BCBSIL and Illinois Hospital Association Target Readmissions

Landmark Collaborative will Help Improve Quality of Care

BCBSIL and the Illinois Hospital Association (IHA) are joining forces to help reduce Illinois hospital readmissions through a new quality initiative—Preventing Readmissions through Effective Partnerships (PREP). This is part of our continuing commitment to invest in reducing preventable hospital readmissions as part of our ongoing efforts to work with health care providers to improve quality of care while decreasing health care costs. By partnering with nationally-recognized experts from the Division of Hospital Medicine at Northwestern Memorial Hospital and Northwestern University Feinberg School of Medicine and the Society of Hospital Medicine, PREP will help Illinois hospitals significantly reduce the rate of patient readmissions by 2014, through the following five key initiatives:

- Redesigning hospital discharge processes
- Improving transitions of care
- Developing and improving palliative care programs
- Reducing readmissions from infections
- Measuring reductions in readmissions using standardized metrics

ILLINOIS READMISSION RATES

The 2009 Commonwealth Fund State Scorecard* ranked Illinois 44th in the rate of Medicare 30-day readmissions, with a rate of 20.3 percent, an increase from 19.6 percent in 2007. Nationally, the median is 17.5 percent and the average for the top five states is 13.8 percent.

In 2009, there were over 50,000 readmissions to Illinois hospitals, with each patient spending, on average, five additional days in the hospital. Readmissions contribute substantially to the increases in health care costs. An additional day in the hospital, due to medical errors or a hospital-related infection, can add several thousand dollars to a patient’s hospital bill.

So far, 201 Illinois hospitals have pledged to reduce readmissions by the end of 2013, with the goal of raising the state’s performance from the bottom quartile to an upper quartile. Improvement of the Illinois readmission rate to the current national average has the potential to save or avoid costs of approximately $150 million dollars in the first year.

(continued on page 2)
How PREP CAN HELP
PREP is a four-year commitment to improving patient care throughout the state. Under PREP, each participating hospital will take specific actions to help reduce readmissions. With the financial support of BCBSIL, IHA, through its Quality Care Institute, will provide hospitals with extensive technical assistance, strategic approaches, tools, and other resources. Hospital staff will receive training to reduce readmissions through various programs. PREP also will work with critical access hospitals that serve populations in rural and underserved areas.

An integral part of this initiative will include a standardized approach to discharge planning, which is critical to addressing the readmissions issue, as well as a focus on reducing infections. By assessing what a patient’s unique needs are before they go home, hospitals help to ensure the patient has a smooth transition. Another critical component of PREP is patient education. This patient/provider partnership includes standardized discharge pathways that highlight medications, follow up, pending tests, self-management instructions, and goal setting.

According to Scott Sarran, M.D., our Vice President and Chief Medical Officer, “Reducing readmissions directly benefits everyone. Quality of life is improved if a complication requiring readmission is prevented. Patients who avoid being readmitted also are more likely to return to work more promptly, which is important to employers. We believe that by investing in resources to improve transitions of care, we hope to achieve higher-quality care at a lower cost.”

*The Commonwealth Fund State Scorecard enables states to compare their performance with that of other states across key indicators of health system performance, providing states with achievable targets for improvement.

About IHA
IHA is an advocate for more than 200 Illinois hospitals and health systems and the patients and communities they serve. For more information, visit their website at www.ihatoday.org.

References
1 Visit the Commonwealth Fund’s State Data Center at www.commonwealthfund.org to view the 2009 scorecard for Illinois.
2 2010 BCBSIL claims data.
In May of last year, we introduced our credentialing process for new providers joining our BlueChoice Select and BCBSIL HMO networks*, as well as existing providers in these networks who are scheduled for recredentialing.

CAQH, the Council for Affordable Quality Healthcare, Inc., utilizes a Universal Provider Datasource® (UPD) to electronically collect the data we require to credential and recredential providers through an online credentialing application process. Providers complete one standardized application that meets the needs of all CAQH participating health care organizations.

If you are new or scheduled to be recredentialed for BlueChoice Select or one of our HMO products, you may find out what's required to complete the credentialing process by viewing a CAQH tutorial, available now on our website at www.bcbsil.com/provider in the Network Participation/Credentialing section, under Related Resources.

The CAQH tutorial, which can be viewed at any time, will take you through all steps in the process, including:

- Logging on and gaining access to the UPD
- Completing the application
- Information you need to have available
- Attesting your data before submission
- Authorizing organizations to review your information
- Adding attachments

In addition to the CAQH tutorial, there are a variety of other resources and information in the Network Participation/Credentialing section of our website at www.bcbsil.com/provider. Your assigned Provider Network Consultant is also available to assist if you have questions.

