BlueCross BlueShield of Illinois

BLUE REVIEW℠

A newsletter for contracting institutional and professional providers

February 2020

CMO Perspective

Partnership with the American Hospital Association (AHA) to Help Illinois Hospitals Eliminate Health Care Disparities

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses our joint collaboration with the AHA's Institute for Diversity and Health Equity (IFDHE) and one-year grant program to support hospitals in eliminating health care disparities.

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Wellness and Member Education

Remind Your Patients: It's Not Too Late for a Flu Shot

According to the Centers for Disease Control and Prevention (CDC), seasonal influenza activity in the U.S. is high. Typically, the peak of flu season occurs in February, but activity can last as late as May.

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Network Innovation/Product Updates

BCBS National Coordination of Care℠ Program to Serve Group Medicare Advantage PPO Members

On **Jan. 1, 2020**, Blue Cross and Blue Shield of Illinois (BCBSIL) began participating in a new Blue Cross and Blue Shield Association (BCBSA) National Coordination of Care program to help improve care and services for Group Medicare Advantage PPO members nationwide.

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Clarification and Reminders for Group Medicare Advantage Plans (HMO and 'Open Access')

New names for some of our Medicare group plans became effective **Jan. 1, 2020**, to help identify BCBSIL members who purchase coverage through their employers or other groups. In response to feedback from providers, we'd like to clarify some important details and reminders.

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Clinical Updates, Reminders and Resources

Reminder of Changes to the Pre-service Appeals Process for Government Programs, Effective Nov. 1, 2019

Important changes to the pre-service appeals process recently occurred for your BCBSIL patients enrolled in the following government programs plans: Blue Cross Medicare Advantage (PPO)℠ and Blue Cross Community MMAI (Medicare-Medicaid)℠ (MMAI).

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2020 Consumer CAHPS® Survey for Medicaid Members

BCBSIL conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with its Blue Cross Community Health Plans℠ (BCCHP℠) and MMAI members.

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Electronic Options

Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

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Coming Soon: New Benefit Preauthorization Submission Tool via Availity® Provider Portal

We're excited to introduce a new online application for submission of electronic benefit preauthorization requests – Health Insurance Portability and Accountability Act of 1996 (HIPAA) 278 transactions – via the Availity Portal.

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Reminder: New Online Enrollment Process for 835 EFT and ERA through the Availity Portal

Last year, we announced the upcoming launch of a new online 835 Electronic Funds Transfer (EFT) and 835 Electronic Remittance Advice (ERA) enrollment option. This new capability is now available in the Availity Portal using the multi-payer Transaction Enrollment tool.

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Focus on Behavioral Health

Behavioral Health Providers: You have electronic options!

Are you taking advantage of online tools and resources? Remember, BCBSIL offers and supports a variety of electronic options to help you streamline administrative functions in your office.

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Use Our New Tip Sheets to Help Satisfy HEDIS® Behavioral Health Measures

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

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Provider Education

Provider Learning Opportunities

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

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Claims and Coding

Two New ClaimsXten™ Rules to be Implemented in April 2020

We will soon update the ClaimsXten software database to better align coding with reimbursement of claims. Effective **April 20, 2020**, the following new ClaimsXten rules will be implemented: Bilateral Services for Professional Claims; and Modifier to Procedure Validation Filter – Non-Payment Modifiers.

Read More

Notification and Disclosure

Has your information changed? Let us know!

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

Read More

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. These policies may impact your reimbursement and your patients' benefits.

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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Partnership with the American Hospital Association (AHA) to Help Illinois Hospitals Eliminate Health Care Disparities

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

In a press release on Dec. 16, 2019, the AHA's Institute for Diversity and Health Equity (IFDHE) and BCBSIL announced a joint collaboration and one-year Health Equity Grant Program to support hospitals in eliminating health care disparities. This collaboration will work toward helping to ensure individuals in every Illinois community have access to and receive safe, equitable, quality health care.[1] The Request for Proposal outlines grant program guidelines, available funding, review process, terms and conditions for receiving a grant, and other details. The original announcement stated that proposals would be accepted through late January 2020. Recently, the deadline was extended, and proposals will be accepted through **Feb. 10, 2020**.[2]

