



BlueCross BlueShield of Illinois

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

March 2019

■ CMO Perspective

Talk to Your Patients About Colorectal Cancer Risks and Screening

Our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses how March is Colorectal Cancer Awareness Month. It presents a great opportunity to shed light on colorectal cancer (CRC) and the importance of preventive screenings and other CRC risk reduction strategies. This month's CMO Perspective includes screening reminders and suggested talking points that may be helpful when you are engaging with your patients.

[Read More](#)

■ What's New

2019 Commercial PPO Benefit Preauthorization Requirements: Overview, Reminders and Related Resources

In the fourth quarter of 2018, we posted a [News and Updates notice](#) to alert you of commercial benefit preauthorization requirement changes effective Jan. 1, 2019. We value the care and services you provide to our members. To help you navigate recent changes, we've prepared a one-page tip sheet.

[Read More](#)

■ Electronic Options

Recent Updates to BCBSIL's Payer Spaces Section in the Availity® Provider Portal

The Blue Cross and Blue Shield of Illinois (BCBSIL) branded Payer Spaces section in the Availity Portal delivers quick access to payer-specific applications, resources and announcements. BCBSIL's Payer Spaces section has been updated to help you work with us more efficiently.

[Read More](#)

Government Programs: Verifying Claim Status in the Availity Provider Portal

We've added a new claim status tool within the Availity Portal to better help you get Medicare Advantage and Illinois Medicaid claim details online. Instead of using the Claim Status Inquiry tool, government programs providers can now obtain claim processing details by using the new Claim Status tool.

[Read More](#)

Focus on Behavioral Health

Help Improve Access to Care: Complete Our Behavioral Health Provider Survey by March 31

One way our members find behavioral health care is by using our online Provider Finder®. In our [February Blue Review](#), we asked you to complete a behavioral health provider survey to help make sure we have the right information about your practice. **The survey deadline has been extended through March 31, 2019.** If you haven't done so already, please complete the [Professional survey](#) or [Facility survey](#) now.

Submit Benefit Preauthorization Requests Online for Intensive Outpatient

Program and Electroconvulsive Therapy Services

Providers offering behavioral health intensive outpatient program (IOP) or electroconvulsive therapy (ECT) services now have the option to use iExchange®, our online benefit preauthorization tool. iExchange may be used to submit benefit preauthorization requests for IOP and ECT services for BCBSIL members with commercial and on/off-exchange health plans.

[Read More](#)

Provider Education

Health Equity Will be Discussed at the Next Blue University™ Event

Save the date for the next Blue University event. On May 15, 2019, the discussion will focus on health equity and social determinants of health.

[Read More](#)

Provider Learning Opportunities

We provide free workshops and webinars that can help create administrative efficiencies for the independently contracted providers who conduct business with us. A list of upcoming training sessions is included in this month's issue.

[Read More](#)

How to Navigate Our Updated Provider Finder

The Provider Finder tool is available on the BCBSIL website. Provider Finder improves search results so that our members can easily find in-network physicians, specialists and other health care providers.

[Read More](#)

Fighting Health Care Fraud, One Phone Call at a Time

Each year, our Fraud Hotline receives thousands of calls reporting possible health care fraud and abuse. Our Special Investigations Department actively reviews every call to determine if the call provides sufficient information to investigate suspected fraud and abuse.

[Read More](#)

■ Clinical Updates, Reminders and Resources

Are you using these shared decision-making aids?

We want to support you as you work to help improve the health outcomes of our members. This month's *Blue Review* includes a list of evidence-based shared decision-making aids that provide information about treatment options, lifestyle changes and outcomes.

[Read More](#)

■ Quality Improvement and Reporting

Review the 2019 Standards of Medical Care in Diabetes

The American Diabetes Association has released the 2019 Standards of Medical Care in Diabetes guidelines. For your convenience, we've posted the guidelines on our website.

[Read More](#)

BCBSIL's Medicaid Complex Case Management and Disease Management Programs

In an ongoing effort to help promote optimal health outcomes, BCBSIL continues to offer its Complex Case Management and Disease Management programs to our Medicaid members, which include Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, and Blue Cross Community Health PlansSM (BCCHPSM) members.

[Read More](#)

■ Notification and Disclosure

New Network Adequacy Mandate Update

In 2017, the Illinois Legislature passed the Network Adequacy and Transparency Act, with changes that go into effect in 2019. For your information, as part of that law, the text in this article must be provided by BCBSIL when termination or nonrenewal notices are sent to providers and members.

