

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

April 2021

■ What's New

Free Vaccine Confidence and Process Improvement Webinars for Providers

Register today for our upcoming free Blue UniversitySM virtual events for providers: **What is Vaccine Confidence?** and **Implementation Science: A Discussion on Vaccine Process Improvement**. All providers that are independently contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) are welcome to attend. [Read more on News and Updates.](#)

Visual Impairment on the Rise: Why This Matters

In our annual *Blue Review* readership survey, some readers asked for more articles on specialty areas. In response, we've created a series of articles on vision impairment.

[Read More](#)

■ Provider Education

BCCHPSM and MMAI Provider Alert: 2020 Mandatory Annual Training Must Be Completed by May 1, 2021

If you provide care and services to our Blue Cross Community Health PlansSM (BCCHP) and/or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members, but you missed the 2020 training deadline due to COVID 19 challenges, take note! We've extended the deadline to **May 1, 2021** – and you can **complete your training by attending a webinar on April 15.**

[Read More](#)

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.

[Read More](#)

■ Clinical Updates, Resources and Reminders

When and How to Use Our Medical Policy Reference List

Checking eligibility and benefits confirms if prior authorization or pre-notification are required. But how do you know when to submit a **voluntary predetermination** request prior to rendering services for our **commercial, non-HMO** members? Our [Medical Policy Reference List](#) can help!

[Read More](#)

Reminder: Hospital Administrative Days May Be Covered for Medicaid Members

BCBSIL will provide reimbursement for authorized inpatient stays extended beyond medical necessity, also known as Administrative Days (ADs), for some BCCHP and MMAI members for dates of service on or after July 1, 2019.

[Read More](#)

■ Electronic Options

Single Online Access Point for EFT and ERA Enrollments, Effective May 3, 2021

Starting **May 3, 2021**, BCBSIL will offer a single access point for enrollment in Electronic Funds Transfer (835 EFT) and/or Electronic Remittance Advice (835 ERA) via the Transaction Enrollment tool on the Availity® Provider Portal.

[Read More](#)

■ Pharmacy Program

Specialty Pharmacy Update: Changes to Select Medication List, Effective June 1, 2021

Choosing a drug from our Select Medication List and billing for it with the appropriate National Drug Code (NDC) may result in a higher reimbursement rate than the rate applied for other, non-listed drugs in the same class.

[Read More](#)

■ Claims and Coding

Medicaid Billing Reminders for Home and Community Based Services (HCBS) Waiver Providers

This article applies to HCBS providers – Illinois Department of Healthcare and Family Services (HFS) types 90, 92, 93 and 98 – who submit claims to BCBSIL for our BCCHP and MMAI members.

[Read More](#)

■ Focus on Behavioral Health

Applied Behavior Analysis May Be Covered for Some Medicaid Members with Autism Spectrum Disorder

Effective Nov. 1, 2020, HFS began covering Applied Behavior Analysis (ABA) services for children age 0 through 20 years old and diagnosed with an autism spectrum disorder.

[Read More](#)

■ Community Involvement

Free Programs for BCBSIL Members and Non-members at Blue Door Neighborhood CenterSM

Encourage your patients to attend the **free Mental Health Awareness and Women's Health Month** events at our Blue Door Neighborhood Center (BDNCSM).

[Read More](#)

■ CMO Perspective

New Programs Aim to Reduce Disparities and Expand Care Access for Expectant Mothers and Babies

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, talks about new BCBSIL resources to help improve the health outcomes of pregnant women and their infants in underserved communities across Illinois.

[Read More](#)

■ Wellness and Member Education

Help Close the Disparity Gap For Black Women and Breast Cancer

Breast cancer is one of the most common cancers among American women. While breast cancer is most prevalent in white women, Black women have a higher mortality rate.

[Read More](#)

■ Quality Improvement and Reporting

Blood Pressure Control: Speaking Out About the ‘Silent Killer’

Are your patients aware that high blood pressure, or hypertension, is known as a silent killer because it usually has no warning signs?

[Read More](#)

■ Notification and Disclosure

Important Dates and Reminders

[Check here](#) each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.



Quick Reminders

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to [request an information change](#).

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](#).

