



BLUE REVIEWSM

For Providers

November 2023

Wellness and Member Education

2023 *Blue Review* Readership Survey: There's still time to participate!

If you're a contracted provider with Blue Cross and Blue Shield of Illinois (BCBSIL) and you read our monthly newsletter, you're an expert! We rely on your feedback to help assess the ***Blue Review***. Don't miss this opportunity to tell us what you think! [Take the survey now.](#)

Provider Education

Provider Hot Topics Summary: Third Quarter 2023

Our Provider Network Consultants host Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements.

[Learn 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.

[Learn More](#)

Join Us for a Webinar on Coding for Vascular Disease

Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease. The webinar is free to providers and coding professionals.

[Learn More](#)

New Inpatient DRG Claims for Patients Transferred Early – tDRG Policy (CPCILtDRG)

Effective **Jan. 1, 2024**, BCBSIL will align with the Centers for Medicare & Medicaid Services' transfer rules when paying inpatient claims that use the Medicare Severity Diagnostic Related Group (DRG) claims methodology. [Read more on News and Updates.](#)

Itemized Bills Required for Some Facility Claims Over \$100K

Beginning **Jan. 1, 2024**, BCBSIL will require facilities to submit an itemized bill for inpatient care billed for \$100,000 or more. This applies to facility claims billed at \$100,000 or more, or as required by the member's benefit plan, submitted for some BCBSIL commercial members. [Read more on News and Updates.](#)

Laboratory Benefit Management Program Update: New Medical Policies Effective Jan. 1, 2024

We're relaunching our utilization review program for laboratory services provided to BCBSIL commercial non-HMO members in an outpatient setting (typically an office, outpatient hospital or independent laboratory setting). The laboratory benefit management program will be effective for claims with dates of service beginning **Jan. 1, 2024**. [Read more on News and Updates.](#)

Implementation of Tiered Rate Modifiers, Effective Jan. 1, 2024

BCBSIL will be making some changes to reimbursement rates by allowing the use of modifier codes on some commercial claims for Applied Behavior Analysis therapy services. [Read more on News and Updates.](#)

New Enhancements for Behavioral Health Pre-service Review Requests, Effective Nov. 6, 2023

If you're unable to submit a request electronically, you can call the number on the member's ID card and use our interactive voice response (IVR) system. You'll be directed to Customer Service and a live clinician for a real-time review, instead of waiting for a call back. [Learn more on News and Updates.](#)

Clinical Updates, Reminders and Resources

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

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

Pharmacy Program

Pharmacy Program Updates: Quarterly Changes Effective Oct. 1, 2023 – Part 2

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 Oct. 1, 2023**, are outlined [here](#).

New CPT® Codes for COVID-19 Vaccines and Vaccine Administration

The American Medical Association has updated its COVID-19 vaccine coding guidance. It released six new Current Procedural Terminology codes for Pfizer's and Moderna's vaccines and their administration.

[Learn More](#)

MMAI and BCCHP Providers: Join Our Community Stakeholder Committee

We're hosting quarterly Community Stakeholder Committee meetings to find ways to better serve our MMAI and BCCHP members. We'd like to invite you to join us for our next committee meeting on **Nov. 16, 2023**. [Read more on News and Updates](#).

Illinois Medicaid Providers: Help Your Patients Get Ready for Redetermination

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

Wellness and Member Education

Medicare Advantage PPO Members to Transition to BCBSIL Kidney Care Program

In **January 2024**, we're launching a specialized care coordination program for eligible Blue Cross Medicare Advantage (PPO) members who have chronic or end-stage kidney disease.

[Learn More](#)

Quality Improvement and Reporting

Coordinating Care after Hospital Discharges To Help Reduce Chances of Readmissions

When our members receive inpatient hospital care, it's important for hospital care teams to share information with primary care providers to coordinate care after discharge.

[Learn More](#)

Physician Efficiency, Appropriateness, and QualitySM Program Update

Our PEAQSM program measures a physician's performance around efficiency (cost), appropriateness, and quality to achieve more optimal patient outcomes and effective care delivery.

[Learn More](#)

Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM Availability and Access Standards

Appointment availability and access guidelines should be followed by providers to ensure timely access to medical care for MMAI and Medicare Advantage members. These guidelines also apply to behavioral health services and substance use disorder services.

[Learn More](#)

Blue Cross Community Health PlansSM (BCCHPSM) Availability and Access Standards

Appointment availability and access guidelines should be used to help ensure our BCCHP members have timely access to medical care and behavioral health care services.

[Learn More](#)

Consumer Assessment of Healthcare Provider and Systems (CAHPS[®])

BCBSIL conducts an annual CAHPS survey with its BCCHP and MMAI members to monitor the members' experience and their satisfaction with BCBSIL and its contracted providers and medical groups.

[Learn More](#)

Notification and Disclosure

Medical Policy Updates

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

Learn More

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 the **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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Provider Hot Topics Summary: Third Quarter 2023

Our Provider Network Consultants are hosting Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements. They also review recent communications – including **Blue Review** articles and News and Updates notices – to call out important details and address provider questions.

PNC 'Top Three' Picks for Q3 2023

We know you may not be able to make it to every Hot Topics webinar, so our PNCs have compiled a list of the top hot topics from the previous quarter. If you don't want to miss what was top of mind this fall, we hope you'll review the items below.

