

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

August 2020

■ COVID-19 Awareness

Member Cost-Sharing Waiver for COVID-19 Treatment Extended Until Oct. 23, 2020

[As posted recently](#), the accommodation to waive member cost-sharing for COVID-19 treatment was originally scheduled to end May 31, 2020. As the pandemic continues, we've extended the accommodation through **Oct. 23, 2020**.

Our COVID-19 Resource Center Offers Help for Your Patients

With the spread of the COVID-19 pandemic, Blue Cross and Blue Shield of Illinois (BCBSIL) experienced high call volumes from members with questions like: "How do I find a doctor who offers telehealth?" "Where can I go to get tested?" "What's covered?" We've created a COVID-19 site to help our members get answers, and we invite you to share this online resource with your patients.

[Read More](#)

CMS Payment Adjustments for Medicare Advantage and MMAI Providers During Public Health Emergency

The Centers for Medicare & Medicaid Services (CMS) has adjusted certain payments to Medicare providers during the COVID-19 Public Health Emergency. BCBSIL is applying these temporary adjustments to claims reimbursements, as appropriate and where consistent with network contracts, for Medicare Advantage and Medicare-Medicaid Alignment Initiative (MMAI) providers. See the [News and Updates notice](#), posted June 22, 2020, for more information.

■ CMO Perspective

American Hospital Association (AHA) and BCBSIL Award Partners to Break Down

Barriers to Greater Health Equity

This month's CMO Perspective was co-authored by our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, and Elisa Arespachaga, Vice President of the AHA Physician Alliance and interim executive lead of AHA's Institute for Diversity and Health Equity (IFDHE). During this unprecedented time, AHA's IFDHE and BCBSIL are joining forces to accelerate the efforts of 13 Illinois hospitals that are developing programs to help more people achieve their best possible health.

[Read More](#)

What's New

Health Equity and Social Determinants of Health: New Resources for Providers

This year we launched a [Health Equity and Social Determinants of Health \(SDoH\)](#) section on our website as part of our ongoing work with you to help improve member and community health outcomes by centralizing resources and tools.

[Read More](#)

Wellness and Member Education

FIT Kit May Be Best Choice for Colorectal Cancer Screening

We are working with Home Access Health Corporation to provide **in-home** kits to encourage colorectal cancer screening for our at-risk members.

[Read More](#)

Pharmacy Program

Reducing Cardiac Risk: Prescribing Statins for Patients with Diabetes

Having diabetes means worrying about more than blood glucose. It's a disease with multiple risk factors, including cardiovascular risks. In 2017, the American Diabetes Association (ADA) issued a recommendation regarding diabetes and cholesterol-lowering statins.

[Read More](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – Part 1

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

Oct. 1, 2020, are outlined [here](#).

■ Focus on Behavioral Health

New 2020-2021 Tip Sheets for HEDIS® Behavioral Health Measures

We've created two new behavioral health tip sheets to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code appropriately.

[Read More](#)

■ Clinical Updates, Reminders and Related Resources

Imaging Studies for Uncomplicated Low Back Pain

The preferred conservative medical treatment for uncomplicated low back pain (LBP) is prescription-strength analgesics and physical therapy. Evidence does not support routine imaging for uncomplicated LBP.

[Read More](#)

Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Appointment Availability Timeframes

To ensure that BCCHP and MMAI members have timely access to care, appointment standards are specified in your provider agreements.

[Read More](#)

■ Provider Education

Overpayment Recovery Process for Contracted Providers: Changes as of Jan. 1, 2020

BCBSIL payment processes were updated on **Jan. 1, 2020**. You may have noticed changes in the number of payments you receive from us and in our overpayment recovery process.

[Read More](#)

Commercial PPO and BCCHP Providers: Join Us for An Orientation Webinar

Our Provider Relations team is hosting quarterly orientations for providers who are contracted with our commercial PPO, Blue Choice PPOSM and/or Blue Cross Community Health Plans (BCCHP) networks.

[Read More](#)

Fighting Health Care Fraud, One Phone Call at a Time

Each year, our Fraud Hotline receives thousands of calls reporting possible health care fraud and abuse. Our Special Investigations Department actively reviews every call to determine if the call provides sufficient information to investigate suspected fraud and abuse.

