



# BLUE REVIEW<sup>SM</sup>

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

SEPTEMBER 2016

## Medicare Marketing Guidelines for Providers

The 2017 Centers for Medicare & Medicaid Services (CMS) Annual Election Period for beneficiaries is fast approaching. For those providers who have contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) to provide services to our Blue Cross Medicare Advantage (HMO)<sup>SM</sup> or Blue Cross Medicare Advantage (PPO)<sup>SM</sup> members, it's important to keep in mind the rules established by CMS when marketing to potential new members.

You may not be planning specific marketing activities, but what if a patient asks for information or advice? Remaining neutral when assisting with enrollment decisions is essential. See below for a partial listing of additional "Dos" and "Don'ts" for contracted providers, as specified within the CMS Medicare Marketing Guidelines (MMG) for contract year 2017 (excerpted from the section on Provider-Based Activities):

**DO:**

- Provide the names of Plans/Part D Sponsors with which [you] contract and/or participate (see MMG section 70.11.2 for additional information on provider affiliation)
- Provide information and assistance in applying for the LIS\*
- Make available and/or distribute plan marketing materials in common areas
- Refer [your] patients to other sources of information, such as SHIPs\*\* plan marketing representatives, [the] State Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov/> or 800-MEDICARE
- Share information with patients from CMS' website, including the 'Medicare and You' Handbook or 'Medicare Options Compare' (from <http://www.medicare.gov/>), or other documents that were written by or previously approved by CMS

**DON'T:**

- Accept Medicare enrollment applications
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider
- Mail marketing materials on behalf of Plans/Part D Sponsors
- Offer inducements (e.g., Free Health Screenings, Cash, etc.) to persuade beneficiaries to enroll in a particular plan or organization
- Accept compensation directly or indirectly from the plan for enrollment activities
- Distribute materials/applications within an exam room setting

The above lists provide just a sampling of important points for your convenience. For a more in-depth review of the guidelines that are applicable to providers, please refer to the Provider Medicare Marketing Guidelines Excerpt located in the Network Participation/Related Resources section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

If you have questions about these guidelines or are planning marketing activities, please refer to the Managed Care Marketing page located under Health Plans, in the Medicare section of the CMS website, at [cms.gov](http://cms.gov).

\*LIS refers to low income subsidy

\*\*SHIPs are Senior Health Insurance Assistance Programs

This material is provided for informational purposes only and is not the provision of legal advice. If you have any legal questions with respect to CMS rules or regulations, you should seek the advice of legal counsel.

## Enroll in Medicare to Continue Prescribing Drugs for Your Part D Patients

If you currently prescribe drugs for Medicare patients, you may have received a notice from CMS regarding a new rule that CMS will begin enforcing effective **Feb. 1, 2017**.\* The new rule specifies that all providers who prescribe drugs for Part D patients must enroll in Medicare (or validly opt out, if appropriate). If you do not enroll in Medicare (or validly opt out), Medicare Part D plans will be required to notify your Medicare patients that you are unable to prescribe covered Part D drugs. If you opt out of Medicare, you will be ineligible to receive reimbursement from traditional Medicare or Medicare Advantage plans, either directly or indirectly, except for emergency and urgent care services (see 42 CFR 405.440 for details). For additional information about the new requirement, including how to enroll, check your application status or sign up to receive electronic updates, refer to the CMS Part D Prescriber Enrollment website at [go.cms.gov/PrescriberEnrollment](http://go.cms.gov/PrescriberEnrollment).

\*This is an updated effective date. The previous effective date announced by CMS was June 1, 2016.

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# Improving Coordination of Care for Our Members with Diabetes

In keeping with clinical practice guidelines,<sup>1</sup> BCBSIL members diagnosed with diabetes should have an annual dilated, comprehensive eye exam performed by an ophthalmologist or optometrist to determine if the disease has caused damage to the eye. Diabetic changes in the eye, most commonly called retinopathy, which can lead to vision loss and blindness, is treatable. To help ensure members diagnosed with diabetes are receiving quality care, BCBSIL performs annual assessments through claims filed with BCBSIL and review of medical records data, as part of our goal to help improve continuity and coordination of care.

Through a recent analysis, it has come to our attention that some members' eye exam results from specialists are not being reported back to the referring providers. BCBSIL needs your assistance to help ensure that our members receive this important evaluation, and evaluation results are properly documented in the referring practitioners' records. This quality improvement initiative depends largely upon communication between eye care specialists and referring providers, such as including a note with the referral asking to send the results back, or the eye care specialist sending a letter with the results of the exam to the referring provider. With your help, we look forward to improving the coordination of care for our members with diabetes.

<sup>1</sup>Standards of Medical Care in Diabetes – 2016, American Diabetes Association, [http://care.diabetesjournals.org/content/suppl/2015/12/21/39.Supplement\\_1.DC2/2016-Standards-of-Care.pdf](http://care.diabetesjournals.org/content/suppl/2015/12/21/39.Supplement_1.DC2/2016-Standards-of-Care.pdf)

The information mentioned here is for educational purposes only and is not a substitute for the independent medical judgment of a physician. Health care providers are instructed to exercise their own independent medical judgment based upon the patient's medical condition and history. Regardless of benefits, the final decision about any treatment is between the member and their health care provider.



