



BLUE REVIEWSM

For Providers

October 2023

Wellness and Member Education

Supporting Quality Care During Breast Cancer Awareness Month

October is Breast Cancer Awareness Month and a good time to remind our members about the importance of regular screenings for women. We've created resources that may help.

[Learn More](#)

Community Involvement

Talk to Your Patients About the Flu Vaccine

The Centers for Disease Control and Prevention estimates that from Oct. 1, 2022, through April 30, 2023, there were 27 to 54 million flu illnesses, 12 to 26 million flu medical visits, 300,000 to 650,000 flu hospitalizations and 19,000 to 58,000 flu deaths in the U.S.

[Learn More](#)

Illinois Medicaid Provider Alert: 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. [See what you can do to help.](#)

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)SM** members, you'll receive requests from Blue Cross and Blue Shield of Illinois (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.

Provider Education

Provider Learning Opportunities

BCBSIL 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.

[Learn More](#)

What's New

***Blue Review* Readership Survey 2023: Your Voice Matters**

As we move into the final months of 2023, it's time to check in with our readers once again. Does the *Blue Review* provide content that's timely, easy to navigate and relevant to the needs of your practice?

[Learn More](#)

Electronic Options

BlueApprovRSM Now Accepts Recommended Clinical Review (Predetermination) Requests – Attend a Training

BCBSIL continues to streamline the pre-service review process to reduce your workload with BlueApprovR. This tool, accessible in Availity[®] Essentials, now processes optional recommended clinical review requests – formerly called predetermination requests – for some

medical and surgical and specialty pharmacy drugs for many of our **commercial, non-HMO** members.

[Learn More](#)

Pharmacy Program

Select Medication List To Be Discontinued

Effective **Dec. 1, 2023**, the Select Medication List will be removed from our Provider website. The Select Medication List included specific medications eligible for increased reimbursement over similar medications within the same drug class, when billed with the appropriate National Drug Code pricing information. This pricing differential will be discontinued on **Dec. 1, 2023**.

Reminder Regarding Billing for Point-of-Use Convenience Kits

BCBSIL regularly reviews claims submitted by providers to help make sure benefits provided are for services included in our member's benefit plan and meet our guidelines.

[Learn More](#)

Pharmacy Program Updates: Prior Authorization Changes Effective Nov. 1, 2023

The BCBSIL pharmacy PA 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 News and Updates.](#)

Claims and Coding

Itemized Bills Required for Some Facility Claims Over \$100K

Beginning Jan. 1, 2024, BCBSIL will require facilities to submit an itemized bill for inpatient care billed for \$100,000 or more. This applies to facility claims billed at \$100,000 or more, or as required by the member's benefit plan, submitted for **some BCBSIL commercial members**.*

[Learn More](#)

New Mailing Address for Paper Commercial Claims

We're updating our P.O. Box for paper claims to help expedite claims processing. Remember, electronic claim submission is preferred.

[Learn More](#)

Clinical Updates, Reminders and Resources

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.

[Learn More](#)

Updates to Clinical Practice and Preventive Care Guidelines

We've updated our Clinical Practice Guidelines and Preventive Care Guidelines. The guidelines draw from evidence-based standards of care and nationally recognized medical authorities to help direct our quality and health management programs and help improve member care. They may help guide your decision-making as you care for our members. [Read more on News and Updates.](#)

Prior Authorization Requirement Changes for Some Government Programs Plans Effective Oct. 1, 2023

BCBSIL is changing prior authorization requirements for **Blue Cross Medicare Advantage (PPO)SM**, **Blue Cross Community Health PlansSM (BCCHPSM)** and **Blue Cross Community MMAI (Medicare-Medicaid Plan)SM** members. [Read more on News and Updates.](#)

Quality Improvement and Reporting

Survey Assesses Medicare Advantage Members' Health Outcomes

The Centers for Medicare & Medicaid Services sends a Health Outcomes Survey (HOS) to a sample of our members from August through November. The survey asks members in Blue Cross Medicare AdvantageSM and prescription drug plans to rate their last six months of care.

[Learn More](#)

2023 Illinois Medicaid Quality Improvement Program Updates

Beginning with the 2023 Performance Year, changes will be made to the Medicaid Primary Care Quality Improvement Program for participating providers with 1,000 or more members.

[Learn More](#)

Notification and Disclosure

ClaimsXten™ Quarterly Update Effective Dec. 4, 2023

BCBSIL will implement its fourth quarter code updates for the ClaimsXten auditing tool **on or after Dec. 4, 2023**.

[Learn More](#)



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.




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October 2023

Supporting Quality Care During Breast Cancer Awareness Month

Routine screening for breast cancer is the best way to detect it early, according to the [Centers for Disease Control and Prevention](#). Breast cancer is easier to treat when it's caught earlier. October is Breast Cancer Awareness Month and a good time to remind our members about the importance of regular screenings for women. We've created [resources](#) that may help.

