The Affordable Care Act and the Multi-State Plan Program

Blue Cross and Blue Shield of Illinois (BCBSIL) is participating, along with other Blues Plans, in the Multi-State Plan Program (MSPP). The Affordable Care Act (ACA) created the MSPP to provide consumers with additional health care choices on the Health Insurance Marketplaces.

WHAT IS THE MSPP?
The MSPP is operated by the U.S. Office of Personnel Management (OPM) and is designed to increase consumer options on the marketplaces. Payers participating in the MSPP are contracted with the OPM. Plans that are approved by the OPM qualify to be sold on the Health Insurance Marketplaces. MSPP eligibility requirements are similar to that of a qualified health plan (QHP) and plans with standard levels of coverage must be offered.

ARE THERE DIFFERENT STEPS PROVIDERS MUST FOLLOW FOR PATIENTS WITH MULTI-STATE PLANS?
The steps are the same. Before rendering services for patients enrolled in multi-state plans, you should complete the same steps you follow for any other patients, such as:

- Ensuring the patient’s plan is in the network for which you are contracted;
- Checking the patient’s BCBSIL ID card;
- Checking the patient’s eligibility and benefits online through Availity®, or if unable to check online, by calling the number on the back of member’s ID card; and
- Helping to ensure patients are referred to in-network providers by using the BCBSIL Provider Finder®.

The Blue Review will continue to be a source of information about BCBSIL products and networks. You can also visit the OPM’s MSPP web page at http://www.opm.gov/healthcare-insurance/multi-state-plan-program. To monitor the latest announcements, check the News and Updates section of our website at bcbsil.com/provider.

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

In the December 2013 Blue Review, we informed you that products in the Blue Choice PPO network would replace the products in the BlueChoice Select℠ network. Most members who utilized the BlueChoice Select network are now utilizing the Blue Choice PPO network.

When providing services to a member in the Blue Choice PPO network for services on or after Jan. 1, 2014, it is important to confirm that you are in-network for the Blue Choice PPO product when checking eligibility and benefits. Professional providers contracted to participate in the Blue Choice PPO network must have admitting privileges with a hospital in the Blue Choice PPO network.

Some providers who were previously in the BlueChoice Select network may no longer be in the Blue Choice PPO network. Providers should utilize BCBSIL’s Provider Finder to help ensure they are referring patients to other providers who are in-network for the Blue Choice PPO product. Referring patients to out-of-network providers may result in increased costs for those patients.

As always, checking eligibility and benefits is a critical first step each time a patient visit your office and before services are rendered. Even if multiple visits are approved for a patient, checking eligibility and benefits is important because:

• Patients may change or cancel their policy;
• Policies and benefits may change during the course of treatment;
• Copays and coinsurance varies or may change during the course of treatment;
• Patient may not have paid their premium;
• Benefits may not be available or could be significantly reduced if performed by an out-of-network provider.

The best way to check eligibility and benefits is electronically. For more information about checking eligibility and benefits, including information on utilizing electronic options, visit the Claims and Eligibility/Eligibility and Benefits section of our website at bcbsil.com/provider.

A list of independently contracted providers participating in the Blue Choice PPO network can be found in the Related Resources area of the Network Participation/Contracting section of our Provider website.

If you have questions about the Blue Choice PPO network, please contact your BCBSIL Provider Network Consultant.

*Services rendered during 2014 by any independently contracted PPO provider for members of the employer groups listed with Blue Choice PPO coverage are considered in-network: SUPERVALU INC.–RUH and Albertson, Jewel and Osco–NWY. The member ID card will indicate Blue Choice PPO.

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

New Sleep Apnea Review Program for the City of Chicago

The City of Chicago will introduce a new sleep apnea review program effective July 1, 2014. This will include group numbers P16628, P16642, P16643, P17600, P16705, P68263, P68265, P68266, P68267, P68268 and P68269. All providers performing sleep studies and prescribing continuous positive airway pressure (CPAP) devices will need to contact Tellen for a medical necessity review prior to services being rendered. If no prior authorization is received, benefits will be denied and the member will be held financially responsible.

Tellen is an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions about the products or services they offer, you should contact the vendor(s) directly.
Save Time on Prescription Drug Benefit Prior Authorization (PA) Requests

In previous issues of Blue Review, we announced the availability of CoverMyMeds® for electronic completion and submission of PA requests for drugs that are part of the BCBSIL pharmacy PA program. CoverMyMeds is available for most members who have their pharmacy benefit administered by Prime Therapeutics.*

Using online options for prescription drug PA requests replaces the need to fax paper forms to BCBSIL. Additionally, it provides immediate confirmation upon receipt, without the need to resubmit requests or call to check status.