# Pharmacy Benefit Tips, Guidelines and Reminders

For BCBSIL members with prescription drug benefits administered by Prime Therapeutics, BCBSIL employs a number of strategies common to the health benefits industry to help manage prescription drug benefits. These strategies may include formulary management, benefit design modeling, specialty pharmacy benefits and clinical programs, among others. These programs allow BCBSIL members to have access to affordable, quality health care. You can help support these initiatives by following the tips, guidelines and reminders below.

## 1. Prescribe drugs listed on the member's formulary.

The BCBSIL formularies are provided as a guide to help in the selection of cost-effective drug therapy. Every major drug class is covered, although many of the formularies cover most generics and fewer brand name drugs. The lists also provide members with criteria for how drugs are selected, coverage considerations and dispensing limits. While these drug lists are a tool to help members maximize their prescription drug benefits, the final decision about what medications should be prescribed is between the health care provider and the patient. BCBSIL formularies are regularly updated and can be found in the Pharmacy Program section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

**Note:** For members with Medicare Part D or Medicaid coverage, the drug lists can be found on the plan websites. Direct links are listed below.

- Blue Cross MedicareRx (PDP)<sup>SM</sup>: [bcbsil.com/medicare/part\\_d\\_druglist.html](http://bcbsil.com/medicare/part_d_druglist.html)
- Blue Cross Medicare Advantage<sup>SM</sup>: [bcbsil.com/medicare/mapd\\_drug\\_coverage.html](http://bcbsil.com/medicare/mapd_drug_coverage.html)
- Blue Cross Community Integrated Care Plan (ICP)<sup>SM</sup>: [bcbsil.com/icp/pdf/icp\\_drug\\_list\\_il.pdf](http://bcbsil.com/icp/pdf/icp_drug_list_il.pdf)
- Blue Cross Community Family Health Plan<sup>SM</sup> (FHP): [bcbsil.com/PDF/family-health-plan/fhp-drug-list-il.pdf](http://bcbsil.com/PDF/family-health-plan/fhp-drug-list-il.pdf)
- Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup>: [bcbsil.com/mmai/pdf/mmai\\_drug\\_list\\_2016\\_il.pdf](http://bcbsil.com/mmai/pdf/mmai_drug_list_2016_il.pdf)

## 2. Remind patients about covered preventive medications.

Many BCBSIL health plans include coverage at no cost to the member for certain prescription drugs and over-the-counter (OTC) medicines/products used for preventive care services and women's contraception.\*

- Affordable Care Act (ACA) \$0 Preventive Drug List: [bcbsil.com/PDF/rx/rx-aca-prev-list-il.pdf](http://bcbsil.com/PDF/rx/rx-aca-prev-list-il.pdf)
- Women's Contraceptive Coverage List: [bcbsil.com/PDF/rx/contraceptive-list-il.pdf](http://bcbsil.com/PDF/rx/contraceptive-list-il.pdf)

## 3. Submit necessary pharmacy benefit prior authorization requests.

For some medications, the member's plan may require certain criteria to be met before prescription drug coverage may be approved. You will need to complete the necessary benefit prior authorization request and submit it to BCBSIL. More information about these requirements can be found on the Pharmacy Program/Prior Authorization and Step Therapy section of our Provider website.

## 4. Assist members with formulary exceptions.

If the medication you wish to prescribe is not on your patient's drug list or the preventive care lists, a formulary exception may be requested. Call the Customer Service number on the member's ID card to start the process, or complete the online form at: [myprime.com/en/coverage-exception-form.html](http://myprime.com/en/coverage-exception-form.html).

(continued on page 3)

(Pharmacy Benefit Tips, Guidelines and Reminders, continued from page 2)

Visit the Pharmacy Program section of our Provider website for more information.

*\*Not available for all plans. Members should call the Customer Service number on their ID card to help determine what benefits may be available, including any requirements, limitations or exclusions that apply. Please refer to the member's certificate of coverage.*

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 independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are 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.

## Special Investigations Team Audits Claims for Coding Discrepancies

Providers submitting claims to BCBSIL are responsible for choosing the Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that most accurately describe the services provided.

The BCBSIL Special Investigations Department (SID) is committed to fighting fraud, reducing health care costs and helping to protect the integrity of the BCBSIL independently contracted provider network. SID utilizes various tools and software systems to help identify unusual billing patterns as well as atypical use of CPT and HCPCS codes.

Our SID evaluation process will select certain cases for in depth review to help ensure that CPT and HCPCS codes submitted on claims do not misrepresent the services provided. For example, billing for an electroencephalogram (EEG) and/or psychotherapy when neurofeedback was provided is inaccurate and potentially fraudulent. (Neurofeedback is considered experimental, investigational and/or unproven according to BCBSIL Medical Policy PSY311.011.)

BCBSIL independently contracted providers should be knowledgeable of BCBSIL Medical Policies, located in the Standards and Requirements/Medical Policy section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our Provider website.

As a reminder, providers and members may call the BCBSIL Fraud Hotline at 800-543-0867 to report suspicions of potential health care fraud and abuse. The Fraud Hotline is available 24 hours a day, seven days a week. All calls are confidential and may be made anonymously. **Please note that the BCBSIL Fraud Hotline is intended for fraud-related concerns only.** For assistance with other topics for a specific member, contact the Customer Service number on the member's ID card.

