



BLUE REVIEWSM

For Providers

March 2024

What's New

Welcome Back, *CMO Perspective*

Based on recent feedback, we're reintroducing *CMO Perspective* on our Provider website. This page features blog-style posts from Blue Cross and Blue Shield of Illinois vice president and chief medical officer, Derek Robinson, M.D.

[Learn More](#)

Wellness and Member Education

Closing Gaps in Colon Care

Colorectal cancer is becoming more common in people younger than 55. We encourage you to discuss colon health and screening options with our members.

[Learn More](#)

Provider Education

Provider Learning Opportunities

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

[Learn More](#)

Provider Hot Topics Summary: First Quarter 2024

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.

[Learn More](#)

Electronic Options

Changes Coming to Claim Inquiry Resolution – Itemized Bill Review Only

The Claim Inquiry Resolution tool within the Electronic Refund Management portal only accepts inquiry submissions related to High-Dollar, Pre-Pay Review requests (Medical Records and/or Itemized Bills). The other inquiry options that were available via CIR have transitioned to the Dispute Claim or Message This Payer features.

[Learn More](#)

Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization required for a particular member/service?

[Learn More](#)

Pharmacy Program

Pharmacy Program Updates: Prior Authorization Changes Effective April 1, 2024

The pharmacy PA program encourages safe, cost effective medication use by allowing

coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. FDA-approved labeling, scientific literature and nationally recognized guidelines. [Read more on News and Updates.](#)

Pharmacy Program Quarterly Update Changes Effective April 1, 2024 – 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 April 1, 2024, are outlined [here](#).

Focus on Behavioral Health

Avoiding the Inappropriate Use of Antipsychotic Medication in Anxiety Disorders

Most antipsychotic medications aren’t approved for the treatment of anxiety disorders, such as panic disorder and generalized anxiety disorder. Because antipsychotics can have adverse effects, we encourage prescribing providers to carefully assess symptoms, risks and benefits in prescribing medications for our members with anxiety disorders.

[Learn More](#)

Follow-up Care for Mental Health

Timely follow-up care after a hospitalization for mental health-related visits to emergency departments is linked to improved health outcomes and fewer repeat hospital visits, according to the National Committee for Quality Assurance. You can help our members by encouraging follow-up care with behavioral health care providers when appropriate.

[Learn More](#)

Claims and Coding

Reminder: Update Your Records with New Mailing Address for Paper Claims

We announced a new mailing address in September 2023 for faster claims processing and responses.

[Learn More](#)

Third Party Liability Validation – Claim Inquiry and Dispute Process for BCCHPSM Members

If you are providing service to our Blue Cross Community Health PlansSM members, you may need to submit an inquiry or claim dispute to BCBSIL for Third Party Liability Validation once you have verified the member does not have other primary insurance.

[Learn More](#)

Notification and Disclosure

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 *Blue Review* to notify you of any significant changes to the physician fee schedules.

[Learn More](#)



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 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.




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

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Welcome Back, *CMO Perspective*

Each month, *Blue Review* includes articles to help make it easier for you to work with us. We also publish announcements in [News and Updates](#) to provide important dates and deadlines.

Based on recent feedback, we see an opportunity to deliver more content that may be of interest to clinicians. To help meet this objective, we're reintroducing [CMO Perspective](#) on our Provider website. This page features blog-style posts from Blue Cross and Blue Shield of Illinois vice president and chief medical officer, Derek Robinson, M.D.

In Case You Missed It

We invite you to read Dr. Robinson's first *CMO Perspective* message of this year, [Resolutions Revisited: Help Your Patients Find Their 'Why'](#) (posted Feb. 9, 2024). In this entry, Dr. Robinson shares highlights from a recent television interview, where he offered tips on setting healthy goals, starting with the importance of scheduling annual health or wellness visits, and getting physician guidance. See Dr. Robinson's *CMO Perspective* for ideas to consider when talking with your patients about how to stay realistic and motivated on their health-related goals throughout the year.

Where's *CMO Perspective*?

