

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

September 2020

■ Clinical Updates, Reminders and Related Resources

Getting A Flu Vaccine Will Be More Important Than Ever This Year

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[Read More](#)

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

[Read More](#)

■ CMO Perspective

COVID-19 Sparks HEDIS Changes for Medicaid Pay-for-Performance Measures, Including Telehealth

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, is focused on providing you with information regarding key updates on quality measures, which may be relative to your practice, both in person and by telehealth.

[Read More](#)

■ What's New

Attend a Free Blue UniversitySM Webinar on Vaccine Confidence

[Register today](#) for our free Blue University virtual event for providers titled, **Vaccine Confidence: Addressing Concerns of Vaccine-Hesitant Parents.**

Blue Door Neighborhood CenterSM Now Open in Chicago's Morgan Park Neighborhood

We opened our second Blue Door Neighborhood Center (BDNCSM) at 11840 S. Marshfield Ave. in the Morgan Park neighborhood of Chicago.

[Read More](#)

We've Made Our HMO Scope of Benefits Information Easier to Navigate

Our Provider website includes a set of guidelines for HMO benefit interpretation – the Scope of Benefits. The Scope of Benefits is intended to give each Medical Group/Independent Practice Association (MG/IPA) an overview of covered and non-covered services for quick reference purposes.

[Read More](#)

■ Pharmacy Program

National Prescription Drug Take Back Day is Oct. 24, 2020

Our members look to you for guidance in matters concerning their health, so we need your help spreading the word on safe disposal of prescription medications.

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■ Electronic Options

Submit Predetermination of Benefits Requests via the Availity[®] Provider Portal

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to introduce an electronic predetermination of benefits request process via the Availity Provider Portal using the new Attachments tool.

[Read More](#)

Obtain BCBSIL Patient ID Numbers Online via Availity

Did you know you can get a BCBSIL patient ID number online? We recently added an online tool called **Patient ID Finder**, located in our BCBSIL-branded Payer Spaces section via the Availity Provider Portal.

[Read More](#)

iExchange® Deactivated on Aug. 17, 2020

Our previous electronic benefit preauthorization and predetermination of benefits request tool, iExchange, was deactivated on **Aug. 17, 2020**.

[Read More](#)

■ Claims and Coding

Illinois Medicaid Claim Filing Tip: Include the Prior Authorization Number

When prior authorization is required, it must be obtained before the service is performed. Prior authorization numbers are assigned by the payer or Utilization Management Organization (UMO) to confirm that necessary review has been completed and benefits have been approved for coverage.

[Read More](#)

■ Provider Education

BCCHP and MMAI Provider Alert: Mandatory Annual Training Must Be Completed by Dec. 31, 2020

It is a CMS and/or Illinois Department of Healthcare and Family Services (HFS) requirement for BCBSIL to make available provider training on specific topics related to MMAI and BCCHP. Annual completion of all required training modules is mandatory for all MMAI and BCCHP contracted providers.

[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](#)

Reminder: Some Specialties Do Not Need Credentialing

As a reminder, some specialists do not require credentialing to be part of the BCBSIL networks.

[Read More](#)

■ Notification and Disclosure

Procedure Code and Fee Schedule Updates

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

[Read More](#)

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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According to the Centers for Disease Control and Prevention (CDC), it's likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter. In this context, the CDC says getting a flu vaccine will be more important than ever.¹

Although the CDC recommends that all people 6 months and older get a yearly flu vaccine, if someone is suspected of having COVID-19 or has a confirmed case, the flu vaccine should be postponed until they've met the quarantine criteria.¹

CDC data show that, on average, fewer than half of American adults, and about 60% of kids, typically get the flu shot each year. Experts hope more people will get the flu vaccine this year to try to reduce the burden on hospitals strained by COVID-19. Flu shot manufacturers are increasing output from 175 million doses to as many as 194-198 million doses of flu vaccine for the 2020-2021 season.¹

This season's flu vaccines were updated to better match viruses expected to be circulating in the U.S. and there are two new vaccines licensed for use. Both are for use in adults 65 years and older. The CDC says providers may choose to administer any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4), with no preference for any one vaccine over another.¹

Prepare Your Practice

The CDC has additional information such as, [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#), [Information for Health Care Professionals 2020-2021 Flu Season](#), [Make a Strong Flu Vaccine Recommendation](#) and [Prepare Your Practice to Fight Flu](#).

