



BlueREVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

APRIL 2015

WHAT'S INSIDE?

Now Available Online: Behavioral Health Coordination of Care Form.....2

BCBSIL Preventive Care and Clinical Practice Guidelines.....2

High-tech Radiology Management Program Change, Effective April 1, 2015.....3

New Codes for Adaptive Behavior Assessment and Treatment.....4,5

CMS Reports Preliminary ICD-10 Testing Results: ICD-10 Testing Begins this Month at BCBSIL.....5

Provider Learning Opportunities.....6,7

In the Know: BlueCard® Program Manual Reminders.....8

New Member Education Campaign Focuses on Level of Care Options

A Blue Cross and Blue Shield of Illinois (BCBSIL) analysis of claims activity has shown increased utilization of emergency room (ER) services for non-emergent diagnoses. This may indicate that some of our members are selecting the ER as their first choice for care even when other settings may be more clinically appropriate.

Some patients simply may not know where else to go for care. In particular, many new members may not be aware that they have choices and can take an active role in selecting appropriate level of care settings. To help members make better-informed decisions, BCBSIL is launching a member educational initiative titled “Where You Go Matters.”

The Where You Go Matters initiative focuses on helping members understand how to determine what level of care may be most appropriate for their particular situation. Member materials describe available levels of care with examples of health care issues that may be treated in each setting. The materials also point out what the member may expect in terms of possible out-of-pocket costs, wait times and degree of personalized care.

Guidelines presented in the member materials include:

- **Your Doctor Knows Best** – Whenever possible, the first point of contact should be the family doctor or Primary Care Physician.
- **Retail Clinics** – A retail or convenient care clinic, as they are sometimes called, can be a good choice for a minor health problem like a sore throat or ear infection if the doctor’s office is closed.
- **Urgent Care Clinics** – Urgent care clinics or comprehensive care centers can give easy access to health care when the sickness or injury is serious, but isn’t life threatening.
- **Sometimes the ER is the Only Choice** – Calling 911 or going to the nearest ER is the right option when the health problem is life threatening.

Where You Go Matters was piloted earlier this year with select members who received educational information by mail and a series of emails. The campaign is being expanded in the second quarter of 2015 to target the broader member population. Materials in English and Spanish include flyers, member newsletter articles, videos and social media.

We encourage you to direct your patients to bcbsil.com for general information. BCBSIL members also may log on to our secure Blue Access for MembersSM website for resources based on their specific health care benefit plans.

This educational initiative is for informational purposes only and is not a substitute for the sound medical judgment of a physician or other health care professional. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.



Now Available Online: Behavioral Health Coordination of Care Form

The BCBSIL Behavioral Health Care Management team continually strives to promote coordination of member care between medical and behavioral health providers. We understand that communication between providers regarding the treatment and coordination of a patient's health care can pose difficult challenges. To provide assistance when coordinating care, BCBSIL has created a Coordination of Care form that is now available on our Provider website.

This new form may help in communicating patient information:

- To provide member treatment information **to** another treating provider
- To request member treatment information **from** another treating provider

It is important to note that, prior to using this form, a written release to share clinical information with the member's medical provider(s) must be obtained prior to the onset of treatment.

If you are requesting member treatment information from another provider, it is recommended that the Patient Information and Referring Provider sections of the form be completed in order to expedite the care coordination process for the receiving provider.

The Coordination of Care form is available in the Education and Reference Center/Forms/Behavioral Health section of our website at bcbsil.com/provider.

The material in this article is for informational purposes only and is not intended to be medical or legal advice. Health care providers are instructed to exercise their own independent medical judgment and consult with their own legal counsel if they have any legal questions.



BCBSIL Preventive Care and Clinical Practice Guidelines

The BCBSIL Preventive Care Guidelines and Clinical Practice Guidelines are available in the Clinical Resources section of our website at bcbsil.com/provider. You also may request copies by calling 312-653-3465.