CMO Perspective is found in our [Clinical Resources](#) section. Each time there's a new entry from Dr. Robinson, we'll alert you via [News and Updates](#). We'll also include reminders in *Blue Review*.

We hope you find this online forum interesting and useful.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty, or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider. Further, the information presented is not intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples or suggestions in this publication are for illustrative and/or educational purposes only and should not be relied on in determining how a specific provider will be reimbursed.

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Closing Gaps in Colon Care

Adults ages 45 to 75 should have preventive screenings to reduce their risk of colorectal cancer, according to the [U.S. Preventive Services Task Force](#) and [Centers for Disease Control and Prevention](#). Colorectal cancer is becoming more common in [people younger than 55](#). We encourage you to discuss colon health and screening options with our members. We've [created resources for members](#) to help.

Recommended Screening

USPSTF recommends screening with any of the following tests for adults ages 45 to 75:

- Annual guaiac fecal occult blood test
- Annual fecal immunochemical testing
- DNA-FIT (Cologuard®) every three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography colonography every five years
- Colonoscopy every 10 years

See our [preventive care guidelines](#) for more information about screening. Providers may want to discuss earlier testing with members with a family history of colorectal disease or other risk factors.

Tips To Help Close Care Gaps

[Colorectal Cancer Screening](#) is a Healthcare Effectiveness Data and Information Set measure that tracks appropriate screenings for adults ages 45 to 75. To help close gaps in our members' care, consider these tips:

- In our members' medical records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Encourage members to stay up-to-date on their screenings as well as all screening options available.
- Reach out to members who cancel screenings and help them reschedule.

Reminder: Check Eligibility and Benefits

Check member eligibility and benefits using [Availity® Essentials](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles.

For most of our members, **preventive colorectal cancer screening** is covered at **no cost-share**. For **diagnostic tests for colorectal cancer**, our members **may have out-of-pocket costs**. This includes diagnostic tests for members who have signs of health problems or a family history of disease. [Learn more](#).

Some screenings involve a member's **pharmacy benefits** in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than Blue Cross and Blue Shield of Illinois.

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.

Cologuard is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide laboratory services for members with coverage through BCBSIL.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois 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[®] Essentials, BlueApprovRSM Prior Authorization and Recommended Clinical Review Tools <i>Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using Availity Essentials Authorizations tool. You'll also learn how to access and submit inpatient and/or outpatient medical/surgical, behavioral health and specialty pharmacy drug prior authorization requests, as well as recommended clinical review, through BlueApprovR.</i>	March 6, 2024 March 13, 2024 March 20, 2024 March 27, 2024	11 a.m. to 12:30 p.m.

Availity Essentials Claim Status, Clinical Appeals, Reconsiderations and Message This Payer
Learn how to verify enhanced claim status, submit clinical claim appeals reconsiderations requests and Message This Payer online using the Availity Claim Status tool.

[March 7, 2024](#)
[March 14, 2024](#)
[March 21, 2024](#)
[March 28, 2024](#)

11 a.m. to 12:30 p.m.

Availity Essentials Instructor-Led Training
Register for this session to better understand how electronic transactions can work for your organization. You'll learn the importance of Manage My Organization, how to use the Patient ID Finder, instruction on how to verify patients' Eligibility and Benefits, and other online options.

[March 19, 2024](#)

11 a.m. to noon

Availity Remittance Viewer and Provider Claim Summary
These online tools give providers and billing services a convenient way 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.

[March 21, 2024](#)

1 to 2 p.m.

BlueApprovR: Prior Authorization Process and RCR Process
Learn how to access via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, behavioral health clinical evaluation and medical surgical prior authorization requests, as well as recommended clinical review, for many BCBSIL commercial members.

[March 5, 2024](#)
[March 12, 2024](#)
[March 19, 2024](#)
[March 26, 2024](#)

3 to 4 p.m.

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

[March 19, 2024](#)

10 to 11 a.m.

BCBSIL's Medicare Advantage Plan expanded to additional counties within Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.

Monthly Provider Hot Topics Webinar

[March 14, 2024](#)

10 to 11:30 a.m.

