



Government Programs Reference Guide Medicaid and MMAI

Department	Phone Number		Fax Number
Provider Network Services & Customer Service: Check eligibility and benefits, including Language Interpretive Services Inquiries related to Blue Cross Community Health Plans SM (BCCHP SM), Blue Cross Community MMAI (Medicare-Medicaid Plan) SM , current BCBSIL Initiatives, Provider Compliance & Provider Training	BCCHP	877-860-2837 TTY: 711	855-297-7280
	MMAI	877-723-7702 TTY: 711	855-674-9193
Medical Management including Prior Authorization, Inpatient Admissions, Care Coordination, and Discharge Planning <i>NOTE: Preferred method for Prior Authorization Requests is electronic, via Availity[®] Essentials or eviCore healthcare (eviCore)</i>	BCCHP	877-860-2837	312-233-4060
	MMAI	877-723-7702	312-233-4060
Pharmacy Prior Authorization	BCCHP	800-285-9426	877-243-6930
	MMAI	877-723-7702	855-674-9193
Pharmacy Help Desk	BCCHP	855-457-0173	N/A
	MMAI	888-840-3068	
Behavioral Health - Utilization Management	BCCHP	877-860-2837	N/A
	MMAI	877-723-7702	312-233-4099
Behavioral Health Mobile Crisis Response (Cares Line)	BCCHP and MMAI	800-345-9049 TTY: 866-794-0374	N/A

Dental, Vision, Pharmacy and Transportation Contact Information	Customer Service	Provider Relations
DentaQuest	BCCHP 888-286-2447	888-875-7482
	MMAI 855-343-7398	
Davis Vision	MMAI 800-283-9374	800-584-3140
Heritage Vision Plans Inc., powered by VSP	BCCHP 877-860-2837	800-615-1883
Prime Therapeutics	855-457-0173	800-821-4795
ModivCare (formerly known as LogistiCare)	877-917-4149	844-544-1393

Key Contacts for Patients/Members		
Member Services	BCCHP 877-860-2837	MMAI 877-723-7702
24/7 Nurse Line	BCCHP 888 343-2697	MMAI 877-213-2568
Care Coordination	BCCHP 855-334-4780	MMAI 877-723-7702

Compliance Reporting	
Fraud, Waste, and Abuse Reporting	800-543-0867
Department of Public Health	800-252-4343
Illinois Office of Inspector General	800-368-1463
Elder Abuse Hotline	866-800-1409

Eligibility and Benefits

An Eligibility and Benefits Inquiry <i>should be completed prior to rendering services</i>	<ul style="list-style-type: none"> Medi-Span® (eligibility only) Availity (eligibility & benefits) BCBSIL Provider Services: 877-860-2837 (BCCHP)
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Patient Panel Listings & Care Plans	Located within Altruista Health's Guiding Care™ tool, available via Availity
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The screenshot displays three member profiles from a patient panel listing. The first profile is for 'Blue Cross BlueShield of Illinois' with fields for Member Name, Medicaid ID, PCP Name, and Enrollment Effective Date. The second profile is for 'Blue Cross Community' with fields for Member Name, Medicaid ID, Group Number, and Benefit Group (highlighted with a red circle as 'MLTSS'). The third profile is for 'Blue Cross Community MMAI (Medicare-Medicaid Plan)' with fields for Member name, Member ID, Health Plan (80840), Medicaid ID, PCP Name, and PCP Phone. Red circles highlight the plan names for the second and third profiles.

