

BLUE REVIEWSM

A Provider Publication

July 2022

■ Provider Education

Provider Hot Topics Summary: Second Quarter 2022

In case you missed a Provider Hot Topics webinar or two this spring, our Provider Network Consultants (PNCs) have prepared a re-cap. What was the most frequently asked question (and our PNCs' answer)? Which *Blue Review* article and News and Updates notice should you go back and read again?

[Read More](#)

Pricing Information to Display Starting in July

The Transparency in Coverage Final Rule requires health insurers and some employers to publicly display certain health care price information via machine-readable files beginning **July 1, 2022**. Among other details, these files will include your federal Taxpayer Identification Number (TIN), or your Social Security number, if you're using your SSN for your TIN.

[Read More](#)

Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (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](#)

■ What's New

'CMO Perspective' Goes Online

You may recall our former CMO Perspective article series in the *Blue Review*. We've transitioned this column to an online blog-style format. We'll use this forum to feature insights on timely topics from our vice president and chief medical officer, Derek Robinson. Visit the [CMO Perspective page](#) to view Dr. Robinson's first entry from June 24, 2022 – [Chronic Kidney Disease: Examining Health Disparities in Communities of Color](#) – which re-caps a panel discussion on the outdated use of race modifiers in determining patient risk and treatment for CKD. Also see Dr. Robinson's post on July 1, 2022 – Pediatric Vaccines: [A Call to Action to Help Protect Illinois Children and Teens](#).

■ Clinical Updates, Resources and Reminders

Talk with Your Patents About Managing Diabetes

To help monitor and improve our members' care, we track quality measures developed by the National Committee for Quality Assurance related to diabetes care. We've compiled a list of reminders, tips to consider and resources to share with your patients.

[Read More](#)

In-home Test Kits for Colorectal Cancer Screening

We're working with Everlywell to provide in-home colorectal cancer test kits to some of our members this summer. If they receive a kit, our members may ask for your guidance as their trusted provider.

[Read More](#)

Prior Authorization Code Updates, Effective Oct. 1, 2022 (Commercial and Government Programs)

BCBSIL is changing prior authorization requirements that may apply to some of our commercial non-HMO, Medicare Advantage (PPO) and Illinois Medicaid members. Refer to the News and Updates for the notices that summarize [commercial](#) and [government programs](#) prior authorization code list updates, effective **Oct. 1, 2022**.

■ Pharmacy Program

Pharmacy Program Updates: Prior Authorization (PA) Changes Effective July 15, 2022

The 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. See the News and Updates for more information on changes effective [Aug. 1, 2022](#), and [August and October 2022](#).

■ Wellness and Member Education

Catch Up on Routine Vaccines and Well-Child Visits

The COVID-19 pandemic disrupted routine childhood immunizations and well-child visits for many people, according to the Centers for Disease Control and Prevention (CDC). We've created Wellness Guidelines and vaccine information for our members to boost awareness.

[Read More](#)

Help Your Younger Patients Get a Healthy Start

Regular health screenings, immunizations and wellness checkups are critical to help detect health issues early, when they're easier to treat. During July, our Wellness Can't Wait campaign is spotlighting **Child and Adolescent Well Care**.

[Read More](#)

■ Community Involvement

We're Kicking Off the Summer Season with Community Events at Our Blue Door Neighborhood CenterSM

Summer's officially here! Our Blue Door Neighborhood Center (BDNCSM) locations are hosting programs that warm weather wellness. Visitors to our South Lawndale BDNC will learn about protecting their skin, staying hydrated, barbeque safety and more.

[Read More](#)

■ Electronic Options

We're Collecting Telehealth Information for Our Provider Directories

In accordance with Illinois Senate Bill 332, which amends the Illinois Network Adequacy and Transparency Act, we're required to update our provider directories to show telehealth information for each contracted provider. We've started collecting telehealth information from commercial providers in our PPO, HMO, and Blue Choice PPOSM networks. If you've already shared your telehealth information with us, thank you! If not, please [refer to the article in our May Blue Review for details](#), like the fields and definitions you'll see when using our online forms.