[Read More](#)

■ Notification and Disclosure

Procedure Code and Fee Schedule Updates

As part of our commitment to informing our independently contracted providers of certain developments, BCBSIL has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules.

[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](#)

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!

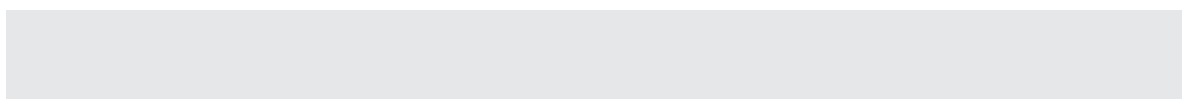
Watch the [News and Updates](#) on our Provider website for important announcements.

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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Our COVID-19 Resource Center Offers Help for Your Patients

In the [July Blue Review](#), we shared some Blue Cross and Blue Shield of Illinois (BCBSIL) member resources to help increase awareness and support your patients during the COVID-19 Public Health Emergency. This month, we'd like to alert you of an additional COVID-19 member resource to share with your patients.

What We're Hearing from Our Members

With the spread of the COVID-19 pandemic, BCBSIL has experienced high call volumes in our Customer Service and Care Management call centers from members wanting help navigating their health care needs and their benefits. Questions include: "How do I find a doctor who offers telehealth?" "Where can I go to get tested?" "What's covered?"

We've also heard from some members looking for direction on how to manage their chronic diseases during the COVID-19 pandemic, such as whether they should go to their doctors' appointments or have any procedures, whether they should still take their medications, or if it's safe to go outside.

With these questions and concerns, or any other questions or concerns regarding their health, members are encouraged to talk to their doctors.

COVID-19 Member Microsite

To help address some of the questions we've heard from our members, we've created a [COVID-19 microsite](#). This convenient online resource has information about our members' insurance coverage for and during COVID-19. It includes links to important resources, like the Centers for Disease Control and Prevention (CDC) Symptom Checker. And it offers a wealth of articles and videos that talk about many topics related to dealing with a pandemic.

We invite you to share the link to the [COVID-19 microsite](#) with your patients, or feel free to print out articles addressing topics of interest for your patients.

Member resources referenced above are for informational purposes only and are not a substitute for the independent medical judgment of a physician or other health care provider. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health. 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. 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.

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American Hospital Association (AHA) and BCBSIL Award Partners to Break Down Barriers to Greater Health Equity

By: Derek Robinson, M.D., Vice President and Chief Medical Officer of BCBSIL and Elisa Arespachaga, Vice President of the AHA Physician Alliance and interim executive lead of AHA's Institute for Diversity and Health Equity

Health equity is about creating a system where all individuals have equitable access to quality health outcomes. While health care is important, health equity reaches beyond the proximity to care facilities or one's access to adequate coverage. For many communities, structural barriers to health equity are realized in limited access to nutritious food, safe and convenient transportation, environmental quality and basic housing. Compounding these disparities are inequities in employment, educational funding, health care workforce diversity, and understandable mistrust of the health care system by diverse communities, with each factor woven into the complex fabric of poor health disproportionately experienced along racial and ethnic lines. COVID-19 has illuminated the health outcomes of our pre-pandemic state, where cradle to grave disparities have persisted as accepted health outcomes, evidenced by disparities in infant mortality and life expectancy.

Identifying the barriers that may be disrupting high-quality health care in our communities is one key to improving lives and strengthening community bonds. For health care organizations, this journey begins internally with processes that ensure disparities in health care are identified and eliminated. This road extends to partnerships with external organizations with complementary roles in improving the health of communities in need. **During this unprecedented time, AHA's Institute for Diversity and Health Equity (IFDHE) and BCBSIL are joining forces to accelerate the efforts of 13 Illinois hospitals that are developing programs to help more people achieve their best possible health.**

Through this new health equity grant program, participating hospitals and health care organizations across the state will receive awards ranging from \$25,000 to \$100,000; this money will be used to support innovative programs targeting health care disparities within their organizations and communities. Some areas of focus include maternal and child health, pediatric asthma, adult diabetes, breast cancer and increasing rural communities' access to health care.

More information is available in our [press release](#). Also refer to the [Health Equity and Social Determinants of Health section](#) of our Provider website for the list of grant recipients.