[Read More](#)

Procedure Code and Fee Schedule Updates

As part of our commitment to informing our independently contracted providers of certain developments, BCBSIL has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

[Read More](#)

Has your information changed? Let us know!

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

[Read More](#)

ClaimsXten™ Quarterly Updates

New and revised 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.

Online Magazine

You and your patients also may be interested in viewing the latest stories on our [Making the Health Care System Work](#) site.



Contact Us

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

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Talk to Your Patients About Colorectal Cancer Risks and Screening

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

Co-contributors: Dr. William Frese, medical director, BCBSIL and Dr. Robert Janowitz, medical director, BCBSIL

The U.S. Department of Health and Human Services has designated March as [Colorectal Cancer Awareness Month](#), which presents a great opportunity to shed light on colorectal cancer (CRC) and the importance of preventive screenings and other CRC risk reduction strategies.

Colorectal cancer is the second leading cause of cancer death among men and women.¹ Thanks in part to screening recommendations, the yearly incidence of CRC among men and women, ages 50 years and older, modestly decreased by 2.8 percent and 2.6 percent respectively. However, the yearly incidence of CRC among adults under age 50, also known as Early Age Onset (EAO) CRC, is increasing. From 1992 to 2005, CRC yearly rates per 100,000 adults ages 20 to 49 increased 1.5 percent among men and 1.6 percent among women. The largest yearly increase in EAO CRC incidence (5.2 percent and 5.6 percent respectively for men and women) was among the youngest age group (ages 20 to 29).^{2,3}

Your patients may not be aware that while there is no sure way to entirely prevent CRC, in addition to following CRC screening recommendations, there are a number of lifestyle factors that can be changed, such as diet, weight, exercise, smoking status and alcohol consumption, to help reduce CRC relative-risk. The links between these factors and CRC risk are some of the strongest for any type of cancer.⁴

It's important to help your patients understand how they may be at risk and what they can do to take action. The screening reminders and suggested talking points below^{5,6,7} may be helpful when you are engaging with your patients and counseling them, as appropriate.

- *Being overweight or obese increases your risk of developing and dying from colorectal cancer.*
- *Diets high in vegetables, fruits, and whole grains have been linked with a lower risk of colorectal cancer. A diet that is high in red meats (such as beef, pork, lamb or liver) and processed meats (such as hot dogs and some luncheon meats) can increase your CRC risk.*
- *Colorectal cancer has been linked to heavy alcohol use. Limiting alcohol use to no more than two drinks a day for men and one*

drink a day for women could have many health benefits, including lower CRC risk.

- Being more physically active might help lower your risk.
- People who have smoked for a long time are more likely than non-smokers to develop and die from colorectal cancer. Smoking is a well-known cause of lung cancer, but it is also linked to colorectal cancer.
- There are some CRC risk factors that can't be changed, so CRC screening is particularly important with aging, a personal history of colon polyps or inflammatory bowel disease, a family history of polyps or CRC, inherited genetic syndromes like Familial Adenomatous Polyposis or Lynch Syndrome, and certain racial or ethnic backgrounds (such as African Americans and Jews of Eastern European descent).

Healthy People 2020 and the [National CRC Roundtable](#) generally recommend that 70 to 80 percent of eligible populations successfully complete a recommended screening.⁸ To help increase and support patient engagement with recommended CRC screenings, please consider the following reminders and resources:

- Educate patients during office visit discussions to help them understand the importance of timely CRC screenings, healthy lifestyle habits, and recognizing any concerning signs or symptoms that may be associated with CRC.
- Also educate your patients about proper preparation associated with certain CRC screenings, especially in terms of realistic expectations for the time involved, proper adherence to preparatory regimens, any activity limitations, etc. To help educate patients on these expectations, the American Cancer Society (ACS) website offers patient-oriented information on [Colorectal Cancer Screening Tests](#), including an overview of common preparation and procedural experiences.
- Consider how patient demographics and potential health equity issues may be influencing your practice's screening rates, and what population-specific educational and other interventions may help improve performance. The following Centers for Disease Control and Prevention (CDC) resource offers a non-exhaustive listing of select demographic contributors and potential interventions to consider: [Use of Evidence-Based Interventions to Address Disparities in Colorectal Cancer Screening](#).
- Effectively communicate and make a strong recommendation for CRC screening to eligible patients.
- Provide patient navigation, appointment coordination and appointment reminder services to support patient adherence to CRC screening recommendations. Research shows a significant correlation between patients who completed colorectal cancer screenings and patients who received a recommendation to do so by their health care providers.^{9,10,11}
- Use a shared decision-making approach with patients that balances making a strong recommendation for CRC screening with patient-appropriate CRC screening options, health equity, educational and other factors known to influence a patient's decision-making.¹²