A link to CoverMyMeds is available in the Pharmacy Program/Prior Authorization and Step Therapy section of our website at bcbsil.com/provider; a link is also available to registered users on the Availity Web portal.

General, non-payer-specific resources are also available on the CoverMyMeds site. If you need assistance in completing the PA submission process, visit the CoverMyMeds Support Center at https://www.covermymeds.com/main/help/page, where you can find:

• Live demonstrations are offered by CoverMyMeds every Wednesday at 1 p.m., CT
• Training videos
• User’s guide
• Answers to frequently asked questions
• Live Chat with CoverMyMeds representatives (available 7 a.m. to 10 p.m., Monday through Friday and 7 a.m. to 2 p.m. on Saturday)

*Exclusions may apply

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services.

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

Please note that the listing of any particular drug or classification of drugs and/or the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Clarification Regarding ‘Medicare Crossover Claim Submission Reminder’ Article

On page 3 of our April 2014 Blue Review, we included an article titled, ‘Medicare Crossover Claim Submission Reminder.’ The article stated that, per the Centers for Medicare & Medicaid Services (CMS), providers are required to wait 30 calendar days from the initial Medicare remittance date before submitting claims to BCBSIL. BCBSIL supports the 30-day requirement; however, please note that this requirement was established by the Blue Cross and Blue Shield Association, not CMS. As noted in the April reminder article, and in the effort to help decrease duplicate claim submissions, BCBSIL will reject provider-submitted claims when Medicare is considered primary, including those with Medicare-exhausted benefits that have crossed over, if they are received within 30 days of the initial remittance date or with no Medicare remittance date.
Medication Adherence Program Moves to GuidedHealth® Platform

Last year, BCBSIL introduced GuidedHealth as the clinical rules platform for our Retrospective Drug Utilization Review (RDUR) program. GuidedHealth integrates medical and pharmacy claims data reported to BCBSIL to generate evidence-based, medication-related recommendations for physicians and members. On a quarterly basis, GuidedHealth letters are sent to identified members and prescribing physicians to help increase awareness and support patient safety.

We’re pleased to announce that our medication adherence programs for Cholesterol and Diabetes are moving to the GuidedHealth platform. Additional therapeutic areas to be added will include:

- Depression
- HIV/Antiviral
- Hypertension

As part of the move to the GuidedHealth platform, we will begin sending educational letters later this month to BCBSIL members who have been identified as potentially at risk for a medically adverse event that may be related to non-adherence with their prescribed drug regimen. In addition to the therapeutic areas listed above, letters focused on respiratory medication adherence will be sent beginning in the third quarter of 2014.

If you have a patient who has been identified as part of the medication adherence program, you may also receive an educational letter with a drug therapy opportunity summary. We would greatly appreciate your taking the time to review the medication-related recommendations in support of your treatment plan for our member.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime). BCBSIL makes no endorsement, representations or warranties regarding GuidedHealth. If you have any questions about this product or services, you should contact Prime directly.

Reminder: NPIs Required When Submitting Massage Therapy Claims

As announced in the May 2014 issue of Blue Review, Licensed Massage Therapists (LMT) will be able to submit professional claims directly to BCBSIL for services rendered for dates of service on or after Sept. 1, 2014. The professional claim must include the Licensed Massage Therapists National Provider Identifier (NPI) for each service line. Services rendered by LMTs may not be billed under the supervision provider’s NPI.

Services that fall within an LMT’s licensed scope of practice may be eligible for reimbursement. These services must be medically necessary, meet medical policy criteria and be part of a treatment plan created by a licensed qualified provider.

When submitting professional claims, the NPI for the rendering LMT is required for each claim line on professional claims. A reimbursement differential will apply to services rendered by a LMT. LMTs may apply for an NPI by visiting the National Plan & Provider Enumeration System website at https://nppes.cms.hhs.gov and following the application process. Although a new PPO contract is not necessary, you are required to send us the Type I Individual NPI for each LMT in your practice so that your provider file can be updated. To request the addition of providers who are new to BCBSIL and have an NPI, visit the Network Participation/Update Your Information section on our website at bcbsil.com/provider.

