

BLUE REVIEWSM

For Providers

November 2024

NOVEMBER SPOTLIGHT

Out-of-State Care Beyond Contiguous Counties Is No Longer Covered Benefit

Starting Jan. 1, 2025, members with Blue Choice Preferred PPOSM and MyBlue PlusSM POS plans will no longer have covered benefits for non-urgent and non-emergent care outside of Illinois beyond its surrounding border counties when adequate care is available in-state or in its contiguous counties.

[Read More](#)

BEHAVIORAL HEALTH

Illinois House Bill 2847 (Public Act 103-0535) Requires Coverage of Mental Health Preventive and Wellness Visits

This bill requires that all individual and group policies provide coverage for an annual mental health preventive and wellness visit for children and adults, with no member cost share.

Learn more about what must be included in each visit and which codes to use for reimbursement.

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Updates Coming to Behavioral Health Substance Abuse Criteria for Utilization Management

As part of our medical necessity reviews, we will use updated clinical criteria from the American Society of Addiction Medicine's *Treatment for Addictive, Substance-Related, Co-Occurring Conditions* starting Jan. 1, 2025.

[Read More](#)

CLAIMS AND ELIGIBILITY

Prior Authorization Requirements Are Changing for Some Commercial Members

As of Jan. 1, 2025, we're changing prior authorization requirements that may apply to some commercial non-HMO members. Learn about the changes and how to access updated procedure code lists.

[Read More](#)

Follow Timely Filing Requirements to Enable Claim Processing and Payment

Claim submission requirements help ensure your claims can be processed and paid on a timely basis for covered services rendered to our members. Learn more about why it's important to meet timely filing deadlines and where to go if questions arise.

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CLINICAL RESOURCES

Annual Healthcare Effectiveness Data and Information Set (HEDIS®) Reports Are Available

The reports for our commercial HMO and PPO networks include measures across domains of care reflecting effectiveness of care, access and availability of care and utilization.

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Risk Identification and Outreach Program Supports Member Safety

If you provide care to our commercial members, you may receive information from our RIO team about safely managing opioid medications and facilitating follow-up care.

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Remind Our Members That the Flu Vaccine Can Reduce Risks

The Centers for Disease Control and Prevention recommends a yearly flu vaccine for most people 6 months and older to reduce the risk of flu and its potentially serious outcomes. We have resources to support discussions with our members.

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Encourage Annual Eye Exams for Members with Diabetes

Early detection and treatment can greatly lower the chance of vision loss for our members with diabetes. Learn about the important role annual eye exams play and tips for closing gaps in care.

[Read More](#)

Care Coordination May Help Our Members after Hospital Discharges

When our members receive inpatient hospital care, it's important for hospital teams to share discharge summaries with primary care providers to coordinate care. Learn how this information and other resources can help our members' transition from inpatient care.

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EDUCATION

Explore Learning Opportunities

We offer free webinars and workshops for providers who participate in our networks.

Webinars this month include our quarterly forums for professional providers and behavioral health and ancillary providers.

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MEDICARE

Code Effectively to Earn Additional Incentive Payments on Medicare Advantage Claims

Participating providers in our Medicare Advantage networks can earn an additional incentive payment when submitting claims with certain Current Procedural Terminology (CPT®), CPT Category II and Healthcare Common Procedure Coding System codes. Learn what quality measures are involved and where to find a list of codes and incentive amounts.

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Members May Pay Drug Costs Monthly with New Medicare Prescription Payment Plan

As of Jan. 1, 2025, we will offer a new payment option for members with a Blue Cross Medicare Part D plan or a Medicare Advantage plan with Part D coverage. The Medicare Prescription Payment Plan offers enrollees the option to pay out-of-pocket prescription drug costs through monthly payments over the plan year instead of all at once at the pharmacy.

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NETWORK PARTICIPATION

Check ID Cards for New Coupe Health Plan Members

Providers may see members of our new Coupe Health benefit plan. Learn how this plan streamlines the payment process for your office and our members.

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PHARMACY

Select Self-Administered Drugs Moving to Pharmacy Benefit

We're updating our medical policies for self-administered drugs. Starting March 1, 2025, we will review the medical necessity of administering drugs in a health care setting when they could appropriately be self-administered.

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Pharmacy Program Quarterly Update Changes – Part 2

Some changes were made to our drug lists, including coverage additions and coverage tier changes. Learn about utilization management and other pharmacy program updates.

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Prior Authorization Changes

Learn about changes to the standard prior authorization programs effective Nov. 15, 2024. They impact our members who have prescription drug benefits administered by Prime Therapeutics.

[Read More](#)




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