CPT copyright 2015 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims for any particular disease, treatment or service. Health care providers are instructed to submit claims using the most appropriate code based upon the medical record documentation and coding

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

# Fairness in Contracting

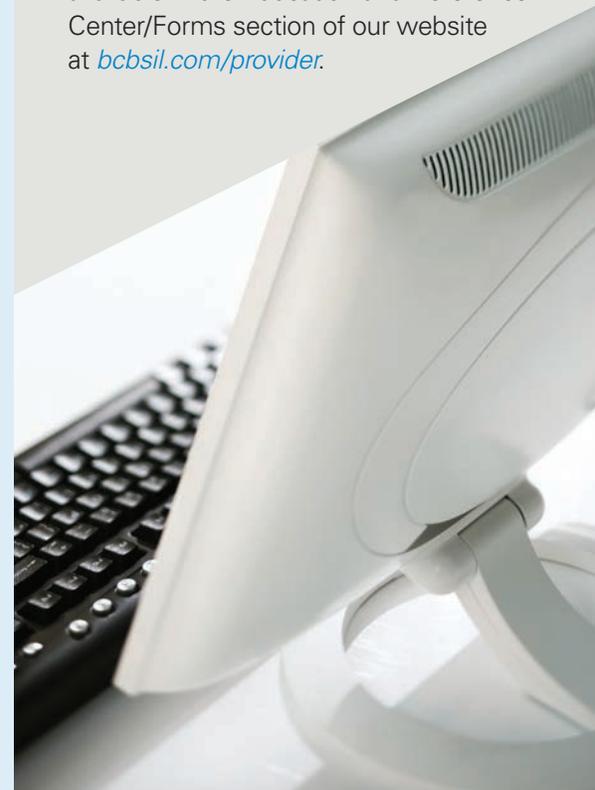
In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

**Effective Aug. 15, 2016, the following code ranges were updated: 90630-90688 and Q2034-Q2038.**

**Effective Nov. 1, 2016, the following codes will be updated: J2597, J2724, J7178-J7205.**

**Please note that not all codes in these ranges were 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 website at [bcbsil.com/provider](http://bcbsil.com/provider).



## Check Eligibility and Benefits to Confirm Network Status and Preauthorization Requirements

It is extremely important to check eligibility and benefits prior to rendering services or assuming that you or your practice/medical group are out-of-network for a particular member. Conducting this step will help you identify the member's product/plan, the network(s) they may use, benefit preauthorization requirements, and other important details.

**Checking eligibility and benefits electronically through Availity™, or your preferred vendor portal, is strongly encouraged.** Electronic eligibility and benefits inquiries may be conducted for local BCBSIL members, as well as out-of-area Blue Plan and Federal Employee Program (FEP) members.

For additional information, such as a library of online transaction tip sheets organized by specialty, refer to the Claims and Eligibility/Eligibility and Benefits section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries – see the Provider Learning Opportunities on page 4 for upcoming session dates and times.

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.



## 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](http://bcbsil.com/provider).

### BCBSIL WEBINARS

<b>Back to Basics for Ancillary Providers</b> <i>A review electronic transactions, provider tools and online resources Orthotic/Prosthetic providers.</i>	<b>Sept. 8, 2016</b> (Orthotic/Prosthetic Providers)	<b>All sessions:</b> 11 a.m. to noon
<b>BCBSIL Back to Basics: 'Availity 101'</b> <i>A review electronic transactions, provider tools and online resources.</i>	Sept. 6, 2016 Sept. 20, 2016 Sept. 27, 2016	<b>All sessions:</b> 11 a.m. to noon
<b>Introducing Remittance Viewer</b> <i>This online tool offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i>	Sept. 7, 2016 Sept. 14, 2016 Sept. 21, 2016 Sept. 28, 2016	<b>All sessions:</b> 11 a.m. to noon
<b>iExchange® Training: New Enrollee Training</b> <i>Learn how to gain access to and being using our online benefit preauthorization/predetermination of benefits tool.</i>	Sept. 28, 2016	2 to 3:15 p.m.

### BCBSIL Professional Provider Workshops

The BCBSIL Provider Relations team is offering specialized workshops for independently contracted providers. Learn about products, benefit preauthorization updates and new PPO credentialing guidelines.

For all workshops, registration is scheduled from 9 to 9:30 a.m.  
 Workshop sessions are held from 9:30 a.m. to noon.

**Sept. 14, 2016**  
 Holiday Inn Hotel & Suites Bloomington-Airport  
 3202 E. Empire St.  
 Bloomington, IL 61704  
 The registration deadline is Sept. 9, 2016.  
**Questions? Contact Amanda Williams at**  
[williamsa4@bcbsil.com](mailto:williamsa4@bcbsil.com) or 217-698-5179.

**Sept. 28, 2016**  
 Elmhurst Hospital  
 155 E. Brush Hill Rd.  
 Elmhurst, IL 60126  
 The registration deadline is Sept. 23, 2016.  
**Questions? Contact Gina Plescia at**  
[gina\\_plescia@bcbsil.com](mailto:gina_plescia@bcbsil.com) or 312-653-4733.

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

# Use the Availity Claim Research Tool for Online Claim Status



As a reminder, BCBSIL Provider Customer Service no longer assists with general claim status. BCBSIL supports electronic options as the most convenient, efficient and secure method for providers, health care professionals and billing agencies to conduct business with us. For example, the Availity Claim Research Tool (CRT) provides expanded claim status information online to help expedite your patient account reconciliation process.

- The CRT offers real-time claim status, along with detailed denial descriptions.
- You may search for claims by Patient ID, Group Number and date of service, or by a specific claim number, also known as a Document Control Number (DCN).
- The CRT also enables you to check the status of multiple claims in one view.

