

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2019

■ CMO Perspective

Are your patients aware of the importance of men's health screenings?

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, opens a discussion on why now, more than ever, revitalized education efforts are needed in our communities to increase awareness about the importance of men's preventive health care.

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■ Focus on Behavioral Health

Pediatric Behavioral Health: Access and Coding Challenges

We want to offer more articles on behavioral health-related topics that may be of interest to our readers, based on feedback expressed during our annual newsletter survey. This article is the first in a series of articles written in collaboration with the Illinois Psychological Association.

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Clarification: Updates to Behavioral Health Claim Review Process

Our [May Blue Review](#) included an article titled, 'Check Your Patients' Behavioral Health Benefit Preauthorization Requirements'; this article also was posted in April in the [News and Updates](#). Refer to the article in this month's issue for an updated effective date and other details to provide clarification to the previously published information.

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■ Wellness and Member Education

Remind Your Patients: Eyes Can Get Sunburn Too

Now that summer is finally here, when you're talking to your patients about sun exposure and Ultraviolet (UV) safety, don't forget to mention eye protection.

[Read More](#)

Living365® 'Managing Your Asthma/COPD' Health Education Classes Available for Select BCBSIL Medicare and Medicaid Members

To support our members with asthma or chronic obstructive pulmonary disease (COPD), we've partnered with Albertsons stores to offer LIVE Asthma/COPD management classes at Jewel-Osco stores in July 2019.

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■ What's New

BCBSIL is Helping People Locate MMR Vaccinations in Chicago

Blue Cross and Blue Shield of Illinois (BCBSIL) has collaborated with the Chicago Department of Public Health to create a Measles, Mumps and Rubella (MMR) vaccine finder to help people in the Chicagoland area find a location to get vaccinated.

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■ Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2019

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 (drugs no longer covered) were made to the BCBSIL drug lists. Changes that were effective **July 1, 2019**, are [outlined here](#).

Changes to 2019 Specialty Pharmacy Select Infusion Drug List (Commercial)

We have updated our Specialty Pharmacy Infusion Site of Care Benefit Preauthorization Drug List to reflect two new replacement Healthcare Common Procedure Coding System (HCPCS) codes assigned by the Centers for Medicare & Medicaid Services (CMS).

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■ Quality Improvement and Reporting

Look for the 2019 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).

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■ Clinical Updates, Resources and Reminders

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

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

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eviCore Process Reminder for Commercial PPO Benefit Preauthorization Requests

Benefit preauthorization through eviCore healthcare (eviCore) may be required prior to rendering select outpatient procedures for some of our Commercial PPO members. As a reminder, if eviCore receives a benefit preauthorization request with no or insufficient clinical information to confirm medical necessity, the case may be pended (placed on hold) for **up to five business days**.

[Read More](#)

Benefit Preauthorization/Predetermination of Benefits Update for Member ID Prefixes PAS, BHP, SFZ and UAL

Effective **Aug. 1, 2019**, benefit preauthorization requests for some BCBSIL members with three-character member ID prefixes PAS, BHP, SFZ and UAL must be obtained through eviCore.

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■ Electronic Options

Reporting On-Demand Application Now Available for Government Programs via Availity® Provider Portal

As of **May 20, 2019**, for Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM, Blue Cross Community Health PlansSM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members, registered Availity users may access Reporting On-Demand to view, download, save and/or print the Provider Claim Summary (PCS) for claims processed on or after **April 12, 2019**.

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Provider Education

Provider Learning Opportunities

BCBSIL offers free workshops and webinars for the independently contracted providers who work with us. A list of upcoming training sessions is included in this month's issue.

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■ Notification and Disclosure

Important Dates and Reminders

Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.

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ClaimsXten™ Quarterly Updates

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

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Quick Reminders

Stay informed!

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

Update Your Information

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

Provider Training

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



Contact Us

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

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Are your patients aware of the importance of men's health screenings?

By: Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Illinois (BCBSIL)

In our society, the special health care challenges men face may tend to be overlooked or downplayed at times. In general, men have a shorter life span than women. African American men have the shortest predicted life span when compared to African American and white women and white men in the United States.¹ Males are also often left out of the health care equation starting at a very early age. Having health exams for school age boys as well as for men can lead to the early detection and treatment of serious illnesses and disease. It is also important to consider what types of work men perform, as they bear the burden of over 93% of workplace deaths.² This includes the lion's share of resultant injury-related morbidities. These issues affect overall health and can serve as clues to the underlying causes of existing disease processes.