After participating in the grant proposal process, 13 AHA member hospitals that are part of the BCBSIL provider networks will have an opportunity to participate. Among other activities, grantees will be asked to sign the AHA's #123forEquity Pledge to Act to Eliminate Health Care Disparities and complete a performance improvement project that promotes health equity. **Program funding will support efforts that are focused on maternal and child health, pediatric asthma, adult diabetes, breast cancer and geographic disparities, including rural access to care.**

We're excited to partner with the AHA to empower hospitals with the additional tools they need to help ensure equitable health outcomes for our members and communities across Illinois. This new grant program is part of our broader quality strategy, which includes innovative partnerships with providers to reduce health care disparities and increase opportunities for all people to achieve their best possible health. My colleague, Jenné Johns, Director of Quality Improvement and Health Equity at BCBSIL adds, "Hospitals who faced challenges addressing and meeting the needs of target populations, will now have technical assistance, resources and the support of senior level executives within their institutions to strengthen their commitment to reduce health care inequities. Our goal is to accelerate internal operations and innovation to reduce racial, ethnic and geographic disparities, and we believe that this program will get us closer to realizing that goal."

As Jay Bhatt, D.O., senior vice president and chief medical officer at the AHA said, "It is essential to reduce health

inequities and increase access to care in communities, and this innovative grant offers a unique opportunity for providers and payers to work together toward these shared goals."[3] As a provider-payer collaboration, this grant program will help BCBSIL gain actionable insights that will better equip us and our hospital partners to address health care disparities in the communities we serve. By meeting providers where they are on their health equity journeys, this program is just one of the ways we're helping to clear the path to the next milestone – for all of us.

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 the Health Equity and Social Determinants of Health section of our Provider website with ways you can take action, along with helpful links and related resources. **Please complete our brief survey now!**

Learn more about Dr. Derek J. Robinson

[1,3] IFDHE, Current Headlines, Diversity Issues (Dec. 16, 2019). AHA Institute for Diversity and Health Equity and Blue Cross and Blue Shield of Illinois Announce Joint Collaboration and Grant Opportunity. Accessed Jan. 10, 2020, at http://www.diversityconnection.org/diversityconnection/ifd-inc/dhtml/blog-article.dhtml?dcrpath=DIVERSITYCONNECTION/blog-entry/data/12_16_19_BCBS.

[2]IFDHE, Health Equity (December 2019). Guidelines for the American Hospital Association's Institute for Diversity and Health Equity and Blue Cross Blue Shield of Illinois' Health Equity Grant Program. Accessed Jan. 10, 2020, at http://www.diversityconnection.org/diversityconnection/homepage/Institute-files/RFP_AHA_HCSC_Grant%20Program_12.11.19.LH.final.pdf.

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Remind Your Patients: It's Not Too Late for a Flu Shot

According to the Centers for Disease Control and Prevention (CDC), seasonal influenza activity in the U.S. is high and continues to increase. The CDC Weekly U.S. Influenza Surveillance Report for the week ending January 18 (week 3), reported that the proportion of people seeing their health care provider for influenza-like illness (ILI) was 5.0%, which is above the national baseline of 2.4%.[1] Fifteen influenza-associated pediatric deaths were reported in the third week of 2020, bringing the total to 54 in the 2019-2020 season. B/Victoria viruses have been the predominant viruses this season followed closely by A(H1N1)pdm09.[1]

It's not too late to get a flu vaccine. The CDC continues to recommend an influenza vaccination for everyone 6 months of age and older as the best way to prevent illness and protect against flu complications. Typically, the peak of flu season occurs in February, but activity can last as late as May.

A new survey from NORC (formerly known as National Opinion Research Center) at the University of Chicago reports that as of mid-November 2019, 44% of adults reported that they had gotten a flu vaccination. However, 37% of adults said they have not been vaccinated and do not intend to do so.[2]

You may want to talk to your patients about the flu vaccine. There are several misconceptions regarding this vaccine, so it's important to educate patients about the risks and benefits of getting a yearly flu vaccine. The following discussion points may help you help your patients feel more informed and aware of their health care:

- Potential health risks of influenza infection
- Relative benefits and effectiveness of receiving the flu vaccine
- Potential side effects that could occur after receiving the vaccine
- Any patient concerns/issues regarding influenza vaccination

While many of our members' health benefit plans include influenza vaccination coverage with no member cost sharing, there are some exceptions. It's important to check eligibility and benefits information for details regarding copays, coinsurance and deductibles before administering the influenza vaccine to our members.

