

BLUE REVIEW

For Contracting Institutional and Professional Providers

April 2007

You Spoke, We Listened...You'll Soon Hear the Difference

Important Changes to the Provider Customer Service Line



Our Automated Information System (AIS) will be undergoing some exciting changes this spring. In fact, it will not just be an automated information system but now will be an Interactive Voice Response (IVR) system. By using speech recognition technology, all you will need to do is speak your request!

No more complex menus! No more waiting to press the next button! Just listen and verbally respond to the questions and you will be able to quickly obtain the information you need!

The new IVR system will be easy to use. Simply follow these steps:

1. Call the Provider Telecommunications Center at (800) 972-8088.
2. You will be prompted to speak your BCBSIL provider number (National Provider Identifier after May 23, 2007).
3. Then just say what you need – “eligibility and benefits” or “claim status”– and you’ll be on your way.
4. Make sure you have the member’s group and identification number and date of birth ready.
5. If you have a question about a specific claim which has completed processing, make sure you have the claim number from the Provider Claim Summary in order to expedite your call.
6. After obtaining information on one member, you can easily obtain information on the next one. There is no limit to the number of members for which you can request information within the system.
7. A new feature will give us the ability to automatically transfer your call to the appropriate pre-authorization vendor after obtaining benefits (if you so choose).
8. Should you need assistance with where to go next, just say “Help.”

The IVR will provide detailed benefits information as well as specific details on claim status. If further clarification is needed or you have an additional question, all you need to say is “Customer Advocate” and your call will be transferred at that time.

IVR Hours of Availability

Monday – Friday 6 a.m. – 11:30 p.m. CST Saturday 6 a.m. – 3 p.m. CST
Customer Advocates are available Monday – Friday from 7:30 a.m. – 5:30 p.m. CST

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NPI Financial Impacts

NPI Update: Changes you may see in the claims payment process.

Since mid-November 2006, BCBSIL has been accepting NPI and BCBSIL provider numbers, or BCBSIL provider numbers only on electronic claims. This dual identifier submission period has enabled us to continue to validate and remediate our systems, while at the same time providing you with the opportunity to use and test any modifications made to your electronic claims submission process before the May 23, 2007, compliance date.

Your patience throughout this transition phase has been appreciated, and we would like to make sure you are prepared for the following upcoming changes:

- Beginning April 16, 2007, all checks, Electronic Funds Transfers (EFTs), and Provider Claims Summaries (PCSs) for all claims that were submitted using your NPI will reflect your NPI rather than your BCBSIL provider number.
- During the dual identifier submission phase, it is very important that you submit the appropriate combination of NPI plus BCBSIL provider number on all claims. During the transition to NPI compliance, each unique combination of NPI and existing BCBSIL provider number will result in a unique payment, Provider Claim Summary (PCS), and Electronic Remittance Advice (ERA).

Continued on page 2

- Some providers will receive multiple payments for the same NPI because, while they have only one NPI, they have multiple BCBSIL provider numbers. Additionally, multiple NPIs with a single BCBSIL provider number will yield multiple payments. In this scenario, multiple payments will continue even after you are submitting claims with NPI only if the claims remain mapped to multiple BCBSIL provider numbers.

We encourage you to contact your BCBSIL Provider Network Consultant prior to April 15, 2007, to ensure that your NPI billing structure will be recognized and your claims properly processed after the May 23, 2007, compliance date.

Fairness In Contracting

In an effort to comply with Fairness In Contracting Legislation and keep our contracting providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

Effective February 15, 2007, codes K0800 - K0808 and K0812 - K0864 were updated.

Effective February 16, 2007, code 90649, Gardasil was updated.

Effective March 1, 2007, code 86586 was updated.

Effective March 8, 2007, codes 99243, 99244 and 99245 were updated.

Providers can request fees by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm.



The BlueChoice Referral Form, used by Primary Care Physicians (PCPs) to notify the plan of all services ordered and authorized for a member, has been updated to include a field for the National Provider Identifier (NPI). As mentioned in previous *Blue Review* articles, the NPI will replace the BCBSIL provider number(s) you currently use.