The **Preventive Care Guidelines** are based upon recommendations from national organizations, including the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the American Cancer Society (ACS), the American Congress of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). The guidelines include recommendations for preventive care services for children, adults, older adults and perinatal care. The guidelines are usually reviewed and updated on an annual basis. Please refer to the full Preventive Care Guidelines document on our website for the full list of sources.

Clinical Practice Guidelines are usually reviewed at least every two years. Guideline sources are usually reviewed annually, and updates may be made sooner than every two years if there have been substantive changes to the sources on which the guidelines are based. The following is a list of the BCBSIL clinical practice guidelines and the sources upon which they are primarily based.

Guideline	Guideline Source
Treating Tobacco Use and Dependence Guideline	<ul style="list-style-type: none"> • U.S. Public Health Service (2008)
Asthma Guideline	<ul style="list-style-type: none"> • National Asthma Education and Prevention Program (2008)
Diabetes Guideline	<ul style="list-style-type: none"> • American Diabetes Association (2014)
Cardiovascular Disease Guideline	<ul style="list-style-type: none"> • AHA/ACCF secondary prevention guideline (2011) • AHA primary prevention guidelines (2002) • AHA/ACC guidelines for the management of overweight and obesity, cardiovascular risk, lifestyle management, cholesterol (2013) • JNC8 guideline (2014) • U.S. Preventive Services Task Force guidelines on Screening for Depression in Adults (2009) and Screening for Type 2 Diabetes Mellitus in Adults (2008)
Chronic Obstructive Pulmonary Disease	<ul style="list-style-type: none"> • Global Initiative for Chronic Obstructive Lung Disease (2014)
Depression Guidelines	<ul style="list-style-type: none"> • American Psychiatric Association (2010) • American Academy of Child and Adolescent Psychiatry (2007)
Screening Adults for Depression Guideline	<ul style="list-style-type: none"> • U.S. Preventive Services Task Force (2009)
Hypertension Guideline	<ul style="list-style-type: none"> • Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) (2014)
ADHD Guideline	<ul style="list-style-type: none"> • American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder (2007)

Preventive care and clinical practice guidelines are provided for informational and educational purposes only and are not a substitute for the independent medical judgment of a doctor. Physicians and health care providers are instructed to exercise their own independent medical judgment. The final decision about any medical services or treatment is between the patient and their health care provider.

High-tech Radiology Management Program Change, Effective April 1, 2015



Effective April 1, 2015, BCBSIL will no longer require providers to obtain Radiology Quality Initiative (RQI) numbers through AIM Specialty Health® (AIM) prior to ordering outpatient, high-tech diagnostic radiology services for some Blue Choice PPOSM members. While obtaining RQI numbers through AIM is no longer required prior to ordering high-tech radiology services for these members, providers should continue to follow BCBSIL Medical Policy criteria when applicable.

EXCEPTIONS AND REMINDERS

As always, checking eligibility and benefits is an important first step. The above change applies **only** to some Blue Choice PPO members at this time. Obtaining an RQI through AIM at aimspecialtyhealth.com will continue to be required by BCBSIL when outpatient high-tech diagnostic studies are indicated for most other BCBSIL members.* Facilities cannot obtain an RQI on behalf of ordering physicians.

*For City of Chicago members, including non-Medicare Retirees, determination of medical necessity through Telligen at 800-373-3727 will continue to be required for approval of CAT, MRI and PET scans.

AIM Specialty Health (AIM) is an operating subsidiary of Anthem. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors, such as AIM and Telligen. If you have any questions about the products or services they offer, you should contact the vendor(s) directly.

Please note that the fact that a guideline is available for any given treatment, or that a service has been pre-certified or an RQI number has been issued 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Certain employer groups may require pre-certification for imaging services from other vendors. If you have any questions, please call the number on the back of the member's ID card.

Medical Policy Update Reminder: Diagnosis and Medical Management of Sleep Related Breathing Disorders

An important change to the BCBSIL Medical Policy for Diagnosis and Medical Management of Sleep Related Breathing Disorders (MED205.001) will take effect for **dates of service on or after May 1, 2015**. This policy has been revised to establish new criteria and guidance for testing in the diagnosis of Obstructive Sleep Apnea (OSA).

