

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2020

■ COVID-19 Response

COVID-19 Related News Page

For your convenience, we launched the [COVID-19 Related News](#) page. You'll find all COVID-19 News and Updates on this page, which may be accessed from the [News and Updates](#) and [COVID-19 Preparedness](#) pages. As additional COVID-19 items are added, we'll update the COVID-19 Related News page.

■ CMO Perspective

Health Equity: Before, During and After COVID-19

In this month's CMO Perspective, our Vice President and Chief Medical Officer, Dr. Derek J. Robinson, M.D., MBA, FACEP, CHCQM, discusses racial disparities in COVID-19 infection and death rates. As Dr. Robinson notes, "When we think back to what we considered to be normal life before COVID-19, we realize that many of the same communities across Illinois that are experiencing higher COVID-19 transmission rates have also experienced shorter life expectancies, disproportionately high rates of infant mortality and concentrated poverty."

[Read More](#)

■ Electronic Options

Alert: iExchange[®] Deactivation Extended Due to COVID-19

In response to COVID-19, the iExchange deactivation planned for April 15, 2020, has been temporarily suspended to offer you an extension to convert to the Availity[®] Authorizations tool during this pandemic.

[Read More](#)

Get Claim Status Results in Real-time on the Availity Provider Portal

Using the online options on the Availity Provider Portal provides a convenient, efficient and secure method of requesting detailed claim status from Blue Cross and Blue Shield of Illinois (BCBSIL). There are two Availity Claim Status offerings: one for commercial claims, and one for government programs claims.

[Read More](#)

■ Clinical Updates, Reminders and Related Resources

Attention High-Tech Imaging Providers: Complete Your OptiNet® Assessment

OptiNet is an online assessment tool developed by AIM Specialty Health® (AIM) to collect modality-specific data from imaging providers. If you bill BCBSIL for the technical component of CT/CTA, MRI/MRA, Nuclear Cardiology or PET scans, you must complete an OptiNet assessment – otherwise your facility will **not** appear in AIM's online directory. This directory is used by ordering providers during the Radiology Quality Initiative (RQI) process, which AIM administers for BCBSIL.

[Read More](#)

■ Wellness and Member Education

New Annual Wellness Visit Resources for Medicare Providers

We have two new resources to help you care for our Medicare Advantage members during their annual wellness visits.

[Read More](#)

■ Claims and Coding

Important Reminder Regarding Billing for Point-of-Use Convenience Kits

BCBSIL regularly reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our member's benefit plan and meet BCBSIL's guidelines.

[Read More](#)

Attention Non-emergent Transportation Providers: Medicaid Claim Process Changes, Updated March 27, 2020

As we announced in last month's *Blue Review*, BCBSIL is making some claims servicing changes for non-emergent transportation services provided to our Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. This is a follow-up article to remind you of additional changes made after publication of the original notice.

[Read More](#)

[Read More](#)

■ Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective on or after July 1, 2020 – 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 July 1, 2020**, are outlined [here](#).

■ Provider Education

Commercial PPO and BCCHP Providers: Join Us for An Orientation Webinar

Our Provider Relations team is pleased to announce quarterly orientations for providers who are contracted with BCBSIL's commercial PPO, Blue Choice PPOSM and/or BCCHP networks.

[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](#)

■ Notification and Disclosure

Important Dates and Reminders

[Check here](#) each month for a quick snapshot of recent implementations, upcoming changes, special events, important deadlines and other reminders.



Quick Reminders

Stay informed!

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

Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to [request an information change](#).

Provider Training

For dates, times and online registration, visit the [Webinars and Workshops](#) page.



Contact Us

Questions? Comments? [Send an email to our editorial staff.](#)

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Health Equity: Before, During and After COVID-19

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

In the wake of shelter in place with shuttered beauty salons and office practices alike, our communities have looked for signs of progress during the COVID-19 pandemic and wondered when we will get back to our normal way of living. Daily reports on how many people have tested positive, how many are hospitalized, how many ventilators are available, and how many people have died – all have become the new norm. Yet, as inpatient volumes have decreased to create surge capacity, the suffering and fight for survival in emergency departments and critical care units has illuminated an alarming picture.