■ Claims and Coding

BlueCard[®] Program Reminder Checklist

Vacation season's here and, through the BlueCard program, many Blue Cross and Blue Shield (BCBS) members are taking their coverage with them when they travel. See our checklist of important reminder to help you when you're filing claims for out-of-area BCBS members.

[Read More](#)

[Read More](#)

■ Network Innovation/Product Updates

Flex and Open Access for Medicare Patients and Providers

If you're a Medicare provider, you may treat Blue Cross Medicare Advantage Flex (PPO)SM and Blue Cross Group Medicare Advantage Open Access (PPO)SM members, regardless of your contract or network status with BCBSIL.

[Read More](#)

■ Quality Improvement and Reporting

Physician Efficiency, Appropriateness, and QualitySM (PEAQSM) Program: Provider Questions and Other Resources

We're preparing to roll out our PEAQ program to Illinois providers soon. Until then, we'll continue to publish articles in the *Blue Review* to keep you informed.

[Read More](#)

Provider Satisfaction Survey 2022

Building a strong network of providers and working with you to serve our members is important to us. To support this effort, we survey a random sample of providers each year. Read more on [News and Updates](#).

Health Care Fraud is Not a Victimless Crime

BCBSIL participates in inquiries and investigations to identify and address potentially fraudulent activities. Our Special Investigations Department (SID) is committed to fighting fraud, reducing health care costs and protecting the integrity of the BCBSIL provider network.

[Read More](#)

■ Notification and Disclosure

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

[Read More](#)

Procedure Code and Fee Schedule Updates

As part of our commitment to help inform 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](#)

Reminder: CPT® Codes May Change

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

[Read More](#)



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 [Avality® 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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Provider Hot Topics Summary: Second Quarter 2022

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars the first week 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 (Q2 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 spring, we hope you enjoy and find this snapshot useful.

1. Here's the most frequently asked question we received from providers in Q2 of 2022 (and our answer):

Q – *With the 90-day attestation requirements as outlined in the Consolidate Appropriations Act (CAA), how do I go about updating my information?*

A – The best and easiest way to attest to your provider information is via the Provider Data Management module on Availity® Essentials. Another option is via our online Demographic Change Form. Details on both of these options, as well as additional information related to the CAA, may be found on our Provider website [here](#).

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

[Telehealth Information for Provider Directories: What We're Collecting and How to Make Updates](#) (May 2022)

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

[What to Include When Emailing Our Provider Network Consultant Team](#) (Posted Feb. 22, 2022)

Let's Keep the Conversation Going

Register for this month's Provider Hot Topics webinar on [July 14, 2022, from 10 to 11:30 a.m.](#) Our PNCs look forward to connecting with you.

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Pricing Information to Display Starting in July

As we informed you in [October 2021](#), the [Transparency in Coverage Final Rule](#) requires health insurers and some employers to publicly display certain health care price information via machine-readable files on their websites beginning **July 1, 2022**. These machine-readable files will include negotiated rates with in-network providers and allowed amounts for out-of-network providers. The files are in a format required by the Centers for Medicare & Medicaid Services (CMS).

What this means for you:

- These files will include the place of service (POS) code, your federal [Taxpayer Identification Number](#) (TIN) and your National Provider Identifier (NPI).
- If you're using your Social Security number as your TIN, we encourage you to register for a new TIN and update us through our [Demographic Change Form](#).

[More on the Consolidated Appropriations Act and Transparency in Coverage Final Rule.](#)

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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® Essentials Authorizations Tool <i>Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.</i></p>	<p>July 13, 2022 July 20, 2022 July 27, 2022</p>	<p>11 a.m. to noon</p>
<p>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></p>	<p>July 14, 2022 July 21, 2022 July 28, 2022</p>	<p>11 a.m. to noon</p>
<p>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 payer-specific information and save or print results.</i></p>	<p>July 21, 2022</p>	<p>1 to 2 p.m.</p>
<p>Availity Orientation: Save Time and Go Online <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>July 12, 2022 July 19, 2022 July 26, 2022</p>	<p>11 a.m. to noon</p>

Monthly Provider Hot Topics Webinar

[July 14, 2022](#)

10 to 11:30 a.m.

Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants (PNCs) learn about upcoming initiatives, program changes and updates, as well as general network announcements.

Orientation Webinars for New Commercial Providers

[July 20, 2022](#)

10 to 11:30 a.m.

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.

Orientation Webinars for New Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHPSM) Providers

[July 21, 2022](#)

3 to 4:30 p.m.

Learn how we can best work together to improve the health of our member. 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.

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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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Talk with Your Patients About Managing Diabetes

More than 37 million Americans have diabetes, according to the [Centers for Disease Control and Prevention](#) (CDC). Because symptoms can develop slowly, one in five don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

Closing Care Gaps

To help monitor and improve our members' care, we track quality measures developed by the National Committee for Quality Assurance related to diabetes care.

[Comprehensive Diabetes Care](#) measures apply to members ages 18 to 75 with diabetes (type 1 or type 2) who had the following during the measurement year:

- **Hemoglobin A1c (HbA1c) control (<8.0%)** – The most recent HbA1c level is less than 8.0%, indicating control.
- **HbA1c poor control (>9.0%)** – The most recent HbA1c level is greater than 9.0%, indicating uncontrolled. A lower rate on this measure indicates better performance.
- **Eye exam** – An eye care professional screens or monitors for diabetic retinal disease via a retinal or dilated eye exam.
- **Blood pressure control** – (<140/90 mm Hg)

[Kidney Health Evaluation for Patients with Diabetes \(KED\)](#) tracks members ages 18 to 85 with diabetes (type 1 or type 2) who received a kidney health evaluation. An evaluation is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year.

Tips to Consider

- Identify care gaps and schedule lab tests before office visits to review results and adjust treatment plans if needed.
- Document medication adherence to angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) when applicable.
- Repeat abnormal lab tests later in the year to document improvement.
- Monitor blood pressure status at each visit and adjust medications as needed for control.
- Encourage members with diabetes to have annual retinal or dilated eye exams by an eye care specialist.
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record.

Resources

We encourage you to talk with our members about diabetes. We've created [member resources that may help](#), including:

- [Type 1](#) and [Type 2](#) symptoms
- Regular eye exams to avoid [vision loss](#), or diabetic retinopathy
- Screenings for [kidney disease](#), or diabetic nephropathy

Also see our [preventive care](#) and [clinical practice guidelines](#) on diabetes.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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In-home Test Kits for Colorectal Cancer Screening

Because of the COVID-19 pandemic, many people may have delayed getting appropriate care. We're working with Everlywell to provide in-home colorectal cancer test kits to some of our members this summer.

Everlywell is sending Fecal Immunochemical Test (FIT) kits to certain **Blue Choice Preferred PPOSM** members at no additional charge. If they receive a kit, our members may ask for your guidance as their trusted provider.

In 2021, we provided 15,587 FIT kits to BCBSIL members.

- 2,661 members returned their kits and closed this gap in their care.
- Test results were sent to the members and their primary care physicians (PCPs).
- 121 kits were abnormal or positive, meaning the sample contained blood when collected.

We'd like to boost participation in 2022, but we need your help. Please consider encouraging our members to take advantage of this opportunity to learn more about their health with a FIT kit.

Why Use FIT

The [U.S. Preventive Services Taskforce](#) recognizes annual FIT testing for colorectal cancer screening starting at age 45.

- FIT testing is appropriate screening for people with an average risk for colorectal cancer, according to the [American Cancer Society](#). Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer.
- When compared to stool DNA tests, FIT kits have fewer false positives, which reduces unnecessary colonoscopies, according to the [National Cancer Institute](#). Unlike stool DNA, FIT kits require only a swab rather than a stool sample.

