



BLUE REVIEWSM

A Provider Publication

July 2023

■ What's New

Upgraded Eligibility and Benefits Tool on Availity[®] Essentials Offers a Better User Experience

The Availity Eligibility and Benefits tool has been redesigned based on your feedback to make it easier to find the patient information you need in one consolidated view. The refreshed Eligibility and Benefits entry and response screens are clearer and more concise, with flexible options for adding providers, expandable information sections and new toggle/filtering options.

[Read More](#)

■ Electronic Options

Introducing the Provider Correspondence Viewer Application on Availity Essentials

A new Provider Correspondence Viewer application is available via Availity for providers participating with Blue Cross and Blue Shield of Illinois (BCBSIL).

[Read More](#)

Use BlueApprovRSM for Faster, Easier Completion of Prior Authorization Requests

It's time to make BlueApprovR a part of your daily workflow. With this tool, you can request prior authorization for some medical/surgical, pharmacy drug and behavioral health services for many of our **commercial, non-HMO** members. Join us for a webinar on how to access BlueApprovR via Availity. We'll also review tool navigation, new features and how to submit a request. [Read more on News and Updates.](#)

■ Clinical Updates, Reminders and Resources

Prior Authorization Code Updates for Some Commercial and Government Programs Members, Effective July 1, 2023

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

■ Claims and Coding

ClaimsXten™ Announces Software Version Upgrade

Beginning on or after **July 10, 2023**, BCBSIL will perform a system software upgrade for ClaimsXten from version 6.0 to version 7.0.

[Read More](#)

■ Provider Education

Provider Hot Topics Summary: Second Quarter 2023

Our Provider Network Consultants 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.

[Read More](#)

Provider Learning Opportunities

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

[Read More](#)

Webinars on Cross-Cultural Care Offer Continuing Education Credit

If you haven't yet completed our webinars on cross-cultural care, there's still time to register and earn continuing education credit. We're pleased to offer these webinars **at no cost** through Quality Interactions, a separate company that provides cultural awareness training to health care professionals. [Read more on News and Updates.](#)

■ Wellness and Member Education

Illinois Medicaid Provider Alert: Help Your Patients Get Ready for Redetermination

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time. You can help by reminding your patients to update their information and watch for a letter from the Illinois Department of Healthcare and Family Services. [Read more on News and Updates](#).

■ Quality Improvement and Reporting

Catch Up on Routine Vaccines and Well-Child Visits

Many children missed routine childhood immunizations and well-child visits during the last several years, according to the Centers for Disease Control and Prevention. The CDC recommends providers and health care professionals encourage families to schedule vaccines and visits to help children catch up.

[Read More](#)

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are posted on our Provider website.

[Read More](#)

■ Notification and Disclosure

Provider Rights and Responsibilities

As a participating provider in BCBSIL provider networks, you have certain rights and responsibilities that may affect your practice.

[Read More](#)

Member Rights and Responsibilities

As a participating provider, it's important that you're aware of our members' rights and responsibilities.

[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 [Availity Essentials Provider Data](#)

Management feature of 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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Upgraded Eligibility and Benefits Tool on Availity[®] Essentials Offers a Better User Experience

The Availity Eligibility and Benefits tool has been redesigned based on your feedback to make it easier to find the patient information you need in one consolidated view. The refreshed Eligibility and Benefits entry and response screens are clearer and more concise, with flexible options for adding providers, expandable information sections and new toggle/filtering options.

Education and Training Opportunities

There are several ways to learn more:

- Every week, Blue Cross and Blue Shield of Illinois hosts a free Availity Essentials Instructor-Led Training. This training gives you an overview of the Availity Eligibility and Benefits transaction and other electronic options. Go to our [Webinars and Workshops page](#) for dates, times and online registration.
- Availity also offers an on-demand demo. Look for the link at the top of the Eligibility and Benefits request page on [Availity](#) to view how to complete the request and understand the detailed response.
- For more instructions, refer to the updated [Eligibility and Benefits User Guide](#) in our Provider Tools section.

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

Checking 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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations, or warranties regarding third party vendors and the products and services they offer.

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Introducing the Provider Correspondence Viewer Application on Availity[®] Essentials

A new Provider Correspondence Viewer application is available via Availity for providers participating with Blue Cross and Blue Shield of Illinois (BCBSIL). This application allows you to view, download and save specific documents associated with your National Provider Identifier and Tax ID number. Currently, the Provider Correspondence Viewer is available only for participating BCBSIL facility providers to access and download Quarterly Average Discount Percentage reports.

What is the Average Discount Percentage?

BCBSIL calculates an estimated discount percentage on an averaged basis.

- These percentages are used to determine patient cost-share, and they appear on the member's explanation of benefits as **"ADP."**
- These percentages are not used for purposes of calculating or making reimbursements to providers, as those are determined based on our BCBSIL network contracts.