Even after Colorectal Cancer Awareness Month is over, it's important to keep the dialogue going. Encourage your patients to talk with you, even though it may be a subject they aren't comfortable bringing up. The most important point to stress is that **all patients with rectal bleeding, changing bowel habits or abdominal pain need to be carefully evaluated**, and age alone is not a reason to decline to perform colonoscopy.¹³

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

¹ CDC. Colorectal (Colon) Cancer. Statistics. Accessed Feb. 4, 2019, at <https://www.cdc.gov/cancer/colorectal/statistics/index.htm>.

² Silla IO, et al. Early-onset colorectal cancer: A separate subset of colorectal cancer. World J Gastroenterol. Dec. 14, 2014; 20(46):17288-96. Accessed February 2019 at <https://www.wjgnet.com/1007-9327/full/v20/46/17288.htm>.

³ Siegel RL, et al. Increase in Incidence of Colorectal Cancer Among Young Men and Women in the United States. Cancer Epidemiol Biomarkers Prev. June 2009; 18(6):1695-8. Accessed February 2019 at <http://cebp.aacrjournals.org/content/18/6/1695>.

^{4,5} Durko L and Malecka-Panas E. Lifestyle Modifications and Colorectal Cancer. Curr Colorectal Cancer Rep. 2014; 10(1): 45-54. Accessed February 2019 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3950624/>.

⁶ Myers EA, et al. Colorectal cancer in patients under 50 years of age: A retrospective analysis of two institutions' experience. World J Gastroenterol. 2013 September 2014; 19(34): 5651–5657. Accessed February 2019 at <https://www.ncbi.nlm.nih.gov/pubmed/24039357>.

⁷ Johnson CM, et al. Meta-analyses of Colorectal Cancer Risk Factors. Cancer Causes Control. June 2013; 24(6): 1207–1222. Accessed February 2019 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4161278/>.

⁸ Office of Disease Prevention and Health Promotion (ODPHP). Topics and Objectives. Cancer. Accessed Feb. 8 2019 at <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>.

⁹ Sarfaty M, Wender R. How to Increase Colorectal Cancer Screening Rates in Practice. CA Cancer J Clin. 2007; 57: 354–366. Accessed February 2019 at

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4678395/>.

¹⁰ Honein-AbouHaidar GN, et al. Systematic review and meta-study synthesis of qualitative studies evaluating facilitators and barriers to participation in colorectal cancer screening. *Cancer Epidemiol Biomarkers Prev.* 2016; 25(6): 907–17. Accessed February 2019 at <http://cebp.aacrjournals.org/content/25/6/907#>.

¹¹ Peterson EB, et al. Impact of provider-patient communication on cancer screening adherence: a systematic review. *Prev Med.* 2016; 93: 96–105. Accessed February 2019 at <https://www.sciencedirect.com/science/article/pii/S0091743516302912?via%3Dihub>.

¹² ACS website. Colorectal Cancer Screening Tests. Accessed Feb. 8, 2019, at <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html>.

¹³ Myers EA, et al. Colorectal cancer in patients under 50 years of age: A retrospective analysis of two institutions' experience. *World J Gastroenterol.* Sept. 14, 2013; 19(34): 5651–5657. Accessed February 2019 at <https://www.ncbi.nlm.nih.gov/pubmed/24039357>.

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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2019 Commercial PPO Benefit Preauthorization Requirements: Overview, Reminders and Related Resources

In the fourth quarter of 2018, we posted a [News and Updates notice](#) to alert you of **commercial** benefit preauthorization requirement changes effective Jan. 1, 2019.

Benefit preauthorization for medical necessity under the applicable benefit plan for certain outpatient services aligns with our company's commitment to help our members access the right care, at the right time, in the right setting.