Additional information such as information for Health Care Professionals and weekly flu reports can be found on the CDC's

Influenza (Flu) page.

[1] CDC, Weekly U.S. Influenza Surveillance Report, https://www.cdc.gov/flu/weekly/index.htm

[2] NORC at the University of Chicago, 37% of Americans Do Not Plan to Get a Flu Shot This Season, Dec. 3, 2019. https://www.norc.org/NewsEventsPublications/PressReleases/Pages/37-of-americans-do-not-plan-to-get-a-flu-shot-this-season.aspx

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Checking eligibility and/or benefit information 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 any questions, please call the number on the back of the member's ID card.

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BCBS National Coordination of Care℠ Program to Serve Group Medicare Advantage PPO Members

On **Jan. 1, 2020**, Blue Cross and Blue Shield of Illinois (BCBSIL) began participating in a new Blue Cross and Blue Shield Association (BCBSA) National Coordination of Care program to help improve care and services for Blue Cross Group Medicare Advantage (PPO)℠ (Group MA PPO) members nationwide. This program may help streamline administrative processes for providers.

As announced in our November 2019 *Blue Review*, Blue Cross Group Medicare Advantage (PPO) is the new name of Blue Cross Medicare Advantage (PPO)℠ for BCBSIL members who purchase Group MA PPO coverage through their employers or other groups. While the name has changed, the program retains its traditional PPO network that allows members to seek care in-network and out-of-network, typically providing cost savings for in-network care.

Through the BCBS National Coordination of Care program, BCBSIL will collaborate with you to identify gaps in care and retrieve medical records for claims you submit to BCBSIL for Group MA PPO members living in Illinois. This includes BCBSIL members with Group MA PPO coverage, as well as Group MA PPO members enrolled in other Blue Cross and Blue Shield (BCBS) plans who are living in Illinois.

You will receive requests only from BCBSIL or our vendor when medical records are needed, or when potential gaps in care or risk adjustment gaps are identified related to claims submitted to BCBSIL for these members. You will no longer receive these requests from multiple BCBS plans or their vendors.

This program is part of our ongoing initiative to support our members in receiving the right care at the right time and place. As a result of concerns about gaps in care, this program may help encourage members to come into your practice more frequently, allowing for greater continuity of care. For out-of-area members with Group MA PPO coverage, this program will help BCBSIL give these members' BCBS plans a fuller understanding of their members' health status.

Questions? Call the Customer Service number on the member's ID card.

Important Reminders

As outlined in your contract with us, you are required to respond to medical record retrieval requests in support of risk adjustment, Healthcare Effectiveness Data and Information Set (HEDIS®) and other government-required activities within the requested timeframe. This includes requests related to this program.

- It is important that you use the Availity® Provider Portal or your preferred vendor to check eligibility and benefits for all BCBSIL patients, including Group MA PPO members, before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization requirements. Ask to see the member's BCBSIL ID card and a driver's license or other photo ID to help guard against medical identity theft. See our Eligibility and Benefits page for more details.
- Patient-authorized information releases are not required in order for you to fulfill medical records requests and/or risk adjustment gaps received through this care coordination program.

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Clarification and Reminders for Group Medicare Advantage Plans (HMO and 'Open Access')

In our November 2019 *Blue Review*, we announced new names for some of our Medicare plans, including Medicare group plans, effective **Jan. 1, 2020**. These new names help identify our members who purchase their coverage through their employers or other groups. Related to this announcement, we'd like to clarify some important details and reminders.

Clarification: Blue Cross Group Medicare Advantage (HMO)℠
The Medicare group plans currently offered for Blue Cross and Blue Shield of Illinois (BCBSIL) members include Blue Cross Group Medicare Advantage (PPO)℠, Blue Cross Group Medicare Advantage Open Access (PPO)℠ and Blue Cross Group MedicareRx℠. Our November 2019 notice also referenced Blue Cross Group Medicare Advantage (HMO)℠. ***Please note that no Illinois employer or other groups have selected the Group Medicare Advantage (HMO) plan yet for their retirees.*** While we may begin engaging provider partners on this new offering soon, at this time you will not see BCBSIL members with this plan name on their ID cards.