A detailed article regarding this revised medical policy was published in our March 2015 *Blue Review*. Here is a quick summary of key points, for your convenience:

- According to the revised medical policy, the facility/lab setting will generally be considered as not meeting the medical necessity criteria unless the member fulfills a specific set of criteria.
- For dates of service on or after May 1, 2015, providers are encouraged to submit a benefit predetermination request form, along with supporting documentation.
- For dates of service prior to May 1, 2015, you may wish to review the revised medical policy in the Medical Policy/ Pending Policies section of our website at bcbsil.com/provider.

This article does not apply to HMO members.

The BCBSIL Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. 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 their local customer service representative for specific coverage information.



Fairness in Contracting

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

Effective March 1, 2015, the following codes were updated: 77061, 77062, Q4131 and Q4132.

Effective March 11, 2015, the following codes were updated: 99487 and 99489.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available in the Education and Reference Center/Forms section of our Provider website at bcsil.com/provider.



New Codes for Adaptive Behavior Assessment and Treatment

Last year, the American Medical Association (AMA) created a new set of Current Procedural Terminology (CPT®) codes to describe Adaptive Behavior Assessment and Treatment.

According to the AMA, these CPT codes were created to be used by any physician or other qualified health care professional to report services rendered to patients of any age with Autism Spectrum Disorders (ASDs). This also applies to other diagnoses or conditions, such as developmental disabilities or head trauma, that are associated with deficient adaptive or maladaptive behaviors (e.g., impaired social skills and communication deficits, destructive behaviors and additional function limitations secondary to maladaptive behaviors).

Effective July 1, 2015, claims submitted by Board Certified Behavioral Analyst and Developmental Therapists will only be considered eligible for benefits by BCBSIL if the services described on the claims are those specified in the new Adaptive Behavior Assessment and Treatment CPT codes.

Listed below are the new CPT codes and their descriptions that were implemented by the AMA for Adaptive Behavior Assessment and Treatment:

CPT Code	CPT Code Description
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.
0360T	Observational behavioral follow-up assessment includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient.
+0361T	Each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service).
0362T	Exposure behavioral follow-up assessment includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient.
+0363T	Each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure).
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time.
+0365T	Each additional 30 minutes of technician time (List separately in addition to code for primary procedure).
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time.

(continued on p. 5)

New Codes for Adaptive Behavior Assessment and Treatment

(continued from p. 4)

CPT Code	CPT Code Description
+0367T	Each additional 30 minutes of technician time (List separately in addition to code for primary procedure).
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time.
+0369T	Each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure).
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present).
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present).
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients.
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient.
+0374T	Each additional 30 minutes of technicians' time face-to-face with patient.

For coding guidelines related to these codes and all other CPT codes, please reference the AMA CPT codebook or contact the AMA for further code clarification.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims for any particular disease, treatment or service. Health care providers are instructed to submit claims using the most appropriate code based upon the medical record documentation and coding guidelines and reference materials.

CPT copyright 2014 AMA. All rights reserved. CPT is a registered trademark of the AMA.

CMS Reports Preliminary ICD-10 Testing Results:

ICD-10 Testing Begins this Month at BCBSIL

The Centers for Medicare & Medicaid Services (CMS) has announced successful completion of the first of three ICD-10 end-to-end testing weeks. In an *MLN Connects® Provider eNews* article posted on the CMS website on Feb. 25, 2015, it was reported that approximately 660 health care providers, billing services and other stakeholders participated in the first round of testing, which was conducted Jan. 26, 2015, through Feb. 3, 2015.

The CMS article included a link for readers to view additional testing results. Here are some quick highlights as posted on the CMS website, that may be of interest:

- Nearly 15,000 claims were submitted and approximately 81 percent were accepted.
- Of the claims that were rejected, three percent were due to invalid submission of ICD-9 data, three percent were due to invalid submission of ICD-10 data, and 13 percent were rejected for reasons unrelated to coding.

