BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

Provider Education

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. It's important that you update your data when it changes, including when you join or leave a network. Verification of your information (name, specialty, address, phone and website URL) every 90 days is required by federal law. **Updating your data will count as your 90-day verification.**

Read More

Provider Learning Opportunities

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

Read More

Clinical Updates, Reminders and Resources

BlueApprovR℠ Expedites Medical Surgical, Pharmacy and Behavioral Health Prior Authorization – Attend a Training

BCBSIL continues to streamline the prior authorization process to reduce your workload with BlueApprovR. You can use this tool to request prior authorization for some services – and get an answer from BCBSIL within minutes – for many of our **commercial, non-HMO** members. BlueApprovR is accessible in Availity® Essentials, so it's easy to make it a part of your daily workflow.

Read More

Wellness and Member Education

Illinois Medicaid Providers: Help Your Patients Get Ready for Redetermination

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time. You can help by reminding your patients to update their information and watch for a letter from the Illinois Department of Healthcare and Family Services. Read more on News and Updates.

Helping Our Members Manage Diabetes

More than 37 million Americans have diabetes, according to the Centers for Disease Control and Prevention. Because Type 2 symptoms can develop slowly, one in five people don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

Read More

Pharmacy Program

Specialty Pharmacy Program Adds Cystic Fibrosis Treatment Centers

BCBSIL members have access to the IntegratedRx oral oncology network. All pharmacies in the former Prime Therapeutics oncology network are transitioning to the IntegratedRx network. Read more on News and Updates.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2023

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 additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective **on or after July 1, 2023**, are outlined here.

Pharmacy Program Updates: Prior Authorization Changes Effective in July 2023

BCBSIL's prior authorization program encourages safe, cost-effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. Food and Drug Administration approved labeling, scientific literature, and nationally recognized guidelines. Read more on **changes effective July 1, 2023**, and **changes effective July 15, 2023**.

Quality Improvement and Reporting

The Upcoming 2023 HHS-RADV Initial Validation Audit

As an insurer participating in the Affordable Care Act's HHS-operated Risk Adjustment Data Validation program, CMS is requiring BCBSIL to perform the required HHS-RADV program/Initial Validation Audit.

Read More

Help Close Gaps in Care for Group Medicare Advantage Members: Medical Records and Vendor Reminders

If we need medical records for **Blue Cross Group Medicare Advantage (PPO)℠** members, you'll receive requests from BCBSIL or our vendor, **Change Healthcare**, as part of the Blue Cross and Blue Shield National Coordination of Care program. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS®) measures. In addition, you may receive requests from **EXL Health** for select inpatient, diagnosis-related claims for any out-of-area **Blue Cross Medicare Advantage℠** members.

Claims and Coding

See Our New Clinical Payment and Coding Policy for Outpatient Facility Services That Overlap During an Inpatient Stay

Effective Sept. 1, 2023, BCBSIL is implementing a new Clinical Payment and Coding Policy, Outpatient Facility Service(s) Overlapping During an Inpatient Stay (CPCP039).

Read More

Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association.

Read More

Notification and Disclosure

ClaimsXten™ Quarterly Update Reminder

BCBSIL will implement its second and third quarter code update for the ClaimsXten auditing tool on or after **Aug. 21, 2023**.

Read More

Quick Reminders

Stay informed!

Watch the News and Updates on our Provider website for important announcements.

Verify and Update Your Information

Verify your directory information every 90 days. Use the **Availity® Essentials Provider Data Management** feature or our Demographic Change Form. **Facilities** may only use the Demographic Change Form.

Provider Training

For dates, times and online registration, visit the Webinars and Workshops page.

Contact Us

Questions? Comments? Send an email to our editorial staff.

bcbsil.com

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your information as it appears in our Provider Finder on a monthly basis.

- Verify your information (name, specialty, address, phone and website URL) for our provider directory every 90 days. This is required by federal law.
- Update your data when it changes, including when you join or leave a network.
- If you leave a network, update your information immediately and according to your contract terms.

See below for reminders and instructions on how to update your data. **Updating your data will count as your 90-day verification.**

How To Make Demographic Changes

Online options are available for most changes you may need to request.

