HEDIS and member satisfaction data in the [Health Insurance Plan Ratings](#) on their website at [ncqa.org](#). Members and employers are increasingly reviewing these results when making choices about their health insurance coverage options. BCBSIL embraces this transparency and accountability to our members.

A limitation of quality measurement via HEDIS is that measurement is generally indirect, via an analysis of insurance reimbursement claims, rather than the direct review of medical records or extraction of actual clinical data from electronic health records (EHRs). Historically, NCQA has mitigated this with a laborious process of medical record chart collection and auditing to augment results obtained from a review of administrative claims with data obtained from direct medical record review. The data obtained for these measures are referred to in HEDIS as hybrid measures, since they blend administrative claim data with a sampling medical record review to get a reliable health plan performance estimate. In fact, the familiarity many office-based clinicians have with HEDIS comes from what may seem like a deluge of medical records requests that now come every late winter in what has become known as HEDIS or “chart chasing” season.

While hybrid measures are intensive to measure and thus an important focus of attention for clinicians and health plans, they actually represent the minority of HEDIS measures. Most HEDIS measures are purely administrative, that is based simply on reimbursement claim data, and so the measurement of many measures may be occurring without any obvious awareness of the typical clinician. Interestingly enough, since HEDIS is about quality measurement and not reimbursement, HEDIS utilizes any appropriate claim for a service as evidence of the provision of service regardless of payment. That’s right: Whether or not the claim was paid or denied is irrelevant for the purposes of HEDIS.

Nevertheless, we are well aware that many, if not most, of the important aspects of care are not captured in administrative claims, and reviewing medical charts is not sustainable. The industry is increasingly looking to direct data sharing of electronic health data from providers with health plans, and as that process becomes increasingly common, a new era for quality measurement with more sophisticated and clinically robust measures will likely evolve.

BCBSIL is starting this process now. Through our partnership with Availity®, an all-payer bilateral data sharing and clinical operations platform, we are beginning to work with providers and electronic health record vendors to improve our data sharing capabilities. In the short term, this will help reduce the annual chart chasing burden on participating providers. In the long term, we look forward to working with others nationally to see how new more powerful methods of quality measurement across the spectrum of care can be developed and deployed.

In the meantime, working with the HEDIS measures we currently have, BCBSIL is beginning to provide certain network providers with access to a cloud-based platform that will allow self-directed queries of performance results across all of the HEDIS measures. Providers will be able to review performance on their own patients regardless of the insurance product and receive potential care gap reporting that is updated monthly to help facilitate the providers’ quality improvement efforts. We are excited by this opportunity

to collaborate with you to further support the health and wellness of our members, your patients.

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Look for the 2018 HMO PCP Survey in Your Mail This Month

The HMO Primary Care Physician (PCP) survey is performed annually to analyze physician experience with Blue Cross and Blue Shield of Illinois (BCBSIL) and with the practitioner's primary Medical Group/Independent Practice Association (MG/IPA). The HMO PCP survey includes questions about operational, service and reporting activities that HMO MG/IPAs and BCBSIL conduct. PCPs that contract with more than one HMO MG/IPA site will receive a separate survey for each entity.

BCBSIL has consistently maintained the confidentiality of all respondents to the survey. A number on the survey identifies the respondent to assure that BCBSIL does not record more than one set of answers per respondent. Aggregate results are reported to BCBSIL operating areas and the HMO MG/IPA sites without identification of individual physicians.

The survey questions are addressed directly to the practitioners. However, office staff may be more familiar with some activities, and they may provide assistance in completing the survey. Some questions may not apply to the experience of the practitioner or their office staff. "No experience" is always an acceptable response when it applies.

The surveys are targeted for delivery this month, July 2018. Please respond to the survey within 10 business days of receipt.

Thank you in advance for your participation in the HMO PCP survey.

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Update to Default Rate for CPT®/HCPCS Codes on the Illinois Medicaid Fee Schedule with No Specified Rate

Beginning on July 20, 2018, Blue Cross and Blue Shield of Illinois (BCBSIL) will implement a new reimbursement methodology for Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes found on the Illinois Department of Healthcare and Family Services (HFS) fee schedules with no specified rate. The CPT/HCPCS codes fitting these criteria will default to a two-tiered reimbursement method.

