



Government Programs Reference Guide (Medicaid)

| Department | Phone Number | Fax Number |
|--|-----------------------------------|--------------|
| Provider Network Services & Customer Service: Check eligibility and benefits, including Language Interpretive Services Inquiries related to Blue Cross Community Health Plans SM (BCCHP SM), current BCBSIL Initiatives, Provider Compliance & Provider Training | 877-860-2837 TTY: 711 | 855-297-7280 |
| Medical Management including Prior Authorization, Inpatient Admissions, Care Coordination, and Discharge Planning <i>NOTE: Preferred method for Prior Authorization Requests is electronic, via Aviality[®] or eviCore healthcare (eviCore)</i> | 877-860-2837 | 312-233-4060 |
| Pharmacy Prior Authorization | 800-285-9426 | 877-243-6930 |
| Pharmacy Help Desk | 855-457-0173 | N/A |
| Behavioral Health - Utilization Management | 877-860-2837 | 312-233-4099 |
| Behavioral Health Mobile Crisis Response (Cares Line) | 800-345-9049 TTY: 866-794-0374 | N/A |

| Dental, Vision, Pharmacy and Transportation Contact Information | Customer Service | Provider Relations |
|---|------------------|--------------------|
| DentaQuest | 888-286-2447 | 888-281-2076 |
| Davis Vision | 800-283-9374 | 800-584-3140 |
| Prime Therapeutics | 855-457-0173 | 800-821-4795 |
| LogistiCare | 844-544-1393 | 877-917-4149 |

| Key Contacts for Patients/Members | |
|-----------------------------------|--------------|
| Member Services | 877-860-2837 |
| 24/7 Nurse Line | 888-343-2697 |
| Care Coordination | 855-334-4780 |

| Eligibility and Benefits | |
|--|---|
| An Eligibility and Benefits Inquiry <i>should be completed prior to rendering services</i> | <ul style="list-style-type: none"> • Medi-Span[®] (eligibility only) • Aviality (eligibility & benefits) • BCBSIL Provider Services: 877-860-2837 |
| Patient Panel Listings & Care Plans | Located within Altruista Health's Guiding Care [™] tool, available via Aviality |

BlueCross BlueShield of Illinois

Blue Cross Community Health PlansSM

Member Name: <Cardholder Name>
 Medicaid ID: <Medicaid Recipient ID#>
 Member ID: XOG<Cardholder ID#>
 Group Number: <Group #>

RxBIN: <RxBIN #>
 RxPCN: <RxPCN #>
 RxGRP: <RxGRP#>

PCP Name: <PCP Name> PCP Phone: <PCP Phone>
 PCP Address: <PCP Street Address>
 <PCP City, State, Zip>

Enrollment Effective Date: <enrollment effective date>
 Member Services: <1-877-860-2837> TTY/TDD: <711>

BlueCross BlueShield of Illinois

Blue Cross Community

Member Name: <Cardholder Name>
 Medicaid ID: <Medicaid Recipient ID#>
 Member ID: XOG<Cardholder ID#>
 Group Number: <Group #>
 Benefit Group: **MLTSS**

Enrollment Effective Date: <enrollment effective date>
 Member Services: <1-877-860-2837> TTY/TDD: <711>

Blue Cross Community MMAL (Medicare-Medicaid Plan)SM

MedicareRx
Prescription Drug Coverage

Member name: <John A Doe>
 Member ID: XOG<123456789>
 Health Plan (80840): 9101000237
 Medicaid ID: <XXXXXXXXXX>

RxBin: <011552>
 RxPCN: <Part D: ILDEMB>
 Part B: ILDEMB>
 RxGRP: <XXXX/XXXX>
 RxID: <999999999>

PCP Name: <PCP Name>
 PCP Phone: <PCP Phone>

H0927 <001>

| Preauthorization & Referral Requirements | |
|--|---|
| Preauthorization Not Required | <ul style="list-style-type: none"> • Emergency and Urgent Care Services • Referral to In-Network Specialists • Obstetrical/Gynecological Services (members may self-refer for routine OB/GYN services) |
| Preauthorization Required | <p>Prior to services rendered by Out-of-Network Provider <i>NOTE: Approved referrals to non-contracted providers are valid for one visit within six months from the date the request</i></p> <p>General guidelines and code specific requirements located:</p> <ul style="list-style-type: none"> • 2020 Medicaid Benefit Preauthorization Summary List <p>and/or</p> <ul style="list-style-type: none"> • 2020 Medicaid Benefit Procedure Code List |
| <p>Obtaining Preauthorization</p> <p>Preauthorization through BCBSIL: Use the Availity Authorizations tool on the Availity website</p> <ul style="list-style-type: none"> • Go to the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations • Choose Payer BCBSIL, then choose your organization • Choose Inpatient Authorization or Outpatient Authorization Review and submit your request <p>Preauthorization through eviCore:</p> <ul style="list-style-type: none"> • Online via eviCore • 855-252-1117 <p><i>NOTE: The 2020 Medicaid Benefit Procedure Code List specifies if prior authorization should be obtained via Availity or eviCore</i></p> | <p>Availity: Web-based tool, supporting preauthorization requests handled by BCBSIL for:</p> <ul style="list-style-type: none"> • Inpatient Services, including but not limited to: <i>Medical, Surgical, Maternity, NICU, and Transplant Admissions</i> • Select Outpatient Services <p>eviCore: Non-BCBSIL web-based tool, preauthorization requests</p> <p>Select Outpatient Services including, but not limited to: <i>Radiation Therapy; Musculoskeletal Services; Cardiology; Radiology Imaging; Medical Oncology; Sleep Studies; Post-acute Care; Specialty Drugs</i></p> <p>Access and information regarding use of eviCore available at eviCore or eviCore Quick Reference</p> |

