Countdown to ICD-10: Less Than a Year to Go

The Oct. 1, 2014, deadline to transition to ICD-10 is now less than a year away. Professional providers, facilities, payers and health information technology vendors all must comply with the federal mandate.

Blue Cross and Blue Shield of Illinois (BCBSIL) has published articles in the Blue Review for the last year pointing to resources to help with preparation and implementation of ICD-10. Read past articles about ICD-10 training resources, technology planning and more on our website at bcbsil.com/provider.

If you’re just getting started with planning for ICD-10, visit the ICD-10 section of our website, located in the Standards and Requirements section, and view the Provider Office Changes Map. The map will help you become more familiar with the changes that will likely impact different areas of your practice due to the transition to ICD-10.

Visit the Centers for Medicare & Medicaid Services (CMS) website* at cms.gov for planning guides that can help get your practice on track, no matter the size. The CMS ICD-10 Provider Resources page has implementation guides for small/medium provider practices, large provider practices and small hospitals.

Training and education for coders and other staff should be completed before implementation next year. The American Association of Professional Coders (AAPC) has recommended a five-phase approach to training, beginning with a review of anatomy and physiology. The AAPC website at aapc.com/icd-10 has more information about how to get started with ICD-10 education programs.**

(continued on p. 2)
Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical policies, both new and revised, are used as guidelines for 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, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

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

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

Please visit the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider 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 replacement for the independent medical judgment of physicians. Physicians are instructed to exercise their own clinical judgment based on each individual patient’s health care needs. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policy. Members should contact their local customer services representative for specific coverage information.

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.

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Countdown for ICD-10: Less Than a Year to Go
(continued from p. 1)

If your transition plan is underway, and you’re either already in the testing phase or interested in starting testing with BCBSIL next year, complete our readiness survey online. The survey is one of the requirements for testing with BCBSIL, and it can help you determine if your practice is prepared for the ICD-10 transition. If you’ve already completed the survey this year, consider updating your answers so we can better understand your needs to prepare for the transition. The survey is located on the ICD-10 section of our Provider website.

* The Centers for Medicare & Medicaid Services is an independent government agency. The information here is provided for informational purposes only. BCBSIL makes no representations or warranties regarding CMS’s website or any information, products or services offered on their website. If you have any questions or concerns regarding their website, please direct them to CMS.

** BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the American Association of Professional Coders, an independent third party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered, you should contact the vendor directly.


In previous editions of the Blue Review, we announced the enhancement of our PPO physical medicine utilization management program as part of our commitment to help our members obtain access to quality, affordable health care. The purpose of this article is to provide you with additional information regarding the program.

- The program will be effective Jan. 1, 2014.
- BCBSIL has contracted with OrthoNet™ to administer the program. OrthoNet is URAC* accredited in Health Utilization Management and licensed in Illinois as a Utilization Review Organization.
- Professional providers contracted with BCBSIL affected by this program will have received a letter in the first week of October detailing their respective preauthorization responsibilities.
- The program will apply to the following services when performed in a non-facility setting:
  - Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Chiropractic Manipulations
- The program will initially apply to City of Chicago PPO members with the following group numbers: P16705, P16602, P16632, P17600, P18600, P18601, P20600, P16628, P16642, P16643 and P35955
- Additional PPO membership may be added over time and we will notify you of the additional membership at least thirty days in advance in future editions of the Blue Review and on our website at bcbsil.com/provider.

Please watch for information regarding upcoming educational webinars and additional updates in future editions of the Blue Review and on our Provider website.

If you have any questions in the interim, please refer to the Physical Medicine UM Program FAQs document available on our website in the Clams and Eligibility/Prior Authorization section. You may also contact your assigned Provider Network Consultant (PNC). To find the name of your assigned PNC, please visit the Education and Reference Center section of our Provider website.

OrthoNet is a registered trademark of OrthoNet LLC, an independent third party vendor that is solely responsible for its products and services.

*URAC, formerly known as the Utilization Review Accreditation Commission, is a nonprofit organization that accredits health care organizations, including medical management organizations.

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.
Radiology Quality Initiative (RQI) Program to Include New Cardiac Services

Effective Jan. 1, 2014, BCBSIL is expanding the RQI program, administered by AIM Specialty Health® (AIM), to include certain additional cardiac services. New modalities in the RQI program include:

- Stress Echocardiography
- Resting Transthoracic Echocardiography
- Transesophageal Echocardiography

The RQI program helps promote appropriate, safe and affordable imaging services for BCBSIL members. This is done by encouraging providers to perform tests in line with the latest clinical evidence and with minimal radiation exposure.

