BlueCross BlueShield of Illinois

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Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our Blue Cross Medicare Advantage℠ members who are under outpatient observation for more than 24 hours.

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If you participate in Blue Cross Medicare Advantage plans, you may not bill our members enrolled in the Qualified Medicare Beneficiary (QMB) program, a federal Medicare savings program.

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Additional Commercial Claim Editing Enhancements Coming April 1, 2022

Effective **April 1, 2022**, BCBSIL will enhance our claims editing and review process with Cotiviti, INC., for some of our **commercial non-HMO** members to help ensure that services are accurately coded and properly reimbursed.

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We're introducing a new performance measurement program for selected providers aimed at improving patient outcomes.

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You're invited to watch a recording of our free webinar on preventing antibiotics overuse.

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Starting **Jan. 1, 2022**, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) may meet the requirements for the quality measure **Follow-up After Hospitalization for Mental Illness (FUH**).

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BCBSIL Medicare Advantage Plan Expansion in Illinois Beginning Jan. 1, 2022

Effective **Jan. 1, 2022**, BCBSIL's Medicare Advantage (MA) PPO and HMO networks expanded to a number of counties within the State of Illinois.

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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.

Read More

Network Operations Reminder: Voicemail and Email Deactivation

As we announced previously, the BCBSIL Network Operations team is retiring the following phone number/voicemail and email address: 312-653-6555, NetOps_provider_update@bcbsil.com. The phone number/voicemail was deactivated **October 2021.** The email address was deactivated in **December 2021**. Information and resources are available on our website to assist you. Please refer to the article in our December 2021 *Blue Review* for a sampling of commonly asked questions.

Quick Reminders

Stay informed!

Watch the News and Updates on our Provider website for important announcements.

Update Your Information

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

Provider Training

For dates, times and online registration, visit the Webinars and Workshops page.

Contact Us

Questions? Comments? Send an email to our editorial staff.

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Maternal Health Food Distribution Program for Blue Cross Community Health Plans℠ Members

Blue Cross and Blue Shield of Illinois (BCBSIL) **needs your help** to identify Blue Cross Community Health Plans (BCCHP℠) **pregnant members** for a free maternal health food distribution program. To qualify for the program, BCCHP members must:

- Be **less than 24 weeks gestation**;
- Have obesity, hypertension, hyperemesis, anemia **or** diabetes; **and**
- Live in Chicago, Kankakee, Rockford or East St. Louis.

Pregnant and postpartum women in the U.S., especially women of color, are experiencing adverse outcomes related to pregnancy at increasing rates.[1] Food is a basic human need and ensuring adequate nutrition during pregnancy is crucial. While a woman's natural physiology and behaviors both impact birth outcomes, social and economic determinants also significantly influence maternal and fetal health. Food insecurity during pregnancy has been linked to low birth weight, gestational diabetes, iron deficiency, and maternal depression.[2]

To address the food insecurities and the maternal health disparities some of our members face, BCBSIL has collaborated with a meal delivery vendor, **Sweet Potato Patch**, to provide nutritious meals to women and children throughout the course of a woman's pregnancy and into the first few months of postpartum.

For this program, we are identifying pregnant BCCHP members who live in areas with disproportionately high newborn intensive care unit (NICU) rates and who may be facing food insecurities.

This program will provide pregnant BCCHP members with:

- **Ten meals a week for 11 months.** Meals contain lean meats, fresh fruit and vegetables. Meals are designed by a registered dietician.
- **Special Beginnings®.** Participants will be assigned a Special Beginnings care coordinator to help them navigate the health care system. The care coordinator will also provide childcare education and identify additional resources.
- **Food for other children in the home.** The program also provides food for other children in the household between the ages of 5 and 17 years old.

- **Free services, food and delivery.** There is no cost to our members to participate in the program.

If you know of pregnant BCCHP members who qualify for this program, call our Special Beginnings care coordination line at 888-421-7781.

[1] Chicago Department of Public Health, Maternal Morbidity & Mortality in Chicago, 2019. https://www.chicago.gov/dam/city/depts/cdph/statistics_and_reports/CDPH-002_MaternalMortality_Databook_r4c_DIGITAL.pdf

[2] USC Center for Health Journalism, Many low-income pregnant women don't have enough to eat, despite food programs, June 18, 2018. https://centerforhealthjournalism.org/2018/05/31/many-low-income-pregnant-women-dont-get-enough-eat-despite-federal-food-programs#:~:text=F.or%20pregnant%20women%2C%20food%20insecurity%20has%20been%20linked,to%20perform%20worse%20on%20tests%20of%20cognitive%20development.

