



BLUE REVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MAY 2016

Key Crohn's Disease Indicators Identified Through Data Analysis

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Data analysis conducted by BCBSIL, in collaboration with one of Illinois' largest independent gastroenterology group, have helped identify risk factors in Crohn's Disease patients that correlate with greater severity of the condition and higher costs of care.

The research conducted with the Illinois Gastroenterology Group (IGG) revealed four indicators that may help clinicians engage earlier with Crohn's patients who need medical interventions (see sidebar). The goal is to help avoid complications of the chronic disease and improve patients' quality of life.

The first part of the study was focused on better understanding the patients' treatment patterns.

The study found that less than a third of the patients admitted to the hospital for a Crohn's complication had been seen by a gastroenterologist within 30 days before admission.*

From these results, an experiment called Project Sonar was developed, a system that automatically "pings" participating Crohn's patients on a monthly basis with five structured questions. Patients' responses were used to calculate a numerical score that, over time, helped clinicians track the severity of the condition and intervene if the clinician considered it appropriate.

The success in reducing complications and the need for ER visits and hospitalizations in a 50-patient pilot in 2013 led to expanding the study to more locations and a greater population of patients.

The study was conducted by BCBSIL's Center for Collaborative Studies, an effort to work together with providers, academic institutions and community-based organizations to use clinical data and analytics to investigate health care marketplace trends and drive improved value in health care. To learn more about working with the center, please send an email to research@bcbsil.com.



Four Crohn's Disease Metrics = Higher Costs

The Center for Collaborative Studies' data analysis identified four metrics out of the larger group of 26 that correlate with high Crohn's costs.

Analyzing data in the IGG's Crohn's Disease intensive medical home, the team identified four statistically significant metrics that correlate with Crohn's-related medical costs in the 90th percentile:

- Low albumin, a blood protein, is associated with 19.4 times greater likelihood of high costs
- Presence of joint pain is associated with 5.7 times greater likelihood of high costs
- Presence of inflammation is associated with 11.5 times greater likelihood of high costs
- Stricturing, an acute swelling in the small intestine, is associated with 5.4 times greater likelihood of high costs



*BCBSIL and IGG study conducted during August and September 2015 and presented at the *Advances in Inflammatory Bowel Diseases: Crohn's & Colitis Foundation's Clinical and Research Conference* in Orlando, Florida in December 2015.

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

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our Provider website.

You may view active, new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our Provider website. 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.

Please visit the Standards and Requirements/Medical Policy section of our Provider website for access to the most complete and up-to-date medical policy information.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

BCBSIL Announces Results and Plans to Continue Pediatric Asthma Project

According to information on the Centers for Disease Control and Prevention (CDC) website, asthma affects 6.3 million American children today.¹ This number includes an estimated 13 percent of Illinois children – one child in every six – who have been diagnosed with the disease, based on results of a state-specific survey conducted by the CDC and the Illinois Department of Public Health's Center for Health Statistics.²

With these alarming statistics in mind, BCBSIL and the American Lung Association of the Upper Midwest recently announced initial results of a three-year collaborative "Enhancing Care for Children with Asthma" project. Initial project results were published Feb. 25, 2016, in the News section of our company website at bcbsil.com.³ Highlights from the original announcement are included below.

The Enhancing Care for Children with Asthma project, initially launched in 2012, aims to help enhance pediatric asthma care for high-risk patients through community-based interventions at primary health centers, including physician offices, federally qualified community health centers and school-based clinics.

The project offers training for Illinois clinics on how to assist children and their caretakers in learning to manage and control their asthma. It also provides educational materials to give children and their caretakers an understanding of what asthma is, explain how to avoid triggers and show them how to properly take medication.

Results of a BCBSIL claims data analysis from the first two years of the project showed a 60 percent decrease in hospitalizations and 53 percent reduction in emergency department visits for patients of 16 clinic locations in Illinois that participated in the project. Based on this early success, BCBSIL is extending the project another two years.

