

# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

## November 2020

### ■ CMO Perspective

#### **Moving from Listening to Action: Thank You for Your Feedback**

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses 2020 initiatives that have focused on finding ways to help make it easier for you to do business with us.

[Read More](#)

### ■ Provider Education

#### **Your Opinion Makes A Difference**

The *Blue Review* is **your** provider newsletter, published monthly by Blue Cross and Blue Shield of Illinois (BCBSIL). Your feedback helps us improve our newsletter so that you receive timely information that matters to you and your organization. [Please take a few minutes to complete our annual \*Blue Review\* newsletter readership survey.](#) The survey will be available through **Nov. 30, 2020**. Don't miss this opportunity to tell us what you think.

#### **Commercial PPO and BCCHP<sup>SM</sup> Providers: Join Us for An Orientation Webinar**

Our Provider Relations team hosts quarterly orientations for providers who are contracted with BCBSIL to provide care and services to our commercial PPO, Blue Choice PPO<sup>SM</sup> and/or Blue Cross Community Health Plans<sup>SM</sup> (BCCHP) members.

[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](#)

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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 prior authorization required for a particular member/service?

[Read More](#)

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### **Updates and Reminders: Submit Predetermination of Benefits Requests via Availity®**

On July 30, 2020, BCBSIL implemented an electronic submission process for predetermination of benefits requests via Availity's Attachments tool. This tool was recently updated to better help you with sending your online requests to BCBSIL.

[Read More](#)

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## ■ What's New

### **Submit Electronic Professional and Facility Claims via the Availity Provider Portal**

The Availity Provider Portal offers providers a no-cost solution to submit electronic Professional and Institutional claims (ANSI 837P and 837I transactions) to BCBSIL.

[Read More](#)

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### **Enhanced Availity Claim Status Tool Replaces Claim Research Tool, Gives You One Tool for All BCBSIL Members**

As of **Oct. 19, 2020**, the Claim Status tool now includes detailed claim status for commercial, Federal Employee Program® (FEP®) and on- and off-exchange members, in addition to Medicare Advantage and Illinois Medicaid members. The Claim Research Tool has been retired.

[Read More](#)

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### **View Professional Provider Fee Schedule via Availity – Coming Soon**

Fee schedules are a key component of your contractual relationship with BCBSIL. To help

ensure you have this information quickly, BCBSIL is implementing a new online Fee Schedule viewer tool via the Availity Provider Portal for participating professional providers in our Preferred Provider Option (PPO) and Blue Choice PPO networks.

[Read More](#)

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## ■ Clinical Updates, Resources and Reminders

### **Provider Training in December: Commercial Prior Authorization Transition from eviCore to AIM**

**Starting Jan. 1, 2021**, prior authorization requests for **commercial** BCBSIL members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through AIM Specialty Health® (AIM).

[Read More](#)

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### **New Prior Authorization Requirements for Some Custom Account Members Will Take Effect Jan. 1, 2021**

**Effective Jan. 1, 2021**, some BCBSIL members with group coverage may need prior authorization for certain procedures. This article lists three-character member ID prefixes for those members that may be affected.

[Read More](#)

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### **City of Chicago Benefit Change, Effective Jan. 1, 2021**

**Effective Jan. 1, 2021**, there will be a utilization management vendor change for prior authorization of physical therapy services for some City of Chicago employees with BCBSIL coverage.

[Read More](#)

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### **Are you using these shared decision-making aids when talking with your patients?**

A list of resources is available to help you involve your patients in shared decision making. The evidence-based aids provide information about treatment options, lifestyle changes and outcomes. [Read more on our Provider website.](#)

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## ■ Focus on Behavioral Health

### **New Tip Sheets for Behavioral Health HEDIS® Measures: FUA and FUM**

We've added two **behavioral health tip sheets** to help you satisfy Healthcare Effectiveness

Data and Information Set (HEDIS) measures and code claims appropriately. [Read more on our Provider website.](#)

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## ■ Quality Improvement and Reporting

### **2020 Annual HMO and PPO HEDIS Reports**

Each year, BCBSIL reports audited HEDIS results.

[Read More](#)

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## ■ Wellness and Member Education

### **Free World AIDS Day Event at Blue Door Neighborhood Center<sup>SM</sup>**

Leading up to World AIDS Day on **December 1**, our Blue Door Neighborhood Center (BDNC<sup>SM</sup>) will host virtual HIV/AIDS 101 courses for all community members.