While, according to the CMS article, "Testing demonstrated that CMS systems are ready to accept ICD-10 claims," testing will continue to help identify areas of potential improvement. Two more end-to-end testing weeks have been scheduled by CMS to occur prior to the Oct. 1, 2015, federally mandated ICD-10 implementation.¹

WOULD YOU LIKE TO TEST WITH US?

Testing is important to help identify possible issues well before the Oct. 1, 2015, ICD-10 compliance date. At a minimum, testing with your clearinghouse and confirming ICD-10 readiness with your practice management system vendor or billing service, if applicable, is encouraged.

BCBSIL will begin provider ICD-10 testing this month. Testing enrollment packets were sent to select providers with instructions on how to participate. If you did not receive an enrollment kit and are interested in testing with us, please contact your assigned Provider Network Consultant. Provider ICD-10 testing at BCBSIL is scheduled to run through Sept. 15, 2015.

¹ CMS Conducts Successful Medicare FFS ICD-10 End-to-End Testing Week. *MLN Connects Provider eNews*, Feb. 25, 2015, <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2015-02-25-eNews-ICD10.html>

'Putting the Pieces Together' with BCBSIL: Attend a Professional Provider Workshop

We want to make it easier and more efficient for your office to do business with us. Over the next several months, the BCBSIL Provider Relations team will be offering specialized workshops for independently contracted providers. Topics such as the Affordable Care Act (ACA), ICD-10, Behavioral Health, product updates and more will be discussed.

These workshops will give you the opportunity to:

- Meet your assigned Professional Provider Network Consultant (PNC)
- Participate in a question and answer session on topics that are important to you
- Learn about electronic transactions available to BCBSIL providers
- View demonstrations from health information technology vendors

Dates and times are included in this issue for your convenience.



Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

Below you'll find details on upcoming complimentary educational sessions for billing, utilization and administrative professionals. To register online, visit the Workshops/Webinars page in the Education and Reference Center of our Provider website at bcbsil.com/provider.

WEBINARS

Introducing Remittance Viewer <i>The remittance viewer is an online tool that offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</i>	April 15, 2015	11 a.m. to noon
	May 20, 2015	
	June 17, 2015	
iExchange® Training <i>Join us for an overview of this online benefit preauthorization tool.</i>	April 22, 2015	2 to 3 p.m.
	May 13, 2015	11 a.m. to noon
	May 20, 2015	2 to 3 p.m.

PROFESSIONAL PROVIDER WORKSHOPS

State House Inn Governor's Ballroom 101 E. Adams St. Springfield, IL 62701 <i>The registration deadline is May 15, 2015. Providers can either register online or by contacting Roy Pyers at Roy_Pyers@bcbsil.com or 217-698-2524.</i>	May 21, 2015	Registration: 9 to 9:30 a.m. Session: 9:30 a.m. to noon
Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451 <i>The registration deadline is June 5, 2015. Providers can either register online or by contacting Adam Kwiecien at Adam_Kwiecien@bcbsil.com or 312-653-1726.</i>	June 11, 2015	Registration: 9 to 9:30 a.m. Session: 9:30 a.m. to noon
Blue Cross and Blue Shield of Illinois 300 East Randolph St. Chicago, IL 60601 <i>The registration deadline is June 19, 2015. Providers can either register online or by contacting Ana Hernandez at hernandez2@bcbsil.com or 312-653-6488.</i>	June 24, 2015	Registration: 9 to 9:30 a.m. Session: 9:30 a.m. to noon
Community Hospital 901 MacArthur Blvd. Munster, IN 46321 <i>The registration deadline is June 19, 2015. Providers can either register online or by contacting Kathy Barry at Kathleen_Barry@bcbsil.com or 312-653-4247.</i>	June 25, 2015	Registration: 9 to 9:30 a.m. Session: 9:30 a.m. to noon

Provider Learning Opportunities

(continued from p. 6)

PROFESSIONAL PROVIDER WORKSHOPS (cont.)