Thanks to health care providers like you, many men have likely avoided unnecessary premature death by getting routine blood pressure, blood sugar and cholesterol checks, as well as colonoscopies and prostate exams. However, now more than ever before, a concerted effort is required to address men's health concerns through increased focus on health screenings. Colorectal cancer incidence rates are approximately 30% higher in men than in women, while mortality rates are approximately 40% higher.³ Additionally, 60% of colorectal cancer deaths could be prevented with screening.⁴

For men, the consequences of not receiving routine check-ups and taking care of their health can be staggering. A preventable and untimely death not only impacts the individual, but also leaves a hole in the lives of families that are left behind. For example, many fathers may look forward to walking down the aisle at their children's weddings or holding their grandchildren. It would be a shame to miss out on these events, simply because they didn't get a routine medical checkup or potentially life-saving screening test. While some men may not be proactive about their own health, reminding them they need to take care of themselves, so they can be there for their loved ones, may be helpful.

There are many things you can do to help promote greater awareness of men's health issues. Talk to your patients and their families about the importance of early detection and treatment of chronic and often preventable illness. It may seem obvious, but many patients may not be aware that a diet richer in fruits and vegetables, getting regular exercise and taking time to de-stress are important prevention strategies. Continue to remind your patients that routine, thorough physical exams and health screenings are essential.

Encouraging patients to understand their risk factors for certain diseases, as well as considering potential health equity issues that may be a barrier to care, and guiding patients to options for testing that may be causing patient angst, may help improve screening numbers. Offering alternatives to in-office testing, when available, may be critical to engaging patients in early detection and treatment. BCBSIL is helping to educate our members and support completion of screenings, too. For example, through a limited pilot program, we are currently offering in-home Fecal Immunochemical Test (FIT) kits to some of our members aged 51-75 years who did not meet colorectal cancer screening criteria. We appreciate your help in promoting completion of these in-home screenings, if our members come to you with questions.

As a provider, you play an incredibly important role in maintaining societal stability by performing screenings and providing health care services. Your voice in a patient's life can serve to empower the patient to live a healthier, happier, and longer life. When reviewing overall health status for your patients, we encourage you to take the time to explain and discuss topics related to men's health.

Do you have ideas you'd like to share to keep the conversation going? You're always welcome to [email our Blue Review editor](#) with any thoughts or feedback.

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

¹ [Lagging Life Expectancy for Black Men: A Public Health Imperative](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4984780/). Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4984780/>

² Bureau of Labor Statistics website, Census of Fatal Occupational Injuries, 2017. Accessed at <https://www.bls.gov/iif/oshwc/cfoi/cfch0016.pdf>

³ American Cancer Society, Colorectal Cancer Facts & Figures 2017-2019. Accessed at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf>

⁴ Fight Colorectal Cancer. [2019 Fact Sheet](https://fightcolorectalcancer.org/prevent/about-colorectal-cancer/facts-stats/). Accessed at <https://fightcolorectalcancer.org/prevent/about-colorectal-cancer/facts-stats/>

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Pediatric Behavioral Health: Access and Coding Challenges

We want to offer more articles on behavioral health-related topics that may be of interest to our readers, based on feedback expressed during our annual newsletter survey. This article is the first in a series of articles written in collaboration with the Illinois Psychological Association. We hope you find the information relevant and useful.

According to studies, pediatricians and allied health care providers may have difficulty accessing behavioral health services for children and adolescents. To access services in the current system a child needs a diagnosis. Accessing evaluation services and classification are two of the most prevalent issues within pediatric/adolescent behavioral health. One contributing factor is the national shortage of child and adolescent behavioral providers (CABPs) (Kim, 2003). A second factor is that children remain difficult to diagnose (Regier et al., 2013, as cited in Cartwright et al., 2017).

Studies have found that neurodevelopmental periods are not well defined and are impacted by external stressors (Cartwright et al., 2017). Research has shown a significant percentage of children in the general population experience functional impairment but do not meet criteria for any DSM-V diagnosis. Functional impairment predicts outcome in later years, even if the threshold number of symptoms is not met (Costello et al., 1999).