[Read More](#)

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## **Childhood Immunization Rates Fall Amidst Pandemic Fears**

After the pandemic declaration in March, office visits for immunizations among BCBSIL members significantly dropped between March and May 2020, compared with the number of visits reported by claims data during the same period in 2019.

[Read More](#)

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## ■ Claims and Coding

### **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for Medicaid Children**

The goal of EPSDT is to ensure children and adolescents under the age of 21, who are enrolled in Medicaid, receive age-appropriate screenings, preventive services and treatments that are medically necessary to avert or diagnose, and treat any health problems as early as possible.

[Read More](#)

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## **Itemized Bills Required for Some Facility Claims Over \$100k**

Beginning **Jan. 1, 2021**, BCBSIL will require facilities to submit an itemized bill for inpatient care billed for \$100,000 or more. [Read more on our Provider website.](#)

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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).

[Read More](#)

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## ■ Notification and Disclosure

### Clinical Practice and Preventive Care Guidelines Updated for 2020-2021

Our medical directors and Quality Improvement Committee have updated our [Clinical Practice Guidelines](#) and [Preventive Care Guidelines](#) for the 2020-2021 year.

[Read More](#)

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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.

[Read More](#)

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## 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.

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## Contact Us

Questions? Comments? [Send an email to our editorial staff.](#)

## bcbsil.com

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# BLUE REVIEW<sup>SM</sup>

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November 2020

## Moving from Listening to Action: Thank You for Your Feedback

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

This year, more than ever before, we appreciate the strength and resilience of the Illinois provider community. The pandemic has been a wakeup call for many, demanding our attention and forcing us to find ways to grow and adapt amidst the chaos and uncertainty of COVID-19. Social distancing, while difficult, has also fostered an attitude of introspection. And at BCBSIL, we've used this time to scrutinize what's not working. Specifically, we are taking a hard look at ways to make it easier for providers to do business with us. You may have responded to a survey, letter or phone call from us. Perhaps you have given feedback during a meeting. Or, you may have reached out to us in other ways to let us know what we can do better. Introspection alone does not guarantee excellence; **I want you to know we've heard you and we appreciate your comments, insights, and feedback.** Your input has informed our action and some important changes, and there are more to come. Here are some highlights:

### **Expanded Care Management Support**

We've extended our weekday hours and accelerated proactive outreach to certain members at greatest risk for COVID-19 infection to help address their social and clinical needs. We've also doubled the availability of care management team members on the weekends to support providers and members.

### **Improved Administrative Operations**

We've enhanced existing online tools and introduced new tools available via the Availity<sup>®</sup> Provider Portal. Our previous online tool, iExchange<sup>®</sup>, was retired and the Availity [Authorizations](#) and [Attachments](#) tools were implemented. These options allow online submission of prior authorization and predetermination requests. You'll find several articles in this month's newsletter with details about other electronic options on Availity, such as the enhanced [Claim Status](#) tool that was implemented last month, and the Fee Schedule viewer, coming soon.

### **Interoperability**

We've launched a new health information platform through Epic to enable two-way exchange of information between BCBSIL and providers who use Epic to review patient data (such as medical records, lab results and claims), conduct electronic transactions, coordinate care management strategies and find potential gaps in care. By improving patient-

provider-payer connectivity at the point of service, we can support increased effectiveness of communication to support care delivery for improved health outcomes. [View the article in our Newsroom](#) for more information.

## Enhanced Provider Communications

Our members, your patients, are top priority. However, we're also committed to best in class service to providers. We want to be your payer of choice. So, we need to do everything we can to increase communication effectiveness.