How To Access the Provider Correspondence Viewer

After logging in to [Availity Essentials](#):

- Select Payer Spaces from the navigation menu and choose "BCBSIL"
- Within Payer Spaces, go to the Applications tab, then select the Provider Correspondence Viewer
- Complete the required fields to obtain the quarterly ADP reports

Additional Resources

- Refer to our [Provider Correspondence Viewer page](#) for an instructive [user guide](#).
- If you have questions or need customized training, email our [Provider Education Consultants](#).

You must be a registered Availity user to access the Provider Correspondence Viewer. If you haven't registered for Availity, you can [sign up online today](#). For registration help, call Availity Client Services at 800-282-4548.

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ClaimsXtenTM Announces Software Version Upgrade

Beginning **on or after July 10, 2023**, Blue Cross and Blue Shield of Illinois will perform a system software upgrade for ClaimsXten from version 6.0 to version 7.0.

Enhancements include a new look and feel for the Clear Claim ConnectionTM (C3) tool, with new data fields for greater claim specificity. The ICD code set default now will be ICD-10.

Note: Clinical edit clarifications and related sources will continue to be available. C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

Refer to our [Clear Claim Connection page](#) for more details regarding C3 and ClaimsXten, including a user guide, rule descriptions and other details.

More Information: Watch for future updates in the [News and Updates](#). Information also may be included in our *Blue Review*.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSIL. Change Healthcare is solely responsible for the software and all the contents.

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Provider Hot Topics Summary: Second Quarter 2023

Our Provider Network Consultants 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 – including *Blue Review* articles and News and Updates notices – to call out important details and address provider questions.

PNC ‘Top Three’ Picks for Q2 2023

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 this snapshot and find it useful.

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

Q – *How do I request a BCBSIL fee schedule?*

A – As a contracted provider, you have access to the Blue Cross and Blue Shield of Illinois (BCBSIL) fee schedule, which lists the maximum allowance for M.D. level for all service codes. The fee schedule is updated annually on June 1. Please visit our [Fee Schedule page](#) to download and complete the appropriate Fee Schedule Request Form. Follow the instructions provided on the form.

2. Here's the top *Blue Review* article you might want to read again:

[Illinois Medicaid Providers: Help Your Patients Get Ready for Redetermination](#) (*Updated and posted in News and Updates on May 12, 2023*)

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

[Coverage for Telehealth Services When the Public Health Emergency Ends May 11](#) (*Posted May 10, 2023*)

Let's Keep the Conversation Going

Our next Provider Hot Topics webinar is **July 13, 2023, from 10 to 11:30 a.m.** There's still time to sign up! [Register now to attend this month's webinar.](#)

Planning ahead? Watch our [Webinars and Workshops page](#) for other upcoming dates and online registration.

New provider? Check out this page for helpful tips: [Welcome to BCBSIL!](#)

Our PNCs look forward to connecting with you.

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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 Prior Authorizations and BlueApprovRSM Tool <i>Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using the Availity Authorizations and BlueApprovR tools.</i></p>	<p>July 12, 2023 July 19, 2023 July 26, 2023</p>	<p>11 a.m. to 12:30 p.m.</p>
<p>Availity Claim Status, Clinical Claim Appeals and Message This Payer <i>Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using the Availity Essentials Portal.</i></p>	<p>July 13, 2023 July 20, 2023 July 27, 2023</p>	<p>11 a.m. to noon</p>
<p>Availity Essentials Instructor-Led Training <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>July 11, 2023 July 18, 2023 July 25, 2023</p>	<p>11 a.m. to noon</p>
<p>Availity Remittance Viewer and Provider Claim Summary <i>These online tools give providers and billing services a convenient way</i></p>	<p>July 13, 2023 July 20, 2023</p>	<p>1 to 2 p.m.</p>

to view claim detail information from the 835 Electronic Remittance Advice and the Provider Claim Summary. Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results.

[July 27, 2023](#)

BlueApprovR: Prior Authorization Process

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

[July 13, 2023](#)

10 to 11 a.m.

[July 20, 2023](#)

[July 27, 2023](#)

Monthly Provider Hot Topics Webinar

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

[July 13, 2023](#)

10 to 11:30 a.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.

[July 19, 2023](#)

10 to 11 a.m.

Orientation Webinars for New MMAI and/or BCCHPSM Providers

Learn how we can best work together to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and Blue Cross Community Health PlansSM 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.

[July 20, 2023](#)

1 to 2 p.m.

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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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Catch Up on Routine Vaccines and Well-Child Visits

Many children missed routine childhood immunizations and well-child visits during the last several years, according to the [Centers for Disease Control and Prevention](#). The CDC recommends [providers and health care professionals encourage families](#) to schedule vaccines and visits to help children [catch up](#). See our [Children's Wellness Guidelines](#) for a routine immunization schedule.