*HMO Illinois and BlueAdvantage HMO

CAQH is a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. For more information about the application process, you may visit the CAQH website at http://www.upd.caqh.org/oas/.

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### Medical Policy Updates

Approved new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical Policies, both new and revised, are used as guidelines for coverage determinations in health care benefit programs for BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients’ benefits.

You may view active new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at www.bcbsil.com/provider. Select “View all Active and Pending Medical Policies.” After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Medical Policies Home page.

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting “View and comment on Draft Medical Policies.” After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select “Comments” to submit your feedback to us.

While some information on new or revised Medical Policies may occasionally be published in this newsletter for your convenience, please rely on our website for access to the most complete and up-to-date Medical Policy information.

**Effective Date:** April 1, 2011
**Policy Number:** MED207.117
**Policy Name:** Biologic Markers for Diagnosis and Management of Inflammatory Bowel Disease (IBD)

**Effective Date:** April 1, 2011
**Policy Number:** SUR704.008
**Policy Name:** Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations
Because electronic transactions are faster, more efficient and more convenient, they can help streamline administrative workflows to help your staff better manage their time, while also promoting more cost-effective results. Switching to electronic transactions also can contribute to energy-saving, paper conservation efforts, which is especially important in light of our nation’s growing concern about natural resources.

By utilizing Health Information Technology (HIT) solutions, you can help minimize paper waste, while maximizing efficiencies in your office in 2011. Here’s an example:

- In 2010, BCBSIL mailed nearly 10 million pages of paper Provider Claim Summaries (PCSs) to providers. That adds up to 20,000 reams of paper, which amounts to approximately 1,200 trees.
- By enrolling for the Electronic Remittance Advice (ERA), you’ll automatically receive the Electronic Payment Summary (EPS), which will replace your paper PCS.
- The EPS provides the same information as the PCS; however, it arrives more quickly—no more waiting for the PCS to arrive in the mail, and no more envelopes to open.
- Because it’s an electronic file, you can download, archive and retrieve the EPS more easily, eliminating the need to call BCBSIL for reprints of paper PCSs.
- And, it’s free. BCBSIL provides the EPS at no charge as a companion file to the ERA. You must enroll for the ERA in order to receive the EPS, however, if you are still in the process of updating your system to be ERA-compatible, you can still download and use the EPS in the interim.

In addition to ERA and EPS, BCBSIL offers and/or supports many other time, money and paper saving transactions and services, such as electronic pre-certification, online verification of eligibility and benefits, Electronic Media Claims (EMCs), online claim status, Electronic Funds Transfer (EFT), electronic refund management (eRM), and more. Whether you have your own practice management system or utilize a billing service or clearinghouse, HIT opportunities are available to help you conduct administrative, clinical and financial transactions electronically with BCBSIL.

Visit our Provider website at www.bcbsil.com/provider for more information on electronic options available to providers. For HIT announcements and related resources, please continue to watch the News and Updates section of our Provider website and future issues of the Blue Review.

‘HIT’ Focus | Health Information Technology

Help Conserve Resources with Electronic Transactions

Where to Obtain ANSI Version 5010 Implementation Guides and ICD-10 Coding Books

Do you have the necessary technical resources in your library to help ensure compliance with standards mandated by the Health Insurance Portability and Accountability Act (HIPAA)?

ANSI v5010 Implementation Guides
Since ANSI v5010 will become the new HIPAA standard for Electronic Data Interchange (EDI) transactions as of Jan. 1, 2012, the 4010A1 X12N Implementation Guides used by your billing service, clearinghouse and/or software vendor will soon be outdated. The new implementation guides for ANSI v5010 are known as Technical Reports Type 3 (TR3s).

The Washington Publishing Company (WPC) is an independent publisher of implementation guides recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the WPC website at www.wpc-edi.com. If you have questions or need assistance, contact the WPC at (425) 562-2245, or send an e-mail to sales@wpc-edi.com.

ICD-10 Coding Books
As of the compliance date of Oct. 1, 2013, ICD-10 codes must be used on all HIPAA-standard transactions. This will include outpatient claims with dates of service, and inpatient claims with dates of discharge on and after Oct. 1, 2013. If you do not use ICD-10 codes as required, your claims may be rejected.

It’s not too soon to start preparing for the changeover to use of ICD-10 codes. To purchase ICD-10 Coding Books, you can conduct an Internet search for vendors that offer electronic coding, billing and reimbursement products and training resources.

WPC is an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors. If you have any questions regarding the services referenced here, you should contact the vendor directly.
We are pleased to offer a variety of complimentary training sessions, with an emphasis on conducting business electronically with BCBSIL. See below for our March/April 2011 schedule. For more details and to register online, visit the Workshops/Webinars page in the Education and Reference Center of our website at www.bcbsil.com/provider. If you have questions or need assistance, e-mail us at provider_relations@bcbsil.com, or call (312) 653–4019.