For additional information, refer to the CRT tip sheet in the Education and Reference Center/Provider Tools section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). Please note that you must be registered with Availity to utilize the CRT. For registration information, visit [availity.com](http://availity.com), or contact Availity Client Services at (800) AVAILITY (282-4548). There is no cost to register with Availity.

## JOIN US FOR A WEBINAR

BCBSIL hosts complimentary Back to Basics: 'Availity 101' Webinars for independently contracted providers. In these online training sessions, we'll demonstrate how to use electronic tools such as the CRT to their fullest potential. You do not need to be registered with Availity to attend. For upcoming webinar dates and times, refer to the Provider Learning Opportunities on page 4. To register online, refer to the Workshops/Webinars page in the Education and Reference Center section of our Provider website.

## BlueCard® Program Reminder Checklist

The BlueCard program is designed to help our members take their coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement. As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing in most instances – your local Blue Plan. For Illinois providers, that's BCBSIL.

### Here's a quick checklist of important reminders:

- ✓ **Ask members for their current ID card.** BlueCard members have a suitcase logo on their ID card. Also ask for a photo ID to confirm the member's identity.
- ✓ **Verify the member's eligibility, benefits and copayments.** For fastest processing, verify coverage electronically through Availity, or your preferred vendor portal.
- ✓ **When recording the member ID number, be sure to include the three-digit alpha prefix.** This indicates the member's group.
- ✓ **Submit BlueCard claims to BCBSIL electronically.** Do not submit duplicate claims.
- ✓ **Check claim status online.** Check the status of the original claim online by submitting an electronic claim status request to BCBSIL via your preferred vendor portal. Or, use the Availity Claim Research Tool for enhanced claim status.

For additional information on our BlueCard program, refer to the BlueCard Program Manual in the Standards and Requirements section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

## Meet Your Ancillary Provider Network Consultant

BCBSIL contracts with more than 2,000 independent ancillary providers in Illinois and Northwest Indiana.

Our Ancillary Provider Network Consultants (PNCs) focus specifically on the services provided by skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers and private duty nursing agencies.

Our Ancillary PNCs are available to provide training and discuss BCBSIL policies and procedures, billing and contractual issues.

You may direct your requests and inquiries to our general email box at [ancillarynetworks@bcbsil.com](mailto:ancillarynetworks@bcbsil.com), or leave a message at 312-653-4820.



## Professional Provider Network Consultant Assignments by County and ZIP Code

*(Revised August 2016)*

Our Professional Provider Network Consultants (PNCs) serve as the liaison between BCBSIL and our independently contracted professional provider community, developing and maintaining cooperative working relationships with professional providers in our network throughout Illinois and northwest Indiana. For the name of your Professional PNC, refer to the Illinois county map on the facing page. PNCs for professional providers in Cook and DuPage Counties (Codes 16 and 22) are assigned by either Chicago ZIP code or city, as listed below. The Professional Provider Network Consultant List and map are also available in the Education and Reference Center on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

### ILLINOIS TERRITORY BREAKDOWN BY COUNTY CODE

**Northern** (4, 8, 19, 43, 45, 52, 71, 89 and 101) – **Cathy Dismuke**

**Western** (6, 34, 36, 37, 66, 81, 94 and 98) – **Gina Plescia**

**Southern** (2, 3, 7, 13, 14, 17, 24, 25, 26, 28, 30, 31, 33, 35, 39, 40, 41, 42, 44, 51, 59, 60, 61, 64, 67, 68, 73, 76, 77, 79, 80, 82, 83, 91, 93, 95, 96, 97 and 100) – **Teresa Trumbley**

**Central** (1, 5, 9, 10, 11, 12, 15, 18, 21, 23, 27, 29, 38, 48, 50, 54, 55, 58, 62, 63, 65, 69, 70, 72, 74, 75, 78, 84, 85, 86, 87, 88, 90, 92 and 102) – **J'ne Kanady**

**North Metro** (49, 56) – **Gina Plescia**

**South Metro** (20, 32, 46, 47, 53, 57 and 99) – **Aaron Nash**

**Northwest Indiana** – **Kathleen Barry**

**Cook County** (16) – *See below for Cook and DuPage County Breakdown*

**DuPage County** (22) – *See below for Cook and DuPage County Breakdown*

### COOK AND DUPAGE COUNTY BREAKDOWN BY CITY AND ZIP CODE

**Aaron Nash** – City: Lemont

**Ana Hernandez** – Cities: Bensenville, Clarendon Hills, Des Plaines, Elmhurst, Evanston, Glencoe, Glenview, Golf, Hinsdale, Inverness, Itasca, Kenilworth, Lincolnwood, Lombard, Morton Grove, Mt. Prospect, Neenah, Niles, Northbrook, Northfield, Oak Brook, Oak Brook Terrace, Palatine, Prospect Heights, Rolling Meadows, Rosemont, Skokie, South Barrington, Villa Park, Westmont, Wheeling, Wilmette, Winnetka, Wood Dale

**Andreea Hoover** – Cities: Alsip, Bellwood, Berkeley, Berwyn, Blue Island, Bridgeview, Broadview, Brookfield, Burbank, Chicago Ridge, Cicero, Elmwood Park, Evergreen Park, Forest Park, Franklin Park, Harwood Heights, Hillside, Hines, Hometown, Indian Head Park, Justice, Knoxville, La Grange, La Grange Park, La Grange Highlands, Lyons, Maywood, Melrose Park, Merrionette Park, Norridge, North Riverside, Northlake, Oak Lawn, Oak Park, Park Ridge, River Forest, River Grove, Riverside, Schiller Park, Stone Park, Summit Argo, Westchester, Western Springs