How In-home Testing Works

The in-home testing process is quick and easy for members:

- Everlywell sends the kits to a sample of eligible members who've been identified with a gap in care for colorectal cancer screening. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Medications are taken according to members' normal schedule.
- Members complete the test kit at home, provide the name of their PCP and mail the test to Everlywell for processing.

An addressed, postage-paid envelope is included in the kit. The deadline to mail completed kits is **Dec. 31, 2022**.

- Everlywell sends results to the member and their PCP in three to four weeks.

How You Can Help

- Consider discussing the importance of colorectal cancer screening and healthy lifestyle choices with our members. If our member receives a kit and calls your office with questions, discuss their screening options.
- Document any test results in the member's medical record and discuss the results with our member.

Everlywell, formally Home Access Health Corporation, is an independent company that has contracted with BCBSIL to provide laboratory testing services for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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Catch Up on Routine Vaccines and Well-Child Visits

The COVID-19 pandemic disrupted routine childhood immunizations and well-child visits for many people, according to the [Centers for Disease Control and Prevention \(CDC\)](#). The CDC recommends that [doctors and health care professionals encourage families](#) to schedule vaccines and visits to help children [catch up](#). We've created [Wellness Guidelines](#) and [vaccine information](#) for our members to boost awareness.

Closing Care Gaps

To help monitor and improve our members' care, we track these Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures developed by the National Committee for Quality Assurance:

[Child Immunization Status](#) tracks the percentage of 2-year-olds who received by their 2nd birthday a total of:

- Four diphtheria, tetanus and acellular pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophilus influenza type B (HiB)
- Three hepatitis B (Hep B)
- One chicken pox (VZV)
- Four pneumococcal (PCV)
- One hepatitis A (Hep A)
- Two or three rotavirus (RV); all doses should be given before 8 months of age
- Two flu vaccines

[Immunizations for Adolescents](#) tracks the percentage of 13-year-olds who received by their 13th birthday:

- One dose of meningococcal vaccine
- One tetanus, diphtheria and pertussis (Tdap)
- The complete human papillomavirus vaccine (HPV) series

[Well-Child Visits in the First 30 Months of Life](#) measures the percentage of children who had:

- Six or more well-child visits with a primary care physician during their first 15 months
- Two or more well-child visits during their next 15 months

Tips to Consider

- Consider identifying members who have missed vaccines or well-child visits. You can also consider contacting their caregivers to schedule appointments.
- Check for any missing immunizations at each visit. Address common misconceptions about vaccines.
- To document well-child visits. Note that the visit was with a primary care physician (PCP) and include these details in the medical record:
 - Date of visit
 - Health history
 - Physical and mental development history
 - Physical exam
 - Health education or anticipatory guidance
- We collect immunization data through claims and chart review. To document immunizations, you may include in the medical record any of the following:
 - Certificates of immunizations
 - Diagnostic reports
 - Subjective, Objective, Assessment and Plan (SOAP) notes
 - Office or progress notes

Resources

- CDC recommendations on [COVID-19 vaccines and boosters](#) for children and teens
- BCBSIL [preventive care guidelines](#) on immunization schedules

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Help Your Younger Patients Get a Healthy Start

During July, our Wellness Can't Wait campaign is spotlighting **Child and Adolescent Well Care**.

According to the Centers for Disease Control and Prevention (CDC):¹

- 21.2% of adolescents, ages 12 to 19, have obesity
- 2 in 5 students have a chronic health condition
- 23.6% of high school students use at least one tobacco product

Your patients and their families may not be aware of health risks threatening kids and teens. To help you get a conversation started, we wanted to share this [video](#) from our vice president and chief medical officer, Derek Robinson. In the video, Dr. Robinson talks to parents about scheduling their child's next well visit and staying up to date on childhood immunizations through the teenage years.

Regular health screenings, immunizations and wellness checkups are critical to help detect health issues early, when they're easier to treat. Your patients' **Wellness Can't Wait**. Now is the time to make preventive care a priority. If your patients have missed annual exams or preventive screenings, you may want to reach out to them to set up an appointment.