Reminders: Blue Cross Group Medicare Advantage Open Access (PPO)
Our Blue Cross Group Medicare Advantage Open Access (PPO) plan offers members access to care from any providers nationwide who accept Medicare assignment and are willing to bill BCBSIL. Members' coverage levels are the same in- and out-of-network.

- **Pre-service reminders:** For Blue Cross Group Medicare Advantage Open Access (PPO) members, referrals are not required for office visits, but benefit prior authorization may be required for certain Medicare-covered services. Always check eligibility and benefits first to confirm membership, coverage and other important information prior to rendering services.
- **"Out-of-network" providers:** You do not need to have a government programs contract with BCBSIL to treat Blue Cross Group Medicare Advantage Open Access (PPO) members. Even if you are only contracted with BCBSIL for participation in our commercial networks, if you accept Medicare assignment, you may treat Blue Cross Group Medicare Advantage Open Access (PPO) members and bill BCBSIL as an out-of-network provider.*
- **Reimbursement:** Out-of-network providers will be paid the Medicare allowed amount for covered services as defined by Medicare, less any member cost-sharing. In-network providers will be paid their contracted rate.
- **For more information,** such as a sample member ID card, refer to our Blue Cross Group Medicare Advantage Open Access (PPO) flyer.

*Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

Checking eligibility and benefits and/or obtaining benefit prior authorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, call the number on the member's ID card.

PPO plans provided by BCBSIL, which refers to HCSC Insurance Services Company (HISC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

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Reminder of Changes to the Pre-service Appeals Process for Government Programs, Effective Nov. 1, 2019

Important changes to the pre-service appeals process recently occurred for your Blue Cross and Blue Shield of Illinois (BCBSIL) patients enrolled in the following government programs plans: Blue Cross Medicare Advantage (PPO)℠ (MA PPO) and Blue Cross Community MMAI (Medicare-Medicaid)℠ (MMAI). These changes are designed to help streamline workflows and lead to an improved member and provider experience.

As of **Nov. 1, 2019**, eviCore healthcare (eviCore), an independent medical benefits management company, is no longer administering the pre-service appeals process for denied or partially denied benefit preauthorizations. Instead, BCBSIL is administering the pre-service appeals process for these members, from pre-service appeal intake to appeal determination.

eviCore has, however, continued its role administering the initial determination of preauthorization requests.

Note: The medical policies being used for these pre-service appeal reviews have not changed. Remember, when submitting a pre-service appeal, always follow the directions included within the denial letter.

As always, it is critical to check eligibility and benefits first, prior to rendering care and services to confirm coverage, network status and other important details. When you check eligibility and benefits online by submitting an electronic 270 transaction through the Availity® Provider Portal or your preferred web vendor portal, you may determine if benefit preauthorization/pre-notification may be required for the service type.

Payment may be denied if you perform procedures without obtaining benefit preauthorization when benefit preauthorization is required. If this happens, you may not bill our members. For more information, refer to the Eligibility and Benefits and Prior Authorization pages of our Provider website.

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2020 Consumer CAHPS® Survey for Medicaid Members

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with its Blue Cross Community Health Plans℠ (BCCHP℠) and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members. The primary focus of the survey is to assess member's satisfaction with BCBSIL and its independently contracted providers and specialists.

The survey will be mailed in **March 2020** to randomly selected members and it asks the members to rate their last six months of care. Examples of topics and questions addressed in the survey include:

- Getting Needed Care – Did you receive the care you felt you needed quickly and were you able to get urgent appointments with specialist if needed?
- Shared Decision Making – Did your provider include you in your treatment decisions and discuss the risks, adverse effects and benefits with you?
- Provider communication – Did your provider show respect, spend enough time and explain things in a way you could understand?
- Customer Service – Did you receive helpful information from office staff?
- Care Coordination – Was your provider informed and up-to-date about the care you received from other providers?
- Flu vaccination – Did your provider educate you on the benefits and importance of a yearly flu vaccination?
- Smoking Cessation – Did your provider ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction. Below are some questions you may want to consider that may help you and your staff improve member satisfaction:

- Do you or your office staff assist the patients in scheduling appointments with specialists?
- Are urgent care walk-in appointments available in the morning and evening hours?
- Do you spend time explaining things to patients in a way they can easily understand?
- Do you provide patients with educational materials?
- Do you discuss treatment and medication options with patients?
- Do you educate patients about preventive illnesses?