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

- Q – **How do I verify/update my provider demographics in Availity® Essentials?**
- A – We recommend professional providers use the [Provider Data Management](#) feature on [Availity Essentials](#) to quickly verify and update information. For details, refer to the [PDM User Guide](#). When using the Availity PDM to verify and attest, be sure to complete both the Directory Verification and Core PDM every 90 days.

Here's the top **Blue Review** article from Q3:

[Medicare Providers May Treat Medicare Advantage Flex and Group Medicare Advantage Open Access PPO Members](#)

(August 2023 **Blue Review**)

Here's one of the most important News and Updates:

[Use BlueApprovRSM for Faster, Easier Completion of Prior Authorization Requests](#) (Posted July 5, 2023)

Let's Keep the Conversation Going

Our next Provider Hot Topics webinar is **Nov. 9, 2023**, from 10 to 11:30 a.m. There's still time to sign up!

[Register now to attend this month's webinar.](#)

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

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

Our PNCs look forward to connecting with you.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#).

BCBSIL WEBINARS

To register now for a webinar on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
<p>Availity® Essentials and BlueApprovRSM Prior Authorization Tools</p> <p><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 through BlueApprovR.</i></p>	<p>Nov. 1, 2023</p> <p>Nov. 8, 2023</p> <p>Nov. 15, 2023</p> <p>Nov. 22, 2023</p> <p>Nov. 29, 2023</p>	<p>11 a.m. to 12:30 p.m.</p>

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

[Nov. 9, 2023](#)
[Nov. 16, 2023](#)
[Nov. 30, 2023](#)

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 the newly updated Eligibility and Benefits capability as well as the Electronic Predetermination process.

[Nov. 21, 2023](#)

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.

[Nov. 16, 2023](#)

1 to 2 p.m.

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Provider Orientation
Effective Jan. 1, 2023, 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.

[Nov. 14, 2023](#)

10 to 11 a.m.

BlueApprovR: Prior Authorization 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 for many BCBSIL commercial members.

[Nov. 2, 2023](#)
[Nov. 9, 2023](#)
[Nov. 16, 2023](#)
[Nov. 30, 2023](#)

1 to 2 p.m.

BCCHPSM and MMAI Required Provider Training Webinars
If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service and/or Illinois Department of Healthcare and Family Services.

[Nov. 7, 2023](#)
[Nov. 14, 2023](#)

1 to 3 p.m.

Coding for Vascular Disease
Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease.

[Nov. 17, 2023](#)
[Dec. 15, 2023](#)

Noon to 12:30 p.m.

HEDIS[®] Update and Best Practices for Providers Groups
This session will highlight how Healthcare Effectiveness Data and Information Set tracks measurement to improvement in quality reporting. Discussion also includes HEDIS methods and electronic clinical data systems.

[Nov. 14, 2023](#)

Noon to 1 p.m.

Monthly Provider Hot Topics Webinar
Stay up to date on the latest news from BCBSIL!

[Nov. 9, 2023](#)

10 to 11:30 a.m.

Engage with our PNCs to learn about upcoming initiatives, program changes and updates, as well as general network announcements.

Orientation Webinars for New Commercial Providers
Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.

[Nov. 15, 2023](#)

10 to 11 a.m.

Orientation Webinars for New BCCHP and/or MMAI Providers
Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

[Nov. 16, 2023](#)

1 to 2 p.m.

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Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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Join Us for a Webinar on Coding for Vascular Disease

Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease. The webinar is free to providers and coding professionals.

- **Nov. 17, 2023**, from noon to 12:30 p.m. [Register here.](#)
- **Dec. 15, 2023**, from noon to 12:30 p.m. [Register here.](#)

If you're unable to view the registration site, you may need to clear your web browser history.

The webinar will include information from the Official ICD-10-CM Coding Guidelines, the American Hospital Association Coding Clinic and the Centers for Medicare & Medicaid Services. Topics include:

- Coding for peripheral vascular disease, deep vein thrombosis, pulmonary embolism and vascular aneurysm
- Risk adjustment updates
- ICD-10-CM guidelines and case studies
- Closing gaps in care for patients

This webinar doesn't offer continuing education credits.

The material presented in the webinar is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such resources or organizations. 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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New CPT Codes for COVID-19 Vaccines and Vaccine Administration

The American Medical Association has updated its [COVID-19 vaccine coding guidance](#). It released six new Current Procedural Terminology (CPT®) codes for Pfizer's and Moderna's vaccines and their administration.

The codes were effective as of Sept. 11, 2023. See the [AMA website for current vaccine codes](#).

[The AMA announced](#) that on Nov. 1, 2023, it would delete COVID-19 vaccine product and administration codes that end in "A" for products that are no longer FDA-authorized, except for the Novavax vaccine product code. Providers should discontinue use of the deleted codes for services provided after Nov. 1, 2023. The six new codes and the Novavax product code will remain in effect after Nov. 1, 2023.

COVID-19 Coverage

Blue Cross and Blue Shield of Illinois [continues to cover](#) FDA-authorized COVID-19 vaccines at the member's preventive benefit level. This includes the newest versions of the vaccines [approved by the FDA](#). Some groups may not cover preventive services, including COVID-19 vaccines. Check eligibility and benefits for details for each member. Learn more on our [COVID-19 Coverage Update page](#).

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Medicare Advantage PPO Members to Transition to BCBSIL Kidney Care Program

In **January 2024**, we're launching a specialized care coordination program for eligible Blue Cross Medicare Advantage (PPO)SM members who have chronic or end-stage kidney disease. Our Kidney Care Program will replace the Somatus kidney care program, a service currently provided by vendor Somatus, Inc.[®]

Somatus will continue to provide a kidney care program to some BCBSIL commercial members.