### WEBINARS

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
<th>Time</th>
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<tbody>
<tr>
<td>Electronic Refund Management (eRM) Webinar</td>
<td>March 2, 2011</td>
<td>2 to 3 p.m.</td>
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<td>March 9, 2011</td>
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<td>March 16, 2011</td>
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<td>March 23, 2011</td>
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<td>March 30, 2011</td>
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<tr>
<td>BCBSIL New Provider 101</td>
<td>March 23, 2011</td>
<td>10 to 11:30 a.m.</td>
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<tr>
<td>Electronic Alternatives Webinar</td>
<td>March 23, 2011</td>
<td>1 to 2 p.m.</td>
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<tr>
<td>ANSI Version 5010/ICD-10 Webinar</td>
<td>April 21, 2011</td>
<td>Times for both dates:</td>
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<tr>
<td></td>
<td>April 29, 2011</td>
<td>10 a.m. (Facility presentation)</td>
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<tr>
<td></td>
<td></td>
<td>1 p.m. (Professional presentation)</td>
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<td></td>
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<td>Each session is 90 minutes.</td>
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### WORKSHOPS

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<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>HMO Administrative Forum</td>
<td>April 13, 2011</td>
<td>8:30 a.m. to noon</td>
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<tr>
<td>BCBSIL Auditorium 300 E. Randolph St. Chicago, IL 60601</td>
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<tr>
<td>Spring Managed Care Roundtable</td>
<td>April 20, 2011</td>
<td>8:30 a.m. to noon</td>
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<tr>
<td>BCBSIL Auditorium 300 E. Randolph St. Chicago, IL 60601</td>
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It is extremely important to review the essential activities you will need to accomplish to achieve the compliance dates of Jan 1, 2012, for ANSI v5010, and Oct. 1, 2013, for ICD-10.

To help increase awareness of this critical initiative, BCBSIL is conducting ANSI v5010/ICD-10 Webinars that will feature presentations by members of our project teams. Discussion topics will include:

- Background information and definitions
- Timeline reminders and deadlines
- How to prepare your office staff
- Questions to ask your IT staff, software vendor, billing service and/or clearinghouse
- Resources and support

Each webinar will also include a live question and answer session to help address any additional concerns you may have in order to help prepare your organization for the fast approaching—and firm—compliance dates.

Register online today for this special opportunity to learn more about ANSI v5010 and ICD-10. Visit the Workshops/Webinars page in the Education and Reference Center of our website at www.bcbsil.com/provider to select a session date and time.

Space is limited, so group attendance is highly recommended. If you have any questions or need additional information, send an e-mail to ansi_icd@bcbsil.com.
Payment Change for Tech Component on Select Imaging Services

BCBSIL is preparing to implement a change in our multiple procedure pricing of the technical component (TC) of professional claims for select diagnostic imaging procedures. The change applies to TC-only services, and the TC portion of global services for select procedures. The reduction does not apply to professional component (PC) and Modifier 26 services.

This new methodology will be effective June 1, 2011. BCBSIL will allow 100 percent of the Schedule of Maximum Allowance (SMA) for the highest priced procedure, and 50 percent of the SMA will be allowed for each additional procedure when performed during the same session on the same day. The reduction applies only to contiguous body areas, i.e., within a family of codes, not across families of codes, that are provided in one session.

This will apply to:

- Ultrasound, CT, and computed tomographic angiography (CTA)
- MRI and magnetic resonance angiography (MRA)
- Contiguous body area (for example, CT and CTA of Chest/Thorax/Abdomen/Pelvis)

The Diagnostic Imaging Family Indicators are as follows:

<table>
<thead>
<tr>
<th>Family</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Ultrasound (Chest/Abdomen/Pelvis) – Non Obstetrical</td>
</tr>
<tr>
<td>2</td>
<td>CT and CTA (Chest/Thorax/Abd/Pelvis)</td>
</tr>
<tr>
<td>3</td>
<td>CT and CTA (Head/Brain/Orbit/Maxillofacial/Neck)</td>
</tr>
<tr>
<td>4</td>
<td>MRI and MRA (Chest/Abd/Pelvis)</td>
</tr>
<tr>
<td>5</td>
<td>MRI and MRA (Head/Brain/Neck)</td>
</tr>
<tr>
<td>6</td>
<td>MRI and MRA (spine)</td>
</tr>
<tr>
<td>7</td>
<td>CT (spine)</td>
</tr>
<tr>
<td>8</td>
<td>MRI and MRA (lower extremities)</td>
</tr>
<tr>
<td>9</td>
<td>CT and CTA (lower extremities)</td>
</tr>
<tr>
<td>10</td>
<td>MRI and MRA (upper extremities and joints)</td>
</tr>
<tr>
<td>11</td>
<td>CT and CTA (upper extremities)</td>
</tr>
</tbody>
</table>

All other BCBSIL claim rules and edits will still apply.
BCBSIL periodically conducts audits of claims submitted by providers to help ensure that benefits are allowed only for those services that are included in our members’ benefit packages and within our corporate guidelines and Medical Policies.