Alert Your Patients

Blue Cross and Blue Shield of Illinois (BCBSIL) is doing its part in this year's fight against the flu. We're working to increase access to free resources for our members. Please share this information with your patients to help encourage them to get the flu vaccine.

- Our [Blue Door Neighborhood CentersSM](#) will be offering flu shots at both our locations in Chicago's Pullman and Morgan Park neighborhoods.

- Our [Care Van[®] program](#) is offering flu shot clinics in the Central Illinois area, as well as working with the Chicago Department of Public Health (CDPH) to provide all immunizations recommended by the CDC.

¹CDC, Frequently Asked Influenza (Flu) Questions: 2020-2021 Season, updated Aug. 20, 2020. <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

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Resuming Outreach to Medicare Members to Close HEDIS[®] Gaps

Every year the Centers for Medicare & Medicaid Services (CMS) evaluates Medicare Advantage (MA) plans' performances and scores them in a five-star scale known as the CMS Stars Ratings. This includes Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM plans. Due to COVID-19, CMS made several changes as to how the star ratings are calculated. In March 2020, CMS asked MA plans to put a hold on all outreach that was non-COVID related. Due to this request, all activities that promoted closing Healthcare Effectiveness Data and Information Set (HEDIS) care gaps were suspended.

As each state starts to open and allows for non-emergent health services to resume, the Blue Cross and Blue Shield of Illinois (BCBSIL) Quality and Stars teams are working on strategies to reengage members to achieve HEDIS gap closure targets, while also addressing safety requirements.

Our MA members may contact you with questions, so we want to make you aware of the ways we are engaging with them.

- **HEDIS campaigns** – We are scheduling outreach to members based on Illinois opening phases, to remind about pending gaps and offer assistance for coordinating preventive screenings. Outreach methods include calls, letters, and/or email; based on member preferences. Our outreach to members begins with those who have gaps in Comprehensive Diabetic Care (CDC) measures, followed by Breast Cancer Screening (BCS) and Colorectal Cancer Screening (COL).
- **In-home test kits** – We understand some members might not feel comfortable leaving their homes, so we have sent in-home tests kits for COL, CDC-Kidney Disease Monitoring, CDC-A1c test to all eligible MA members, except those who have opted out, who are required to complete the preventive test based on health conditions, age groups and other HEDIS requirements. Participation is voluntary. Results will be shared with the member's provider, unless otherwise requested.
- **In-home assessment** – As Illinois regulations permit, we are resuming our in-home assessment program. During the assessment, members will be offered the option to complete any of the following preventive tests: CDC-Kidney Disease, CDC-A1c, CDC-Diabetic Retinal Exam (DRE), Bone Density test, COL.
- **At-home screenings** – Members who have an open gap for CDC-DRE and/or Bone Density tests, will be offered the option to schedule an at-home screening through one of our vendors. Coordination of the screenings will depend on

Illinois regulations and will follow safety guidelines. Results will be shared with the member's provider, unless otherwise requested.

Below are a few ways we are engaging with providers.

- **HEDIS Medical Record Review** – Due to COVID-19 related regulations and guidance, and the safety of both our staff and provider office staff, we are encouraging groups and practices with electronic health records systems (EHR) to coordinate with our Clinical Practice Consultants for external access.
- **Coordination of Care, Out-of-Area Program** – In January 2020, the Blue Cross Blue Shield Association launched the Coordination of Care Program. The purpose of this program is for Blue Plans throughout the country to work together to help collect medical records for out-of-area members. BCBSIL is collaborating by reaching out to the providers who have serviced members from out-of-area Blue Plans to request medical records for Risk Adjustment, HEDIS and Star Gaps closure. The program was put on hold in April 2020 due to COVID-19, restarted in July 2020 and will continue as permitted. This program helps to ensure continuity of care and compliance among the Blues health plan participants.
- **Stars Update** – For measurement year 2020, CMS is bringing back the Controlling Blood Pressure measure and is retiring the Body Mass Index (BMI) measure. As for pharmacy measures, we encourage providers to review members information for those who are under treatment for rheumatoid arthritis, as well as those who have prescriptions for statins to ensure compliance with treatment.