- **Provider Website** – I'm pleased to announce that we've reorganized the former Prior Authorization section of our Provider website. This section, now called Utilization Management, includes the following pages for each type of pre-service medical necessity review: Prior Authorization, Predetermination and Pre-notification. Each page defines terminology along with steps to assess if review is needed and how to request it. The Utilization Management section also includes Support Materials for Commercial and Government Programs, such as prior authorization procedure code lists for reference purposes. We'll continue to refine and enhance this section of our website to ensure the information is useful.
- **Medical Director Tutorial** – Also related to utilization management, we're offering educational resources to help clarify any questions or concerns you may have. Our team of medical directors is using their insight and expertise to develop an online informational reference guide, using a peer-to-peer approach, to help increase awareness, transparency and engagement. Watch our [News and Updates](#) for announcements in the coming months – we'll let you know when new educational resources are added to the Utilization Management section of our website.
- **Blue Review** – I look forward to continuing to connect with you via the CMO Perspective each month. To make this communication platform valuable and informative with topics and content that's important to you, I encourage you to share your opinion. Please take a few moments to [complete our readership survey](#) – it's open through the end of this month. This is your chance to let us know what works and what doesn't. As always, you can also [email our editorial staff](#) with any feedback.

It's our goal to provide you exemplary support. To that end, we'll continue to evaluate and reassess our offerings and services and identify opportunities for improvement. For that to be most effective, we need your feedback so please continue to let us know what more we can do to support you and enhance our partnership. Undoubtedly, we've all been challenged by the pandemic but in these unparalleled times, I believe there are opportunities for collaboration and convening of new ideas and processes that can help you and our health care community.

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

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.

Please note that the fact that prior authorization has been obtained 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, contact the number on the member's ID card.

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## Commercial PPO and BCCHP<sup>SM</sup> 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 to provide care and services to our commercial PPO, Blue Choice PPO<sup>SM</sup> and/or Blue Cross Community Health Plans<sup>SM</sup> (BCCHP) members.

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
- Prior Authorization
- 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 more 2020 webinar dates, visit the [Webinars and Workshops](#) page.

## **BCCHP Provider Orientation Webinar**

[Nov. 17, 2020](#)

## **Commercial Provider Orientation Webinar**

[Nov. 18, 2020](#)

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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:

#### 2021 Prior Authorization Updates

*This training will provide an overview of key dates, reminders and resources to help you prepare for utilization management vendor and other changes taking effect Jan. 1, 2021.*

- [Dec. 8, 2020](#)
- [Dec. 10, 2020](#)
- [Dec. 15, 2020](#)
- [Dec. 17, 2020](#)

- 10 a.m. to noon
- 1 to 3 p.m.
- 1 to 3 p.m.
- 10 a.m. to noon

#### 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.*

- [Nov. 11, 2020](#)
- [Nov. 18, 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.*

- [Nov. 10, 2020](#)
- [Nov. 17, 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*

- [Nov. 19, 2020](#)

- 11 a.m. to noon

*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.*

### **Continuity and Coordination of Care**

[Nov. 12, 2020](#)

Noon to 1 p.m.

*Join one of our board-certified psychiatrists and behavioral health medical directors for this free educational webinar to discuss how to collaborate and coordinate care among multiple providers to improve care for members. All providers are welcome to attend. Participants will earn one continuing medical education credit (CME) or continuing education unit (CEU).*

### **Managed Long Term Services and Supports (MLTSS) Orientation Webinars**

[Nov. 19, 2020](#)

10 to 11 a.m.

*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 Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) product. We'll also review how to navigate BCBSIL requirements, electronic options and online provider resources.*

### **Monthly Provider Hot Topics Webinar**

[Nov. 11, 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*

### **Orientation Webinars for New BCCHP Providers**

[Nov. 17, 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, prior authorization and required provider training.*

### **Orientation Webinars for New Commercial Providers**

[Nov. 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 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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The New Mexico Regulations and Licensing Department, Boards and Commissions, Counseling and Therapy and the NM Psychological Association accepts approved social work CEUs for

license requirements.

New Mexico Osteopathic Medical Association is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The New Mexico Osteopathic Medical Association designates this program for a maximum of one (1) AOA Category 1-A credit and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Presbyterian and the New Mexico Osteopathic Medical Association. Presbyterian is accredited by the ACCME to provide continuing medical education for physicians.

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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 prior authorization 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's important 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 prior authorization/pre-notification 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<sup>®</sup> 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<sup>®</sup> (FEP<sup>®</sup>) members.

### Learn More

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

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## Updates and Reminders: Submit Predetermination of Benefits Requests via Availity®

On July 30, 2020, Blue Cross and Blue Shield of Illinois (BCBSIL) implemented an electronic predetermination of benefits submission process via Availity's Attachments tool. Updates were recently made to the Attachments tool to better help you with submitting your requests online to BCBSIL.

