



BlueCross BlueShield of Illinois

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

June 2018

■ Provider Education

How to Navigate Our Updated Provider Finder[®]

In April 2018, our online Provider Finder was enhanced with a series of intuitive prompts to help our members more easily locate in-network physicians, specialists and other health care providers. Upon implementation of these member-focused changes, we also posted instructions in the News and Updates on our Provider website to assist you with navigating the tool.

[Read More](#)

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.

[Read More](#)

■ CMO Perspective

Spread the Word: Safe Storage and Disposal of Prescription Medications

Last month, we featured an article titled, [The Opioid Crisis: Everyone's Problem, Everyone's Responsibility](#), by Stephanie Vomvouras, M.D. MBA, Vice President – Health Care Delivery and Chief Medical Officer. At BCBSIL, we believe our greatest contribution may be educating our members on the importance of proper use, storage and disposal of opioids and other prescription medications. This month's CMO Perspective article focuses on safe storage and disposal of prescription medications.

[Read More](#)

■ Wellness and Member Education

Online Magazine Spotlight: Opioid Prescribing, Affordability Cures and Pharmacy Benefit Managers

BCBSIL has an insider's view of how providers, hospitals, employers and other stakeholders depend on one another to support access to quality, affordable health care that may help people live healthy, productive lives. We're using this unique insight to work with businesses and thought leaders, inside and outside of our organization, to explore ways we can all work together. This month's *Blue Review* spotlights three recent [Making the Health Care System WorkSM](#) articles on topics that may be of interest to providers.

[Read More](#)

■ Focus on Behavioral Health

Report Finds Link Between Major Depression and Other Chronic Health Condition

Major depression impacts the lives of 4.4 percent of commercially insured Americans, or roughly 9 million people. The latest Health of America Report, Major Depression: The Impact on Overall Health, from the Blue Cross and Blue Shield Association (BCBSA) examines diagnosed major depressive disorder and the condition's impact on overall health and wellness.

[Read More](#)

■ Clinical Updates, Reminders and Resources

Reminder: Check Government Programs Benefit Preauthorization Code Lists Often

For an overview of benefit preauthorization requirements, you can find summary lists for Illinois Medicaid and Blue Cross Medicare Advantage (PPO)SM on our Provider website. These summaries include links to the most up-to-date lists of procedure codes that require benefit preauthorization before services are rendered to government programs members.

[Read More](#)

New eviCore Email Notification for Utilization Management (UM) Decisions

On Oct. 1, 2018, eviCore healthcare (eviCore) will begin notifying providers by email for all cases that are initiated through the eviCore web portal.

[Read More](#)

eCare Online® to Transition to OneSource®, Effective July 15, 2018

In February 2016, Experian Health started converting eCare Online users to OneSource, an enhanced tool for checking patient eligibility, benefits and claim status, as well as obtaining the

Electronic Remittance Advice (835 ERA) and other claim-related reports from BCBSIL.
Experian Health has completed this conversion and eCare Online will be deactivated on July 15, 2018.

[Read More](#)

■ Electronic Options

Participating Providers are Responsible for Obtaining Inpatient Benefit Preauthorization

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

[Read More](#)

■ Notification and Disclosure

Centers for Medicare & Medicaid Services Required Initial Validation Audit (IVA) Begins in June

As an insurer participating in the Affordable Care Act's (ACA) Risk Adjustment (RA) program, BCBSIL needs your participation in the Centers for Medicare & Medicaid Services (CMS) required Initial Validation Audit (IVA).

[Read More](#)

Provider Credentialing Rights and Responsibilities

Applicants applying or reapplying for participation or continued participation in some BCBSIL networks have the right to review information submitted to support their credentialing application and receive the status of your credentialing or recredentialing application, upon request.

[Read More](#)

Member Rights and Responsibilities Notification

As a practitioner for BCBSIL, it is important that you are aware of our members' rights and responsibilities. BCBSIL members may refer to their benefit booklet for a listing of their rights and responsibilities or access these documents in the Related Links box on the My Coverage page in Blue Access for MembersSM.