Through our [Wellness Can't Wait campaign](#), Blue Cross and Blue Shield of Illinois (BCBSIL) is collaborating with the provider community and local organizations – like the Chicago Department of Public Health (CDPH) – to connect those in need with access to tools and resources that empower them to take a proactive approach to their health.

CDPH launched a series of free family vaccination clinics at our Blue Door Neighborhood Center locations to offer COVID-19 vaccinations for children 6 months and older. The clinics will continue into October 2022. Your patients can call 773-253-0900 or check the calendars at BDNC at Morgan Park, BDNC at Pullman and BDNC at South Lawndale for details, dates and registration.

¹CDC, Promoting Health for Children and Adolescents, May 23, 2022.

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/children-health.htm>

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We're Kicking Off the Summer Season with Community Events at Our Blue Door Neighborhood CenterSM

Summer's officially here! Our Blue Door Neighborhood Center (BDNCSM) locations are hosting programs that promote summer safety. Visitors to our South Lawndale BDNC will learn about protecting their skin, staying hydrated, barbeque safety and more.

This month, we're excited to work with the [National Kidney Foundation of Illinois KidneyMobile[®]](#). You may want to encourage your patients to join us on **July 14** for a screening event that will include body mass index (BMI), blood glucose readings and blood pressure checks. Free, healthy summer snacks, like seasonal fruits and vegetables will be offered at the event.

We are partnering with the Chicago Department of Public Health (CDPH) to launch a series of free family vaccination clinics. COVID-19 vaccinations for children 6 months and older will be available at all centers.

We're also having a **block party at the BDNC in Pullman on Saturday, July 16, from 11 a.m. to 3 p.m.** We've planned a full day of fun activities for the whole family. The block party will feature:

- Music and food
- BCBSIL Care Van[®]
- Health information
- Low-impact fitness demos and much more

These are just a few of the programs that will be offered at BDNC in July. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) the [BDNC Facebook page](#) for details, dates and registration. They can visit any time to check out 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 Blue Cross and Blue Shield of Illinois (BCBSIL). We're also committed to strengthening the health of communities across the state.

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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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BlueCard[®] Program Reminder Checklist

Vacation season is here and, through the BlueCard program, many Blue Cross and Blue Shield members are taking their coverage with them when they travel.

This program offers providers access to an electronic network for claim submission and reimbursement. As a result, while you may see multiple patients from out-of-area BCBS Plans, you still have one source for claim filing in most instances – the local or Host Plan. For Illinois providers seeing out-of-area members, that's Blue Cross and Blue Shield of Illinois (BCBSIL).

Here's a quick checklist of important BlueCard reminders:

- **Ask members for their current ID card.** Most BlueCard members have a suitcase logo on the front of their ID card. Also ask for a photo ID to confirm the member's identity.
- **Verify the member's eligibility, benefits and copayments.** For faster results, check coverage electronically through the [Availity[®] Essentials](#), or your preferred web vendor.
- **When recording the member ID number, be sure to include the three-character prefix.** This prefix indicates the member's group information.
- **Submit BlueCard claims to BCBSIL electronically.** Do not submit duplicate claims.
- **Check claim status online.** Use the [Availity Claim Status Tool](#) to search for claims by member ID or claim number.

For more in-depth information to help you when you're filing claims for out-of-area members, refer to the [BlueCard Program Provider Manual](#).

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

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BLUE REVIEWSM

A Provider Publication

May 2022

Telehealth Information for Provider Directories: What We're Collecting and How to Make Updates

In accordance with Illinois Senate Bill 332, which amends the Illinois Network Adequacy and Transparency Act, we're required to update our printed directory and online Provider Finder[®] to show telehealth information for each contracted provider.

We've started collecting telehealth information from commercial providers contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) in our PPO, HMO, and Blue Choice PPOSM networks. [In previous notices](#), we outlined a roster process to update your telehealth information if you participate in any of these commercial networks.