Similar to existing services included in the RQI program, prospective clinical review will be required for the non-emergent, outpatient cardiac services referenced above (services include those performed in a physician office, free-standing imaging facility or hospital outpatient setting).

- Contact BCBSIL for eligibility and benefits information. Providers will be directed to AIM as appropriate.
- Order numbers must be initiated online through AIM ProviderPortalSM (aimspecialtyhealth.com/goweb) or toll-free via phone at 866-455-8415.
- Providers may begin contacting AIM for the new cardiac modalities on Dec. 27, 2013, for dates of services of Jan. 1, 2014, and later.

Important Note: Initially, provider assessment through the AIM OptiNet® tool will not support the additional cardiac modalities. BCBSIL will notify all imaging providers when the OptiNet tool is available for the new cardiac services.

Administrative Simplification Operating Rules Update

The Affordable Care Act (ACA) mandates implementation of new Administrative Simplification operating rules to promote greater uniformity in the exchange of electronic health care data. The Committee on Operating Rules for Information Exchange (CORE) is part of the Council for Affordable Quality Healthcare (CAQH) initiative. CAQH CORE has authored operating rules to be implemented in phases for HIPAA-standard electronic data interchange (EDI) transactions.

BCBSIL is currently making system enhancements as required by CAQH CORE to meet the deadline of Jan. 1, 2014, for implementation of operating rules for 835 Electronic Funds Transfer (EFT) and 835 Electronic Remittance Advice (ERA) transactions. Our August Blue Review included an article titled, ‘Moving into the Next Phase of Administrative Simplification.’ This article offers an overview of what’s changing and potential benefits to your practice.

We recommend you review and understand the implications by visiting the CORE Phase III Rules page of the CAQH website at http://www.caqh.org/CORE_phase3.php to view scenarios and determine the potential impact related to implementation of the operating rules for electronic claim payment and remittance transactions.

CAQH CORE is a multi-stakeholder collaboration of more than 130 organizations representing providers, health plans, vendors, government agencies and standard-setting bodies developing operating rules to help simplify health care administrative transactions. For additional information, refer to the CORE section of the CAQH website at http://www.caqh.org/benefits.php.
ClaimsXten™ Enhanced ‘C3’ Screen

Effective on or after Oct. 14, 2013, BCBSIL will enhance the Web-based code auditing reference tool, Clear Claim Connection™ (C3). This is available to registered users of Availity® or RealMed®. The changes include the addition of the following fields:

- Quantity
- Date of Service From
- Date of Service Thru

This enhancement will allow for multiple units of service, for any date range, to be entered on the screen. This additional information, along with the correct Current Procedural Terminology (CPT®)/HCPCS codes or modifiers, will result in claim auditing rules and clinical rationale.

Effective Sept. 1, 2013, the following code ranges were updated: 90654-90662 and Q2034 - Q2038. Please note that not all codes in these ranges were affected.

Codes in the range 81200 - 81512 will be updated on Jan. 1, 2014. Please note that not all codes in this range will be updated.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the Blue Review. The form is available in the Education and Reference Center/Forms section of our Provider website at bcbsil.com/provider.

ClaimsXten and Clear Claim Connection are registered trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

Availity is a registered trademark of Availity, LLC. Availity is a partially owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. Availity operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL, a Division of HCSC. Availity is solely responsible for the products and services it provides.

RealMed is a registered trademark of RealMed Corporation, an Availity Company.

CPT copyright 2012 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.
PHARMACY PROGRAM UPDATES

Pharmacy Program Changes Effective Oct. 1, 2013

STANDARD FORMULARY CHANGES
Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions will be made to the standard BCBSIL formulary effective Oct. 1, 2013.