Program Transition

Medicare Advantage PPO members who currently use Somatus will transition to our program from January through March 2024. During the transition, Blue Cross and Blue Shield of Illinois (BCBSIL) and Somatus care coordinators will work together to support members. Only affected members transitioning to the BCBSIL Kidney Care Program will receive a letter with details.

BCBSIL Care Coordination

As part of our Kidney Care Program, BCBSIL care coordinators work together with providers to coordinate services and help members follow a plan of care. Our goal is to support our members as they work with you to manage their disease and improve health outcomes. The program is free of charge.

Call the Customer Service number on the BCBSIL member ID card if you have questions or to refer a Medicare Advantage PPO member to the Kidney Care Program.

Somatus is an independent company that provides care management services for certain BCBSIL members with CKD and ESKD. Somatus is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations, or warranties regarding third party vendors and the products and services they offer.

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Coordinating Care after Hospital Discharges To Help Reduce Chances of Readmissions

When our members receive inpatient hospital care, it's important for hospital care teams to share information with primary care providers (PCPs) to coordinate care after discharge. Hospital discharge summaries can help our members transition from inpatient care, according to the [American College of Physicians and others](#). Care coordination and planning can in turn help reduce the chances of hospital readmissions, according to the [National Committee for Quality Assurance \(NCQA\)](#).

If you provide care to our members during or after a hospital discharge, consider the following tips to support care coordination.

For Hospital Care Teams

Give PCPs timely access to hospital discharge summaries. Discharge summaries should include information on:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes and most commonly known side effects

For PCPs:

- Obtain the member's hospital discharge summary and schedule a timely follow-up visit to discuss discharge instructions. Consider telehealth services when available and appropriate.
- Perform a [medication reconciliation](#) to compare hospital medication orders to the medications the

member has been taking. This is done to prevent drug interactions, duplications or other errors.

- Talk with our members about unique risks and barriers that might have played a role in their hospitalization. Our [Health Equity and Social Determinants of Health](#) page has information that may be helpful.

How BCBSIL Can Help

- Language help: Let our members know we offer [help and information in their language](#) at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.
- Transportation: We have the potential to provide Medicaid members with free non-emergency [transportation services](#).
- Care coordination: Blue Cross and Blue Shield Federal Employee Program® (FEP®) members may call 800-462-3275 to connect with a case manager after discharge. Blue Cross Community Health PlansSM (BCCHPSM) members may call 855-334-4780 and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM may call 877-723-7702 for care coordination.

Tracking Our Members' Progress

We track [Plan All-Cause Admissions](#), which is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from NCQA. This captures the number of acute inpatient and observation stays during a measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. The measure applies to Medicare Advantage members ages 18 and older, and to other members ages 18 to 64.

As part of the BCBSIL provider satisfaction survey, we also track responses from PCPs and specialists about the timely sharing of hospital discharge summaries. The survey results help us identify opportunities to improve coordination of care.

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

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Physician Efficiency, Appropriateness, and QualitySM Program Update

What is PEAQSM?

The Physician Efficiency, Appropriateness, and Quality program measures a physician's performance around efficiency (cost), appropriateness, and quality to achieve more optimal patient outcomes and effective care delivery. Physicians that meet inclusion requirements, such as working specialty and patient minimums, are provided with reports that show how their performance compares to peers' performance within the same working specialty with regional adjustments. All Illinois physicians practicing within the PEAQ working specialties and report timeframe are included in PEAQ.

Coming This Month: Physician Performance Insight Reports

PEAQ PPI reports show how a physician is evaluated and where they rank in comparison to peers. Reports also include observations to improve future performance. You must be a registered Availity[®] Essentials user to gain access to PEAQ PPI reports. To register online, go to the [Availity website](#) and look for the **New to Availity?** [Get Started](#) link in the top right corner.

PEAQ PPI PDF reports are **coming in November** to [Availity Essentials](#) for qualified physicians in the following specialties:

Medical	Surgical	Primary Care
Cardiology Endocrinology	Cardiothoracic Surgery Ophthalmology	Family Medicine Internal Medicine

Gastroenterology Nephrology Neurology Pulmonary Rheumatology Obstetrics/Gynecology	Orthopedic Surgery Urology Vascular Surgery	Pediatrics
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New in 2024: Top Performing Physician Designation in Provider Finder®

Insights culled from PEAQ data influence Provider Finder sorting results for self-funded Administrative Services Only (ASO) groups. PEAQ data can also impact employer insights. **Beginning in early 2024**, our Provider Finder will identify providers who are highly rated for quality, cost-efficient care, and appropriate treatment plans, based on PEAQ results. These providers' profiles will display a Top Performing Physician designation to help inform our members and connect them with care. Within Provider Finder, the Provider Profile pages will show summaries of PEAQ performance scores. PEAQ-related information is not presently available in Provider Finder for any HMO networks.

For more information, visit the [BCBSIL PEAQ page](#).

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Blue Cross Community MMAI Plan (Medicare-Medicaid)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM Availability and Access Standards

The following appointment availability and access guidelines should be followed by providers to ensure timely access to medical care for MMAI and Medicare Advantage members. These guidelines also apply to behavioral health services and substance use disorder services.

- Routine and preventive care within 30 business days
- Urgent, but non-emergent care within 24 hours of request

Adherence to member access guidelines will be monitored through Blue Cross and Blue Shield of Illinois (BCBSIL) office visits and the tracking of complaints and grievances related to access and availability, which are reviewed by the BCBSIL Quality Improvement Committee.

