

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2020

■ CMO Perspective

COVID-19 Reveals Health and Economic Inequities Among Latinxs

In last month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, opened a discussion on racial disparities in COVID-19 infection and death rates in Chicago and across Illinois. Preliminary data showed significantly higher infection and death rates among the Black community. More recently, the data has exposed similar disparities among Hispanic Americans, such as residents of Chicago's Little Village neighborhood on the city's Southwest Side.

[Read More](#)

■ COVID-19 Awareness

Provider Information on COVID-19 Coverage

We appreciate the care you're providing to our members during the COVID-19 pandemic. With the evolving changes, see these three pages for the most current Blue Cross and Blue Shield of Illinois (BCBSIL) information:

- [Provider Information on COVID-19 Coverage](#)
- [COVID-19 Related News](#)
- [COVID-19 Important Dates and Reminders](#)

Remdesivir Donated to the Federal Program is Ineligible for Separate Reimbursement

BCBSIL continues to provide coverage for medically necessary care for the treatment of COVID-19. The federal government is currently donating remdesivir to facilities for COVID-19 treatment. Facilities receiving donated remdesivir should not separately bill for the product. Remdesivir is considered investigational for the treatment of COVID-19. If providers attempt to seek reimbursement for donated remdesivir, BCBSIL will deny the item as not covered. Other medically necessary treatments associated with hospitalization for COVID-19 will be covered.

[Read more here.](#)

Help Your Patients Stay Safe from COVID-19 Scams

Criminals are using COVID-19 as a chance to steal identities and commit health care fraud. You may want to encourage your patients to be wary of calls asking for their BCBSIL member ID number or other private information like their Social Security number, date of birth or credit card number.

[Read More](#)

BCBSIL Has Resources to Help Your Patients During COVID-19

We understand that this may be a stressful time for your patients. That's why we offer resources you can share to help your patients learn more about topics such as mental and physical health tips, expanded access to care and benefits for COVID-19, frequently asked questions and how to guard against COVID-19 scams and identity theft.

[Read More](#)

■ Electronic Options

Use the Availity® Authorizations Tool for Online Benefit Preauthorization Requests

As a reminder, iExchange® will be deactivated in the very near future. You are encouraged to transition and use the Availity Authorizations tool for electronic benefit preauthorization requests handled by BCBSIL for inpatient admissions and select outpatient services.

[Read More](#)

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?

[Read More](#)

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.

[Read More](#)

■ Clinical Updates, Reminders and Related Resources

[Refer Our Members to In-Network Laboratories](#)

As a BCBSIL network provider, please refer all laboratory services to participating, in-network providers.

[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](#)

■ Pharmacy Program

[Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2020 – Part 2](#)

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **July 1, 2020**, are outlined [here](#).

[Avoid National Drug Code \(NDC\) Billing Mistakes](#)

Submitting claims with the appropriate NDC information may help with claims processing and may help you spend less time troubleshooting a rejected claim line.

[Read More](#)

■ Claims and Coding

[Reminder: CPT[®] Codes May Change](#)

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

[Read More](#)

Provider Claims Dispute Process Overview for Government Programs

If you are a provider who is contracted to provide care and services to our BCCHP and/or MMAI Plan members, you're likely familiar with our provider claims dispute process. For your convenience, we've included a reminder overview in this month's issue.

[Read More](#)

■ Provider Education

Quick Tips and Reminders from BCBSIL Provider Network Consultants

Our Provider Network Consultants (PNCs) serve as the liaison between BCBSIL and the independently contracted providers who work with us. Each month, our PNCs host a "Hot Topics" webinar to help keep you up-to-date on important information. Based on feedback from providers, our PNCs would like to share some quick tips and reminders for you and your staff.

[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](#)

■ 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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COVID-19 Reveals Health and Economic Inequities Among Latinxs

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 the [May 2020 Blue Review](#), we looked at preliminary data on racial disparities in COVID-19 infection and death rates in Chicago and across Illinois. Reports from the [Chicago Department of Health \(CDPH\)](#)¹ and [Illinois Department of Health \(IDPH\)](#)² revealed significantly higher infection and death rates among the Black community, compared to the general population. More recently, the data has exposed similar disparities among Hispanic Americans.