As soon as you are prepared, please begin using the updated BlueChoice Referral Form. These forms can be obtained through our Web site by following these simple steps:

1. Go to www.bcbsil.com/provider/forms.htm
2. Select BlueChoice Referral Form
3. Download the form

Fax or mail completed BlueChoice Referral Forms to:

Blue Cross and Blue Shield of Illinois
3405 Liberty Drive
Springfield, IL 62704-6547
Fax#: (800) 852-1360

Reminder: Please continue to mail claims to Blue Cross and Blue Shield of Illinois, P.O. Box 805107, Chicago, IL 60680-4112.

Designated Centers for Bariatric Surgery – Discontinuance

The Designated Centers for Bariatric Surgery, a Blue Cross and Blue Shield of Illinois program which included hospitals that perform surgery to treat severe obesity in Illinois and Texas, is being discontinued and replaced by the Blue Distinction Centers for Bariatric Surgery program.

The Blue Distinction program is a nationwide program coordinated by the Blue Cross Blue Shield Association in conjunction with the Blue Cross and Blue Shield licensees. The purpose of this voluntary new program is twofold: to engage consumers to make more informed health care decisions and to collaborate with providers to improve quality outcomes of patient care services. For more information, please refer to the article “Announcing Blue Distinction CentersSM for Specialty Care” on page 1 of the December 2006 *Blue Review*. Visit the BCBSIL Provider Web site at www.bcbsil.com to access the *Blue Review*.

Below is an updated list of the Blue Distinction Centers for Bariatric Surgery in Illinois:

Blue Distinction Centers For Bariatric Surgery	Location
Alexian Brothers Medical Center	Elk Grove Village
Evanston Northwestern Hospital	Evanston
Northwestern Memorial Hospital	Chicago
Silver Cross Hospital	Joliet
University of Illinois Medical Center	Chicago

Special Note: In some cases, the most convenient Blue Distinction Center may be located outside of the State of Illinois. For a complete list of Blue Distinction Centers across the country and more information on the measures used in Blue Distinction Centers for Bariatric Surgery, visit the Blue Cross and Blue Shield Association Web site at: www.bcbs.com/bluedistinction/centers.html.

“Medicare Advantage” is the program alternative to standard Medicare Part A and Part B fee-for-service coverage (generally referred to as “traditional Medicare”). Medicare Advantage Private Fee-For-Service (PFFS) is one of the product offerings under the Medicare Advantage program that pays physicians and providers on a fee-for-service basis. Medicare Advantage PFFS allows members to use any doctor, specialist or hospital that accepts the Blue Plans’ PFFS terms and conditions of Plan payment, as long as the provider is lawfully authorized to provide services under original Medicare.

Eligibility Verification

To obtain the most accurate information about a Blue Medicare Advantage member’s eligibility and benefits, please submit a HIPAA 270 eligibility transaction to BCBSIL or call (800) 676-BLUE (2583).

Note: The Centers for Medicare and Medicaid Services (CMS) maintains a common working file (CWF) that your office may access to verify Medicare eligibility. The CWF does not currently distinguish between Medicare Advantage HMO coverage and enrollment in a non-network Medicare Advantage Private Fee For Service (PFFS) benefit plan. CMS is aware of the issue and anticipates correction of the CWF by July 2007.

ID card

BCBS Medicare Advantage members are easy to recognize, since they carry ID cards with the PFFS, PPO, HMO or POS logo, letting you know in which plan the member is enrolled.



Providing Services to Blue Out-of-Area Medicare Advantage Members

BCBSIL does not offer any Medicare Advantage products at this time. However, you may see Blue Out-of-Area members belonging to Medicare Advantage products offered in other states. These Blues Plans generally use the CMS Medicare Advantage “Deemed Provider” concept, rather than direct contracts, to arrange for services to members.

If you are aware in advance of providing services that a person is enrolled in a Medicare Advantage product and you either possess or have access to the Plan’s terms and conditions of payment (via the internet, telephone or otherwise), you are a “Deemed Provider” for the services rendered, except in limited instances (for example, where the member is treated in an emergency department of a hospital and you are required by law to see the patient).

Note: If you choose not to accept the Medicare Advantage Plan’s terms and conditions of payment, you should not provide services to the member, except in urgent or emergency care situations.

Utilization/Disease/Care Management Programs or Prior Authorizations

Information on utilization, disease, care management programs or prior authorizations may be obtained by calling the number on the member’s ID card or by calling (800) 676-BLUE (2583).

Claims Filing Information for Blue Out-Of-Area Members

Submit all Blue Plan claims to BCBSIL electronically, or via paper on the new CMS-1500 claim form to:

Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, IL. 60680-4112

For questions regarding claim status for Blue Plan out-of-area members, contact our Provider Telecommunications Center at (800) 972-8088.