**Cathy Dismuke** – Cities: Addison, Bartlett, Bloomingdale, Hanover Park, Hillisburg, Medinah, Roselle, Streamwood, Wayne

**Gina Plescia** – Cities: Arlington Heights, Elk Grove Village, Hoffman Estates, Schaumburg

**Karen Pospiech** – ZIP Codes: 60608, 60609, 60613, 60615, 60617, 60618, 60619, 60620, 60621, 60623, 60624, 60625, 60626, 60627, 60628, 60629, 60630, 60631, 60632, 60633, 60635, 60636, 60637, 60638, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60647, 60648, 60649, 60650, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60658, 60659, 60660, 60661, 60666, 60668, 60669, 60670, 60673, 60674, 60675, 60676, 60677, 60678, 60680, 60681, 60686, 60689, 60690, 60693, 60694, 60695, 60696

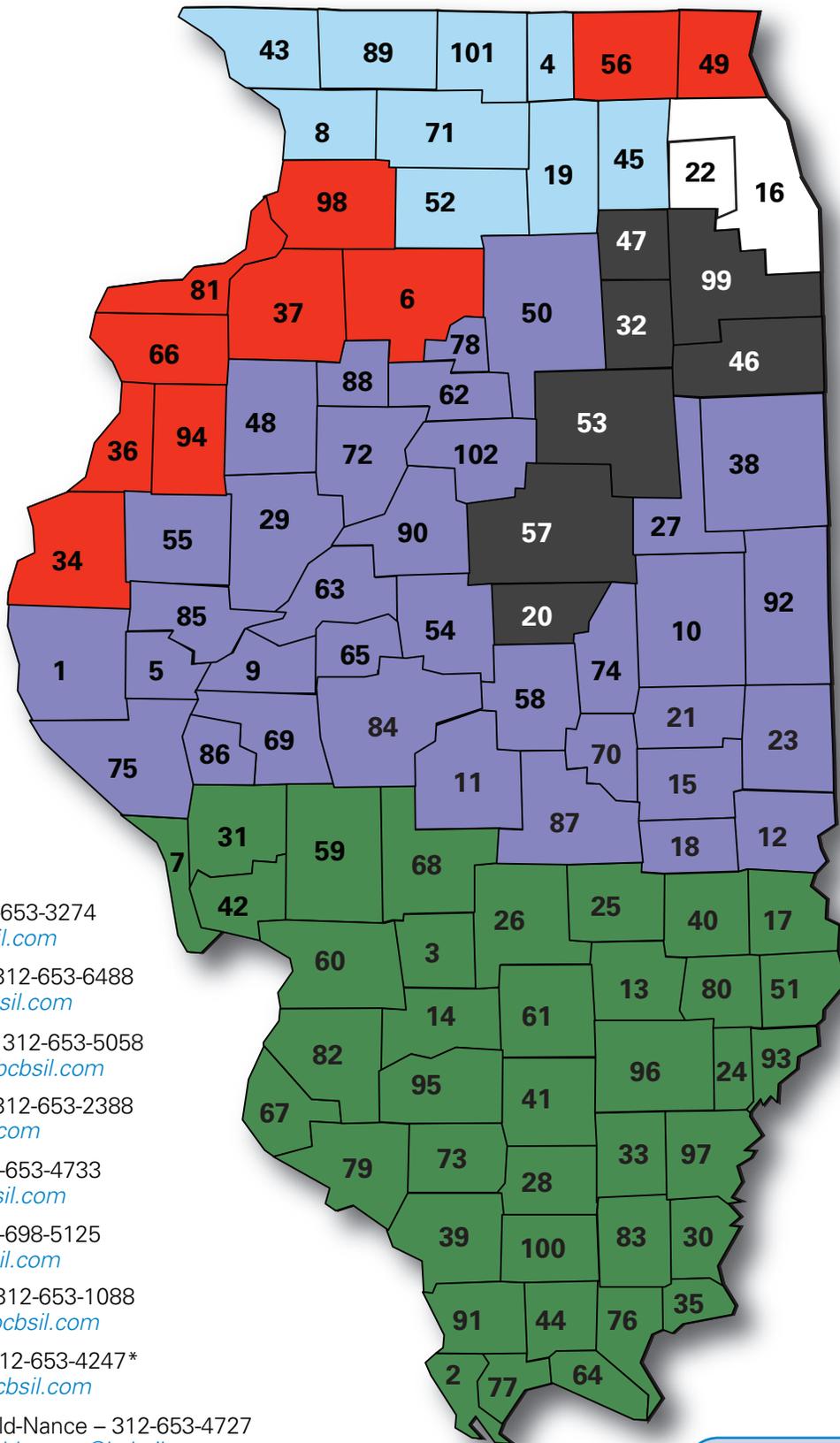
**Kathleen Barry** – Cities: Aurora, Burr Ridge, Calumet City, Chicago Heights, Darien, Dolton, Flossmoor, Ford Heights, Glen Ellyn, Glendale Heights, Glenwood, Homewood, Lansing, Lisle, Lynwood, Matteson, Naperville, Olympia Fields, Park Forest, Richton Park, Riverdale, Sauk Village, South Holland, Steger, Summit, Thornton, Warrenville, Willowbrook, Woodridge