Nationally, Hispanic Americans have made up 35% of reported COVID-19 cases even though they're 18% of the population, according to preliminary data from the [Centers for Disease Control and Prevention \(CDC\)](#).³ In Chicago, Latinx residents have accounted for 45% of the city's reported COVID-19 cases and 31% of deaths, although they make up 29% of the city's population, [according to the most recent CDPH data](#) accessed at time of publication of this article.⁴

[ZIP code data](#) has revealed how some neighborhoods and demographic groups are suffering more than others.⁵ People with underlying health conditions – such as obesity, diabetes, heart and lung diseases and immune deficiencies – are much more likely to get seriously ill from the coronavirus.⁶ These conditions, are more common among some demographic groups, including Latinxs.

The [Little Village neighborhood](#) on Chicago's Southwest Side is known as the Midwest's entry point for Mexican immigrants. Residents are seeing that the coronavirus pandemic isn't playing out the same for everyone. It's hitting harder for people with limited economic security and access to health care. "This is bringing more light to inequities that already existed," says Amanda Benitez, community health director for [Enlace](#), a Little Village advocacy organization.

Longstanding disparities⁷ in employment, housing, transportation, education and health insurance availability put Latinx residents, especially those who are undocumented immigrants, on a collision course with the virus and the economic downturn it's causing, Benitez says. Lack of health care access plays an integral role in these disparities. In Little Village, nearly half its population is uninsured.⁸ Statewide, 16% of Latinx residents lack health care coverage.⁹

Health care access is only one factor. Other factors include living in high-density, multi-generational housing and poor environmental conditions, relying on public transportation and holding essential jobs that don't allow remote work.¹⁰ Undocumented workers, many with cash-based employment, lost their jobs and don't qualify for federal financial relief, Benitez says. Every day, those Little Village residents who are still working risk contracting COVID-19 and infecting their families as they strive to make ends meet. "They don't know what to do," Benitez says. "They continue to risk their health because they have no other options. Our community is being devastated."

[Watch this video](#) to see how BCBSIL is helping bridge those gaps by supporting Enlace's community health workers, who help residents enroll in health coverage, as well as find providers and resources. We also intend to open a [Blue Door Neighborhood Center in Little Village](#) later this year to help improve residents' health and wellness. The facility will offer services to all members of the community, not just BCBSIL members. Programs will include fitness, health literacy and health care classes and insurance education.

Our physical presence in the community coupled with credible partnerships with community organizations builds trust, which is important in culturally competent efforts to improve health outcomes. This community collaboration is part of our broader health equity strategy, which includes innovative partnerships with providers to reduce health care disparities and increase opportunities for all people to achieve their best possible health.

I look forward to continuing this discussion with you in the months to come.

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

¹ CDPH, Data and Reports, Latest Data. Accessed April 23, 2020, at <https://www.chicago.gov/city/en/sites/covid-19/home/latest-data.html>.

² IDPH, COVID-19 Statistics. Accessed April 23, 2020, at <https://www.dph.illinois.gov/covid19/covid19-statistics>.

³ CDC, Coronavirus Disease 2019 (COVID-19), Cases in the U.S. Accessed June 23, 2020, at <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

⁴ CDPH, Accessed June 23, 2020, at <https://www.chicago.gov/city/en/sites/covid-19/home/latest-data.html>.

⁵ CDPH, Chicago COVID-19: Case Counts by ZIP Code (May 20, 2020), https://www.chicago.gov/content/dam/city/sites/covid/reports/2020-05-20/COVID-19_Confirmed_Cases_by_zipcode_May_19.pdf.

⁶ CDC, Coronavirus Disease 2019 (COVID-19), People Who Are At Higher Risk. Accessed June 23, 2020, at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.

⁷ RUSH University Medical Center Community Snapshot: South Lawndale (June 8, 2016), <https://www.rush.edu/sites/default/files/CHNA-SouthLawndale.pdf>.

⁸ Enlace Chicago, Little Village Today. Accessed June 23, 2020, at <https://www.enlacechicago.org/littlevillagetoday>.

⁹ Kaiser Family Foundation (KFF), State Health Facts, [Uninsured Rates for the Nonelderly by Race/Ethnicity](#) (2018).