### Updates to Online Availity Submission Process

- On-screen messaging has been added in the **Patient Information** section to ensure the patient's first and last names match exactly as they appear on the eligibility and benefit response to prevent the predetermination request from being rejected. Refer to the [Availity Eligibility and Benefits User Guide](#) for help with verifying patient information online.
- The **Service From** and **To** date fields have been removed as they are not required for submission.

Make sure you use Availity's Attachments Dashboard to confirm the online predetermination of benefits submission was accepted or rejected by BCBSIL. For navigational help with this tool, refer to the [Electronic Predetermination Request User Guide](#) located in the Provider Tools section of our website.

### Reminders

- A predetermination is a voluntary request for written verification of benefits prior to rendering services (in addition to checking eligibility and benefits through the Availity Portal or your preferred web vendor).
- Per the BCBSIL Medical Policy, if photos and/or X-rays are required for review, email this information to [Photo Handling](#). The body of the email should include the patient's first name and last name, Group number, Subscriber ID and date of birth.
- Urgent care requests include any request for a predetermination with respect to which the application of the time periods for making non-urgent care determinations:
  - a. Could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function;
  - or**
  - b. In the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.
- If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed [Predetermination Request Form](#) and pertinent medical documentation.



## For More Information

If you need further help or customized training, contact our [Provider Education Consultants](#).

***The information in this notice does not apply to requests for HMO, Medicare Advantage or Illinois Medicaid members.***

Please note that the fact that a guideline is available for any given treatment or that a service or treatment has been predetermined for benefits, 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 the service was rendered.

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## Submit Electronic Professional and Facility Claims via the Availity<sup>®</sup> Provider Portal

The Availity Provider Portal offers providers a no-cost solution to submit electronic Professional and Institutional claims (ANSI 837P and 837I transactions) to Blue Cross and Blue Shield of Illinois (BCBSIL). Electronic claim submission can help expedite the claim and reimbursement process.

You must be registered with Availity to use the Claim Submission tool for electronic professional and facility claims. You can sign up today at [Availity](#), at no charge. For registration help, call Availity Client Services at **800-282-4548**. This Availity Portal option doesn't require the use of a separate clearinghouse or practice management system.

### How to access and use Availity's Claim Submission tool

1. Log in to [Availity](#)
2. Select **Claims & Payments** from the navigation menu
3. Select **Facility Claim** or **Professional Claim**
4. Within the tool, select your **Organization, Transaction Type and Payer**
5. Complete the required fields

Online claim submission via Availity allows you to submit a single claim or add to batch and send multiple claims to BCBSIL at the same time. Once submitted, you can confirm BCBSIL's receipt of the claim(s) and check claim status in real-time, all within the Availity Portal.

### For More Information

Refer to the new [Electronic Professional Claim Submission User Guide](#) and [Electronic Facility Claim Submission User Guide](#) in the [Provider Tools section](#) of our website.

Learn more about the electronic claim submission process by referring to the [Claim Submission page](#).

If you need further help or customized training, contact our [Provider Education Consultants](#).

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## Enhanced Availity<sup>®</sup> Claim Status Tool Replaces Claim Research Tool, Gives You One Tool for All BCBSIL Members

In November 2019, Blue Cross and Blue Shield of Illinois (BCBSIL) launched the Availity Claim Status tool for providers to check detailed claim status online for Medicare Advantage and Illinois Medicaid members. As of **Oct. 19, 2020**, this tool now includes detailed claim status for commercial, Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) and on- and off-exchange members. This improvement will help increase administrative efficiencies by offering you a single tool to check claim status online for all your BCBSIL patients.

### Retired: Claim Research Tool

BCBSIL's Claim Research Tool (CRT) in Availity has been retired as of **Oct. 19, 2020**. The detailed claim status information you received within the CRT for commercial, FEP and on- and off-exchange members, including applicable code audit rationale and additional action(s), have now been incorporated into the Availity Claim Status tool.

### Enhanced: Availity Claim Status Tool

The Claim Status tool is found in the Claims & Payment menu on the Availity portal. It allows you to search for claims using a member ID or specific claim number. The claim status results are provided in real-time with information that's more detailed than the HIPAA-standard 276/277 claim status transaction. When searching by the member ID, the patient name will now be included in the list of claims returned, based on the search criteria entered. In addition, this claim status option returns the following details:

- Patient and provider data submitted on claims
- In-network and out-of-network patient liability breakdown
- Billing and rendering provider name and National Provider Identifier (NPI)
- Check number, check date and payee name
- Other carrier payment amount
- Ineligible reason codes and associated descriptions
- Transaction ID reference numbers

### Resources

For more information, refer to the [Availity Claim Status User Guide](#) in the [Provider Tools section](#) of our Provider website.