Participating physician/professional providers are expected to provide coverage to members 24 hours a day, seven days a week. When a participating physician/professional provider is unable to provide services, the participating physician/professional provider must ensure that they have arranged for coverage from another participating physician/professional provider. Hospital emergency room or urgent care centers are not substitutes for covering participating physician/professional providers.

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SM

BLUE REVIEW

for Providers

November 2023

Blue Cross Community Health PlansSM (BCCHPSM) Availability and Access Standards

Appointment availability and access guidelines should be used to help ensure BCCHP members have timely access to medical care and behavioral health care services. Some of the guidelines are listed below.

- Appointments for routine care and preventive care are available within five weeks from the date of request for such care. Appointments for routine care and preventive for infants younger than 6 months are available within two weeks from the requested date.
- Members with more serious problems not deemed emergency medical conditions are triaged and, if necessary or appropriate, immediately referred for urgent medically necessary care or provided with an appointment within one business day of the request.
- Members with non-urgent problems needing attention are triaged and an appointment is scheduled within three weeks.
- Behavioral health providers must provide access to care for:
 - Non-life-threatening emergencies within six hours;
 - Urgent non-emergent care within 48 hours;
 - Initial visit or routine care within 10 business days or two weeks; and
 - Follow-up routine care within 20 days

Below are the guidelines for appointments for obstetrics/gynecology:

- First trimester within two weeks
- Second trimester within one week
- Third trimester within three days

Providers are expected to provide coverage for members 24 hours a day, seven days a week. In addition,

providers must maintain a 24-hour answering service and assure that each PCP provides a 24-hour answering arrangement, including a 24-hour on-call PCP arrangement for all members. An answering machine does not meet the requirements for a 24-hour answering service arrangement. Hospital emergency rooms or urgent care centers are not substitutes for covering providers.

For the complete list of Access and Availability standards, please refer to the BCCHP Provider Manual on our [Provider website](#).

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BLUE REVIEW

for Providers

November 2023

Consumer Assessment of Healthcare Provider and Systems (CAHPS®)

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts an annual CAHPS survey with its Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. The aim of the survey is to monitor the members' experience and their satisfaction with BCBSIL and its contracted providers and medical groups. The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction.

Each year, the survey is mailed in the month(s) of February/March to randomly selected members. It instructs the members to rate their experience with the care they received in the last six months. Examples of topics and questions addressed in the survey are listed below, with an emphasis on domains where providers have the most impact.

Survey Category/Topic	Sample Questions
Getting Needed Care	<ul style="list-style-type: none"> • How often was it easy to get the care, tests or treatment you needed? • How often did you get an appointment to see a specialist as soon as you needed to?
Getting Care Quickly	<ul style="list-style-type: none"> • When you needed care right away, how often did you get

	<p>care as soon as you needed it?</p> <ul style="list-style-type: none"> • When you made an appointment for a check-up or routine care visit at a doctor’s office or clinic, how often did you get an appointment as soon as you needed it?
How Well Doctor Communicates	<ul style="list-style-type: none"> • How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you? • How often did your personal doctor spend enough time with you?
Smoking Cessation	<ul style="list-style-type: none"> • How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you? • How often did your personal doctor spend enough time with you?

What You Can Do To Help Improve CAHPS Survey Results

BCBSIL is currently in a “look-back period” and we strongly encourage any efforts to improve results. Here are some recommendations that may help you and your staff with improving BCCHP and MMAI member satisfaction:

- Make walk-in appointments available in the morning/evening hours for urgent care.
- Spend enough time with the patients and explain things in a way they can understand easily.
- PCP/office staff assist the patients in scheduling appointments with specialists.
- Follow up with member’s specialists to ensure continuity of care.
- Provide the patients with educational materials.
- Discuss available treatment and medication options with the patients.
- Encourage the patients to get a flu shot this year.
- At the end of each visit, review treatment plan, discuss with your patient reasons why and why not to take medications and list all available treatment options.
- Consider performing a preventive health care visit during a sick visit if time and indications allow.
- Educate patients about [preventive care](#).

For additional information on CAHPS, please review the [BCBSIL CAHPS Resources](#) and the [Agency for Healthcare Research and Quality](#) website.

Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of The National Committee for Quality Assurance (NCQA).

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BLUE REVIEWSM

for Providers

November 2023

Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on [our Provider website](#). Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may affect your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the [BCBSIL Provider Manual](#), located in the Standards and Requirements section.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [BCBSIL Medical Policy page](#). Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You also may view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the Standards and Requirements section of our website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. You'll find a [Recommended Clinical Review \(Predetermination\) Code List](#) in the Related Resources on our [Recommended Clinical Review \(Predetermination\) page](#) – this

list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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BLUE REVIEWSM

for Providers

November 2023

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

On Jan. 1, 2024, BCBSIL will implement Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) procedure code additions, deletions and revisions. Please note that deleted codes will not be accepted for payment for dates of service on or after Jan. 1, 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 the **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 (PPO) and Blue Choice PPOSM networks may use the [Fee Schedule Listing tool](#) on [Availity® Essentials](#) to submit electronic requests and receive the contracted price allowance for specific codes.



BLUE REVIEWSM

For Providers

November 2023

Wellness and Member Education

2023 *Blue Review* Readership Survey: There's still time to participate!