Helping hospitals advance health care and improve diversity within their own organizations has been a longstanding core mission of the [AHA](#) and [IFDHE](#). Likewise, BCBSIL has a long history of supporting health care providers in delivering needed care while helping alleviate access barriers for members. From providing training resources in [diversity management](#) to forming [strategic national partnerships](#) that enable hospitals' collaboration and strengthened community outreach, we are consistently working to tear down the barriers that inhibit inclusiveness. This partnership is one example of how collaboration across the health care continuum can help advance community health for all stakeholders.

How are hospitals using these new grant awards to advance health and make a difference in their communities? A great example is happening in the heart of Chicago.

The University of Illinois Hospital's [Mile Square Health Center](#) (MSHC), which serves neighborhoods in some of Chicago's most economically challenged areas, will use grant funds to launch a comprehensive Type 2 diabetes program for detection, education and prevention.

In 2019, MSHC provided care for more than 3,600 adults affected by Type 2 diabetes. Around 90% of those treated were identified as racial and ethnic minorities. Patient data revealed that food insecurity is a compounding problem that affects many residents in the communities that MSHC serves; one local clinic reported that 85% of its patients have food insecurities.

Through its AHA/BCBSIL grant, MSHC is launching several new initiatives, including a diabetes registry of all adult patients in its surrounding communities that are affected by Type 2 diabetes. MSHC is also implementing a new diabetes education program to address multiple determinants of health. Also, the new funding will help MSHC start a community pilot program that will provide fresh produce and cooking demonstrations to high-risk adult diabetic patients.

The overall goal of health equity doesn't apply only to some communities. It pertains to all individuals who encounter barriers on their road to better health. Ideas are being turned into action and hospitals are setting examples for their peers about going beyond their walls to build community connections and promote greater health care innovations. By supporting each of our health equity grant recipients, the AHA, IFDHE and BCBSIL are investing in our hospitals and communities to promote greater health equity.

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

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Health Equity and Social Determinants of Health: New Resources for Providers

This year we launched a [Health Equity and Social Determinants of Health \(SDoH\)](#) section on our website as part of our ongoing work with you to help improve member and community health outcomes by centralizing resources and tools. Recently, we added some new features to keep you up-to-date about ongoing initiatives. We encourage you to check them out and give us your feedback.

- **Blue Door Neighborhood CenterSM (BDNC): Two New Locations** – We're opening two new BDNCs on the South and West Sides of Chicago. [Read about the new locations.](#)
- **Transportation Services** – Does a Medicaid member need a ride to your office? BCBSIL is working with LogistiCare Solutions, LLC (LogistiCare) to provide [non-emergency medical transportation services](#) at no cost.
- **Health Equity Grant Program: Information and List of Award Recipients** – As referenced in [this month's CMO Perspective](#), BCBSIL partnered with the American Hospital Association (AHA) Institute for Diversity and Health Equity (IFDHE) to support the work of 13 Illinois hospitals and health care organizations in reducing disparities in health care. [See a list of winners.](#)
- **COVID-19 Member Microsite** – The COVID-19 pandemic has affected some communities more than others. BCBSIL has created an online resource for our members who may need help. We invite you to [share the link](#), or feel free to print out articles on topics of interest for your patients.
- **ICD-10 Z Code Billing Information** – Based on claims data we've collected, we can see that some providers are adding ICD-10 Z codes to help address the social needs of our members. Are you adding [ICD-10 Z codes](#) for SDoH?
- **Health Equity Provider Survey** – The survey will be closing at the end of this month. Last chance to participate! Where are you in your health equity journey? What challenges are you facing? What successes have you achieved? Your input will help us continue to enhance our website and other communications. [Please complete our brief survey now.](#)

LogistiCare, a subsidiary of The Providence Service Corporation, is an independent company that provides transportation services for BCBSIL members. LogistiCare is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by LogistiCare.

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FIT Kit May Be Best Choice for Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer deaths in the United States.¹ About one-third of adults 50 years and older have not received the recommended screening.² Consider screening our members who are 50 to 75 years old for colorectal cancer. Members in our **Blue Choice Preferred PPOSM** networks who have not been screened may qualify for a **Fecal Immunochemical Test (FIT) Kit** at no extra charge. We are working with Home Access Health Corporation to provide **in-home** kits to encourage screening for our at-risk members. Screening with a FIT Kit may be a good option to close care gaps.