More Collection Methods

On **April 12, 2022**, we announced the added option to share your telehealth information with BCBSIL using one of our online forms:

- [Demographic Change Form](#) – For **existing providers** to update their information
- [Provider Onboarding Form](#) – For **new providers** (not currently in our network) to add their information

If you **haven't already updated** your telehealth information, please use one of the update methods above **or** complete the following steps to use the roster process:

- Send a request with your Tax ID to the [Illinois Provider Roster Requests team](#) and ask for a current copy of your roster.
- Complete the telehealth fields for each provider on the roster; **and**
- Send the roster back to the [Illinois Provider Roster Requests team](#) as soon as possible.

What telehealth information is being collected?

To help you prepare, here's a list of the 12 fields you'll see in the online form, along with definitions to help clarify how you may want to answer.

The first two fields refer to the modalities your office provides:

1. **Telehealth available audio only (Yes or No)** – *Telehealth appointments that are conducted without video. Examples include appointments conducted by phone discussion.*

	<p>2. Telehealth available audio and video (Yes or No) – <i>Telehealth appointments that are conducted with both audio and video. Examples include appointments done over Skype or Webex or FaceTime.</i></p>
<p>The third field refers to adding a remote family caregiver* to the patient’s telehealth visit, if the patient wishes to, and provides consent to do this:</p>	<p>3. Telehealth w/Family Caregiver in Different Place (Yes or No) –Appointments where the patient, provider, and family caregiver are in separate locations.</p> <p><i>*Note: ‘Family caregiver’ means a relative, partner, friend, or neighbor who has a significant relationship with the patient and administers or assists them with activities of daily living, instrumental activities of daily living, or other medical or nursing tasks for the quality and welfare of that patient.</i></p>
<p>Fields 4 through 12 refer to the types of services your office could offer via telehealth:</p>	<p>4. Telehealth Medical Care (Yes or No) – <i>Types of services typically referred to as ordinary and usual outpatient professional services rendered by a physician or other health care provider during a professional visit for treatment of an illness or injury.</i></p> <p>5. Telehealth Consultation (Yes or No) – <i>Types of services related to the act of seeking assistance via telehealth from one or more other physicians or other health care providers for diagnostic studies, therapeutic interventions, or other services that may benefit the patient.</i></p> <p>6. Telehealth Hospice (Yes or No) – <i>Types of services related to the comprehensive, holistic program of care and support for terminally ill patients and their families that can be done via telehealth.</i></p> <p>7. Telehealth Hearing Items and Services (Yes or No) – <i>Types of services done via telehealth to help improve hearing.</i></p> <p>8. Telehealth Vision Items or Services (Yes or No) – <i>Types of services done via telehealth to help improve vision.</i></p> <p>9. Telehealth Outpatient Mental Health Treatment (Yes or No) – <i>Types of services typically referred to as outpatient mental health services that are done via telehealth. Treatments could include individual or group counseling, outpatient anxiety treatment, depression treatment, stress management skills, and family therapy.</i></p> <p>10. Telehealth Occupational Therapy (Yes or No) – <i>Types of services done via telehealth that help people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations).</i></p> <p>11. Telehealth Physical Therapy (Yes or No) – <i>Types of services related to the evaluation, assessment, and treatment of individuals with limitations in functional mobility.</i></p> <p>12. Telehealth Other Medical Items or Services (Yes or No) – <i>Other services conducted via telehealth when appropriate as determined by a physician or other health care provider.</i></p>

We’re Here to Help

If you have questions on this notice, contact your assigned [Provider Network Consultant \(PNC\)](#).

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BLUE REVIEWSM

A Provider Publication

July 2022

Flex and Open Access for Medicare Patients and Providers

If you're a Medicare provider, you may treat Blue Cross Medicare Advantage Flex (PPO)SM and Blue Cross Group Medicare Advantage Open Access (PPO)SM members, regardless of your contract or network status with Blue Cross and Blue Shield of Illinois (BCBSIL). That means you don't need to participate in BCBSIL Medicare Advantage networks or in any other BCBSIL networks to see these members. The only requirement is that you accept Medicare assignment and will submit the claims to BCBSIL.