New or revised Medical Policies will be posted in the “Pending Policies” section of the Medical Policy site on the Blue Cross and Blue Shield of Illinois Web site. The new or revised policies will be available on the first day of each month. The specific effective or implementation date will be noted for each policy that is posted.

To review these policies, visit our Web site at www.bcbsil.com/provider and select “Medical Policies.” After reading the Medical Policies Disclaimer, click on “I Agree.” The policies that are awaiting implementation can be found in the “Pending Policies” section of the Medical Policy site.



Proper Speech Therapy Billing

CPT codes 92506, 92507 and 92508 are defined as “treatment of speech, language, voice, communication, and/or auditory processing disorder; individual” in the CPT Manual. According to the AMA (CPT Assistant, 12/04), codes 92506, 92507 and 92508 are not considered time-based codes and are intended to be reported one time per session. The codes are reported without regard to the length of time spent with the patient performing the service. Since the code descriptor does not indicate time as a component for determining the use of the codes, increments of time (e.g., each 15 minutes) should not be reported. Therefore, only one (1) unit should be reported for code 92506, 92507 and 925078 per date of service. BCBSIL adheres to the CPT guidelines for the proper usage of these CPT codes.

NOTE:

Unless there are extenuating circumstances documented in your office notes (for example: multiple visits on the same day), we will only allow one unit per date of service for these codes.

Visit Us Online

Stay connected with BCBSIL on the Web

Visit Us Online at www.bcbsil.com/provider to access updated information on:

Electronic Commerce

- EDI Transactions
- EDI Format Specs
- EFT/ERA
- Clearinghouse Enrollment
- Nebo/NDAS Online
- RealMed
- HIPAA

Credentialing/Contracting

- Receive Credentialing Updates
- Update your demographic information
- Request a Contract Application

Provider Library

- BlueCard Program
- *Blue Review* archives
- Forms
- BlueChoice and HMO Resources
- Medical Policies
- Refund/Payment Recovery Program
- Provider manuals/reference guides
- PTC Phone Navigation Guides

UM/QI/Medical Management

- QI Order Forms
- Quality Improvement Programs
- HEDIS Reports
- BlueChoice Tiering
- Clinical Quality Indicators

Provider Tools

- Radiology Quality Initiative (RQI) Program
- Obesity Management Tool Kit
- Hospital Comparison Tool
- BlueStar Hospital Report

Pharmacy Management

- Drug Formulary Changes
- Rx Benefit Management

Workshop Schedule

- Online registration for free workshops

What's New

- Find out about new initiatives

All of this information is just a “click” away. We encourage you to visit our Web site to become familiar with the information available and access the web-based applications you need to better service our members and your patients. If you have suggestions on how we can further improve the Provider Web site, or just want to share your feedback, please email us at blureview@bcbsil.com.

BCBSIL Offers Electronic Solutions

Electronic Funds Transfer (EFT)

Did you know that your Blue Cross and Blue Shield payments can be directly deposited into your bank account when you enroll with EFT? The EFT Act was implemented in the United States in the mid seventies, and has proven to be very successful. Listed below are a few of the many advantages providers have noticed when using EFT:

- Payments are safer than checks and should eliminate more than 60 million annually in forged, counterfeit and altered checks
- No lost or stolen checks
- Payments are easy and convenient
- No need to obtain and deposit or cash your check
- Payments facilitate on-line banking at your bank
- Faster access to funds, since many banks credit direct deposits faster than paper checks
- Reduces the amount of paper in the office
- A great time management tool, saving you time and money as well as increasing productivity

Electronic Remittance Advice (ERA)

The companion to EFT is ERA, an electronic file that contains claim payment and remittance information such as which claims were paid, the amount of each payment and the status of the claims that were processed. This data can then be posted to your accounts electronically. The ERA conforms to the requirements of the American National Standards Institute (ANSI) and is used by providers and billing services for automatic posting. It is referred to by its HIPAA transaction number 835. In conjunction with a practice management software package that can handle an 835 file, it can reduce manual posting of claims payments and reconciling patient accounts, thereby saving your practice time and money.