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Visual Impairment on the Rise: Why This Matters

In our annual Blue Review readership survey, some readers asked for more articles on specialty areas. In response, we've created a series of articles on vision impairment. Do you have suggestions for other topics? [Email us!](#)

According to the Centers for Disease Control and Prevention (CDC), more than 3.4 million Americans aged 40 years and older are blind or visually impaired and a total of 80 million Americans have potentially blinding eye diseases. The major causes of vision loss are cataracts, age-related macular degeneration, diabetic retinopathy, and glaucoma.¹ Prevent Blindness America projects these populations will grow substantially in the future; by 2032 it is estimated that the visually impaired population aged 40 and older will increase by 66% to nearly 5.1 million and the blind population will increase 59% to 2.2 million.²

People with vision loss are more likely to experience depression, diabetes, hearing impairment, stroke, falls, cognitive decline and premature death. Decreased ability to see often leads to the inability to drive, read, keep accounts and travel in unfamiliar places, thus substantially compromising quality of life. The economic cost of vision loss in the U.S., including direct costs and lost productivity, is estimated to exceed \$35 billion.³

How You Can Help

- If you're an eye care specialist, share results with your patient's primary care physician (PCP) to help coordinate care.
- If you're a PCP, remind your diabetic patients to get an annual eye exam as recommended by the American Diabetes Association (ADA).⁴
- Make sure [Hadley](#) is on your resource list.

Who's Hadley?

Hadley, a 100-year-old learning destination for those facing vision loss, offers short workshops covering everyday activities like using a smart phone, marking medications or kitchen safety. Experts from the field of vision loss staff all workshops and readily address personalized questions, whether received online, on the phone or in the mail. As a privately funded nonprofit, Hadley provides workshops completely free of charge. For more information about Hadley, [visit their website](#), call 800-323-4238 or [email](#) them.

Other Resources for Our Members

In addition to vision benefits that vary by plan, Blue Cross and Blue Shield of Illinois (BCBSIL), offers members discounts on laser eye surgery, eye exams, contacts and frames through [Blue365®](#). No referral is necessary and there's no limit to the number of times members can receive discounts on purchases.

BCBSIL is also working with [Esperanza Health Centers](#) and five other clinics in the Chicago area to help [improve screening rates for diabetic retinopathy](#). The clinics offer free diabetic retinopathy screenings to BCBSIL members and non-members.

¹ CDC, Vision Loss: A Public Health Problem, June 12, 2020. https://www.cdc.gov/visionhealth/basic_information/vision_loss.htm

² Prevent Blindness America, The Future of Vision, June 2014. https://preventblindness.org/wp-content/uploads/2020/04/Future_of_Vision_final_0.pdf

³ Rein DB, Zhang P, Wirth KE, et al. The economic burden of major adult visual disorders in the United States. Arch.Ophthalmol 2006;124(12):1754–1760.

⁴ ADA, Focus on diabetes. Look closer at eye health. 2021. <https://eyehealth.diabetes.org/>

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.

Blue365 is a discount-only program for BCBSIL members. Discounts are only given through vendors that take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members are advised to consult their doctor before using these services and products. Some of the services offered through this program may be covered under some members' health benefit plans. Members should check their benefit booklet or call the Customer Service number on their BCBSIL ID card for specific benefit facts.

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BCCHPSM and MMAI Provider Alert: 2020 Mandatory Annual Training Must Be Completed by May 1, 2021

This reminder applies to all providers that are independently contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) to provide care and services to the following government programs members: Blue Cross Community Health PlansSM (BCCHP) and/or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM.

The Centers for Medicare & Medicaid Services (CMS) and Illinois Department of Healthcare and Family Services (HFS) require that BCBSIL makes available provider training on specific topics related to our government programs members. **BCCHP and MMAI contracted providers have until the end of each calendar year to comply with required annual cultural competency training.**

As we reminded you in our [September 2020 Blue Review](#), the deadline for completion of mandatory training last year was Dec. 31, 2020. **We understand that, due to challenges related to the COVID-19 pandemic, some providers were unable to meet the 2020 deadline. For the 2020 mandatory training, BCBSIL is granting an extension to non-compliant providers, requiring that they complete the annual training modules by May 1, 2021.**

Failing to complete the annual compliance training is a breach of your provider participation agreement with BCBSIL, which may result in a notice of termination of the agreement.

You have three options to complete the required training:

1. Complete the training modules located on our [Provider Training Requirements/Resources](#) page.
2. Complete an attestation for your facility, group and/or individual providers. Attestation submissions should include a listing of all trained providers/staff with their affiliated tax ID numbers (TINs) to ensure credits are applied appropriately.
3. Join us for a webinar training session. See below to register.

Join Us for a BCCHP and MMAI Required Provider Training Webinar on April 15, 2021

Our guided webinar will review all the required provider trainings and allow you to complete an attestation for your facility, group and/or individual providers. [Register now for the webinar on April 15, 2021 – 9 to 11 a.m.](#)

For more information, refer to the [Provider Training Requirements/Resources](#) page. If you have any questions, contact your Provider Network Consultant or [email our Government Programs Provider Relations team](#).