Prior Authorization & Referral Requirements

Prior Authorization Not Required	<ul style="list-style-type: none"> Emergency and Urgent Care Services Referral to In-Network Specialists Obstetrical/Gynecological Services (members may self-refer for routine OB/GYN services)
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Prior Authorization Required	<p>Prior to services rendered by Out-of-Network Provider <i>NOTE: Approved referrals to non-contracted providers are valid for one visit within six months from the date the request</i></p> <p>Refer to the Support Materials (Government Programs) page for a summary and procedure code lists.</p>
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<p>Obtaining Prior Authorization</p> <p>Prior Authorization through BCBSIL: Use the Availity Authorizations tool on the Availity website</p> <ul style="list-style-type: none"> Go to the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations Choose Payer BCBSIL, then choose your organization Choose Inpatient Authorization or Outpatient Authorization Review and submit your request <p>Prior Authorization through eviCore:</p> <ul style="list-style-type: none"> Online via eviCore 855-252-1117 <p><i>NOTE: Always check eligibility and benefits first through Availity or your preferred web vendor prior to rendering care and services to our members. This step will confirm if prior authorization is required and utilization management vendor (such as eviCore), if applicable.</i></p>	<p>Availity: Web-based tool, supporting prior authorization requests handled by BCBSIL for:</p> <ul style="list-style-type: none"> Inpatient Services, including but not limited to: <i>Medical, Surgical, Maternity, NICU, and Transplant Admissions</i> Select Outpatient Services <p>eviCore: Non-BCBSIL web-based tool, prior authorization requests</p> <p>Select Outpatient Services including, but not limited to: <i>Radiation Therapy; Musculoskeletal Services; Cardiology; Radiology Imaging; Medical Oncology; Sleep Studies; Post-acute Care; Specialty Drugs</i></p> <p>Access and information regarding use of eviCore available at eviCore.</p>
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Claim Submission	
Claim Submission	<p>BCBSIL partners with Availity and or electronic claims submissions: Payer ID is MCDIL <i>NOTE: If using an alternate clearinghouse, contact your vendor for payer ID</i></p> <p>'XOG' prefix must be attached to Member ID # (or claim will reject)</p> <p>BCCHP Paper Claims Address: Blue Cross Community Health Plans P O Box 3418 C/O Provider Services Scranton, PA 18505</p> <p>MMAI Paper Claims Address: Blue Cross Community Health Plans P O Box 4168 C/O Provider Services Scranton, PA 18505</p>
Additional Claim Resources	<p>BCBSIL partners with Availity, providing the following support:</p> <ul style="list-style-type: none"> • Electronic Claim Submission • Claim Status Tool • Remittance Viewer • Reporting on Demand <p>Visit the Claims and Eligibility section of Provider website for more information on electronic options.</p>
Claim Inquiries & Disputes <i>NOTE: BCBSIL must be notified in writing within 60 days of receipt of payment. After that time, prior payment of the disputed claim(s) will be considered final payment in full and will not be further reviewed by BCBSIL.</i>	<p>Complete & Submit: <u>Medicaid Claims Inquiry or Dispute Request Form</u></p> <p>Mail to: Blue Cross Community Health Plans C/O Provider Services PO Box 4168 Scranton, PA 18505</p> <p>Fax to: 855-322-0717</p>

Member Appeals and Grievances	
<p>The Member has the right to an Appeal or a Grievance</p> <p>Appeals are defined as dissatisfaction with an organization determination</p> <p>Grievances are defined as dissatisfaction with health care services</p>	<p>A provider can submit an Appeal or Grievance on the patient's behalf ONLY if an Authorization of Release (AOR) is completed <u>AOR Form</u></p> <p>Submission of Appeal or Grievance: Appeals & Grievances P.O. Box 27838 Albuquerque, NM 87125-9705</p> <p>Fax to: 866-643-7069</p>

Required Training and Additional Resources	
Centers for Medicare & Medicaid Services (CMS) and/or State of Illinois Required Training	<ul style="list-style-type: none"> • Annual Medicaid Provider Training is REQUIRED • Attestation Forms are available on the Provider Training Requirements/Resources page, in the event training has been completed with another MCO
BCBSIL Complimentary Webinars	<p>Online training sessions are available. For dates, times and online registration, refer to the Webinars and Workshops page</p>

Care Coordination	
Benefits of Care Coordination	<ul style="list-style-type: none"> • Helps to create and maintain trustworthy relationships with patients • Provides support team that considers physical, mental and spiritual needs of the member • Allows MCO, Provider, Member & Support Team to operate as a cohesive unit
Basics of Care Coordination	<ul style="list-style-type: none"> • Members are encouraged to complete a Health Risk Screening within 60 days of enrollment. • Screening results determine level of service provided by BCCHP Care Coordination Team • Care coordinators promote patient engagement, encourage patients to attend scheduled office visits, help arrange transportation, etc. • All Waiver Services Members are assigned a BCBSIL Care Coordinator. Care Coordination phone number is 855-334-4780 (BCCHP) 877-723-7702 (MMAI)

Behavioral Health & Substance Use Prevention and Recovery	
Prior Authorization Requirements	General guidelines and code specific requirements located: <ul style="list-style-type: none"> • Government Programs Behavioral Health Authorization List
Additional Requirements <i>Certain services require an additional authorization form be completed</i>	<ul style="list-style-type: none"> • Electroconvulsive Therapy (ECT) Request Form • Psychological/Neuropsychological Testing Request Form • Community Based Behavioral Health Services Request Form • Transcranial Magnetic Stimulation (rTMS) Request Form

Pharmacy Services	
Prime Therapeutics	BCCHP/MMAI Pharmacy Information page to access drug lists, pharmacy directories and forms.
Prior Authorization and Medication Limits <i>Certain medications may require an additional authorization form be completed</i>	Utilize BCCHP /MMAI Pharmacy Information page to determine: <ul style="list-style-type: none"> • Prior Authorization requirements • Medication Limits • Step Therapy • Additional Forms (if required)
Formulary Exception Request	Authorization requests for non-formulary medications submitted via: Formulary Exception Form
Out-of-Pocket Cost	\$0 Co-Pay for all covered medications

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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