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

Orientation Webinars for New BCCHPSM and/or MMAI Providers

[March 14, 2024](#)

1 to 2 p.m.

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

Orientation Webinars for New Commercial Providers

[March 13, 2024](#)

1 to 2:30 p.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.

Provider Resource Webinar

[March 26, 2024](#)

10 a.m. to noon

This webinar will offer additional information and resources to help BCBSIL providers resolve common topics of concern for commercially contracted providers.

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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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Provider Hot Topics Summary: First Quarter 2024

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 – like *Blue Review* articles and News and Updates notices – to call out important details and address provider questions.

PNC ‘Top Three’ Picks for Q1 2024

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 for this quarter. If you don’t want to miss what was top of mind this winter, 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 – *I haven’t received my 1099 Tax Form from Blue Cross and Blue Shield of Illinois. Who can I reach out to obtain my 1099?*

A – Follow the steps below to get the information you need.

Step 1	Confirm BCBSIL has the correct mailing address for you or your organization.
Step 2	If incorrect, update your Mailing/Payee Address via our Demographic Change Form or through the Provider Data Management on Availity® Essentials. (Refer to our Verify and

[Update Your Information page](#) for instructions, if needed.)

Step 3

Request a copy of your 1099 via **one** of the following channels:

- [Email our 1099 Inquiries team](#);
- **Fax** your request to 972-766-6657, Attention: 1099 Reporting; **or**
- **Mail** your request to Blue Cross and Blue Shield of Texas, Attention: Texas Corporate Tax Compliance; 1001 East Lookout Dr., A-2 Tax; Richardson, TX 75082

Please include your Tax ID number and the tax year you're requesting.

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

[What You Can Do To Help Improve CAHPS® Survey Results](#) (February 2024)

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

[Utilization Management: Avoid Delays and Denials](#) (Jan. 22, 2024)

Let's Keep the Conversation Going

Our next Provider Hot Topics webinar is **March 14, 2024, 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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Changes Coming to Claim Inquiry Resolution – Itemized Bill Review Only

The Claim Inquiry Resolution tool within the Electronic Refund Management portal only accepts inquiry submissions related to High-Dollar, Pre-Pay Review requests for most Host (BlueCard® out-of-area) and Blue Cross and Blue Shield of Illinois Local claims (Medical Records and/or Itemized Bills). The other inquiry options that were available via CIR have transitioned to the **Dispute Claim** or **Message This Payer** features.

As of Jan. 27, 2024, any request submitted through CIR that is *not* for review of an Itemized Bill high dollar pre-pay review will be rejected.

To prepare for this change, start using the **Dispute Claim** or **Message this Payer** options **now**. Both functions are available after performing an Availity® Essentials Claim Status search by using the Member and/or Claim Number tabs. Using these options ensures that the claim inquiry is handled as **priority over faxed or mailed receipts**.

The below information provides an overview of the **Dispute Claim** (Claim Reconsiderations) and **Message This Payer** options.

Dispute Claim – Claim Reconsiderations

A **claim reconsideration** is a request to review and/or reevaluate situational finalized claim denials online (including BlueCard out-of-area claims). This type of inquiry submission is the **preferred method** as it allows you to upload supporting documentation and monitor the status.

Use this online offering to:

- Manage status
- Upload supporting documentation with your submission
- View and print the confirmation and decision
- Generate a Dashboard view of claim reconsideration request activity
- View uploaded documents after attaching them to the request*

**Note: Uploaded attachments may take minutes to hours before they are viewable in the request.*

For more details, refer to the [Claim Reconsideration Requests page](#) and instructional user guide on our website.

Claim Reconsiderations is not currently available for Illinois Medicaid or Medicare Advantage claims.

Message This Payer

The **Message This Payer** option allows you to send secure messages to BCBSIL for claim management questions and follow along with the conversation history. Once a message is submitted to BCBSIL, you will receive a response within two business days in the **Messaging queue** on the Availity Essentials homepage.