The primary advantage of ERA is a significantly lower operating expense that is made possible by:

- Streamlining administration
- A decrease in paper handling
- Increasing privacy of patient information
- Offering convenience and greater safety

Electronic Payment Summary (EPS)

The linkage to the ERA is EPS. Electronic Payment Summary is an electronic print image of the Provider Claims Summary (PCS) that you receive in the mail. The EPS is generated in a text format, therefore no special programming is required, and it is already in an easy-to-read format. The EPS provides the same payment information that is currently received on the PCS. The benefit of the EPS is that the payment information is received in your office the day after the claim has been finalized.

If you are currently receiving the ERA, we highly recommend that you also use the EPS as an added tool when reconciling your Blue Cross and Blue Shield payments. However, the EPS cannot be used for automatic posting and is only available in combination with the ERA.

For more detailed information and to get started with EFT, ERA and EPS, log on to www.bcbsil.com. Once you reach the BCBSIL home page, click the “Providers” button to reach the “Electronic Commerce” information page, and then click on the “Electronic Funds Transfer (EFT) / Electronic Remittance Advice (ERA) link. You may also call the EDI Hotline at (312) 653-7954.



We are happy to report that BlueCard® servicing for providers continues to improve. Feedback from the 2006 BlueCard Provider Surveys indicates that providers noticed improvements in claims accuracy, timeliness and resolution of out-of-area claims.

We hope that you experienced this enhancement related to out-of-area members, and we will continue working hard to bring you additional improvements, including:

- Improved claims processing accuracy and timeliness.
- Problem claims resolution.
- Electronic eligibility and claims status response expansion.
- Provider service enhancement.
- Provider education tools and resources development.

At Blue Cross and Blue Shield of Illinois (BCBSIL) we are specifically working on the following initiatives to increase your awareness of the BlueCard Program:

- Conducting more BlueCard focus workshops in provider communities
- Educating Billing Services
- Site visits by our Provider Relations staff
- Increased internal education of BCBSIL staff

As we continue to evaluate our performance and assess your satisfaction with the BlueCard Program, we will conduct two waves of surveys in 2007: Wave I began in



early March and will continue through mid-April, while Wave II will begin in early August and continue through mid-September. If your office is contacted, we encourage you to participate as your feedback is important to us.

BCBSIL's research vendor will ask to speak to office staff with the most knowledge regarding BlueCard claims filing and/or billing. Please inform the appropriate staff to anticipate being contacted by our vendor.

If you need information about the BlueCard Program or have suggestions for improvement please use these resources:

- Talk to your BCBSIL Provider Relations Network Consultant
- Visit us online at: www.bcbsil.com/provider to review the BlueCard Manual
- Contact our Provider Telecommunications Center at (800) 972-8088

As always, we appreciate your feedback.

BCBSIL offers iExchange, a free online pre-notification and case management tool for facility providers. Through iExchange, facilities can submit notifications for medical admissions, elective surgeries and diagnostic testing on-line, and receive immediate real time certification status from BCBSIL.

Effective February 7, 2007, iExchange was upgraded with the following enhancements:

- New Treatment Setting Descriptions
- Diagnosis/Procedure Search by ICD-9 or CPT code
- Provider Search by National Provider Identifier (NPI)
- HIPAA Enhancement Language
- New Error Messaging
- New Case ID Format
- New URL/Web site Address

Although most employer groups do not require pre-notification for outpatient services such as therapy, outpatient surgery and observation stay, there may be some who do. When verifying benefits, you can find out if pre-notification is required on a particular service by contacting our Provider Telecommunications Center at (800) 972-8088. Once you confirm that a service needs pre-notification, call our Medical Services Advisory (MSA) Department to make the request. Contact information and time frames for notification are listed on the back of the member's BCBSIL ID card.

To enroll in iExchange, please contact your Provider Network Consultant.

Managed Care Web Updates

HMO and BlueChoice Updated Policies and Procedures on Web. On a monthly basis, we post updated policies and procedures on our Web site under "Updates." Go to www.bcbsil.com/provider to view the updated policies.

HMO and BlueChoice Appointment/Reappointment Report on Web. On a monthly basis, we post a report of the Appointed and Reappointed providers on our Web site. To access this report, go to www.bcbsil.com/provider. Select "Appointed/Reappointed PCPs/PSPs" under the Credentialing/ Contracting section. The data provided is cumulative and is updated by the third Wednesday of each month.

BlueChoice Updated Depart List. A listing of all specialists no longer participating in the network for the BlueChoice product can be found at www.bcbsil.com/provider/securedpage.htm. Note: You can find participating specialists for the BlueChoice product on our Provider Finder® at www.bcbsil.com.