[Read More](#)

Utilization Management Decisions Are Not Financially Influenced

BCBSIL is dedicated to serving our members through the provision of health care coverage

and related benefit services. Utilization management (UM) determinations are made by licensed clinical personnel based on the benefit policy (coverage) of a member's health plan, evidence-based medical policies and medical necessity criteria, and the medical necessity of care and service.

[Read More](#)

BCBSIL Care Management Programs: Case Management and Disease Management

BCBSIL Case Management and Disease Management staff work with some enrolled BCBSIL members to increase members' knowledge about their condition and try to help members better manage major health events when they occur. Case Management and Disease Management staff support the member and provider relationship and aid in communication between the member and provider.

[Read More](#)

Pharmacy Benefits Notification

BCBSIL uses Prime Therapeutics LLC as our pharmacy benefit manager to administer our pharmacy program to help contain rising drug costs and maintain and improve the quality of care delivered to members.

[Read More](#)

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.

[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.



Contact Us

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

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How to Navigate Our Updated Provider Finder®

In April 2018, our online Provider Finder was enhanced with a series of intuitive prompts to help our members more easily locate in-network physicians, specialists and other health care providers. Upon implementation of these member-focused changes, we also posted instructions in the [News and Updates](#) on our Provider website to assist you with navigating the tool.

In mid-May, an additional option was activated to allow guest users to bypass the guided prompts and conduct a search by provider name and location. This option makes it easier for you to locate/review your own information, or to help direct our members to other in-network providers.

Below is a step-by-step guide to help you navigate the updated Provider Finder.

1. Go to the Provider Finder link on our Provider website homepage
2. Select "Find a Doctor or Hospital"
3. Select "Search as Guest" under "Not a Member Yet?"
4. On the next page, select the "Search All Providers" link to bypass member prompts. (Please encourage members to choose "Search In-Network Providers." This will lead them through a series of prompts to help focus results.)
5. **To check your own information for accuracy**, enter your name and your location. Then in the search results, select your name to view your record, which will include the BCBSIL networks with which you are contracted.
6. **To search for other providers who are in-network for a member:**
 - Enter the provider's name and location; or
 - Enter the location, then indicate the provider type and specialty*

(Note: If you are looking for an in-network provider for government members, choose "Search In-network Providers" and then select the member's Medicare/Medicaid network.)

Help us continue to help our members find you. If you find discrepancies when checking your own information on the Provider Finder, it's important to submit a request to make the necessary changes. Visit the [Update Your Information page](#) for more information.

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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> | June 5, 2018 June 12, 2018 June 19, 2018 June 26, 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> | June 14, 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> | June 21, 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 | 10 to 11 a.m. |

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

Types:

[June 12, 2018](#)

[June 26, 2018](#)

**Home Health,
Hospice, DME,
Home
Infusion,
Dialysis
Provider**

Types:

[June 12, 2018](#)

[June 26, 2018](#)

Noon to 1 p.m.

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.

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

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Spread the Word: Safe Storage and Disposal of Prescription Medications

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

In last month's *Blue Review*, we discussed [The Opioid Crisis: Everyone's Problem, Everyone's Responsibility](#). The opioid epidemic has touched neighborhoods across the US. It is a public health crisis that impacts communities and families across the state of Illinois, both rural and urban, often with devastating consequences. The potential for misuse, abuse and overdose is very real, and will require collaboration across multiple stakeholder groups to make a durable impact. At Blue Cross and Blue Shield of Illinois (BCBSIL), we are working to increase awareness of the risks associated with use of opioids through a variety of communication channels such as our [LifeTimes[®]](#) member newsletter; our online magazine, [Making the Health Care System WorkSM](#); and the new [Addressing What Matters](#) page on our public website. We believe we can make a significant contribution to combating the crisis by educating our members on the importance of proper use, storage and disposal of opioids and other prescription medications. You are often the first point of contact with our members and we need your help to spread the word. Therefore, this month's CMO Perspective article focuses on safe storage and disposal of prescription medications.

Our members look to you for guidance in matters concerning their health, so BCBSIL is seeking your support to help spread the word on safe storage and disposal of prescription medications. When you are talking with your patients about prescription medications, we encourage you to expand the conversation to include a discussion of proper storage, as well as what to do with any unused medications once treatment has concluded.