If your patients receive a survey, please encourage them to complete and return it to BCBSIL.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

This information is for informational purposes only and is not a substitute for the sound medical judgment of a doctor. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.

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Check Eligibility and Benefits: Don’t skip this important first step!

Is your patient’s membership with Blue Cross and Blue Shield of Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

Get Answers Up Front

Benefits will vary based on the service being rendered and individual and group policy elections. It is imperative to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients’ benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable benefit preauthorization/pre-renotification requirements. When services may not be covered, you should notify members that they may be billed directly.

Don’t Take Chances

Ask to see the member’s BCBSIL ID card for current information. Also ask for a driver’s license or other photo ID to help guard against medical identity theft.

Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area Blue Plan and Federal Employee Program® (FEP®) members.

Learn More

For more information, such as a library of online transaction tip sheets organized by specialty, refer to the Eligibility and Benefits section of our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the Provider Learning Opportunities for upcoming webinar dates, times and registration links to sign up now.

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

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Coming Soon: New Benefit Preauthorization Submission Tool via Availity® Provider Portal

A new online application for submission of electronic benefit preauthorization requests – Health Insurance Portability and Accountability Act of 1996 (HIPAA) 278 transactions – will soon be available via the Availity Portal. This new tool – Availity Authorizations – offers more convenient functionality, helping to make it faster and easier for you to submit and receive confirmation of online requests when benefit preauthorization through Blue Cross and Blue Shield of Illinois (BCBSIL) is required. For Federal Employee Program® (FEP®) members, you should continue using your current benefit preauthorization process until the new application becomes available in the near future.

What's changing? What's staying the same?

BCBSIL's electronic benefit preauthorization tool, iExchange®, is currently scheduled to be deactivated on **April 15, 2020**. As of this date, all electronic benefit preauthorization requests handled by BCBSIL should be submitted using the new Availity Authorizations tool. This includes benefit preauthorization requests handled by BCBSIL for inpatient admissions, select outpatient services and behavioral health services.

The process of submitting benefit preauthorization requests through eviCore is not changing.

Medical and surgical predetermination of benefits requests should be submitted via fax or mail by using the Predetermination Request Form, along with the pertinent medical documentation.

What should you do to prepare?

During the transition period, you should migrate from iExchange to the new **five-step** Availity Authorization application. If you haven't registered with Availity, you can sign up for free on the Availity website. For help, contact Availity Client Services at 800-282-4548.

How will the new tool work?

Submitting requests using the Availity Authorizations tool is easy and consists of only **five steps**:

1. Log in to Availity
2. Select the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations
3. Select Payer BCBSIL, then choose your organization

4. Select Inpatient Authorization or Outpatient Authorization
5. Review and submit your request

This new online option may also increase administrative efficiencies for your organization by allowing you to:

- Access and verify status of requests
- Upload clinical medical records
- Edit and/or extend requests
- Obtain printable confirmation numbers for your records

Join Us for a Webinar this Month to Learn More

We are hosting free webinars on using the new Availity Authorizations application. Select the link below for your preferred date and time to register.

- Feb. 5, 2020 – 2 to 3 p.m.
- Feb. 6, 2020 – 10 to 11 a.m.

For More Information

Continue to watch the News and Updates for implementation details related to this new functionality. If you need further assistance or customized training, contact our Provider Education Consultants.

The information in this article does not apply to requests for HMO members.

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Reminder: New Online Enrollment Process for 835 EFT and ERA through the Availity® Provider Portal

In a November 2019 News and Updates, we announced the upcoming launch of a new online 835 Electronic Funds Transfer (EFT) and 835 Electronic Remittance Advice (ERA) enrollment option. This new capability is now available in the Availity Portal using the multi-payer Transaction Enrollment tool.

Availity's Transaction Enrollment option allows providers to submit 835 EFT and 835 ERA enrollments electronically to multiple payers at the same time. Providers can also monitor the enrollment status and/or make necessary changes to their current EFT and ERA set-up with Blue Cross and Blue Shield of Illinois (BCBSIL).

EFT and ERA enrollment via Availity is easy to complete, without the inconvenience of downloading and faxing or mailing paper enrollment forms. Once the online enrollment is processed, providers will receive a confirmation letter from BCBSIL acknowledging the enrollment effective date along with other important details.