For more information or to learn more about our initiatives, please contact your BCBSIL Clinical Practice Consultant or Illinois Stars Lead.

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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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COVID-19 Sparks HEDIS[®] Changes for Medicaid Pay-for-Performance Measures, Including Telehealth

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

2020 has brought us many challenges and opportunities that continue to rapidly evolve. As we all adapted to the imperative to flatten the COVID-19 curve, the focus on preventive care shifted and many patients postponed routine visits. The delay in non-emergent care and pivot to the use of telehealth have necessitated changes to Healthcare Effectiveness Data and Information Set (HEDIS) measurements.

This month's article is focused on providing you with information regarding key updates on quality measures, which may be relative to your practice, both in person and by telehealth. While many of the measures also apply for commercial and Medicare Advantage, we're spotlighting those that may have an impact on Illinois Medicaid Pay-for-Performance measures.

HEDIS MY 2020 and MY 2021: Key Changes for Medicaid Pay-for-Performance Measures, Including Telehealth

The National Committee for Quality Assurance (NCQA) has made changes to its HEDIS measures for Measurement Year (MY) 2020 and 2021. Below is a summary of changes impacting Medicaid Pay-for-Performance measures. *Please note, only select changes have been captured in the list below. For a full list of changes, see the [HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2, Summary Table of Measures, Product Lines And Changes](#).*

Retired Measures

- Adult Body Mass Index (BMI) Assessment (ABA)
- Medication Management for People with Asthma (MMA 50% and 75%)
- Comprehensive Diabetes Care (CDC) – Nephropathy (retired for Medicaid and commercial)

New Measures and Definitions

- **Well-Child Visits in the First 30 Months of Life (W30)** – W15 was renamed to W30. Measure now contains two rates: children 15 months of age with 6+ well-child visits and children 30 months with 2+ well-child visits. Note: Hybrid Data Collection Method has been removed for this measure

Measures with Significant Changes

- **Well-Child Visits in the First 30 Months of Life (W30) (Previously W15)**
 - W15 was renamed to Well-Child Visits in the First 30 Months of Life (W30)
 - Measure now contains two rates: children 15 months of age with 6+ well-child visits and children 30 months with 2+ well-child visits in the last 15 months
 - Telehealth is eligible for reporting
 - Hybrid Data Collection Method has been removed for this measure
- **Initiation of Alcohol or Other Drug Dependence Treatment (IET)**
 - Opioid treatment and services billed weekly or monthly now included in numerator and denominator
- **Follow-Up After Hospitalization for Mental Illness Within 30 Days (FUH)**
 - Removed mental health provider requirement for follow-up visits for intensive outpatient encounters, partial hospitalizations, community mental health centers, and electroconvulsive therapy settings
 - Visits in a behavioral healthcare setting added to the numerator
 - Added telephone visits to the numerator
- **Breast Cancer Screening (BCS)**
 - Added Donepezil-memantine to the “Dementia combinations” description in the Dementia Medications List
- **Weight Assessment Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**
 - Member-reported biometric values (BMI, height and weight) are eligible in reporting
- **Prenatal and Postpartum Care (PPC): TOPC and PPC**
 - Telephone visits, e-visits, and virtual check-ins are eligible for the Timeliness of Prenatal Care (TOPC) rate
- **Comprehensive Diabetes Care (CDC)**
 - Retired the “Medical Attention for Nephropathy” indicator for the commercial and Medicaid product lines
 - Telephone visits, e-visits and virtual check-ins are appropriate settings for blood pressure (BP) readings
 - BP readings reported or taken by the member are eligible for reporting
 - Clarified that documentation of “HB1c” meets criteria for the Hybrid Specification of the HbA1c testing indicator
 - Clarified that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria for the Eye Exam sub-measure
- **Controlling High Blood Pressure (CBP)**
 - Removed the restriction that only one of the two visits with a hypertension diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis
 - Added Donepezil-memantine to the “Dementia combinations” description in the Dementia Medications List
 - Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings
- **Statin Therapy for Patients with Diabetes (SPD)**
 - Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis
 - Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis

Measures with Telehealth Changes

- **Antidepressant Medication Management (AMM): Effective Acute Phase Treatment**
 - Added e-visits and virtual check-ins to the event/diagnosis
- **Follow-Up After Hospitalization for Mental Illness Within 7 and 30 Days (FUH)**
 - Added telephone visits to the numerator
- **Well-Child Visits in the First 30 Months of Life (W30) (Previously W15)**
 - Removed the telehealth exclusion
- **Prenatal and Postpartum Care (PPC): TOPC and PPC**
 - Added telephone visits e-visits and virtual check-ins to the Timeliness of Prenatal Care rate
 - Clarified that services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates

- **Comprehensive Diabetes Care (CDC)**
 - Added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings
- **Controlling High Blood Pressure (CBP)**
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 - Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis, step 2 required exclusions

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

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Blue Door Neighborhood CenterSM Now Open in Chicago's Morgan Park Neighborhood

Educating our members and increasing access to health care where our members live, work and play is an ongoing priority at Blue Cross and Blue Shield of Illinois (BCBSIL). We are also committed to strengthening the health of communities across the state. As part of this commitment, we opened our second **Blue Door Neighborhood Center (BDNCSM) at 11840 S. Marshfield Ave. in the Morgan Park neighborhood of Chicago.**

The BDNC is dedicated to helping improve health literacy for residents in Morgan Park, and surrounding communities and empower them to improve their overall health and well-being. Open to members and non-members, the BDNC is a community space that offers a variety of free programs and services aimed at improving community health.

At the center, we'll be working to address common health challenges and access to care issues with free wellness classes, connections to social services, customer engagement and more. We're looking to help make a positive impact on the health of our members, their families and the community.

BDNC gives BCBSIL the opportunity to partner with providers to truly make a difference in the lives of residents in our communities. During the COVID-19 pandemic, encourage your patients to visit the [BDNC in Morgan Park](#) online for more information, such as a monthly [events calendar](#) and building opening updates.

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We've Made Our HMO Scope of Benefits in the Commercial Provider Manual Easier to Navigate

We appreciate the care and services HMO contracted providers give to our HMO Illinois[®], Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM members. Each HMO member receives an HMO Certificate of Health Care Benefits upon enrollment with the HMO. Many portions of the Certificate are standard for all HMO members, but benefits may vary from plan to plan.

Our Provider website includes a set of guidelines for HMO benefit interpretation – the Scope of Benefits. The Scope of Benefits is intended to give each Medical Group/Independent Practice Association (MG/IPA) an overview of covered and non-covered services for quick reference purposes.

We know you're busy and it can be challenging to find specific information you need quickly and easily. So, we've made a change to help. Here are the details:

- Previously, the Scope of Benefits for all services was posted as one document on our website.
- You'll still find the Scope of Benefits information in the [Standards and Requirements, Provider Manual section](#).
- **Now you'll see that each Scope is broken into a separate document, so you can go right to the information you need without having to scroll through multiple pages.***

*Please note that initially, with the launch of this new format, each Scope will have the same revision date. Going forward, as individual guidelines are revised, each Scope will show the applicable date.

Please note that the information in the Scope of Benefits is not all-inclusive. For more information on benefits and/or financial responsibility, refer to the Medical Service Agreement. For more help with benefits interpretation, the MG/IPA may contact the Customer Assistance Unit Staff at 312-653-6600.

The IPA is responsible for providing or arranging for all covered Physician Services, IPA-approved Inpatient and Outpatient Hospital Services, Ancillary Services and non-hospital-based Emergency Services within the scope of benefits of the various Benefit plans. All inpatient hospital admissions, (except those which occur out of area or begin as an emergency), Skilled Nursing Facility days and Home Health visits must be approved by the IPA to be covered by the HMO. Only those services provided for under the Certificate are covered. When the IPA physician recommends non-covered services, the member's financial responsibility must be explained to the member. The explanation should be documented.

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National Prescription Drug Take Back Day is Oct. 24, 2020

Our members look to you for guidance in matters concerning their health, so we need your help spreading the word on safe disposal of prescription medications. When you talk to your patients about prescription medications, we encourage you to discuss what to do with unused medications once treatment has concluded.

Take advantage of National Prescription Drug Take Back Day. Twice each year, the U.S. Drug Enforcement Administration (DEA) sponsors National Prescription Drug Take Back Day to offer a safe and convenient way to dispose of prescription drugs. Your patients may use the [DEA's search tool](#) to find a nearby collection site. The next [National Prescription Drug Take Back Day](#) is **Oct. 24, 2020**.