Flex and Open Access Advantage

Individual members may join the Flex plan. The Group Open Access plan is available to retirees of employer groups.

These plans cover the same benefits as Medicare Advantage Parts A and B plus additional benefits per plan. Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.

- The **Flex plan** includes medical coverage and prescription drug coverage. It doesn't require member cost share.
- The **Open Access plan** includes medical coverage and may include prescription drug coverage. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan. Call the number on the member ID card for details.

Referrals aren't required for office visits. Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSIL. Before providing care to our members, always check eligibility and benefits first.

For reimbursement

Follow the billing instructions on the member's ID card. When you see these members, you'll submit the claims to BCBSIL and not Medicare.




- If you're a Medicare Advantage-contracted provider with any Blue Cross and Blue Shield (BCBS) plan, you'll be paid your contracted rate. You're required to follow utilization management review requirements and guidelines.
- If you're a Medicare provider who isn't contracted for Medicare Advantage with any BCBS plan, you'll be paid the Medicare-allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount.* You aren't required to follow utilization management guidelines; however, you may request a review to confirm medical necessity.

Flex plan members

You can identify Flex plan members by their member ID card. Look for the Flex plan name on the front. If you have questions, call 877-774-8592.

 BlueCross BlueShield of Illinois Blue Cross Medicare Advantage (PPO) Name: SAMPLECARD ID: XOD123456789 Plan (80840): 9101000211 Office Visit: \$ Specialist: \$ Emergency Room: \$ RxBin: RXBIN RxPCN: RXPCN RxGrp: RXGROUP RxID: RXID H8634 014 	www.getblueil.com/mapd  Provider: File medical claims with your local BCBS Plan Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711 Nurse Advice Line: 1-800-631-7023 Medicare Limiting Charges Apply PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC),  BlueCross BlueShield of Illinois an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.
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Group Open Access plan members Look for the Open Access name on the front of member ID cards. Call 877-299-1008 with questions.

 BlueCross BlueShield of Illinois Blue Cross Group Medicare Advantage (PPO) SM Name: SAMPLECARD ID: JLX123456789 Plan (80840): 9101000211 Office Visit: \$ Specialist: \$ Emergency Room: \$ RxBin: RXBIN RxPCN: RXPCN RxGrp: RX GROUP RxID: RX_ID H8634 813 	www.getblueil.com/mapd  For Providers: 1-877-299-1008 TTY: 711 Pharmacy Help Desk: 1-877-277-7898 For Members: Customer Service: 1-866-390-4276 TTY: 711 Nurse Advice Line: 1-800-631-7032 File medical claims with your local plan Medicare Limiting charges apply PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage Organization with a Medicare contract.
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*Group Open Access members may be responsible for cost share for supplemental dental services from non-contracted Medicare providers.

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

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

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BLUE REVIEWSM

A Provider Publication

July 2022

Physician Efficiency, Appropriateness, and QualitySM (PEAQSM) Program: Provider Questions and Other Resources

We're preparing to roll out our PEAQ program to Illinois providers soon. Until then, we'll continue to publish articles in the *Blue Review* to keep you informed. Meanwhile, for an overview of PEAQ, see answers to general questions about the program below.

What is PEAQ?

The Blue Cross and Blue Shield of Illinois (BCBSIL) PEAQ program looks at physician performance in a transparent and multidimensional way. Physicians who practice in PEAQ specialties and meet minimum patient criteria will receive Physician Performance Insights (PPI) that show how they were evaluated and where they rank in comparison to their peers in the same geographic area and working specialty.

To what networks, provider types and specialties will PEAQ apply?

PEAQ performance applies to all networks. Physicians (M.D.s and D.O.s) will be measured at the individual National Provider Identifier (NPI) level. BCBSIL looks at three specialties and 15 corresponding working specialties:

- **Medical** – Cardiology, Endocrinology, Gastroenterology, Nephrology, Obstetrics/Gynecology, Pulmonary, Rheumatology
- **Surgical** – Cardiothoracic Surgery, Ophthalmology, Orthopedic Surgery, Urology, Vascular Surgery
- **Primary Care** – Family Medicine, Internal Medicine, Pediatrics

In the future, PEAQ may expand to include other provider types and levels, such as physician groups.