Screening Recommendation

Each year about 240,000 cases of breast cancer are diagnosed in women in the U.S., according to the [CDC](#). Breast cancer death rates for women are higher than any cancer besides lung cancer.

[The U.S. Preventive Services Task Force](#) recommends that **women ages 50 to 74 be screened for breast cancer every two years**. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50. See our [Preventive Care Guidelines](#) on breast cancer screening.

Tips to Close Gaps in Care

- Talk with our members about breast cancer risk factors and the importance of regular screening for women.
- Breast cancer disproportionately affects Black women, according to the [CDC](#). Talk with our members about the unique risks and barriers they may face, which can result in poorer outcomes than other women.
- Document screenings in members' electronic medical record. Indicate the specific date and result. This helps us track member progress on the quality measure [Breast Cancer Screening](#) from the National

Committee for Quality Assurance. The measure tracks women ages 50 to 74 who had at least one mammogram in the past two years.

- Document medical and surgical history in the medical record, including dates. Use correct diagnosis and procedure codes. Submit claims and encounter data in a timely manner.
- Offer telehealth services when available and appropriate for preventive care appointments.
- Follow up with members if they miss their appointment and help them reschedule.
- For members who need language assistance, let them know we offer [help and information in their language](#) at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.
- For Medicaid members who may have transportation barriers, let them know that we provide free non-emergency [transportation services](#).
- See our [Health Equity and Social Determinants of Health](#) page for more information on health equity.

For [men who are at high risk](#), the American Cancer Society recommends [discussing with them how to manage risks](#).

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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October 2023

Talk to Your Patients About the Flu Vaccine

The [Centers for Disease Control and Prevention](#) estimates that from Oct. 1, 2022, through April 30, 2023, there were 27 to 54 million flu illnesses, 12 to 26 million flu medical visits, 300,000 to 650,000 flu hospitalizations and 19,000 to 58,000 flu deaths in the U.S. During most flu seasons, which typically run from October through May, 10 to 20% of Illinoisans are infected with flu virus.

Your patients may not realize that flu infection can cause serious problems for young children, the elderly, pregnant women, and people with certain medical conditions, such as asthma and heart disease. Annual flu vaccination can assist in the prevention of and reduction in the severity of influenza illness, reduce hospitalizations, and reduce intensive care unit admissions, alleviating stress on the U.S. health care system.

Vaccine hesitancy and misconceptions are more prevalent than ever. Medical providers remain critical to improving vaccine compliance. For Illinois Medicaid, getting a flu shot is a part of the HEDIS[®] measure for HealthChoice Child (0-2 years) members. Additionally, the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey includes a question about flu shots for HealthChoice Adult members and the MMAI population.

It's important to educate patients about the risks and benefits of annual flu vaccinations. Consider the following discussion points to help patients feel more informed and aware of their health care:

- Benefits of the flu vaccine
- Side effects that could occur after receiving the vaccine

Flu symptoms

- Effectiveness of the flu vaccination
- Patients' concerns/issues regarding this vaccine

Note: Please review the [CDC website](#) for the most recent updates on 2023-2024 flu vaccines. For Blue Cross and Blue Shield of Illinois (BCBSIL) members, always check eligibility and benefits first. Flu shots are typically covered as a preventive service but there may be some exceptions. If you have questions, call the number on the member's BCBSIL ID card.

Community Resource Reminder

Each year, the **BCBSIL Care Van® Program** helps build healthy communities by providing more than 10,000 immunizations.

- Our Care Vans visit schools, churches, public housing, and many more locations across the state.
- In addition to no-cost immunizations, the Care Van Program works with clinical community partners to offer dental services, health literacy education, colorectal cancer screening and other community-based health education and community health resources.
- The **October schedule for Chicago and throughout Illinois** is available on our [Care Van Program page](#).

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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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](#).

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 BlueApprovRSM Tools

Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using the Availity Authorizations and BlueApprovR tools. You'll also learn how to access and submit inpatient and/or outpatient medical/surgical, behavioral health and specialty pharmacy drug prior authorization requests online through BlueApprovR.

[Oct. 4, 2023](#)

[Oct. 11, 2023](#)

[Oct. 18, 2023](#)

[Oct. 25, 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.

[Oct. 5, 2023](#)
[Oct. 12, 2023](#)
[Oct. 19, 2023](#)
[Oct. 26, 2023](#)

11 a.m. to noon

Availity Essentials Instructor-Led Training

Register for this session to better understand how electronic transactions can work for your organization. You'll learn the importance of Manage My Organization, how to use the Patient ID Finder, instruction on the newly updated Eligibility and Benefits capability as well as the Electronic Predetermination process.

[Oct. 17, 2023](#)

11 a.m. to noon

Availity Remittance Viewer and Provider Claim Summary

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.

