



BLUE REVIEWSM

A Provider Publication

December 2022

Wellness and Member Education

Brace Your Patients for a Rough Flu Season

This month, our Wellness Can't Wait campaign spotlights National Influenza Vaccination Week, Dec. 5-9, 2022, and the importance of continuing to promote awareness.

[Read More](#)

COVID-19 Outpatient Treatment Options, Resources and Reminders

In October 2022, the Illinois Department of Public Health (IDPH) sent a letter to Illinois health care providers to increase awareness of COVID-19 treatment options. Blue Cross and Blue Shield of Illinois (BCBSIL) would like to share some reminders and resources, based on the IDPH communication, as it relates to care and services you may provide to Illinois Medicaid members.

[Read More](#)

Statin Therapy for Patients with Cardiovascular Disease and Diabetes

Cardiovascular disease is the leading global cause of death, according to the World Health Organization. It accounts for 17.9 million deaths per year. Statin therapy can help save lives. This month's article reviews statin therapy quality measures and offers tips to close gaps in care.

[Read More](#)

Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2023 – Part 1

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after Jan. 1, 2023, are outlined [here](#).

Pharmacy Prior Authorization (PA) Program Changes Effective January 2023

The pharmacy PA program encourages safe, cost effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. Food and Drug Administration (FDA) approved labeling, scientific literature and nationally recognized guidelines. For January 2023 pharmacy PA changes, see the [Part 1](#) and [Part 2](#) communications on News and Updates.

■ Focus on Behavioral Health

New Tool Improves Behavioral Health Prior Authorization – Attend a Training

BCBSIL is streamlining the prior authorization process to reduce your workload with the launch of **BlueApprovRSM**. This new tool in Availity[®] Essentials expedites approvals for some behavioral health services for many of our **commercial, non-HMO** members.

[Read More](#)

Electronic Options for Behavioral Health Providers

Many behavioral health providers have limited staff to help with phone calls and paperwork. BCBSIL offers and supports electronic options to help you streamline administrative functions in your office.

[Read More](#)

Behavioral Health Support Resources: Helping Members 'Learn To Live'

This is the fourth article in our series to raise awareness of behavioral health resources we make available to our members. Learn To Live is a digital mental health program that includes online activities to help members learn new skills and break old patterns that may be holding them back.

[Read More](#)

■ Community Involvement

Bring 2022 to a Close with Festive Activities at Blue Door Neighborhood CenterSM (BDNCSM)

You and your patients are welcome to join us! BDNC hosted a Health and Wellness Holiday Soiree at

our Morgan Park center on December 10, and a Holiday Mixer at our Pullman center on December 14. All events are free and open to everyone in the community.

[Read More](#)

■ Clinical Updates, Reminders and Resources

2022 Reminder To Encourage Early and Timely Intervention for Pre- and Post-natal Care

This article includes important information to help you when providing pre- and post-natal care and services to Federal Employee Program® (FEP®) members.

[Read More](#)

Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic FEP members to eye care specialists for annual eye examinations.

[Read More](#)

Hospital Discharge Summaries Contain Important Information for PCPs

It's important for PCPs to know details about the care their patients receive during inpatient hospital stays.

[Read More](#)

■ Provider Education

Provider Learning Opportunities

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

[Read More](#)

Provider Hot Topics Summary: Fourth Quarter 2022

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars at the beginning of each month. If you missed a meeting, or if you'd like a re-cap on what was discussed, our PNCs have prepared a summary with their picks for the top three hot topics that were top of mind this fall.

[Read More](#)

■ Claims and Coding

Prior Authorization Code Updates for Commercial Members and Government Programs, Effective Jan. 1, 2023

BCBSIL is changing prior authorization requirements that may apply to some commercial non-HMO members. We're also changing PA requirements for Blue Cross Medicare Advantage (PPO)SM (MA PPO), Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. Refer to the News and Updates for [commercial non-HMO](#) and [government programs](#) code changes.

Visit Our Website for New Documentation and Coding Resources

We appreciate your time and the care and services you provide to your patients, our members. When it's time to submit your claims for reimbursement, we want to help ensure the process goes smoothly.

[Read More](#)

Laboratory Benefit Management Program: Reminders and Resources

Last month, we launched our Laboratory Benefit Management program with Avalon Healthcare Solutions for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members.

[Read More](#)

■ Electronic Options

Last chance! Take Our 2022 Readership Survey

Our annual *Blue Review* survey will be open just a few more weeks. It's brief and easy to complete. There are several questions to help you rate your experience as a reader – what you like, and what we can do to improve. We value your experience and unique point of view. If you've already completed the survey, thank you! If not, now's your chance: [Take the 2022 survey now.](#)

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. We encourage you to check your information as it appears in our Provider Finder on a monthly basis.