Brand Medications Added to the Formulary, Effective Oct. 1, 2013

<table>
<thead>
<tr>
<th>Formulary Brand*</th>
<th>Drug Class/Condition Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isentress 25 mg, 100 mg chew tabs</td>
<td>Antiviral</td>
</tr>
<tr>
<td>Prezista 100 mg/mL susp</td>
<td>Antiviral</td>
</tr>
<tr>
<td>Sprycel</td>
<td>Cancer</td>
</tr>
</tbody>
</table>

Brand Medications Moved to a Highest Out-of-Pocket Payment Level, Effective Oct. 1, 2013

<table>
<thead>
<tr>
<th>Non-Formulary Brand*</th>
<th>Condition Used For</th>
<th>Generic Formulary Alternative(s)</th>
<th>Formulary Brand Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pindolol</td>
<td>High Blood Pressure</td>
<td>acesulfamide, atenolol, bisoprolol, metoprolol</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*This list is not all inclusive. Other medications may be available in this drug class. N/A = not applicable

STANDARD FORMULARY DISPENSING LIMIT CHANGES
BCBSIL’s standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. FDA-approved dosage regimens and product labeling.

Effective Oct. 1, 2013, dispensing limits were added for the following drugs:

<table>
<thead>
<tr>
<th>Drug Class and Medication*</th>
<th>Dispensing Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention-Deficit Hyperactivity Disorder (ADHD)</td>
<td></td>
</tr>
<tr>
<td>Strattera (atomoxetine) 60 mg</td>
<td>30 caps/30 days</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Kazano (alogliptin/metformin)</td>
<td>60 tabs/30 days</td>
</tr>
<tr>
<td>Nesina (alogliptin)</td>
<td>30 tabs/30 days</td>
</tr>
<tr>
<td>Oseni (alogliptin/pioglitazone)</td>
<td>30 tabs/30 days</td>
</tr>
</tbody>
</table>

For the most up-to-date list of drug dispensing limits, visit the Pharmacy Programs section of our website at bcbsil.com/provider.

Targeted mailings were sent to members affected by formulary and dispensing limit changes per our usual process of notifying members at least 60 days prior to implementation.

*Trademarks mentioned above are the property of their respective owners.

Reimbursement for Medical Supervision or Direction of a Certified Registered Nurse Anesthetist (CRNA)

As a reminder, BCBSIL reimburses charges for the medical supervision or medical direction of a CRNA when modifiers AD, QK, QX or QY are appropriately appended to the Anesthesia or Surgery Current Procedural Terminology (CPT®) codes.

- Reimbursement will be split 50/50 between the CRNA and the anesthesiologist who supervises or performs medical direction only when one these four modifiers is present.
- The total payment to both providers will not exceed the PPO allowance for the service when performed by a single provider.
- If none of these modifiers are present, the CRNA will receive the standard reimbursement.

Please note, BCBSIL may conduct periodic audits of claims to determine if the appropriate modifiers were used. BCBSIL may seek recovery of any overpayments if it is determined that a provider has not denoted the appropriate modifier to a claim where that modifier should have been used.

For example, if a CRNA submits a claim for services rendered to a BCBSIL patient and an anesthesiologist submits a claim for the same patient and the same date of service, the claims may be audited to determine if the appropriate modifier was appended to the claims. If no modifier was submitted with the claims, BCBSIL will seek recovery of the overpayment since the anesthesiologist should have been reimbursed at 50 percent of the allowed amount.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

The information mentioned in the above articles is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. 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.
National Drug Code (NDC) Pricing Recognizes Generic Medications

Several articles have been published this year regarding NDC pricing, which BCBSIL implemented June 1, 2013, for drugs billed under the medical benefit on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. As a reminder, professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims for drugs must include NDCs and related data in order to be accepted for processing by BCBSIL.

It is important to note that, when you bill with NDCs, BCBSIL can identify the individual medication that was prescribed. Generically available or multiple source drugs will be reimbursed at a set competitive market rate. Providers may have the opportunity to maximize their reimbursement by using lower cost generic drugs.

NDC Billing and Reimbursement Resources

An NDC billing tutorial, NDC Units Calculator Tool and the NDC reimbursement fee schedule are available to registered providers on our secure Blue Access for ProvidersSM site. You’ll also find NDC Billing Guidelines and answers to Frequently Asked Questions (FAQs) on our public site at bcbsil.com/provider in the Claims and Eligibility/Claim Submission section, under the Related Resources.

Self-administered Specialty Drug Update: Infertility and Oral Oncology Drugs

As a reminder, drugs approved for self-administration by the U.S. Food and Drug Administration (FDA) should not be submitted on professional/ancillary electronic (ANSI 837P) or paper (CMS-1500) claims. BCBSIL members are required to use their pharmacy benefit for U.S. FDA-approved self-administered specialty drugs (oral, topical and injectable) and obtain these medications through a pharmacy provider that is contracted to provide specialty pharmacy services.