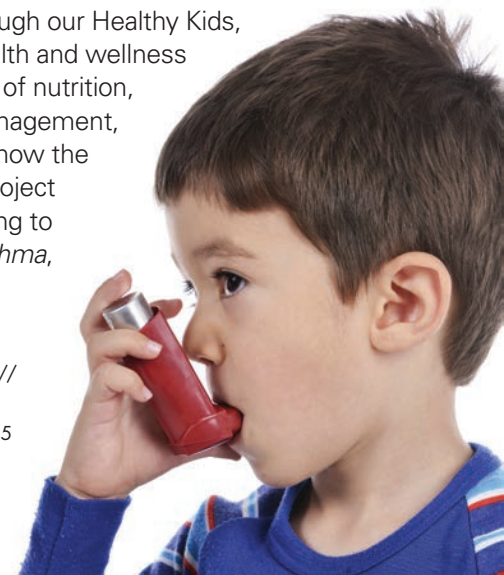
Starting this year, the project will also integrate the American Lung Association's proven Environmental Improvements for Children's Asthma (EICA) program that targets removal of allergens and irritants in the home environment of children with poorly controlled asthma. BCBSIL will work with participating clinics and the American Lung Association in Illinois to help identify children who continue to have hospitalizations and emergency visits. Care coordinators from the American Lung Association will conduct home visits to evaluate potential environmental triggers that may be preventing these children from responding to enhanced care and educational efforts.

This project is one of many established through our Healthy Kids, Healthy Families® initiative, which offers health and wellness education and support services in the areas of nutrition, physical activity, disease prevention and management, and supporting safe environments. To learn how the Enhancing Care for Children with Asthma project helped give one Chicago area teen something to cheer about, watch our video, *Taking on Asthma*, on BCBSIL's YouTube channel.

¹<http://www.cdc.gov/nchs/fastats/asthma.htm>

²<http://www.dph.illinois.gov/sites/default/files/publications//idphasthmainfographic.pdf>

³<http://www.bcbsil.com/company-info/news/news?id=ikyaevs5>



Contributing to the Health and Wellness of Illinois Communities



BCBSIL is proud to share some highlights from the BCBSIL 2015 Social Responsibility Report. 2015 was a remarkable year for BCBSIL, as well as the communities we serve. The online report demonstrates through stories, photos and videos how BCBSIL lives its commitment to social responsibility through corporate and employee giving, diversity and inclusion, sustainability, ethics and compliance, and promoting wellness. And it demonstrates how BCBSIL aligns its community investments with its business objectives, partnering with community organizations to serve at-risk communities and address chronic health disparities.

Again this year, BCBSIL had an impressive impact in communities it serves:

- Increased employee volunteerism by 23 percent, with nearly 3,400 employees volunteering close to 48,000 hours
- Set a new milestone of over \$108,000 in matching funds for 99 organizations
- Over 850,000 children served through the BCBSIL Healthy Kids, Healthy Families initiative, in the areas of nutrition, physical activity, disease prevention and management, and supporting safe environments, providing more than 4 million health and wellness services to children and their families since 2011

Hear from members as they share personal impressions:

- Martha, a first-time mom who turned to the 24/7 Nurseline when she needed immediate advice on caring for her newborn
- Maricruz, who credits an email about wellness for leading to life-saving treatment
- Mike, facing multiple weight-related health issues, made dramatic lifestyle changes

You can read the complete 2015 Social Responsibility Report at bcbsil2015srr.com.

Checking Eligibility and Benefits is Important

As always, verifying eligibility **and** benefits is a critical first step before providing services to new and existing patients. Ask to see the member's ID card upon the first visit and every visit thereafter.

The following are some reasons why this process is important for every visit, even if multiple visits were approved:

- Patients may have changed benefit plans and/or networks
- Patients may change or cancel their individual policy
- Policies and benefits may change during the course of treatment
- Copays and coinsurance may vary by product

Checking eligibility and benefits electronically through Availity™, or your preferred vendor portal, is strongly encouraged.

For additional information, refer to the Claims and Eligibility/Eligibility and Benefits section of our website at bcbsil.com/provider.