Unless otherwise noted, the tiered structure will be as follows:

- **Tier One** – Centers for Medicare & Medicaid Services (CMS) Medicare rate
- **Tier Two** – 25 percent of billed charges

If a CPT/HCPCS code is on the HFS fee schedule with no attached rate, BCBSIL will first reimburse according to the CMS Medicare rate for the applicable submitted claims. If there is no associated Medicare rate, BCBSIL will reimburse 25 percent of the billed charges for applicable submitted claims.

If you have any questions regarding the Illinois Medicaid Fee Schedule, please contact your BCBSIL Provider Network Consultant (PNC).

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Government Programs Update: New Name for the Division of Alcoholism and Substance Abuse (DASA)

Attention providers participating in Blue Cross Community Health PlansSM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM: Effective immediately, the new name for the Division of Alcoholism and Substance Abuse (DASA) is the Division of Substance Use Prevention and Recovery (SUPR). The Illinois Department of Human Services (IDHS) changed the name to help remove stigmatizing language and to support the commitment of SUPR and the provider community at large on prevention of, and recovery from, substance use disorders.

Blue Cross and Blue Shield of Illinois (BCBSIL) is currently working to update documents and information on our Provider website to reflect this new name change. If you have any questions, contact Community Provider Network at 855-653-8126 or govproviders@bcbsil.com.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) provides complimentary educational workshops and webinars with an emphasis on electronic options that can help create administrative efficiencies for the independently contracted providers who conduct business with us. A snapshot of upcoming training sessions is included below. For additional information, refer to the [Workshops/Webinars page](#) on our Provider website.

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
BCBSIL Back to Basics: 'Availity® 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	July 10, 2018 July 17, 2018 July 24, 2018 July 31, 2018	11 a.m. to noon
Introducing Remittance Viewer <i>Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i>	July 12, 2018	11 a.m. to noon
iExchange® Training: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	July 26, 2018	11 a.m. to noon
Blue Cross Community Health PlansSM Webinars for Ancillary Providers <i>Learn about our new 2018 Medicaid product</i>	LTC, SMHRF, SLF Provider Types:	10 to 11 a.m.

<p><i>This webinar is intended for the following provider types: Long Term Care Facilities (LTC), Skilled Nursing 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</i></p>	<p>July 11, 2018 July 24, 2018</p> <p>Home Health, Hospice, DME, Home Infusion, Dialysis Provider Types: July 11, 2018 July 24, 2018</p>	<p>Noon to 1 p.m.</p>
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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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Reminder: High-dose Influenza Vaccines Recommended Only for People Age 65 and Older

Before the 2018-2019 flu season begins, Blue Cross and Blue Shield of Illinois (BCBSIL) would like to remind you that the flu vaccines called high-dose influenza are only approved by the U.S. Food and Drug Administration (FDA) for those people age 65 and older. These include Fluzone High-Dose and Fludax, which were available for the 2017-2018 flu season. New vaccines could become available for the 2018-2019 flu season.

It has come to our attention through claims data that some members under age 65 are being billed for the more expensive high-dose influenza vaccines. Please be aware of correct vaccine administration as well as accurate coding when filing your claims. Refer to the [Table of Approved Vaccines](#) on the Centers for Disease Control and Prevention (CDC) website for the most recent updates.

Getting the flu vaccine is the best way to prevent the spread of the flu.¹ Therefore, we encourage our members and communities to invest in their health and get vaccinated. We also want to help ensure members are receiving the appropriate vaccine for their age according to the [CDC website](#) and the [Advisory Committee on Immunization Practices \(ACIP\)](#).

Details on our complete, approved immunization schedule, [Preventive Services Policy CPCP006](#), can be found on the BCBSIL Provider website.

