

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2019

■ Provider Education

Health Equity will be Discussed at May 15 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. [Register Today](#) for our **May 15, 2019**, free Blue University event when the discussion will focus on health equity and social determinants of health.

[Read More](#)

■ Provider Learning Opportunities

BCBSIL offers free workshops and webinars for the independently contracted providers who work with us. A list of upcoming training sessions is included in this month's issue.

[Read More](#)

■ Focus on Behavioral Health

May is Mental Health Month: Talk to Your Patients About Depression

May is Mental Health Month, which is a great time to encourage your BCBSIL patients to call us at the number on their ID card to learn about the behavioral health benefits available to them.

[Read More](#)

Behavioral Health Providers: You have electronic options!

We're pleased to offer and support electronic options to help you streamline administrative functions in your office.

[Read More](#)

Check Your Patients' Behavioral Health Benefit Preauthorization Requirements

Beginning **July 15, 2019**, we will be updating our claims review process for behavioral health services that require benefit preauthorization.

[Read More](#)

■ What's New

2018 *Blue Review* Readership Survey: Your Ideas and Input in Action

The results are in for our annual readership survey (conducted in October and November of 2018). Read more for a results snapshot, along with some of the changes you may see in the coming months.

[Read More](#)

■ CMO Perspective

Maternal Morbidity and Rising C-Section Rates: What's the connection? What's the solution?

Our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, opens this month's article with the following questions: *Why are an increasing number of C-sections being performed in the U.S.? And, rather than supporting maternal and child health, how does this increase in C-sections put both mothers and babies at risk?*

[Read More](#)

■ Community Involvement

Making an Impact in Our Community

Read more for the ways we're Making an Impact by strengthening our communities.

[Read More](#)

■ Wellness and Member Education

Bringing Relief to the Urban Food Desert

Do you have patients who don't have access to healthy food? Is their lack of nutrition affecting their health? BCBSIL and Blue Cross Blue Shield InstituteSM have partnered on foodQSM, a subscription-based food service to deliver healthy meals to food deserts.

[Read More](#)

■ Claims and Coding

The Department of Health and Human Services Risk Adjustment Data Validation (HHS-RADV) Program/Initial Validation Audit (IVA) Begins in June

As an insurer participating in the Affordable Care Act's (ACA) HHS-RADV program/IVA, BCBSIL needs your participation in the Centers for Medicare & Medicaid Services required HHS-RADV program/IVA. To comply with the precise timeline requirements of the CMS HHS-RADV audit, we appreciate your support in submitting the requested medical records as you receive notification letters listing the enrollees selected for the audit.

[Read More](#)

Save Time by Using the eviCore Web Portal for Benefit Preauthorization Requests

When benefit preauthorization through eviCore healthcare (eviCore) is required, there are many advantages to submitting your request electronically through eviCore's provider portal. eviCore recently made several improvements to make requests even easier.

[Read More](#)

Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Medicare Advantage Claims

The notice applies to providers submitting electronic claims for the following BCBSIL members: Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM.

[Read More](#)

■ Clinical Updates, Resources and Reminders

BCCHPSM and MMAI Providers: Utilization Management (UM) Reminders

Blue Cross Community Health PlansSM (BCCHP) makes UM criteria available to practitioners and providers upon request. Practitioners and providers are informed in denial notifications that they may request a copy of the criteria used to make the determination and how to contact BCCHP.

[Read More](#)

■ Notification and Disclosure

Important Dates and Reminders

As a direct result of the 2019 *Blue Review* readership survey, we're happy to introduce this new section as a recurring feature of the newsletter.

[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.



[Print](#) this month's newsletter in its entirety.



Contact Us

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

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Health Equity will be Discussed at May 15 Blue UniversitySM Event

[Register Today](#) for our free Blue University event taking place on **May 15, 2019**, for a discussion with health care leaders about health equity and social determinants of health.

Health disparities are experienced by our members across all products and geographies, making health equity is a key component of quality health care. Factors outside the scope of health care – such as lack of access to food, housing and transportation – play a central role in a person's ability to attain a healthy lifestyle. These factors may also add to medical costs that place a financial burden on households and businesses.

These social determinants of health are factors that may shape the health outcomes for your patients and our members. By developing and implementing strategies for health equity within the health care delivery system we can work together to help increase access for our members to quality and affordable care.

The Blue University keynote speaker on May 15 will be Monica E. Peek M.D., MPH, MSc. She is an Associate Professor of Medicine, Section of General Internal Medicine; Associate Director, Chicago Center for Diabetes Translation Research; and Director of Research, MacLean Center for Clinical Medical Ethics at the University of Chicago. Dr. Peek has a particular interest in reducing health care disparities and concentrates these efforts on diabetes care for African American patients. She explores how racial and cultural barriers impact physician-patient relations and shared decision-making.

The event will also feature a moderated panel discussion. The panelists include:

- Niva Lubin-Johnson M.D., FACP, President, National Medical Association
- Trent Haywood, M.D., J.D., Senior Vice President and Chief Medical Officer, Blue Cross Blue Shield Association
- Seth Blumenthal, Director, Clinical Review Group, Integrated Health Model Initiative at the American Medical Association

Workshop Details

The workshop will be held on Wednesday, May 15, 2019, at:

Blue Cross and Blue Shield of Illinois

300 E. Randolph St., Chicago, IL 60601

Registration Check-in: 8:30 to 9 a.m.

Forum: 9 a.m. to Noon

Continental breakfast will be available.

[Register Today!](#)

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview 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>	May 7, 2019 May 14, 2019 May 21, 2019 May 28, 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. The Reporting On-Demand application allows users to readily view, download, save and/or print the Provider Claim Summary (PCS) and other reports online, at no additional cost.</i>	May 16, 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>	May 23, 2019	11 a.m. to 12:15 p.m.
Blue Cross Community Health PlansSM – Webinars	May 7, 2019	Noon to 1 p.m.

for Ancillary Providers

Home Health, Hospice, Durable Medical Equipment (DME), Home Infusion, Dialysis

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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May is Mental Health Month: Talk to Your Patients About Depression

According to a recent study, more than 9 million commercially insured Americans have been diagnosed with depression – a number that has climbed 33%¹ since 2013. In fact, 89% of American adults say that depression is a very serious or somewhat serious condition. However, 2 million of those diagnosed in 2016 did not seek treatment.¹ As a growing number of pharmaceutical and behavioral therapeutic options become available, it's critical to connect people with the individualized treatment that works for them.

May is [Mental Health Month](#), which is a great time to encourage your Blue Cross and Blue Shield of Illinois patients to call us at the number on their ID card to learn about the behavioral health benefits available to them. Depending upon their benefits, members may have coverage for office visits, therapy, medication or even virtual visits with behavioral health professionals.

¹ Major Depression: The Impact on Overall Health, Blue Cross Blue Shield (BCBS), The Health of America Report®, May 10, 2018, <https://www.bcbs.com/the-health-of-america/reports/major-depression-the-impact-overall-health> BCBS, The Health of America

Report [Health IndexSM](#) is a unique health metric that provides a better understanding about which diseases and conditions most impact Americans' overall quality of life. The BCBS Health Index identifies more than 200 health conditions and quantifies how each condition affects Americans' health, life expectancy and well-being. Powered by data from more than 41 million BCBS commercially insured members per year from birth to age 64, this extensive resource brings an unmatched contribution to other available health data to support national and local discussions about how to improve health care in the United States.

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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Behavioral Health Providers: You have electronic options!

We're pleased to offer and support electronic options to help you streamline administrative functions in your office. Are you a registered Availity[®] Provider Portal user? If not, we encourage you to visit availity.com to register now, at no cost. Soon you'll be making the free online tools and resources listed below a part of your daily workflow. If you're already a registered user, contact your Availity administrator for access to these tools in your Availity account.

Express Entry

You'll find this option in the My Providers menu, once you log in to Availity. Express Entry allows the Availity administrator to add and manage provider information in your organization's account. Complete provider information fields in one step on most transactions.

[Eligibility and Benefits](#)

Confirm patient coverage and check benefit details in real-time, 24 hours a day (with the exception of Sundays from 8 a.m. to noon). When you check eligibility and benefits, you'll also get details on benefit preauthorization, if required, and applicable vendors.

Benefit Preauthorization

It's easy to access [iExchange[®]](#), our online benefit preauthorization tool, via the Availity portal. Availity administrators may enroll to use iExchange via BCBSIL's Payer Spaces – select the Resource tab, then "Pre Auth Registration." (**Note:** *This does not apply to HMO plans.*)

[Electronic Claim Submission](#)

Submit electronic claims one at a time or in batch and receive confirmation upon acceptance. Advantages include greater security and accuracy of data, with faster processing and payment.

[Claim Research Tool*](#)

This tool offers enhanced claim status for **commercial** claims. (**Tips:** *Use the billing NPI submitted on the claim. Also make sure the date entered for the service period includes the actual date of service.*)

Claim Status

An electronic claim status inquiry (276 transaction) must be used to obtain claim status information electronically for **government programs** claims.

[Reporting On- Demand](#)

Use Reporting On-Demand to view, download or print duplicate copies of the provider claim summary.

[Claim Inquiry Resolution*](#)

Use this tool to request **commercial** claim review. (**Note:** *This tool should **not** be used for appeals.*)

[Electronic Refund Management*](#)

Receive and respond online to overpayment recovery requests on **commercial** claims.

[Online Submission of Medical Records](#)

Receive and respond to quality and risk adjustment medical record requests electronically via Availity's Medical Attachments application.

As a reminder, if you don't have online access, we have other user-friendly options, too. Our automated interactive voice response system (IVR) is available for real-time eligibility and benefits information for **commercial** BCBSIL members. Results are provided in real-time, along with a confirmation number. You have the option to have benefit details faxed to you for future reference. Customer advocates remain available to help with claim adjustments. To verify eligibility and benefits via phone for **government programs** members, refer to the number on the member's ID card.

For More Information

- **Provider Training** – For an overview of electronic tools and resources on Availity, join us for a BCBSIL Back to Basics 'Availity 101' training webinar hosted by BCBSIL. To register for an upcoming session, refer to the [Webinars page](#). To request a customized training, contact our Provider Education Consultant team at pecs@bcbsil.com.
- **Tip Sheets for Electronic Tools** – Refer to the [Provider Tools section](#) of our website for tip sheets to help you navigate Availity Eligibility and Benefits, the Claim Research Tool, and more.
- **IVR Caller Guides** – Three guides are available for **commercial** providers to help you navigate our automated phone system for [Claims](#), [Eligibility and Benefits](#), and [Behavioral Health Preauthorization](#), if applicable.

**These tools are not applicable for government programs claims.*

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

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Check Your Patients' Behavioral Health Benefit Preauthorization Requirements

Beginning **July 15, 2019**, we will be updating our claims review process for behavioral health services that require benefit preauthorization. Your process for requesting benefit preauthorization is not changing. The services requiring benefit preauthorization are also not changing.

As a reminder, the behavioral health services listed below typically need benefit preauthorization.

- Services provided in the following settings:
 - Inpatient acute facilities
 - Residential treatment facilities
 - Partial hospitalization
 - Intensive outpatient therapy
 - Focused outpatient management
- Psychological or neuropsychological testing
- Applied behavior analysis

Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from Blue Cross and Blue Shield of Illinois (BCBSIL) members.

For more information on behavioral health benefit preauthorization requirements, visit the [Behavioral Health Program section](#) of our Provider website. You may submit benefit preauthorization requests online for Intensive Outpatient Program and Electroconvulsive Therapy using our online tool, [iExchange](#)[®]. Refer to our [Forms page](#) for behavioral health preauthorization requests and other forms.

You should always check eligibility and benefits for each member before treatment. This step will help you confirm applicable benefit preauthorization requirements. You may check eligibility and benefits online for BCBSIL, out-of-area Blue Plan and Federal Employee Program[®] (FEP[®]) members via the [Availity](#)[®] Provider Portal or your preferred vendor portal.

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

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2018 *Blue Review* Readership Survey: Your Ideas and Input in Action

The results are in for our annual readership survey (conducted in October and November of 2018). We know you and your staff are extremely busy, and we want you to know that we value your time and input. See below for a results snapshot, along with some of the changes you may see in the coming months.

Quick Results Summary

The number of providers who completed our 2018 *Blue Review* survey more than doubled, compared to 2017. Most respondents reported that they read the newsletter every month; if they don't read it, it's typically due to lack of time. Nearly all respondents said the newsletter frequency is just right. Most participants confirmed that articles are well written and timely, and the newsletter format is appealing and user friendly.

Areas of Improvement

Many participants also took the time to write in comments and suggestions. Here are examples of existing newsletter categories that will be enhanced as a direct result of your feedback:

- **Focus on Behavioral Health** – This section of our newsletter was created in early 2018, in response to 2017 survey results. Based on 2018 survey comments, we'll continue to increase the amount of behavioral health-related content.
- **Claims and Coding** – Due to multiple requests, particularly from office/billing staff, we'll include more articles with claim filing tips and related information because we want to make it easier for you to work with us.
- **Notification and Disclosure** – Survey respondents noted that, in addition to advance notification of changes, it would also be helpful to include follow-up articles to confirm once changes are implemented. To help address this request in a streamlined manner, we're introducing [Important Dates and Reminders](#) as a recurring feature in the newsletter.

What's next?

Later this year, we'll follow up with another article to share what else we're doing in response to the 2018 survey results. As a quick preview, training/provider education is a top priority. We're also focused on finding ways to help make it easier for you and your staff to obtain content that's most relevant to your practice.

Did you miss the 2018 survey?

There will be a 2019 survey, so you'll have another chance to take part. Meanwhile, you're always welcome to [email the *Blue Review* editor](#) with any feedback, ideas or suggestions. Thank you for your readership and input!

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Maternal Morbidity and Rising C-Section Rates: What's the connection? What's the solution?

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

The [World Health Organization \(WHO\)](#) estimates that only 10 to 15% of all births medically require a Caesarean section (C-section).¹ So why are an increasing number of C-sections being performed in the U.S.? And, rather than supporting maternal and child health, how does this increase in C-sections put both mothers and babies at risk? Most importantly, what can be done to reverse the trend?

The Centers for Disease Control and Prevention (CDC) noted that severe maternal morbidity, during hospitalized deliveries, rose by nearly 200% from 1993 to 2014 (49.5/10,000 to 144/10,000, respectively).² A [2015 Lancet study](#) noted that the rise in maternal complications coincides with an increase in the maternal death rate, which rose from 17 deaths for every 100,000 live births in 1990, to 26.4 deaths by 2015.³ This trend also appears to be tied to the elevated need for both post C-section maternal care and Neonatal Intensive Care Unit (NICU) admissions.⁴

Whether due to causation or correlation, research shows a strong connection between the rise in maternal death rates and the growing number of C-sections performed across the country. This is a problem we can't afford to ignore as it has the potential to affect the lives of so many of our members, your patients and their families.

To help address these concerns, further analysis of the indications for performing a C-section must be evaluated. WHO notes that C-section rates above 15% may cause more harm than good when compared to vaginal deliveries in low-risk patients.⁵ The indications and proper documentation for performing C-sections have been addressed by the CDC and multiple national organizations, including the American College of Obstetrics and Gynecology (ACOG). For example, the ACOG website includes a [Cesarean Delivery: Resource Overview](#).⁶

Provider education concerning the need for, and use of, the C-section procedure needs to be stressed and ongoing, with an emphasis on routine and required prenatal exams and screenings. It's also important to educate pregnant women about their options when it comes to the type of care they receive during the delivery process, as well as the prenatal and postnatal timeframes. Racial and ethnic disparities in the delivery of pregnancy-related care also must be considered and completion of cultural competency and implicit bias training programs by maternal health providers is critical.

Your role is essential. Some of your patients may not be aware of the importance of prenatal care to help reduce the risk of complications during pregnancy. We encourage you to talk with your patients about lifestyle changes to help improve reproductive health, such as adopting a healthy maternal diet, avoiding alcohol and the cessation of smoking. Also talk with your patients about medical disorders, such as hypertension and diabetes, which, if identified, should be appropriately addressed, and if indicated, adequate treatment provided.

The development of effective clinical strategy protocols must be created and implemented to identify and prevent adverse pregnancy-related outcomes. The key here is prevention, which includes the avoidance of unnecessary C-sections and placing a focus on those modifiable factors that can be addressed to prevent maternal deaths. The health of our nation depends upon the assurance that the health of our children will remain of paramount importance. This begins with an increased focus on maternal health care before, during and after pregnancy.