In the spotlight of the COVID-19 pandemic, we've seen startling racial disparities in COVID-19 infection and death rates in Chicago, across Illinois, and in other locations across the country. In Chicago, as of the date of publishing, the African American community has the highest infection rate and 65.9% of deaths from COVID-19, nearly five times the death rate of any other racial/ethnic group reported by the [Chicago Department of Public Health](#).¹ Across Illinois, this community has experienced 34.2% of all COVID-19 deaths according to the [Illinois Department of Public Health](#).²

When we think back to what we considered to be normal life before COVID-19, we realize that many of the same communities across Illinois that are experiencing higher COVID-19 transmission rates have also experienced shorter life expectancies, disproportionately high rates of infant mortality and concentrated poverty. In Chicago, we may recall contemporary studies of the far reaching impact of community disinvestment, and [life expectancy gaps by neighborhood](#) that stretch wider than those of any city across America.³ This is a “normal” that needs to change.

As health care professionals, we understand that social determinants of health are major drivers of health outcomes, largely falling outside of health care delivery. The Centers for Disease Control and Prevention (CDC) website identifies people at higher risk, with an emphasis on racial and ethnic minority groups. “Addressing the needs of vulnerable populations in emergencies includes improving day-to-day life and harnessing the strengths of these groups.”⁴ Access to quality health care is an important factor in improving health outcomes and we all have important roles to play.

The CDC lists recommendations for what health care systems and health care providers can do, such as implementing “standardized protocols [in accordance with CDC guidance](#) and quality improvement initiatives, especially in facilities that serve large minority populations.” The CDC also notes the importance of being aware of social and economic conditions, reducing potential cultural barriers, addressing implicit bias, connecting patients with community resources and encouraging patients to ask questions.⁵

Health care providers play a critical role in preventing and improving the health of all individuals living with chronic medical conditions. This is one of the reasons BCBSIL is progressively and steadily starting to include the reduction of health care disparities in its value based care programs. We’ve also added a [Health Equity and Social Determinants of Health section](#) on our Provider website, where you’ll find resources such as a list of [ICD-10 Z codes for social determinants of health](#) that may be included on claims.

Health equity is an important element of quality that has too often been overlooked, at the risk of health for vulnerable populations. The perils of the status quo, and our nation’s seeming acceptance of social inequity and health disparities in a variety of contexts, reminds us of what Dr. Martin Luther King, Jr. described as the *‘inescapable network of mutuality,’* noting that we are *‘tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.’*

Our efforts to help change the status quo must accelerate across areas of action. As we try to see beyond the pandemic and current economic turmoil, we also must address injustices in the social determinants of health, so that all individuals can be resilient and achieve their best possible health.

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

¹ CDPH, Data and Reports, Latest Data. Accessed May 4, 2020, at <https://www.chicago.gov/city/en/sites/covid-19/home/latest-data.html>.

²IDPH, Coronavirus Disease 2019 (COVID-19), COVID-19 Statistics. Accessed May 4, 2020, at <https://www.dph.illinois.gov/covid19/covid19-statistics>.

³Chicago Tribune. Chicago’s lifespan gap: Streeterville residents live to 90. Englewood residents die at 60. Study finds it’s the largest divide in the U.S. (June 6, 2019). Accessed April 23, 2020, at <http://www.chicagotribune.com/business/ct-biz-chicago-has-largest-life-expectancy-gap-between-neighborhoods-20190605-story.html>.

^{4,5} CDC, Coronavirus Disease 2019 (COVID-19), People Who Need Extra Precautions, Others At Risk, COVID-19 in Racial and Ethnic Minority Groups. Accessed April 24, 2020, at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.