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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:
<p>Availity® Authorizations Tool <i>We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's Authorizations tool.</i></p>	<p>April 14, 2021 April 21, 2021 April 28, 2021</p>	<p>11 a.m. to noon</p>
<p>Availity Claim Status <i>We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.</i></p>	<p>April 8, 2021 April 15, 2021 April 22, 2021 April 29, 2021</p>	<p>11 to 11:30 a.m.</p>
<p>Availity Remittance Viewer and Reporting On-Demand <i>These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). 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.</i></p>	<p>April 15, 2021</p>	<p>1 to 2 p.m.</p>

<p>BCBSIL Back to Basics: ‘Availity 101’ <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>April 13, 2021 April 20, 2021 April 27, 2021</p>	<p>11 a.m. to noon</p>
<p>BCCHPSM and MMAI Required Provider Training Webinars <i>If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).</i></p>	<p>April 15, 2021</p>	<p>1 to 3 p.m.</p>
<p>Medicaid HEDIS[®] 102 Training <i>This training is designed for contracted providers working with new BCCHP and MMAI members. We’ll review Healthcare Effectiveness Data and Information Set (HEDIS) measure updates, discuss strategies to sharpen your knowledge of HEDIS measures, and cover the measure year (MY) 2020 and MY 2021 HEDIS technical specifications and general guidelines.</i></p>	<p>April 8, 2021 April 14, 2021</p>	<p>Noon to 1 p.m.</p>
<p>Monthly Provider Hot Topics Webinar <i>These monthly webinars will be held through December 2020. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements</i></p>	<p>April 14, 2021</p>	<p>10 to 11 a.m.</p>
<p>Orientation Webinars for New BCCHP Providers <i>These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.</i></p>	<p>April 20, 2021</p>	<p>10 to 11:30 a.m.</p>
<p>Orientation Webinars for New Commercial Providers <i>These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.</i></p>	<p>April 21, 2021</p>	<p>10 to 11:30 a.m.</p>
<p>Single Access Point for 835 EFT and ERA Enrollments <i>We are hosting complimentary webinars for providers to learn how to enroll online via Availity</i></p>	<p>April 19, 2021 April 21, 2021 April 23, 2021 April 27, 2021 April 29, 2021</p>	<p>1 to 2 p.m. 10 to 11 a.m. 2 to 3 p.m. 9 to 10 a.m. 3 to 4 p.m.</p>

To register now for a webinar, hosted by Dr. Suzanne R. White, M.D., MBA, FACEP, FACMT, a Regional Medical Director employed by Merck & Co., on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
What is Vaccine Confidence? <i>Discussion will include possible strategies to communicate effectively about vaccines and several possible solutions to building vaccine confidence.</i>	April 8, 2021	1 to 2 p.m.
Implemental Science: A Discussion on Vaccine Process Improvement <i>Discussion will include case studies and various organizational tools that can be used to address barriers and promote sustainability of change.</i>	April 13, 2021	10 to 11 a.m.

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When and How to Use Our Medical Policy Reference List

It's important to check eligibility and benefits first, before providing care and services. This step helps you determine if prior authorization or pre-notification may be required for our non-HMO members. Don't forget, though, for **commercial, non-HMO** members, even if prior authorization and pre-notification aren't required, you may want to submit a **voluntary predetermination** request. See the [Utilization Management Process Overview \(Commercial\)](#) for a high-level decision tree. This overview is located in the [Utilization Management section](#) of our Provider website.

The Utilization Management section also includes other resources to help you decide when to submit predetermination requests. Our [Medical Policy Reference List](#) is located in the Related Resources on the [Predetermination page](#).

- This list shows procedure codes for services that are subject to medical necessity review, based on our medical policies.
- To help avoid post-service review for these codes/procedures, submit a voluntary predetermination request prior to rendering services.
- Quick tip: To go right to a specific code or description on the Medical Policy Reference List, press the "CTRL" and "F" keys at the same time – this will open a search field.

Remember, you can submit predetermination requests electronically, using the [Attachments Tool](#) on the [Availity® Provider Portal](#). See the [user guide](#) for details.

The Medical Policy Reference List is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply.

Checking eligibility and/or benefit information and/or obtaining prior authorization, pre-notification or predetermination 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. If you have any questions, contact the number on the member's ID card.

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Reminder: Hospital Administrative Days May Be Covered for Medicaid Members

Blue Cross and Blue Shield of Illinois (BCBSIL) may provide reimbursement for authorized inpatient stays extended beyond medical necessity, also known as Administrative Days (ADs), for some Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members for dates of service on or after July 1, 2019.

ADs are inpatient stay days for members who no longer require acute hospital care, but discharge to a sub-acute or post-acute setting has proven problematic due to the unique circumstances of these members.¹

It's expected that providers will consider any unique circumstances early in each member's stay and will begin working collaboratively with BCBSIL Utilization Management and Care Management Coordinators on discharge planning as soon as potential barriers are identified. It's the responsibility of the facility to ensure reasonable efforts are made to engage BCBSIL in discharge planning and to ensure barriers to discharge are documented in advance of the discharge date. If you have a BCCHP or MMAI member that meets the AD description above, a prior authorization request specifically for the ADs is required through BCBSIL within one business day from the member's transition in level of care.