We value the care and services you provide to our members. To help you navigate recent changes, we've prepared a [one-page tip sheet](#) that includes:

- An overview of commercial PPO members who may be affected, and for which care categories/services.
- Streamlined instructions on when and how to obtain benefit preauthorization through BCBSIL or eviCore healthcare (eviCore).
- Other pre-service guidelines, important reminders, exceptions and links to helpful resources.

The [2019 Commercial Benefit Preauthorization Requirements Summary](#) referenced above is available in the Related Resources on the [Prior Authorization page](#) of our Provider website. If you have questions, contact your assigned Provider Network Consultant (PNC). We're here to help!

This information does not apply to HMO members.

Please note that 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.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as eviCore. 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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Recent Updates to BCBSIL's Payer Spaces Section in the Availity® Provider Portal

The Blue Cross and Blue Shield of Illinois (BCBSIL) branded Payer Spaces section in the Availity Portal delivers quick access to payer-specific applications, resources and announcements. You must be a registered Availity user to access Payer Spaces. If you are not yet registered, visit availity.com and select "Register"; then complete the guided registration process, at no cost.

BCBSIL's Payer Spaces section has been updated to help you work with us more efficiently. The following tools have been moved from the Resources tab to the Applications tab, to make them easier to find: *Refund Management – eRM, NDC Units Calculator Tool, Research Procedure Code Edits*. Also, a new "Filter by Category" option has been added within the Resources tab to help you locate specific information related to communications, registrations and other available resources. The News & Announcements section is updated regularly with important payer-specific notices.

How to Access BCBSIL's Payer Spaces on the Availity Portal:

1. Log on to Availity.
2. In the top navigation bar, select Payer Spaces.
3. Choose the BCBSIL Payer Spaces option.
4. In Payer Spaces, use the tabs to find the tool or link you need.

Some of the applications in Payer Spaces are included in the Availity base role and are automatically available to authorized users. If an application does not display in Payer Spaces, and you need access to it to perform your job, contact your Availity administrator to assign the specific role or permission that gives you access to use these applications.

To learn more about the various electronic options available to independently contracted BCBSIL providers, visit the [Provider Tools page](#) on our website. If you have questions or need customized training, contact our Provider Education Consultant team at PECS@bcbsil.com.

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. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Government Programs: Verifying Claim Status in the Availity® Provider Portal

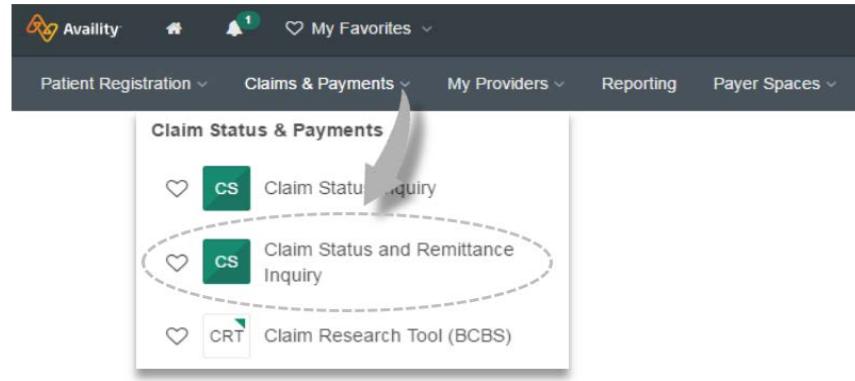
We've added a new claim status tool within the Availity Portal to better help you get claim details online. Instead of using the Claim Status Inquiry tool, government programs providers can now obtain claim processing details by using the new Claim Status tool.

This information applies to providers rendering services for the following Blue Cross and Blue Shield of Illinois (BCBSIL) government programs members:

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

How to access and use the new Claim Status tool via Availity Portal:

- Log into availability.com
- Select the "Claims & Payment" tab from the main menu and select "Claim Status and Remittance Inquiry"
- Next select "Claim Status"
- Choose the applicable government programs payer from the drop-down list
- Enter the essential provider, patient and claim data



Important claim status information is available within a few clicks, which may reduce the need to call us. As a reminder, you must be registered with Availity to use the Claim Status tool. For registration information, visit availability.com, or contact Availity Client Services at 800-282-4548.

Additional Support

Learn how to use this new Availity offering by attending a BCBSIL Back to Basics: 'Availity 101' training webinar hosted weekly by BCBSIL. To register for an upcoming session, refer to the [Webinar page](#). If you need more help or customized training, email our Provider Education Consultant team at PECS@bcbsil.com.