Claims submitted to BCBSIL for orthotics may include the following Health Care Procedure Coding System (HCPCS) codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Each</th>
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<tbody>
<tr>
<td>L3000</td>
<td>Foot insert, removable, molded to patient model, UCB type, Berkeley shell</td>
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</tr>
<tr>
<td>L3001</td>
<td>Foot, insert, removable, molded to patient model, Spenco</td>
<td></td>
</tr>
<tr>
<td>L3002</td>
<td>Foot, insert, removable, molded to patient model, Plastazote or equal</td>
<td></td>
</tr>
<tr>
<td>L3003</td>
<td>Foot, insert, removable, molded to patient model, silicone gel</td>
<td></td>
</tr>
<tr>
<td>L3010</td>
<td>Foot, insert, removable, molded to patient model, longitudinal arch support</td>
<td></td>
</tr>
<tr>
<td>L3020</td>
<td>Foot, insert, removable, molded to patient model, longitudinal/metatarsal support</td>
<td></td>
</tr>
<tr>
<td>L3030</td>
<td>Foot insert, removable, formed to patient foot</td>
<td></td>
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</tbody>
</table>

Orthotics fitted using pressure plate devices are not payable based upon the HCPCS definition which states, “Molded to patient model.”

For more information regarding BCBSIL’s Orthotics Medical Policy (DME103.001), visit the Standards and Requirements/Medical Policy section of our website at www.bcbsil.com/provider. On the Medical Policy page, select “Active and Pending Medical Policies.” After reading the Medical Policies Disclaimer, click on “I Agree.”

David Stein, M.D. offers the following message and reading recommendations:

For this month’s issue I am recommending two articles and an editorial that deal with different aspects of cardiovascular disease. They will be helpful for the generalist as well as the subspecialist.

The first article by W. J. Perkins et al is “Carotid Stenting vs Endarterectomy: New Results in Perspective,” and the editorial by Harold P. Adams on the “Management of Carotid Artery Stenosis: Endarterectomy or Stenting” are in the Mayo Clinic Proceedings, December 2010; 85 (12) 1101-1108 and 1071-1072, respectively. The papers look at outcomes after endarterectomy and stenting in different groups, both symptomatic and asymptomatic, along with variation in results and complications by age. They also include the impact of current medical therapy for this disease.

The second article is part of the contemporary review in cardiovascular medicine series in Circulation, Oct. 2010:122:1629-1636, “Ambulatory Arrhythmia Monitoring Choosing the Right Device.” This article provides a concise, updated approach to selection of the most appropriate electrocardiographic monitoring device in diverse clinical situations. It can be read and kept as a handy reference guide.

The above articles are for informational purposes only. The views and opinions expressed in these articles are solely those of the authors, and do not represent the views or opinions of BCBSIL, Health Care Service Corporation, its medical directors or Dr. Stein.
Lifetime Dollar Maximum Changes

BCBSIL will no longer impose lifetime dollar maximums on essential health benefits.* This change is effective for all health plans, including grandfathered health plans, for plan/policy years beginning on or after Sept. 23, 2010. As a result of this change, you will no longer see information related to lifetime dollar maximums on your Provider Claim Summary (PCS), Electronic Payment Summary (EPS), and other related documentation and/or online applications. BCBSIL will continue to use lifetime dollar maximums, as applicable, on non-essential health benefits.

For a partial listing of essential health benefits, as determined by BCBSIL for purposes of addressing annual and lifetime dollar maximums, visit the Claims and Eligibility/Eligibility and Benefits section of our website at www.bcbsil.com/provider. Look for the Essential/Non-essential Benefits Listing, under "Related Resources.”

*Note: This is not applicable to all plans. Some self-insured plans may retain limits on certain benefits.

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

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

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

BLUE REVIEW
Blue Cross and Blue Shield of Illinois
300 E. Randolph Street – 25th Floor
Chicago, Illinois 60601-5099
E-mail: bluereview@bcbsil.com
Website: www.bcbsil.com/provider

Publisher:
Stephen Hamman, VP, Network Management

Editor:
Gail Larsen, DVP, Provider Relations

Managing Editor:
Jeanne Trumbo, Sr. Manager, Provider Communications

Editorial Staff:
Margaret O'Toole, Marsha Tallerico
and Allene Walker

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VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER