Concussions on the Rise

Fall means football, and that brings the start of concussion season. And like the football flying off the hands of the quarterback, the number of people diagnosed with concussions is soaring.

Overall, the number of people diagnosed with concussions in Illinois grew 44 percent from 2010 to 2015 according to a recent report released by the Blue Cross and Blue Shield Association (BCBSA). The most dramatic uptick in concussion diagnoses in that time period was for patients ages 10 through 19. For them, in Illinois, concussion diagnoses jumped 83 percent.

These significant numbers are reported in a Health of America report released by BCBSA on Sept. 27, 2016, at bcbs.com/healthofamerica. The report analyzed data from almost a million claims for Blue Cross and Blue Shield members across the U.S.

The spike in diagnosis rates is likely due to growing awareness of the health dangers of concussions. In addition, many states passed laws to protect student athletes during that time.

RAISING AWARENESS

Concussion is a brain injury, which most often happens after a blow to the head. Usually producing temporary health problems, concussions can cause headaches and problems with focus, memory, balance and coordination. People who suffer concussions don’t always lose consciousness, so someone can get a concussion and not realize it.

Some concussions result in post-concussion syndrome, a complex health issue with symptoms such as headaches and dizziness that can last for weeks or months after the injury. The percent of concussion patients of all ages diagnosed with post-concussion syndrome nearly doubled between 2010 and 2015, according to the BCBSA report.

Awareness of the seriousness of head injuries has grown. But despite the laws, concussion diagnosis rates differ from state to state. More study on the differences in state rules and participation rates in contact sports is needed to understand the reasons for the differences.

The BCBSA’s monthly Health of America Report uses claims data to show key health care trends. For more information and to read past reports, visit bcbs.com/healthofamerica.
New PPO and Blue Choice PPO℠ Networks for Oral and Maxillofacial Surgeons

We are pleased to announce that the Blue Cross and Blue Shield of Illinois (BCBSIL) PPO and Blue Choice PPO networks will include oral surgeons effective Jan. 1, 2017. With the implementation of the oral surgery network of independently contracted providers for medical services, members accessing the contracted providers will receive the highest level of medical benefits for covered services.

If you previously submitted an application to join the network, your information has been added to our provider file for publication in our online directory, Provider Finder®. To help ensure that we have included complete and accurate information, please visit our website at bcbsil.com/provider to check your Provider Finder listing. If you do not find your information, or if your information is incorrect, contact our Network Operations staff at 312-653-6555.

Oral surgeons who do not have a PPO contract on file when seeing PPO members will be considered out-of-network and the medical claims will be adjudicated at the member’s out-of-network benefit level.

If your practice includes oral surgery and you would like to participate in the PPO and Blue Choice PPO networks, please complete a PPO Participating Agreement and a Blue Shield Provider Application. To request these documents, send a request to BCBSIL at netops_provider_update@bcbsil.com.

Additionally, it is important to make sure to complete the credentialing process before sending these documents to BCBSIL. The credentialing application process is completed with the Council for Affordable Quality Healthcare, Inc. (CAQH) ProView™. Providers can self-register at https://proview.caqh.org/pr to complete the application. If you have questions regarding the CAQH credentialing application process, contact the CAQH Help Desk at providerhelp@proview.caqh.org or 888-599-1771.

Once BCBSIL receives the signed Participating Agreement and Blue Shield Provider Application, if applicable, and confirms receipt of your credentialing application, your file will be reviewed for completeness, accuracy and compliance with our credentialing and contracting standards; this process may take up to ninety (90) days from receipt of the signed documents. Your office will be notified by letter once your application has been accepted.

Signed documents may be returned to BCBSIL via fax, email or mail, as follows:

Fax: 312-653-9422
Email: NetworkContracting@bcbsil.com
Mail: BCBSIL, 23rd Floor, 300 E. Randolph St., Chicago, IL 60601-5000

If you have any questions, please contact the BCBSIL Network Operations Unit at 312-653-6555.

The Council for Affordable Quality Healthcare, Inc. (“CAQH”) is an independent third party vendor that is solely responsible for its products and services. If you have any questions about any of their products or services, you should contact CAQH directly.
City of Chicago Benefit Changes Effective Jan. 1, 2017

The City of Chicago will implement two changes effective Jan. 1, 2017, for BCBSIL members.

As of Jan. 1, 2017, all current City of Chicago employees will be covered on the benefit plan Blue Choice OptionsSM PPO (BCO). The most recent group of City of Chicago employees to move to BCO can be identified by looking for the CTY alpha prefix on the member’s ID card and the new BCO group numbers of 195500, 195501 and 195502. As a reminder, Blue Choice Options is a tiered product. All PPO participating providers and Blue Choice PPO participating providers are considered to be in-network for Blue Choice Options members. For a refresher on how tiered networks work, see the article titled, “A Review of PPO Tiered Products” in the October 2016 issue of Blue Review.

Also beginning Jan. 1, 2017, City of Chicago BCBSIL members with the alpha prefix CTY on their member ID card and the group numbers 195500, 195501 and 195502 will need to have their required benefit preauthorization for physical therapy submitted through Telligen instead of Orthonet™. Physical therapy must be certified to be medically necessary, as defined in the city’s benefit plan, by Telligen. Claims submitted for physical therapy without authorization through Telligen may be denied. All other City of Chicago BCBSIL member benefit preauthorizations for physical therapy will continue to be submitted through Orthonet.

Always refer to the member’s ID card to verify prior benefit authorization requirements and appropriate contact information.

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

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.

Correction: eviCore Contact Information

In the October 2016 Blue Review, BCBSIL informed you that as of Oct. 3, 2016, eviCore healthcare (eviCore) began managing benefit preauthorization for outpatient molecular and genetic tests and radiation oncology. The contact information in the article was incorrect. Providers may call eviCore toll-free at 855-252-1117, between 7 a.m. and 7 p.m. (CT), Monday through Friday or visit evicore.com.

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

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.
Obtaining Patient Eligibility and Benefits: Phone System Update

Several benefit categories have been authenticated in our Interactive Voice Response (IVR) phone system. This validation supports a complete IVR quote of eligibility and benefits, with the same level of information a Customer Advocate would provide. For this reason, the option for Customer Advocate assistance has been removed from the call flow for these common benefit categories.

Verification of patient information is strongly encouraged prior to every scheduled appointment and we know that for your practice, having quick access to this data is imperative. The fastest way to obtain patients’ eligibility and benefit information is electronically through Availity™, or your preferred Web vendor. Taking advantage of electronic options allows retrieval of needed information in real-time in most instances.

If eligibility and benefits are unable to be verified online, the same information is often readily accessible through our IVR phone system. A confirmation number will be provided for your records, after the phone system has completed the quote.

For more information, refer to the Claims and Eligibility/Eligibility and Benefits section of our website at bcbsil.com/provider. This section includes an Availity Eligibility and Benefits Tip Sheet, as well as other Related Resources to assist you with electronic transactions. For assistance with verification via phone, refer to the Eligibility and Benefits IVR Caller Guide, found in the same section.

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

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.

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 the Provider Finder – look for the link on our Provider website Home page at bcbsil.com/provider. Is your online information accurate? If changes are needed, it’s important that you inform BCBSIL as soon as possible.

USE OUR ONLINE CHANGE REQUEST FORMS

You can request most changes online by using one of our electronic change request forms. Visit the Network Participation/Update Your Information section of our Provider website to access instructions along with links to each type of form. There are three different change request forms to help you organize your information, as follows:

1. Request Demographic Information Changes
   Use this form to request changes to your practice information currently on file with BCBSIL (such as address, email or NPI). 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.

2. Request Addition of Provider to Group
   Use this form to notify BCBSIL when a new individual provider joins your practice. Please remember that new providers are subject to credentialing review and will not be effective until the process is completed.

3. Request Removal of Provider from Group
   Use this form to notify BCBSIL when an individual provider is leaving any or all of your practice locations.

Please note that changes are not immediate upon submission of an online change request form. Processing can take a minimum of 30 business days. If you would prefer to mail or fax your changes to BCBSIL, there is a downloadable Provider Information Change Request Form in the Education and Reference/Forms section of our Provider website. If you have any questions or need assistance, contact Provider Network Operations at netops_provider_update@bcbsil.com.

EXCEPTIONS TO THE ONLINE REQUEST PROCESS

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

- **Multiple changes, especially changes involving more than one billing (Type 2) NPI** – These should be submitted via email to netops_provider_update@bcbsil.com.

- **Tax ID changes that may, or may not, involve Legal Business Name changes** – This type of change often requires a new contract. To request a contract application, visit the Network Participation/Contracting section of our Provider website.

- **Ancillary provider changes** – Skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers, private duty nursing agencies and other ancillary providers may request changes by sending details to ancillarynetworks@bcbsil.com, or by calling 312-653-4820.
Provider Learning Opportunities

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, visit the Workshops and Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

BCBSIL WEBINARS

<table>
<thead>
<tr>
<th>BCBSIL Back to Basics: ‘Availity 101’</th>
<th>Nov. 8, 2016</th>
<th>Nov. 15, 2016</th>
<th>Nov. 29, 2016</th>
<th>11 a.m. to noon</th>
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<tr>
<td>A review electronic transactions, provider tools and online resources.</td>
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<tr>
<th>Introducing Remittance Viewer</th>
<th>Nov. 22, 2016</th>
<th>10 to 11 a.m.</th>
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<tr>
<td>This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</td>
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<tr>
<th>iExchange® Training: New Enrollee Training</th>
<th>Nov. 8, 2016</th>
<th>Nov. 29, 2016</th>
<th>11 a.m. to 12:15 p.m.</th>
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<tr>
<td>Learn how to gain access to and begin using our online benefit preauthorization/predetermination of benefits tool.</td>
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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 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.