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Submit Benefit Preauthorization Requests Online for Intensive Outpatient Program and Electroconvulsive Therapy Services

Providers offering behavioral health intensive outpatient program (IOP) or electroconvulsive therapy (ECT) services now have the option to use iExchange®, our online benefit preauthorization tool. iExchange may be used to submit benefit preauthorization requests for IOP and ECT services for Blue Cross and Blue Illinois (BCBSIL) members with commercial and on/off-exchange health plans. For instructions on how to submit online benefit preauthorization requests through iExchange, [refer to our new tip sheet](#).

iExchange is available 24 hours a day, seven days a week.* It may be accessed by physicians, professional providers and facilities who have obtained a provider record with BCBSIL. Refer to the [iExchange page](#) on our Provider website for more information, including our [online enrollment form](#), to sign up and gain access. Or, if you are already a registered Availity® Provider Portal user, you may enroll to use iExchange via BCBSIL's Payer Spaces – select the Resource tab, then "Pre Auth Registration." There is no cost to use iExchange or Availity.

Customized training is available for providers who are new to iExchange. To request training, email our Provider Education Consultants at PECS@bcbsil.com. For ongoing support, send an email to iExchange_HelpDesk@bcbsil.com, or call 800-746-4614.

Important Reminder: Always Check Eligibility and Benefits First

It's critical to check eligibility and benefits for each patient to confirm coverage details. This step will also help identify benefit preauthorization requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity Portal](#) or your preferred web vendor portal. *Obtaining benefit preauthorization is not a substitute for checking eligibility and benefits.*

Learn More About iExchange and Availity

BCBSIL also offers ongoing general webinars that emphasize using electronic options.

- Join us for an iExchange webinar to learn how to access and navigate our online benefit preauthorization tool.
- Also sign up for a BCBSIL Back to Basics: "Availity 101" webinar for an overview of electronic transactions, such as eligibility and benefits, which may be conducted via the Availity Portal.

See the [Provider Learning Opportunities](#) for dates and times of upcoming webinars or visit the [Webinars page](#). Questions? Contact your Provider Network Consultant (PNC).

This information does not apply to services for HMO members.

*With the exception of the third Sunday of the month from 11 a.m. to 2 p.m.

Please note that checking eligibility or benefits, 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, call the number on the member's ID card.

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Health Equity Will be Discussed at the Next Blue UniversitySM Event

At Blue Cross and Blue Shield of Illinois (BCBSIL) we are engaging with providers as partners to help improve quality, provide value and maintain member satisfaction. As partners, it is essential that we look for ways to strengthen our relationships and provide value that is beneficial to each other.

To foster this partnership, we have created a free provider education program called Blue University, which provides a platform to engage industry providers in timely discussions that drive the current health care market. This is an opportunity to bring the focus to and educate on trends, best practices and emerging concerns that may have the largest impacts to our members and providers. Past topics have included Opioid Use Disorder, reducing readmission rates and continuation of care.

Save the date for the next Blue University event. On **May 15, 2019**, the discussion will focus on health equity and social determinants of health. As you know, equity is a key component of quality health care. Health disparities are experienced by our members across products and geographies. We look forward to your participation in this event which will be held at BCBSIL, 300 E. Randolph St., Chicago. Watch your email and the April 2019 issue of the *Blue Review* for registration details.

What's best for the member is the ultimate driver. Access to the right care at the right place and at the right time for the most effective experience and best health outcomes is very important. Through the Blue University provider education program, our goal is to help improve the affordability of care for our members through a diverse and high quality provider network. Together, we can raise the standard and better help our members navigate the health care system.

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Provider Learning Opportunities

We provide free workshops and webinars that can help create administrative efficiencies for the independently contracted providers who conduct business with us. See the snapshot 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>	March 5, 2019 March 12, 2019 March 19, 2019 March 26, 2019	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>	March 14, 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>	March 21, 2019	11 a.m. to 12:30 p.m.
Blue Cross Community Health PlansSM for Behavioral Health/Medical Providers <i>This webinar is intended for the following provider types: Community Mental Health Centers (CMHC), Substance Use Prevention and Recovery (SUPR), Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Medical Group/Independent Practice Association (MG/IPA), Long Term</i>	For CMHC, LTSS, SUPR Provider Types: March 13, 2019	9 to 10 a.m.

