

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

March 2017

We Want to Work with You in the Fight Against Opioid Abuse

According to the [Centers for Disease Control and Prevention \(CDC\)](#), more people in the United States died of a drug overdose in 2014 than in any previous year. Of those deaths, six out of 10 involved prescription opioids.¹ Nationally, more than 28,600 people died from opioid drug overdoses in 2014.²

While opiate abuse has made national headlines recently, Blue Cross and Blue Shield of Illinois (BCBSIL) has been working on the problem for 12 years. Our opiate abuse outreach program reviews members' doctor visits and prescriptions on claims reported to BCBSIL to help identify anyone who might be struggling with addiction. Those who BCBSIL identifies as possibly needing help are contacted to discuss the overuse and to help the member make a plan to rely upon one pain management doctor who can better coordinate their care. The Controlled Substance Integration intervention program was launched in 2014 and works directly with members and doctors to help address opiate abuse.

In our online community, Connect, BCBSIL is running a three-part article series on how BCBSIL is helping members who may be struggling with opioid abuse. The first article, "[Kicking the Habit: Helping to Overcome Opioid Addiction in America](#)," chronicles the journey of a member who slipped into addiction and is fighting to recover. The second article, "[Q&A: How BCBSIL Helps to Spot and Stop Abuse of Opiate Pain Relievers](#)," offers a discussion about our unique program to identify addiction and help members. It's followed by a third article, "[Understanding Pain and What to Do About It](#)" which discusses the differences between acute and chronic pain and how members can talk to their doctors when asking for relief. To find these articles online, go to [bcbsil.com](#), click on the Connect Now button and search by article title.

We encourage you to read these articles and become familiar with the resources BCBSIL has to offer so we can work together in the fight against opioid abuse.

¹Centers for Disease Control and Prevention, Injury Prevention & Control: Opioid Overdose, Understanding the Epidemic, <https://www.cdc.gov/drugoverdose/epidemic/index.html>

²Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010–2015. MMWR Morb Mortal Wkly Rep. ePub: 16 December 2016.

This material is for informational purposes only and is not to be construed as medical advice. The Controlled Substance Integration intervention program is not a substitute for the independent medical judgment of a doctor. Health care providers are instructed to exercise their own independent medical judgment based upon all available information and the patient's condition at the time of treatment.

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New Medicaid and Medicare Benefit Preauthorization Requirements through eviCore

Blue Cross and Blue Shield of Illinois (BCBSIL) has contracted with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to provide utilization management services for benefit preauthorization requirements outlined below.

Effective April 3, 2017, BCBSIL members enrolled in any of the government programs listed below will be subject to the new benefit preauthorization requirements set forth in this notice:

- Blue Cross Community MMAI (Medicare-Medicaid Plan)SM
- Blue Cross Community Integrated Care Plan (ICP)SM
- Blue Cross Community Family Health PlanSM (FHP)
- Blue Cross Community Managed Long Term Supports and ServicesSM (MLTSS)
- Blue Cross Medicare Advantage (PPO)SM

eviCore will manage benefit preauthorization requests for the following specialized clinical services effective for dates of service on or after April 3, 2017:

- Outpatient Molecular Genetics
- Outpatient Radiation Therapy
- Musculoskeletal services
 - Chiropractic
 - Physical and Occupational Therapy
 - Speech Therapy
 - Spine Surgery (Outpatient/Inpatient)
 - Spine Lumbar Fusion (Outpatient/Inpatient)
 - Interventional Pain
- Outpatient Cardiology & Radiology imaging services
 - Pediatric Abdomen Imaging
 - Pediatric Cardiac Imaging
 - Pediatric Chest Imaging
 - Pediatric Head Imaging
 - Pediatric Musculoskeletal Imaging
 - Pediatric Neck Imaging
 - Pediatric Oncology Imaging
 - Pediatric Pelvis Imaging
 - Pediatric Peripheral Nerve Disorders (Pnd) Imaging
 - Pediatric Peripheral Vascular Disease (Pvd) Imaging
 - Pediatric Spine Imaging
 - Abdomen Imaging
 - Cardiac Imaging
 - Chest Imaging
 - Cardiac Rhythm Implantable Device (Crid)
 - Head Imaging
 - Musculoskeletal
 - Neck Imaging
 - Obstetrical Ultrasound Imaging
 - Oncology Imaging
 - Pelvis Imaging
 - Peripheral Nerve Disorders (Pnd) Imaging
 - Peripheral Vascular Disease (Pvd) Imaging
 - Spine Imaging
- Outpatient Medical Oncology
- Outpatient Sleep
- Post-Acute Care
- Outpatient Specialty Drug

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.