Obtaining Provider Claim Summaries Online

Starting Dec. 12, 2016, independently contracted BCBSIL providers will have access to a new report viewer application in the Availity Payer Spaces section of the Availity Web Portal. This report viewer will give Availity users the ability to view, download, save and/or print the Provider Claim Summary (PCS).

Having access to the PCS report viewer offers Availity users the opportunity to obtain claim adjudication information for multiple patients online, in one central location.

If you are enrolled to receive the Electronic Remittance Advice (ERA) from BCBSIL, you already receive the Electronic Payment Summary (EPS), which is the human-readable version of the ERA. As of Dec 12, 2016, you can access the report viewer application on Availity to view the PCS, which contains the same information as the EPS, but in a more user friendly format.

Providers who currently receive the paper PCS via mail are invited to consider electronic options as a more convenient alternative.

To use the PCS report viewer application in the Availity Payer Spaces, and also gain access to a variety of other online tools and resources on the Availity Web Portal, you must be an existing Availity user. If you have not registered with Availity, you can sign up today, at no cost, by visiting availity.com. Also see the Provider Learning Opportunities on this page for dates and times of upcoming BCBSIL Back to Basics: ‘Availity 101’ webinars, hosted by our Provider Education Consultant team, for additional information.

Stay informed! Watch for additional announcements in the News and Updates section of our website at bcbsil.com/provider.

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Government Programs Claims Handling and Post-adjudication Process Changes, Effective Jan. 1, 2017

A number of changes will be implemented as of Jan. 1, 2017, to help improve efficiencies in routing, handling and post-adjudication processes for government programs claims that are listed below. A preview of the changes and related reminders is included below. Additional information will be published in the coming months. Please watch the Blue Review, as well as the News and Updates section of our website at bcbsil.com/provider.

**BLUE CROSS MEDICARE ADVANTAGE**

The following changes will apply to claims submitted for Blue Cross Medicare Advantage PPO and Blue Cross Medicare Advantage HMO members (alpha prefixes XOD, XOJ):

- **New Payer ID (66006)** – Beginning Jan. 1, 2017, Payer ID 66006 must be included on electronic claims received for Blue Cross Medicare Advantage PPO and Blue Cross Medicare Advantage HMO members. Blue Cross Medicare Advantage claims received with the commercial Payer ID (00621) will not be accepted.*

- **Electronic Remittance Advice (835 ERA)** – Effective Jan. 1, 2017, 835 ERA files will be distributed to the address associated with the billing provider’s Tax ID, rather than being parsed to multiple locations.

- **Paper Claim Mailing Address and Fax** – Effective Jan. 1, 2017, the mailing address and fax number for paper claims for non-delegated providers will be:
  
  Blue Cross Medicare Advantage
  C/O Provider Services
  P.O. Box 3686
  Scranton, PA 18505
  Fax: (855) 674-9192

- **Payment Cycle** – Effective Jan. 1, 2017, Blue Cross Medicare Advantage claim payments will be sent on a weekly basis.

- **Overpayment Recovery** – A new overpayment recovery process will be implemented as of Jan. 1, 2017; details are forthcoming.

*If you utilize a practice management/hospital information system or billing service, and/or a clearinghouse other than Availity or Passport/Nebo Systems for electronic claim submission, please contact your vendor to confirm they are using the new Payer ID for the alpha prefixes referenced above, rather than assigning their own unique number.

**BLUE CROSS COMMUNITY OPTIONS**

The following changes will apply to claims submitted for Blue Cross Community MMAI (Medicare-Medicaid Plan), Blue Cross Community Integrated Care Plan (ICP), Blue Cross Community Family Health Plan (FHP) and Blue Cross Community Managed Long Term Supports and Services (MLTSS) members (alpha prefix XOG):

- **835 ERA** – Effective Jan. 1, 2017, 835 ERA files will be distributed to the address associated with the billing provider’s Tax ID, rather than being parsed to multiple locations.

(continued on page 7)
**Flu Shot, not Spray, Recommended this Flu Season**

The Centers for Disease Control and Prevention (CDC) recommends not using the live attenuated influenza vaccine (LAIV), also known as the “nasal spray” flu vaccine, during the 2016-2017 flu season as it has not provided the same protection as the injection has over the last three influenza seasons. Flu vaccination can reduce flu illnesses and prevent flu-related hospitalizations. The CDC continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV), for everyone 6 months and older.

The CDC also reported that many patients may be more likely to take action if their health care providers recommend or offer flu shots. Yearly flu vaccination is recommended by the CDC as the first and most important step in protecting against this potentially serious disease. While there are many different flu viruses, the flu vaccine is designed to protect against the main flu strains that are predicted to be circulating during the current flu season.

Please note that, while many BCBSIL members’ health benefit plans include influenza vaccination coverage with no member cost sharing when using a participating provider, there are some exceptions. It is important to check eligibility and benefits information to confirm details regarding copays, coinsurance and deductibles before administering the influenza vaccine to BCBSIL members.

Additional information can be viewed at the CDC’s Influenza (Flu) page at cdc.gov/flu.

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The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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