BCBSIL's Strategic Medical Director, Robert Janowitz, M.D., offers the following thoughts: "As we physicians know, the most valuable commodity we have isn't our special skills and knowledge, it is our relationships with our patients. We can use this to help them through the health care maze, including safe disposal of unused medications and sharps." Listed below are some reminders and resources to help you help your patients proceed with caution.

Talk about safe storage and emergency preparedness. It never hurts to remind your patients of the basics. Four quick tips include: 1. Keep medications out of reach of children and pets; 2. Use a drug organizer to monitor medications and help prevent spills; 3. Post the Poison Control Center Hotline number (800-222-1222) for babysitters and others to find quickly in emergencies; 4. Check the medicine cabinet regularly and discard out-of-date and unused medications.

Know what medications may be discarded safely at home. Patients can visit the U.S Food and Drug Administration (FDA) site for details on [Where and How to Dispose of Unused Medicines](#). In addition to tips on safe disposal of fentanyl patches and inhalers, the FDA site also includes information on the [Best Way to Get Rid of Used Needles and Other Sharps](#).

Take advantage of National Prescription Drug Take Back Day. Twice each year, the U.S. Drug Enforcement Administration (DEA) sponsors [National Prescription Drug Take Back Day](#) to offer a safe and convenient way for the general public to dispose of prescription drugs. Your patients may use the [DEA's search tool](#) to find a nearby collection site. The next National Prescription Drug Take Back Day is Oct. 27, 2018.

Look for Walgreens safe medication disposal kiosks. BCBSIL is partnering with Walgreens to expand the availability of safe medication disposal kiosks at Walgreens stores throughout Illinois. The kiosks are available year-round during regular Walgreens pharmacy hours so that individuals may safely and conveniently dispose of their unwanted, unused or expired prescriptions, including controlled substances and over-the-counter medications. There is no charge to drop off medications at the Walgreens safe medication disposal kiosks; however, some items may not be accepted, as noted below.

| What's Accepted: | What's Restricted: |
|---|--|
| <ul style="list-style-type: none">• Unused or expired prescriptions, ointments and patches• Over the counter meds, ointments, lotions and liquids• Pet medications• Vitamins | <ul style="list-style-type: none">• Needles, inhalers, thermometers• Aerosol containers• Hydrogen peroxide• Illegal drugs |

Your patients may check the Walgreens website to search for [medication disposal locations](#) or they may visit their local Walgreens pharmacy to see if the store is a participating site. Walgreens works with a DEA-authorized vendor to collect and safely dispose of all medications deposited in safe medication disposal kiosks at Walgreens pharmacies.

The safe disposal of medications helps address drug diversion – the transfer of controlled substances from the prescription holder to another individual for illicit use. As noted on the DEA website, “Medicines that languish in home cabinets are highly susceptible to diversion, misuse and abuse. Rates of prescription drug abuse in the U.S. are alarmingly high, as are the number of accidental poisonings and overdoses due to these drugs. Studies show that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet.”¹

Safe medication disposal offers a preventive measure to help ensure medications are not accidentally used, or intentionally misused, by someone other than the patient for whom the medication was originally prescribed. We appreciate your efforts to increase awareness among your patients and promote proper storage and disposal of prescription medications.

¹DEA website. Headquarters News, May 7, 2018. DEA brings in record number of unused pills during 15th annual National Prescription Drug Take Back Day. Accessed May 17, 2018 at <https://www.dea.gov/divisions/hq/2018/hq050718.shtml>

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



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Online Magazine Spotlight: Opioid Prescribing, Affordability Cures and Pharmacy Benefit Managers

At Blue Cross and Blue Shield of Illinois (BCBSIL), we believe that having access to quality, affordable health care can make a positive, and often profound, difference in our members' lives. [Making the Health Care System WorkSM](#) is BCBSIL's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

Did you catch these recent stories in our online magazine? Here are some highlights below:

[Tackling Prescribing Patterns to Combat the Opioid Crisis](#) Learn about BCBSIL's Controlled-Substance Integration program that focuses on primary care physicians and prescribers and on the members who have the pharmacy benefit.