**Michelle Brownfield-Nance** – Cities: Calumet Park, Carol Stream, Country Club Hills, Countryside, Crestwood, Downers Grove, Harvey, Hazel Crest, Hickory Hills, Homer Glen, Markham, Midlothian, Oak Forest, Orland Hills, Orland Park, Palos Heights, Palos Hills, Palos Park, Posen, Robbins, Tinley Park, West Chicago, Wheaton, Willow Springs, Winfield, Worth

**TBD/Vacant** – ZIP Codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60612, 60614, 60616, 60622, 60634

Code	County
1	Adams
2	Alexander
3	Bond
4	Boone
5	Brown
6	Bureau
7	Calhoun
8	Carroll
9	Cass
10	Champaign
11	Christian
12	Clark
13	Clay
14	Clinton
15	Coles
16	Cook
17	Crawford
18	Cumberland
19	DeKalb
20	Dewitt
21	Douglas
22	DuPage
23	Edgar
24	Edwards
25	Effingham
26	Fayette
27	Ford
28	Franklin
29	Fulton
30	Gallatin
31	Greene
32	Grundy
33	Hamilton
34	Hancock
35	Hardin
36	Henderson
37	Henry
38	Iroquois
39	Jackson
40	Jasper
41	Jefferson
42	Jersey
43	Jo Daviess

Code	County
44	Johnson
45	Kane
46	Kankakee
47	Kendall
48	Knox
50	LaSalle
49	Lake
51	Lawrence
52	Lee
53	Livingston
54	Logan
58	Macon
59	Macoupin
60	Madison
61	Marion
62	Marshall
63	Mason
64	Massac
55	McDonough
56	McHenry
57	McLean
65	Menard
66	Mercer
67	Monroe
68	Montgomery
69	Morgan
70	Moultrie
71	Ogle
72	Peoria
73	Perry
74	Piatt
75	Pike
76	Pope
77	Pulaski
78	Putnam
79	Randolph
80	Richland
81	Rock Island
83	Saline
84	Sangamon
85	Schuyler
86	Scott
87	Shelby
82	St Clair
88	Stark
89	Stephenson
90	Tazewell
91	Union
92	Vermilion
93	Wabash
94	Warren
95	Washington
96	Wayne
97	White
98	Whiteside
99	Will
100	Williamson
101	Winnebago
102	Woodford



-  Aaron Nash – 312-653-3274  
[aaron\\_nash@bcbsil.com](mailto:aaron_nash@bcbsil.com)
-  Ana Hernandez – 312-653-6488  
[hernandez2@bcbsil.com](mailto:hernandez2@bcbsil.com)
-  Andreea Hoover – 312-653-5058  
[andreea\\_hoover@bcbsil.com](mailto:andreea_hoover@bcbsil.com)
-  Cathy Dismuke – 312-653-2388  
[dismukec@bcbsil.com](mailto:dismukec@bcbsil.com)
-  Gina Plescia – 312-653-4733  
[gina\\_plescia@bcbsil.com](mailto:gina_plescia@bcbsil.com)
-  J'ne Kanady – 217-698-5125  
[j'ne\\_kanady@bcbsil.com](mailto:j'ne_kanady@bcbsil.com)
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**Key:**

-  Cook County (16) and DuPage County (22) are split between Aaron, Ana, Andreea, Cathy, Gina, Karen, Kathleen and Michelle.
-  \*NW Indiana is assigned to Kathleen.

## Clinical Practice and Preventive Health Guidelines for Blue Cross Community Options<sup>SM</sup>

The 2016 Clinical Practice and Preventive Health Guidelines for Blue Cross Community Options are available online as well as in print. This includes the clinical practice guidelines for:

- Asthma
- Behavioral Health Clinical Practice Guidelines
- Chronic Obstructive Pulmonary Disease (COPD) Guidelines
- Community Reintegration and Support
- Coordination of Community Support and Services for Enrollees of Home and Community-Based Services (HCBS) Waivers
- Dental Services
- Diabetes Clinical Practice Guideline
- Family Planning and Reproductive Care
- Guidelines for Heart Failure in the Adult
- Guidelines for Primary and Secondary Prevention of Coronary Artery Disease (CAD)
- Guidelines for Treating Tobacco Use and Dependence
- High Risk Pregnancy
- Hypertension
- Long Term Care (LTC) Coordination of Care and Services
- Management of Routine Prenatal and Postpartum Care
- Preventive Care Guidelines

The clinical practice guidelines are available in the Clinical Programs section of our website at [bcbsil.com/provider/clinical/cpg.html](http://bcbsil.com/provider/clinical/cpg.html). If you provide services to Blue Cross Community Options (MMAI, ICP and FHP) members, you may request a copy of the Clinical Practice and Preventive Health Guidelines for Blue Cross Community Options by contacting Kevin Kirk at 312-653-2539 or [Kevin\\_Kirk@bcbsil.com](mailto:Kevin_Kirk@bcbsil.com), or contact your Provider Network Consultant for Blue Cross Community Options.

The clinical practice guidelines are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own independent medical judgment in providing health care to members. Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

## Quality Improvement Program Goals, Processes and Progress for Blue Cross Community Options



The BCBSIL Quality Improvement (QI) Department for Blue Cross Community Options strives to ensure that Blue Cross Community Options (MMAI, ICP and FHP) members have access to quality care that is in alignment with nationally recognized practice and treatment options. The QI team includes registered nurses in the State of Illinois, with many years of quality improvement and management experience.