Blue Cross Community Health Plans – Webinars for Ancillary Providers

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

LTC, SMHRF, SLF

10 to 11 a.m.

Provider Types:

[March 5, 2019](#)

Home Health, Hospice,

10 to 11 a.m.

DME, Home Infusion,

Dialysis Provider Types:

[March 5, 2019](#)

AVAILITY WEBINARS

Availity also provides 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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The Provider Finder tool is available on the Blue Cross and Blue Shield of Illinois (BCBSIL) website. Provider Finder improves search results so that our members can easily find in-network physicians, specialists and other health care providers.

It's important for you to review your own information and to help direct our members to other in-network providers. Below is a step-by-step guide to help you navigate the Provider Finder.

1. Use this [link](#) from our provider website
2. Select the "Search All Providers" link in the "Are You Shopping? Find a Provider by Name or Location" section. (Please encourage members to choose "Search In-Network Providers." This will lead them through a series of prompts to help focus results.)

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 group and retail networks with which you are contracted.

To search for other providers who are in-network for a one of your patients, go back to the "Find a Doctor or Hospital" screen, then:

- Enter a provider's name and location in the "Search All Providers" link in the "Are You Shopping? Find a Provider by Name or Location" section. Then select "Find a Doctor or Hospital" at the bottom of the page.
Or
- Enter the location information then choose "More Search Options" to reveal other search options. Choose a provider type or a specialty from the dropdown box. Then select "Find a Doctor or Hospital" at the bottom of the page.

Note: If you are looking for an in-network provider for BCBSIL Medicare/Medicaid members, go back to the "Find a Doctor or Hospital" screen and choose the member's Medicare/Medicaid network in the "Helpful Links" section.

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

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BlueCross BlueShield of Illinois

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

March 2019

Fighting Health Care Fraud, One Phone Call at a Time

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

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

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

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

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Are you using these shared decision-making aids?

We want to support you as you work to help improve the health outcomes of our members. Here is a list of evidence-based shared decision-making (SDM) aids that provide information about treatment options, lifestyle changes and outcomes. This list can also be found on our [website](#). These aids are not intended to replace your guidance, but to complement the conversations you have with your patients. Engaging your patients in decision making can help lead to better outcomes and quality of life.

[Mayo Clinic Shared Decision Making National Resource Center](#)

- Cardiovascular Primary Prevention Choice
- Depression Medication Choice
- Diabetes Medication Choice
- Osteoporosis Decision Aid
- Percutaneous Coronary Intervention Choice
- Smoking Cessation Around the Time of Surgery
- Rheumatoid Arthritis (RA) Choice
- Statin Choice Electronic Decision Aid

[Cincinnati Children's James M. Anderson Center for Health Systems Excellence](#)

- Attention Deficit Hyperactivity Disorder (ADHA) treatment for school age child
- Diarrhea Treatment with Lactobacillus GG
- Human Papilloma Virus (HPV) Vaccination
- Hydroxyurea for Sickle Cell Anemia
- Treatment for Children with Autism
- Behavior Concerns in Young Children
- Juvenile Idiopathic Arthritis Treatment
- Fertility Preservation for Children Newly Diagnosed with Cancer
- Treatment of Obstructive Sleep Apnea
- Weight Loss for Adolescents

[Dartmouth-Hitchcock Center for Shared Decision Making](#)

- **Decision Support Toolkit for Primary Care**

The following seven steps offer a framework for implementing patient decision support in primary care:

- Step 1: Leadership
- Step 2: Goals and Scope of Project
- Step 3: Assessment
- Step 4: Decision Support Tools
- Step 5: Education and Training
- Step 6: Implementation
- Step 7: Quality Monitoring Tools

- **Decision Support Toolkit for Specialty Care**

- **Breast Cancer**

- Early Stage Breast Cancer Toolkit – Guidelines and tools for integrating decision support into clinical care for women newly diagnosed with early stage invasive breast cancer.
 - Ductal Carcinoma in Situ (DCIS) Toolkit – Guidelines and tools for integrating decision support into clinical care for women newly diagnosed with ductal carcinoma in situ.
 - Breast Reconstruction Toolkit – Guidelines and tools for integrating decision support into clinical care for women considering immediate or delayed breast reconstruction after breast cancer surgery.