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

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

Medicaid Out-of-state Member Claims and Provider Enrollment Requirements

Blue Cross and Blue Shield Plans currently administer Medicaid programs in 18 states, including Illinois, as a Managed Care Organization (MCO), providing comprehensive Medicaid benefits to the eligible population. Because Medicaid is a state-run program, requirements vary for each state, and thus each Blue Cross and Blue Shield Plan. Medicaid members have limited out-of-state benefits, generally covering only emergency situations.

As a reminder, claims for out-of-state Blue Cross and Blue Shield Medicaid members should be submitted to BCBSIL. If you are contracted with BCBSIL for Medicaid, your local Medicaid rates will only apply for BCBSIL members. When you see a Medicaid member from another state and submit a claim, you must accept the Medicaid fee schedule that applies in the member's home state.

ALERT! OUT-OF-STATE PROVIDER ENROLLMENT MAY BE REQUIRED

Some states require that out-of-state providers enroll in their state's Medicaid program in order to be reimbursed. Some states may accept a provider's Medicaid enrollment in the state where they practice to fulfill this requirement. A listing of **Medicaid Enrollment Requirements by State** is available in the Standards and Requirements / BlueCard® Program section of our website at bcbsil.com/provider, under the Related Resources.

For additional information, refer to the **Claims Handling for Medicaid Members** document, available in the Network Participation / Blue Cross Community OptionsSM section of our Provider website, under the Related Resources.

Checking eligibility and/or benefit information is not a guarantee of payment. Please note that the fact that a guideline is available for any given treatment, or 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, please call the number on the member's ID card.

2015 HMO Quality Site Visit Results

BCBSIL performs practitioner site visits every two to three years to comply with Illinois Department of Public Health regulations. During 2015, quality site visits were performed at independently contracted Primary Care Physicians and high volume Behavioral Health Practitioners in the networks for HMO Illinois®, Blue Advantage HMOSM and Blue Precision HMOSM.*

Site visit results are compiled and reviewed quarterly and analyzed typically on an annual basis. BCBSIL results from the visits continue to be above 90 percent for many indicators, including facility environment, safety, medical record systems, patient education and emergency preparedness. Opportunities for improvement exist with providers meeting Americans with Disability Act requirements, such as handicapped access signage and handicapped exam table(s). Practitioners are expected to have 24 hour on call arrangements and maintain an answering service log of calls for one calendar year. Effective Jan. 1, 2016, answering service logs are to be kept for 10 years. Indicators related to discarding opened medications within 28 days met the BCBSIL goal of 90 percent.

OPPORTUNITIES FOR IMPROVEMENT IN THE HMO NETWORK

The 2015 site visit results identified several categories which offer opportunities for improvement in medical record documentation in the HMO network. Site visit data indicate that some providers are not consistently documenting the required elements listed below:

Quality of Patient Care

- Assessment of physical activity for adults
- BMI percentile for children
- Alcohol use annually for adolescents
- Use of a standardized alcohol assessment tool for both adults and adolescents
- Assessment of illicit substance use and recommending treatment if indicated for both adults and adolescents
- Smoking cessation advice for adults and adolescents

Preventive

- Colorectal cancer screening for adults age 50 and over
- Influenza vaccination for adults and children
- Aspirin use discussion for both males and females
- Chlamydia testing for females ages 16-24
- Breast cancer screening and cervical cancer screening for females
- Hepatitis A vaccine for children

The BCBSIL Site Visit staff will usually meet with the physician and office personnel following the site visit to provide results and identify areas that need improvement.

SCHEDULING REMINDERS

To help us schedule your site visit, primary care physician offices are asked to consider the following:

- If you use electronic medical records (EMRs), please inform us when we schedule your site visit and allow the BCBSIL auditor access to the EMR during the audit.
- If you need to cancel a site visit, please let us know five business days prior to the visit.

Thank you for continuing to assist BCBSIL in its quality improvement efforts. For additional information regarding the Quality Site Visit standards and Site Visit Comparisons, visit the Clinical Resources/Site Visits section of our website at bcbsil.com/provider.