- **Professional Providers** – We recommend using the Availity® Essentials Provider Data Management feature to request changes to existing demographic information, such as service location, payment address, business website URL, hours of operation and languages spoken. See our PDM page and user guide for more details. If you're unable to use Availity, use our Demographic Change Form. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) National Provider Identifier (NPI). As a participating provider, your NPI(s) should already be on file with BCBSIL. If needed, you can request deactivation of an existing NPI.
- **Professional Provider Groups –** Groups can verify **individual providers** using the Availity PDM feature or our Demographic Change Form.
- **Acute and Ancillary Facilities –** Facilities and ancillary providers may use only the Demographic Change Form to verify and update data. See our user guide for more details.

To enable us to meet the two-day directory update requirement defined by the CAA, **we won't accept demographic changes by email, phone or fax**. Any demographic updates requested through these channels will be rejected and closed.

For more information, refer to our Verify and Update Your Information page.

Request Addition of Provider to Group

If you need to add a provider to your current contracted group, complete the Provider Onboarding Form. Due to the credentialing requirements, changes aren't immediate upon submission of this form. The provider being added to the group won't be considered in-network until they're appointed into the network.

Other Information Changes

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

- **Legal Name Change for Existing Contract** – If you're an existing provider that needs to report a legal name change, complete a new contract application to initiate the update process.*
- **Medical Group Change for Multiple Providers** – If you're a group (Billing NPI Type 2) and have more than five changes, please email our Illinois Provider Roster Requests team for a current copy of your roster to initiate your multiple-change request. (**Verification reminder:** Medical groups who update their provider information by roster can verify all their providers' information every 90 days by submitting a roster. When you submit a roster, all providers affiliated with this group and not listed with an update are verified as correct with no changes.)

*For status of your professional contract application, application, use the Case Status Checker.

If you have any questions, contact your assigned Provider Network Consultant.

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our Webinars and Workshops page. **Note: All times listed are Central Time.**

BCBSIL WEBINARS

To register now for a webinar on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
Availity® Essentials Prior Authorizations and BlueApprovR℠ Tool *Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using the Availity Authorizations and BlueApprovR tools.*	June 7, 2023 June 14, 2023 June 21, 2023 June 28, 2023	11 a.m. to 12:30 p.m.
Availity Claim Status, Clinical Claim Appeals and Message This Payer *Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using the Availity Essentials Portal.*	June 8, 2023 June 15, 2023 June 22, 2023	11 a.m. to noon
Availity Orientation: Save Time and Go Online *Join us for a review of electronic transactions, provider tools and helpful online resources.*	June 6, 2023 June 13, 2023 June 20, 2023 June 27, 2023	11 a.m. to noon

Availity Remittance Viewer and Reporting On-Demand *These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice and the Provider Claim Summary. Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results.*	June 15, 2023	1 to 2 p.m.
BlueApprovR: Prior Authorization Process *Learn how to access and use BlueApprovR via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, Behavioral health clinical evaluation and medical surgical prior authorization requests for many BCBSIL commercial members.*	June 8, 2023 June 15, 2023 June 22, 2023 June 29, 2023	10 to 11 a.m.
Coding Stages and Treatment for Chronic Kidney Disease *Join our Coding Compliance team for a webinar on coding for CKD. We will discuss coding for CKD with comorbidities and closing gaps in care.*	June 16, 2023	Noon to 12:30 p.m.
Monthly Provider Hot Topics Webinar *Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants to learn about upcoming initiatives, program changes and updates, as well as general network announcements.*	June 8, 2023	10 to 11:30 a.m.
Orientation Webinars for New Commercial Providers *Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.*	June 22, 2023	10 to 11 a.m.
Orientation Webinars for New MMAI and/or BCCHP℠ Providers *Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.*	June 21, 2023	1 to 2 p.m.
Provider Resource Webinar *This webinar will provide additional information and resources to help BCBSIL providers resolve common topics of concern.*	June 14, 2023	1 to 3 p.m.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

BlueApprovR℠ Expedites Medical Surgical, Pharmacy and Behavioral Health Prior Authorization – Attend a Training

Blue Cross and Blue Shield of Illinois (BCBSIL) continues to streamline the prior authorization process to reduce your workload with **BlueApprovR**. This new tool, accessible in Availity® Essentials, expedites approvals for some medical and surgical, pharmacy drugs and behavioral health services for many of our **commercial, non-HMO** members.