The QI team administers the QI Program, which identifies, oversees and initiates clinical and service growth opportunities. Under the direction of the Medical Director and the QI Director, the program works with physicians and other health care practitioners who directly or indirectly oversee the delivery of medical and behavioral health care. The program measures action and progress against defined goals and benchmarks. It also implements quality initiatives for compliance with Illinois Healthcare and Family Services (HFS) and CMS requirements.

The QI Program supports the Blue Cross Community Options (MMAI, ICP and FHP) 2016 visions and goals. The following are some of the goals of the QI Program for Blue Cross Community Options:

- To communicate the values and promise of ongoing quality improvement.
- To measure, watch and continue to support growth in key aspects of clinical and behavioral health care and services for members, provided by physicians and other health care practitioners.
- To demonstrate improved results in health and behavioral health care and services and pharmacy management for members.
- To improve safety and welfare of members by working with providers to improve the services rendered to members plans based on the testing and trending of Critical Incidents.

*(continued on page 9)*

- To foster a supportive setting that helps physicians and other health care practitioners create a safer practice.
- To engage providers and increase awareness about what members can do to lead healthier lives or achieve improved health outcomes.

The 2016 Healthcare Effectiveness Data Information Set (HEDIS®) season was baseline for the BCBSIL MMAI, FHP and ICP lines of business. A brief summary of some of the 2016 HEDIS results is provided below.

### **MMAI**

Many measures for MMAI have several stratifications or elements that require reporting rates for those stratifications or elements. The measure for Pharmacotherapy Management of COPD Exacerbation has two stratifications that include the dispensing of bronchodilators and systemic corticosteroid post discharge from an ER visit for inpatient stay. The rate reported for bronchodilator dispensing is above the 50th percentile. For Comprehensive Diabetes Care, the element of Nephropathy Screening narrowly missed the 75th percentile by 0.15. Initiation and Engagement of Alcohol and Other Drug (AOD) treatment has two phases – the Initiation Phase and the Engagement Phase. The total rate for the Initiation Phase was above the 75th percentile. The Engagement Phase portion has a stratification rate for members 18+ years of age, along with a total rate, which are both above the 50th percentile.

### **ICP**

ICP had several measures that were above the 50th or 75th Quality Compass Benchmark. The measure called Annual Monitoring of Patients on Persistent Medications monitors members through the use of specific lab work. This measure includes medications such as ace inhibitors and diuretics, which were above the 50th percentile with the total compliance rate being above the 50th percentile. Another measure that has several rates reported is that of Initiation and Engagement of AOD Dependence Treatment. For this measure the Initiation of AOD Treatment rate in members 18+ years and the total rate were both above the 75th percentile. The Antidepressant Medication Management measure reports rates for an Acute Phase and a Continuation Phase. The rate for the Acute Phase was above the 50th percentile, while the rate for the Continuation Phase was above the 75th percentile.

### **FHP**

FHP had several measures that were above the 50th, 75th or the 90th Quality Compass Benchmark. Breast Cancer Screening, Human Papillomavirus Vaccine for Female Adolescents and Persistence of Beta-Blocker Treatment after a Heart Attack were all above the 75th percentile Benchmark. Additionally, Immunizations for Adolescents - Combination 1, which includes Tdap-TD and Meningococcal (MCV), were above the 50th percentile. Another measure that is at or above the 50th percentile is Pharmacotherapy Management of COPD Exacerbation, which includes a measure for Bronchodilators and Systemic Corticosteroid.

HEDIS is a registered trademark of the NCQA.

This material is for informational purposes only and is not a substitute for the sound medical judgment of a health care provider. Health care providers are advised to exercise their own independent medical judgment. The fact that a service is listed here is not a guarantee of payment. Claims will be determined on the basis of the member's certificate of coverage in effect on the date of service including all benefits, limitations and exclusions.

## **Utilization Management (UM) Decision-making Guidelines**

BCBSIL's Blue Cross Community Options (MMAI, ICP and FHP) confirms that incentives are not used to encourage barriers to care and service. However, BCBSIL's Blue Cross Community Options (MMAI, ICP and FHP) is required to carefully review and consider certain instances where the use of incentives are appropriate and required to foster efficient, proper care.

### **AFFIRMATION STATEMENT**

To help ensure we adhere to this requirement, BCBSIL and independently contracted Medicaid Medical Groups/ Independent Practice Associations (MGs/ IPAs) must affirm that their employees and contracting physicians abide by certain UM decision-making guidelines.

BCBSIL Blue Cross Community Options employees affirm that:

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

MG/IPA and independent practitioners and providers who contract with BCBSIL to provide care and services to Blue Cross Community Options (MMAI, ICP and FHP) members also must affirm that their employees and contracted physicians follow established decision-making guidelines, including those mentioned above.

### **AVAILABILITY OF UM CRITERIA**

Blue Cross Community Options 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 Blue Cross Community Options. Practitioners and providers may call Blue Cross Community Options 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.

## Complex Case Management and Disease Management Programs for Blue Cross Community Options

We are pleased to announce the development and implementation of BCBSIL Medicaid Complex Case Management and Disease Management programs to help independently contracted providers better serve our Blue Cross Community Options (MMAI, ICP and FHP) members.

The goal of the Complex Case Management and Disease Management programs is to help MMAI, ICP and FHP members regain more control over their health, achieved through education, support and access to services that may help these members as they work toward accomplishing their individual health goals. The intent of the Disease Management program is to work with contracted providers to provide education and health care self-management tools for MMAI, ICP and FHP members with chronic conditions such as asthma and diabetes.