[Oct. 19, 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.

[Oct. 5, 2023](#)
[Oct. 12, 2023](#)
[Oct. 19, 2023](#)
[Oct. 26, 2023](#)

1 to 2 p.m.

BCCHPSM and MMAI Required Provider Training Webinars

If you provide care and services to our Blue Cross

[Oct. 10, 2023](#)
[Oct. 17, 2023](#)

1 to 3 p.m.

10 a.m. to noon

Community MMAI (Medicare-Medicaid Plan) and/or Blue Cross Community Health PlansSM members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Services and/or Illinois Department of Healthcare and Family Services.

Monthly Provider Hot Topics Webinar

[Oct. 12, 2023](#)

10 to 11:30 a.m.

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.

Orientation Webinars for New Commercial Providers

[Oct. 19, 2023](#)

10 to 11 a.m.

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.

Orientation Webinars for New BCCHP and/or MMAI Providers

[Oct. 26, 2023](#)

10 to 11 a.m.

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.

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Checking eligibility and benefits and/or obtaining prior authorization 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 prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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BLUE REVIEWSM

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October 2023

***Blue Review* Readership Survey 2023: Your Voice Matters**

In [last month's *Blue Review*](#), we shared our 2022 readership survey results, including improvements we made to the newsletter this year, based on your feedback.

As we move into the final months of 2023, it's time to check in with our readers once again. Does the *Blue Review* provide content that's timely, easy to navigate and relevant to the needs of your practice?

The 2023 *Blue Review* Readership survey is open to complete online. We hope you'll take a few minutes to participate. Your input will help us plan for enhancements to the *Blue Review* and other provider communications in 2024.

Your voice matters. [Take the 2023 survey now!](#)

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BLUE REVIEWSM

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October 2023

BlueApprovRSM Now Accepts Recommended Clinical Review (Predetermination) Requests – Attend a Training

Blue Cross and Blue Shield of Illinois (BCBSIL) continues to streamline the pre-service review process to reduce your workload with BlueApprovR. This tool, accessible in [Availity® Essentials](#), now processes optional recommended clinical review (RCR) requests – formerly called predetermination requests – for some medical and surgical and specialty pharmacy drugs for many of our **commercial, non-HMO** members.

Here's how to submit RCR and prior authorization requests with BlueApprovR:

- In Availity, select **Payer Spaces** from the navigation menu, then select **BCBSIL**.
- On the Payer Spaces page, under the **Applications** tab, select **BlueApprovR**.
- You'll be redirected to **BlueApprovR** to complete requests online.

Note: Your RCR submissions will follow the same path through BlueApprovR as prior authorization requests.

Important Reminders

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. If prior authorization isn't required for a commercial non-HMO member, you still may want to submit a voluntary RCR request. This step can help avoid post-service medical necessity review. View our [Recommended Clinical Review \(Predetermination\), Post-Service Review and](#)

[Non-covered 2023 Benefit Procedure Code List](#) for more information

BlueApprovR Offers End-to-End Efficiencies

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

- Submit RCR and prior authorization requests for many services and specialty pharmacy drugs
- Secure real-time approvals for certain services and drugs
- Easily attach medical records
- Check approval status of your request

Provider Training

Join us this month for a free, instructor-led webinar to learn how to use BlueApprovR. To register, select your preferred date and time from the list below. Times listed are Central Time.

- [Oct. 4, 2023](#) – 11 a.m. to 12:30 p.m.
- [Oct. 5, 2023](#) – 1 to 2 p.m.
- [Oct. 11, 2023](#) – 11 a.m. to 12:30 p.m.
- [Oct. 12, 2023](#) – 1 to 2 p.m.
- [Oct. 18, 2023](#) – 11 a.m. to 12:30 p.m.
- [Oct. 19, 2023](#) – 1 to 2 p.m.
- [Oct. 25, 2023](#) – 11 a.m. to 12:30 p.m.
- [Oct. 26, 2023](#) – 1 to 2 p.m.

You can use BlueApprovR to request RCR and prior authorization for these types of care:

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

Other RCR Request Methods

Use the [Availity Attachments tool](#) to submit an RCR, or download, complete and fax the [Recommended Clinical Review \(Predetermination\) Request](#) form to BCBSIL.

Provider Resources

Refer to our [BlueApprovR page](#) for more information, including an instructional user guide. Continue to watch [News and Updates](#) for future program updates and training opportunities.

This tool is currently not available for Federal Employee Program® (FEP®) or Medicare Advantage, Illinois Medicaid, or any of our HMO members. Please use your existing process for prior authorization requests for these members.

Checking eligibility and/or benefit information, obtaining prior authorization or the fact that a recommended clinical review (predetermination) decision has been issued 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Regardless of any prior authorization or recommended clinical review (predetermination), the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's ID card.