While ICD-10 introduced more specific diagnostic codes, the behavioral health percentage of *Not Otherwise Specified (NOS)* diagnoses has not decreased (Møller et al., 2007, as cited in Cartwright et al., 2017). Overall, the limited ability of both DSM-V and ICD-10 to accurately classify children and adolescents with sub-threshold symptoms creates substantial challenges for CABPs. Thus, many children present with impairment that warrants treatment and cannot access it without a diagnosis (Cartwright et al., 2017). Without intervention, the risk of severe pathology increases 5-7 years later (Costello et al., 1999, as cited in Cartwright et al., 2017).

CABPs often must meet the needs of children within a challenging system. To do so, some providers may resort to reporting symptoms imprecisely. Up-coding is the practice of coding a more specific or more severe diagnosis than is reflected in a patient's presentation, while down-coding is coding a broader, more general, or less severe diagnosis. When diagnostic criteria are not met, CABPs may be tempted to up-code to facilitate access to treatment within a family's benefit plan (Cartwright et al., 2017). CABPs may be tempted to down-code a diagnosis to allow for further evaluation or ambiguity in symptom presentation. This practice may be problematic.

From an ethical perspective, CABPs are charged with helping those with whom they work and avoiding harm (APA, 2017, 3.04).

Up-coding or down-coding may generate inaccurate descriptors of a child's symptoms. CABPs must promote accuracy and honesty and avoid fraud or misrepresentation of fact (APA, 2017, 6.06). Additionally, CABPs have an ethical obligation to society and the community at large.

One reason that requirements to access treatment are stringent is because a limited amount of treatment exists. Some studies have shown imprecise or ambiguous coding practices may be more likely to occur when children are diagnosed with the following (Ruston et al., 2002, as cited in Cartwright et al., 2017):

- Attentional disorders;
- Depressive disorders;
- Autism spectrum disorders (ASD); and/or
- Learning disabilities.

These disorders also happen to be the most prevalent (Perou et al., 2013, as cited in Cartwright et al., 2017). A community cannot be well served if its resources are exhausted. So, when a child does not meet criteria for a specific DSM or ICD-10 diagnosis, how can an intervention occur within the patient's health plan benefits? A helpful [decision tree](#)* is available in Cartwright et al., 2017, to offer guidelines for ethical decision making when criteria are not met.

To help address the lack of access to care, one step forward would be to increase access to providers that are within network. Blue Cross and Blue Shield of Illinois (BCBSIL) continues to recruit CAPBs across the state. When a CABP is not available to see a child, phone consultations with a specialist may enhance diagnostic accuracy and feasible access to care.

Given the challenges of the current diagnostic systems (DSM-V and ICD-10), CABPs can help by providing thorough documentation, which is essential to communication with other professionals. If additional subthreshold symptoms are present and not accounted for by a given diagnosis, this data should be provided via diagnostic specifiers, V-codes, a working or rule-out diagnosis, or elaborated upon in documentation.

CABPs are encouraged to facilitate substantial family involvement to support immediate and long-term progress of children and adolescents undergoing treatment. Families should be aware of the ways in which their child's symptoms fall outside of a categorical diagnosis, so they may advocate for the unique needs of their child.

To help address pediatric behavioral health care challenges facing our members and their providers, we believe a team approach is needed. BCBSIL is committed to finding ways to help our members understand the importance of talking openly to their health care providers about behavioral health concerns. We want to increase awareness, so our members know how to find the right care at the right time and place. We appreciate the care and services physicians and behavioral care specialists provide to our members and their families.

*Included with permission of the American Psychological Association (APA).

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The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their

evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. 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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Clarification: Updates to Behavioral Health Claim Review Process

Our [May Blue Review](#) included an article titled, 'Check Your Patients' Behavioral Health Benefit Preauthorization Requirements'; this article also was posted April 30, 2019, in the [News and Updates](#). The following article includes an updated effective date and other details to provide clarification to the previously published information.

Beginning **Aug. 26, 2019**,* we are updating our internal review process for behavioral health claims that require benefit preauthorization. Please note that only the claim review process is being updated. The specific services requiring benefit preauthorization and the process for submitting benefit preauthorization requests are **not** changing.