Effective Jan. 1, 2014, the following message will be returned on the electronic payment summary or provider claim summary to providers billing for infertility, oral oncology and select additional medications: “Self-administered drugs submitted by a medical professional provider are not within the member’s medical benefits. These charges must be billed and submitted by a pharmacy provider.”

To help you determine the correct path for medication fulfillment and ensure that the correct benefit is applied, please refer to the Specialty Pharmacy Program Drug List in the Pharmacy Program/Specialty Pharmacy section of our website at bcbsil.com/provider.

Note: In accordance with their benefits, members may be required to use a preferred specialty pharmacy. Please call the number on the member’s ID card to verify coverage or for further assistance or clarification on the member’s benefits. For members whose benefits require them to use Prime Therapeutics Specialty Pharmacy, you may fax the prescription to 877-828-3939 or call 877-627-MEDS (6337) for additional information. Medication(s) can be delivered to any requested location (e.g., member’s home or physician’s office).

Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions.
Evidence-based Clinical Support with GuidedHealth®

Recently, we introduced GuidedHealth, a clinical rules platform from our pharmacy benefits manager, Prime Therapeutics (Prime). This platform drives our Retrospective Drug Utilization Review (RDUR) program, which integrates medical and pharmacy claims data for generating evidence-based, medication-related recommendations for physicians and members. The GuidedHealth program targets drug therapy issues in modules such as overutilization, safety and cost. Listed below are the programs that will be implemented during the third quarter of 2013.

**THIRD QUARTER 2013 PROGRAMS**

<table>
<thead>
<tr>
<th>Module</th>
<th>Objective</th>
<th>Program Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overutilization</td>
<td>Identify potential misuse and/or abuse, as well as drug conflict and off-label use</td>
<td>• Psychotropic Polypharmacy</td>
</tr>
<tr>
<td>Safety</td>
<td>Identify and recommend discontinuation of potentially unsafe medication use</td>
<td>• U.S. Food and Drug Administration (FDA) MedWatch Safety Alert</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• High Dose Acetaminophen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Anticholinergic Drug Use in Dementia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hormone Replacement Duration of Therapy</td>
</tr>
</tbody>
</table>

**WE VALUE YOUR INPUT**

If your patient is identified via one or more of these categories, you may receive a letter from BCBSIL that references GuidedHealth. In support of your treatment plan for our member, a drug therapy opportunity summary will be included with your letter for your consideration, along with a medication claims profile for the identified member. We hope you find this information helpful and we want to thank you in advance for taking the time to review all medication-related recommendations. If you receive a letter, we would appreciate your taking the time to fill out the enclosed feedback survey so we can continue to improve the service we provide.

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.

GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. BCBSIL makes no endorsement, representation or warranties regarding GuidedHealth. If you have any questions about this product or service, you should contact Prime Therapeutics LLC directly.

Pharmacy Program Transitions to Electronic Prior Authorization (PA) Process

BCBSIL is transitioning to a new electronic process for submission of PA requests for drugs that are part of our PA program. Prime Therapeutics, our pharmacy benefit manager, is converting the current inventory of paper PA forms to a library of electronic forms that can be easily accessed, completed and submitted online. In addition to reducing paper, the electronic PA process will help increase security of your patient’s protected health information. It is also faster – your office will receive a response in real-time upon receipt and processing of each online PA request. Watch for more details in the Blue Review and News and Updates section of our website at bcbsil.com/provider.
BCBSIL Products Offered on the Health Insurance Marketplace

Checking eligibility and benefits is critical to determine network status

In the September 2013 Blue Review, we announced BCBSIL’s intent to participate on the state of Illinois Health Insurance Marketplace. Our September article stated that our goal over many generations has been to expand access to cost-effective health care to as many people as possible.

We want to deliver products – on and off the Marketplace – that are competitively priced, meet requirements defined by the ACA and are easily understood by individuals, some of whom have never had health insurance previously. We have worked to secure new competitively priced networks of independently contracted providers that will enable us to offer products at a lower price point. As part of our commitment to provide the best service to our members, we will work to ensure that both our current and our new networks of providers are compliant with ACA requirements.