As a reminder, you must be registered with Availity to use the Claim Status tool. For registration information, visit [Availity](#), or contact Availity Client Services at **800-282-4548**.

If you have questions or need customized training, contact our [Provider Education Consultants](#).

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# BLUE REVIEW<sup>SM</sup>

A newsletter for contracting institutional and professional providers

November 2020

## View Professional Provider Fee Schedule via Availity® – Coming Soon

Fee schedules are a key component of your contractual relationship with Blue Cross and Blue Shield of Illinois (BCBSIL). To help ensure you have this information quickly, BCBSIL is implementing a new online Fee Schedule viewer tool via the Availity Provider Portal for participating professional providers in our Preferred Provider Option (PPO) and Blue Choice PPO<sup>SM</sup> networks. **Once it's available**, you may use this Availity offering to electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform.

You must be registered with [Availity](#) to use the new Fee Schedule tool. You can sign up today via [Availity](#), at no charge. For registration help, call Availity Client Services at **800-282-4548**. If you don't have online access, you may continue to fax and/or mail your requests using the Fee Schedule Request forms on the [Forms page](#) of our website.

### Training

BCBSIL will be hosting complimentary webinars for you to learn how to use the new Availity Fee Schedule tool. Check the [Webinars and Workshops page](#) for upcoming webinar training dates and times.

### For More Information

Watch the [News and Updates](#) page for more information. We'll also be adding a new **Fee Schedule Tool User Guide** that we'll add to the [Provider Tools](#) section. If you have questions, contact our [Provider Education Consultants](#).

***This information is not applicable to Medicare Advantage or Illinois Medicaid members.***

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## Provider Training in December: Commercial Prior Authorization Transition from eviCore to AIM

On Oct. 1, 2020, we posted a [News and Updates notice](#) to alert you that the **utilization management vendor** that processes prior authorizations for some of our **commercial** members is changing. **Starting Jan. 1, 2021**, prior authorization requests for **commercial** Blue Cross and Blue Shield of Illinois (BCBSIL) members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through **AIM Specialty Health<sup>®</sup> (AIM)**.

This change will apply to some BCBSIL members with the **commercial** PPO products listed below:

- PPO
- Blue Choice Preferred PPO<sup>SM</sup>
- Blue Choice PPO<sup>SM</sup>
- Blue Options<sup>SM</sup>/Blue Choice Options<sup>SM</sup>
- Blue High Performance Network<sup>SM</sup> (Blue HPN<sup>SM</sup>)

This change **does not apply to any of our government programs/HMO members**: HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup>, Blue FocusCare<sup>SM</sup>, Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup>, Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>), Blue Cross Medicare Advantage (HMO)<sup>SM</sup> or Blue Cross Medicare Advantage (PPO)<sup>SM</sup>.

### Join Us for A Webinar to Prepare for the Transition

In December, we're hosting online training sessions to review key dates and help you and your staff get familiar with using the AIM ProviderPortal. In these **2021 Commercial Prior Authorization Updates** webinars, you'll learn more about how to:

- Create and submit a prior authorization request, update an existing one, and retrieve your order summary
- Check the status of your requests
- Get tips and shortcuts to navigate the system quickly and efficiently

Visit the [Webinars and Workshops page](#) on our Provider website, or **select your preferred date and time from the list below to sign up now:**

- [Dec. 8, 2020 – 10 a.m. to noon](#)
- [Dec. 10, 2020 – 1 to 3 p.m.](#)
- [Dec. 15, 2020 – 1 to 3 p.m.](#)
- [Dec. 17, 2020 – 10 a.m. to noon](#)

There will also be a refresher/make-up session on [Jan. 6, 2021 – 10 a.m. to noon](#).