If you're a contracted provider with Blue Cross and Blue Shield of Illinois (BCBSIL) and you read our monthly newsletter, you're an expert. We rely on your feedback to help assess the *Blue Review*. Don't miss this opportunity to tell us what you think. [Take the survey now.](#)

Provider Education

Provider Hot Topics Summary: Third Quarter 2023

Our Provider Network Consultants host Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements.

[Learn 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.

[Learn More](#)

Join Us for a Webinar on Coding for Vascular Disease

Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease. The webinar is free to providers and coding professionals.

[Learn More](#)

New Inpatient DRG Claims for Patients Transferred Early – tDRG Policy (CPCILtDRG)

Effective **Jan. 1, 2024**, BCBSIL will align with the Centers for Medicare & Medicaid Services' transfer rules when paying inpatient claims that use the Medicare Severity Diagnostic Related Group (DRG) claims methodology. [Read more on News and Updates.](#)

Itemized Bills Required for Some Facility Claims Over \$100K

Beginning **Jan. 1, 2024**, BCBSIL will require facilities to submit an itemized bill for inpatient care billed for 100,000 or more. This applies to facility claims billed at 100,000 or more, or as required by the member's benefit plan, submitted for some BCBSIL commercial members. [Read more on News and Updates.](#)

Laboratory Benefit Management Program Update: New Medical Policies Effective Jan. 1, 2024

We're relaunching our utilization review program for laboratory services provided to BCBSIL commercial non-HMO members in an outpatient setting (typically an office, outpatient hospital or independent laboratory setting). The laboratory benefit management program will be effective for claims with dates of service beginning **Jan. 1, 2024**. [Read more on News and Updates.](#)

Implementation of Tiered Rate Modifiers, Effective Jan. 1, 2024

BCBSIL will be making some changes to reimbursement rates by allowing the use of modifier codes on some commercial claims for Applied Behavior Analysis therapy services. [Read more on News and Updates.](#)

New Enhancements for Behavioral Health Pre-service Review Requests, Effective Nov. 6, 2023

If you're unable to submit a request electronically, you can call the number on the member's ID card and use our interactive voice response (IVR) system. You'll be directed to Customer Service and a live clinician for a real-time review, instead of waiting for a call back. [Learn more on News and Updates.](#)

Clinical Updates, Reminders and Resources

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

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

Pharmacy Program

Pharmacy Program Updates: Quarterly Changes Effective Oct. 1, 2023 – Part 2

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 Oct. 1, 2023**, are outlined [here](#).

New CPT® Codes for COVID-19 Vaccines and Vaccine Administration

The American Medical Association has updated its COVID-19 vaccine coding guidance. It released six new Current Procedural Terminology codes for Pfizer's and Moderna's vaccines and their administration.

[Learn More](#)

MMAI and BCCHP Providers: Join Our Community Stakeholder Committee

We're hosting quarterly Community Stakeholder Committee meetings to find ways to better serve our MMAI and BCCHP members. We'd like to invite you to join us for our next committee meeting on **Nov. 16, 2023**. [Read more on News and Updates](#).

Illinois Medicaid Providers: Help Your Patients Get Ready for Redetermination

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

Wellness and Member Education

Medicare Advantage PPO Members to Transition to BCBSIL Kidney Care Program

In **January 2024**, we're launching a specialized care coordination program for eligible Blue Cross Medicare Advantage (PPO) members who have chronic or end-stage kidney disease.

[Learn More](#)

Quality Improvement and Reporting

Coordinating Care after Hospital Discharges To Help Reduce Chances of Readmissions

When our members receive inpatient hospital care, it's important for hospital care teams to share information with primary care providers to coordinate care after discharge.

[Learn More](#)

Physician Efficiency, Appropriateness, and QualitySM Program Update

Our PEAQSM program measures a physician's performance around efficiency (cost), appropriateness, and quality to achieve more optimal patient outcomes and effective care delivery.

[Learn More](#)

Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM Availability and Access Standards

Appointment availability and access guidelines should be followed by providers to ensure timely access to medical care for MMAI and Medicare Advantage members. These guidelines also apply to behavioral health services and substance use disorder services.

[Learn More](#)

Blue Cross Community Health PlansSM (BCCHPSM) Availability and Access Standards

Appointment availability and access guidelines should be used to help ensure our BCCHP members have timely access to medical care and behavioral health care services.

[Learn More](#)

Consumer Assessment of Healthcare Provider and Systems (CAHPS[®])

BCBSIL conducts an annual CAHPS survey with its BCCHP and MMAI members to monitor the members' experience and their satisfaction with BCBSIL and its contracted providers and medical groups.

[Learn More](#)

Notification and Disclosure

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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, BCBSIL has designated a specific section in the *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.

Contact Us

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



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BLUE REVIEWSM

for Providers

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Provider Hot Topics Summary: Third Quarter 2023

Our Provider Network Consultants are hosting Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements. They also review recent communications – including *Blue Review* articles and News and Updates notices – to call out important details and address provider questions.

PNC ‘Top Three’ Picks for Q3 2023

We know you may not be able to make it to every Hot Topics webinar, so our PNCs have compiled a list of the top hot topics from the previous quarter. If you don’t want to miss what was top of mind this fall, we hope you’ll review the items below.

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

- Q – *How do I verify/update my provider demographics in Availity® Essentials?*
- A – We recommend professional providers use the [Provider Data Management](#) feature on [Availity Essentials](#) to quickly verify and update information. For details, refer to the [PDM User Guide](#). When using the Availity PDM to verify and attest, be sure to complete both the Directory Verification and Core PDM every 90 days.