[Read More](#)

■ Quality Improvement and Reporting

Risk Adjustment Medical Records Request Reminder

Recently, you may have received a request for medical records from Change Healthcare for Medicare Advantage members who used your facility or were treated by your clinical staff during 2021 and 2022. [Read more on News and Updates.](#)

2023 Illinois Medicaid Quality Improvement Program (QIP) Updates

The BCBSIL Quality Improvement (QI) Program is based on the view that the process for delivery of medical care and services can be continuously improved.

[Read More](#)

■ Notification and Disclosure

Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO)SM members, you'll receive requests only from BCBSIL or our vendor, Change Healthcare. This is part of the Blue Cross and Blue Shield (BCBS) National Coordination of Care program so that you won't receive requests from multiple BCBS plans or their vendors. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. [Read more on News and Updates.](#)



Quick Reminders

Stay informed!

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

Verify and Update Your Information

Verify your directory information every 90 days. Use the [Availity[®] Provider Data Management](#) feature or our Demographic Change Form. **Facilities** may only use the [Demographic Change Form](#).

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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Brace Your Patients for a Rough Flu Season

This month, our Wellness Can't Wait campaign spotlights National Influenza Vaccination Week, Dec. 5-9, 2022, and the importance of continuing to promote awareness. While many health experts publicly predicted the 2022-2023 flu season to be severe, only 49% of American adults plan to get a flu vaccine, according to a [recent survey](#); however, 69% believe the annual flu vaccination is the best preventive measure against flu-related deaths and hospitalizations.¹

Among those who don't plan to get a flu vaccine, top reasons cited include:¹

- 41% do not think flu vaccines work very well
- 39% are concerned about potential side effects from the vaccine
- 28% said that they never get the flu
- 24% are concerned about getting flu from the vaccine
- 20% don't think flu is a serious illness

If the U.S. follows Australia's flu pattern, which we usually do, expect the worst flu season in five years, with flu cases peaking about two months earlier and three times higher than average. Add to that the potential triple threat of respiratory infections caused by COVID-19 and respiratory syncytial virus (RSV) in addition to flu.

Older adults, immunocompromised people and pregnant women are most at risk, and young children are highly susceptible to influenza and RSV. Many infected children can become severely ill because they have little immunity, either because it has waned or because they weren't exposed to these viruses before the pandemic.

Health care professionals are the primary and most trusted source of information about flu and flu vaccination. In fact, 76% of U.S. adults trust health care professionals a great deal or a lot for flu vaccine information, far more than other sources.²

Ways To Help

The CDC suggests that the provider community:³

- Strongly recommend flu vaccination to all patients 6 months and older.
- Provide culturally appropriate vaccine recommendations, answering all questions from the patient.
- Check vaccination status at all medical visits.

- Work with health care systems and community organizations to provide vaccines where people live and work.
- Provide a referral if vaccine isn't in stock.
- Vaccinate all clinic staff and educate them on how to discuss vaccination.
- Show culturally appropriate videos in your office such as this [CDC Inequity in Flu Vaccine Uptake video](#), [American Academy of Pediatrics video](#), [flu/COVID video](#) or this [flu video with Spanish subtitles](#).

What Blue Cross and Blue Shield of Illinois (BCBSIL) is Doing

Each year, the BCBSIL Care Van[®] program provides more than 10,000 immunizations throughout the state of Illinois. The vans visit schools, churches, parks, shopping centers, public housing, community events and other locations. Visit the [Care Van](#) page for monthly schedules.

Our Blue Door Neighborhood CenterSM (BDNCSM) locations in Chicago's Morgan Park, Pullman and South Lawndale neighborhoods also offer flu vaccine events. Events can be found on the [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) calendars.

Your patients may want to play this [video](#) to hear what our vice president and chief medical officer, Derek Robinson, M.D., has to say about flu vaccines and staying up to date on childhood and adult vaccinations or download [this flyer](#) to view a list of recommended immunizations for infants, children and adults in addition to the flu vaccine.

^{1,2}National Foundation for Infectious Disease, 2022 National Survey: Attitudes about Influenza and Pneumococcal Disease, and the Impacts of COVID-19, October 2022.

<https://www.nfid.org/about-nfid/newsroom/news-conferences/2022-nfid-influenza-pneumococcal-disease-news-conference/2022-national-survey-attitudes-about-influenza-and-pneumococcal-disease-and-the-impacts-of-covid-19/>

³CDC, Inequities in Flu Vaccine Uptake, Oct. 18, 2022. <https://www.cdc.gov/vitalsigns/flu-inequities/index.html>

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.

BDNC locations are not medical facilities, do not have medical providers on staff, do not offer medical advice, and do not provide health care or mental health services.