* Some of the providers are also contracted for the Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Medicare Advantage (HMO)SM.

Utilization Management Decision-making Guidelines

As mentioned in the March 2016 *Blue Review*, BCBSIL confirms that there is no conflict of interest between BCBSIL independently contracted HMO Medical Group/Independent Practice Association (MG/IPAs) and the MG/IPA employees regarding Utilization Management (UM) issues. The same applies between BCBSIL independently contracted HMO Federally Qualified Health Centers (FQHCs), individual practitioners and providers, and the FQHC and independent practitioner and provider employees regarding UM issues. To help ensure we adhere to this requirement, BCBSIL and the independently contracted HMO MG/IPA/FQHCs and independent practitioner and providers must affirm that their employees and contracting physicians abide by certain UM decision-making guidelines.

BCBSIL HMO employees affirm that:

- UM benefit decisions are based on medical necessity, which includes appropriateness of care and services, and the existence of available benefits
- The organization does not specifically reward health plan staff, providers or other individuals for issuing benefit denials for any health care service or products
- Incentive programs are not utilized to encourage decisions that result in underutilization

HMO MG/IPA/FQHCs and independent practitioners and providers that contract with BCBSIL to participate in our HMO products must also affirm that their employees and contracted physicians follow established UM decision-making guidelines, including those mentioned above.

For HMO government programs that include delegation for UM, independently contracted HMO MG/IPA/FQHCs must meet the following additional UM access standards:

- Calls regarding UM decisions after normal business hours must be answered or taken via a voicemail system, answering machine or answering service
- Calls regarding UM decisions must be returned within one business day of receipt
- Collect calls must be accepted only in regard to UM decisions

Annual statements regarding these guidelines are distributed to BCBSIL HMO product staff, MG/IPA/FQHCs, independently contracted physicians and staff, and BCBSIL HMO members.



Four New 'X' Modifiers to Use Instead of Modifier 59

Effective Jan. 1, 2015, the CMS added four new X modifiers to define subsets of modifier 59 when submitted with Current Procedural Terminology (CPT®) and HCPCS codes. BCBSIL continues to recognize modifier 59, as well as these new X modifiers.

Our Special Investigations Department (SID) has identified a number of situations where inappropriate use of modifiers has occurred, often resulting in overpayments to providers and subsequent refund requests. Whether using modifier 59 or an X modifier, it is important to ensure there is adequate medical record documentation to support use of these modifiers on claims submitted to BCBSIL.

As a reminder for your reference purposes, here is a list of the X modifiers added by CMS as of Jan. 1, 2015, along with their descriptions:

X Modifier List	CMS Description
XE – <i>Separate Encounter</i>	<i>A service that is distinct because it occurred during a separate encounter</i>
XS – <i>Separate Structure</i>	<i>A service that is distinct because it was performed on a separate organ/structure</i>
XP – <i>Separate Practitioner</i>	<i>A service that is distinct because it was performed by a different practitioner</i>
XU – <i>Unusual Non-overlapping Service</i>	<i>The use of a service that is distinct because it does not overlap usual components of the main service</i>

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Provider Learning Opportunities

A snapshot of complimentary upcoming training sessions offered by BCBSIL is included below. To register, visit the Workshops and Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

BCBSIL WEBINARS

BCBSIL Back to Basics: 'Availity 101'

May 17, 2016
May 24, 2016
May 31, 2016

All sessions: 11 a.m. to noon

Introducing Remittance Viewer

May 18, 2016
June 15, 2016

Both sessions: 11 a.m. to noon

iExchange Training: 2016 System Enhancements

June 8, 2016 – 11 a.m. to noon
June 23, 2016 – 2 to 3:15 p.m.

BCBSIL Professional Provider Workshops

Learn about products, benefit preauthorization updates and new PPO credentialing guidelines.

May 18, 2016

Stoney Creek Hotel & Conference Center
101 18th St., Moline, IL 61265

The registration deadline is May 13, 2016.