¹⁰ KFF, Coronavirus (COVID-19), [Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19](#), April 7, 2020.

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.

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

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Help Your Patients Stay Safe from COVID-19 Scams

Criminals are using COVID-19 as a chance to steal identities and commit health care fraud. You may want to encourage your patients to be wary of calls asking for their Blue Cross and Blue Shield of Illinois (BCBSIL) member ID number or other private information like their Social Security number, date of birth or credit card number.

In some cases, scammers might say they'll send a COVID-19 test, masks or other items, but they will need the person's health plan ID number. Others may say they need credit card info to pay for shipping.

Some scams aimed at stealing personal information or money that have been reported include:

- Ads for vaccines, drugs or products to prevent or treat the virus
- Emails about COVID-19 that include malware links or request personal information
- Calls from “doctors” offering their telehealth services
- Door-to-door visits offering to do home testing

If your patients get this type of call, email, text or mail, they should ask themselves these questions:

- Does it come from someone I know and trust?
- Does the offer seem too good to be true?
- Does it make me feel afraid or threatened?
- Is there urgency in the message to “act now before it’s too late?”
- Are they asking for money with the promise to get something in return?
- Do they want private information such as Social Security or credit card numbers? Government agencies will never call you to ask for private information or money.
- Are they claiming the service is “free” but still need my plan ID number or credit card number?

If there is any doubt, delete the email or text, hang up on the caller or destroy the mailer.

A few additional tips. Encourage patients to:

- Guard their member ID cards just like a credit or debit card
- Check claim summary forms for errors each time they get one
- Only share their member ID card number with:

- The drugstore they use
- Primary and specialty care doctors they've seen before
- Health professionals or facilities their doctors have referred them to

If identity theft is suspected, file a complaint with the Federal Communications Commission and/or contact the local police department.

Anyone, including providers and BCBSIL members, who are aware of potential fraud, may file a report online or call our Fraud Hotline at 800-543-0867 (TTY 711) 24 hours a day, 7 days a week. All online reports and calls are confidential, and the caller may remain anonymous.

Additional Resources:

- For the most recent recommendations about COVID-19 scams, visit the [Federal Communications Commission](#) website.
- Access the latest [COVID-19 information from the federal government](#).
- The [Blue Cross Blue Shield Association](#) has more health care fraud tips.

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BCBSIL Has Resources to Help Your Patients During COVID-19

During the COVID-19 pandemic, the health, safety and well-being of our members – your patients – continues to be our top priority. At Blue Cross and Blue Shield of Illinois (BCBSIL), we understand that this may be a stressful time for your patients and want to provide some resources for them about topics such as mental and physical health tips, expanded access to care and benefits for COVID-19, frequently asked questions and how to guard against COVID-19 scams and identity theft.

What You Can do to Help

- Share links with your BCBSIL patients to our member [COVID-19 Alerts and Announcements](#) page.
- Talk to your patients about their [mental health](#) as well as their physical health.
- Encourage your patients to [stay active](#) while staying at home.
- Print or email a [flyer about COVID-19](#) for your BCBSIL patients.
- Allow patients to express their concerns and ask [questions](#).

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Use the Availity[®] Authorizations Tool for Online Benefit Preauthorization Requests

As a reminder, iExchange[®] will be deactivated in the very near future. You are encouraged to transition and use the Availity Authorizations tool for electronic benefit preauthorization requests handled by Blue Cross and Blue Shield of Illinois (BCBSIL) for inpatient admissions and select outpatient services. Using this tool helps increase administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation, update requests and obtain printable confirmation numbers.

Other Important Reminders

- 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.
- The process of submitting benefit preauthorization requests through eviCore healthcare (eviCore) or other vendors 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.
- Always check the patient's eligibility and benefits first to find out if benefit preauthorization may be required for the service and/or procedure code. For details on how to submit requests via the Availity, Provider Portal, refer to the [General Eligibility and Benefits Tip Sheet](#).

For More Information

Refer to the educational [Availity Authorizations User Guide](#) located in the Provider Tools section of our website. If you have questions or would like to request customized training, email our [Provider Education Consultants](#).