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COVID-19 Outpatient Treatment Options, Resources and Reminders

In October 2022, the Illinois Department of Public Health (IDPH) sent a letter to Illinois health care providers to increase awareness of COVID-19 treatment options. Blue Cross and Blue Shield of Illinois (BCBSIL) would like to share some reminders and resources, based on the communication from IDPH, as it pertains to providers whose patients include **Blue Cross Community Health PlansSM (BCCHPSM) or Blue Cross Community MMAI (Medicare-Medicaid Plan)SM** members.

Outpatient Treatment Options

As outlined in this [Side-by-Side Overview of Therapeutics Authorized or Approved for the Prevention of COVID-19 Infection or Treatment of Mild to Moderate COVID-19](#) on the U.S. Department of Health and Human Services Administration for Strategic Preparation and Response (ASPR) website, there are currently four available treatment options for mild to moderate COVID-19 illness for **non-hospitalized** people:

- Paxlovid
- Bebtelovimab
- Remdesivir
- Molnupiravir

These COVID-19 treatment options can lower the chance of progression to severe illness, hospitalization, and death. When you're talking with BCCHP and MMAI members about possible treatment options, you may wish to refer them to this [patient-friendly page](#) on the ASPR website.

Treatment Resources

To determine if patients are eligible for treatment, IDPH continues to encourage providers to assess their patients quickly (within five days of symptom onset) after their patients have been identified as having COVID-19.

- Refer to the National Institutes of Health website for the most up-to-date [COVID-19 Treatment Guidelines](#).
- For adult or pediatric patients **ages 12 and older**, see the ASPR site for a [COVID-19 Outpatient Therapeutics Clinical Decision Aid](#). (**Note:** Remdesivir is identified as the only outpatient treatment option for children **under** the age of 12.)
- See the ASPR site for [instructional videos and other resources](#), such as this: [Information Sheet - Paxlovid Eligibility and Effectiveness](#).

Submitting Therapeutic Orders

Prescriptions can be sent directly to federal pharmacy partners (Walgreens, Walmart, CVS, Meijer), and several community pharmacies. To locate doses of COVID-19 treatments in your area, search by therapy and zip code using the Administration for Strategic Preparation and Response (ASPR) [COVID-19 Therapeutics Locator](#).

If only a small number of doses is needed, you can use the [IDPH Therapeutics Matchmaker](#).*

- All therapeutics orders are submitted using the Health Partner Order Portal (HPoP).
- Existing providers must access their account and select "create order."
- New providers can request to be set up in HPoP by filling out the [New Provider Site Registration Form](#).

*Please note that **IDPH doesn't manage allocations for remdesivir**, which is commercially available. As such, remdesivir cannot be requested through IDPH.

Third party brand names are the property of their respective owners.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization.

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Statin Therapy for Patients with Cardiovascular Disease and Diabetes

Cardiovascular disease is the leading global cause of death, according to the [World Health Organization](#). It accounts for 17.9 million deaths per year. Statin therapy is recommended:

- To prevent cardiovascular disease in diabetics, according to the [American Diabetes Association](#)
- To treat cardiovascular disease in adults with established clinical atherosclerotic cardiovascular disease (ASCVD), according to the [American Heart Association](#)
- To prevent cardiovascular disease in adults with certain risk factors, according to the [U.S. Preventive Services Task Force](#)

Statin Therapy Quality Measures

To help monitor and improve our members' care, we track the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures from the National Committee for Quality Assurance (NCQA): [Statin Therapy for Patients with Cardiovascular Disease \(SPC\)](#) and [Statin Therapy for Patients with Diabetes \(SPD\)](#). You can help ensure quality care by following these guidelines from the NCQA:

- Men ages 21-75 and women 40-75 with clinical ASCVD should be dispensed at least one high-or moderate-intensity statin medication.
- Adults ages 40-75 with diabetes who don't have clinical ASCVD should be dispensed at least one statin medication of any intensity.
- All patients prescribed statin therapy should remain on prescribed statin medications for at least 80% of their treatment period.

Tips To Close Gaps in Care

- **Discuss lifestyle changes with our members to lower serum cholesterol.** These can include exercise, adequate sleep and good nutrition, as well as stopping smoking and substance use. We've created [resources that may help](#). When diet and exercise aren't enough, statins may be needed to achieve lower cholesterol levels and reduce the risk of heart disease.
- **Emphasize the importance of staying on statin medication to our members.** Educate them on the proper dose and frequency. Consider converting their medication to a 90-day supply through mail order or a retail pharmacy to encourage adherence.

Discuss common side effects of statin use and what to do if our member has problems with the medication.

Remind your patients to contact you if they think they're experiencing side effects.

- **Review our member's medication profile to confirm statin use history at follow-ups.** Clearly document any diagnosis indicating an intolerance to statin therapy and any drug interactions with current medications.

For coding tips related to statin therapy, refer to the Blue Cross and Blue Shield of Illinois (BCBSIL) branded Payer Spaces resources section in [Availity® Essentials](#).