At Blue Cross and Blue Shield of Illinois (BCBSIL), we are doing our part to help partner with you to educate our members, your patients. Our health equity strategy includes an intentional focus on maternal and child health. We know, based on national, state, local, and our own member-level data that African American women are disproportionately impacted by preterm deliveries and higher C-section and morbidity/mortality rates. We want to partner with organizations and providers to reach our shared goals around health-based outcomes. We welcome your input and collaboration as we work to lead more innovative and population-specific programs.

How can BCBSIL work with providers to help close gaps in care related to maternal health? Please share your ideas with us by emailing the [Blue Review editor](#). I'd also like to extend a personal invitation for you to join me at our Blue University event on May 15. I'll be your host for this event, which will spotlight health equity and social determinants of health. [Register now](#) if you haven't done so already and bring your ideas and input with you on May 15!

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

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.

¹ WHO website, [WHO Statement on Caesarean Section](#). Accessed April 5, 2019, at https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/.

² CDC website, Severe Maternal Morbidity in the United States. Accessed April 5, 2019, at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.

³ Lancet, Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Accessed April 9, 2019, at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00838-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00838-7/fulltext).

⁴ Kamath, BD, et al, Neonatal Outcomes After Elective Cesarean Delivery, *Obstet Gynecol.* June 2009; 113(6): 1231–1238. doi: 10.1097/AOG.0b013e3181a66d57. Accessed April 5, 2019, at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3620716/>.

⁵ WHO website, Sexual and Reproductive Health, [WHO Statement on Caesarean Section Rates](#), April 2015. Accessed April 5, 2019, at https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/.

⁶ ACOG website, [Cesarean Delivery: Resource Overview](#). Accessed April 5, 2019, at <https://www.acog.org/Womens-Health/Cesarean-Delivery?IsMobileSet=false>.

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Making an Impact in Our Community

Blue Cross and Blue Shield of Illinois has a long history of helping to protect members and helping them be at their best. And we're not done.

As a company, we're focused on making deeper connections with our members and providers in the communities where they live, work and play. Why? Because we're part of these communities, too.

Here are a few examples of ways we're [Making an Impact](#) by strengthening our communities:

- Helping families eat, breathe and live better;
- Opening our first-ever [Blue Door Neighborhood Center](#)SM that will provide services and resources to help improve health and well-being;
- Fighting lung disease and helping prevent blindness;
- Teaching kids to brush their teeth and make smart choices; and
- Building safe places for kids to play.

[Making an Impact](#) tells the stories about how we're working to improve health and wellness in our communities. Check out the report to see how we're going deeper into our communities to help improve the lives of others.

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Bringing Relief to the Urban Food Desert

Do you have patients who don't have access to healthy food? Is their lack of nutrition affecting their health? Blue Cross and Blue Shield of Illinois (BCBSIL) and [Blue Cross Blue Shield InstituteSM](#) (BCBS InstituteSM) have partnered on foodQSM, a subscription-based food service to deliver healthy meals to food deserts. Food deserts are areas where sensible food isn't available or affordable.

Access to food is directly related to an individual's health. foodQ's goal is to bring nutritious, ready-to-eat meals straight to your patients' door. Eating better helps lower the risks of chronic illnesses like diabetes and obesity.

For now, foodQ delivers meals to 25 ZIP codes in Chicago. Your patients may enter their ZIP codes at the [foodQ website](#) to determine if they are eligible. They must live in one of the ZIP codes below to qualify, but they don't have to be BCBSIL members.

Eligible ZIP codes:

60609	60619	60624	60636	60649
60612	60620	60628	60637	60651
60615	60621	60629	60639	60652
60616	60622	60632	60643	60653
60617	60623	60633	60644	60655

Details and Cost

Subscribers can choose from six meal options including beef, chicken and vegetarian. The monthly subscription fee is \$10 (includes free delivery and buy-one-get-one option for each meal). Non-subscribers pay \$10 per meal, plus a \$6 delivery fee per order. KitchFix provides meals to Chicago residents.

How you can help:

- Check the ZIP codes above to see if foodQ services your patient's area.
- If so, let them know how foodQ can provide meal options at roughly the cost of a fast-food meal.
- Tell them to visit [foodQhub.com](#) to view menus and learn more.

Blue Cross Blue Shield Institute (BCBS Institute) is an independent licensee of the Blue Cross Blue Shield Association, a federation of 36 independent Blue Cross and Blue Shield companies.