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Set 2022 Health and Wellness Goals at Blue Door Neighborhood Center℠ (BDNC℠)

Happy New Year! Let our BDNC help your patients get healthy and stay healthy in 2022 by setting health and wellness goals. Our health education courses focus on SMART goal setting – specific, measurable, achievable, realistic and anchored within a time frame.

To help attain these goals, our South Lawndale location will host a **nutrition and smoothie demonstration** on Thursday, January 13, from 5:30 to 6:30 p.m.

At our Pullman and Morgan Park locations, we'll offer two free pop-up wellness Saturdays with **fitness activities, healthy food demonstrations, meditation and coping with stress classes**.

- Pullman BDNC – Saturday, January 22, 10 a.m. to 2 p.m.
- Morgan Park BDNC – Saturday, January 29, 10 a.m. to 2 p.m.

All three BDNC locations will provide free **farmers markets** and **immunization clinics**. Check the calendars below for dates and times.

January is **National Birth Defect Awareness Month**, so our South Lawndale location will have health education classes on the importance of **prenatal care and nutrition** during pregnancy. Like our other BDNC offerings, these prenatal care and nutrition classes are free and open to BCBSIL members and non-members. But we'd also like to call your attention to a special program for pregnant Blue Cross Community Health Plans℠ members who are:

- Less than 24 weeks gestation; **and**
- Have obesity, hypertension, hyperemesis, anemia **or** diabetes; **and**
- Live in Chicago, Kankakee, Rockford or East St. Louis.

If you know of any pregnant members who meet the above criteria, they may qualify for our **Sweet Potato Patch** maternal health food distribution program.

The South Lawndale BDNC will also provide an **Ask an Endocrinologist** virtual presentation on Tuesday, January 25, in recognition of **Glaucoma Awareness Month**.

These are just a few of the programs that will be offered at BDNC in January. Your patients can check the calendars at BDNC at Morgan Park, BDNC at Pullman and BDNC at South Lawndale for details, dates and to register. They can also visit the BDNC Facebook page for other events and happenings at all three BDNC locations.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We are also committed to strengthening the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you, the provider community, to truly make a difference in the lives of residents in our communities. All programming – in person and virtual – at BDNC locations is **free and open to BCBSIL members and non-members**. If you or your patients have questions, email the BDNC or call 773-253-0900.

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Availity® Tools to Support Providers in 2022

In October 2021, we highlighted changes starting **Jan. 1, 2022**, related to the Consolidated Appropriations Act (CAA) of 2021 and the Transparency in Coverage Final Rule. To further support you, the Availity Provider Portal helps providers and Blue Cross and Blue Shield of Illinois (BCBSIL) quickly and securely share information, including information defined by the CAA.

See below for a list of self-service tools you can access through the Availity portal. The list includes descriptions and links to related resources, such as instructional user guides and important tips.

Not yet registered with Availity? You can sign up now at no cost on Availity. For help registering, contact Availity Client Services at 800-282-4548. If you need customized training or help with these tools, contact our Provider Education Consultants.

Administrative Tools	Descriptions	More Resources
Provider Data Management ***(Professional providers only)***	Verify and update your provider directory information with BCBSIL every 90 days.	• Provider Directory Information Verification • *User Guide coming soon to Provider Tools section*
Fee Schedule Listing ***(Professional providers only)***	Electronically request up to 20 procedure codes and immediately receive the contracted price allowance for services.	Fee Schedule User Guide
Pre-Service Tools	**Descriptions**	**More Resources**
Eligibility and Benefits Inquiry	Check real-time patient eligibility, confirm coverage	• New Information on