Use this online option to:

- Initiate a message to BCBSIL from the Availity Claim Status tool
- Receive an online response from a BCBSIL associate
- Monitor message status via a dashboard view
- View and print conversations

For more details, refer to the [Message This Payer page](#) and instructional user guide on our website.

Message This Payer is not currently available for Illinois Medicaid, Medicare Advantage or BlueCard (out-of-area) claims.

Attend Instructor-Led Training Webinars

Visit our [provider training page](#) to register for upcoming training sessions to learn more about electronic tools available to help you streamline claim review processing.

You must be registered with Availity to gain access to Claim Reconsiderations via **Dispute Claim** or **Message This Payer** applications. Not an Availity Essentials registered user? Go to [Availity](#) and complete the online guided registration process, at no cost. If you need help with Availity registration, contact Availity Client Services at 800-282-4548.

For more information:

- Email our [Provider Education Consultants](#) if you have any questions on accessing these tools or need customized training.
- Continue to watch our [Blue Review](#) and [News and Updates](#) for future announcements, resources, and training opportunities.

If you don't have Availity access, visit our [Claim Review and Appeal page](#) for information on submitting [claim review requests](#).

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Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with Blue Cross and Blue Shield of Illinois still active? Are you or your practice/medical group in-network or out-of-network for a specific patient? Is prior authorization required for a particular member/service?

Get Answers Up Front

Benefits will vary based on the service being rendered and individual and group policy elections. It's critical to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable prior authorization or pre-notification requirements.* When services may not be covered, you should notify members that they may be billed directly.

Don't Take Chances

Ask to see the member's BCBSIL ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through [Availity[®] Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL members, out-of-area BlueCard[®] and Federal Employee Program[®] members.

Learn More

For more information, such as an [Availity user guide](#), refer to the [Eligibility and Benefits page](#) on our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Webinars and Workshops](#) page for upcoming dates, times and registration links to sign up now.

*Note: For **commercial non-HMO** members, even if prior authorization isn't required, you still may want to submit an optional request for recommended clinical review (predetermination). This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request recommended clinical review (predetermination), since it's optional. There's a [Recommended Clinical Review \(Predetermination\) Code List](#) on our [Recommended Clinical Review \(Predetermination\) page](#) to help you decide.

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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 their health care provider.

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Avoiding the Inappropriate Use of Antipsychotic Medication in Anxiety Disorders

Most antipsychotic medications aren't approved for the treatment of [anxiety disorders](#), such as panic disorder and generalized anxiety disorder. Because antipsychotics can [have adverse effects](#), we encourage prescribing providers to **carefully assess symptoms, risks and benefits in prescribing medications** for our members with anxiety disorders.

Our [Behavioral Health Clinical Practice Guidelines](#) have evidence-based information from nationally recognized sources. These are intended to provide a framework for patient care but not substitute for clinical judgment in individual cases. Following are guidelines related to anxiety disorder:

- [Practice Guideline for the Treatment of Patients with Panic Disorder, Second Edition](#) (2009) American Psychiatric Association
- [Clinical Practice Review for GAD](#) (2015) Anxiety and Depression Association of America
- [Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults](#) (2015) American Family Physician
- [Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders](#) (2020) American Academy of Child & Adolescent Psychiatry
- [VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder](#) (2023) Department of Veterans Affairs/Department of Defense

For more information on medications in behavioral health care, see our [Quick Reference on Potential Side Effects](#).

Closing Gaps in Our Members' Care

People with serious mental illness who use antipsychotic medications are **at increased risk of diabetes**, according to the [National Committee for Quality Assurance](#). Regular screening for diabetes is important for detecting, monitoring and in the treatment of the disease. We track the NCQA quality measure [Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications](#). SSD tracks the number of people 18 to 64 years old with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had an **annual diabetes screening**.

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

for Providers

March 2024

Follow-up Care for Mental Health

Among Americans ages 18 to 44, nearly 600,000 are hospitalized yearly for mental health-related conditions, according to the [National Alliance on Mental Illness](#). A [recent study](#) found that mental health-related visits to emergency departments have increased among children and young adults. Timely follow-up care after these visits is linked to **improved health outcomes and fewer repeat hospital visits**, according to the [National Committee for Quality Assurance](#). You can help our members by encouraging follow-up care with behavioral health care providers when appropriate.