<p>Edward Hospital 801 S. Washington St. Naperville, IL 60540</p> <p><i>The registration deadline is July 10, 2015. Providers can either register online or by contacting Kathy Barry at Kathleen_Barry@bcbsil.com or 312-653-4247.</i></p>	<p>July 16, 2015</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>
<p>Little Company of Mary Hospital 2800 W. 95th St. Evergreen Park, IL 60805</p> <p><i>The registration deadline is July 10, 2015. Providers can either register online or by contacting Vickey Jones at jonesv@bcbsil.com or 312-653-6321.</i></p>	<p>July 17, 2015</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>
<p>Northwest Community Hospital, The Learning Center 800 W. Central Rd. Arlington Heights, IL 60005</p> <p><i>The registration deadline is July 17, 2015. Providers can either register online or by contacting Gina Plescia at Gina_Plescia@bcbsil.com or 312-653-4733.</i></p>	<p>July 22, 2015</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>
<p>Williamson County Pavilion 1602 Sioux Drive Marion, IL 62959</p> <p><i>The registration deadline is July 31, 2015. Providers can either register online or by contacting Teresa Trumbley at trumbleyt@bcbsil.com or 618-998-2528.</i></p>	<p>Aug. 5, 2015</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>
<p>The Regency Conference Center 400 Regency Park O'Fallon, IL 62269</p> <p><i>The registration deadline is July 31, 2015. Providers can either register online or by contacting Teresa Trumbley at trumbleyt@bcbsil.com or 618-998-2528.</i></p>	<p>Aug. 6, 2015</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>
<p>Par-A-Dice Hotel 21 Blackjack Blvd. East Peoria, IL 61611</p> <p><i>The registration deadline is Sept. 11, 2015. Providers can either register online or by contacting Amanda Williams at williamsa4@bcbsil.com or 217-698-5179.</i></p>	<p>Sept. 16, 2015</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>

AVAILITY™ WEBINARS

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal – the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website at availity.com for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

Availity is a trademark of Availity, L.L.C., 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 offered by independent third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Looking for new ways to view your claim payment information?

BCBSIL is hosting complimentary webinars for our independently contracted providers to learn about the remittance viewer tool. This user friendly online tool offers providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA).

Our webinars are designed to help you learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results. To register, visit the Workshops and Webinars page in the Education and Reference Center section of our website at bcbsil.com/provider.

Please note that, to gain access to the remittance viewer, you must be a registered Availity user. You also must be enrolled to receive the 835 ERA from BCBSIL. Online enrollment for the 835 ERA may be completed via the Availity Web Portal at availity.com.





BlueCross BlueShield
of Illinois

PRSR STD
U.S. POSTAGE
PAID
PERMIT NO. 581
CHICAGO, IL

Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS



Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

00014.0415

IN THE KNOW ✓

BlueCard® Program Manual Reminders

Our BlueCard Program allows members of one Blue Plan to obtain health care benefits while living or traveling in another Plan's service area. To assist you when you are providing care and services to out-of-area Blue Plan members, a BlueCard Program Manual is available in the Standards and Requirements section of our website at bcbsil.com/provider.

This manual includes information on how the BlueCard program works, how to identify BlueCard members, claim filing guidelines, key contacts, answers to frequently asked questions, a glossary of BlueCard terms and other important details.

Examples of sections included in the BlueCard Program Manual are:

- How to Identify Members
- Coverage and Eligibility Verification
- Electronic Provider Access
- How Claims Flow Through BlueCard

We encourage you to become familiar with the procedures and guidelines in this helpful resource.



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. *Blue Review* is located on our website at bcbsil.com/provider.

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

BLUE REVIEW

Blue Cross and Blue Shield of Illinois
300 E. Randolph Street – 24th Floor
Chicago, Illinois 60601-5099
Email: blureview@bcbsil.com
Website: bcbsil.com/provider

Publisher:

Opella Ernest, Divisional Senior Vice President and Chief Medical Officer, Health Care Delivery

Managing Editor:

Jeanne Trumbo, Senior Manager, Provider Communications

Editorial Staff:

Margaret O'Toole, Marsha Tallerico, Edna Johnson

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.