	details, determine prior authorization requirements and view and/or print an image of the member's ID card.	Member ID Cards • Eligibility and Benefits User Guide
Availity Authorizations Tool	Submit **commercial, non-HMO** prior authorization requests handled by BCBSIL	Authorizations User Guide
Attachments: Predetermination Requests*	Submit predetermination of benefits requests handled by BCBSIL.	Predetermination of Benefits Requests User Guide
Research Procedure Code Edits (Clear Claim Connection™)*	Determine how coding combinations on a specific claim may be evaluated during the adjudication process.	Clear Claim Connection Instruction Guide
Patient ID Finder	Obtain the BCBSIL patient ID and group number.	Patient Care Summary User Guide
Patient Care Summary	Obtain a consolidated view of a patient's health care history within the last 24 months.	Patient Care Summary User Guide
Patient Cost Estimator*	Estimate a patient's potential out-of-pocket costs.	Patient Cost Estimator User Guide *Note: This tool is currently unavailable for Federal Employee Programs® (FEP®) members.*

Post-Service Tools	Descriptions	More Resources
National Drug Code (NDC) Units Calculator	Convert applicable classified or specified Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes to NDC units.	NDC Units Calculator Tool User Guide
Claim Status	Check enhanced, real-time claim status.	Claim Status User Guide
Remittance Viewer	View and reconcile claim data in the 835 Electronic Remittance Advice (ERA).	Remittance Viewer User Guide
Reporting On-Demand	View, download, save and/or print the Provider Claim Summary (PCS) for finalized claims.	Reporting On-Demand User Guide
Claim Inquiry Resolution (CIR)*	Submit claim reconsideration request for certain finalized claims.	CIR User Guide
Clinical Claim Appeal	Submit appeal requests for specific clinical claim	Electronic Clinical Claim

Requests**	denials using the Availity Claim Status tool, when applicable.	Appeal Requests User Guide
Independent Dispute Resolution (IDR)	Initiate a claim dispute for non-contracted providers.	• Surpise Billing Provisions of No Surprises Act • *User Guide coming soon to Provider Tools section*
Electronic Refund Management (eRM)*	Reconcile claim overpayments and manage refund requests.	eRM User Guide

Unavailable for Medicare Advantage and Illinois Medicaid members.

****Clinical Claim Appeal Requests are currently unavailable for Medicare Advantage, Illinois Medicaid and BlueCard® (out-of-area) members.***

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Use Our New Digital Lookup Tool to View Prior Authorization Requirements for Commercial Fully Insured Members

It's important to check eligibility and benefits prior to providing care and services to Blue Cross and Blue Shield of Illinois (BCBSIL) members. This step helps you confirm coverage and other important information, like prior authorization requirements and utilization management vendors.

In addition to checking eligibility and benefits, you can also use other resources on our Provider website for reference purposes, such as our prior authorization summary and procedure code lists. Recently, we added a new resource to offer a different view of prior authorization requirements that may apply to commercial fully insured non-HMO BCBSIL members.

Using our new digital lookup tool, you can conduct a search by entering a 5-digit procedure code, service description or drug name. The tool returns information for procedures that may require prior authorization through BCBSIL or AIM Specialty Health® (AIM) for commercial fully insured non-HMO members.

To access the digital lookup tool, refer to the Prior Authorization Support Materials (Commercial) page in the Utilization Management section of our Provider website. There are three separate links so you can conduct a search according to the following procedure categories:

- **Medical Procedures** (such as surgeries, imaging and other tests)
- **Medical Drugs** (drugs under the member's medical benefit)
- **Behavioral Health Services** (psychological testing, counseling, psychiatric care, etc.)

Searches must be conducted according to the appropriate category. Using the tool to search in the Medical Procedures category will not reflect prior authorization information for Medical Drugs or Behavioral Health Services.

While not included in the digital lookup tool, some services always require prior authorization, such as inpatient facility admissions. Refer to our commercial prior authorization summary for more details.

The digital lookup tool is intended for reference purposes only. Information provided is not exhaustive and is subject to change. Always check eligibility and benefits through the Availity® Provider Portal or your preferred web vendor before

rendering services. This step will help you confirm prior authorization requirements and utilization management vendor information, if applicable.

Don’t forget: For commercial non-HMO members, if prior authorization isn’t required, you may still want to submit a voluntary predetermination request. See our Predetermination page for more information on when and how to submit predetermination requests. This page also includes helpful resources, like our Medical Policy Reference List.