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2019

The Department of Health and Human Services Risk Adjustment Data Validation (HHS-RADV) Program/Initial Validation Audit (IVA) Begins in June

As an insurer participating in the Affordable Care Act's (ACA) HHS-RADV program/IVA, Blue Cross and Blue Shield of Illinois (BCBSIL) needs your participation in the Centers for Medicare & Medicaid Services (CMS) required HHS-RADV program/IVA. The IVA will be performed on a random sample of members enrolled in ACA-compliant individual and small group plans, including plans that are available on and off the exchange. CMS mandates that BCBSIL provide the full 2018 medical records from the physician's office and hospital records for those members selected to be audited.

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

Medical Record Submission Standards for the HHS-RADV program/IVA

You may include the following documents for the audit:

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

To comply with the precise timeline requirements of the CMS HHS-RADV program/IVA, we appreciate your support in submitting the requested medical records as you receive notification letters listing the enrollees selected for the audit. BCBSIL will begin mailing the letters containing member names for the HHS-RADV program/IVA in **early June 2019**.

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

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Save Time by Using the eviCore Web Portal for Benefit Preauthorization Requests

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with eviCore healthcare (eviCore), an independent specialty medical benefits management company, for select outpatient utilization management services for some of our PPO members.

When benefit preauthorization through eviCore is required, there are many advantages to submitting your request electronically through [eviCore's provider portal](#). eviCore recently made several improvements to make requests even easier. (Note: Benefit preauthorization through BCBSIL will continue to be required for other services/care categories. For benefit preauthorization through BCBSIL, we encourage you to use our online tool, [iExchange[®]](#).)

Submitting a request through the eviCore provider portal helps make sure the request is submitted correctly and includes the needed information, which will help smooth the approval process. Using the eviCore provider portal to submit benefit preauthorization requests will also allow you to:

- **Review clinical criteria** – Review guidelines to see what's required, prior to submitting your request.
- **Save time** – Online benefit preauthorization requests are three times faster than phone requests.
- **Access requests 24/7** – Submit requests and check their progress when it's most convenient for you.
- **Stop and start as needed** – Save your benefit preauthorization request and return to it later, without the need to start over.
- **View and print results** – See case numbers and approval details online.
- **Check which procedure codes/diagnoses are impacted** – See codes for applicable categories/members.
- **Upload members' medical records** – Use the portal to respond quickly with clinical information necessary to support medical necessity of the service/procedure.
- **Schedule consultations online** – Set up a Clinical Consultation through the portal if you have questions.

To begin submitting benefit preauthorization requests online, go to [eviCore.com](#) and register. Training sessions are available through the [eviCore training center](#). For provider portal help, email portal.support@evicore.com or call 800-646-0418 and select option 2.

Important Reminder: Always Check Eligibility and Benefits *First*

Benefits will vary based on the service being rendered and individual and group policy elections. It's critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits

requests (electronic 270 transactions) via the [Avality Provider Portal](#) or your preferred web vendor portal.

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

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

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Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Medicare Advantage Claims

The notice applies to providers submitting electronic claims for the following Blue Cross and Blue Shield of Illinois (BCBSIL) members:

- **Blue Cross Medicare Advantage (HMO)SM**
- **Blue Cross Medicare Advantage (PPO)SM**

As of **April 11, 2019**, payer response reports for the above-referenced electronic government programs claims are identifying invalid National Drug Codes (NDCs) that are causing affected claims to reject. Submitters will continue to receive:

- Health Care Claim Status Category Status Code A8: *Acknowledgement/Rejected for relational field in error*, and
- Health Care Claim Status Code 218: *NDC number*.

The 277CA – Health Care Claim Acknowledgment will now include the invalid NDC that caused the claim to reject in data element 2200D, STC12. This will help you quickly identify and correct the invalid NDC that is causing the claim to reject. All NDCs present are compared against the Medi-Span[®] NDC list and must be active relative to the Date of Service (DOS) on the service line. If they are not, the claim will reject. If the claim was a paper submission, you will receive a letter from BCBSIL notifying you of the claim rejection. After making the appropriate correction, you may immediately resubmit the claim electronically to help avoid processing/payment delays.

Please share this notice with your practice management/hospital information system software vendor, billing service or clearinghouse, if applicable, to help ensure they will be able to process/display the additional data element (2200D, STC12). Providers who use Availity[®] services for electronic claim submission do not need to confirm this process with them, as Availity will display this additional data element in their payer response reports.

