



Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

AUGUST 2012

WHAT'S INSIDE?

Pharmacy Program Updates:
Changes Effective Oct. 1, 2012..... **2**

Process Reminders for
Self-administered Drugs..... **3**

Don't Lose Your PPO Network Privileges..... **4**

Provider Learning Opportunities **5**

Preliminary Poll Begins Dialogue
on ICD-10 Preparedness **6**

Teen Driving: Be Smart. Be Well® Spotlight..... **7**

Upcoming Physician/Practitioners Surveys.... **8**

Announcing the WOWIE! Award Winners

Now entering its third year, WOWIE! is an awards program that recognizes employers, including provider employers, who champion the health and wellness of their employees and strive to create a work culture that promotes physical activity and healthy behaviors. The WOWIE! Awards honor those programs that accomplish these goals; the award-winning programs then serve as best practices and case studies for all Illinois companies and HR professionals. This program is open to all employers who have a minimum of 50 percent of their employees based in Illinois.

The WOWIE! Awards grew out of WOW!, Wellness in Our Workplace, a one-stop source for human resources professionals to assist in the development and implementation of workplace wellness programs. Developed by the Illinois State Council of the Society for Human Resource Management (ISC-SHRM) in partnership with Blue Cross and Blue Shield of Illinois (BCBSIL), WOW! provides a host of information on wellness programs.

Awards are presented in two categories: one for companies with less than 200 employees, one for companies with more than 200 employees. Three awards (Platinum, Gold and Silver) were bestowed in each category:

- The **Platinum** award recognizes organizations with well-defined and well-executed worksite wellness programming, and who meet the following criteria:
 - Offer employees physical activity support
 - Increase healthy eating options at work
 - Promote a wellness culture
 - Employ a minimum of five people
 - Offer a variety of physical activities for employees
- The **Gold** award recognizes organizations developing comprehensive programs that produce results. These programs are strategic and aligned with the organization's mission, vision and values.
- The **Silver** award recognizes organizations that demonstrate a solid foundation for success.

The winners of this year's WOWIE! Awards were announced on July 15, 2012. And the winners are...



COMPANIES WITH MORE THAN 200 EMPLOYEES

- Platinum:** Rockford Park District
Gold: State Farm (*last year's winner*)
Silver: Advocate Health Care and Country Financial (*tie*)

COMPANIES WITH FEWER THAN 200 EMPLOYEES

- Platinum:** Alper Financial (*Gold winner last year*)
Gold: GFX International
Silver: Robinson Engineering (*Platinum winner the past two years*)

Each of these winning companies will receive a letter and plaque from ISC-SHRM and BCBSIL and will be recognized at the Illinois SHRM Convention which will take place Aug. 5-7, 2012.

Changes Effective Oct. 1, 2012

STANDARD FORMULARY CHANGES

Based on the Prime National Pharmacy and Therapeutics Committee review of changes in the pharmaceuticals market, some revisions will be made to the standard BCBSIL formulary effective Oct. 1, 2012.

Brand Medication Moving to Highest Out-of-Pocket Payment Level Effective Oct. 1, 2012

Non-Formulary Brand* (Tier 3 copayment/ coinsurance)	Condition Used For	Generic Alternative† (Tier 1 copayment/ coinsurance)	Formulary Brand Alternative*† (Tier 2 copayment/ coinsurance)
Viagra	Erectile Dysfunction	N/A	Cialis

N/A = not applicable

† This list is not all-inclusive. Other medications may be available in this drug class.

STANDARD FORMULARY DISPENSING LIMIT CHANGES

BCBSIL's standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. FDA-approved dosage regimens and product labeling.

Effective Oct. 1, 2012, dispensing limits will be added for the following drugs:

Drug Class and Medication*	Dispensing Limit
Blood Modifiers	
Promacta 12.5 mg (eltrombopag)	30 tablets/30 days
Diabetes	
Bydureon (exenatide)	4 vials/28 days
Janumet XR 50 mg/500 mg and 100 mg/1000 mg (sitagliptin/metformin)	30 tablets/30 days
Janumet XR 50 mg/1000 mg (sitagliptin/metformin)	60 tablets/30 days
Jentaduetto (linagliptin/metformin)	60 tablets/30 days
Juvisync (sitagliptin/simvastatin)	30 tablets/30 days
Glaucoma	
Zioptan (tafluprost)	30 single use containers/30 days
Multiple Sclerosis	
Betaseron (interferon beta-1b)	14 syringes/28 days
Rebif titration pack (interferon beta-1a)	1 kit/28 days
Pain	
Celebrex 400 mg (celecoxib)	30 capsules/30 days

For the most up-to-date list of drug dispensing limits, visit the Pharmacy Program section of our website at bcbsil.com/provider.