¹ CDC, Preventive Steps, Feb. 9, 2018, <https://www.cdc.gov/flu/consumer/prevention.htm>

The above information 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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Changes Coming to the BCBSIL Predetermination Request Form

In an effort to streamline the predetermination of benefits process, Blue Cross and Blue Shield of Illinois (BCBSIL) is updating the [Medical and Surgical Predetermination Request Form](#). Beginning in October 2018, the Member Data and Documentation sections of the form will include two new fields for drug name and dosing information. In addition, the procedure code fields will also capture units.

These additional fields will help make the predetermination process more efficient by collecting required information that is currently captured from within the clinical notes, if it is included by the provider's office. By capturing this information on the form, the volume of outbound calls to provider offices to collect missing information if it is not added to the clinical notes may be reduced and the time required for review may be expedited.

The new fields will also be added to iExchange[®], our online benefit preauthorization/determination of benefits tool. You may access [iExchange](#) directly or through the [Availity](#)[®] Provider Portal. Until the updates are made, please add the following information in the Additional Notes section on iExchange or in the supporting documents of the paper predetermination form to help expedite the review process:

- Drug Name(s)
- Dose/Frequency/Duration
- Procedure Code(s)/Units

As a reminder, predeterminations typically are not required. A predetermination is a voluntary, written request by a provider to determine if a proposed treatment or service is covered under a patient's health benefit plan. Predetermination approvals and denials are usually based on our [medical policies](#). The provider and member will be notified when the final outcome has been reached.

For more information, refer to the Predetermination section of the [Prior Authorization page](#) on the Provider website.

This information does not apply to HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM, Blue FocusCareSM, Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage HMOSM and Blue Cross Medicare Advantage PPOSM.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized or predetermined 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. Exceptions may apply. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's ID card.

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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 Meddecision and Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Participating Providers are Responsible for Obtaining Inpatient Benefit Preauthorization for Blue Cross and Blue Shield Members

As a reminder, participating providers are responsible for obtaining applicable benefit preauthorization as required prior to rendering inpatient services for Blue Cross and Blue Shield members. Services performed without first obtaining applicable benefit preauthorization as required may be denied in whole or in part for payment and you may not seek any reimbursement from the member. For any service not approved for payment, all appropriate appeal rights will be provided by the health plan for review. Requesting benefit preauthorization is not a substitute for checking eligibility and benefits.

For additional information related to Blue Cross and Blue Shield of Illinois (BCBSIL) members, refer to the [Prior Authorization section](#) of our Provider website.

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

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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder[®]. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your own information in the Provider Finder – look for the link on our [Provider website](#). Is your online information accurate? If changes are needed, it's important that you inform Blue Cross and Blue Shield of Illinois (BCBSIL) as soon as possible.

USE OUR ONLINE CHANGE REQUEST FORMS

You may request most changes to your information online by using one of our electronic change request forms. Visit the [Update Your Information section](#) of our Provider website to access instructions along with links to each type of form. Currently, there are two different change request forms to help you organize your information, as follows:

1. Request Demographic Changes

Use this form to change existing demographic information (such as address, email, NPI/Tax ID or remove provider). You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.

2. Request Addition of Provider to Group

Use this form to add a provider to your current contracted group. Due to the credentialing requirements, changes are not immediate upon submission of this form. The provider being added to the group will not be considered in network until they are appointed into the network.

EXCEPTIONS TO THE ONLINE REQUEST PROCESS

The following types of changes are more complex and require special handling:

- **Multiple changes, especially changes involving more than one billing (Type 2) NPI** – These should be submitted via email to netops_provider_update@bcbsil.com.
- **Tax ID changes that may, or may not, involve Legal Business Name changes** – This type of change often requires a new contract. To request a contract application, visit the [Contracting section](#) of our Provider website. You may also want to discuss this change with your assigned Provider Network Consultant (PNC).

- **Ancillary provider changes** – Skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers, private duty nursing agencies and other ancillary providers may request changes by sending details to ancillarynetworks@bcbsil.com, or by calling 312-653-4820.
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ClaimsXtenTM Quarterly Updates

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

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim ConnectionTM (C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection page](#) 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.

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

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