If you have any questions, please contact your assigned Provider Network Consultant (PNC). To locate your PNC, refer to the [Provider Network Consultant Assignments page](#).

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. Medi-Span is a trademark of the Health division of Wolters Kluwer, an independent third party vendor that is a leading global provider of information and point of care solutions for the healthcare industry. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Wolters Kluwer. 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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BCCHPSM and MMAI Providers: Utilization Management (UM) Reminders

Availability of UM Criteria

Blue Cross Community Health PlansSM (BCCHP) makes UM criteria available to practitioners and providers upon request. Practitioners and providers are informed in denial notifications that they may request a copy of the criteria used to make the determination and how to contact BCCHP.

Practitioners and providers may call BCCHP at 877-860-2837 or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM at 877-723-7702 to request a copy of UM criteria. Upon request, UM criteria will be mailed, faxed or emailed to practitioners and providers.

UM Determinations

UM determinations are made by licensed clinical personnel based on the benefit policy (coverage) of a member's health plan, evidence-based medical policies, and the medical necessity of care and service. Blue Cross and Blue Shield of Illinois (BCBSIL) does not provide any reward or incentive to employees, providers or other individuals for decisions that result in determinations that services are not covered; nor do we reward providers for underutilization of services.

If you have questions about criteria for UM decisions and official medical policy, or if you wish to discuss a UM coverage determination, you may contact a medical director at 800-981-2795. All [medical policies](#) are available for review in the Standards and Requirements section of our Provider website.

Talking with Health Services Staff

BCBSIL Health Services staff members are available to receive incoming calls, make outbound calls and discuss UM issues with members and providers Monday through Friday, 8 a.m. to 5 p.m. (CST). After hours, callers may leave a message and receive a call back the next business day. For BCCHP members, call 877-860-2837. For MMAI members, call 877-723-7702.

When calling your office, our Health Services staff members will identify themselves as BCBSIL employees and give their names and titles. TTY/TDD and language translation services are available for callers who may need assistance.

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

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Important Dates and Reminders

Thank you to those who participated in our 2018 *Blue Review* readership survey. As a direct result of your feedback, we're happy to introduce this new section as a recurring feature of the newsletter.

Check here each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders. We understand that provider offices are extremely busy and, while this section of our newsletter should not be interpreted as all-inclusive, we hope this abbreviated summary format is useful to you and your staff.

Confirmation of Recent Implementations

Topic	Brief Description	Date Implemented	For More Information
Blue Door Neighborhood Center SM – Now open in Chicago's historic Pullman neighborhood!	The center aims to boost the health of Pullman and the surrounding communities. Among other resources, classes and workshops are available at no cost. BCBSIL members and non-members are welcome!	April 27, 2019 (Grand Opening)	Learn more!

Upcoming Changes to Watch For

Topic	Brief Description	Target Implementation Date	For More Information
Reporting On-Demand for Government Programs Claims	You may already be using this online tool to obtain copies of the provider claim summary (PCS) for commercial claims. This month, you'll also be able to begin using the tool for Medicare Advantage and Illinois Medicaid PCSs.	May 19, 2019	Watch for details in the News and Updates , as well as the June

Special Events and Activities

Topic	Brief Description	Important Date(s)	For More Information
Join us for our Spring Blue University SM Event	This event will focus on health equity and social determinants of health.	May 15, 2019 Register today!	Visit our Workshops page
Cultural Competency and Implicit Bias Training Program	Online training modules; currently in progress for select HMO network primary care physicians.	through October 2019	(This program was referenced in the April 2019 CMO Perspective article, Health Equity: Bold Strategies. Unique Solutions)

Deadlines and Other Reminders

Topic	Brief Description	Important Dates	For More Information
Department of Health and Human Services Risk Adjustment Data Validation (HHS-RADV) Program/Initial Validation Audit (IVA) Begins	BCBSIL will soon begin mailing letters containing member names for the HHS-RADV program/IVA	Early June 2019	Refer to the article in this month's issue
Check Your Patients' Behavioral Health Preauthorization Benefit Requirements	BCBSIL will be updating our claims review process for behavioral health services that require benefit preauthorization.	July 15, 2019	Refer to the article in this month's issue

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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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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 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 ConnectionTM (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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