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HEDIS is a registered trademark of NCQA.

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New Tool Improves Behavioral Health Prior Authorization – Attend a Training

Blue Cross and Blue Shield of Illinois (BCBSIL) is streamlining the prior authorization process to reduce your workload with the launch of **BlueApprovRSM**. This new tool in Availity[®] Essentials expedites approvals for some behavioral health services for many of our **commercial, non-HMO** members.

Reminder: Member benefits vary based on the service being rendered and individual and group policy elections. Always check eligibility and benefits first through Availity or your preferred web vendor. This step will confirm coverage and other important details, such as prior authorization requirements and utilization management vendors, if applicable.

BlueApprovR Tool Offers End-to-End Efficiencies

Registered Availity Essentials users have free, 24/7 access to BlueApprovR tool to:

- Secure real-time approvals for certain services and begin treatment right away
- Easily attach medical records
- Check approval status and view history of your request

Provider Training

You can attend a free webinar on how to use BlueApprovR. To register, select your preferred date and time from the list below. Times listed are Central Time (CT):

- [Dec. 12, 2022 – 1 to 2 p.m.](#)
- [Dec. 14, 2022 – 11 a.m. to noon](#)
- [Dec. 16, 2022 – 1 to 2 p.m.](#)
- [Dec. 19, 2022 – 1 to 2 p.m.](#)
- [Dec. 20, 2022 – 1 to 2 p.m.](#)

How to Submit Prior Authorization Requests through Availity

- In Availity, select **Payer Spaces** from the navigation menu, then **BCBSIL**.
- On the Payer Spaces page, select **Applications** and choose **BlueApprovR**.
- Users will be redirected to **BlueApprovR** to complete the request online.

Provider Resources

Learn how to access BlueApprovR with our new [user guide](#).

Other Prior Authorization Request Methods

If you're not a registered Availity user, register today on [Availity](#). Otherwise, you still may request prior authorization with BCBSIL by calling the number on the member's ID card.

Note: This new tool is currently **not available for Medicare Advantage or Illinois Medicaid members**. Please use your existing process for requesting prior authorization for these members.

For More Information

Continue to watch [News and Updates](#) for future program updates and training opportunities.

Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations 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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Electronic Options for Behavioral Health Providers

Blue Cross and Blue Shield of Illinois (BCBSIL) offers and supports electronic options to help you streamline administrative functions in your office. **Several examples are listed below, with links for more details.** To access these online options, you must be a registered Availity® Essentials user. Go to [Availity](#) to sign up now at no cost. If you're already registered, check with your Availity administrator to gain access to resources in your account. To view all online options available to you, refer to the [Provider Tools section](#) of our website.

Would you like an online tour? Join us for an Availity Orientation: Save Time and Go Online webinar. For dates, times and online registration, go to the [Webinars and Workshops](#) page. If you need further assistance or would like **customized training**, [email our Provider Education Consultants](#).

<p>Manage My Organization</p>	<p>Attention Availity Administrators: Several Availity tools require users to “Select a Provider” from the National Provider Identifier (NPI) dropdown list. As the administrator for your organization, you must add/manage your provider information using Manage My Organization, located in My Account Dashboard on the Availity homepage.</p>
<p>Patient ID Finder</p>	<p>This tool allows you to quickly obtain a BCBSIL patient's insurance ID and group number after entering patient-specific data elements.</p>
<p>Eligibility and Benefits</p>	<p>Confirm patient coverage and check benefit details in real-time, 24 hours a day. You'll also get details on prior authorization requirements and vendors, if applicable.</p>
<p>Prior Authorization – BlueApprovRSM*</p>	<p>If the service requires prior authorization through BCBSIL, you can use the BlueApprovR tool, accessible in our BCBSIL-branded Payer Spaces section via Availity, to get real-time approval of certain behavioral health services for many of our commercial non-HMO members.</p>
<p>Electronic Claim Submission</p>	<p>For greater security and accuracy of data, with faster processing and payment, submit electronic claims one at a time or in batch, and receive confirmation upon acceptance.</p>

Claim Status Tool	This tool offers enhanced, real-time claim status information for commercial and government programs (Medicare Advantage and Illinois Medicaid) claims.
Electronic Claim Payment and Remittance – Online Enrollment	You can enroll online to receive claim payments via 835 Electronic Funds Transfer (835 EFT) along with 835 Electronic Remittance Advice (835 ERA) files from BCBSIL.
Remittance Viewer	This tool offers providers and billing services a convenient way to view and help reconcile claim data provided by BCBSIL in the 835 ERA.
Reporting On-Demand	Use Reporting On-Demand to view, download, save and/or print provider claim summaries.
Claim Inquiry Resolution*	Use this tool to request claim review for certain finalized commercial claims. (Note: <i>This tool should not be used for appeals.</i>)
Electronic Refund Management*	Receive and respond online to overpayment recovery requests on commercial claims.
Medical Record Status Viewer	This tool allows you to confirm receipt (up to four) of the most recent medical records submitted by mail or fax to BCBSIL for claim processing and prior authorizations.