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Chiropractic and Mixed Therapy Benefits Are Now Contained in Our Automated Phone System

As of **Jan. 3, 2022**, the option to speak to a Customer Advocate was removed for the chiropractic and mixed therapy benefit categories within our automated Interactive Voice Response (IVR) phone system.* Please note that the level of patient eligibility and benefits information quoted by the IVR system is the same as what a Customer Advocate provides. Our Customer Advocates will continue to be available for more complex benefit quotes.

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to providing efficient and secure access to patient information. **To better assist you with understanding the IVR change effective Jan. 3, 2022, a list of the benefit categories that are contained in the IVR (no Customer Advocate option) is included below.** This listing is continually reviewed and may vary across our different BCBSIL networks, products and/or group policies.

***Note:** This information/listing is **not applicable to government programs (Medicare Advantage or Illinois Medicaid)** member policies. For eligibility and benefits requests via phone for government programs members, use the Customer Service number on the member's BCBSIL ID card.*

- Air Ambulance
- Allergy
- Anesthesia
- Assistant Surgeon
- CAT Scan
- **Chiropractic Services *(effective Jan. 3, 2022)***
- Colonoscopy
- Consultations
- Dialysis
- Electrocardiogram (EKG)
- Extended Care Facility
- Ground Ambulance
- Hospice
- Hospital
- Inhalation Therapy
- Laboratory
- Mammogram
- Medical Supplies
- **Mixed Therapy *(effective Jan. 3, 2022)***
- MRI
- Office Services
- Office Visit
- Pap Smear
- Pathology PET Scan
- Physical Exam
- Physical Therapy
- Preventive Care
- Private Duty Nursing
- Prosthetics
- Prostate-specific Antigen (PSA)
- Sterilization
- Ultrasound
- 23-Hour Observation

For additional help with navigating the IVR, refer to our Eligibility and Benefits Caller Guide.

*The change referenced above does not affect the Federal Employee Program® (FEP®) IVR. See **page 5** of the Eligibility and Benefits Caller Guide to view benefit categories that are contained within the IVR for FEP members.

Consider Electronic Options

Checking eligibility and benefits online through Availity® or your preferred web vendor is the quickest way to access information for BCBSIL members. To learn more about online solutions, see our Provider Tools page.

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

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity.

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Hospitals Must Provide Medicare Outpatient Observation Notice

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our Blue Cross Medicare Advantage℠ members who are under outpatient observation for more than 24 hours. **The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.**

Steps for Providers to Complete the MOON

- Download the notice from the Centers for Medicare & Medicaid Services (CMS) website.
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member if they are in observation more than 24 hours.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.
- Document all member communications regarding the MOON process in members' records.

The notice **must be completed no later than 36 hours after observation begins or sooner** if the patient is admitted, transferred or released.

Learn more from CMS' notice instructions.

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Patients in the Qualified Medicare Beneficiary Program Should Not Be Billed

If you participate in Blue Cross Medicare Advantage℠ plans, you may not bill our members enrolled in the Qualified Medicare Beneficiary (QMB) program, a federal Medicare savings program.

QMB patients are dual-eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. **QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs**.

For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full

Tips to Avoid Billing QMB Patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare Advantage cost-sharing.

To avoid billing QMB patients, please take these precautions:

- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare Advantage cost-sharing billing and related collections efforts

Questions?

Call Customer Service at 877-774-8592 to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the Centers for Medicare & Medicaid Services website.

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Additional Commercial Claim Editing Enhancements Coming April 1, 2022

Effective **April 1, 2022**, Blue Cross and Blue Shield of Illinois (BCBSIL) will enhance our claims editing and review process with Cotiviti, INC., for some of our **commercial non-HMO** members to help ensure that services are accurately coded and properly reimbursed. The April 2022 enhancements are in addition to a previously announced component that will be effective Jan. 10, 2022.

What This Means for You: The enhancements require you to continue to follow generally accepted coding and reimbursement policies. With your help, the enhanced claims review process will help support affordability of health care services for our members.

***These enhancements to the edits do not apply to professional services for our HMO members*.**

Note: Failure to properly code your claim will result in delayed or denied payment.

About the Guidelines: BCBSIL will continue to follow claim payment policies that are global in scope, simple to understand and come from recognized sources, including:

- ICD-10 coding guidelines
- The Healthcare Common Procedure Coding System (HCPCS)
- Current Procedural Terminology (CPT®) codes as documented by the American Medical Association (AMA)
- Correct Coding Initiatives (CCI)
- Post-Operative Period Guidelines as outlined by the Centers for Medicare & Medicaid Services (CMS)

Using these guidelines will help ensure a more accurate review of all claims.