BCBSIL is offering the following products on the Illinois Health Insurance Marketplace:

- Blue PPO Gold℠, Blue PPO Silver℠ and Blue PPO Bronze℠
- Blue Choice Gold PPO℠, Blue Choice Silver PPO℠ and Blue Choice Bronze PPO℠
- Blue Precision Platinum HMO℠, Blue Precision Gold HMO℠, Blue Precision Silver HMO℠ and Blue Precision Bronze HMO℠

Important Changes Coming in 2014 to HMO Illinois and BlueAdvantage HMO℠ for Substance Use Disorder Services

Effective Jan. 1, 2014, the utilization management of Substance Use Disorder services for members of the HMOs of BCBSIL will be managed by the member’s Medical Group/Independent Physician Association (MG/IPA). Magellan Behavioral Health will continue to manage these services through the end of this year.

Providers should continue to contact Magellan Behavioral Health at 800-346-3986 or the number on the back of the member’s ID card through Dec. 31, 2013.

You may consider contacting your patient’s MG/IPA to discuss becoming a contracted provider. This may ensure continuity of care for your patient. If you do not wish or are unable to contract with your patient’s MG/IPA, your patient can call BCBSIL’s Customer Assistance Unit at 312-653-6600 to inquire if transitional care is available.

For more information about behavioral health services and utilization management, please review the BCBSIL Provider Manual for HMO Illinois and BlueAdvantage HMO, located in the Standards and Requirements section at bcbsil.com/provider.
<table>
<thead>
<tr>
<th>Group Name</th>
<th>Group Number</th>
<th>Alpha Prefix</th>
<th>Product Type</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEC Life Health Trust Advantage Plan</td>
<td>P58293</td>
<td>ACT</td>
<td>PPO (Portable)</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Boeing</td>
<td>7IM710, 7IM711, 7NST10, 7NSTD0, 7NSTD1, 7NST11, 7IM740, 7IM741, 7IM751, 7NST00, 7NST01, 7IM760, 7NST60, 7IM742, 7IM752, 7BNS72, 7BNS82, 7BNH72, 7BNH82, 7BNP72, 7BNP82, 7BNS71, 7BNS81, 7BNH71, 7BNH81, 7BNP71, 7BNP81</td>
<td>BBD, BBE, BBE, BEM, BHP</td>
<td>PPO (Portable), BlueEdge PPO/HSA (Portable), CMM (Portable), BlueEdge PPO/HSA (Portable)</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>City of Blue Island</td>
<td>P42984, P43670, P64430</td>
<td>XOF</td>
<td>BlueEdge PPO/HSA (Portable)</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Futaba North America, Inc.</td>
<td>369860, 369861, 369862</td>
<td>FAX</td>
<td>PPO (Portable)</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Plano Molding Company</td>
<td>P64464, P64565</td>
<td>XOF</td>
<td>PPO (Portable)</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Winnebago Community School Unit #323</td>
<td>P65309, P65358</td>
<td>XOF, XOF</td>
<td>PPO (Portable), BlueEdge PPO/HSA (Portable)</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Wynright Corporation</td>
<td>P64509, H01001, B01858</td>
<td>XOF, XOF, XOH</td>
<td>PPO (Portable), HMO Illinois BlueAdvantage HMO</td>
<td>Oct. 1, 2013</td>
</tr>
</tbody>
</table>

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member’s certificate of coverage.

Complex Case Management for HMO Members

Attention, HMO Physicians: Complex case management services may be available for your BCBSIL HMO Illinois and BlueAdvantage HMO patients through your MG/IPA. Your HMO patients may be added to this program if the HMO member has a complex chronic condition requiring multiple services and/or a specific acute condition. Please contact your MG/IPA for more information about this program.

The case management program is not a substitute for the sound medical advice of a doctor. Members are instructed to discuss any questions or concerns with their health care provider.

Member Rights and Responsibilities Notification

BCBSIL will provide members of HMO Illinois and BlueAdvantage HMO products with a written statement of the Member Rights and Responsibilities. Members will receive the document through the Member Handbook and via hard copy upon request. This information is also found on the BCBSIL website. Providers can review the complete listing of Member Rights and Responsibilities in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

Note: Information contained in the BCBSIL Provider Manual is password protected. Please follow the instructions given to gain access to this secure information. Then select “HCM Rights and Responsibilities Policy and Procedure” under the Policy and Procedure section.
Automated Phone System Fax Back Options

We recommend utilizing an online vendor portal such as Availity (availity.com) to obtain eligibility, benefit and claim status information. However, some practices may have limited Internet access, or may feel a phone call is more convenient at times.