Remember: Member benefits vary based on the service being rendered and individual and group policy elections. Always check eligibility and benefits first through Availity or your preferred web vendor. This step will confirm coverage and other important details, such as prior authorization requirements and utilization management vendors, if applicable.

BlueApprovR Tool Offers End-to-End Efficiencies

Registered Availity users have free, 24/7 access to BlueApprovR to:

- Request prior authorization for inpatient and outpatient medical surgical services, pharmacy drugs and behavioral health services
- Secure real-time prior authorization approvals for certain services
- Easily attach medical records
- Check approval status and view history

Provider Training

You can attend an instructor-led, free webinar to learn how to use BlueApprovR. To register, select your preferred date and time from the list below. Times listed are Central Time.

- June 7, 2023 – 11 a.m. to 12:30 p.m.
- June 8, 2023 – 10 to 11 a.m.
- June 14, 2023 – 11 a.m. to 12:30 p.m.
- June 15, 2023 – 10 to 11 a.m.
- June 21, 2023 – 11 a.m. to 12:30 p.m.
- June 22, 2023 – 10 to 11 a.m.
- June 28, 2023 – 11 a.m. to 12:30 p.m.
- June 29, 2023 – 10 to 11 a.m.

Use BlueApprovR to request prior authorization for these types of care:

- Specialty Pharmacy
- Behavioral Health
- Inpatient Acute Care
- Long-term Acute Care
- Inpatient Rehab
- Skilled Nursing Facility
- Outpatient Hospice
- Home Health
- Outpatient Service

How To Submit Prior Authorization Requests Through Availity

In Availity, select Payer Spaces from the navigation menu, then BCBSIL. On the BCBSIL-branded Payer Spaces page, go to the Applications tab and select BlueApprovR. You'll be redirected to BlueApprovR to complete your request online.

Other Prior Authorization Request Methods

If you're not a registered Availity user, register today on Availity.com. Otherwise, you may still request prior authorization by calling the number on the member's BCBSIL ID card.

For More Information

Refer to our BlueApprovR page for a user guide and other provider resources. Continue to watch News and Updates for future program updates and training opportunities.

Note: BlueApprovR is currently not available for Federal Employee Program® or Medicare Advantage or Illinois Medicaid members. Please use your existing process for requesting prior authorization for these members.

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

Helping Our Members Manage Diabetes

More than 37 million Americans have diabetes, according to the Centers for Disease Control and Prevention. Because Type 2 symptoms can develop slowly, one in five of them don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

Monitoring Our Members' Care

We track Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA) related to diabetes care, including:

- **Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD)** captures the percentage of our members ages 18 to 75 with diabetes (type 1 and type 2) whose HbA1c level during the measurement year is:
  - Less than 8.0%, indicating controlled
  - Greater than 9.0%, indicating uncontrolled. A lower rate on this measure indicates better performance.
- **Eye Exam for Patients with Diabetes (EED)** tracks members ages 18 to 75 with diabetes (type 1 and type 2) who have a retinal eye exam by an eye care professional to screen or monitor for diabetic retinal disease.
- **Blood Pressure Control for Patients with Diabetes (BPD)** captures members ages 18 to 75 with diabetes (type 1 and type 2) whose blood pressure was controlled (<140/90 mm Hg).
- **Kidney Health Evaluation for Patients with Diabetes (KED)** tracks members ages 18 to 85 with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year. An evaluation includes a blood test for kidney function (estimated glomerular filtration rate, or eGFR) and a urine test for kidney damage (urine albumin-creatinine ratio, or uACR).
- **Statin Therapy for Patients with Diabetes (SPD)** tracks members ages 40 to 75 who have diabetes and don't have clinical atherosclerotic cardiovascular disease (ASCVD), and who received and adhered to statin therapy.

Tips to Close Gaps in Care

- Identify care gaps and schedule lab tests before office visits to review results and adjust treatment plans if needed.
- Document medication adherence to angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) when applicable.
- Repeat abnormal lab tests later in the year to document improvement.
- Monitor blood pressure status at each visit and adjust medications as needed for control.