***These tools are not applicable for government programs (Medicare Advantage or Illinois Medicaid) members.**

If you don't have online access, we have other user-friendly options, too. To check eligibility and benefits for **commercial members**, use our interactive voice response (IVR) phone system. You'll get a confirmation number with your results. You can choose to receive benefit details via fax. See our IVR caller guides for phone numbers and details: 1.) [Claims](#); 2.) [Eligibility and Benefits](#); and 3.) [Behavioral Health Preauthorization](#). **For government programs members**, call the number on the member's BCBSIL ID card to check eligibility and benefits.

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

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Behavioral Health Support Resources: Helping Members ‘Learn To Live’

This is the fourth article in our series to raise awareness of behavioral health resources we make available to our members. October’s article focused on our [2022 Maternal Mental Health Needs Assessment](#).

Happy holidays?

The holiday season can be an exciting, joyful time of year, full of friends and family, food and fun. But there’s also a lot of extra stress, with unpredictable weather, traffic, and juggling endless to-do lists. Despite cheery decor in homes and in stores, some people may not be feeling like celebrating at all, especially if they’re facing personal hardships, like financial difficulties, or loss of a loved one.

Life has ups and downs and we all need help coping sometimes. Unfortunately, some of your patients may not recognize potential red flags for themselves, their children and their families. Or they may sense there’s a problem, but they don’t know where to go or they’re uncomfortable asking for help. They may have limited access to behavioral health providers and other resources. They may have barriers getting care due to transportation or childcare issues.

Learn To Live Program Offers Virtual Support, 24/7

Blue Cross and Blue Shield of Illinois (BCBSIL) is spotlighting resources to help our members and their families understand the importance of taking care of their physical and mental health. Learn To Live is a digital mental health program that’s available to eligible members at no additional cost. It’s easy to sign up and fun to use. It’s also portable – members can take it with them wherever they go.

The program includes online activities based on Cognitive Behavioral Therapy (CBT) techniques to help members learn new skills and break old patterns that may be holding them back. The goal is to empower individuals with tools to cope, accept, adapt, feel better and thrive, whatever life brings.

Learn To Live is available 24/7 by text, email and phone for participants age 13+. An online assessment helps members pinpoint the right programs for them, such as:

- Stress, anxiety and worry
- Depression
- Insomnia

- Panic
- Social anxiety
- Substance use

You can watch [this video](#) and share it with BCBSIL members who may be interested in learning more. If members have questions, they can call the number on their BCBSIL member ID card.

What else can you do to help?

Our members look to you for guidance in matters concerning their health. The most important step may be simply opening up a conversation so they can share how they're feeling emotionally, as well as physically. Also ask about their kids and other family members. In the same way they take preventive health measures like eating right, getting annual exams, screenings and flu shots, help them understand the importance of taking care of their emotional health and wellness too.

Thank you for helping us help our members by encouraging them to talk about behavioral health and by directing them to Learn To Live and other educational programs and resources.

The Learn To Live program isn't available for HMO members.

Learn to Live, Inc. is an independent company that has contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) to provide online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment © 2023 Learn to Live, Inc. Learn to Live is available for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan. The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. 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.

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Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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Bring 2022 to a Close with Festive Activities at Blue Door Neighborhood CenterSM (BDNCSM)

Our BDNC hosted a **Health and Wellness Holiday Soiree** for the community on Saturday, **Dec. 10, 2022**, at our Morgan Park center from 11 a.m. to 2 p.m. and a **Holiday Mixer** on Wednesday, **Dec. 14, 2022**, from 4:30 to 6:30 p.m. at our Pullman center. Blue Cross and Blue Shield of Illinois (BCBSIL) members and non-members are welcome to join us for these holiday events.

In this season of giving, you may want to encourage your patients to visit the South Lawndale for the **Coat Distribution** on Friday, December 16.

In addition to our free farmers markets, we encourage everyone to take advantage of popular classes that we offer including yoga, Zumba, bingo and line dance.

These are a few of the programs that will be offered at our BDNC locations in December. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) for details, dates and to online registration. They also can visit the [BDNC Facebook page](#) for other events and happenings at all three BDNC locations.

All programming – in person and virtual – at BDNC locations is free and open to everyone. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We're committed to strengthening the health of communities across the state.

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. 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.

BDNC locations are not medical facilities, do not have medical providers on staff, do not offer medical advice, and do not provide health care or mental health services.