You may be asking how this impacts you. We need your help to ensure claims are billed properly. Please remember, for all claims:

- Check eligibility and benefits for each patient prior to rendering services. This will help you determine if benefit preauthorization is required.
- Receive any required benefit preauthorization before care is rendered.
- Bill industry standard codes to help expedite claim payment and support satisfactory customer service for your patients, our members.

In April, we told you that claims without the appropriate preauthorization will be denied for payment. We want to clarify that statement. Billing treatment for our members without the required benefit preauthorization may delay payment of your claim. If delayed, you will have an opportunity to submit medical records for further review.

For more information on behavioral health benefit preauthorization requirements, visit the [Behavioral Health Program](#) section of our Provider website.

The updated claim review process referenced above does not affect claims submitted for HMO, government programs, or Federal Employee Program[®] (FEP[®]) members.

*The original effective date published in the May *Blue Review* and April News and Updates was **July 15, 2019**.

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

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Remind Your Patients: Eyes Can Get Sunburn Too

Now that summer is finally here, when you're talking to your patients about sun exposure and Ultraviolet (UV) safety, don't forget to mention eye protection.

Based on your feedback from our 2018 annual readership survey, we've included tips and suggestions for optometry in the *Blue Review*. Here are a few reminders you may want to mention to your patients during July – UV Safety Month.

Your patients may not be aware that UV rays from the sun can be harmful, even if it's not hot and bright out. UV rays may increase the risk of developing:¹

- Macular Degeneration – UV rays may lead to macular degeneration, a leading cause of vision loss for older Americans.
- Cataract – UV rays, especially UV-B rays, may cause some kinds of cataracts; a clouding of the eye's natural lens, the part of the eye that focuses the light we see.
- Pterygium – A UV-related problem causing a growth on the white of the eye and may involve the cornea. Eventually, the growth may block vision.
- Skin Cancer – Skin cancer around the eyelids is also linked to prolonged UV exposure.
- Corneal Sunburn – Or photokeratitis, which is the result of high short-term exposure to UV-B rays. Sunlight reflected off pavement, sand and water while not wearing proper eye protection can cause this problem. It can be very painful and may cause temporary vision loss.

To be eye smart in the sun, the American Academy of Ophthalmology recommends the following:²

- Wear sunglasses labeled 100% UV protection: Use only glasses that block both UV-A and UV-B rays and that are labeled either UV400 or 100% UV protection.
 - Choose wraparound styles so that the sun's rays can't enter from the side.
 - If you wear UV-blocking contact lenses, you'll still need sunglasses.
- Wear a broad-brimmed hat along with your sunglasses.
- Remember the kids: It's best to keep children out of direct sunlight during the middle of the day. Make sure they wear sunglasses and hats whenever they are in the sun.
- Know that clouds don't block UV light: The sun's rays can pass through haze and clouds. Sun damage to the eyes can occur any time of year, not just in summer.
- Be extra careful in UV-intense conditions: Sunlight is strongest mid-day to early afternoon, at higher altitudes, and when reflected off water.

The risk of sun-related eye problems is higher for people who:³

- Spend long hours in the sun.
- Have certain retina disorders or had cataract surgery, unless the artificial lens received during surgery absorbs UV rays.
- Are on certain medicines, such as tetracycline, sulfa drugs, birth control pills, diuretics and tranquilizers that increase the eye's sensitivity to light.

¹ Prevent Blindness, How Can UV Rays Damage Your Eyes?, <https://illinois.preventblindness.org/how-can-uv-rays-damage-your-eyes>

² American Academy of Ophthalmology, Summer UV Eye Safety, May 16, 2014. <https://www.aao.org/eye-health/tips-prevention/summer-sun-eye-safety>

³ Prevent Blindness, Who's at Risk for Eye Damage from the Sun?, <https://illinois.preventblindness.org/whos-risk-eye-damage-sun-0>

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Living365[®] ‘Managing Your Asthma/COPD’ Health Education Classes Available for Select BCBSIL Medicare and Medicaid Members

To support our members with asthma or chronic obstructive pulmonary disease (COPD), we’ve partnered with Albertsons to offer **LIVE Asthma/COPD management classes in July 2019**. Through our Living365 program, these educational classes are being offered at Jewel-Osco at **no additional cost** for our members with a Medicare Advantage or Medicaid plans.