Here’s the top *Blue Review* article from Q3:

[Medicare Providers May Treat Medicare Advantage Flex and Group Medicare Advantage Open Access PPO Members](#)

(August 2023 *Blue Review*)

Here's one of the most important News and Updates:

[Use BlueApprovRSM for Faster, Easier Completion of Prior Authorization Requests](#) (Posted July 5, 2023)

Let's Keep the Conversation Going

Our next Provider Hot Topics webinar is **Nov. 9, 2023**, from 10 to 11:30 a.m. There's still time to sign up

[Register now to attend this month's webinar.](#)

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

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

Our PNCs look forward to connecting with you.

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#).

BCBSIL WEBINARS

To register now for a webinar on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
Availity® Essentials and BlueApprovRSM Prior Authorization 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 through BlueApprovR.</i>	Nov. 1, 2023 Nov. 8, 2023 Nov. 15, 2023 Nov. 22, 2023 Nov. 29, 2023	11 a.m. to 12:30 p.m.

Availity Essentials Claim Status, Clinical Appeals, Reconsiderations and Message This Payer [Nov. 9, 2023](#) 11 a.m. to 12:30 p.m.
[Nov. 16, 2023](#)
Learn how to verify claim status, submit and monitor clinical claim appeals and reconsiderations and Message This Payer online using the Availity Essentials Portal. [Nov. 30, 2023](#)

Availity Essentials Instructor-Led Training [Nov. 21, 2023](#) 11 a.m. to noon
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 the newly updated Eligibility and Benefits capability as well as the Electronic Predetermination process.

Availity Remittance Viewer and Provider Claim Summary [Nov. 16, 2023](#) 1 to 2 p.m.
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.

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Provider Orientation [Nov. 14, 2023](#) 10 to 11 a.m.
Effective Jan. 1, 2023, 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.

BlueApprovR: Prior Authorization Process [Nov. 2, 2023](#) 1 to 2 p.m.

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 for many BCBSIL commercial members.

[Nov. 9, 2023](#)
[Nov. 16, 2023](#)
[Nov. 30, 2023](#)

BCCHPSM and MMAI Required Provider Training Webinars

If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service and/or Illinois Department of Healthcare and Family Services.

[Nov. 7, 2023](#)
[Nov. 14, 2023](#)

1 to 3 p.m.

Coding for Vascular Disease

Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease.

[Nov. 17, 2023](#)
[Dec. 15, 2023](#)

Noon to 12:30 p.m.

HEDIS[®] Update and Best Practices for Providers Groups

This session will highlight how Healthcare Effectiveness Data and Information Set tracks measurement to improvement in quality reporting. Discussion also includes HEDIS methods and electronic clinical data systems.

[Nov. 14, 2023](#)

Noon to 1 p.m.

Monthly Provider Hot Topics Webinar

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.

[Nov. 9, 2023](#)

10 to 11:30 a.m.

Orientation Webinars for New Commercial Providers

[Nov. 15, 2023](#)

10 to 11 a.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.

Orientation Webinars for New BCCHP and/or MMAI Providers

[Nov. 16, 2023](#)

1 to 2 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 network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.

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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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BLUE REVIEWSM

for Providers

November 2023

Join Us for a Webinar on Coding for Vascular Disease

Join our Coding Compliance team for a webinar on coding and guidelines for vascular disease. The webinar is free to providers and coding professionals.

- **Nov. 17, 2023**, from noon to 12:30 p.m. [Register here.](#)
- **Dec. 15, 2023**, from noon to 12:30 p.m. [Register here.](#)

If you're unable to view the registration site, you may need to clear your web browser history.

The webinar will include information from the Official ICD-10-CM Coding Guidelines, the American Hospital Association Coding Clinic and the Centers for Medicare & Medicaid Services. Topics include:

- Coding for peripheral vascular disease, deep vein thrombosis, pulmonary embolism and vascular aneurysm
- Risk adjustment updates
- ICD-10-CM guidelines and case studies
- Closing gaps in care for patients

This webinar doesn't offer continuing education credits.

The material presented in the webinar is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such resources or organizations. 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

November 2023

New CPT Codes for COVID-19 Vaccines and Vaccine Administration

The American Medical Association has updated its [COVID-19 vaccine coding guidance](#). It released six new Current Procedural Terminology (CPT®) codes for Pfizer's and Moderna's vaccines and their administration.

The codes were effective as of Sept. 11, 2023. See the [AMA website for current vaccine codes](#).

[The AMA announced](#) that on Nov. 1, 2023, it would delete COVID-19 vaccine product and administration codes that end in "A" for products that are no longer FDA-authorized, except for the Novavax vaccine product code. Providers should discontinue use of the deleted codes for services provided after Nov. 1, 2023. The six new codes and the Novavax product code will remain in effect after Nov. 1, 2023.

COVID-19 Coverage

Blue Cross and Blue Shield of Illinois [continues to cover](#) FDA-authorized COVID-19 vaccines at the member's preventive benefit level. This includes the newest versions of the vaccines [approved by the FDA](#). Some groups may not cover preventive services, including COVID-19 vaccines. Check eligibility and benefits for details for each member. Learn more on our [COVID-19 Coverage Update page](#).

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BLUE REVIEWSM

for Providers

November 2023

Medicare Advantage PPO Members to Transition to BCBSIL Kidney Care Program

In **January 2024**, we're launching a specialized care coordination program for eligible Blue Cross Medicare Advantage (PPO)SM members who have chronic or end-stage kidney disease. Our Kidney Care Program will replace the Somatus kidney care program, a service currently provided by vendor Somatus, Inc.[®]

Somatus will continue to provide a kidney care program to some BCBSIL commercial members.