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Alert: iExchange[®] Deactivation Extended Due to COVID-19

In response to COVID-19, the iExchange deactivation planned for **April 15, 2020**, has been temporarily suspended to offer you an extension to convert to the Availity[®] Authorizations tool during this pandemic.

Given the iExchange extension is only temporary, you are still encouraged to transition and use the Availity Authorizations tool for electronic benefit preauthorization submissions for inpatient admissions and select outpatient services handled by Blue Cross and Blue Shield of Illinois (BCBSIL).

Important Reminders

- Medical and surgical predetermination of benefits requests may be submitted via iExchange during this extension or by fax or mail by using the [Predetermination Request Form](#).
- Check the patient's eligibility and benefits first to determine if benefit preauthorization is required for the service and/or procedure code. For online assistance, refer to the [General Eligibility and Benefits Expanded Tip Sheet](#).
- The process of submitting benefit preauthorization requests through eviCore healthcare (eviCore) or other vendors has not changed.
- If you haven't registered with Availity, you can sign up for free on the [Availity website](#). For help, contact Availity Client Services at 800-282-4548.

For More Information

Refer to the educational [Availity Authorizations User Guide](#) located under the Provider Tools section of our website.

BCBSIL is offering additional weekly webinars for you to learn more about the Availity Authorizations tool. Visit our [Webinars and Workshops page](#) to register for upcoming session. If you need further assistance or customized training, contact our [Provider Education Consultants](#).

Please note that the fact that a service has been preauthorized/pre-notified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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Get Claim Status Results in Real-time on the Availity[®] Provider Portal

Using the online options on the Availity Provider Portal provides a convenient, efficient and secure method of requesting detailed claim status from Blue Cross and Blue Shield of Illinois (BCBSIL). There are two Availity Claim Status offerings: one for commercial claims, and one for government programs claims submitted for our Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM (MA HMO) and Blue Cross Medicare Advantage (PPO)SM (MA PPO) members.

Results are returned in real-time, with more detailed information than the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard 277 claim status transaction. See below for a quick overview and links to learn more so you can add these tools to your workflow today.

	For Commercial Claims:	For Government Programs Claims: (BCCHP, MMAI, MA HMO, MA PPO)
Name of the tool	Claim Research Tool (CRT)	Claim Status tool
Where to find it on Availity	Registered Availity users may access the CRT via the Claims & Payment menu in the Availity portal.	Registered Availity users may access the Claim Status tool via the Claims & Payment menu in the Availity portal.
Advantages of using these tools	Helps you manage accounts receivable by viewing details of a single claim or statuses of multiple claims for a specific member in one view. Allows users to obtain real-time claim status, with detailed ineligible reason code descriptions.	
How to search	The CRT allows registered Availity users to search for commercial claims by National Provider Identifier (NPI), patient ID, group number and date of service, or by NPI and specific claim number, also known as a	The Claim Status tool allows registered Availity users to search for government programs claims by NPI, member ID and date of service, or by NPI and specific claim number or DCN.

Document Control Number (DCN).

What's returned

The CRT search results page delivers a detailed overview of how the claim processed, including the rendering provider ID and name submitted on the claim. Additionally, the claim status service line break-down returns:

- Service Date
- Revenue/Procedure Code
- Diagnosis Code
- Ineligible Reason Code and Amount
- Copay, Coinsurance and Deductible
- Modifier
- Unit or Time or Mile

This Claim Status option provides you a detailed overview of how the claim processed, including with the following details:

- Patient and provider data submitted on claims
- In-network and out-of-network patient liability breakdown
- Billing and rendering provider name and NPI
- Check number, check date and payee name
- Other carrier payment amount
- Ineligible reason codes and associated descriptions

Who can use the tool?

As a reminder, you must be registered with Availity to use these tools. To register, visit [Availity](#), or contact Availity Client Services at 800-282-4548.

Helpful resources

Refer to the [CRT tip sheet](#) on our website.