How to access Availity's Transaction Enrollment option:

1. Log in to Availity
2. Select My Account Dashboard on the Availity homepage
3. Select Enrollments Center
4. Select Transaction Enrollment*
5. Complete and submit

**The EFT Transaction Enrollment option is only available to Availity administrators and/or registered Availity users who have been granted access.*

To register for Availity, simply go to Availity and sign up today, at no cost. For additional assistance with the enrollment process, refer to the new Availity EFT & ERA Tip Sheet on our website.

Have questions or need additional education?

Email Electronic Commerce Services. Be sure to include your name, direct contact information and Tax ID or billing National Provider Identifier (NPI).

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Behavioral Health Providers: You have electronic options!

Blue Cross and Blue Shield of Illinois (BCBSIL) offers and supports electronic options to help you streamline administrative functions in your office. See below for a list of free online tools you may use as part of your daily workflow.

Are you a registered Availity® Provider Portal user? If not, visit the Availity website to sign up now at no cost. If you're already a registered user, check with your Availity administrator to gain access to these tools in your Availity account.

As a reminder, if you don't have online access, we have other user-friendly options, too. Our automated interactive voice response system (IVR) is available for eligibility and benefits information for **commercial** BCBSIL members. Results are provided with a confirmation number. You have the option to have benefit details faxed to you for future reference. Customer advocates remain available to help with claim adjustments. To check eligibility and benefits by phone for **government programs** members, use the number on the member's ID card.

Express Entry	You'll find this option in the My Providers menu once you log in to Availity. Express Entry allows the Availity administrator to add and manage provider information in your organization's account. Complete provider information fields in one step on most transactions.
Eligibility and Benefits	Confirm patient coverage and check benefit details in real-time, 24 hours a day (with the exception of Sundays from 8 a.m. to noon). When you check eligibility and benefits, you'll also get details on benefit preauthorization, if required, and applicable vendors.
Benefit Preauthorization	If the service requires benefit preauthorization through BCBSIL, a new Availity Authorizations tool will soon be available. *(**Note:** This does **not** apply to benefit preauthorization requests for HMO members.)*
Electronic Claim Submission	Submit electronic claims one at a time or in batch and receive confirmation upon acceptance. Advantages include greater security and accuracy of data, with faster processing and payment.

Claim Research Tool*	This tool offers enhanced claim status for **commercial** claims. ***(Tips:** Use the billing NPI submitted on the claim. Also make sure the date entered for the service period includes the actual date of service.)*
Claim Status Tool for Government Programs	This tool offers enhanced claim status information for **government programs** (Medicare Advantage and Medicaid) claims.
Reporting On-Demand	Use Reporting On-Demand to view, download or print duplicate copies of the provider claim summary.
Claim Inquiry Resolution*	Use this tool to request claim review for certain finalized **commercial** claims. ***(Note:** This tool should **not** be used for appeals.)*
Electronic Refund Management*	Receive and respond online to overpayment recovery requests on **commercial** claims.
Online Submission of Medical Records	Receive and respond to quality and risk adjustment medical record requests electronically via Availity's Medical Attachments application.

For More Information

- **Provider Training** – Join us for a BCBSIL Back to Basics 'Availity 101' training webinar, hosted by BCBSIL. For dates, times and online registration, go to the Webinars and Workshops page on our Provider website. Or email our Provider Education Consultant team to request customized training.
- **Tip Sheets for Electronic Options** – Refer to the Provider Tools section for quick instruction guides Availity Eligibility and Benefits, the Claim Research Tool, and more.
- **IVR Caller Guides** – Three guides are available for **commercial** providers to help you navigate our automated phone system for Claims, Eligibility and Benefits and Behavioral Health Preauthorization, if applicable.

**These tools are not applicable for government programs claims.*

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Use Our New Tip Sheets to Help Satisfy HEDIS® Behavioral Health Measures

We've created 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.

The tip sheets include measurement requirements, medical record best practices and billing codes. Compliance with HEDIS measures reduces the need for you to send medical records later for review.