Always check eligibility and benefits through the [Avality® Provider Portal](#) or your preferred web vendor prior to rendering care and services to BCBSIL members. This step will confirm membership status, coverage details and prior authorization requirements.

How to request prior authorization for ADs: Prior authorization requests may be made by phone (call 877-860-2837 for BCCHP members, call 877-723-7702 for MMAI) or by fax to 312-233-4060 (same fax number for BCCHP and MMAI members). Prior authorization requests for ADs may not be submitted online at this time.

Prior authorization through BCBSIL is required for all planned inpatient care. The following information should accompany the prior authorization request:

- Documented discharge plan in place to a lower level of care
- Documented attempts to place the member
- Documented barriers to implementation of the discharge plan which are beyond the control of the provider

Exclusionary Criteria: A member will not qualify for ADs if any of the below points apply. Please review these criteria before submitting an AD prior authorization request.

- The member has met their discharge criteria and barriers to discharge no longer exist.
- The inpatient facility is pursuing a discharge to a level of care or service that BCBSIL has stated is not a covered benefit for the member.
- The facility has not worked with BCBSIL to identify alternative and appropriate placements.
- Long Term Acute Care Hospitals (LTACHs) are not eligible for ADs reimbursement.
- BCBSIL is not responsible for ADs that are the responsibility of the Illinois Department of Children and Family Services (DCFS).

Reimbursement rates are defined by the Illinois Department of Healthcare and Family Services (HFS). Medicaid High Volume Adjustments (MHVA), Medicaid Percentage Adjustment (MPA) or any other add-on payments do not apply to ADs. Information regarding prior authorization, claims and reimbursement may be obtained through the facility's Provider Networking Coordinator.

For more information, review the [IAMHP Administrative Days memo](#).

¹ IAMHP, Administrative Days Reimbursement Implementation, 2019. <https://iamhp.net/resources/Documents/AD%20Days%20Implementation%20%20FINAL%201-22-21%20.pdf>

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. 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.

Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized 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 questions, call the number on the member's ID card.

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Single Online Access Point for EFT and ERA Enrollments, Effective May 3, 2021

Starting **May 3, 2021**, Blue Cross and Blue Shield of Illinois (BCBSIL) will offer a single access point for enrollment in Electronic Funds Transfer (835 EFT) and/or Electronic Remittance Advice (835 ERA) via the Transaction Enrollment tool on the Availity[®] Provider Portal. As of this date, faxed or mailed EFT or ERA enrollment applications, including change/cancel requests, will be returned and redirected to the electronic option.*

Enrollment in electronic options remains an opt-in arrangement. If you currently receive paper checks and/or paper provider claim summaries you may continue to do so. However, enrolling for EFT and ERA can help increase administrative efficiencies within your provider organization. Electronic transactions offer more convenience and greater security of patient and provider information. Refer to the [Claim Payment and Remittance page](#) for more information.

Education and Training

It's easy to enroll online for EFT and ERA via Availity. See our [EFT and ERA Enrollment User Guide for instructions](#). Or join us for a free webinar and we'll walk you through the process. To register for a training session, select your preferred date and time below:

- [April 19, 2021 – 2 to 3 p.m.](#)
- [April 21, 2021 – 10 to 11 a.m.](#)
- [April 23, 2021 – 11 to noon.](#)
- [April 27, 2021 – 1 to 2 p.m.](#)
- [April 29, 2021 – 3 to 4 p.m.](#)

If these dates and times aren't convenient for your office, email [Electronic Commerce Services](#) for other training options.

Already enrolled for 835 EFT and ERA delivery from BCBSIL?

- You don't need to enroll again.
- Availity's Transaction Enrollment tool should also be used to change and/or cancel your existing EFT or ERA delivery.

*Note: If you have questions or if you believe your provider organization should be exempt from the online enrollment process, [email our Electronic Commerce Services team](#).

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Specialty Pharmacy Update: Changes to Select Medication List, Effective June 1, 2021

National Drug Codes (NDCs) and NDC data are required by Blue Cross and Blue Shield of Illinois (BCBSIL) for drugs billed under the medical benefit on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. When you bill with NDCs, BCBSIL can identify and reimburse you for the individual medication that was prescribed (instead of for a range of NDCs within the applicable procedure codes).

With this capability in mind, BCBSIL's Select Medication List includes specific drugs within particular classes or categories, based on safety and cost effectiveness. Choosing a drug from the Select Medication List and billing for it with the appropriate NDC may result in a higher reimbursement rate than the rate applied for other, non-listed drugs in the same class.