Refer to the [Government Programs: Claim Status Tool tip sheet](#)

Educational webinars

Join us for a webinar! BCBSIL hosts free Back to Basics: 'Availity 101' Webinars for you to learn how to use the CRT, Claim Status tool and other electronic options to the fullest potential. You do not need to be an existing Availity user to attend a webinar. To register online for an upcoming training, visit the [Webinars and Workshops page](#).

Need help?

Questions? Contact our [Provider Education Consultants](#).

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Attention High-Tech Imaging Providers: Complete Your OptiNet[®] Assessment

Our Radiology Quality Initiative (RQI) program, which promotes appropriate, safe and accessible diagnostic imaging for our members, is administered by AIM Specialty Health[®] (AIM). Obtaining an RQI number through AIM is required before ordering high-tech, outpatient, non-emergency imaging studies, such as Computed Tomography (CT/CTA), Magnetic Resonance Imaging (MRI/MRA), Nuclear Cardiology and Positron Emission Tomography (PET), scans for most Blue Cross and Blue Shield of Illinois (BCBSIL) PPO members.*

OptiNet is a key part of the RQI program. OptiNet helps to optimize the RQI program's efficiency by collecting specific data from imaging providers. Data collected is used to evaluate the capabilities of imaging providers and help promote patient safety, cost effectiveness and accessibility of care.

If you've completed your OptiNet assessment, thank you! The data you entered in OptiNet was analyzed to calculate a score for each registered modality. Ordering providers can view your information in AIM's online directory as part of the RQI process when they are selecting service locations for BCBSIL members.

Some high-tech imaging providers haven't completed their assessments. If you bill BCBSIL for the technical component of CT/CTA, MRI/MRA, Nuclear Cardiology or PET scans, and you haven't completed the OptiNet assessment, your facility **won't**:

- Appear in AIM's online directory that ordering providers use during the RQI process;
- Be one of the options suggested to members as part of AIM's national Specialty Care Shopper program; or
- Be considered for upcoming initiatives.

Take action now. Visit the [Provider Tools section](#) of our website for more information, like a link to the OptiNet Assessment tool and answers to frequently asked questions (FAQs). If you have questions about the assessment process, call AIM OptiNet Customer Service at 800-252-2021. Your assigned Professional Provider Network Consultant (PNC) is also available to help you with this and other BCBSIL programs and initiatives. To find your PNC, refer to the [list of Provider Network Consultant Assignments](#).

card.

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Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized/pre-notified or an RQI number has been issued 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.

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New Annual Wellness Visit Resources for Medicare Providers

We have two new resources to help you care for our Medicare Advantage members during their annual wellness visits: an [Annual Wellness Visit Guide](#) and [Annual Wellness Visit form](#). These resources can help you document our members' visits to more easily meet Medicare requirements. **The guide and form are for your use only and don't need to be returned to us.**

What's new?

The **Annual Wellness Visit Guide** includes a wellness visit checklist and information on:

- Medicare coverage for wellness visits
- Correct coding for wellness visits
- Guidance to help ensure all member conditions are correctly coded each year
- Coding for other evaluation and management services, such as lab tests
- Preventive services and screenings
- Closing care gaps by performing Healthcare Effectiveness Data and Information Set (HEDIS[®]) measurements
- Coding tips to help minimize requests for medical records and help expedite claims processing

You may find it helpful to use the new **Annual Wellness Visit form** during wellness visits. It includes sections for members' medical history, risk factors, conditions, treatment options, coordination of care and advance care planning. It can be used as a digital fillable form or printed and completed by hand during the visit.

Annual Wellness Visits Help Our Members Stay Healthy

Wellness visits provide opportunities to screen for health conditions and manage chronic ones. To support our members' health, you can:

- Remind them to schedule their annual wellness visit for 2020
- Discuss behavioral and physical health and preventive measures such as healthy weight, fall prevention, diet and exercise

Members may be able to [earn a reward](#) for getting an annual wellness exam and other screenings. An initial preventive visit and subsequent annual wellness visits have no copay and are provided at no additional out-of-pocket cost for Medicare Advantage members.¹ See [our guide](#) for more information. Additional services may result in member cost-

sharing.