How it Works

- We notify members that they will receive the test kit and that using it is voluntary
- The member submits the test for processing to Home Access Health Corporation by Nov. 30, 2020
- Home Access Health Corporation sends the results in three to four weeks to the member and the primary care provider(s) the member specifies

How You Can Help

- Discuss the importance of screening and healthy lifestyle choices with our members
- If one of our members receives a FIT Kit and calls your office with questions, discuss which screening test would be the best option
- Document any test results in the patient's medical record and discuss the results with our member

Other Benefits of the FIT Kit

- No need for anesthesia or prep
- Screen members at home who may be at risk during the COVID-19 pandemic
- The U.S. Multi-Society Task Force on Colorectal Cancer³ considers annual FIT testing and colonoscopy every 10 years the **two cornerstones** of screening for those of average risk

¹Centers for Disease Control and Prevention (CDC), Basic Information About Colorectal Cancer, Feb. 10, 2020. https://www.cdc.gov/cancer/colorectal/basic_info/

²CDC, Screen for Life: National Colorectal Cancer Action Campaign, Feb. 10, 2020. <https://www.cdc.gov/cancer/colorectal/sfl/index.htm>

³American Gastroenterology Association, Colorectal Cancer Screening: Recommendations for Physicians and Patients From the U.S. Multi-Society Task Force on Colorectal Cancer, July 1, 2017. [https://www.gastrojournal.org/article/S0016-5085\(17\)35599-3/abstract](https://www.gastrojournal.org/article/S0016-5085(17)35599-3/abstract)

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Reducing Cardiac Risk: Prescribing Statins for Patients with Diabetes

Having diabetes means worrying about more than blood glucose. It's a disease with multiple risk factors, including cardiovascular risks. In 2017, the American Diabetes Association (ADA) issued a recommendation regarding diabetes and cholesterol-lowering statins.¹

Statins are most commonly associated with heart disease. However, diabetes increases the likelihood someone may develop heart disease. This means your patients with diabetes may also benefit from statins. The American College of Cardiology (ACC) and the American Heart Association (AHA) expanded the number of potential statin users to include patients with diabetes.²

Some of the diabetes risk factors statins may help manage include:

- High cholesterol
- Coronary artery disease
- Elevated risk of heart attack
- Elevated risk of stroke

Statins are usually prescribed for:

- Heart disease
- LDL cholesterol level of 190 mg/dL or higher
- Diabetes and an LDL of 70 mg/dL or higher
- A 10-year heart attack risk of 7.5% or higher and an LDL of at least 100 mg/dL
- Individuals aged 40 to 75 years old with diabetes, regardless of LDL levels

Statin Use for Persons with Diabetes (SUPD): A Recent Part D Measure²

The designation SUPD is a quality measure relating to cardiovascular disease and was endorsed by the Pharmacy Quality Alliance in 2014. In 2017, the Centers for Medicare & Medicaid Services (CMS) adopted this as a Star Rating measure. The measure is defined as the percent of Medicare Part D beneficiaries 40 to 75 years old who were dispensed at least two diabetes medication fills and who received a statin medication fill during the measurement period.³

Statins, effective and well-tolerated, have been linked to better cardiovascular health. For diabetes patients aged 40 to 75 years old, ACC/AHA guidelines suggest moderate-to-high-intensity statin therapy for primary prevention. In tandem with positive lifestyle change, it's another tool to help patients manage their diabetes.²

Communication is Key

Including our members, your patients, in the discussion process is critical to helping provide quality care. If a statin is prescribed, talk with them about why the statin is important, their LDL cholesterol levels, statin side effects and how they may respond to them. It may help make living with diabetes easier.

¹American College of Cardiology, The New 2017 American Diabetes Statement on Standards of Medical Care in Diabetes: Reducing Cardiovascular Risk in Patients with Diabetes, May 22, 2017. <https://www.acc.org/latest-in-cardiology/articles/2017/05/22/11/00/new-2017-american-diabetes-statement-on-standards-of-medical-care-in-diabetes>

²2013 ACC/AHA Prevention Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2014;129:S1-S45, June 24, 2014. <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>

³CMS, 2019 Medicare-Medicaid Plan Performance Data Technical Notes. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPerformanceDataTechNotes.pdf>

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New 2020-2021* Tip Sheets for HEDIS[®] Behavioral Health Measures

We've created two new behavioral health tip sheets to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code appropriately. These measures from the National Committee for Quality Assurance (NCQA) help ensure our members receive appropriate care.