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Reminder Regarding Billing for Point-of-Use Convenience Kits

Blue Cross and Blue Shield of Illinois (BCBSIL) regularly reviews claims submitted by providers to help make sure benefits provided are for services included in our member's benefit plan and meet our guidelines. Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. In addition to the injectable medicines. These prepackaged kits contain not only the injectable medicine, but also supply items such as alcohol prep pads, cotton balls, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze. **As a reminder, only the drug component of the kit is reimbursable to the provider.**

BCBSIL periodically checks the pricing of these kits to manage costs. The cost of these convenience kits is often more than the cost of its components when purchased one item at a time. These non-drug supplies are considered as part of the practice expense for the procedure performed and no added compensation is warranted. Reimbursement for these point-of-use convenience kits may be updated based upon the U.S. Food and Drug Administration-approved drug component.

As a reminder, please provide the most appropriate care in the most cost-effective manner.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. 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.

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Itemized Bills Required for Some Facility Claims Over \$100K

Beginning Jan. 1, 2024, Blue Cross and Blue Shield of Illinois (BCBSIL) will require facilities to submit an itemized bill for inpatient care billed for \$100,000 or more. This applies to facility claims billed at \$100,000 or more, or as required by the member's benefit plan, submitted for some BCBSIL commercial members.*

What's Changing

This claim review is already in place for BlueCard® (out-of-area Blue Cross and Blue Shield) members. The review is being expanded to include some BCBSIL commercial members.

How To Submit Itemized Bills

You may submit itemized bills electronically using the [Claim Inquiry Resolution \(CIR\) tool](#). Be sure to include the corresponding **claim number** for quicker review and turnaround time.

Join Us for a Webinar

You can attend a free, instructor-led overview to learn more about the itemized bill review process. [Use this link to register now](#) for your preferred session. Times listed are Central Time.

- Session 1: Oct. 25, 2023 – 11 a.m. to noon
- Session 2: Nov. 2, 2023 – 2 to 3 p.m.
- Session 3: Nov. 7, 2023 – 1 to 2 p.m.

More Information

Refer to our [Inpatient/Outpatient Unbundling Policy \(Clinical Payment and Coding Policy 002\)](#) for more information. If you have questions, please contact your [BCBSIL Provider Network Consultant](#).

**The information in this article does not apply to Federal Employee Program® (FEP®), Medicare, or Illinois Medicaid members.*

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October 2023

New Mailing Address for Paper Commercial Claims

We're updating our mailing address for faster claims processing. To submit paper claims and inquiries for commercial plans, please use this address:

Blue Cross and Blue Shield of Illinois
P.O. Box 660603
Dallas, TX 75266-0603

Electronic claim submission is preferred. See our [Claim Submission page](#) for more information.

Please update your records with the new address. Mail sent to our previous P.O. Box 805107 will be forwarded to the new address while we transition. We're in the process of updating our website, forms and provider manual with the new address.

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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](#).

representations or warranties regarding any products or services provided by third party vendors and the products and services they offer.

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BLUE REVIEWSM

for Providers

October 2023

Survey Assesses Medicare Advantage Members' Health Outcomes

The Centers for Medicare & Medicaid Services sends a [Health Outcomes Survey \(HOS\)](#) to a sample of our members from August through November. The survey asks members in Blue Cross Medicare AdvantageSM and prescription drug plans to rate their last six months of care.

If your patient receives a HOS survey, please encourage them to respond. The survey covers health care topics our members may discuss with you, such as:

- Maintaining or improving physical health, including managing pain and exercise habits
- Maintaining or improving mental health, including energy levels, mood swings and sleeping habits
- Preventing falls

The survey identifies opportunities to improve health care plans. Results also affect the [CMS Star Ratings](#), which rate Medicare Advantage plans on a scale from one to five stars. Our goal is to achieve the highest possible Star rating for our plans.



BLUE REVIEWSM

for Providers

October 2023

2023 Illinois Medicaid Quality Improvement Program Updates

Beginning with the 2023 Performance Year, changes will be made to the Medicaid Primary Care Quality Improvement Program for participating providers with 1,000 or more members.

The “All-cause Emergency Department visit” and the “Inpatient admission” quality measures will be added.

For more details on the measures, please refer to the [Blue Cross Community Health PlansSM Provider Manual](#).

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BLUE REVIEWSM

for Providers

October 2023

ClaimsXtenTM Quarterly Updates Effective Dec. 4, 2023

Blue Cross and Blue Shield of Illinois (BCBSIL) will implement its fourth quarter code updates for the ClaimsXten auditing tool **on or after Dec. 4, 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 also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website and the *Blue Review* monthly newsletter.

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

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, refer to the [Clear Claim Connection](#) page in the Education and Reference/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSIL. Change Healthcare is solely responsible for the software and all the contents.

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