### Other Important Reminders

**Make sure you're registered with AIM, prior to Jan. 1, 2021.** (If you're already registered with AIM to submit Radiology Quality Initiative (RQI) requests for BCBSIL members, you don't need to register again.) There are two ways to register:

- **Online** – Go to the [AIM ProviderPortal](#); or
- **By Phone** – Call the **AIM Contact Center at 800-859-5299**, Monday through Friday, 6 a.m. to 6 p.m., CT; and 9 a.m. to noon, CT on weekends and holidays.

**Member benefits will vary based on the service being rendered and individual and group policy elections.** Always check eligibility and benefits first, through the [Availity® Provider Portal](#) or your preferred web vendor, prior to rendering services. This step will help you confirm coverage and other important details, such as prior authorization requirements and vendors, if applicable. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

### For More Information

Continue to watch the [News and Updates](#) for reminders, announcements and educational resources that will help you transition to submitting commercial prior authorization requests through AIM.

Checking eligibility and/or benefit information and/or the fact that prior authorization/pre-notification has been completed 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. Certain employer groups may require prior authorization/pre-notification through other vendors. If you have any questions, please call the number on the member's ID card.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. AIM Specialty Health (AIM) is an operating subsidiary of Anthem and an independent third party vendor that is solely responsible for its products and services. 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 eviCore, AIM or 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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## New Prior Authorization Requirements for Some Custom Account Members Will Take Effect Jan. 1, 2021

**Effective Jan. 1, 2021**, some Blue Cross and Blue Shield of Illinois (BCBSIL) members with group coverage may need prior authorization for the following procedures:

- Carpal tunnel surgery
- Cholecystectomy
- Cardiac catheterization or angioplasty
- EGD-endoscopic procedure of the stomach or intestine
- Heart surgery
- Hip replacement
- Hysterectomy
- Knee arthroscopy
- Knee replacement
- Laminectomy
- Myringotomy
- Nasal endoscopy/ethmoidectomy
- Pelvic laparoscopy
- Removal of tonsils and/or adenoids
- Septoplasty
- Spinal fusion
- Tympanostomy

### Which members may be affected by this change?

Here is a list of three-character member ID prefixes for some of the members that may be affected by the change referenced above: **ACX, PAS, V2T, VXJ, VXL, VXR, VXV, VYD**.

### Reminders and Resources

Prior authorization requirements are specific to the patient's policy type and procedure(s) being rendered. Services performed without required prior authorization may be denied for payment and providers may not seek reimbursement from BCBSIL members. If you have any questions, call the number on the member's ID card.

It's critical to **check eligibility and benefits for each member prior to rendering services**, through the [Availity<sup>®</sup> Provider Portal](#) or your preferred web vendor. This step will confirm membership and other important details, such as prior authorization requirements and utilization management vendors, if applicable.

For more information, watch the [News and Updates](#) for important announcements. Articles also may be published in the [Blue Review](#).

Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment. 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.

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## City of Chicago Benefit Change, Effective Jan. 1, 2021

The City of Chicago will implement a change **effective Jan. 1, 2021**, for some of its employees with Blue Cross and Blue Shield of Illinois (BCBSIL) coverage, as noted below.

As of **Jan. 1, 2021**, required **prior authorization requests for physical therapy services** for City of Chicago employees with three-character BCBSIL member ID prefix **CTY** and group numbers **189421 and 189422** must be submitted through **Telligen** instead of OrthoNet<sup>TM</sup>. Here are some key points and reminders related to this change:

- Physical therapy services for these members must be certified to be medically necessary by Telligen.
- Claims submitted for physical therapy services without required prior authorization through Telligen may be denied.
- Prior authorization requests for physical therapy services for City of Chicago employees who are Blue Choice Options<sup>SM</sup> members must be submitted through Telligen.

Always check eligibility and benefits first for all BCBSIL members prior to rendering services. This step will help you confirm prior authorization requirements and utilization management vendors, if applicable. If you have any questions on benefits, refer to the member's ID card for the appropriate contact information.

Telligen is an independent company that provides Utilization Review/Case Management/Disease Management/Maternity Management to BCBSIL. Telligen is wholly responsible for its own products and services. OrthoNet is a registered trademark of OrthoNet LLC, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by independent companies/third party vendors, such as Telligen and OrthoNet. If you have any questions about the products or services they offer, you should contact the vendor(s) directly.

Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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## 2020 Annual HMO and PPO HEDIS<sup>®</sup> Reports

Each year, Blue Cross and Blue Shield of Illinois (BCBSIL) reports audited Healthcare Effectiveness Data and Information Set (HEDIS) results. HEDIS is a nationally standardized set of measures related to important areas of care and service. Developed by the National Committee for Quality Assurance (NCQA), it is one of the most widely used set of health care performance measures in the U.S.

The 2020 BCBSIL HMO and PPO HEDIS Reports, which are based on 2019 data using HEDIS 2020 specifications, include measures across domains of care that reflect: effectiveness of care, access/availability of care and utilization.

The 2020 Quality Compass National Averages are provided to compare the commercial HMO and PPO's performance to the performance of other health care organizations submitting data to NCQA.

Audited HMO HEDIS results are reported for HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> and Blue FocusCare<sup>SM</sup> combined. Audited PPO HEDIS results are reported for PPO and Blue Choice PPO<sup>SM</sup> combined. The complete HMO and PPO HEDIS Reports are available on the [HEDIS Commercial](#) page.

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

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## Free World AIDS Day Event at Blue Door Neighborhood Center<sup>SM</sup>

Acquired Immune Deficiency Syndrome (AIDS) is caused by infection with the Human Immunodeficiency Virus, or HIV. Approximately 1.2 million people in the U.S. are living with HIV today. About 14% of them (1 in 7) don't know they're infected and need testing. HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay and bisexual men.<sup>1</sup>

Leading up to World AIDS Day on December 1, our Blue Door Neighborhood Center (BDNC<sup>SM</sup>) will host virtual **HIV/AIDS 101 courses** for all community members – Blue Cross and Blue Shield of Illinois (BCBSIL) members and non-members.

The virtual courses, presented by Lurie's Children Hospital, will help bring awareness to the subject of HIV and AIDS and help educate the community about AIDS prevention. In addition, during an **Ask a Doctor virtual seminar**, participants will have the opportunity to ask questions on best practices for preventing and managing HIV and AIDS.

On **Dec. 1, 2020, HIV testing** will be provided on Lurie's mobile unit on World AIDS Day at our Morgan Park BDNC location. All surrounding neighbors are welcome.

Encourage your patients, their families and friends to attend the BDNC World AIDS Day events. For dates, times and locations, visit the [BDNC website](#).

<sup>1</sup>HIV.gov HIV BASICS: Data & Trends: U.S. Statistics, June 30, 2020. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

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## Childhood Immunization Rates Fall Amidst Pandemic Fears

After the pandemic declaration in March, office visits for immunizations among Blue Cross and Blue Shield of Illinois (BCBSIL) members significantly dropped between March and May 2020, compared with the number of visits reported by claims data during the same period in 2019.

Parents nationwide have cancelled pediatric check-ups, and immunization levels for vaccine-preventable diseases have plummeted, according to the National Foundation for Infectious Diseases. [Well-child office visits have decreased 50%](#),<sup>1</sup> and [doses distributed](#)<sup>2</sup> through the federally funded Vaccines for Children program have dropped significantly. The [World Health Organization \(WHO\) and UNICEF have reported](#)<sup>3</sup> a decline in the number of children receiving life-saving vaccines around the world.

“Vaccines are one of the most powerful tools in the history of public health, and more children are now being immunized than ever before,” says Dr. Tedros Adhanom Ghebreyesus, WHO director-general. “But the pandemic has put those gains at risk. The avoidable suffering and death caused by children missing out on routine immunizations could be far greater than COVID-19 itself.”<sup>4</sup>

### What BCBSIL is Doing

Recognizing the urgency, BCBSIL teams are using tools and pilot programs to help identify opportunities to increase member immunization rates. We are mapping vaccination rates geographically, mobilizing our [Care Vans®](#) to offer vaccination clinics where they are needed most and reaching out to members who have missed or delayed vaccines for their children. But we can't do it alone.

### How You Can Help

As a trusted health care professional, you play a vital role in educating parents about the importance of vaccination.

- Ensure your patients are up-to-date on all vaccinations.
- Encourage parents with children under 2 years old to make appointments to vaccinate their children.
- Share your pandemic safety protocol to ease patients' concerns and increase their comfort in visiting your office.
- Discuss options for vaccinations with your patients.
- Share educational resources with parents, such as [materials from the Centers for Disease Control and Prevention](#)

(CDC)<sup>5</sup> that give solid evidence for the efficacy and safety of vaccines.