Know what medications may be discarded safely at home. Patients can visit the U.S. Food and Drug Administration (FDA) site for details on [Where and How to Dispose of Unused Medicines](#). In addition to tips on safe disposal of fentanyl patches and inhalers, the FDA site also includes information on the [Best Way to Get Rid of Used Needles and Other Sharps](#).

Look for Walgreens safe medication disposal kiosks. We are partnering with Walgreens to expand the availability of safe medication disposal kiosks at Walgreens stores throughout Illinois. The kiosks are available year-round during regular Walgreens pharmacy hours so that individuals may safely and conveniently dispose of their unwanted, unused or expired prescriptions, including controlled substances and over-the-counter medications. There is no charge to drop off medications at the Walgreens safe medication disposal kiosks; however, some items may not be accepted, as noted below.

What's Accepted:	What's Restricted:
<ul style="list-style-type: none">• Unused or expired prescriptions, ointments and patches• Over the counter meds, ointments, lotions and liquids• Pet medications• Vitamins	<ul style="list-style-type: none">• Needles, inhalers, thermometers• Aerosol containers• Hydrogen peroxide• Illegal drugs

Your patients may check the Walgreens website to search for [medication disposal locations](#) or visit their local Walgreens pharmacy to see if the store is a participating site. Walgreens works with a DEA-authorized vendor to collect and safely dispose of all medications deposited in safe medication disposal kiosks at Walgreens pharmacies.

Safe medication disposal offers a preventive measure to help ensure medications are not accidentally used, or intentionally misused, by someone other than the patient for whom the medication was originally prescribed. We appreciate your efforts to increase awareness among your patients and promote proper storage and disposal of prescription medications.

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Submit Predetermination of Benefits Requests via the Availity[®] Provider Portal

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to introduce an electronic predetermination of benefits request process via the Availity Provider Portal using the new Attachments tool. This new process became available to providers as of **July 30, 2020**, making it faster and easier to submit a predetermination of benefits request to BCBSIL.

As a reminder, a predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. BCBSIL recommends submitting a predetermination of benefits request if the service may be considered experimental, investigational or unproven, as specified within the [BCBSIL Medical Policy](#).

You must be registered with Availity to use the new Attachments tool. You can sign up today at [Availity](#), at no charge. For registration assistance, call Availity Client Services at 800-282-4548.

If you don't have online access, you may continue to fax and/or mail predetermination of benefits requests along with a completed [Predetermination Request Form](#) and supporting medical documentation. If faxing supporting medical documentation for a previously submitted request, please include the request number.

How does the new online process work?

Submitting online predetermination of benefits requests through the Availity Attachments application is simple and convenient:

- Log in to [Availity](#)
- Select **Claims & Payments** from the navigation menu
- Select **Attachments – New**
- Within the tool, select **Send Attachment** then **Predetermination Attachment**
- Download and complete the Predetermination Request Form
- Complete the required data elements
- Upload the completed form and attach supporting documentation
- Select **Send Attachment(s)**

For More Information

An [Electronic Predetermination Request User Guide](#) is available in the [Provider Tools](#) section of our website. 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, Illinois Medicaid or Medicare Advantage 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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Obtain BCBSIL Patient ID Numbers Online via Availity®

Did you know you can get a Blue Cross and Blue Shield of Illinois (BCBSIL) patient ID number online? We recently added an online tool called **Patient ID Finder**, located in our BCBSIL-branded Payer Spaces section via the Availity Provider Portal.

The Patient ID Finder tool allows you to get the BCBSIL patient ID number and group number by entering patient-specific data elements. This new and exciting tool is now available for BCBSIL commercial (PPO and HMO), Federal Employee Program® (FEP®) and on and off-exchange members, making it easier to obtain the patient ID number for your records. Please note the Patient ID Finder tool is currently unavailable for Medicare Advantage and Illinois Medicaid members.

How do you use the Patient ID Finder on Availity?

Search online for BCBSIL patient ID numbers in four easy steps:

- Log in to [Availity](#)
- Select Payer Spaces from the navigation menu
- Select Patient ID Finder from the Applications tab, then complete and submit the request
- Patient ID and group numbers are returned

Note: This tool doesn't reflect the patient's eligibility or benefits. Refer to the [General Eligibility and Benefits user guide](#) for assistance with obtaining real-time eligibility and benefits information via Availity. Providers not yet registered with Availity can sign up today for free at [Availity](#). For registration help, call Availity Client Services at 800-282-4548.