What's changing?

New components of the editing and review enhancements to be effective April 1, 2022, include:

- **Anatomical Modifiers** – This edit validates the area or part of the body on which a procedure is performed. Procedure codes that do not specify right or left require an anatomical modifier. This includes procedures on fingers, toes, eyelids and coronary arteries which have specific CMS-defined modifiers.
- **Diagnosis Code Guidelines** – This edit enforces all ICD-10-clinical modification (CM) diagnosis coding guidelines,

including reporting of inappropriate code pairs, as well as correct coding of secondary, manifestation, sequelae, chemotherapy administration, external causes and factors influencing health status diagnoses.

More Information: Continue to watch the News and Updates for future announcements.

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New Program Focuses on Efficiency, Appropriateness and Quality of Care

We're introducing a new performance measurement program for selected providers aimed at improving patient outcomes.

The Physician Efficiency, Appropriateness, & Quality℠ (PEAQ℠) program will help measure individual provider performance around efficiency, appropriateness and quality of care. As part of this program, reports will be generated for selected providers to use as a tool to help achieve more effective care delivery and more optimal patient outcomes.

PEAQ was developed with input from practicing physicians; and collaboration with physicians will help us continue to improve the program.

PEAQ will include the following specialties:

Medical	Surgical	Primary Care
Cardiology Endocrinology Gastroenterology Nephrology Obstetrics/Gynecology Pulmonary Rheumatology	Cardiothoracic Surgery Ophthalmology Orthopedic Surgery Urology Vascular Surgery	Family Medicine Internal Medicine Pediatrics

PEAQ Program Reports

Physicians who meet inclusion requirements will receive PEAQ program reports via the Availity® Provider Portal later in 2022. These reports will show how a physician was scored and how they rank in comparison to their peers in the same geographic area and working specialty. (Reports will not show PHI or any information about other providers.) If you're not currently registered with Availity, you can sign up on the Availity website. If you need registration help, contact Availity Client Services at 800-282-4548.

Watch News and Updates for upcoming announcements and related resources, such as where to find our PEAQ program methodology.

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Webinar on Avoiding Antibiotics Overuse

You're invited to watch a recording of our free webinar on preventing antibiotics overuse. The webinar features Dr. Sharon Tsay, a medical officer from the Centers for Disease Control and Prevention (CDC) Office of Antibiotic Stewardship. It was recorded Nov. 16, 2021.

How to Watch
Watch the webinar online here.

The webinar provides information on:

- Avoiding antibiotic treatment for acute bronchitis and other viral illnesses
- How antibiotics can do more harm than good when used and not needed
- Alternatives to antibiotics

About the Speaker
Sharon Tsay, MD, is an infectious diseases-trained physician who serves as a medical officer in CDC's Office of Antibiotic Stewardship, where she focuses on improving antibiotic use in outpatient settings. She trained in internal medicine at Columbia NY Presbyterian Hospital and completed an infectious diseases fellowship at University of Pennsylvania. She joined the CDC in 2016 as an Epidemic Intelligence Service officer, where she worked in fungal diseases. She maintains clinical practice and serves as an infectious diseases consultant in the Piedmont Healthcare System on weekends in Atlanta.

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Rural Health Clinics and Federally Qualified Health Centers May Meet Quality Measure

Starting **Jan. 1, 2022**, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) may meet the requirements for the quality measure **Follow-up After Hospitalization for Mental Illness (FUH**). We track FUH as part of monitoring the quality of our members' care.

Meeting the Measure

For RHCs and FQHCs, Psychiatric Collaborative Care Model (CoCM) service may satisfy the measure. Psychiatric CoCM must meet all the following criteria:

- Sixty minutes or more of clinical staff time for psychiatric CoCM services directed by an RHC or FQHC practitioner (physician, nurse practitioner, physician's assistant or certified nurse-midwife); and
- Include services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month.

This guidance is for RHCs and FQHCs only. It applies to measurement year 2022.