These classes will give members the chance to:

- Learn more about the causes, symptoms and management of asthma and COPD from a Jewel-Osco pharmacist.
- Better understand how to take inhaled medications. Using demonstration inhalers, the pharmacist will show the best techniques and common mistakes.
- Take part in a question and answer session.
- Receive free education materials – including an asthma/COPD booklet and water bottle.

Available dates and locations for these 60- to 90-minute classes are:

Date	Time	Location	Address
Wednesday, July 10	11 a.m.	Jewel-Osco	4660 W. Irving Park Rd. Chicago, IL 60641
Saturday, July 13	10 a.m.	Jewel-Osco	1177 Main St. Lombard, IL 60148
Thursday, July 18	10 a.m.	Jewel-Osco	2128 Mannheim Rd. Westchester, IL 60154
Thursday, July 25	6 p.m.	Jewel-Osco	2520 Narragansett Ave. Chicago, IL 60639

Classes are expected to fill up quickly, so members should reserve a spot quickly. Reservations can be made by calling 877-728-6655, Monday through Friday, 9 a.m. to 6:30 p.m. (CT) or by visiting jewelosco.com/Living365_AC.

Members may bring one guest to the class and that guest does not need to be a BCBSIL member. Guests should also be registered for the event, as space is limited.

At BCBSIL, we believe that healthy actions add up. Please encourage your patients to attend the **Managing Your Asthma/COPD** class, offered exclusively as part of our Living365 program. If you have other questions or concerns, please call the phone number on your patient's ID card.

Our Living365® program offers disease coaching classes, online resources and printed materials to guide our members to better manage their chronic conditions. The goal of Living365 is to help members live in good health.

Albertsons (Jewel-Osco) is an independently contracted pharmacy solely responsible for the products and services they provide.

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BCBSIL is Helping People Locate MMR Vaccinations in Chicago

Blue Cross and Blue Shield of Illinois (BCBSIL) has collaborated with the Chicago Department of Public Health (CDPH) to create a Measles, Mumps and Rubella (MMR) [vaccine finder](#) to help people in the Chicagoland area find a location to get vaccinated. The MMR vaccine finder is an interactive map that includes a number of retail-based clinics and state-run facilities, which provide vaccines free to uninsured patients.

Although Chicago has one of the highest MMR vaccination rates in the nation,¹ residents are encouraged to review their immunization records or contact their health care providers to see if they need to be vaccinated, especially if they plan to travel to an [area in the U.S. or internationally](#) experiencing measles outbreaks.

According to the Centers for Disease Control and Prevention (CDC), as of June 20, 2019, there have been 1077 cases of the measles reported in the U.S.² This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000.²

In addition to collaborating on the vaccine finder, we have a 24-year partnership with the CDPH, as well as our partnership with the Illinois Department of Public Health, which has allowed BCBSIL to have four Care Vans in service that reach communities across Illinois. In 2017, our Care Vans provided more than 10,000 immunizations in Chicago, Champaign-Urbana, Peoria, Madison County and East St. Louis. Check the [Chicago Care Van schedule](#) for upcoming locations, or text CAREVAN to 33633 or call 311.

The CDC recommends two doses of MMR vaccine routinely for children, starting with the first dose at age 12 through 15 months (6 months if traveling internationally) and the second dose at age 4 through 6 years before school entry. Children can receive the second dose earlier as long as it is at least 28 days after the first dose. During outbreaks, people in the following categories who do not have evidence of immunity should receive MMR vaccination:³

- Students at post-high school educational institutions
- International travelers
- Health care professionals
- Women of childbearing age who are not pregnant
- People who care for or are around immunocompromised people
- People living with HIV without evidence of severe immunosuppression

¹ City of Chicago, Department of Public Health Launches New Measles Vaccine Finder, May 30, 2019.

https://www.chicago.gov/city/en/depts/cdph/provdrs/health_protection_and_response/news/2019/may/department-of-public-health-launches-new-measles-vaccine-finder.html

² CDC, Measles Cases and Outbreaks, June 2019. <https://www.cdc.gov/measles/cases-outbreaks.html>

³ CDC, Routine Measles, Mumps, and Rubella Vaccination, March 28, 2019. <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>

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Changes to 2019 Specialty Pharmacy Select Infusion Drug List (Commercial)

We have updated our Specialty Pharmacy Infusion Site of Care Benefit Preauthorization Drug List to reflect two new replacement Healthcare Common Procedure Coding System (HCPCS) codes assigned by the Centers for Medicare & Medicaid Services (CMS):

- Fasenra – changed from C9466 to J0517
- Radicava – changed from C9493 to J1301

The updated [2019 Specialty Pharmacy Select Infusion Drug List \(Commercial\)](#) referenced above is available on our Provider website, under the Related Resources on the [Prior Authorization](#) page. For the select drugs on this list, you may need to submit a benefit preauthorization request to Blue Cross and Blue Shield of Illinois (BCBSIL) prior to administration of the drug and selection of Infusion Site of Care.