We track data for the following [Healthcare Effectiveness Data and Information Set measures](#) to help assess our members' care:

[Follow-up After Hospitalization for Mental Illness](#)

FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a follow-up visit:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (eight total days)

[Follow-up After Emergency Department Visit for Mental Illness](#)

FUM captures the percentage of ED visits for which members ages 6 and older with a diagnosis of mental illness or intentional self-harm had a follow-up visit:

- Within 30 days of the ED visit (31 total days)

Within seven days of the ED visit (eight total days)

Tips To Close Gaps in Care

For EDs and hospitals:

- Help our members schedule an in-person or telehealth follow-up visit with a mental health provider within seven days of discharge. The follow-up visit must be on a different date than the discharge date.
- Consider member preference for treatment, allowing members to take ownership of the treatment process.

For providers:

- Encourage members to bring their hospital discharge paperwork to their first appointment.
- Educate members about following up and adhering to treatment recommendations.
- Use the same diagnosis for mental illness at each follow-up visit. A non-mental illness diagnosis code won't fulfill this measure.
- Coordinate care between behavioral health and primary care providers:
 - Share progress notes and updates
 - Include the diagnosis for mental illness
 - Reach out to members who cancel appointments and help them reschedule as soon as possible

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Reminder: Update Your Records with New Mailing Address for Paper Claims

We announced a [new mailing address](#) in September 2023 for faster claims processing and responses. If you haven't updated your records yet, please take note of this new address for **commercial paper claims and inquiries**:

Blue Cross and Blue Shield of Illinois
P.O. Box 660603
Dallas, TX 75266-0603

Only submit paper claims if necessary. Electronic claim submission is preferred. See our [Claim Submission page](#) for more information.

[Forms](#) updated with the new address are available to download, including the [Claim Review](#), [Corrected Claim](#), [Additional Information](#) and [Requests for Recommended Clinical Review](#) forms.

The address for **dental claims** also has changed:

Blue Cross and Blue Shield of Illinois
PO Box 660247
Dallas, TX 75266-0247

Mail will be forwarded to the new addresses during a transition period.

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Third Party Liability Validation – Claim Inquiry and Dispute Process for BCCHPSM Members

If you are providing service to our Blue Cross Community Health PlansSM members, review the below information regarding how to submit an inquiry or claim dispute to Blue Cross and Blue Shield of Illinois for Third Party Liability Validation once you have verified the member does not have other primary insurance.

Claim Inquiry Process

To initiate the claim inquiry process for Third Party Liability validation, contact Customer Service at 877-860-2837. You must indicate that you want to file an inquiry. The following information is needed in reference to the BCCHP member:

- BCCHP Member First/Last Name
- BCCHP Subscriber ID
- Date of Service

Providers are not required to submit an Explanation of Benefits from another carrier if the member does not have other insurance.

Claim Dispute Process

If a claim has denied, you may receive an Explanation of Payment with denial code “**H37 – Please submit claim to primary insurance carrier**” from BCBSIL. For details on how to dispute a denied claim, refer to the BCCHP provider manual.

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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 has designated a specific section in *Blue Review* to notify you of any significant changes to the physician fee schedules.

Effective June 1, 2024, BCBSIL will launch its annual update of the Schedule of Maximum Allowances including Durable Medical Equipment supplies, prosthetics, orthotics and clinical laboratory codes. This fee schedule update takes into consideration the revisions made by the Centers for Medicare & Medicaid Services to the resource based relative value scale. Reimbursement for services provided on or after June 1, 2024, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPOSM fee schedules for professional providers. Providers may request fee schedules for this update starting May 28, 2024.

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 *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 and Blue Choice PPO networks may use the [Fee Schedule Listing tool](#) on [Availity® Essentials](#) to submit electronic requests and receive the contracted price allowance for specific codes.

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