How will physicians be evaluated?

Data used is either claims-based or obtained from feeds such as labs. The program does **not** include a review of medical records. Physicians will be evaluated in the three performance components (Efficiency, Appropriateness, and Quality) and their measures will be consolidated into an overall metric. Efficiency and quality ratings are risk-adjusted based on multiple factors, such as patient comorbidities, demographics, disease severity, and disease category.

The benchmark will be a provider's peer group defined by working specialty and geographic region. We will continually

evaluate measured specialties based on data availability, clinical relevance, and volume. PEAQ results will be updated once annually. The evaluation frequency is subject to change.

For more information on physician evaluation, refer to the program methodology on the [PEAQ page](#) in the [Provider Tools](#) section of our website. More resources will be added to our website as the program evolves.

How will PEAQ results be used?

PEAQ will be used to help physicians understand how they're performing relative to their peers. We believe this is very important to physicians. PEAQ may be used to help connect BCBSIL members with high-performing physicians.

If you have other questions about the program, contact our [PEAQ team](#).

For announcements and related resources, continue to watch the [Blue Review](#) and [News and Updates](#).

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.

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BLUE REVIEWSM

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July 2022

Health Care Fraud is Not a Victimless Crime

Blue Cross and Blue Shield of Illinois (BCBSIL) participates in inquiries and investigations to identify and address potentially fraudulent activities. Our Special Investigations Department (SID) is committed to fighting fraud, reducing health care costs and protecting the integrity of the BCBSIL provider network.

The National Health Care Anti-Fraud Association (NHCAA) estimates that about 3% of all health care spending is lost to health care fraud annually.¹ Some government and law enforcement agencies estimate the loss due to health care fraud is as high as 10% of the annual health care expenditure in the U.S. – more than \$300 billion – each year.¹

Most health care fraud in the U.S. is committed by a small minority of health care providers and by individuals posing as legitimate health care professionals.¹ Common types of provider fraud may include:

- Accepting kickbacks for patient referrals
- Billing for unrendered services
- Billing for each step of a procedure as if they are separate procedures (also known as bundling)¹

Financial losses caused by health care fraud are only part of the story. Individual victims of health care fraud include patients who experience medical identity theft, double billing or false marketing for medically unnecessary procedures.

The SID offers two ways to take action, 24 hours a day, seven days a week:

- [File a report online](#), or
- Call the Fraud Hotline at 800-543-0867. All calls are confidential, and you may remain anonymous.

What else can you do to help prevent fraud?

Always ask to see the member's ID card for current information and a photo ID to help guard against medical identity theft.

¹ National Health Care Anti-Fraud Association, The Challenge of Health Care Fraud, <https://www.nhcaa.org/tools-insights/about-health-care-fraud/the-challenge-of-health-care-fraud/>

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Medical Policy Updates

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

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

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

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

Visit the [Standards and Requirements section](#) of our website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. You'll find a [Medical Policy Reference List](#) in the Related Resources on our [Predetermination page](#); this list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

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

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BLUE REVIEWSM

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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.

Effective Sept. 1, 2022, the following code ranges will be updated in the 90630-90756 and Q2034-Q2039 Current Procedural Terminology (CPT®) code ranges. Please note that not all codes in these ranges will be updated.

The information above is not intended to be an exhaustive listing of all changes. For more information on the above change(s), use our Fee Schedule Request Form and specifically request the updates on the codes listed in the *Blue Review*. Annual and quarterly fee schedule updates may be requested by using the Fee Schedule Request Form. The downloadable form is available on the [Forms page](#) on our Provider website. Professional providers participating in our Preferred Provider Option (PPO) and Blue Choice PPO networks may use the [Fee Schedule Listing tool](#) on the [Availity® Essentials](#) to submit electronic requests and receive the contracted price allowance for specific codes.

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Reminder: CPT[®] Codes May Change

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

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

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

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