We appreciate the care and services you provide to help improve the health and well-being of our members. To make referrals or to learn more about the above-referenced programs, please contact Care Coordination at 855-334-4780, Monday through Friday between the hours of 7:30 a.m. and 6 p.m.

The Community Options Complex Case Management and Disease Management programs are not a substitute for the independent medical judgment of health care providers. Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment.



## Member Rights and Responsibilities

BCBSIL is committed to ensuring that enrolled members are treated in a manner that respects their rights as individuals entitled to receive health care services. BCBSIL is committed to cultural, linguistic and ethnic needs of our members. BCBSIL policies help address the issues of members participating in decision-making regarding their treatment; confidentiality of information; treatment of members with dignity, courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

BCBSIL also holds forth certain expectations of members with respect to their relationship to the managed care organization and the independently contracted providers participating in Blue Cross Community Options (MMAI, ICP and FHP). These rights and responsibilities are reinforced in member and provider communications, including the Provider website.

BCBSIL encourages all of our independently contracted providers to become familiar with the following member rights and responsibilities so that you can assist us in serving our members in a manner that is beneficial to everyone.

### MEMBER RIGHTS

#### 1. Our members have a right to know their rights.

- a. Members have the right to receive information about the rights and responsibilities.
- b. Members have the right to make recommendations about these rights and responsibilities.

#### 2. Our members have the right to respect, dignity and privacy. That includes the right to:

- a. Nondiscrimination.
- b. Know that their medical records and discussions with their providers will be kept private and confidential.
- c. Ask for and receive their medical records and if needed, have them corrected.

#### 3. Our members have the right to a fair opportunity to choose a health care plan and health care providers. They also have the right to change their plan or their provider without penalty at any time. That includes the right to:

- a. Be told how to choose a health plan and Primary Care Physician (PCP) available in their area.
- b. Be told how to change their health plan or their PCP.
- c. Get information about providers and practitioners available to them.

#### 4. Our members have the right to ask questions and get answers about anything they do not understand. That includes the right to:

- a. Have their provider explain their health care needs to them and talk to them about the different ways their health care problems can be treated, regardless of cost or benefit coverage.
- b. Be told why care or services were denied and not given.

*(continued on page 11)*

**5. Our members have the right to agree to or refuse treatment and have a say in treatment decisions. That includes the right to:**

- a. Work as part of a team with their provider in deciding what health care is best for them.
- b. Say “yes” or “no” to the care recommended by their provider.

**6. Our members have the right to use each complaint and appeal process available through the Managed Care Organization and through Medicaid. That includes the right to:**

- a. Make a complaint to their health plan or to the state Medicaid program about their health care, their provider or their health plan.
- b. Get a timely answer to their complaint.
- c. Use the Plan’s appeal process and be informed on how to file a complaint.
- d. Ask for a fair hearing from the State Medicaid program and get information about how that process works.

**7. Our members have the right to quick and easy access to care. That includes the right to:**

- a. Have telephone access to a medical professional 24 hours a day/seven days a week for any emergency or urgent care they need.
- b. Receive medical care in a timely manner.
- c. Get in and out of a health care provider’s office easily. There should not be any conditions that limit movement for people with disabilities according to the Americans with Disabilities Act.
- d. Have interpreters, if needed, when getting covered services during appointments with their providers and when talking to their health plan. Interpreters are people who can speak their native language, help someone with a disability, or help them understand the information.
- e. Be given information they can understand about their health plan rules, the services they can get and how to get them.

**8. Our members have the right to refuse to be restrained or secluded for someone else’s convenience or as a way of forcing them to do something they do not want to do, or as punishment.**

**9. Our members have the right to have open discussions with their doctors, hospitals and others who care for them regarding their health status, medical care and all options for treatment, even if the care or treatment is not a covered service.**

**10. Our members have the right to know that they are not responsible for paying for covered services in accordance with the terms in their evidence of coverage.**

## Member Responsibilities

**Our members have the responsibility to:**

1. Read and follow the Member Handbook.
2. Keep their scheduled appointments or call their provider to reschedule or cancel at least 24 hours before their appointment.
3. Show their Blue Cross Community Options ID card to each provider before getting covered services.
4. Call their PCP or 24/7 Nurseline before going to an emergency room, except in situations that they believe are life threatening or that could permanently damage their health.
5. Follow plans and instructions for care that they have agreed to with their providers.
6. Call Member Services if they change their phone number or their address. They should also contact their Case Worker at Department of Human Services (DHS).
7. Share information about their health with their PCP and learn about service and treatment options. That includes the responsibility to:
  - a. Tell their PCP about their health.
  - b. Talk to their providers about their health care needs and ask questions about the different ways their health problems can be treated.
  - c. Help their providers get their medical records.
  - d. Treat their providers and other health care employees with respect and courtesy.
8. Be involved in service and treatment option decisions, and make personal choices to help keep themselves healthy. That includes the responsibility to:
  - a. Work as a team with their provider in deciding what health care is best for them.
  - b. Understand how the things they do can affect their health.
  - c. Do the best they can to stay healthy.
  - d. Treat providers and staff with respect.
  - e. Talk to their provider about all of their medications.

If our members think they have been treated unfairly or discriminated against, they can call the U.S. Department of Health and Human Services (HHS) toll-free at 800-368-1019. They can also view information concerning the HHS Office for Civil Rights online at [hhs.gov/ocr](http://hhs.gov/ocr).



# BLUE REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS



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

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

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