| Claim Submission | |
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| Claim Submission | <p>BCBSIL partners with Availity and or electronic claims submissions:</p> <p>Payer ID is MCDIL <i>NOTE: If using an alternate clearinghouse, contact your vendor for payer ID</i></p> <p>'XOG' prefix must be attached to Member ID # (or claim will reject)</p> <p>Paper Claims Address: Blue Cross Community Health Plans P O Box 3418 C/O Provider Services Scranton, PA 18505</p> |
| Additional Claim Resources | <p>BCBSIL partners with Availity, providing the following support:</p> <ul style="list-style-type: none"> • Electronic Claim Submission • Claim Research Tool (CRT) • Remittance Viewer • Reporting on Demand <p>Visit the Claims and Eligibility and Education and Reference Center sections of our Provider website for more information on electronic options.</p> |

Claim Submission *(continued)*

Claim Inquiries & Disputes

NOTE: BCBSIL must be notified in writing within 60 days of receipt of payment. After that time, prior payment of the disputed claim(s) will be considered final payment in full and will not be further reviewed by BCBSIL.

Complete & Submit:

[Medicaid Claims Inquiry or Dispute Request Form](#)

Mail to:

Blue Cross Community Health Plans
C/O Provider Services PO Box 4168
Scranton, PA 18505

Fax to:

855-322-0717

Member Appeals and Grievances

The Member has the right to an Appeal or a Grievance

Appeals are defined as dissatisfaction with an organization determination

Grievances are defined as dissatisfaction with health care services

A provider can submit an Appeal or Grievance on the patient's behalf **ONLY** if an Authorization of Release (AOR) is completed **[AOR Form](#)**

Submission of Appeal or Grievance:

Appeals & Grievances
P.O. Box 27838
Albuquerque, NM 87125-9705
877-860-2837

Required Training and Additional Resources

Centers for Medicare & Medicaid Services (CMS) and/or State of Illinois Required Training

- Annual **[Required Medicaid Provider Training](#)** information is available on **[our Provider Website](#)**
- Attestation Forms are available on the **[Provider Training Requirements/Resources page](#)**, in the event training has been completed with another MCO

BCBSIL Complimentary Webinars *Availity 101; Ancillary Provider BCCHP Overview; iExchange Training; Remittance Viewer*

[Online Training Sessions](#) are available. For dates, times and online registration, refer to the **[Webinars and Workshops page](#)**

Care Coordination

Benefits of Care Coordination

- Helps to create and maintain trustworthy relationships with patients
- Provides support team that considers physical, mental and spiritual needs of the member
- Allows MCO, Provider, Member & Support Team to operate as a cohesive unit

Basics of Care Coordination

- Members are encouraged to complete a Health Risk Screening within 60 days of enrollment.
- Screening results determine level of service provided by BCCHP Care Coordination Team
- Care coordinators promote patient engagement, encourage patients to attend scheduled office visits, help arrange transportation, etc.
- All Waiver Services Members are assigned a BCBSIL Care Coordinator
- Care Coordination phone number is 855-334-4780

Behavioral Health & Substance Use Prevention and Recovery

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| Prior Authorization Requirements | General guidelines and code specific requirements located: <ul style="list-style-type: none"> • <u>Government Programs Behavioral Health Authorization List</u> and/or • <u>2019 Medicaid Benefit Procedure Code List</u> |
| Additional Requirements <i>Certain services require an additional authorization form be completed</i> | <ul style="list-style-type: none"> • <u>Electroconvulsive Therapy (ECT) Request Form</u> • <u>Psychological/Neuropsychological Testing Request Form</u> • <u>Rule 132 Service Request Form</u> • <u>Transcranial Magnetic Stimulation (rTMS) Request Form</u> |
| CMHC and SUPR Billing Guidelines <i>Including Prior Authorization Requirements</i> | <ul style="list-style-type: none"> • <u>CMHC Billing Guidelines</u> • <u>SUPR Billing Guidelines</u> |

Pharmacy Services

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| Prime Therapeutics | Customer Service: 877-860-2837 Formulary: <u>BCCHP Medicaid Pharmacy</u> |
| Prior Authorization and Medication Limits <i>Certain medications may require an additional authorization form be completed</i> | Utilize <u>BCCHP Pharmacy Information</u> to determine: <ul style="list-style-type: none"> • Prior Authorization requirements • Medication Limits • Step Therapy • Additional Forms (if required) |
| Formulary Exception Request | Authorization requests for non-formulary medications submitted via: <u>Formulary Exception Form</u> |
| Out-of-Pocket Cost | \$0 Co-Pay for all covered medications |

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. eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. LogistiCare is an independent company that provides transportation services to BCBSIL through a contractual agreement between BCBSIL and LogistiCare. The relationship between BCBSIL and LogistiCare is that of independent contractors. Medi-Span is a trademark of the Health division of Wolters Kluwer, an independent third party vendor that is a leading global provider of information and point of care solutions for the healthcare industry. GuidingCare is a trademark of Altruista Health, a separate company that offers collaborative health care management solutions for payers and providers. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Prime Therapeutics LLC is a pharmacy benefit management company. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. Blue Cross and Blue Shield of Illinois, as well as other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Checking eligibility and benefits and/or obtaining preauthorization for a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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