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2022 Reminder To Encourage Early and Timely Intervention for Pre- and Post-natal Care

This article includes important information to help you when providing pre- and post-natal care and services to Federal Employee Program[®] (FEP[®]) members. Post-partum visits are recommended to be scheduled before discharge from the hospital. Written and/or electronic instruction is beneficial to the health of the member and the child.

Communication between health care professionals during a patient's pre-pregnancy, pregnancy and postpartum medical journey is important. When you're providing care, we encourage you to document the following information in the patient's chart to help ensure effective coordination and continuity of care:¹

Prenatal Visit in First Trimester

- Prenatal risk assessment, including the diagnosis of pregnancy, complete medical and obstetrical history, and physical exam as referenced in the American College of Obstetrics and Gynecology (ACOG) form
- Prenatal lab reports Ultrasound, estimated date of delivery (EDD)
- Documentation of prenatal risk and education/counseling

Postpartum

- Documentation of a postpartum visit on or between 7 to 84 days after delivery. Postpartum office visit progress notation that documents comprehensive postpartum exam which may include an evaluation of weight, blood pressure, breast exam, abdominal exam, and pelvic exam.
- Best practice supports provider staff calling member within one week after delivery to schedule postpartum follow-up visit.

Thank you for your help supporting continuity of care and improved quality outcomes for our FEP and other BCBSIL members.

¹Prenatal and postpartum care (PPC). NCQA. Retrieved Sept. 6, 2022, from <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>

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Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic Federal Employee Program[®] (FEP[®]) members to eye care specialists for annual eye examinations. We encourage eye care specialists to promptly communicate exam results to the PCP to help coordinate the member's care. Members may hesitate to schedule their annual exam, so reminders from their PCPs and eye care specialists may be helpful.

The American Diabetes Association (ADA) recommends annual diabetic eye exams. In 2017, the ADA updated its position statement on diabetic retinopathy and screening recommendations.¹ A summary of ADA screening recommendations for patients with diabetes is included here for your reference:

Screening:	<ul style="list-style-type: none"> • Comprehensive evaluation by an eye care specialist should not be substituted by retinal photography. • Exception: For screening purposes, retinal photography with remote reading by a retinal specialist is acceptable where eye care professionals are not readily available.
Routine Exams:	<ul style="list-style-type: none"> • Annually or every two years in the absence of retinopathy • Annually in the presence of retinopathy • At more frequent intervals in the presence of progressive retinopathy and/or deterioration of vision due to disease progression
Initial Exam:	<ul style="list-style-type: none"> • Within five years of diagnosis for adults who have Type 1 diabetes • At the time of diagnosis for adults with Type 2 diabetes
Pregnancy:	<ul style="list-style-type: none"> • Educate women who are planning to be or are pregnant and who also have diabetes about the risk of diabetic retinopathy developing or progressing • Perform an eye exam prior to or at the time of diagnosis of pregnancy, during every trimester,

and one year after delivery in the presence of pre-existing Type 1 or Type 2 diabetes

To help improve patient outcomes, please consider the following:

- Incorporate ADA recommendations into practice
- Gather patient historical information
- Educate your patients
- Ensure diabetic eye exam results are made available to the member's PCP
- Remind your diabetic patients to contact the number on their member ID card if they have any questions about their health care coverage details.

We thank our primary care providers and eye care specialist for collaborating and supporting the ongoing health and wellness of our FEP members. Working together, we can help support improved continuity of care and health outcomes by ensuring prompt communication for annual eye exam for all FEP members with diabetes.

¹American Diabetes Association Professional Practice Committee; 12. Retinopathy, Neuropathy, and Foot Care: Standards of Medical Care in Diabetes—2022. Diabetes Care 1 January 2022; 45 (Supplement_1): S185-S194. <https://doi.org/10.2337/dc22-S012>

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Hospital Discharge Summaries Contain Important Information for Primary Care Providers

It's important for primary care providers (PCPs) to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information and used to improve coordination and quality of care that may reduce the number of preventable readmissions.

Here's some useful information you may want to use to help when discharging Federal Employee Program[®] (FEP[®]) members after inpatient hospital stays. Use of Electronic Health Records (EHRs), when available, may help distribute information from hospital to the member's extended health care network.

Studies have shown that providing timely, structured discharge summaries to PCPs helps reduce readmission rates, improves patient satisfaction and supports continuity of care. One study found that, at discharge, approximately 40% of patients typically have test results pending and 10% of those results require action. PCPs and patients may be unaware of these results.^{1,3}

A prospective cohort study found that one in five patients discharged from the hospital to their homes experienced an adverse event (defined as an injury resulting from medical management rather than from the underlying disease) within three weeks of discharge. This study found 66% of these were drug-related adverse events.^{2,3}

The following key information is important to include in every discharge summary:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes/medication reconciliation

Communication between the inpatient medical team and the PCP helps ensure continuity and a smooth transition of the FEP patient to the next level of care. FEP Case Management staff are available to work with members, providers and collaborate with medical team while inpatient and post discharge to facilitate discharge planning instruction. Blue Cross and Blue Shield of Illinois (BCBSIL) and FEP applaud PCPs who have adopted the best practice of utilizing written

discharge summaries along with medication reconciliation from their inpatient admission.