For more information, refer to the [Specialty Pharmacy Program](#) page. Also, stay current with BCBSIL's [Medical Policies](#). You can look up RX501.096 – Specialty Medication Administration Site of Care and other policies by category, title or policy number.

As a reminder, we encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity[®] Provider Portal or your preferred vendor portal. It's important to check eligibility and benefits for each patient at every visit to confirm coverage details. This step also may help you identify benefit preauthorization/pre-notification requirements. If you have benefit questions, call the number on the member's ID card.

This information does not apply to HMO or government programs members.

Trademarks are the property of their respective owners.

Checking eligibility and benefits and/or obtaining benefit preauthorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, call the number on the member's ID card.

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BLUE REVIEWSM

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Look for the 2019 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.

We maintain 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, PCPs may want to inquire with staff as needed while 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.

Note to office staff: Please instruct PCPs via newsletter, memo, email, etc., to complete this survey to achieve an optimal response rate. The surveys are targeted for delivery this month, July 2019. 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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Check Eligibility and Benefits: Don't skip this important first step!

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

Get Answers Up Front

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

Don't Take Chances

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

Use Online Options

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

Learn More

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

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

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eviCore Process Reminder for Commercial PPO Benefit Preauthorization Requests

Benefit preauthorization through eviCore healthcare (eviCore) may be required prior to rendering select outpatient procedures for some of our Commercial PPO members. As a reminder, for these members, if eviCore receives a benefit preauthorization request with no or insufficient clinical information to confirm medical necessity, the case may be pended (placed on hold) for **up to five business days**.

If a request is pended, the provider will receive a faxed letter from eviCore that specifies what information is required, the deadline for submission and instruction on how to submit the missing information. A letter will be mailed to the member, explaining that eviCore has contacted the provider for more information.

If eviCore does not receive a response from the provider within the allotted time frame, the case will be reviewed, and the services may be reduced or denied. Also, if clinical information is received, and medical necessity is not confirmed, services may be reduced or denied.

Quick Tips to Help Avoid Delays in Case Processing

- Submit benefit preauthorization requests electronically through [eviCore's provider portal](#). Cases may be eligible for review in real-time. If not, clinical notes may be uploaded with your request.
- Use the worksheets on eviCore's [Provider Resource Page](#). These worksheets define required clinical information.
- Make sure that all information provided is current and complete.
- If needed, contact eviCore at 855-252-1117 to discuss the case with a physician advisor.

For eviCore provider portal help, email portal.support@evicore.com or call 800-646-0418 and select option 2. Benefit preauthorization requests also may be submitted by calling eviCore at 855-252-1117, Monday through Friday, from 7 a.m. to 7 p.m. If you have questions, email clientservices@evicore.com or call 800-646-0418 (option 4).

Always Check Eligibility and Benefits *First*

Benefits will vary based on the service being rendered and individual and group policy elections. It's critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity® Provider Portal](#) or your preferred web vendor portal.

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

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Benefit Preauthorization/Predetermination of Benefits Update for Member ID Prefixes PAS, BHP, SFZ and UAL

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to providing updates on changes that may affect how you do business with us.

Effective **Aug. 1, 2019**, benefit preauthorization requests for some BCBSIL members with three-character member ID prefixes **PAS, BHP, SFZ and UAL** must be obtained through eviCore healthcare (eviCore), an independent company that provides specialty medical benefits management, instead of BCBSIL. Effective Aug. 1, 2019, predetermination of benefits requests for these members also will be processed through eviCore. The medical policies being used for these pre-service medical necessity reviews will not change.