[With Affordability Cures, An Investment in Lasting Change](#) Read more about BCBSIL's three-year endeavor to invest \$1.5 billion in strategies aimed at reducing costs across the health care system.

[Why Pharmacy Benefit Managers Matter for Drug Costs and Better Care](#) This story explains the role of a Pharmacy Benefit Manager in administering pharmacy benefits and why integrating pharmacy and medical benefits may improve care and outcomes for members.

To view the full stories and also browse other articles that may be of interest to you and your patients, visit us online at makingthehealthcaresystemwork.com.

Join the Conversation

[Subscribe](#) to get updates from [Making the Health Care System Work](#) delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we may help expand access to quality coverage and care, reduce costs and improve health.

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Report Finds Link Between Major Depression and Other Chronic Health Condition

The latest Health of America Report, [Major Depression: The Impact on Overall Health](#), from the Blue Cross and Blue Shield Association (BCBSA) examines diagnosed major depressive disorder and the condition's impact on overall health and wellness. Major depression impacts the lives of 4.4 percent of commercially insured Americans, or roughly 9 million people. This diagnosis rate has increased steadily since 2013 across all gender and age groups. Diagnosis rates rose by 33 percent from 2013 through 2016, climbing fastest among adolescents (up 63 percent) and millennials (up 47 percent).¹

The report also examines the significant links between diagnosed major depression and other chronic health conditions. In fact, 85 percent of people diagnosed with major depression also have one or more additional serious chronic health conditions. Nearly 30 percent have four or more other conditions. However, it should be noted that claims-based data cannot determine when major depression precedes or follows other serious health conditions nor to what degree major depression may cause (or be caused by) these other health conditions.¹

BCBSIL is hopeful that some of the social stigma around depression may be waning, allowing more people to feel comfortable seeking help instead of suffering in silence. New technologies, such as virtual visits between therapists and patients may help to improve access to quality care.

The United States Preventive Services Task Force recommends depression screenings for both children and adults.² BCBSIL encourages members to talk to their primary care physicians about screening for this condition.

BCBSIL is also 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 works closely with physicians and hospitals to share data and best practices to help our members access the quality care and support they need to live healthy lives.

[Major Depression: The Impact on Overall Health](#) 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.¹

¹ 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>

² Final Recommendation Statement, U.S. Preventive Services Task Force. November 2016.

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1>,

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1>

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.

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Reminder: Check Government Programs Benefit Preauthorization Code Lists Often

For an overview of benefit preauthorization requirements, you can find summary lists for Illinois Medicaid and Medicare Advantage on our Provider website. These summaries include links to the most up-to-date lists of procedure codes that require benefit preauthorization. Specific codes may change or be removed throughout the year, so it is important for providers to ensure they are using the most current preauthorization information. **The list of procedure codes requiring benefit preauthorization for Blue Cross Medicare Advantage (PPO)SM (MA PPO) and Illinois Medicaid members has been updated, effective April 11, 2018.**

Medicare Advantage

Refer to the [MA PPO Benefit Preauthorization Requirements Summary List](#).

Medicaid

Refer to the [Illinois Medicaid Benefit Preauthorization Requirements Summary List](#). Medicaid includes Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM members.

As a reminder, it is important to check member eligibility and benefits through [Availity®](#) or your preferred vendor web portal prior to every scheduled appointment, as this step will help you determine if benefit preauthorization is required for a particular member. Obtaining benefit preauthorization is not a substitute for checking eligibility and benefits. If benefit preauthorization is required, services performed without benefit preauthorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

Our goal is to support access to quality, affordable health care for our members. If you have any questions, contact your Provider Network Consultant (PNC) for assistance.

Please note that 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.

The presence of codes on the lists referenced above does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply.

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New eviCore Email Notification for Utilization Management (UM) Decisions

On Oct. 1, 2018, eviCore healthcare (eviCore) will begin notifying providers by email for all cases that are initiated through the eviCore web portal.