¹Roy CL, Poon EG, Karson AS, et al. Patient safety concerns arising from test results that return after hospital discharge. *Ann Intern Med.* 2005;143(2):121-8.

²Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Ann Intern Med.* 2003;138(3):161-7.

³Snow, V., MD. (2009). Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. *Journal of Hospital Medicine*, 4(6), 364-370. doi:10.1002

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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](#). **Note: All times listed are Central Time (CT).**

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
Availity® Essentials Authorizations Tool <i>Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.</i>	Dec. 14, 2022 Dec. 21, 2022 Dec. 28, 2022	11 a.m. to noon
Availity Claim Status and Clinical Claim Appeals <i>Learn how to verify detailed claim status and submit clinical claim appeals online using Availity's Claim Status tool.</i>	Dec. 15, 2022 Dec. 22, 2022 Dec. 29, 2022	11 a.m. to noon
Availity Orientation: Save Time and Go Online <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i>	Dec. 13, 2022 Dec. 20, 2022 Dec. 27, 2022	11 a.m. to noon
Availity Remittance Viewer and Reporting On-Demand <i>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</i>	Dec. 15, 2022	1 to 2 p.m.

BlueApprovRSM: Prior Authorization Process Enhancements via Availability

Learn how to access and use BlueApprovR via Availability to submit and secure real-time approvals for specialty pharmacy drug and behavioral health clinical evaluation prior authorization requests for many BCBSIL commercial members.

[Dec. 12, 2022](#)

1 to 2 p.m.

[Dec. 14, 2022](#)

11 a.m. to noon

[Dec. 16, 2022](#)

1 to 2 p.m.

[Dec. 19, 2022](#)

1 to 2 p.m.

[Dec. 20, 2022](#)

1 to 2 p.m.

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Provider Orientation

Effective **Jan. 1, 2023**, BCBSIL Medicare Advantage Plan is expanding to additional counties within the State of Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants (PNCs) questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.

[Dec. 15, 2022](#)

1 to 2:30 p.m.

Blue Cross Community Health PlansSM (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 BCCHP members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Services (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).

[Dec. 13, 2022](#)

1 to 3 p.m.

HEDIS[®] Changes in 2023

Register today to learn about the changes for Healthcare Effectiveness Data and Information Set in 2023 how it will affect providers. This session will highlight the use of HEDIS to move from measurement to improvement by emphasizing equitable care through the identification of health disparities and Social Determinants of Health.

[Dec. 14, 2022](#)

Noon to 1 p.m.

Orientation Webinars for New Commercial Providers

Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.

[Dec. 14, 2022](#)

3 to 4:30 p.m.

Orientation Webinars for New MMAI and/or BCCHP Providers

Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

[Dec. 15, 2022](#)

10 to 11:30 a.m.

HEDIS is a registered trademark of NCQA.

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 the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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Provider Hot Topics Summary: Fourth Quarter 2022

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements. They also review recent communications – like *Blue Review* articles and News and Updates notices – to call out important details and address provider questions.

PNC ‘Top Three’ Picks for Q4 2022

We know you may not be able to make it to every Hot Topics webinar, so our PNCs have compiled a list of the top hot topics from the previous quarter. If you don’t want to miss what was top of mind this fall, we hope you enjoy and find this snapshot useful.

1. Here’s the most frequently asked question we received from providers (and our answer):

Q – *How do I obtain or request my fee schedule?*

A – Option 1: Request Fee Schedules via Availity[®] Essentials

- This option is for professional providers only.
- Electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform.
- This information is accessible to existing Availity Administrators and users assigned the Fee Schedule role in Availity.
- For step-by-step instructions, see our [Availity Fee Schedule User Guide](#).

Option 2: Complete a Fee Schedule Request Form

- This form is available in our Education and Reference Center, on the [Forms page](#).
- Once you’ve completed the appropriate form in its entirety, fax it to our Provider Telecommunications team, as noted on the form.
- You should receive the requested information in your regular email within one week.
(Quick tip: Don’t forget to check your spam folder.)

2. Here’s the top *Blue Review* article we think you should go back and read again:

[New Tool To Verify Credentialing Information](#) (October 2022)

3. **Here's one of the most important News and Updates, in case you missed it:**

[Confirm Receipt Status Online for Prior Authorization Medical Records Sent via Fax or Mail](#)

(Posted Oct. 27, 2022)

Let's Keep the Conversation Going

The Provider Hot Topics monthly webinars will continue in 2023. Go to our [Webinars and Workshops page](#) to view dates and register now for upcoming sessions.