Providers may continue to use iExchange[®] for all other services that require benefit preauthorization.

BCBSIL and eviCore will be providing additional information, including training opportunities, in the coming months on the Provider website at bcbsil.com/provider and in *Blue Review*.

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

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.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL.

iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Medecision. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

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Obtaining Provider Claim Summaries

Provider Claim Summaries (PCSs) are now accessible through the Reporting On-Demand application, located under our Blue Cross and Blue Shield of Illinois (BCBSIL) branded Payer Spaces section on the AvailityTM Web portal.

With Reporting On-Demand, the identical PCS received by mail from BCBSIL is readily available for you to view, save, download and/or print, at your convenience. You must be registered with Availity to gain access to the Reporting On-Demand application. As a point of clarification, enrollment to receive the 835 Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) from BCBSIL remains optional.

Join us for a webinar to learn more! BCBSIL is hosting one-hour educational webinars for you to learn more about the Reporting On-Demand application. New and existing Availity users are highly encouraged to attend. To register for a complimentary online training session, select a date and time below.

[March 8, 2017 – 2 to 3 p.m.](#)

[March 15, 2017 – 2 to 3 p.m.](#)

[March 22, 2017 – 2 to 3 p.m.](#)

[March 29, 2017 – 2 to 3 p.m.](#)

Not yet registered with Availity? Simply go to availity.com, select “Register” and complete the online registration process today at no additional cost. For more information on Availity registration or to request additional training, contact our Provider Education Consultants 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 offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers complimentary educational 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. To register online now, visit the [Webinars page](#) in the Education and Reference Center on our website at bcbsil.com/provider.

BCBSIL WEBINARS		
<p>BCBSIL Back to Basics: 'Availity™ 101' <i>A review of electronic transactions, provider tools and online resources.</i></p>	<p>March 7, 2017 March 14, 2017 March 21, 2017 March 28, 2017</p>	<p>11 a.m. to noon</p>
<p>Availity Reporting On-Demand <i>This new tool permits registered Availity users to readily view, download, save and/or print the Provider Claim Summary online.</i></p>	<p>March 8, 2017 March 15, 2017 March 22, 2017 March 29, 2017</p>	<p>2 to 3 p.m.</p>
<p>iExchange® Training: New Enrollee Training <i>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</i></p>	<p>March 21, 2017</p>	<p>11 a.m. to 12:15 p.m.</p>
<p>Introducing Remittance Viewer <i>This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i></p>	<p>March 14, 2017</p>	<p>10 to 11 a.m.</p>

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Reminder: Annual CMS/HFS Mandatory Training for MMAI, ICP, FHP and MLTSS Providers

The Centers for Medicare & Medicaid Services (CMS) and the Illinois Department of Health & Family Services (HFS) require Blue Cross and Blue Shield of Illinois (BCBSIL) to make available training to Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community Integrated Care Plan (ICP)SM, Blue Cross Community Family Health PlanSM (FHP) and Blue Cross Community Managed Long Term Supports and ServicesSM (MLTSS) independently contracted network providers. **Annual completion of this training is mandatory for all MMAI, ICP, FHP and MLTSS contracted providers.** BCBSIL monitors providers' training completion dates. Providers are expected to complete their 2017 training within one year of their 2016 training completion date.

To help simplify the training process and help make it less time-consuming for contracted providers, BCBSIL has restructured the format by condensing the previous eight training modules into five. These training modules are available on the Medicare/Medicaid page in the Network Participation section of our website under [Provider Training Requirements and Resources](#). Or, you may complete an [online](#) or paper BCBSIL/Illinois Association of Medicaid Health Plans (IAMHP) attestation certifying that your practice has completed the annual MMAI, MLTSS, ICP and FHP compliance training through another Managed Care Organization (MCO). If you have questions on the training or attestation process, contact your assigned Provider Network Consultant (PNC).

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BlueCard[®] Program Manual Update

To assist you when you are providing care and services to out-of-area Blue Plan members, the BlueCard Program Provider Manual is available on the [BlueCard Program](http://bcbsil.com/provider) page in the Standards and Requirements section of our website at bcbsil.com/provider.

This manual includes information on how the BlueCard program works, how to identify BlueCard members, claim filing guidelines, key contacts, answers to frequently asked questions, a glossary of BlueCard terms and other important details.