A few notes on this coming change:

- The email functionality is fully compliant with the Health Insurance Portability and Accountability Act (HIPAA). No protected health information is shared in the email. This is only a notification that a determination has been made on a specific case, or a case is still in process, with instructions to log in to the [eviCore](#) web portal for details.
- The email notification will only apply to cases that are initiated through the eviCore web portal. For cases initiated by phone and/or fax to eviCore, the provider will continue to receive faxed notifications from eviCore.
- This notification will only be sent to health care providers and their authorized contacts who have registered with a valid email address on the [eviCore](#) web portal. Patients will continue to receive mailed letters from eviCore.
- For any email rejections (e.g., user email mailbox is full, etc.), the provider notification will be resent by fax.
- Current options to request a faxed copy of the authorization through eviCore will remain in place.

Below is an example of the email notification providers may receive. Please contact eviCore at 855-252-1117 if you have questions or need more information.

Subject: eviCore healthcare E-Notification: Case # 123456789 has been Updated

There has been an update issued for Case ID # [Enter Case Number] requested by NPI [Enter NPI Number]. To retrieve this information, please click on the link provided below to log in to the Web Portal and use the NPI and Case ID option to search for Case ID # [Enter Case Number] and NPI [Enter NPI Number].

As part of our initiative to speed up communications and eliminate waste, there will not be a separate fax sent to you for this approval unless you request it.

Login to the eviCore Portal: <https://www.evicare.com/pages/providerlogin.aspx>

If your case is pending additional information, you can visit www.evicare.com to upload clinical information through the authorization lookup feature.

Please do not reply to this email, as replies will be sent to a non-monitored email box. If you have any questions after viewing the case information online, please don't hesitate to contact us at 1-855-252-1117.

Checking eligibility and benefits and/or obtaining preauthorization/pre-notification for a service 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. Certain employer groups may require preauthorization/pre-certification for imaging services from other vendors. If you have any questions, please call the number on the back of the member's ID card.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by eviCore. If you have any questions about the products or services eviCore provides, you should contact the vendor directly.

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eCare Online® to Transition to OneSource®, Effective July 15, 2018

In February 2016, Experian Health started converting eCare Online users to OneSource, an enhanced tool for checking patient eligibility, benefits and claim status, as well as obtaining the Electronic Remittance Advice (835 ERA) and other claim-related reports from Blue Cross and Blue Shield of Illinois (BCBSIL). **Experian Health has completed this conversion and eCare Online will be deactivated on July 15, 2018.** OneSource allows users to have access to more payers, as well as additional features not available through eCare Online, such as the option to customize the tool based on user-specific business needs and preferences.

Important information for users still accessing eCare Online:

- If your facility is an independent or smaller health care provider that is only accessing eCare Online for patient eligibility and benefits, claim status, 835 ERA and/or BCBSIL Experience/Uniform Payment Plan (UPP) reports, the facility director responsible for electronic data interchange (EDI) vendor contracts or invoicing may complete and submit the [eCare Online to OneSource Conversion Request Form](#). An Experian Health transition team member will follow up with the facility director regarding the conversion to OneSource.
- If you are part of a larger multi-site hospital or health care system, it is not necessary to submit a request to Experian Health, as your account manager has likely been contacted by Experian Health and is working with the OneSource conversion team. Contact your onsite administrative team if you have any questions on the process and requirements.

Transitioning to OneSource is quick and easy with no software to install, no need for IT involvement and no additional licensing fees. Additionally, Experian Health has indicated there will be no charge for the upgrade, and any existing terms and conditions will remain in force for the remainder of each client's agreement with Experian Health.

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

eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc. OneSource is a registered trademark of Experian Health. Passport/Nebo Systems and Experian Health are independent third party vendors that are solely responsible for the products and services they provide. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Passport/Nebo Systems or Experian Health. 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

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 of Illinois (BCBSIL) members.