Training

BCBSIL is hosting free webinars for you to learn how to use the new Patient ID Finder tool. To register for a session, simply click on your preferred date and time below.

- [Sept. 8, 2020 – 10 to 10:30 a.m.](#)
- [Sept. 9, 2020 – 2 to 2:30 p.m.](#)

For More Information

Check out the new [Patient ID Finder user guide](#) on the [Provider Tools](#) section of our website. If you need further help or customized training, contact our [Provider Education Consultants](#).

Other Resources in Payer Spaces

Don't forget, even when you're logged on to the Availity Portal, you can access BCBSIL's *Blue Review* and News and Updates quickly and easily. Just click on the links in the News and Announcements section of the BCBSIL-branded Payer Spaces section.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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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iExchange[®] Deactivated on Aug. 17, 2020

Our previous electronic benefit preauthorization and predetermination of benefits request tool, iExchange, was deactivated on **Aug. 17, 2020**. As of this date, all electronic benefit preauthorization and predetermination of benefits requests handled by Blue Cross and Blue Shield of Illinois (BCBSIL) should be submitted online via the Availity[®] Provider Portal.

How to Submit Online Benefit Preauthorization Requests

Benefit preauthorization requests for inpatient admissions and select outpatient services handled by BCBSIL may be submitted online using [Availity's Authorizations tool](#). For navigational assistance, refer to the educational [Availity Authorizations User Guide](#), located in the [Provider Tools](#) section of our website. The process of submitting preauthorization requests to eviCore healthcare (eviCore) or other vendors has not changed.

Always check the patient's eligibility and benefits online first to determine if the service requires preauthorization. For online help, refer to the [General Eligibility and Benefits Expanded User Guide](#).

Submitting benefit preauthorization requests via Availity does not apply for our HMO members.

How to Submit Online Predetermination of Benefits Requests

Predetermination of benefits requests handled by BCBSIL may be submitted electronically in just four steps by using [Availity's Attachments tool](#). For instructions, see our [Electronic Predetermination Request User Guide](#).

As a reminder, a predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. We recommend submitting a predetermination of benefits request if the service may be considered experimental, investigational or unproven, as specified within the [BCBSIL Medical Policy](#).

Note: 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.

The predetermination of benefits information above does not apply to requests for HMO, Illinois Medicaid or Medicare Advantage members.

For More Information

You must be registered with Availity to use the Authorizations and Attachments tools. Sign up today for free at [Availity](#). For registration help, call Availity Client Services at 800-282-4548.

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

Please note that the fact that a service has been preauthorized/pre-notified, 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 services were rendered. If you have any questions, call the number on the member's ID card.

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Illinois Medicaid Claim Filing Tip: Include the Prior Authorization Number

This notice applies to providers who submit claims to Blue Cross and Blue Shield of Illinois (BCBSIL) for our Illinois Medicaid members. This includes our members with either of the following benefit plans: Blue Cross Community MMAI (Medicare-Medicaid)SM or Blue Cross Community Health PlansSM (BCCHPSM).

When prior authorization is required, it must be obtained before the service is performed. Prior authorization numbers are assigned by the payer or Utilization Management Organization (UMO) to confirm that necessary review has been completed and benefits have been approved for coverage.

Illinois Medicaid providers should include the assigned prior authorization number when submitting the claim for services rendered. Inclusion of this number will help ensure timely and accurate processing of the claim.

For electronic Professional and Institutional claims (837P and 837I transactions):

- If the prior authorization number is applicable for **all services rendered on the claim**, it should be included in the **2300 Loop**, REF02 element with the G1 qualifier in REF01.
- If the prior authorization number is applicable to **a single service line on the claim**, it should be submitted in the **2400 Loop**, REF02 element with the G1 qualifier in REF01.

For paper claims:

The prior authorization number should be submitted in **Box 23 of the CMS-1500 Professional claim form** and in **Field 63 of the UB-04 Institutional claim form**.

Please note that 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.