Targeted mailings were sent to members affected by dispensing limits and formulary changes per our usual process of notifying members at least 60 days prior to implementation.

* Third-party brand names are the property of their respective owners.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime Therapeutics, a separate company, to provide pharmacy benefit management and other related services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Xolair Fax Form Helps Facilitate Review Process

In order to help support the benefit review process for Xolair requests, BCBSIL has developed a fax form to assist providers in summarizing the details needed for benefit review.

While this new form does not replace the need for the Predetermination Request Form and usual and necessary supporting documentation that you have normally supplied to date, we are confident that it will help facilitate the review process by limiting multiple requests for additional information.

The Xolair Preauthorization Fax Form is available in the Pharmacy Program/Specialty Pharmacy/Related Resources section of our website at bcbsil.com/provider. Please download, complete and submit this form for all Xolair requests—along with any necessary supporting medical records and reports—using the fax number indicated on the form.

Responses can be expected within 14 calendar days; however, responses could take longer if the information included on the Xolair Preauthorization Fax Form is incomplete and/or the request is missing necessary supporting documentation upon submission.

We appreciate your support in helping BCBSIL increase efficiency of the Xolair review process.

Please note that the fact that a service has been preauthorized/pre-certified 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.



Process Reminders for Self-administered Drugs

For those medications that are self-administered, BCBSIL members are required to use their pharmacy benefit and acquire the medication through a pharmacy provider. Please note that self-administered drugs can include oral, topical and injectable products.

In January 2013, BCBSIL will implement a system edit that will deny services submitted on professional claims for self-administered drugs that are covered under the member's prescription drug benefit. For your patients to receive benefit coverage, the covered self-administered drugs must be provided under their pharmacy benefit and not dispensed through the physician's office.

To help you determine the correct path for medication fulfillment and ensure that the correct benefit is applied, a Specialty Pharmacy Program Drug List will be available in the Pharmacy Program/Specialty Pharmacy section of our website at bcsil.com/provider. This list will identify those drugs that are approved for self-administration and therefore covered under the patient's pharmacy benefit.

As a reminder, Triessent Specialty Pharmacy is the preferred specialty pharmacy for most BCBSIL members. Please check the member's ID card to confirm the member's pharmacy provider. With an extensive inventory of specialty medications in stock and pharmacists available by phone 24/7, Triessent Specialty Pharmacy also provides alerts for patient non-adherence issues, coordination of medication refills, information on patient assistance organizations and other support services.

To obtain specialty medications through the Triessent Specialty Pharmacy Program, follow these steps:

1. Collect Patient and Insurance Information

Use the Triessent Specialty Drug Request fax form or your own prescription form, along with your office's fax cover sheet. The Triessent Specialty Drug Request fax form is available in the Pharmacy Program/Specialty Pharmacy section of our website at bcsil.com/provider. Be sure to include the physician's signature and any clinical data that may support the approval process.

2. Fax Signed Forms to 866-203-6010

Triessent Specialty Pharmacy's team of pharmacists and benefit specialists will handle the details, from checking eligibility to coordinating delivery.

Triessent Specialty Pharmacy provides safe and efficient delivery of specialty medications and integrated management across medical and pharmacy benefits. As a service to your patients, Triessent Specialty Pharmacy can deliver those drugs that are approved for self-administration directly to the patient's home or alternate location. Please note that Triessent is also available for those specialty medications that are covered under the member's medical benefit.

For more information, visit the Pharmacy Program/Specialty Pharmacy section of our website at bcsil.com/provider.

Pharmacy Disclaimer

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

IN THE KNOW ✓

Predetermination Request Reminders

A predetermination of benefits is a voluntary, written request for review of treatment or services, including those that may be considered experimental, investigational or cosmetic.* Prior to submitting a predetermination of benefits request, you should **always check eligibility and benefits first** to determine any pre-service requirements.