To obtain benefit preauthorization through BCBSIL for inpatient services for applicable members:

- **Use iExchange®.** This online tool is accessible to physicians, professional providers and facilities contracted with BCBSIL. For more information or to set up a new account, refer to the [iExchange page](#) in the Provider Tools section of our Provider website.
- **Submit an electronic transaction.** Submit an online pre-certification and authorization request and inquiry (278 transaction) through [Availability®](#) or your preferred vendor portal.
- **If necessary, call for assistance.** If you do not have online capabilities, benefit preauthorization may be requested by calling the number on the member's BCBSIL ID card. Or, call the BCBSIL Provider Telecommunications Center (PTC) at 800-972-8088. Upon verification of eligibility and benefits, you will be advised how to proceed.

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, BCBSIL will provide all appropriate appeal rights for review. Requesting benefit preauthorization is not a substitute for checking eligibility and benefits.

For additional information, 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.

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

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

June 2018

Centers for Medicare & Medicaid Services Required Initial Validation Audit (IVA) Begins in June

As an insurer participating in the Affordable Care Act's (ACA) Risk Adjustment (RA) program, Blue Cross and Blue Shield of Illinois (BCBSIL) needs your participation in the Centers for Medicare & Medicaid Services (CMS) required Initial Validation Audit (IVA). The IVA will be performed on a random sample of members enrolled in ACA-compliant individual and small group plans, including plans that are available on and off the Exchange. CMS mandates that BCBSIL provide the full 2017 medical records from the physician office and hospital records for those members selected to be audited.

A key component of the RA program is a calculation based on enrollee risk. As a reminder, enrollee risk is calculated based on the diagnosis codes submitted on a claim, as well as through supplemental codes captured through medical record review. As a BCBSIL independently contracted provider, you may be asked to provide medical records for a member to validate all the diagnosis codes submitted on claims, which are then used in the RA calculation.

Medical Record Submission Standards for the IVA

You may include the following documents for the IVA audit:

- Progress notes, history and physical, discharge summary, consultation reports and operative/procedure notes
- Pathology reports, physician orders, medical list and radiology may substantiate a diagnosis and be submitted, but only in conjunction with other medical documentation
- Records must be signed and credentialed within 180 days of the date of service. (If the credentialed signature is missing, BCBSIL will contact you for a Signature Statement Attestation.)

To comply with the precise timeline requirements of the CMS IVA, we appreciate your support in submitting the requested medical records as you receive notification letters listing the enrollees selected for the audit. BCBSIL began mailing the IVA letters in June 2018.

To expedite the retrieval process, please provide the appropriate contact name and method for retrieving medical records by completing our [brief survey](#).

If you have any questions, email us at IL_IVA@bcbsil.com.

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Provider Credentialing Rights and Responsibilities

Applicants applying or reapplying for participation or continued participation in Blue Cross and Blue Shield of Illinois (BCBSIL) networks* have the right to review information submitted to support their credentialing application and receive the status of your credentialing or recredentialing application, upon request.

The Enterprise Credentialing Department will notify the applicant in writing if erroneous information is discovered during the verification process from any primary source. Provider applicants have the responsibility to work directly with BCBSIL to correct erroneous information and/or conflicting information within 30 calendar days. All corrections must be submitted in writing to our Enterprise Credentialing Department, your assigned Network Management Consultant or the Medical Director to avoid future delays in processing your information for consideration in BCBSIL networks.

Mail: Enterprise Credentialing Department
1001 E. Lookout Drive
Richardson, Texas 75082

Fax: 972-766-2137

Email: CredentialingCommittee@bcbstx.com

Please Note: Credentialing decisions will not be made until the applicant has responded or if the response has exceeded the 30 calendar days allocated.

Applicants who only see patients in an office setting and do not have hospital admitting privileges at a network hospital may attest to having coverage for hospital admissions by submitting a signed [Hospital Coverage Letter](#).

* This article applies to PPO, Blue Choice PPOSM, HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM, Blue Cross Medicare Advantage (PPO)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM. Effective Jan. 1, 2018, the State of Illinois is responsible for credentialing and recredentialing of physicians and certain other providers that participate in the Blue Cross Community Health PlansSM (BCCHP) Medicaid plan.