- **Hip and Knee Osteoarthritis**

- Hip and Knee Osteoarthritis Toolkit – Guidelines and tools for integrating decision support into clinical care for patients with knee and/or hip osteoarthritis.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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BLUE REVIEWSM

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March 2019

Review the 2019 Standards of Medical Care in Diabetes

The American Diabetes Association (ADA) has released the 2019 Standards of Medical Care in Diabetes guidelines. For your convenience, we've posted the guidelines on our website in the [Clinical Practice Guidelines](#) section titled, Diabetes Mellitus – Standards of Care. The new guidelines include the ADA's current clinical practice recommendations. The guidelines are intended to provide clinicians, patients and others with tools to evaluate the quality of care.¹ The Standards of Medical Care in Diabetes is updated annually, or more frequently online if new evidence or regulatory changes merit immediate incorporation.

¹ADA, Introduction: Standards of Medical Care in Diabetes – 2019, January 2019. http://care.diabetesjournals.org/content/42/Supplement_1/S1

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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BCBSIL's Medicaid Complex Case Management and Disease Management Programs

In an ongoing effort to help promote optimal health outcomes, Blue Cross and Blue Shield of Illinois (BCBSIL) continues to offer its Complex Case Management and Disease Management programs to our Medicaid members, which include Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, and Blue Cross Community Health PlansSM (BCCHPSM).

Both programs are member focused with the primary objective of providing our Medicaid members with support, education and access to services to help them accomplish their health goals. A dedicated team of medical and behavioral health staff helps to provide care coordination. The physical and behavioral health care coordinators collaborate closely, using a unified strategy, in an effort to provide a holistic approach to help meet the individualized care coordination needs of our BCCHP members.

We appreciate the care and services you provide to help improve the health and well-being of our members. BCBSIL's Medicaid Complex Case Management and Disease Management Programs are intended to supplement the service and treatment that members receive from their health care providers. To make referrals or to learn more about the above-referenced programs, please contact Care Coordination at 855-334-4780, Monday through Friday from 7:30 a.m. to 6 p.m.

BCBSIL's Medicaid Complex 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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New Network Adequacy Mandate Update

In 2017, the Illinois Legislature passed the [Network Adequacy and Transparency Act](#), with changes that go into effect in 2019. For your information, as part of that law, the text below must be provided by Blue Cross and Blue Shield of Illinois (BCBSIL) when termination or nonrenewal notices are sent to providers and members. **This change does not apply to Medicaid plans.**

Effective Jan. 1, 2019, the following language has been added to the bottom of network change notification letters:

You can contact the Illinois Department of Insurance - Office of Consumer Health Insurance at 877-527-9431 or 320 W. Washington Street, Springfield, IL 62767 with questions or concerns.

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BLUE REVIEWSM

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March 2019

Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. It's important to review this area in our provider newsletter each month.

Effective March 1, 2019, we will update select immunizations, vaccines and toxoids in the 90281-90396 and 90476-90756 Current Procedural Terminology (CPT®) code ranges. Please note that not all CPT codes in this range will be affected.

FEE SCHEDULE UPDATE:

Effective June 1, 2019, BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) including Durable Medical Equipment (DME) supplies, prosthetics, orthotics and clinical laboratory codes. This fee schedule update takes into consideration the revisions made by the Centers for Medicare & Medicaid Services (CMS) to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2019, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPOSM fee schedules for professional providers. Providers may request fee schedules for this update starting May 24, 2019.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates may also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above may also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available on the [Forms page](#) on our Provider website.

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BLUE REVIEWSM

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March 2019

Has your information changed? Let us know!

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

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

Types of Information Updates

- **Demographic Changes**

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

- **Request Addition of Provider to Group**

If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes are not immediate upon submission of this form. The provider being added to the group will not be considered in network until they are appointed into the network.

Other Information Changes

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

- **Legal Name Change for Existing Contract**

If you are an existing provider who needs to report a legal name change, [complete a new contract application](#) to initiate the update process.

- **Medical Group Change for Multiple Providers**

If you are a group (Billing NPI Type 2) and have more than five changes, please send a request to ILProviderRosterRequests@bcbsil.com to obtain a current copy of your roster to initiate your multiple change request. Changes are not immediate upon request submission.

For status of your professional contract application, or if you have questions or need to make changes to an existing contract, email

netops_provider_update@bcbsil.com.

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BLUE REVIEWSM

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March 2019

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 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 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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