Attention HMO Physicians... HMO Clinical QI Fund Projects

For information about our HMO Clinical QI Fund Projects, please log onto our Web site at www.bcbsil.com/PDF/2006_qi.pdf. You will find information about HMO clinical projects, as well as a report on the HMO's progress in meeting its goals.

Save the Date... 2007 Workshop Schedule

What's New at Blue & BlueCard?

April 4, 2007
Mercy Hospital and Medical Center
Chicago, IL

Institutional (Facility)

April 4, 2007
Illinois Valley Community Hospital
Peru, IL

Spring HMO Forum

April 11, 2007
In-house – BCBSIL
Chicago, IL

Institutional (Facility)

April 12, 2007
Holiday Inn
Mount Vernon, IL

What's New at Blue & BlueCard?

April 12, 2007
Methodist Hospital
Merrville, IN

What's New at Blue & BlueCard?

April 18, 2007
CGH Medical Center
Sterling, IL

New PPO Provider

April 25, 2007
In-house – BCBSIL
Chicago, IL

What's New at Blue & BlueCard?

May 1, 2007
St. Margaret's Hospital
Spring Valley, IL

What's New at Blue & BlueCard?

May 16, 2007
Northern Indiana Foundation
Michigan City, IN

BlueCard/Labor Focus Workshop

May 23, 2007
In-house – BCBSIL
Chicago, IL

Make sure to go online at www.bcbsil.com/provider/training.htm to view the schedule and register for our workshops offered at a site near you.



HMO Primary Care Physician Satisfaction Survey Results

Results are in from the 2006 HMO Illinois and BlueAdvantage HMO Primary Care Physician (PCP) Satisfaction Survey. In all, Blue Cross and Blue Shield of Illinois (BCBSIL) received completed questionnaires from 966 HMO physicians. The response rate was 19%. The table below shows highlights of the results from the 2005 and 2006 surveys.

The survey used a 5-point scale, from Excellent to Poor to measure satisfaction. Results are based on combined responses in the top three boxes, Excellent, Very Good, and Good with the exception that results for the Hospital Information questions are based on the top two boxes, Excellent and Very Good.

BCBSIL Services

Usage of the BCBSIL Web site to obtain the *Blue Review* as well as BCBSIL forms, reference guides and manuals increased for HMO PCPs. In 2005, 33% of HMO PCPs used the BCBSIL Web site compared with 39% of

HMO PCPs in 2006. Of the PCPs that used the electronic service, 87% of HMO PCPs reported they found the information they needed in the communications.

Continuity and Coordination between Managed Care Physicians and Health Care Facilities

In 2006, 84% or more of PCPs in the HMO were satisfied with the reports they received from hospital inpatient facilities, outpatient surgery facilities, home health care agencies and hospital emergency rooms, and with their feedback from general surgeons, cardiologists, orthopedic surgeons, ophthalmologists, and dermatologists. PCP satisfaction with feedback from behavioral health specialists remained lower at 73% compared with 74% for HMO PCPs in 2005.

Opportunities for Improvement

Feedback from behavioral health specialists is seen as an opportunity for improvement, as are hospital related indicators.

Survey Questions	HMO PCPs	
	2005	2006
Overall Satisfaction*	87%	87%
Referral Process		
Overall Process*	83%	84%
Specialist Network*	83%	84%
Utilization Management*		
Overall Process*	85%	86%
Timeliness*	85%	85%
Case Management*	87%	87%
Claims Payment*		
Timeliness*	77%	80%
Accuracy*	77%	80%
After-Hours Access		
Response Time <30 minutes	91%	90%
Hospital Information (Top 2 Box scores)		
Pharmacy, in terms of providing medication correctly	73%	76%
Adequacy of the number of nurses	61%	57%
Accuracy of processing physician orders	68%	66%
Quality of discharge plans	70%	67%

*HMO physicians were asked to evaluate the MG/IPA on these attributes.

Results are in from the 2006 PPO Practitioner Satisfaction Survey. PPO Practitioners were surveyed as a population in 2006 versus a sampling as conducted in prior years. 2006 results are baseline data. Physician specialties represented were: Internal Medicine, Pediatrics, Obstetrics-Gynecology and General Practice. Consulting specialties included, but were not limited to: Allergy, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Ophthalmology, Otolaryngology, Orthopedics, Psychiatry and Urology. BCBSIL Quality Improvement received 3,083 completed questionnaires for an 11% response rate. The table shows the results of the 2006 survey. Coordination of Care results regarding feedback received from various facilities and key specialists are included.