Tracking Our Members' Care

We track these Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures developed by the National Committee for Quality Assurance to help close gaps in our members' care:

[Child Immunization Status](#) tracks the percentage of 2-year-olds who received the following vaccines by their second birthday:

- 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 (HepB)
- One chicken pox (VZV)
- Four pneumococcal (PCV)
- One hepatitis A (HepA)
- Two or three rotavirus (RV)
- 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

Child and Adolescent Well-Care Visits

- **Well-Child Visits in the First 30 Months of Life** measures the percentage of children who had at least six well-child

visits with a primary care physician during their first 15 months, and two or more well-child visits during their next 15 months

- **Child and Adolescent Well-Care Visits** tracks the percentage of children ages 3 to 21 who received at least one well-care visit with a PCP or OB/GYN during the measurement year

Tips To Consider

- Identify members who have missed vaccines or well-child visits. Contact their caregivers to schedule appointments.
- Check at each visit for any missing immunizations. Address common misconceptions about vaccines.
- To document well-child visits, note that the visit was with a PCP and include in the medical record date of visit; health history; physical and mental development history; physical exam; height, weight and body mass index percentile; health education or anticipatory guidance, including physical activity, diet and nutrition.
- 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

- Blue Cross and Blue Shield of Illinois [preventive care guidelines](#) on immunization schedules.
- Information on [childhood vaccines](#) and [well-visits](#) for our members.
- CDC recommendations on [COVID-19 vaccines and boosters](#) for children and teens.

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.

Information provided by BCBSIL is for informational and educational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider, nor is the information presented intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples in this communication are for illustrative and/or educational purposes only and should not be relied on in determining how a specific Provider will be reimbursed. In the event of a conflict between the information in this presentation and your contract, your contract will control.

The information provided does not constitute coding or legal advice. Physicians and other health care providers should use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment.

HEDIS is a registered trademark of NCQA.

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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 posted on [our Provider website](#). 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.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [BCBSIL 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 [Recommended Clinical Review \(Predetermination\) Code List](#) in the Related Resources on our [Recommended Clinical Review \(Predetermination\) 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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Provider Rights and Responsibilities

As a participating provider in Blue Cross and Blue Shield of Illinois (BCBSIL) provider networks, you have certain rights and responsibilities that may affect your practice. Some of these are noted below. We publish this information for providers annually.

Your Credentialing Rights

If you're applying or reapplying to participate in our networks, you have the right to:

- Review information submitted to support your credentialing application
- Update incorrect and/or conflicting information
- Receive the status of your credentialing or recredentialing application upon request

To learn more about these rights: Visit the [Credentialing page](#) on our Provider website.

Case Management Programs

You can help our members maintain or improve their health by encouraging them to participate in relevant case management programs. These may include:

- Condition management programs to support members with specific conditions like asthma or diabetes
- Complex case management services for members facing multiple or complicated medical or behavioral health conditions
- Programs to help members transition home after a hospital stay or navigate the health care system
- Wellness and prevention programs for members of all ages

Members can access applicable services for complex and condition case management by:

- Asking to enroll, or having their caregiver ask to enroll
- Referral from a primary care physician, practitioner, hospital or other discharge planner
- Referral through utilization management programs

To refer members to case management programs: Call the number on the member's BCBSIL ID card. Our clinicians will work with you to provide our members with available resources and additional support.

Utilization Management Decisions

It's BCBSIL's policy that licensed clinical personnel make all utilization management decisions according to the benefit coverage of a member's health plan, evidence-based medical policies and medical necessity criteria. Decisions are based on appropriateness of care and service, and existence of coverage.

BCBSIL prohibits decisions based on financial incentives. We do not reward practitioners or clinicians for issuing denials of coverage. Financial incentives for utilization management decision makers don't encourage decisions that result in underutilization.

To obtain the criteria used for utilization management decisions: Call the number on the member's BCBSIL ID card. You can also refer to BCBSIL's medical policies, which are available for review [online](#). See our [Utilization Management section](#) for prior authorization support materials and links to BCBSIL and vendor guidelines that may apply for some [commercial](#) and [government programs](#) members. Although medical policies can be used as a guide, providers serving our HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual.

Blue Cross and Blue Shield Federal Employee Program® (FEP®) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members. Call 800-227-6591 for questions regarding FEP prior authorizations. For FEP expedited appeals only, the fax number is 972-766-9776.

Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members: You can search for prior authorization requirements for BCCHP and MMAI members using our [digital lookup tool](#).

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Member Rights and Responsibilities

As a participating provider, it's important that you're aware of our members' rights and responsibilities. A summary is provided below. Additional information can be found in the [members' benefit booklet](#) and on our [Member website](#).

Member rights include the right to:

- Receive information about Blue Cross and Blue Shield of Illinois (BCBSIL), our services, participating providers and facilities, and member rights and responsibilities
- Be treated with respect and dignity with recognition of their right to privacy
- Participate with providers in making decisions about their health care
- Have a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage
- Voice complaints or appeals about BCBSIL or the services we provide
- Make recommendations regarding our member rights and responsibilities policy

Member responsibilities include a responsibility to:

- Provide, to the extent possible, information that BCBSIL and the provider and facility need to provide care
- Follow the plans and instructions for care that the member has agreed to with their provider
- Understand their health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible

Blue Cross and Blue Shield Federal Employee Program[®] (FEP[®]) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members.

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