May 25, 2016

Lincolnshire Marriott Resort
10 Marriott Dr., Lincolnshire, IL 60069

The registration deadline is May 20, 2016.

For both of the above workshop dates, sign-in is 9 to 9:30 a.m.; session time is 9:30 a.m. to noon.

Questions? Contact Gina Plescia at gina_plescia@bcbsil.com or 312-653-4733.

Proton Pump Inhibitor Benefit Prior Authorization for Select Members

The Centers for Medicare & Medicaid Services (CMS) Medicaid Integrity Group (MIG) has identified the need for review of prescribing habits in the Proton Pump Inhibitor (PPI) drug therapy class. In particular, it has been shown that PPIs are being prescribed outside the U.S. Food and Drug Administration (FDA) approved product labeling for indication, age, dosage or duration of therapy.¹

According to the FDA, prolonged use of PPIs may be related to adverse side effects, such as increased risk of Clostridium difficile (C. difficile) associated diarrhea, low magnesium levels and fractures of the hip, wrist and spine.^{2,3,4} Additional studies have shown there may be a link between chronic PPI use and community-acquired pneumonia.⁵

Effective June 1, 2016, Blue Cross Community ICPSM or Integrated Care Plan, and Blue Cross Community Family Health PlanSM (FHP) members requesting a PPI for longer than 120 days within one calendar year will be required to obtain a benefit prior authorization (PA). The PA request must be submitted to BCBSIL and approved in order for any prescriptions filled on or after June 1, 2016, to be eligible for coverage consideration. Please note that exceptions will be made for members that are diagnosed with hypersecretory disease (i.e., Zollinger-Ellison Syndrome), esophageal stricture, Barrett's Esophagus, H. Pylori treatment and conventional therapy (once daily dosing) failure.

To submit a benefit PA request, submit it online via the CoverMyMeds[®] site at covermymeds.com. For more information, visit our CoverMyMeds page in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider. While electronic options are preferred, benefit PA requests may also be called in to 800-285-9426, followed by a statement with supporting documentation, which may be faxed to 877-243-6930, or mailed. If the benefit PA request is not approved, the member may be responsible for the full amount charged.

Affected members will be notified of this change prior to June 1, 2016. These members will be instructed to contact their physician to discuss their PPI drug choices. If your patients have questions about their prescription drug benefits, please advise them to call the number on their member ID card.

References:

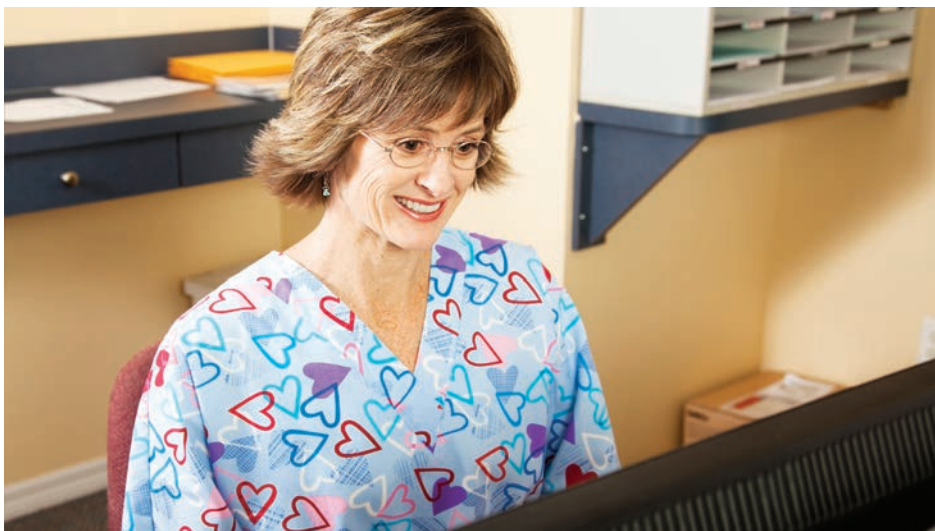
1. U.S. Department of Health and Human Services. The Centers for Medicare & Medicaid Services. Proton Pump Inhibitors: Use in Adults. (8-2013)
2. FDA Drug Safety Communication: Clostridium difficile – associated diarrhea can be associated with stomach acid drugs known as proton pump inhibitors (PPIs) [2-8-2012].
3. FDA Drug Safety Communication: Possible increased risk of fractures of the hip, wrist, and spine with use of proton pump inhibitors [5-25-2010; updated 3-23-2011].
4. FDA Drug Safety Communication: Low magnesium levels can be associated with long-term use of Proton Pump Inhibitor drugs (PPIs) [3-2-2011].
5. Gulmez S, Holm A, Frederiksen H, Jensen T, Pedersen C, Hallas J. Use of Proton Pump Inhibitors and the Risk of Community-Acquired Pneumonia: A Population-Based Case-Control Study. Arch Intern Med.2007;167(9):950-955.