Compliance with HEDIS measures reduces the need for you to send medical records later for review. The tip sheets include measurement requirements, medical record best practices and billing codes for all our members including all fully-insured PPO, Blue Choice PPOSM, HMO, Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Medicare Advantage members.

[Follow Up After Hospitalization for Mental Illness \(FUH\)](#)

- Members ages 6 and older
- Discharged from an acute inpatient hospital stay
- Principal diagnosis at discharge is mental illness or intentional self-harm
- Outpatient follow-up visits must be with a behavioral health provider¹ (includes telehealth visits) or in certain outpatient² settings

[Initiation and Engagement of Substance Abuse or Dependence Treatment \(IET\)](#)

- Members ages 13 and older
- New³ diagnosis of alcohol or other drug (AOD) abuse or dependence
- Treatment may occur in the inpatient, residential, outpatient,⁴ medication-assisted treatment (MAT) or telehealth setting

*Measurement year 2020 and measurement year 2021

¹Psychologist, Psychiatrist, Clinical Social Worker, Mental Health Occupational Therapist, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Neuropsychologist, Psychoanalyst, Professional Counselor, Marriage and Family Therapist

²Community mental health center, electroconvulsive therapy, transitional care management services and includes intensive outpatient or partial hospital programs

³Defined as no diagnosis of AOD abuse or dependence in previous 60 days

⁴Outpatient treatment includes an intensive outpatient or partial hospital program

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Imaging Studies for Uncomplicated Low Back Pain

The preferred **conservative medical treatment** for **uncomplicated** low back pain (LBP) is prescription-strength analgesics and physical therapy. **Evidence does not support** routine imaging for uncomplicated LBP. Severe LBP improves for most individuals within the first two weeks of onset. Imaging when not indicated may [expose members](#) to unnecessary radiation and expense.¹

Healthcare Effectiveness Data and Information Set (HEDIS[®]) Measures for 2020-2021²

One measure we collect for the National Committee for Quality Assurance (NCQA) evaluates the appropriate use of imaging studies for uncomplicated LBP.

This measure evaluates the percentage of members ages 18 to 50 diagnosed with LBP without the following:³

- Prior diagnosis of LBP in the past six months
- Imaging studies in the first 28 days [includes X-rays, Magnetic Resonance Imaging (MRI/MRA) and Computed Tomography (CT/CTA) scans] after diagnosis

Note: A higher percentage on this measure indicates better performance.

Associated Medical Conditions

Imaging within 28 days after diagnosis may be necessary if the member has other medical concerns. Examples of medical conditions that may require early imaging studies are listed in the chart below. You may want to document the medical condition and appropriate code when able to show the need for early imaging studies. Doing so will **not** affect your HEDIS score.

| Early Imaging Exclusions | ICD-10 Codes |
|--|---|
| Cancer (active) | C00.0-96.Z and D00.00-49.9 |
| Cancer (personal history) | Z85-86.03 |
| Corticosteroid Use (90 consecutive days) | During 12 months prior to LBP diagnosis |

| | |
|---|---|
| HIV | B20; Z21 |
| IV Drug Abuse | F11.10-15.29 (any time during 12 months prior to LBP diagnosis) |
| History of Kidney Transplant (Kidney Transplant) | Z94.0; (0TY00Z0-2, 0TY10Z0-2) |
| Organ Transplant Other Than Kidney | 02YA0Z0-2, 07YM0Z0-2, 07YP0Z0-2, 0BYC0Z0-2, 0BYD0Z0-2, 0BYF0Z0-2, 0BYG0Z0-2, 0BYH0Z0-2, 0BYJ0Z0-2, 0BYK0Z0-2, 0BYL0Z0-2, 0BYM0Z0-2, 0DY50Z0-2, 0DY60Z0-2, 0DY80Z0-2, 0DYE0Z0-2, 0FY00Z0-2, 0FYG0Z0-2, 0UY00Z0-2, 0UY10Z0-2, 0UY90Z0-2, 0WY20Z0-1, 0XYJ0Z0-1, 0XYK0Z0-1, 3E030U1, 3E033U1, 3E0J3U1, 3E0J7U1, 3E0J8U1 |
| Neurologic Impairment | G83.4 (any time during 12 months prior to LBP diagnosis) |
| Spinal Infection, Osteomyelitis, and Discitis | A17.81, G06.1, M46.25-46.28, M46.35-46.38, M46.46-46.48 (any time during 12 months prior to LBP diagnosis) |
| Trauma/Fractures | G89.11; "S" series (any time during 3 months prior to LBP diagnosis) |