Program Transition

Medicare Advantage PPO members who currently use Somatus will transition to our program from January through March 2024. During the transition, Blue Cross and Blue Shield of Illinois (BCBSIL) and Somatus care coordinators will work together to support members. Only affected members transitioning to the BCBSIL Kidney Care Program will receive a letter with details.

BCBSIL Care Coordination

As part of our Kidney Care Program, BCBSIL care coordinators work together with providers to coordinate services and help members follow a plan of care. Our goal is to support our members as they work with you to manage their disease and improve health outcomes. The program is free of charge.

Call the Customer Service number on the BCBSIL member ID card if you have questions or to refer a Medicare Advantage PPO member to the Kidney Care Program.

Somatus is an independent company that provides care management services for certain BCBSIL members with CKD and ESKD. Somatus is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations, or warranties regarding third party vendors and the products and services they offer.

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Coordinating Care after Hospital Discharges To Help Reduce Chances of Readmissions

When our members receive inpatient hospital care, it's important for hospital care teams to share information with primary care providers (PCPs) to coordinate care after discharge. Hospital discharge summaries can help our members transition from inpatient care, according to the [American College of Physicians and others](#). Care coordination and planning can in turn help reduce the chances of hospital readmissions, according to the [National Committee for Quality Assurance \(NCQA\)](#).

If you provide care to our members during or after a hospital discharge, consider the following tips to support care coordination.

For Hospital Care Teams

Give PCPs timely access to hospital discharge summaries. Discharge summaries should include information on:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes and most commonly known side effects

For PCPs:

- Obtain the member's hospital discharge summary and schedule a timely follow-up visit to discuss discharge instructions. Consider telehealth services when available and appropriate.
- Perform a [medication reconciliation](#) to compare hospital medication orders to the medications the

member has been taking. This is done to prevent drug interactions, duplications or other errors.

- Talk with our members about unique risks and barriers that might have played a role in their hospitalization. Our [Health Equity and Social Determinants of Health](#) page has information that may be helpful.

How BCBSIL Can Help

- Language help: Let our members know we offer [help and information in their language](#) at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.
- Transportation: We have the potential to provide Medicaid members with free non-emergency [transportation services](#).
- Care coordination: Blue Cross and Blue Shield Federal Employee Program® (FEP®) members may call 800-462-3275 to connect with a case manager after discharge. Blue Cross Community Health PlansSM (BCCHPSM) members may call 855-334-4780 and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM may call 877-723-7702 for care coordination.

Tracking Our Members' Progress

We track [Plan All-Cause Admissions](#), which is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from NCQA. This captures the number of acute inpatient and observation stays during a measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. The measure applies to Medicare Advantage members ages 18 and older, and to other members ages 18 to 64.

As part of the BCBSIL provider satisfaction survey, we also track responses from PCPs and specialists about the timely sharing of hospital discharge summaries. The survey results help us identify opportunities to improve coordination of care.

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 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.

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

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Physician Efficiency, Appropriateness, and QualitySM Program Update

What is PEAQSM?

The Physician Efficiency, Appropriateness, and Quality program measures a physician's performance around efficiency (cost), appropriateness, and quality to achieve more optimal patient outcomes and effective care delivery. Physicians that meet inclusion requirements, such as working specialty and patient minimums, are provided with reports that show how their performance compares to peers' performance within the same working specialty with regional adjustments. All Illinois physicians practicing within the PEAQ working specialties and report timeframe are included in PEAQ.

Coming This Month: Physician Performance Insight Reports

PEAQ PPI reports show how a physician is evaluated and where they rank in comparison to peers. Reports also include observations to improve future performance. You must be a registered Availity[®] Essentials user to gain access to PEAQ PPI reports. To register online, go to the [Availity website](#) and look for the **New to Availity?** [Get Started](#) link in the top right corner.

PEAQ PPI PDF reports are **coming in November** to [Availity Essentials](#) for qualified physicians in the following specialties:

Medical	Surgical	Primary Care
Cardiology Endocrinology	Cardiothoracic Surgery Ophthalmology	Family Medicine Internal Medicine

Gastroenterology Nephrology Neurology Pulmonary Rheumatology Obstetrics/Gynecology	Orthopedic Surgery Urology Vascular Surgery	Pediatrics
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New in 2024: Top Performing Physician Designation in Provider Finder®

Insights culled from PEAQ data influence Provider Finder sorting results for self-funded Administrative Services Only (ASO) groups. PEAQ data can also impact employer insights. **Beginning in early 2024**, our Provider Finder will identify providers who are highly rated for quality, cost-efficient care, and appropriate treatment plans, based on PEAQ results. These providers' profiles will display a Top Performing Physician designation to help inform our members and connect them with care. Within Provider Finder, the Provider Profile pages will show summaries of PEAQ performance scores. PEAQ-related information is not presently available in Provider Finder for any HMO networks.

For more information, visit the [BCBSIL PEAQ page](#).

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Blue Cross Community MMAI Plan (Medicare-Medicaid)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM Availability and Access Standards

The following appointment availability and access guidelines should be followed by providers to ensure timely access to medical care for MMAI and Medicare Advantage members. These guidelines also apply to behavioral health services and substance use disorder services.