The Select Medication List is posted in the Specialty Pharmacy section, under the Related Resources. Currently, it includes two injections from the viscosupplementation class that are used primarily for osteoarthritis knee pain relief. Upcoming changes are noted below.

The products on the Select Medication List will be updated effective June 1, 2021.

Euflexxa[®] will be removed as a viscosupplement from the Select Medication List. It will be replaced by Orthovisc[®].

Synvisc-One[®] will remain on the Select Medication List. Please note reimbursement may change to reflect these product changes.

The listing of any particular drug or classification of drugs is not a guarantee of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, terms, conditions, limitations and exclusions set forth in the member's policy or benefits document. Members should refer to their contract 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.

Euflexxa is a registered trademark of Ferring B.V. Orthovisc is a registered trademark of DePuy Synthes. Synvisc-One is a registered trademark of Genzyme Corporation.

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Medicaid Billing Reminders for Home and Community Based Services (HCBS) Waiver Providers

This article applies to HCBS providers – Illinois Department of Healthcare and Family Services (HFS) types 90, 92, 93 and 98 – who submit claims to Blue Cross and Blue Shield of Illinois (BCBSIL) for our Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members.

BCBSIL has aligned its claim coding with HFS managed care billing and guidelines for HCBS waiver providers regarding Medicaid claims for Managed Care Organizations (MCOs). HCBS providers should also refer to the Illinois Association of Medicaid Health Plans (IAMHP) Comprehensive Billing Manual, available on the [IAMHP website](#).

When billing HCBS services, HCBS provider types should only use their HFS Legacy Provider Numbers (Medicaid IDs) – they should **not** use their National Provider Identifiers (NPIs) on Medicaid claims. On BCCHP and MMAI member claims, the HFS Legacy Provider Number (Medicaid ID) must match the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) Legacy Provider Number (Medicaid ID). BCBSIL won't be able to process the claim if the HFS Legacy Provider Number (Medicaid ID) used doesn't match the corresponding IMPACT Legacy Provider Number (Medicaid ID) and IMPACT-registered categories of service, specialties, etc. The provider's HFS Legacy Provider Number (Medicaid ID) must match the IMPACT-registered provider type that corresponds with the member's waiver type.

Illinois Medicaid HCBS Billing Waiver – Electronic Claim Submission

Atypical providers rendering HCBS for our BCCHP and MMAI members may submit electronic professional claims (837P transactions) to BCBSIL. These claims may be submitted through your practice management system, the Availity[®] Provider Portal, or another preferred web vendor using **Payer ID MCDIL**.

To accurately submit these claims to BCBSIL using Availity's [Electronic Professional Claim Submission](#) tool, a valid Legacy Provider Number (Medicaid ID) is required in the Payer Assigned ID field (2010BB-REF*G2). For the Payer Assigned ID field to appear on the Availity 837P submission, your Availity Administrator must first add your information to enable Availity's Express Entry function, as follows:

How to Set-up Availity's Express Entry (Instructions for Availity Administrators)

1. Log in to [Availity](#)

2. Select “My Providers” from the navigation menu
3. Select “Express Entry”
4. Select “Add Provider” and click the link for “This provider is not required to have an NPI”
5. Enter the Atypical Provider Information, including the Tax ID number
6. Select “Save Provider”

After the Express Entry set-up is completed, you may use the “Select a Provider” drop-down listing in the Billing Provider Information section on the Availity 837P submission tool. Your associated provider data will populate, and the Payer Assigned ID field will appear to enter the 12-character Medicaid ID.

Billing Provider Information

Select a Provider: ?

* Organization / Provider Last Name: ?

First Name:

Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ?

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: -

* Specialty / Taxonomy:

Tax ID Type:

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

* Payer Assigned ID: ?

* Provider Accepts Assignment: ?

* Release of Information Code: ?

If you need training or help with electronic claim submission, [email our Provider Education Consultants](#).

What to Do if You Have Multiple Registrations with HFS

If you have multiple registrations with HFS for provider types outside of the HCBS service realm, **only** include your NPI on claims for **non-HCBS** services. For example, if you’re registered as an HFS Home Health provider type (050) and also registered as an HCBS provider (090), and you’re billing for Home Health services, you must submit an electronic institutional provider claim (837I transaction) using your NPI in the 2010AA Billing Loop. When billing as HCBS with HFS provider type 090, you must submit an electronic professional claim (837P) using your Medicaid ID without an NPI. Refer to the Home Health Care section of the Comprehensive Billing Manual on the [IAMHP website](#) for billing rules to MCOs.

Personal Assistants and Individual Providers

BCBSIL works with our members to develop individualized care plans that may include personal assistants. We will provide care coordination and oversight of the services being provided to our BCCHP and MMAI members. Personal

Assistants (PAs) and Individual Providers (IPs) that are not working through an agency are required to enroll in IMPACT. When seeking reimbursement, PAs and IPs may not submit claims directly to the MCOs. They are required to log their time using the electronic visit verification system so that payment can be issued by the State of Illinois.