Whom can I contact if I have questions?

If you have questions regarding the use of the HEDIS LBP measure with your Federal Employee Program® (FEP®) members or any other BCBSIL members, email [Dr. Sonja Hughes](mailto:sonja.hughes@bcbsil.com).

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¹HEDIS measure for Use of Imaging Studies for Low Back Pain; accessed 7/7/2020

²Measurement year 2020 and measurement year 2021

³NCQA HEDIS Measurement Year 2020 & Measurement Year 2021 Technical specifications for health plans, volume 2, Washington DC, 2020

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Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Appointment Availability Timeframes

To ensure that BCCHP and MMAI members have timely access to care, the following appointment standards are specified in your provider agreements:

- **Routine preventive care appointments** – Available within five weeks of the request and within two weeks from the date of the request for infants under 6 months.
- **Serious problem but not an emergency medical condition** – Within one business day of the request.
- **Non-urgent/needs attention** – Within three weeks of the date of the request.
- **Initial prenatal visits without problems** – Within two weeks of the date of request for a member within the first trimester, within one week in the second trimester and within three days in the third trimester.
- **Behavioral health emergency care** – Within six hours of the request.
- **Behavioral health initial visit for routine care** – Within two weeks of the date of the request.
- **Behavioral health routine follow-up care** – Within three months of the request.
- **Behavioral health urgent/non-emergent** – Within 48 hours of the request.

In addition to the above appointment timeframes, providers are contractually required to ensure that provider coverage is available for members 24 hours a day, seven days a week. In addition, providers must maintain a 24-hour answering service and ensure that each primary care physician (PCP) provides a 24-hour answering arrangement, including a 24-hour on-call PCP arrangement for all members. An answering machine doesn't meet the requirements for a 24-hour answering service arrangement. Hospital emergency rooms or urgent care centers aren't substitutes for covering providers.

We routinely monitor for compliance with the above standards. Compliance monitoring includes, but is not limited to, conversations with your Provider Network Consultant (PNC), site visits and "Secret Shop" calls. Lack of compliance may lead to corrective actions, which may include corrective action plans or termination.

If you have questions regarding these requirements, contact your assigned PNC or [email our Government Programs Provider Relations team](#).

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

August 2020

Overpayment Recovery Process for Contracted Providers: Changes as of Jan. 1, 2020

Blue Cross and Blue Shield of Illinois (BCBSIL) payment processes were updated on **Jan. 1, 2020**. You may have noticed changes in the number of payments you receive from us and in our overpayment recovery process.

What has changed?

Multiple payments: You may be **used to receiving a consolidated payment** from BCBSIL that addresses multiple claims for members who belong to different employer groups. Now our employer groups have the choice to not participate in this type of reimbursement. This means that **you may now be receiving** reimbursements from us in **multiple payments**.

Overpayment recovery: Employer groups may also choose not to participate in offsetting overpayments from consolidated payments that address multiple claims from members who belong to different employer groups. This means that when we attempt to recover overpayments, you may have to **send in a check for certain overpayments**. Instructions for submitting a refund will be in the request letter we send you.

More information

If you have any questions, call our Financial Operations at 844-866-2583.

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Commercial PPO and BCCHPSM Providers: Join Us for An Orientation Webinar

Blue Cross and Blue Shield of Illinois (BCBSIL) welcomes new independently contracted providers into our commercial and government programs networks. We're committed to helping educate and inform you on how to navigate the BCBSIL system and online resources. Our Provider Relations team is hosting quarterly orientations for providers who are contracted with BCBSIL's commercial PPO, Blue Choice PPOSM and/or Blue Cross Community Health PlansSM (BCCHP) networks.