- Routine and preventive care within 30 business days
- Urgent, but non-emergent care within 24 hours of request

Adherence to member access guidelines will be monitored through Blue Cross and Blue Shield of Illinois (BCBSIL) office visits and the tracking of complaints and grievances related to access and availability, which are reviewed by the BCBSIL Quality Improvement Committee.

Participating physician/professional providers are expected to provide coverage to members 24 hours a day, seven days a week. When a participating physician/professional provider is unable to provide services, the participating physician/professional provider must ensure that they have arranged for coverage from another participating physician/professional provider. Hospital emergency room or urgent care centers are not substitutes for covering participating physician/professional providers.

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Blue Cross Community Health PlansSM (BCCHPSM) Availability and Access Standards

Appointment availability and access guidelines should be used to help ensure BCCHP members have timely access to medical care and behavioral health care services. Some of the guidelines are listed below.

- Appointments for routine care and preventive care are available within five weeks from the date of request for such care. Appointments for routine care and preventive for infants younger than 6 months are available within two weeks from the requested date.
- Members with more serious problems not deemed emergency medical conditions are triaged and, if necessary or appropriate, immediately referred for urgent medically necessary care or provided with an appointment within one business day of the request.
- Members with non-urgent problems needing attention are triaged and an appointment is scheduled within three weeks.
- Behavioral health providers must provide access to care for:
 - Non-life-threatening emergencies within six hours;
 - Urgent non-emergent care within 48 hours;
 - Initial visit or routine care within 10 business days or two weeks; and
 - Follow-up routine care within 20 days

Below are the guidelines for appointments for obstetrics/gynecology:

- First trimester within two weeks
- Second trimester within one week
- Third trimester within three days

Providers are expected to provide coverage for members 24 hours a day, seven days a week. In addition,

providers must maintain a 24-hour answering service and assure that each PCP provides a 24-hour answering arrangement, including a 24-hour on-call PCP arrangement for all members. An answering machine does not meet the requirements for a 24-hour answering service arrangement. Hospital emergency rooms or urgent care centers are not substitutes for covering providers.

For the complete list of Access and Availability standards, please refer to the BCCHP Provider Manual on our [Provider website](#).

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Consumer Assessment of Healthcare Provider and Systems (CAHPS®)

Blue Cross and Blue Shield of Illinois (BCBSIL) conducts an annual CAHPS survey with its Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. The aim of the survey is to monitor the members' experience and their satisfaction with BCBSIL and its contracted providers and medical groups. The results of the CAHPS survey are used as a quality improvement initiative to help identify opportunities for improving member satisfaction.

Each year, the survey is mailed in the month(s) of February/March to randomly selected members. It instructs the members to rate their experience with the care they received in the last six months. Examples of topics and questions addressed in the survey are listed below, with an emphasis on domains where providers have the most impact.

Survey Category/Topic	Sample Questions
Getting Needed Care	<ul style="list-style-type: none">• How often was it easy to get the care, tests or treatment you needed?• How often did you get an appointment to see a specialist as soon as you needed to?
Getting Care Quickly	<ul style="list-style-type: none">• When you needed care right away, how often did you get

	<p>care as soon as you needed it?</p> <ul style="list-style-type: none"> • When you made an appointment for a check-up or routine care visit at a doctor’s office or clinic, how often did you get an appointment as soon as you needed it?
How Well Doctor Communicates	<ul style="list-style-type: none"> • How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you? • How often did your personal doctor spend enough time with you?
Smoking Cessation	<ul style="list-style-type: none"> • How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you? • How often did your personal doctor spend enough time with you?

What You Can Do To Help Improve CAHPS Survey Results

BCBSIL is currently in a “look-back period” and we strongly encourage any efforts to improve results. Here are some recommendations that may help you and your staff with improving BCCHP and MMAI member satisfaction:

- Make walk-in appointments available in the morning/evening hours for urgent care.
- Spend enough time with the patients and explain things in a way they can understand easily.
- PCP/office staff assist the patients in scheduling appointments with specialists.
- Follow up with member’s specialists to ensure continuity of care.
- Provide the patients with educational materials.
- Discuss available treatment and medication options with the patients.
- Encourage the patients to get a flu shot this year.
- At the end of each visit, review treatment plan, discuss with your patient reasons why and why not to take medications and list all available treatment options.
- Consider performing a preventive health care visit during a sick visit if time and indications allow.
- Educate patients about [preventive care](#).

For additional information on CAHPS, please review the [BCBSIL CAHPS Resources](#) and the [Agency for Healthcare Research and Quality](#) website.

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Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on [our Provider website](#). Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may affect your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the [BCBSIL Provider Manual](#), located in the Standards and Requirements section.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the [BCBSIL Medical Policy page](#). Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You also may view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the Standards and Requirements section of our website for access to the most complete and up-to-date BCBSIL [Medical Policy](#) information. You'll find a [Recommended Clinical Review \(Predetermination\) Code List](#) in the Related Resources on our [Recommended Clinical Review \(Predetermination\) page](#) – this

list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the [Clinical Payment and Coding Policies](#) page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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

On Jan. 1, 2024, BCBSIL will implement Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) procedure code additions, deletions and revisions. Please note that deleted codes will not be accepted for payment for dates of service on or after Jan. 1, 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 the *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 (PPO) and Blue Choice PPOSM 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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The coding guidance provided does not replace the Official Coding Guidelines or professional judgment and expertise of the application of coding guidelines and other industry recognized coding guidance. The information provided does not constitute coding or legal advice. Physicians and other health care providers should use their own judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment.

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