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Member Rights and Responsibilities Notification

As a practitioner for Blue Cross and Blue Shield of Illinois (BCBSIL), it is important that you are aware of our members' rights and responsibilities. BCBSIL members may refer to their benefit booklet for a listing of their rights and responsibilities or access these documents in the Related Links box on the My Coverage page in Blue Access for MembersSM.

Member rights and responsibilities include:

- A right to receive information about BCBSIL, our services, our providers and facilities, and member rights and responsibilities.
- A right to be treated with respect and recognition of the members' dignity and right to privacy.
- A right to participate with providers in making decisions about the members' health care.
- A right to have a candid discussion of appropriate or medically necessary treatment options for the members' condition, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about BCBSIL or the benefits we provide.
- A right to make recommendations regarding our members' rights and responsibilities policy.
- A responsibility to provide, to the extent possible, information that BCBSIL, the provider and facility may need to provide benefits or care to the member.
- A responsibility to follow the plans and instructions for care that the member has agreed to with their provider.
- A responsibility to understand their health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible.

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Utilization Management Decisions Are Not Financially Influenced

Blue Cross and Blue Shield of Illinois (BCBSIL) is dedicated to serving our members* through the provision of health care coverage and related benefit services. Utilization management (UM) determinations are made by licensed clinical personnel based on the benefit policy (coverage) of a member's health plan, evidence-based medical policies and medical necessity criteria, and the medical necessity of care and service. All utilization management decisions are based on appropriateness of care and service and existence of coverage. BCBSIL prohibits decisions based on financial incentives and does not specifically reward practitioners or clinicians for issuing denials of coverage. Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.

The criteria used for UM determinations are available upon request. Please call the Customer Service number on the member's ID card.

*This does not include members with HMO Illinois®, Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM, Blue Cross Medicare AdvantageSM (HMO and PPO) products.

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BCBSIL Care Management Programs: Case Management and Disease Management

Blue Cross and Blue Shield of Illinois (BCBSIL) Case Management and Disease Management staff work with enrolled BCBSIL members* to increase members' knowledge about their condition and try to help members better manage major health events when they occur. Case Management and Disease Management staff support the member and provider relationship and aid in communication between the member and provider. Members are encouraged to discuss issues and questions with their provider, develop a shared-decision making partnership with their provider and take an active role in managing their own health.

Member compliance with provider treatment plans are monitored by the Case Management and Disease Management staff including appointment attendance, compliance with medications and completing ordered tests. Program interventions are designed to coordinate with the activities of the member's treating provider, specifically the member's primary care physician and/or appropriate specialist.

As provider, you may refer a member for these care management programs at any time by calling the number on the members' ID card. The clinician will collaborate with you to provide our members with available resources and additional support. The BCBSIL Case Management and Disease Management Programs are intended to supplement the service and treatment that members receive from their health care providers.

* This article does not include members with HMO Illinois, Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM, Blue Cross Medicare AdvantageSM (HMO and PPO) products.

The BCBSIL Case Management and Disease Management Programs are not a substitute for the independent medical judgment of health care providers. Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment.

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Pharmacy Benefits Notification

Blue Cross and Blue Shield of Illinois (BCBSIL) uses Prime Therapeutics LLC as our pharmacy benefit manager to administer our pharmacy program to help contain rising drug costs and maintain and improve the quality of care delivered to members.

For certain drugs, prior approval and quantity limits are in place to help ensure the current medically appropriate drug guidelines are followed.

For more information regarding our pharmacy programs, refer to the Pharmacy Benefit Tips, Guidelines and Reminders article in the [January 2018 issue](#) of the *Blue Review* or visit the [pharmacy section](#) located on our Provider website. For Federal Employee Program® (FEP) pharmacy information, visit fepblue.org/pharmacy. We encourage you to check for updates regularly. The following information is available on the above referenced links:

- Copies of our drug lists, including restrictions and preferences
- How to use our pharmacy procedures
- An explanation of limits or quotas
- How you can provide information to support an exception request
- The process for generic drug substitutions, therapeutic interchange and step-therapy protocols

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

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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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 are not considered changes to the software version. Blue Cross and Blue Shield of Illinois (BCBSIL) will normally load this additional data to the BCBSIL claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSIL Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSIL Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (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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