Please note that checking eligibility and benefits and/or the fact that a service has been preauthorized/pre-notified 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, call the number on the member's ID card.

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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-remittance 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. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

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.

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.

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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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 change 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 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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Refer Our Members to In-Network Laboratories

As a Blue Cross and Blue Shield of Illinois (BCBSIL) network provider, please refer all laboratory services to participating, in-network providers. Although some of our members may know you are in-network for their benefit plan, they may not know if the laboratories you refer them to are in-network or out-of-network. Referrals to out-of-network laboratory facilities may result in unnecessary higher costs for members.

BCBSIL has established relationships with contracted laboratory vendors. Be sure to check our online [Provider Finder[®]](#) for currently contracted labs that are in-network for each patient, according to details of the member's benefit plan.

****This article does not apply to HMO member referrals. HMO members should follow the guidance of their in-network primary care physician or specialist for lab testing.***

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, call the number on the member's ID card.

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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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Avoid National Drug Code (NDC) Billing Mistakes

Submitting claims with the appropriate NDC information may help with claims processing and may help you spend less time troubleshooting a rejected claim line.

When medication comes in a box with multiple vials, you may want to use the NDC on the box (outer packaging) to prevent claim rejections. Not all NDCs on individual vials have manufacturer pricing to support an allowance.

We have resources to assist you with NDC billing on our secure provider portal, Blue Access for ProvidersSM. To register or log on, look for the “National Drug Codes (NDCs): Billing Resources” box on our [Provider website](#).

Also refer to the Related Resources on the [Claim Submission](#) page for [NDC Billing Guidelines](#), [NDC Billing FAQs](#) and an [NDC Billing Update for Medicare Advantage Claims](#).

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.

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Reminder: CPT[®] Codes May Change

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

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

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Checking eligibility and/or 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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Provider Claims Dispute Process Overview for Government Programs

If you are a provider who is contracted to provide care and services to our Blue Cross Community Health PlansSM (BCCHPSM) and/or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members, you are likely familiar with our provider claims dispute process. For your convenience, we'd like to provide a reminder overview here.

Claim Dispute/Complaint Process:

As you know, when you bill for the services rendered, the claims are sent to the Blue Cross and Blue Shield of Illinois (BCBSIL) claims department for processing. After processing, the claim will be paid, partially denied or denied. If you feel the claim was incorrectly paid or denied, you can file a claim dispute. BCBSIL gives in-network and out-of-network providers at least sixty (60) days to dispute a claim after the Plan has partially paid or denied it. **Note:** If you believe a claim was processed incorrectly due to incomplete, incorrect or unclear information, you should submit a corrected/replacement claim through the claim submission process **instead of a claims dispute.**

How to File a Claims Dispute

You may file a claims dispute by calling Customer Service or faxing/mailing a form.

1. Phone:

- File the dispute by calling Customer Service at **877-860-2837**.
- You must indicate that you want to file a claims dispute.
- The Customer Service representative will provide you a **reference number**, which can be used to track the dispute.

2. Fax and Mail:

- Complete the [Provider Claims Inquiry or Dispute Request Form](#).
- Include all requested information on the form.
- Fax or mail the form to the contact information on the form.
- For status updates, call Customer Service at **877-860-2837** and ask for a **reference number** for your dispute.

Unique Tracking ID Number/Reference Number

All BCBSIL claim disputes are associated with a 12-digit number, which will appear in the following format: 193450004656

- First two digits are the year BCBSIL received the dispute: 19

- Next 3 digits are the date or the calendar day BCBSIL received the dispute, for example, 345 represents December 11 (the 345th day of the year)
- The remaining digits uniquely identify the dispute in the BCBSIL system

Note: More information on the use of the unique tracking ID in relation to the Healthcare and Family Services (HFS) Provider Complaint Portal can be found on the [HFS website](#). The **reference number** described above must be used to submit any complaints regarding claims to the HFS portal. The process described above must be followed for the issue to be accepted by HFS. Submission of any other ticket type to the HFS portal is not appropriate.