Why FUH Matters

FUH is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). It requires a timely outpatient follow-up visit with a qualified mental health provider, including telehealth visits, or in certain outpatient settings. Timely follow-up care is important for members' health and well-being after hospitalization for mental illness, according to NCQA.

For FUH, we capture the percentage of discharges for members ages 6 and older who were hospitalized for the treatment of selected mental illness or intentional self-harm and who had a follow-up visit with a mental health provider. The follow-up visit must be on a different date than the discharge date. Two percentages are measured and reported:

- Discharges for which members had a follow-up visit within 30 days after discharge
- Discharges for which members had a follow-up visit within seven days after discharge

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

Questions? Email our Behavioral Health Quality Improvement team.

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.

HEDIS is a registered trademark of NCQA. Use of this resource is subject to NCQA's copyright, found here. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for quality improvement purposes.

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Ombudsman Program Protects Residents in Long-term Care Facilities

Are you aware of the **Illinois Long-Term Care Ombudsman Program (LTCOP),** which helps residents assert their civil and human rights? Mandated by the federal Older Americans Act and the Illinois Act on Aging, the program is a resident-directed advocacy program which protects and improves the quality of life for residents in a variety of long-term care settings.

How the Program Works

Volunteers of the LTCOP visit long-term care facilities in their communities to empower and help residents resolve complaints. The program:

- Empowers seniors and adults with disabilities to self-advocate.
- Provides information to residents about their rights, long-term care options, supports and services in nursing facilities and in the community.
- Investigates complaints and concerns. The volunteers listen to understand an issue from the resident's perspective.
- Maintains confidentiality. Ombudsmen volunteers may not discuss or disclose any information without the individual's permission.

The program is available free of charge to:

- Individuals 18 or older who are either a current resident, a prospective resident, or a former resident of a long-term care facility, as well as friends and relatives of persons who live in long-term care facilities.
- Long-term care facility staff members and administrators with resident-related concerns.
- Individuals and families who are considering long-term care facility placement as a long-term care option.
- The community at large; and other interested groups concerned about the welfare of residents of long-term care facilities.

For more information visit the LTCOP page on Illinois Department on Aging.

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BCBSIL Medicare Advantage Plan Expansion

Effective Jan. 1, 2022, Blue Cross and Blue Shield of Illinois' (BCBSIL's) Medicare Advantage (MA) PPO and HMO networks expanded to the following counties within the State of Illinois:

Adams (PPO only)	Lake (PPO only)	McLean	St. Clair
Boone	La Salle	Monroe	Tazewell
DeKalb	Lee	Ogle	Williamson
Kankakee	Macoupin	Peoria	Winnebago
Kendall	Madison	Rock Island	

The Medicare Advantage Plan allows certain Medicare-eligible individuals greater flexibility and choice in health insurance coverage and offers enhanced benefits. Some of the highlights of the Medicare Advantage Plan include, but are not limited to, the following: new open-access PPO plan, lower copays for specialists, $0 copay at preferred pharmacies for select prescription drugs, vision coverage with $0 copay on routine eye exams, telehealth services by MDLIVE®, and rewards of gift cards for taking certain health actions.

What This Means for You
We are expanding our network of contracted providers, which will allow greater access to quality and cost-effective health care.

For non-delegated medical groups and independent providers, you may initiate the contracting process with BCBSIL for the MA HMO or MA PPO products by completing the Provider Onboarding Form.

For existing delegated medical groups, BCBSIL does not contract directly with providers for our MA HMO or MA

PPO products. If you would like to participate in these networks, contact a BCBSIL contracting MA Medical Group or Independent Physician Association (IPA) in their area.

View MA HMO Medical Group/IPA listing
View MA PPO Medical Group/IPA listing

If you have questions about our Medicare Advantage expansion, contact your assigned Provider Network Consultant (PNC).

MDLIVE is a separate company that has contracted with BCBSIL to provide virtual visit services for members with coverage through BCBSIL. MDLIVE is solely responsible for its operations and for those of its contracted providers. Virtual visits may not be available to all BCBSIL members.

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BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

January 2022

Provider Learning Opportunities

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

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
Availity® Authorizations Tool *We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's Authorizations tool*.	Jan. 12, 2022 Jan. 19, 2022 Jan 26, 2022	11 a.m. to noon
Availity Claim Status *We're hosting complimentary webinars for providers to learn how to verify detailed claim status and submit clinical claim appeals online using Availity's Claim Status tool.*	Jan. 13, 2022 Jan 20, 2022 Jan. 27, 2022	11 to 11:30 a.m.
Availity Remittance Viewer and Reporting On-Demand *These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). 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.*	Jan. 20, 2022	1 to 2 p.m.