Also, while August was National Immunization Awareness Month (NIAM), we encourage you to refer to the [NIAM tools and resources on the CDC website](#)<sup>6</sup> as this information may be helpful to you and your patients year-round.

<sup>1</sup>National Foundation for Infectious Diseases; #COVID-19 and Routine Vaccinations: What Parents Need To Know, April 28, 2020; <https://www.nfid.org/2020/04/28/covid-19-and-routine-vaccinations-what-parents-need-to-know/>

<sup>2</sup>CDC, Morbidity and Mortality Weekly Report, May 15, 2020; Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration – United States, 2020; <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm>

<sup>3,4</sup>WHO; WHO and UNICEF warn of a decline in vaccinations during COVID-19, July 15, 2020; <https://www.who.int/news-room/detail/15-07-2020-who-and-unicef-warn-of-a-decline-in-vaccinations-during-covid-19>

<sup>5</sup>CDC; National Immunization Awareness Month, Educational Resources for Parents and Patients; <https://www.cdc.gov/vaccines/events/niam/parents/educational-resources.html>

<sup>6</sup>CDC; National Immunization Awareness Month; <https://www.cdc.gov/vaccines/events/niam/index.html>

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## Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for Medicaid Children

In 1967, Congress introduced the Medicaid benefit for children and adolescents, known as [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#). The goal of this benefit is to help ensure children and adolescents under the age of 21, who are enrolled in Medicaid, receive age-appropriate screenings, preventive services and treatments that are medically necessary to avert or diagnose, and treat any health problems as early as possible.<sup>1</sup>

Providers may want to keep the following points – EPSDT – in mind when providing care to children under 21 years of age.

**Early:** Assess each child's health early in life so any potential diseases and disabilities can be identified early, which may prompt treatment and prevent adverse health outcomes.

**Periodic:** Assess each child's health at regular intervals to monitor healthy development.

- Providers may want to remind parents to have checkups in accordance with the [Pediatric Preventive Care Guidelines](#).
- Provide [Bright Futures](#) educational handouts which are available in English and Spanish. Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP). It assists in providing education and anticipatory guidance for patients and families.<sup>2</sup>

**Screening:** Provide physical, vision, hearing, dental and developmental screenings to detect potential diseases and disabilities.<sup>3</sup>

- Provide comprehensive health and developmental history
- Provide comprehensive unclothed physical exam
- Provide recommended age appropriate immunizations
- Perform laboratory tests including lead screening

**Diagnostic:** Perform diagnostic tests to follow up when a health issue is identified

- Provide necessary referrals for follow-up care to ensure the child receives a complete diagnostic evaluation

**Treatment:** Control, correct or lessen health problems



## Help parents arrange care coordination for chronic conditions

- Be sure to code correctly for all medically necessary treatments

<sup>1</sup>Medicaid.gov, Early and Periodic Screening, Diagnostic, and Treatment, <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

<sup>2</sup>Bright Futures, Practical Tips for Implementing Bright Futures in Clinical Practice, April 2019, [https://brightfutures.aap.org/Bright%20Futures%20Documents/BF\\_Tips\\_ClinPractice\\_Tipsheet.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF_Tips_ClinPractice_Tipsheet.pdf)

<sup>3</sup>Medicaid.gov, Coverage in the Medicaid Benefit for Children and Adolescents, June 2014, [https://www.medicaid.gov/sites/default/files/2019-12/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf)

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## Reminder: CPT<sup>®</sup> 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 prior authorization.

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## Clinical Practice and Preventive Care Guidelines Updated for 2020-2021

Our medical directors and Quality Improvement Committee have updated our [Clinical Practice Guidelines](#) and [Preventive Care Guidelines](#) for the 2020-2021 year. The guidelines are built on evidence-based standards of care and nationally recognized medical authorities to direct our quality and health management programs and improve member care. They may help guide your decision-making as you care for our members.

We **update** our guidelines at least **every two years** or when new significant findings or major advancements in evidence-based care are established. The guidelines are on our website under **Clinical Resources**.

If you have any questions about the guidelines, or wish to provide feedback on commercial guidelines, contact our Quality Improvement Department at **312-653-3465**, or on Medicaid guidelines, email the [Illinois Medicaid Quality Improvement Department](#).

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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. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

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, you can find other policies and information regarding payment 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.

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