All services are subject to the terms, limitations and exclusions of the member’s certificate of coverage and this is not a guarantee of benefits for any services. These changes are not applicable to HMO providers. HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.
Talk to Your Patients About Medication Adherence

Adherence to medications used within patient treatment plans is vital to successful outcomes. On the average, however, studies have shown that 50 percent of medications for chronic conditions are not taken as prescribed, if they are taken at all. Adverse effects may not be immediate, but non-adherence with prescriber instructions may be detrimental to a patient’s health over time. For example, in a study by Gehi, et al, patients who self-reported being non-adherent (taking their medications as prescribed 75 percent of the time or less) were more likely than adherent patients to develop cardiovascular events during 3.9 years of follow-up.

Your patients may not understand how taking their medications as prescribed can affect their overall health. When screening your patients for medication adherence, consider asking open-ended questions verbally, or on intake paperwork, such as: How many doses of your medication did you miss within the past week? Encouraging honesty can lend insight into perceived barriers your patients may be facing so that you may help address their concerns. Explaining desired results of therapy and verbally confirming your patients’ understanding of directions can help increase awareness and ultimately may affect their treatment outcomes.

References:

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Billing for Medically Unnecessary and/or Medically Unproven Services

Under the terms of the health benefit plans that are offered or administered by BCBSIL, benefits for health care services will be denied if it is determined that such items are deemed “medically unnecessary” or which are medically unproven, often referred to as “experimental and/or investigational.” Effective for dates of service on or after July 14, 2014, claims submitted to BCBSIL for services that are deemed to be medically unnecessary and/or medically unproven (experimental and investigational) will be denied with a message specifying that the member will not be financially responsible for charges associated with an inpatient hospital stay or any outpatient procedure or other service that is determined by utilization management to be medically unnecessary and/or medically unproven.

If you and your patient are aware that a proposed service will be deemed medically unnecessary and/or medically unproven and you decide to proceed, you must obtain a written disclosure/authorization from the member informing the member that services are not covered by BCBSIL and the patient is assuming all financial responsibility. The dated disclosure/authorization must state that the member has been informed prior to services being rendered that the services are not covered; it also must include the total cost of the services and confirmation that the member accepts all financial responsibility.

You may view the BCBSIL Medical Policies in the Standards and Requirements section of our website at bcbsil.com/provider to help determine when services may be considered medically unproven.

*The implementation date announced previously was May 19, 2014. The revised implementation date is July 14, 2014.
Recognizing Medical Identity Theft and Fraud

In the May issue of Blue Review, we addressed that billing for services not rendered is one of the top 10 reasons for health care fraud investigations. Medical identity theft and fraud is also on the rise, and this month we are providing information that may help you and your patients from becoming victims.

Medical identity theft occurs when a person’s name or other identifying information is used to obtain medical service treatments or products or to submit false insurance claims for payment without that person’s knowledge or consent. According to the Ponemon Institute 4th Annual Survey on Medical Identity Theft, the number of victims has grown 19 percent between 2012 and 2013, with over 1.8 million victims.

Medical identity theft frequently results in the erroneous addition of information to a patient’s medical record or the creation of an entirely made-up medical record in the victim’s name. For example, victims of medical identity theft may either receive inappropriate medical treatment or find that their health insurance benefits have been exhausted by someone else.

If you suspect or need to report any form of medical identity theft or fraud, you may contact BCBSIL, 24 hours a day, seven days a week by calling the Fraud Hotline at 877-272-9741. You may remain anonymous as all calls and online reports are confidential.

As a reminder, it is important to check the member’s ID card at each visit, even if multiple visits are approved in advance. We also encourage you to ask for a government-issued picture ID, such as a driver’s license or official state identification card, to verify the member’s identity.

2 Ponemon Institute 4th Annual Survey on Medical Identity Theft

BCBSIL Preventive Care and Clinical Practice Guidelines

BCBSIL Preventive Care Guidelines and Clinical Practice Guidelines are available in the BCBSIL Provider Manual, which is located in the Standards and Requirements/BCBSIL Provider Manual/Quality Improvement Policy and Procedure section of our website at bcbsil.com/provider.

Preventive care guidelines are based upon recommendations from various entities such as the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the American Cancer Society (ACS) and the American Academy of Pediatrics (AAP). The guidelines are reviewed and updated on an annual basis.

Clinical practice guidelines are reviewed at least every two years. Guideline sources are reviewed annually, and updates are made sooner than every two years if there have been substantive changes to the sources on which the guidelines are based.