It's important that you use the [Availity® Provider Portal](#) or your preferred vendor to check eligibility and benefits before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. Ask to see the member's Blue Cross and Blue Shield of Illinois (BCBSIL) ID card and a photo ID to help guard against medical identity theft.

¹ Centers for Medicare & Medicaid Services, Yearly "Wellness" visits, <https://www.medicare.gov/coverage/yearly-wellness-visits>

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 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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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. Not all benefits are offered by all benefit plans. 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. For more complete details, including benefits, limitations and exclusions, please refer patients to their certificate of coverage. If you have any questions, please call the number on the member's ID card. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Important Reminder Regarding Billing for Point-of-Use Convenience Kits

Blue Cross and Blue Shield of Illinois (BCBSIL) regularly reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our member's benefit plan and meet BCBSIL's guidelines. Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. These prepackaged kits contain not only the injectable medicine, but also supply items, such as, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze. **As a reminder, only the drug component(s) of the kit will be reimbursable to the provider.**

BCBSIL periodically checks availability and pricing of these kits to better manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. Non-drug supplies in the kits are inclusive of the practice expense for the procedure performed for which no added compensation is warranted to the provider. Reimbursement for these point-of-use convenience kits may be updated based upon the U.S. Food and Drug Administration (FDA) approved drug component.

Remember to provide the most appropriate care in the most cost-effective manner.

It's important to check member eligibility and benefits through the [Availity® Provider Portal](#) or your preferred vendor web portal prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Checking eligibility and benefits also helps providers confirm benefit preauthorization requirements. Providers must also ask to see the member's ID card for current information and a photo ID to help guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly. Obtaining benefit preauthorization is not a substitute for checking member eligibility and benefits.

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. 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.

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

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Attention Non-emergent Transportation Providers: Medicaid Claim Process Changes, Updated March 27, 2020

As we announced previously in the News and Updates and [March 2020 Blue Review](#), Blue Cross and Blue Shield of Illinois (BCBSIL) is making some claims servicing changes for non-emergent transportation services provided to our Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. This is a follow-up article to remind you of additional changes made after publication of the original notice.

SUMMARY OF RECENT CHANGES

As of March 27, 2020, adjudication and processing of non-emergent transportation claims for service car, medicar and stretcher van will continue with LogistiCare Solutions, LLC (LogistiCare). LogistiCare is BCBSIL's transportation services vendor for our Medicaid members. Effective immediately, all **non-ambulance providers** should submit their transportation claims to LogistiCare. LogistiCare's claims team assisted with reprocessing of February and March 2020 claims submitted to BCBSIL; reprocessing of these was completed in April 2020. We apologize for any inconvenience or delay in claim processing/payments while we work to follow state guidance and ensure that our claims payment processes and procedures align with state regulatory requirements.

LogistiCare will continue to handle eligibility and benefits and benefit preauthorization requests, in addition to scheduling of non-emergent transportation across all service categories and administer claims for **non-ambulance levels** of service as outlined in the table below.

FREQUENTLY ASKED QUESTIONS

It's important for transportation providers to become acquainted with and follow the new processes and procedures to ensure that claims are submitted to the appropriate claims administrator. See below for BCBSIL's answers to questions from transportation providers to help you navigate recent changes.

1. **Who serves as claims administrator – LogistiCare or BCBSIL – for which type of transportation provider?**

The table below outlines claims administrator information according to date of service. Helpful links for transportation billing and Physician Certification Statement (PCS) form guidelines are listed at the bottom of the table for your reference purposes.