See below for a list with links to the new tip sheets. These tip sheets are available in the Related Resources on the Quality Improvement page:

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- Children ages 6 to 12
- Newly[1] filled attention-deficit hyperactivity disorder (ADHD) medication
- Prescribed in the ambulatory setting

Antidepressant Medication Management (AMM)

- Members ages 18 and older
- Diagnosed with major depression
- Newly[2] filled antidepressant medication

Diabetes Screening for Members Taking Antipsychotics (SSD)

- Members ages 18 to 64
- Diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder
- Received an antipsychotic medication at any time during the year

[1] Defined as no ADHD medication filled in past 120 days

[2] Defined as no antidepressant medication filled in past 105 days

are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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Provider Learning Opportunities

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

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
Availity® Authorizations Tool *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.*	Feb. 5, 2020 Feb. 6, 2020	2 to 3 p.m. 10 to 11 a.m.
BCBSIL Back to Basics: 'Availity® 101' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Feb. 11, 2020 Feb. 18, 2020 Feb. 25, 2020	11 a.m. to noon
Introducing Availity Remittance Viewer *Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information. The Reporting On-Demand application allows users to readily view, download, save and/or print the Provider Claim Summary (PCS) and other reports online, at no additional cost.*	Feb. 20, 2020	11 a.m. to noon
Monthly Provider Hot Topics Webinar	Feb. 12, 2020	10 to 11 a.m.

These monthly webinars will be held through December 2019. 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.

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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Two New ClaimsXten™ Rules to be Implemented in April 2020

We will soon update the ClaimsXten software database to better align coding with the reimbursement of claim submissions.

Implementation Schedule

On **April 20, 2020**, we will implement two new rules, as follows:

- Bilateral Services for Professional Claims
- Modifier to Procedure Validation Filter – Non-Payment Modifiers

Rule Details

Bilateral Services for Professional Claims	This rule identifies claim lines where the submitted procedure code was already billed with a modifier – 50 for the same date of service. The same service performed bilaterally should not be billed twice when reimbursement guidelines require the code to be billed once with a bilateral modifier. The rule denies the second submission.
Modifier to Procedure Validation Filter – Non-Payment Modifiers	For non-payment modifiers, this rule identifies claim lines with an invalid modifier to procedure code combination. It recommends the denial of procedure codes when billed with any non-payment affecting modifier that is not likely or not appropriate for the procedure code billed. When multiple modifiers are submitted on a line, all are evaluated

	and if at least one is found invalid with the procedure code, the line is recommended for denial.

For More Information

To help determine how coding combinations on a particular claim may be evaluated during claim adjudication, use Clear Claim Connection™ (C3). Refer to the Clear Claim Connection page on our Provider website for answers to frequently asked questions about ClaimsXten and details on how to gain access to C3.

Important note: C3 does not contain all claim edits and processes used by Blue Cross and Blue Shield of Illinois (BCBSIL) in adjudicating claims; and the results from the use of the C3 tool are not a guarantee of the final claim determination.

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Has your information changed? Let us know!

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

We encourage you to check your information in our Provider Finder. Is your online information accurate? If changes are needed, please let us know as soon as possible.

Types of Information Updates

- **Demographic Changes**
  Use the Demographic Change form to request changes to existing demographic information, such as address, email, National Provider Identifier (NPI)/Tax ID or to remove a provider. You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.
- **Request Addition of Provider to Group**
  If you need to add a provider to your current contracted group, complete the Provider Onboarding Form. Due to the credentialing requirements, changes are not immediate upon submission of this form. The provider being added to the group will not be considered in-network until they are appointed into the network.

Other Information Changes

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

- **Legal Name Change for Existing Contract**
  If you are an existing provider who needs to report a legal name change, complete a new contract application to initiate the update process.
- **Medical Group Change for Multiple Providers**
  If you are a group (Billing NPI Type 2) and have more than five changes, please email a request to our Illinois Provider Roster Requests team for a current copy of your roster to initiate your multiple-change request.

Changes are not immediate upon request submission.

For status of your professional contract application, or if you have questions or need to make changes to an existing contract, email our Network Operations Provider Update team.

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Medical Policy Updates

Approved, new, or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our Provider website the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the Standards and Requirements section of our website.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the Medical Policy page. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You may also view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Please visit the Standards and Requirements section of our website for access to the most complete and up-to-date BCBSIL Medical Policy information. In addition to medical policies, other policies and information regarding payment can be found on the Clinical Payment and Coding Policies page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.