Electronic Data Interchange (EDI) – Claim Rejection Update

HCBS providers should take note of a new EDI claim rejection that's based on validating the presence of the provider's HFS Medicaid ID on the claim. If the HFS Medicaid ID is missing, this is the rejection that will be returned in the 277CA Claims Acknowledgement:

STC Segment	Data Value
STC01-01	A3
STC01-02	562
STC01-03	85
STC12	Waiver claims should not be submitted with an NPI

For more information, refer to the appropriate [Provider Manual](#). If you have questions, [email your Provider Network Consultant \(PNC\)](#) or call 855-653-8126.

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Applied Behavior Analysis May Be Covered for Some Medicaid Members with Autism Spectrum Disorder

Effective Nov. 1, 2020, the Illinois Department of Healthcare and Family Services (HFS) began covering Applied Behavior Analysis (ABA) services for children age 0 through 20 years old and diagnosed with an autism spectrum disorder. Blue Cross and Blue Shield of Illinois (BCBSIL) aligned with HFS for Blue Cross Community Health PlansSM (BCCHPSM) claims to administer this benefit.

According to HFS, ABA is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior.¹

Per [Public Act 101-10](#), treatment of autism spectrum disorder through applied behavior analysis shall be covered under the medical assistance program for children with a diagnosis of autism spectrum disorder when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed or certified health care professional with expertise in applied behavior analysis.

If you provide ABA services to Medicaid members, you must be registered in the HFS [Illinois Medicaid Program Advanced Cloud Technology \(IMPACT\)](#) system with the specialty or sub-specialty listed below:

- **Clinical Psychologist (Provider Type 87)** – These providers MUST have a Board Certified Behavioral Analyst (BCBA) **sub-specialty** (Category of Service 118) in IMPACT.
- **Licensed Clinical Social Worker (Provider Type 86)** – These providers MUST have a BCBA **sub-specialty** (Category of Service 118) in IMPACT.
- **Registered Behavior Technician (Provider Type 88)** – These providers MUST have a Registered Behavior Technician **specialty** (Category of Service 119) in IMPACT.

We expect our systems to be ready to process and pay claims for ABA soon. Claims may reject or deny in the interim.

Reminders and Related Resources

As noted in our [Medicaid Prior Authorization Requirements Summary](#), prior authorization through BCBSIL is required for

ABA services. The BCBSIL prior authorization process may vary from HFS. Always check eligibility and benefits through the Availity® Provider Portal or your preferred web vendor prior to rendering care and services to BCBSIL members. This step will confirm membership status, coverage details and prior authorization requirements. A [Medicaid Prior Authorization Procedure Code List](#) is posted for reference purposes.

To request prior authorization of ABA services for BCCHP members, you may use the [Availity Authorizations tool](#). Also, complete and submit the following required forms to BCBSIL, according to the instructions on each form:

- [Applied Behavioral Analysis – Clinical Service Request Form](#)
- [Applied Behavioral Analysis – Initial Assessment Request Form](#)

For more information, refer to the appropriate [Provider Manual](#). If you have questions, [email your Provider Network Consultant \(PNC\)](#) or call 855-653-8126.

¹ HFS, Provider Notice Issued Oct. 30, 2020. <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn201030c.aspx>

Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized 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 questions, call the number on the member's ID card.

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Free Programs for BCBSIL Member and Non-members at Blue Door Neighborhood CenterSM

Encourage your patients to attend the **free Mental Health Awareness and Women's Health Month** events at our Blue Door Neighborhood Center (BDNCSM). Since programming is virtual due to COVID-19, all your patients can take advantage of these activities no matter where they live.

In May, in addition to our popular yoga, Zumba and meditation classes, the BDNC will offer opportunities for women to learn best practices and tips to help **stay healthy physically and mentally**. Courses may include lessons on maintaining a healthy weight, getting and staying active, eating a heart-healthy diet, managing stress and sleep habits.

In addition, community members attending the **Ask A Doctor** events can virtually ask questions about mental/behavioral health and women's health topics that are of concern to them.

These are just a few of the programs we'll offer at BDNC on multiple dates and times during Mental Health Awareness and Women's Health Month. Encourage your patients to check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details and to register. They can also visit the [BDNC Facebook page](#) for other events and happenings at all three locations.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We're also committed to help strengthen the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you, the provider community, to help make a difference in the lives of residents in our communities. Once we open our doors to in-person guests, please encourage your patients to stop by. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

We'd love to hear from you! Would you like more information about BDNC? Are there courses/activities you'd like to see offered at BDNC? Will you encourage your patients to visit BDNC? Would you like to get more involved at BDNC? [Take our short survey](#) and let us know what you think.