For 2017, a new section on air ambulance claims has been added to the BlueCard Program manual. Examples of other specific sections included in the manual are:

- BlueCard Program Advantages for Providers
- Coverage and Eligibility Verification
- Electronic Provider Access
- Ancillary Claims
- Contiguous Counties/Overlapping Service Areas

We encourage you to become familiar with the procedures and guidelines in this helpful resource.

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2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for MMAI, ICP and FHP Members

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts an annual CAHPS survey with its Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community Integrated Care Plan (ICP)SM and Blue Cross Community Family Health PlanSM (FHP) members. The primary focus of the survey is to assess members' satisfaction with BCBSIL and its independently contracted providers and specialists.

Surveys will be mailed this month, March 2017, to MMAI, ICP and FHP members. Examples of topics and questions in the survey include:

- Provider Communication – Did your provider listen carefully, show respect and spend enough time with you?
- Getting Needed Care – Did you receive the care you believed was necessary?
- Getting Care Quickly – Were you able to make an appointment as soon as you needed?
- Shared Decision Making – Did your provider discuss the risks and benefits of a medication and include you in the treatment decision?
- Coordination of Care – Was your provider informed and up-to-date about the care you received from other providers?
- Mental Health – Did your provider help coordinate your mental health care?
- Flu Vaccination – Did your provider educate you on the importance of a yearly flu vaccination?
- Pneumonia Vaccination – Did your provider educate you on the importance of a pneumonia vaccination?
- Aspirin Use – Did your provider educate you on the risks and benefits of aspirin use?
- Tobacco Use Cessation – Did your provider ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction. If your patients receive a survey, please encourage them to complete it and return it to BCBSIL.

If you have any questions regarding the CAHPS survey, contact Dana DeLisa at dana_delisa@bcbsil.com or 312-653-1097.

This information is for informational purposes only and is not a substitute for the sound medical judgment of a doctor. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.

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Recently Enacted Laws Passed by the Illinois General Assembly

The 2016 Illinois legislature passed several new laws that impact insurance coverage in 2016, 2017 and beyond. Brief overviews of these new laws and amendments are listed below.

Public Act 99-0672 (House Bill 5576) Contraceptive Mandate

This Act requires that any fully insured health plan issued, delivered, amended, or renewed after Jan. 1, 2017, provide coverage for contraceptives, contraceptive services, patient education and counseling on contraception at no cost share.

Contraceptive Mandate – Specific Requirements:

- Provide coverage for all contraceptive drugs, devices and other products approved by the U.S. Food and Drug Administration (FDA); including all over-the-counter contraceptive drugs, devices and products approved by the FDA, but excluding male condoms.
- Policy only required to cover one therapeutic equivalent version of a contraceptive drug, device or product without cost sharing.
- For drugs, devices or products not covered, issuer must have expedient process to ensure coverage without cost sharing.
- If a provider recommends a particular service or item approved by the FDA, the policy must defer to attending provider for medical necessity and provide the service or item at no cost sharing.
- Must provide for the dispensing of 12 months' worth of contraception at one time.
- Provide coverage for voluntary sterilization procedures (males and females).
- Provide coverage for follow-up services related to the drugs, devices, products and procedures covered, including, but not limited to, management of side effects, counseling for continued adherence, and device insertion and removal.
- Policy cannot impose a deductible, coinsurance, copayment or any other cost-sharing requirement on the coverage provided.
- Any group with fully-insured coverage would need to include contraceptive coverage under the plan.

Public Act 99-0761 (House Bill 3549) Step Therapy

This Act applies the qualified health plan (QHP) medical exceptions process across all fully-insured business. It also establishes conditions under which step therapy exceptions must be approved by a health carrier. It takes effect on Jan. 1, 2018.

Public Act 99-0503 (House Bill 1260) Data Breach

This Act created a notification process requiring that data breaches be reported to the Illinois Attorney General. The Act took effect Jan. 1, 2017.

This communication is intended for informational purposes only. It is not intended to provide, does not constitute, and cannot be relied upon as legal, tax or compliance advice. If you have any questions about the laws, you should consult with your legal advisor. The information contained in this communication is subject to change based on future regulation and guidance.

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Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

FEE SCHEDULE UPDATE:

Effective June 1, 2017, 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 to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2017, 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 25, 2017.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can 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](#) in the Education and Reference Center on our website at bcbsil.com/provider.

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ClaimsXtenTM 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 (i.e., change from ClaimsXten version 4.1 to 4.4) also will be posted on the BCBSIL Provider website.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim ConnectionTM (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSIL's code-auditing software. Refer to the [Clear Claim Connection page](#) in the Education and Reference Center/Provider Tools section of our Provider website for additional information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Additional information may be included in upcoming issues of the [Blue Review](#).

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