Availity Orientation: Save Time and Go Online *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Jan. 11, 2022 Jan. 18, 2022 Jan. 25, 2022	11 a.m. to noon
Monthly Provider Hot Topics Webinar *These monthly webinars will be held through December 2022. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.*	Jan. 13, 2022	10 to 11:30 a.m.
Orientation Webinars for New Commercial Providers *These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.*	Jan. 19, 2022 Jan. 27, 2022	10 to 11:30 a.m. 3 to 4:30 p.m.
Orientation Webinars for New Blue Cross Community MMAI (Medicare-Medicaid Plan)SM and/or Blue Cross Community Health PlansSM (BCCHPSM) Providers *These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.*	Jan. 12, 2022 Jan. 20, 2022	10 to 11:30 a.m. 3 to 4:30 p.m.

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December 2021

Network Operations Update: Voicemail and Email Deactivation, Answers to Commonly Asked Questions

In an effort to streamline provider inquiries and improve administrative processes, the Blue Cross and Blue Shield of Illinois (BCBSIL) Network Operations team is retiring the following phone number/voicemail and email address: 312-653-6555, NetOps_provider_update@bcbsil.com.

The above phone number/voicemail was deactivated **in October** and the email address deactivation is slated for **December 2021**. We encourage you to visit our Provider website for the most up-to-date information. To help ensure a seamless transition, a sampling of commonly asked questions **from non-HMO providers** is included below.

How do I obtain a fee schedule?
Refer to our Fee Schedule page for a quick overview. (There's an online Fee Schedule Listing tool that may be accessed via the Availity® Provider Portal. Or refer to the Forms page and use the appropriate form under the Fee Schedule category to fax or mail your request.)

How do I apply for Electronic Funds Transfer (EFT)?
You can enroll online for EFT via the Availity Provider Portal. Visit our Claim Payment and Remittance page for details. If you have questions, email our Electronic Commerce Services team.

How do I obtain my 1099 form?
Email your request to our 1099 Inquiries team.

How do I add a provider to my group?
If you need to add a provider to your current contracted group, complete our online Provider Onboarding Form to initiate the process.

How do I check the status of my application?
To check the status of your Provider Onboarding Form application, use our online Case Status Checker. Enter the case number received in your confirmation email.

How do I request corrections to my provider demographic information?
If you need to change existing demographic information [e.g., legal name; National Provider Identifier (NPI)/Tax ID; physical address(s), phone/fax number, email, hours of operation, etc.], complete our online Demographic Change Form.

How do I update my facility office address?
Request this change using our online Demographic Change Form.

How do I terminate a provider from my group?
Request this change using our online Demographic Change Form.

How do I terminate my contract?
Request this change using our online Demographic Change Form; include a copy of the termination letter.

How do I join the commercial HMO network?
BCBSIL doesn't contract directly with providers for our HMO products. Providers who would like to participate in our HMO network must contact a BCBSIL contracting HMO Medical Group or Independent Practice Association (IPA) in their area. Refer to the Contracting page on our website for more information, including a link to View HMO Medical Group/IPA listing.

How do I contract for a dentist?
Email Provider Support to request a contract.

How do I request a roster of my providers?
Email our Provider Roster Requests team to request a current update roster; include your group name, NPI and Tax ID.

Whom do I contact if I have Provider Network Consultant (PNC) assignment questions, provider data/loading or onboarding form issues?
Information on PNC assignments is available on our website. If you have questions about these assignments, or if you're having issues with our online provider onboarding or demographic change request forms, email Provider Relations; include all pertinent information.

Whom do I contact for help with claims issues?
Call Provider Customer Services using the number specific to your network inquiry.

- Commercial: 800-972-8088
- Government Programs:
  - **Blue Cross Community Health Plans℠ (BCCHP℠)** – 877-860-2837
  - **Blue Cross Community MMAI (Medicare-Medicaid Plan)℠** – 877-723-7702
  - **Blue Cross Medicare Advantage℠** – 877-774-8592