There are two ways to submit benefit preauthorization requests to eviCore. The [eviCore web portal](#) is the quickest, most efficient way to obtain information. Go to [evicore.com](#) to initiate a case, check status, review guidelines and more. If you do not have online access, you may call eviCore at 855-252-1117 between 7 a.m. and 7 p.m. (CT), Monday through Friday.

As a reminder, BCBSIL member contracts differ in their benefits, and benefit changes may occur throughout the year. We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity[®] Provider Portal or your preferred vendor portal. It's also important to check eligibility and benefits for each patient at every visit to confirm coverage details. This step also helps you identify benefit preauthorization/pre-notification requirements.

Obtaining benefit preauthorization/pre-notification or submitting a predetermination of benefits request is not a substitute for checking eligibility and benefits. Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSIL members. Submitting a predetermination of benefits request may not be required; however, if health care services provided to a BCBSIL member are deemed not to be medically necessary, claim payment may be impacted. For more information refer to the [Prior Authorization](#) page on our Provider website.

If you have questions on benefits, contact the number on the member's ID card. If you need help with other questions, contact ProviderRelations@bcbsil.com or your assigned BCBSIL Provider Network Consultant.

Checking eligibility and benefits and/or obtaining benefit preauthorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and or summary plan description. Regardless of any benefit determination, the

final decision regarding any treatment or service is between you and your patient. If you have any questions, please call the number on the member's ID card. eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services.

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Reporting On-Demand Application Now Available for Government Programs via Availity[®] Provider Portal

This notice applies to providers submitting claims for the following government programs Blue Cross and Blue Shield of Illinois (BCBSIL) members:

- **Blue Cross Medicare Advantage (HMO)SM**
- **Blue Cross Medicare Advantage (PPO)SM**
- **Blue Cross Community Health PlansSM**
- **Blue Cross Community MMAI (Medicare-Medicaid Plan)SM**

As of **May 20, 2019**, for the above-referenced members, registered Availity users may access Reporting On-Demand to view, download, save and/or print the Provider Claim Summary (PCS) for claims processed on or after **April 12, 2019**. Reporting On-Demand is located in the BCBSIL-branded Payer Spaces section on the Availity Portal. This online application gives you a way to get claim outcome results for multiple patients, in one central location.

For instructions on how to use this application, you'll find a [Reporting On-Demand tip sheet](#) in the [Provider Tools section](#) of our Provider website.

JOIN US FOR A WEBINAR

Blue Cross and Blue Shield of Illinois (BCBSIL) is hosting one-hour **Reporting On-Demand: Obtaining Provider Claim Summaries** webinars for you to learn how to obtain government programs PCS reports through this application. We encourage new and existing Availity users to attend. To sign up now for a free online training session, select a date and time below.

[July 17, 2019 – 2 to 3 p.m. \(CT\)](#)

[July 18, 2019 – 3 to 4 p.m. \(CT\)](#)

[July 19, 2019 – 10 to 11 a.m. \(CT\)](#)

In addition to Reporting On-Demand, we support an array of online tools that are available to registered Availity users, at no additional cost. To register, simply go to availity.com, select "Register," and complete the online application today.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Workshops/Webinars page](#).

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
BCBSIL Back to Basics: 'Availity® 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	July 2, 2019 July 9, 2019 July 16, 2019 July 23, 2019 July 30, 2019	11 a.m. to noon
Introducing Availity Remittance Viewer <i>Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save/print and reconcile Electronic Remittance Advice (835 ERA) data.</i>	July 11, 2019	11 a.m. to noon
iExchange®: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i>	July 18, 2019	11 a.m. to 12:30 p.m.
Blue Cross Community Health PlansSM (BCCHPSM): Ancillary Providers <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),</i>	July 9, 2019	10 to 11 a.m.

Supportive Living Facilities (SLF), Home Health, Hospice, Durable Medical Equipment (DME), Home Infusion, Dialysis

Reporting On-Demand: Obtaining Provider Claim Summaries

This webinar is intended for providers submitting claims for the following BCBSIL members: Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM, Blue Cross Community Health Plans, Blue Cross Community MMAI (Medicare-Medicaid Plan)SM

[July 17, 2019](#)

2 to 3 p.m.

[July 18, 2019](#)

3 to 4 p.m.

[July 19, 2019](#)

10 to 11 a.m.

BCBSIL Monthly Virtual Provider Workshop

These monthly webinars will be held through December 2019. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.