At BCBSIL, we continuously look for ways to better support our growing health care provider community, regardless of your preferred method of contacting us. Our Interactive Voice Response (IVR) phone system supports inquiry resolution through touch tone and voice activated functionality.

**The IVR Delivers:**
- Real-time eligibility, benefit and claim status information
- Confirmation numbers for each automated quote
- A fax back option, with no need to wait on the phone to speak with a Customer Advocate (CA)

**Why Use the Fax Back Option?**
Faxed documentation is sent within one hour after a completed call. In addition to the benefit or claim information that was relayed in the call, the fax will also include the confirmation number assigned to the inquiry by the IVR for your records. When you use this fax back option, there’s no need to wait on the phone to speak to a CA. The faxed information provides you with a tangible record of the information you obtained through the automated system. This eliminates the need for you to obtain a person’s name to validate your call.

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.

Fighting Fraud: BCBSIL Special Investigations Department

Fraud may cost the health care industry (both public and private payers) more than $200 billion each year.* That’s why BCBSIL is committed to identifying and addressing fraudulent activities through our Special Investigations Department (SID).

The SID is managed in many instances by former FBI officials who have extensive experience managing complex criminal investigations. These individuals provide valuable contacts with law enforcement, prosecutorial and regulatory agencies throughout the United States, allowing the department to function with a greater intensity than other health care industry anti-fraud programs.

Our SID has been successful in fighting fraud within the Blue Cross and Blue Shield health care system. In addition to providing millions of dollars in savings for its customers, SID’s investigation protocol has been recognized by the Blue Cross and Blue Shield Association as an industry model of how a health plan and law enforcement authorities can work together to identify and end fraudulent claims activity.

To learn more about our Special Investigations Department, we welcome you to view the SID tutorial on our website at bcbil.com/provider. To report potential fraud, go to the Education and Reference Center/Fraud and Abuse section of our website. Or, call our Provider Fraud Hotline at 877-272-9741. Calls can be anonymous.

Pros and Cons of Social Media Coupons

Many businesses are offering discounted services through social media and other marketing channels as a way to expand their clientele. However, health care providers considering offering or accepting social media coupons may wish to proceed with caution, as "they are subject to a wide-ranging set of regulations above and beyond other consumer-facing businesses."

For health care services you provide for BCBSIL members, the offering of any type of discount, such as a waiver of copay, is prohibited. Additionally, requesting pre-payment from your patient for covered services is not allowed. Discounted services that are provided upon acceptance of social media coupons may not be billed to BCBSIL.

To the extent that you may be considering offering discounted services to prospective patients, BCBSIL recommends inclusion of the following terms and conditions, which should be clearly visible on any advertisements placed on social media sites: "This offer cannot be combined with your health insurance. Your insurance will neither be billed for any services offered under this ad nor will you be required to provide your health insurance information at the time services are rendered. If you receive an explanation of benefits or any other document showing that your insurance was billed for services, you should contact your insurance carrier immediately."

Reference:

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Medicare Part D Pharmacy Updates

Every month, we post a new Medicare Part D-related article in the Pharmacy Program section of our website at bcbsil.com/provider. These articles are intended to help keep you up-to-date on Medicare Part D formulary changes, U.S. Food and Drug Administration (FDA) safety updates, Part D Gap strategies, overlapping coverage between Part B and Part D drugs and more.

TESTOSTERONE THERAPY IN THE ELDERLY: POTENTIAL BENEFITS AND RISKS

Recent additions to our online Medicare Part D Pharmacy library include an article titled Testosterone Therapy in the Elderly: Potential Benefits and Risks. This article touches on the following topics:

- The pharmaceutical industry’s “LOW-T” advertising campaign
- Studies involving the use of testosterone therapy
- Advantages and disadvantages of current therapies
- A brief summary of androgen use among the elderly
- A list of counseling points to remember

Visit the Medicare Part D Pharmacy Updates library in the Pharmacy Program section of our website at bcbsil.com/provider for the complete article, along with first and second quarter Medicare Part D Formulary Updates for 2013, and additional articles, such as Pharmacy Update: FDA Issues New Dosing Recommendations for all zolpidem-containing Products and Pharmacy Update: Ranbaxy Pharmaceuticals atorvastatin Recall.

VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

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.

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