Response to a Submitted Claims Dispute

Upon completion of its review, BCBSIL will send a response letter to the submitter detailing the results of the review. The letter will include the **reference number**, claim number, and describe whether the claim outcome was upheld or overturned along with a reason for this outcome. **Note:** If the dispute is not resolved to your satisfaction, you may contact your [Provider Network Consultant \(PNC\)](#).

Other Requests

Claims Inquiries – Claims inquiries can be submitted to BCBSIL Customer Service by phone (877-860-2837), fax or mail using the same form as the claims dispute form found [here](#). Claims inquiries do not result in a claim outcome review and are intended to address the following:

- Claim status question
- Denial reason clarification
- Reissue of a check

Service Authorization Disputes – Service authorization disputes cover the following non-claims scenarios and should be filed by using the [Provider Service Authorization Dispute Resolution Request](#) form.

- Authorization denial, or
- A reduction, suspension or termination of a previously authorized service

For more detail on the difference between a claims dispute and a service authorization dispute refer to the [News and Updates](#) on our website.

Appeals – The BCBSIL appeal process is used for services that require an authorization and the request has been denied.

- Members can file an appeal or can appoint a representative to file on their behalf
- Providers may file an appeal to have a physician review the determination with an [Authorized Representative Designation Form](#) (AOR)
- More information on appeals can be found by referencing our provider manual found [here](#).

bcbsil.com/provider

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

July 2020

Quick Tips and Reminders from BCBSIL Provider Network Consultants

Our Provider Network Consultants (PNCs) serve as the liaison between Blue Cross and Blue Shield of Illinois (BCBSIL) and the independently contracted providers who work with us, developing and maintaining working relationships with providers. Our PNCs host a monthly “Hot Topics” webinar to connect with you in a convenient online forum. Based on feedback from providers, our PNCs would like to share some quick tips and reminders for you and your staff.

New Groups/Providers: Prior to billing for services you are rendering to our members, please ensure your contract has been successfully completed and you have received network effective dates. If you have already completed a [Provider Onboarding Form](#), you can check the status of your application by entering the case number you received in your confirmation email in our [Case Status Checker](#).

- All providers who require credentialing must complete an [Illinois Council for Affordable Quality Healthcare \(CAQH®\) File](#). Make sure your CAQH is up-to-date prior to submitting your application. This will lessen outstanding billing issues. If your CAQH profile is not complete, your onboarding form will be rejected/returned to the submitter. To check the status of your credentialing process, enter your National Provider Identifier (NPI) or state license number in our [Credentialing Status Checker](#).
- Once your contract has been completed, you will receive notification from our Network Operations team. If claims are received prior to the network effective dates and contract completion, your claims may deny or reject.

Updating Your Group/Provider File: We understand change is continual for contracted providers. To update demographic information – such as adding or removing an address, changing your Tax ID or NPI, removing a provider from the Group, or changing your Legal Name – you may use the online [Demographic Change Form](#). If you have completed a Demographic Change Form, you can check the status of your application by entering the case number you received in your confirmation email in our [Case Status Checker](#).

Direct Deposit: To ensure your reimbursements are properly received, we encourage providers to enroll for [Electronic Funds Transfer \(EFT\)](#).

Provider Claim Summary: The [Electronic Remittance Advice \(ERA\)](#) is equivalent to an Explanation of Benefits. The Explanation of Benefits provides detailed information concerning the medical insurance claim and the summary of charges.

Don't Miss Our Monthly Hot Topics Webinars

Each month, our PNCs host a Hot Topics webinar to help keep you up-to-date on important information you need to know to do business with us. You'll also get a chance to ask the PNCs questions. This month's Hot Topics webinar will be on **July 15, 2020**. [Register today!](#)

CAQH is an independent third party not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the ProView database.

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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.

[July 15, 2020](#)

[July 22, 2020](#)

[July 29, 2020](#)

11 a.m. to noon

BCBSIL Back to Basics: 'Availity 101'

Join us for a review of electronic transactions, provider tools and helpful online resources.

[July 14, 2020](#)

[July 21, 2020](#)

[July 28, 2020](#)

11 a.m. to noon

Availity Remittance Viewer and Reporting On-Demand

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.

[July 16, 2020](#)

11 a.m. to noon

Monthly Provider Hot Topics Webinar

[July 15, 2020](#)

10 to 11 a.m.

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.

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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