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New Programs Aim to Reduce Disparities and Expand Care Access for Expectant Mothers and Babies

By: Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Illinois (BCBSIL)

The U.S. has the highest maternal and infant mortality rates in comparison to other developed countries,¹ and the statistics² are worse for women of color. While these racial disparities persist across economic and education boundaries for pregnant and post-partum women, those living in low-income and remote communities face unique challenges. [Illinois Department of Public Health data](#) shows that non-Hispanic Black women are six times as likely to die of a pregnancy-related condition as non-Hispanic white women.³

As part of our effort to achieve health equity, BCBSIL is providing new resources to help improve the health outcomes of pregnant women and their infants in underserved communities across Illinois. This maternal health initiative is one of the ways BCBSIL is reinvesting payments from the Illinois Department of Healthcare and Family Services (HFS) for providing quality care to Medicaid members.

Community-based Interventions

BCBSIL has announced more than \$350,000 in grant funding to six community-based organizations working to improve maternal health outcomes on Chicago's South and West Side neighborhoods. Here's a summary of grantees and programs being created or expanded:

- [Catholic Charities](#) – Funding for the Altgeld Gardens Adolescent Parenting Support program will support a pregnancy and early childhood (age 5+) home visiting program to increase access to health care and address social determinants of health (SDOH) for young mothers ages 14-25. The program also sends doulas to homes from the 3rd trimester through 8 weeks postpartum.
- [Chicago Volunteer Doulas](#) – The Doulas for Health Equity program will use the funding to support its birth doulas program, on-call doula program, postpartum doula support and doula training at the Logan Correctional Center.
- [EverThrive Illinois](#) – The Chicago Collaborative for Maternal Health, led by [AllianceChicago](#) and EverThrive IL, implements a community maternal health intervention that brings together health care and community, social service providers, women and their families, and policymakers to help address maternal mortality prevention in Chicago. Grant

funds will be used for family education on maternal morbidity and prevention through canvassing, interactive presentations and train the trainer seminars.

- [Melanated Midwives](#) – The Maternal Health Project will use funding to support educational video medicine visits to prenatal and postpartum support during COVID-19.
- [Peaceful Birth Practices](#) – Sisters Circle Too is a 6-week community-based training/mentorship program for women of color specializing in promoting leadership in the field of maternal-child health. BCBSIL funding will help educate providers on the importance of doulas and allowing them access within hospitals.
- [Women's Care Consulting LLC](#) – The Enhancing Access to Women's Health Care through Telemedicine program will improve availability of telehealth and counseling in early pregnancy and postpartum.

Holistic Group Care

BCBSIL is teaming up with the [Centering Healthcare Institute](#) (CHI), a non-profit focused on delivering better health outcomes and improving the care experience for patients and their doctors. Through a three-year grant, BCBSIL will be bringing CHI's CenteringPregnancy® program to a number of Federally Qualified Health Centers (FQHCs) that focus on serving underserved and at-risk populations. CenteringPregnancy is a nationally recognized model of group prenatal care promoting education and social support by bringing together women in the same stage of pregnancy. [Family Christian Health Center](#) is the first FQHC to begin implementing CenteringPregnancy as part of BCBSIL's program expansion. It aims to launch the program this summer after opening its Maternal Child Health and Wellness location in Harvey in mid-April.

Early Interventions

Some programs build on other assistance from BCBSIL to help improve maternal and newborn health. At our [Blue Door Neighborhood Center](#)SM sites, we recently hosted a three-week virtual Pregnancy Program with [SIDS of Illinois](#) and a virtual "Community Baby Shower," featuring interactive games, giveaways, and healthy pregnancy and healthy baby education and resources from a variety of partner organizations. Both programs are being planned again for April 2021. Additional Community Baby Showers are in development for Springfield, Peoria and Winnebago County.

We also offer special programs for our members, depending on their benefit plan. [Special Beginnings](#)® provides personal attention and information new mothers may need to care for themselves and their babies during pregnancy and up to six weeks after giving birth. Highlights include:

- A healthy pregnancy calendar
- [Videos](#) that cover topics such as eating habits, exercise, stress and more
- Details about each trimester and the physical and emotional changes in mom and baby
- A list of screenings and vaccines to help prepare for checkups
- Program support, Monday through Friday from 8 a.m. to 6:30 p.m., CT

Finally, our Women's and Family Health program provides access to fertility, pregnancy and parenting resources, including:

- [Ovia Health](#)TM apps provide members with real-time, personalized support via in-app coaching, articles, videos, tips, tracking tools and more. The apps include Ovia Fertility, Ovia Pregnancy and Ovia Parenting – all of which are integrated with our internal programs, helping to identify and support high-risk pregnancies and complicated births.
- High-risk maternity management provides telephone outreach and ongoing support to expectant mothers identified with high-risk pregnancies.
- [Well onTarget](#)® has self-guided courses about pregnancy that members can take online, covering topics such as healthy foods, body changes and labor.