- Encourage members with diabetes to have annual retinal or dilated eye exams by an eye care specialist.
- For our members on statin therapy, discuss the proper dose, frequency and the importance of staying on the medication.
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record.

Resources

We encourage you to talk with our members about diabetes. We've created information that may help, including:

- Type 1 and Type 2 symptoms
- Regular eye exams to avoid vision loss, or diabetic retinopathy
- Screenings for kidney disease, or diabetic nephropathy

See our preventive care and clinical practice guidelines on diabetes.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

The Upcoming 2023 HHS-RADV Initial Validation Audit

As an insurer participating in the Affordable Care Act's HHS-operated Risk Adjustment Data Validation (HHS-RADV) program, the Centers for Medicare & Medicaid Services is requiring Blue Cross and Blue Shield of Illinois (BCBSIL) to perform the required HHS-RADV program/Initial Validation Audit (IVA). As a provider who provides medical services to BCBSIL members enrolled in the ACA, your participation in the IVA is required.

The IVA will be performed on a random sample of members enrolled in ACA-compliant individual and small group plans, including plans that are available on and off the exchange. **BCBSIL is requesting a full year's medical record documentation for clinical hospital inpatient treatment, outpatient treatment and professional medical treatment for the respective audit year.**

A key component of the HHS-RADV program is a calculation based on enrollee risk. Enrollee risk is calculated based on the diagnosis codes submitted on a claim, as well as through supplemental codes captured through medical record review. Through its review, BCBSIL must provide sufficient documentation (documentation of disease process and/or treatment plan of care), to verify the eligible diagnosis. As a provider who provides medical services to BCBSIL members enrolled in the ACA, you may be asked to provide medical records for a member to validate all the diagnosis codes submitted on claims, which are then used in the Risk Adjustment calculation.

Medical Record Submission Standards for the HHS-RADV Program/IVA
You should include the following documents for the audit:

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

To comply with the precise timeline requirements of the CMS HHS-RADV program IVA, we appreciate your support in submitting the requested medical records as soon as you receive notification letters listing the enrollees selected for the audit. **BCBSIL will be reaching out to providers to confirm contact information and method of submission of medical records prior to the start of the audit.**

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

See Our New Clinical Payment and Coding Policy for Outpatient Facility Services That Overlap During an Inpatient Stay

What's changing?

Effective **Sept. 1, 2023**, Blue Cross and Blue Shield of Illinois (BCBSIL) is implementing a new Clinical Payment and Coding Policy, Outpatient Facility Service(s) Overlapping During an Inpatient Stay (CPCP039), in accordance with guidance from the Centers for Medicare & Medicaid Services.

The Details

Under this new BCBSIL policy:

- Unless otherwise specified in provider contracts/plan documents, outpatient service dates that fall completely **within** inpatient admission and discharge dates, by the same facility are not eligible for separate reimbursement.
- As a result, the facility cannot separately bill for outpatient services that were rendered while the member was inpatient at the same facility.

What do I need to do?

Review in detail the new policy – Outpatient Facility Service(s) Overlapping During an Inpatient Stay, CPCP039.

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association. Refer to the AMA website for more information on CPT codes.

Our online systems are updated to reflect AMA coding changes. Be sure to check eligibility and benefits prior to rendering services to our members to confirm coverage and other important details, such as which services may require prior authorization.

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

June 2023

ClaimsXten™ Quarterly Update Reminder

Blue Cross and Blue Shield of Illinois (BCBSIL) will implement its second and third quarter code update for the ClaimsXten auditing tool **on or after Aug. 21, 2023**.

These quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSIL may post advance notice of significant changes, like implementation of new rules, in the News and Updates section of our Provider website. Information also may be included in the *Blue Review*.

Use **Clear Claim Connection™ (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that simulates how BCBSIL's code-auditing software works.

Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.
For more information on C3 and ClaimsXten, refer to the Clear Claim Connection page. It includes a user guide, rule descriptions and other details.

This article doesn't apply to government programs (Medicare Advantage and Illinois Medicaid) member claims.