Provider Types and Descriptions	Claims Administrator Dates of service through Jan. 31, 2020	Claims Administrator Dates of service on or after Feb. 1, 2020
AMBULANCE PROVIDERS Provider Types 70 and 74 <ul style="list-style-type: none"> ◦ Ambulance (ground or air) ◦ Safety car services ◦ Mediar services 	LogistiCare	BCBSIL
NON-AMBULANCE PROVIDERS Provider Types 71, 72 and 73 <ul style="list-style-type: none"> ◦ Service car ◦ Mediar ◦ Stretcher van ◦ Taxi/livery ◦ Private auto ◦ Mass transit including bus and train ◦ Commercial airplane 	LogistiCare	LogistiCare
<ul style="list-style-type: none"> ◦ For detailed billing guidelines for transport services, view the Illinois Association of Medicaid Health Plans (IAMHP) Provider Memorandum. ◦ To learn more about PCS form guidelines, refer to the Illinois Department of Health and Family Services (HFS) Provider Notice. 		

2. What's the easiest way to submit ambulance provider claims to BCBSIL?

We encourage electronic claim submission. Ambulance providers may submit claims via the Availity® Provider Portal. Ambulance emergent and non-emergent transportation claims for both BCCHP and MMAI members may be sent electronically. The payer ID is MCDIL. Please note: You must be a registered Availity user to submit claims via the Availity portal. There is no cost to register. Visit the [Availity website](#) to sign up online or call Availity Client Services at 800-AVAILITY (282-4548).

3. Can ambulance providers submit paper claims to BCBSIL?

Yes. Paper claims for non-emergent trips provided in 2020 may be mailed. Note: there is a mailing address specific to each type of member, BCCHP or MMAI.

Mail BCCHP member claims to:	Mail MMAI member claims to:
Blue Cross Community Health Plans c/o Provider Services P.O. Box 3418 Scranton, PA 18505	Blue Cross Community MMAI (Medicare-Medicaid Plan) c/o Provider Services P.O. Box 4168 Scranton, PA 18505

4. What happens if claims are sent mistakenly to the wrong claims administrator?

Please ensure you submit claims to the correct claims administrator to help avoid the need to resubmit claims and/or delays in payment.

If a **non-ambulance provider** submits a claim to BCBSIL it will be denied and referred to LogistiCare.

- If an **ambulance provider** submits a claim to LogistiCare it will be denied and referred to BCBSIL.

5. ***What is the status of the non-ambulance provider claims submitted to BCBSIL?***

As a reminder, effective immediately, all **non-ambulance providers** should submit their transportation claims to LogistiCare. If you submitted claims for February and March 2020 dates of service to BCBSIL, we submitted those claims to LogistiCare to expedite processing. If you have a question or discrepancies with your claims, contact LogistiCare's Provider Representative line at **877-564-5664**, Monday through Friday, 10 a.m. to 6 p.m.

6. ***What happens to a non-emergent claim for a 2020 trip that was authorized for ambulance service but was later downgraded and serviced by a medicar?***

Ambulance providers, assuming the claim is completed and submitted correctly, it will be paid at the medicar rate. A claim for a service that was upgraded after authorization will be paid at the higher rate for the vehicle used.

7. ***Where and how should we send Physician Certification Statement (PCS) Forms for 2020 non-emergent trips?***

PCS form submission procedures for all non-emergency transportation originating at a hospital or long-term care (LTC) facility, via ground ambulance, medicar/wheelchair van or service car transport changed on Nov. 7, 2019. To learn more about PCS form guidelines, refer to the [HFS Provider Notice](#). As a reminder, the new PCS form process requires submission as follows:

- **Ambulance providers** – Fax to BCBSIL at **855-297-7280**
- **Non-ambulance providers** – Fax to LogistiCare at **877-272-3629**

8. ***Will LogistiCare continue to schedule and authorize non-emergent transportation?***

Yes. LogistiCare coordinates the member reservation, processes for member eligibility, authorization and facilitates the transportation arrangements directly with the transportation providers. The trip scheduling and authorization responsibilities are not changing.