In closing, BCBSIL continues to explore ways to collaborate with health care teams in improving maternal and infant health. In our value-based care programs, we're supporting efforts to help reduce disparities in severe maternal morbidity

by focusing reporting and incentives on the use of best practices in addressing maternal hypertension and hemorrhage. Dr. Anita Stewart, a BCBSIL medical director for Illinois Medicaid initiatives, has championed efforts to end early elective deliveries and is working with hospitals and health systems on quality improvement efforts to reduce avoidable C-sections. It will take a village to improve the health of moms and babies. We welcome your ideas and the opportunity to share success stories.

[Learn more about Dr. Derek J. Robinson](#)

¹ The Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries, Nov. 18, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

² Centers for Disease Control and Prevention, Maternal Mortality, Nov. 9, 2020. https://www.cdc.gov/nchs/maternal-mortality/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Ffastats%2Fmaternal-mortality.htm

³ Illinois Department of Public Health, Illinois Maternal Morbidity and Mortality Report, October 2018. <http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf>

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Help Close the Disparity Gap for Black Women and Breast Cancer

Breast cancer is one of the most common cancers among American women. While breast cancer is most prevalent in white women, Black women have a higher mortality rate. Not only do Black women have the highest breast cancer mortality rate of all races and ethnicities, but they have a 40% higher breast cancer mortality rate compared to white women.¹

Black women are more likely to have denser breasts (an indicator of breast cancer risk) and to develop breast cancer before age 50. Black women are at an increased risk for triple negative breast cancers, which are typically associated with poorer health outcomes; and they have a shorter survival rate 5 years after diagnosis.²

Black women are also more likely to be at an advanced stage at diagnosis, largely due to lower access to quality care and potentially receiving health care services at lower resourced or unaccredited facilities, inadequate mammogram screenings and lack of timely follow-up for abnormal findings.¹ Due to these disparities, early breast cancer screening is even more critical for Black women.

How You Can Help

- Outreach and educate our members on the importance of breast cancer screening and discuss the unique risks that impact Black women.
- Optimize use of telehealth services when available and appropriate for preventive care appointments.
- Encourage members to complete the [Assess Your Risk](#) quiz offered by **Bright Pink** to learn more about their personal breast and ovarian cancer risk.
- Participate in [shared decision making](#) to identify the best screening and treatment options for each member.
- Assist members in scheduling mammogram appointments and help ensure access to transportation. Blue Cross and Blue Shield of Illinois (BCBSIL) provides Medicaid members with free non-emergency transportation services.
- Partner with mammogram facilities to ensure members with referrals complete their mammogram and conduct follow-up outreach to members if they miss their appointment.
- Identify barriers and social determinants of health associated with mammogram completion. Include [ICD-10 Z codes for social determinants of health](#) on claims submitted to BCBSIL so that we can help address barriers and connect members with available resources.

¹ American Cancer Society, Cancer Facts & Figures for African Americans 2019-2021, Retrieved Feb. 10, 2021. <https://www.cancer.org/research/cancer-facts-statistics.html>

² CancerConnect. Black American Women and Breast Cancer Disparity. Sept. 12, 2020. <https://news.cancerconnect.com/breast-cancer/black-american-women-and-breast-cancer-disparity-g082Ef4o7UqUGaG1sSNzg>

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Blood Pressure Control: Speaking Out About the ‘Silent Killer’

High blood pressure, or hypertension, is known as a [silent killer](#) because it usually has no warning signs. Nearly half of adults in the U.S. have hypertension, according to the [Centers for Disease Control and Prevention \(CDC\)](#), and only about 1 in 4 adults have the condition under control. Encourage our members to talk with you about their [blood pressure](#) and [heart health](#).

Controlling high blood pressure can prevent heart disease and stroke, which are among [the leading causes of death](#) in the U.S. According to the [American Heart Association](#), blood pressure control can also reduce the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.

Controlling high blood pressure is recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#). The NCQA recommends controlling both the systolic blood pressure (SBP) and diastolic blood pressure (DBP) in adults as follows:

- SBP < 140 mmHg
- DBP < 90 mmHg

View our [clinical practice guidelines](#) on hypertension.

Best practices include talking with our members about:

- Taking medications as prescribed
- Smoking cessation
- Increased physical activity
- Maintaining a healthy weight
- Limiting alcohol intake
- Eating a low-sodium diet
- Returning for follow-up visits

Please reach out to our members who cancel or miss appointments and assist them with rescheduling as soon as possible. Best practices also include using the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

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