In the past year, updates have been made to the following BCBSIL Clinical Practice Guidelines:

<table>
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<tr>
<th>Guideline Guideline Source</th>
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<tr>
<td>Asthma Guideline • National Asthma Education and Prevention Program</td>
</tr>
<tr>
<td>Diagnosis and Treatment of Patients with Depression in the PCP Setting • American Psychiatric Association • Institute for Clinical Systems Improvement</td>
</tr>
<tr>
<td>Treating Tobacco Use and Dependence • U.S. Public Health Service</td>
</tr>
<tr>
<td>Primary and Secondary Prevention of Atherosclerotic Cardiovascular Disease • American Heart Association • American College of Cardiology Foundation</td>
</tr>
<tr>
<td>Diabetes Guideline • American Diabetes Association</td>
</tr>
<tr>
<td>Screening for Depression • U.S. Preventive Services Task Force</td>
</tr>
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The following BCBSIL guideline was discontinued:

<table>
<thead>
<tr>
<th>Guideline Guideline Source</th>
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<tr>
<td>Heart Failure in the Adult • American Heart Association</td>
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Preventive care and clinical practice guidelines are provided for informational and educational purposes only and are not a substitute for the independent medical judgment of a doctor. Physicians and health care providers are instructed to exercise their own independent medical judgment. The final decision about any medical service or treatment is between the patient and their health care provider.
### Provider Learning Opportunities

#### BCBSIL WEBINARS AND WORKSHOPS

Below is a list of complimentary training sessions sponsored by BCBSIL. For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

#### WEBINARS

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| Electronic Refund Management (eRM)  
*Learn how this tool can help simplify overpayment reconciliation through electronic notification of overpayments, online inquiry/dispute/appeal functionality, pay by check capabilities and more.* | July 2, 2014 | 2 to 3 p.m. |
| Aerial® iExchange® (iExchange) Webinars  
*New Enhancements/Features* | July 9, 2014 | 1 to 2:30 p.m. |
| iExchange Webinars  
*Staff Training – Behavioral Health (Intensive Outpatient Program)* | June 25, 2014 | 2 to 3 p.m. |
| Introducing Remittance Viewer  
*The remittance viewer is an online tool that offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.* | June 25, 2014 | 1 to 2 p.m. |
| Electronic Provider Access (EPA)  
*EPA is a new tool that will enable providers to initiate online pre-service reviews for out-of-area Blue Plan members.* | July 8, 2014 | 10 to 11:30 a.m. |
|  | July 24, 2014 | 2 to 3:30 p.m. |

#### WORKSHOPS

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| Medicare Advantage Roundtable  
BCBSIL  
300 E. Randolph Street  
Chicago, IL 60601 | July 16, 2014 | 7 to 8:30 a.m. |
| Managed Care Roundtable  
BCBSIL  
300 E. Randolph Street  
Chicago, IL 60601 | July 16, 2014 | 8:30 a.m. to noon |

*Electronic Provider Access (EPA) is a new tool that will enable providers to initiate online pre-service reviews for out-of-area Blue Plan members. The term "pre-service review," as used with this tool, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. Conducting a pre-service review is not a substitute for checking eligibility and benefits.*

*The EPA tool will be available to BCBSIL independently contracted providers who are registered Availity Web Portal users. After checking eligibility and benefits, you will be able to access the EPA tool via the Authorizations link under the "Auths and Referrals" menu. Upon entering the alpha prefix from the member’s ID card, you will be securely routed from Availity to the EPA landing page on the member’s Home Plan portal.*

**Attend a Webinar to Learn More**

BCBSIL will be hosting webinars in July and August to introduce you to the EPA tool – where to find it and how to use it. See the Provider Learning Opportunities on this page for dates and times of upcoming webinars. To register now, go to the Workshops/Webinars page in the Education and Reference Center on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

For details on registration with Availity, visit availity.com. Also watch the News and Updates section of the BCBSIL Provider website, as well as upcoming issues of the *Blue Review*, for announcements and related resources.

Depending on differing implementation schedules, the EPA tool may not be available for some Blue Plans.

*Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, 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.*

*Aerial, iExchange and Medecision are trademarks of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by Medecision. The vendor is solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor directly.*
David W. Stein, M.D., offers the following message and reading selection for June:

The article for this month is a terrific piece reiterating how important it is for physicians to relate to their patients. It reminds us of the simple things we can do to establish bonds of trust and reduce the barrier of 'otherness' that can stand in the way of a positive and productive relationship. I am filing it to share annually with my new medical students.


David W. Stein, M.D.
FACC FACP FCCP FSCAI

The above article is for informational purposes only. The views and opinions expressed in this article are solely those of the authors, and do not represent the views or opinions of BCBSIL, Health Care Service Corporation, its medical directors or Dr. Stein.

Blue Review is a monthly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. Blue Review is located on our website at bcbsil.com/provider.

The editors and staff of Blue Review welcome letters to the editor. Address letters to:

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