9. ***If we encounter issues that neither LogistiCare nor BCBSIL can resolve, whom should we contact?***

Follow the dispute process as documented by the IAMHP. For details, refer to the Claim Dispute section of the [IAMHP Comprehensive Billing Manual](#). This guide is available on the [IAMHP website](#).

LogistiCare is an independent company that provides transportation services to BCBSIL through a contractual agreement between BCBSIL and LogistiCare. The relationship between BCBSIL and LogistiCare is that of independent contractors. 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 any products or services provided by third party vendors such as LogistiCare or Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

May 2020

Commercial PPO and BCCHP Providers: Join Us for An Orientation Webinar

Blue Cross and Blue Shield of Illinois (BCBSIL) welcomes new independently contracted providers into our commercial and government programs networks. We're committed to helping educate and inform you on how to navigate the BCBSIL system and online resources. Our Provider Relations team is pleased to announce quarterly orientations for providers who are contracted with BCBSIL's commercial PPO, Blue Choice PPOSM and/or Blue Cross Community Health PlansSM (BCCHPSM) networks.

These online orientations will give you flexibility to join live from your work location. Our Provider Network Consultants (PNCs) will be there to answer your questions, so it's a great way to connect and engage with your BCBSIL liaison. Whether you are a newly contracted provider, have new staff members who need BCBSIL training, or are a provider looking for a refresher course on doing business with BCBSIL, these orientations are for you.

The orientation specific to the BCCHP plan will highlight topics such as:

- Care Coordination
- Third Party Vendors
- Claims
- Benefit Preauthorization
- Required Provider Training

The orientation specific to commercial plans, including PPO and Blue Choice PPO networks, will highlight topics such as:

- Network Participation and Benefits
- Claims
- Post-Processing Claim Inquiries
- Supplemental Resources
- Credentialing and Contracting

Register now!

To register for a webinar, select a date below. All webinars are held from 10 to 11 a.m., CST. For additional 2020 webinar dates, visit the [Webinars and Workshops](#) page.

BCCHP Provider Orientation Webinars

[May 19, 2020](#)

Commercial Provider Orientation Webinars

[May 20, 2020](#)

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BLUE REVIEWSM

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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:

Availity[®] Authorizations Tool

We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's new Authorizations tool.

[May 13, 2020](#)

[May 20, 2020](#)

[May 27, 2020](#)

11 a.m. to noon

BCBSIL Back to Basics: 'Availity 101'

Join us for a review of electronic transactions, provider tools and helpful online resources.

[May 12, 2020](#)

[May 19, 2020](#)

[May 26, 2020](#)

11 a.m. to noon

Introducing Availity Remittance Viewer

Have you heard? This online tool gives providers and billing services a convenient way to retrieve, view, save or print claim detail information. The Reporting On-Demand application allows users to readily view, download, save and/or print the Provider Claim Summary (PCS) and other reports online, at no additional cost.

[May 21, 2020](#)

10 to 11 a.m.

Managed Long Term Services and Supports (MLTSS)

[May 21, 2020](#)

10 to 11 a.m.

Orientation Webinars

We're offering quarterly webinars in 2020 to help LTSS providers learn more about the MLTSS program as it relates to our Blue Cross Community Health PlansSM (BCCHPSM) product. We'll also review how to navigate BCBSIL requirements, electronic options and online provider resources.

Monthly Provider Hot Topics Webinar

[May 13, 2020](#)

10 to 11 a.m.

These monthly webinars will be held through December 2020. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.

Orientation Webinars for New BCCHP Providers

[May 19, 2020](#)

10 to 11 a.m.

These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, benefit preauthorization and required provider training.

Orientation Webinars for New Commercial Providers

[May 20, 2020](#)

10 to 11 a.m.

These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources and credentialing and contracting.

AVAILITY WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? [Visit their website for details](#); or call Availity Client Services at 800-AVAILITY (282-4548) for help.

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