Continuity and Coordination between Managed Care Physicians and Health Care Facilities and Practitioners

In 2006, more than 84% of PPO practitioners reported they were satisfied with reports from health care facilities including inpatient hospitals, outpatient surgery centers, skilled nursing facilities, home health care agencies and emergency rooms. More than 89% were satisfied with feedback from general surgeons, cardiologists, orthopedic surgeons, ophthalmologist, and dermatologists, and

79% were satisfied with feedback from behavioral health specialists.

Responses in the top 2 boxes (excellent and very good) were used to determine rates of satisfaction with hospital services. More than 70% of PPO practitioners reported they were satisfied with overall quality of care in their primary hospitals, the accuracy of pharmacy services and the accuracy of processing physician orders. Between 67% and 69% were satisfied with the adequacy of the number of nurses, the competence of the nursing staff and the quality of discharge plans. More than 85% agreed that the orders they write are implemented in a timely manner, imaging and/or lab reports are timely, the hospital takes appropriate steps to protect the safety of their patients, and the nursing staff have the necessary clinical skills to provide appropriate care in the specific units in which they work. Nearly 67% agreed that they usually receive ER reports by the time their patients contact them for follow-up care.

Opportunities for Improvement

Questions with top three box satisfaction rates of 70% or less and with top two box satisfaction rates of 80% or less were seen as areas that may represent potential opportunities for improvement.

The survey used a 5-point scale, from Excellent to Poor to measure satisfaction. The results shown below are based on combined responses in the top three boxes (Excellent, Very Good, and Good) or Yes.

Survey Questions	2006
Overall Satisfaction	94%
Specialist Network	95%
Utilization Management	
Precertifying Inpatient Admissions	87%
Authorizing Additional Days	85%
Claims Payment	
Timeliness	91%
Accuracy	88%
After-Hours Access	
Response Time <30 minutes	90%*
BCBSIL Services	
Access website for communications	38%
Find needed information in communications on	
BCBSIL Web site or THIN Online	82%
Provider Telecommunications Center (PTC)	74%

*Responses of PPO Practitioners in Internal Medicine, Pediatrics, Obstetrics-Gynecology, and General Practice only.

Group Name: **BrainLAB**
Group Number: **021000**
Alpha Prefix: **XOF**
Product Type: **PPO(Portable)**
Effective Date: **April 1, 2007**
BC BS

Group Name: **FlexNGate Corporation**
Group Number: **013526, 013545, 013900, 013902**
Alpha Prefix: **FNG**
Product Type: **PPO(Portable)**
Effective Date: **March 1, 2007**
BC BS

Group Name: **Moody Bible Institute**
Group Number: **256873-78**
Alpha Prefix: **MZD**
Product Type: **PPO(Portable)**
Effective Date: **April 1, 2007**
BC BS

Group Name: **Stagehands Local 2**
Group Number: **P23687**
Alpha Prefix: **SGG**
Product Type: **PPO(Portable)**
Effective Date: **April 1, 2007**
BC BS





Visit our Web site at www.bcbsil.com/provider

Have an idea for an Article?

Your views are important to us, and we would like to know if our newly redesigned *Blue Review* meets your needs.

- **How useful is the information?**
- **Is this publication easier to read?**
- **Are there topics you want us to include in future issues?**

If you have suggestions on how we can further improve the *Blue Review*, or just want to share your feedback, please email us at bluereview@bcbsil.com.

Remember, the *Blue Review* is your newsletter, designed to serve you as a contracting provider. You are an integral part of BCBSIL's success as a leader in the health care industry, and we highly value your opinion.

Blue Review is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. The *Blue Review* is located on our Web site at www.bcbsil.com/provider.

The editors and staff of the *Blue Review* welcome letters to the editor. Address letters to:

Blue Review

Blue Cross and Blue Shield of Illinois
300 E. Randolph Street – 25th Floor
Chicago, IL 60601-5099

Email: bluereview@bcbsil.com

(312) 653-4019, or fax (312) 938-8021

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Managing Editor: Jeanne Trumbo, Sr. Manager
Editorial Staff: Margaret O'Toole,
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