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.

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the products or services they offer, you should contact the vendor(s) directly.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Now is the Time to Use Electronic Options Instead of Requesting Duplicate Copies of Paper Provider Claim Summaries



If you typically request duplicate copies of paper Provider Claim Summaries (PCSs) by calling Provider Customer Service, please be advised that, effective July 11, 2016, duplicate PCSs will no longer be provided by our Customer Advocates.* Additional information on this change will be included in upcoming issues of the *Blue Review*.

ENROLL FOR ELECTRONIC OPTIONS

Eligible providers who currently receive paper PCSs via U.S. Mail are strongly encouraged to enroll to receive the 835 Electronic Remittance Advice (ERA) from BCBSIL. The 835 ERA is a HIPAA-compliant method of receiving claim payment and remittance details that can be automatically posted to your patient accounting system, if available. When you enroll for ERA, you will also receive an Electronic Payment Summary (EPS), which is an electronic version of your paper PCS. The EPS can be saved electronically or printed for your patient records. In addition, you may retrieve duplicate remittances through electronic channels, as noted below. To learn more about ERA enrollment, refer to the Claims and Eligibility/Claim Payment and Remittance section of our website at bcbsil.com/provider.

JOIN US FOR A WEBINAR

We are currently hosting online training sessions to provide an overview of the Availity Remittance Viewer, which offers providers and billing services a convenient way to obtain duplicate copies of claim payment and remittance information electronically. To gain access to the remittance viewer, you must be registered with Availity and enrolled to receive your 835 ERA files from BCBSIL. **For upcoming webinar dates and times, see the Provider Learning Opportunities on page 6.** To register, visit the Workshops/Webinars page in the Education and Reference Center section of our Provider website.

**The information above may not be applicable to all providers. Exceptions may be made in special circumstances, such as for providers who do not have electronic access capabilities.*

Corrected Claim Request Alert: Changes Effective July 11, 2016

Effective July 11, 2016, corrected claim requests for previously adjudicated electronic and paper claims can no longer be submitted by calling Provider Customer Service or by using the Claim Inquiry Resolution feature in our Electronic Refund Management (eRM) tool. See below for important reminders on proper submission of corrected claim requests. Additional information will be included in upcoming issues of the *Blue Review*, as well as the News and Updates on our website at bcbsil.com/provider.

ELECTRONIC SUBMITTERS

The BCBSIL claim system recognizes claim submission types based on claim frequency code submitted on professional (837P) and institutional (837I) electronic claims. Replacement claims (sometimes referred to as corrected claims) submitted electronically are identified by using claim frequency code 7; voided or canceled claims are identified by using claim frequency code 8. Please note that the electronic replacement claim will replace the entire previously processed claim. Therefore, when submitting a correction, send the claim with all changes exactly how the claim should be processed.

PAPER SUBMITTERS

BCBSIL requires "corrected claim" to be indicated on the paper claim form and/or on the Claim Review Form when corrections to a paper claim are submitted. Effective July 11, 2016, any changes to a claim that are indicated **only** on the Claim Review Form or via a letter will be returned with a notice advising resubmission on the appropriate professional (CMS-1500) or institutional (UB-04) paper claim form.





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

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

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