These online orientations will give you flexibility to join live from your work location. Our Provider Network Consultants (PNCs) will be there to answer your questions, so it's a great way to connect and engage with your BCBSIL liaison. Whether you are a newly contracted provider, have new staff members who need BCBSIL training, or are a provider looking for a refresher course on doing business with BCBSIL, these orientations are for you.

The orientation specific to the BCCHP plan will highlight topics such as:

- Care Coordination
- Third Party Vendors
- Claims
- Benefit Preauthorization
- Required Provider Training

The orientation specific to commercial plans, including PPO and Blue Choice PPO networks, will highlight topics such as:

- Network Participation and Benefits
- Claims
- Post-Processing Claim Inquiries
- Supplemental Resources
- Credentialing and Contracting

Register now!

To register for a webinar, select a date below. All webinars are held from 10 to 11:30 a.m., CT. For additional 2020 webinar dates, visit the [Webinars and Workshops](#) page.

BCCHP Provider Orientation Webinar

[Tuesday, Aug. 18, 2020](#)

Commercial Provider Orientation Webinar

[Wednesday, Aug. 19, 2020](#)

[**bcbsil.com/provider**](https://bcbsil.com/provider)

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Fighting Health Care Fraud, One Phone Call at a Time

Each year, our Fraud Hotline receives thousands of calls reporting possible health care fraud and abuse. Our Special Investigations Department (SID) actively reviews every call to determine if the call provides sufficient information to investigate suspected fraud and abuse.

If there is a question of fraud, we may conduct preliminary interviews and field audits to determine if fraud was intentionally committed. If the SID concludes that there was no act of fraud, the case may be referred to the appropriate business area, which may offer guidance to resolve the issue.

There have been cases for which hotline reports have led to recovery efforts for inappropriate payment of claims and reimbursements, or to law enforcement for criminal prosecution. Some of the most egregious cases leading to criminal prosecutions have stemmed from hotline calls.

We encourage members and providers to call the **BCBSIL Fraud Hotline at 800-543-0867** to report potential health care fraud and abuse. The Fraud Hotline is available 24 hours a day, seven days a week. All calls are confidential and may be made anonymously.

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Procedure Code and Fee Schedule Updates

As part of our commitment to help inform our independently contracted providers of certain developments, Blue Cross and Blue Shield of Illinois (BCBSIL) has designated a specific section in the *Blue Review* to notify you of any significant changes to the physician fee schedules. It's important to review this area in our provider newsletter each month.

Effective Nov. 1, 2020, the fees for Current Procedural Terminology (CPT®) codes 95700 and 95705-95716 will be updated.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates may also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above may also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available on the [Forms page](#) on our Provider website.

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BLUE REVIEWSM

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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 new Authorizations tool.</i></p> | <p>Aug. 19, 2020 Aug. 26, 2020</p> | <p>11 a.m. to noon</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>Aug. 18, 2020 Aug. 25, 2020</p> | <p>11 a.m. to noon</p> |
| <p>Availity Remittance Viewer and Reporting On-Demand <i>Have you heard? 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>Aug. 20, 2020</p> | <p>11 a.m. to noon</p> |
| <p>Managed Long Term Services and Supports (MLTSS)</p> | <p>Aug. 20, 2020</p> | <p>10 to 11 a.m.</p> |

Orientation Webinars

We're offering quarterly webinars in 2020 to help LTSS providers learn more about the MLTSS program as it relates to our Blue Cross Community Health PlansSM (BCCHPSM) product. We'll also review how to navigate BCBSIL requirements, electronic options and online provider resources.

Provider Onboarding Form Training

[Aug. 26, 2020](#)

10 to 11 a.m.

These sessions will help providers effectively navigate the Provider Onboarding Form and will discuss topics including: new group/provider contracting, request addition of provider to group and how to submit demographic changes.

Orientation Webinars for New BCCHP Providers

[Aug. 18, 2020](#)

10 to 11:30 a.m.

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, benefit preauthorization and required provider training

Orientation Webinars for New Commercial Providers

[Aug. 19, 2020](#)

10 to 11:30 a.m.

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 and credentialing and contracting.

AVAILITY WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? [Visit their website for details](#); or call Availity Client Services at 800-AVAILITY (282-4548) for help.

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