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. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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BCCHPSM and MMAI Provider Alert: Mandatory Annual Training Must Be Completed by Dec. 31, 2020

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

It is a Centers for Medicare & Medicaid Services (CMS) and/or Illinois Department of Healthcare and Family Services (HFS) requirement for BCBSIL to make available provider training on specific topics related to MMAI and BCCHP. **Annual completion of all required training modules is mandatory for all MMAI and BCCHP contracted providers.** There are six required training modules and one required survey, as follows:

- Model of Care/Medical Home (Person Centered Practice)
- Fraud, Waste and Abuse (FWA)
- Abuse, Neglect, Exploitation (Critical Incidents)
- Cultural Competency
- Americans with Disabilities Act (ADA)/Independent Living
- Medicare Parts C and D General Compliance Training (MMAI only)
- ADA Site Compliance Survey

Please join us for guided webinars that will review all the required provider trainings and allow you to complete an attestation for your facility, group and/or individual providers. More information about the required training modules can be found on our [Provider Training Requirements/Resources](#) page.

BCCHP and MMAI Required Provider Training Webinar Sessions

- [Sept. 9, 2020 – 9 to 11 a.m.](#)
- [Sept. 23, 2020 – 1 to 3 p.m.](#)

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Provider Learning Opportunities

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

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
<p>Availity® Authorizations Tool <i>We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's new Authorizations tool.</i></p>	<p>Sept. 9, 2020 Sept. 16, 2020 Sept. 23, 2020 Sept. 29, 2020</p>	<p>11 a.m. to noon</p>
<p>BCBSIL Back to Basics: 'Availity 101' <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>Sept. 8, 2020 Sept. 15, 2020 Sept. 22, 2020 Sept. 29, 2020</p>	<p>11 a.m. to noon</p>
<p>Availity Remittance Viewer and Reporting On-Demand <i>Have you heard? These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.</i></p>	<p>Sept. 17, 2020</p>	<p>11 a.m. to noon</p>

BCCHPSM and MMAI Required Provider Training Webinars
If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).

[Sept. 9, 2020](#)

9 to 11 a.m.

[Sept. 23, 2020](#)

1 to 3 p.m.

Monthly Provider Hot Topics Webinar

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 .

[Sept. 16, 2020](#)

10 to 11 a.m.

Patient ID Finder via Availity

We are hosting free webinars for you to learn how to use the new Patient ID Finder tool.

[Sept. 8, 2020](#)

10 to 10:30 a.m.

[Sept. 9, 2020](#)

2 to 2:30 p.m.

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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Reminder: Some Specialties Do Not Need Credentialing

Credentialing is the process by which Blue Cross and Blue Shield of Illinois (BCBSIL) reviews and validates the professional qualifications of physicians and certain other providers who apply for participation in our commercial HMO, PPO, Blue Choice PPOSM, Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM networks, ensuring they meet our professional standards.

As a reminder, the specialties listed below **do not** require credentialing to be part of the BCBSIL networks. All other specialists must be credentialed.

Anesthesiology	Licensed Massage Therapy (LMT)	Radiation Tech
Critical Care Medicine	Neurodevelopmental Disabilities	Radiology
Dentistry	Certified Registered Nurse Anesthetist (CRNA)	Registered Nurse (RN)
Emergency Medicine	Occupational Therapy	Registered Nurse First Assistant (RNFA)
Hospice and Palliative Medicine	Oral Pathology	Registered Surgical Tech
Hospital Based Provider Type AB	Pathology	Retail Health Provider
Hospitalist Provider Type HP	Pediatric Intensive Care	Speech Pathology (Therapy)
Licensed Practical Nurse (LPN)	Periodontics	Surgical Assistant
Licensed Professional Counselor (LPC)	Phlebology	

Licensed Social Worker (LSW)	Physical Therapy	
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The State of Illinois is responsible for credentialing and recredentialing of physicians and certain other providers that participate in the Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Medicaid plans. To be eligible to participate, the physician and certain other providers must be enrolled/credentialed through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system.

For more information, visit our [Credentialing](#) page.

Please note that the fact that a provider participates in a BCBSIL network 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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Procedure Code and Fee Schedule Updates

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

Effective Sept. 1, 2020, the following Current Procedural Terminology (CPT[®]) code ranges were updated: 90630-90756 and Q2034-Q2039. Please note that not all CPT codes in these ranges were updated.

Effective Dec. 1, 2020, the following CPT codes will be updated: J1558, J9119, J9204, J9210, J9269 and J9313.

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

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