[July 10, 2019](#)

10 to 11 a.m.

Managed Long Term Services and Supports (MLTSS) Orientation

This webinar offers LTSS providers more information about the MLTSS program as it relates to our BCCHP product and how to navigate BCBSIL requirements, electronic options and online Provider Resources.

[July 10, 2019](#)

10 to 11 a.m.

[July 15, 2019](#)

[July 18, 2019](#)

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 for details](#); or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

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Important Dates and Reminders

Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders. We understand that provider offices are extremely busy and, while this section of our newsletter should not be interpreted as all-inclusive, we hope this abbreviated summary format is useful to you and your staff.

Confirmation of Recent Implementations

Topic	Brief Description	Date Implemented	For More Information
Reporting On-Demand for Government Programs Claims	You've already been using this online tool to get copies of the provider claim summary (PCS) for commercial claims. Soon, you can use it for Medicare Advantage and Illinois Medicaid PCSs, too.	May 20, 2019	See the article in this month's issue

Upcoming Changes to Watch For

Topic	Brief Description	Target Implementation Date:	For More Information
Benefit Preauthorization Change for Some Blue Cross and Blue Shield of Illinois (BCBSIL) Members with the Following Member ID Prefixes: PAS, BHP, SFZ, UAL	Benefit preauthorization for these members must be obtained through eviCore healthcare (eviCore) instead of BCBSIL.	Effective Aug. 1, 2019	Refer to the News and Updates

Special Events and Activities

Topic	Brief Description	Important Dates	For More Information
Cultural Competency and Implicit Bias Training Program	Online training modules; currently in progress for select HMO network primary care physicians.	through October 2019	This program was referenced in the April 2019 CMO Perspective article, Health Equity: Bold Strategies, Unique Solutions
Monthly Virtual Provider Workshops	Our Provider Network Consultant team will be hosting one-hour online training sessions to help keep you informed of important BCBSIL updates and initiatives.	through December 2019	Watch the Provider Learning Opportunities or visit the Webinars page on our Provider website for upcoming dates and online registration
Join Us for a Webinar to Learn More About Reporting On-Demand for Government Programs Claims	BCBSIL is hosting one-hour educational webinars for Availity® Provider Portal users to learn how to use Reporting On-Demand to obtain government programs PCSs online.	July 17, 18 and 19, 2019	See the Provider Learning Opportunities in this month's issue
HMO PCP Survey	Watch for the survey in your mail this month. Respond within 10 days of receipt.	July 2019	See the article in this month's issue

Deadlines and Other Reminders

Topic	Brief Description	Important Dates	For More Information
Email Validation Survey	If you're on our distribution list to receive the electronic <i>Blue Review</i> , you may receive a request from BCBSIL to validate your email information.	Ongoing through 2019	Refer to the News and Updates
Statewide HealthChoice Illinois Managed Long Term Services and Supports Implementation	Per the Illinois Department of Healthcare and Family Services (HFS), the Managed Long Term Services and Supports (MLTSS) program is now part of HealthChoice Illinois statewide.	Effective July 1, 2019	See the Provider Learning Opportunities for information on MLTSS Provider Orientation webinars. Also refer to the News and Updates for HFS Provider Notices and other details.
Behavioral Health Claim Review Process Updates* *Does not apply to HMO or government programs.	BCBSIL will be updating our behavioral health claim review process to confirm completion of benefit preauthorization requirements.	Aug. 26, 2019* (*Previously July 15, 2019)	See the article in this month's issue

Some of our Blue Choice Preferred PPOSM members may receive Fecal Immunochemical Test (FIT) Kits for in-home colorectal cancer screening

Members will send their tests to Access Health Corporation, an independent company specializing in in-home diagnostic testing. This company will process tests and send results to our members and the primary care providers they specify.

Members have until **Nov. 15, 2019**, to complete and submit their tests for processing.

[Refer to the article in the June 2019 newsletter](#)

Please note that 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.

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ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and aren't considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this 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. We will also post advance notice of ClaimsXten software updates on our website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to use Clear Claim Connection™ (C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection](#) page on our website for more information about C3, including [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). Please note that C3 doesn't contain all of the claim edits and processes used by BCBSIL in adjudicating claims, and results from use of the C3 tool aren't a guarantee of the final claim determination.

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