Our PNCs look forward to connecting with you!

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Visit Our Website for New Documentation and Coding Resources

We appreciate your time and the care and services you provide to your patients, our members. When it's time to submit your claims for reimbursement, we want to help ensure the process goes smoothly.

How can you ensure your claims get through the door?

You've checked eligibility and benefits to determine membership and other important details, such as prior authorization requirements and utilization management vendors to use, if applicable. That's great! But without thorough documentation and careful coding, your claims might be denied or returned for more information.

We've added six new claim filing tip sheets to our [Claim Submission page](#), under **Documentation and Coding Resources**. Currently, there are tip sheets for the following conditions:

- Atrial Fibrillation
- Cancer and Cancer Related Treatment
- Diabetes Mellitus
- Human Papillomavirus (HPV)
- Major Depressive Disorder
- Obesity

In the coming months, we'll be adding more tip sheets to the above list. Watch the [News and Updates](#) and [Blue Review](#) for announcements on new tools and related resources.

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Laboratory Benefit Management Program: Reminders and Resources

Last month, we launched our Laboratory Benefit Management program with Avalon Healthcare Solutions for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members. Some of the program goals are to reduce over-testing, lower cost variability and promote high quality care for our members. The Laboratory Benefit Management program supports a value-driven approach to outpatient laboratory testing as part of our commitment to provide affordable health insurance premiums for our members.

The Laboratory Benefit Management program applies to commercial outpatient laboratory claims (typically performed in an office, hospital outpatient, or independent laboratory setting) with dates of service beginning Nov. 1, 2022. Laboratory services provided in an emergency room, hospital observation or hospital inpatient setting are excluded from this program. Member coverage terms still apply.

We published articles in the *Blue Review* and News and Updates to alert you of changes, trainings and helpful resources, such as the Trial Claim Advice tool, available to registered users on Availity[®] Essentials. [Lab Benefit Management Program Clinical Payment and Coding Policies](#) were posted on our Provider website as of Aug. 1, 2022. Some policies became effective Nov. 1, 2022, and other policies are effective Feb. 1, 2023 (claim edits will not initially apply to the rate at which tests have been ordered or with respect to the age or gender of a patient).

New on Our Website: Answers to Frequently Asked Questions

To help you prepare for the launch of this program, our Provider Network Consultant (PNC) team has hosted several rounds of educational webinars. Many providers offered feedback, which helped us plan for additional trainings. Recently, we added new [Avalon Lab Management Program FAQs](#) to our [Claim Submission page](#), under the Related Resources. We hope you find this information insightful and informative.

Continue to watch the [News and Updates](#) for announcements on this program and other BCBSIL initiatives. Also be sure to join our PNC team for their monthly Provider Hot Topics webinar. Dates, times and registration links are listed on our [Webinars and Workshops page](#). It's a great place to connect with your PNC and stay in the loop on the latest BCBSIL news.

This program doesn't apply at this time to government programs or any of our HMO members.

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Has your information changed? Let us know!

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

We encourage you to check your information as it appears in our [Provider Finder](#) on a monthly basis.

- Verify your information (name, specialty, address, phone and website URL) for our provider directory every 90 days. This is [required by federal law](#).
- Update your data when it changes, including when you join or leave a network.
- If you leave a network, update your information immediately and according to your contract terms.

Online options are available for most changes you may need to request. See below for some reminders on the different types of changes and how to request them.

Demographic Changes

We recommend **professional** providers use the [Availity[®] Essentials](#) Provider Data Management feature to request changes to existing demographic information, such as service location, payment address, business website URL, hours of operation and languages spoken.

- If you're unable to use Availity, you may submit a [Demographic Change Form](#).
- You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) National Provider Identifier (NPI). As a participating provider, your NPI(s) should already be on file with BCBSIL. If needed, you can request deactivation of an existing NPI.
- **Facilities** may use only the [Demographic Change Form](#) to verify and update data.

Request Addition of Provider to Group

If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes aren't immediate upon submission of this form. The provider being added to the group won't be considered in-network until they're appointed into the network.

Other Information Changes

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

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

*For status of your professional contract application, application, use the [Case Status Checker](#).

If you have any questions, [contact your assigned Provider Network Consultant](#).

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2023 Illinois Medicaid Quality Improvement Program (QIP) Updates

The Blue Cross and Blue Shield of Illinois (BCBSIL) Quality Improvement (QI) Program is based on the view that the process for delivery of medical care and services can be continuously improved.

For contracted providers participating in the Illinois Medicaid QIP, updates will be made to program measures, incentive structure and bonuses for the 2023 performance year. These changes will go into effect on **Jan. 1, 2023**.

For more information, refer to the [Blue Cross Community Health PlansSM Provider Manual](#).

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