Faxing your information may help expedite the review process. **For BCBSIL members**, use the Predetermination Request Form, available in the Education and Reference Center/Forms section of our website at bcsil.com/provider.

Fax your completed form to BCBSIL at 800-852-1360, **along with any supporting documentation**. Approvals and denials are usually based on provisions in our medical policies. BCBSIL will notify you when the outcome has been reached.

Predetermination requests **must** be sent to the Blue Cross and Blue Shield (BCBS) Plan that holds the patient's policy. **For out-of-area BCBS members**, use the Medical Policy/Pre-cert (Out-of-area members) "router tool," located in the Claims and Eligibility section of our website. When you enter the Alpha Prefix from the member's ID card, you will be redirected to the appropriate BCBS Plan's website for more information.

***For Federal Employee Program members**, a Predetermination of Benefits review is **required** for the following services: Outpatient/Inpatient surgery for Morbid Obesity; Outpatient/Inpatient surgical correction of Congenital Anomalies; and Outpatient/Inpatient Oral/Maxillofacial surgical procedures needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth.

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their respective effective dates are usually posted on our website the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

You may view active, new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies Home page.

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

Please visit the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider for access to the most complete and up-to-date medical policy information.

The BCBSIL Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are instructed 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 Policy. Members should contact their local customer services representative for specific coverage information.

Don't Lose Your PPO Network Privileges

Credentialing is the process by which BCBSIL reviews and validates the professional qualifications of physicians and certain other providers who apply for network participation. Previously, credentialing was only required by BCBSIL for HMO Illinois and BlueAdvantage® HMO and BlueChoice providers. However, in late 2011, BCBSIL introduced a new credentialing requirement for Preferred Provider Organization (PPO) providers.

Physicians (M.D., D.O.), physician assistants, advanced practice nurses, chiropractors, podiatrists, audiologists, optometrists, all behavioral health providers and certified nurse midwives **seeking to join or remain eligible for continued participation** in the BCBSIL PPO network must now comply with BCBSIL credentialing and re-credentialing policies and procedures. Failure to complete the credentialing process will lead to termination from the PPO network.

The Council for Affordable Quality Healthcare, Inc. (CAQH®) is the organization that electronically collects the necessary credentialing data through the Universal Provider Datasource® (UPD) for BCBSIL. Providers may use the UPD database at no cost. The UPD application is a single, standard online form designed to meet the needs of all participating health care organizations, nationwide. In some situations, BCBSIL may contact you to supplement, clarify or confirm certain responses on your application.

DID YOU RECEIVE A LETTER FROM CAQH?

Current BCBSIL PPO network providers are being credentialed in phases. You should wait to receive a welcome letter from CAQH with registration instructions, along with your personal CAQH Provider ID number. If you already received a letter from CAQH but have not yet responded, please be advised that you may need to take immediate action. See below for some helpful tips. **Note: If you're not sure if you received a letter, contact the CAQH Help Desk at 888-599-1771, or send an email to caqh.updhelp@acsgs.com.**

Which scenario best describes you?	Here's what you need to do:
<input checked="" type="checkbox"/> Currently participating with BCBSIL as a PPO provider <input checked="" type="checkbox"/> Not credentialed as an HMO or BlueChoice provider <input checked="" type="checkbox"/> Not registered with CAQH for credentialing with another health plan	1. Wait for your welcome letter from CAQH 2. Follow instructions on how to register your CAQH Provider ID and obtain access to the UPD database 3. Complete the online CAQH provider credentialing application
<input checked="" type="checkbox"/> Currently participating with BCBSIL as a PPO provider <input checked="" type="checkbox"/> Not credentialed as an HMO or BlueChoice provider with BCBSIL <input checked="" type="checkbox"/> Already registered with CAQH for credentialing with another health plan	Enable BCBSIL to access your existing credentialing information, as follows: 1. Log in to the UPD database at upd.caqh.org/oas/ 2. Click the Authorize tab (under the CAQH logo) 3. Select "BCBSIL" or "global authorization" 4. Click "Save" to submit your changes
<input checked="" type="checkbox"/> Currently participating with BCBSIL as a PPO provider <input checked="" type="checkbox"/> Credentialed as an HMO or BlueChoice provider	No action is needed at this time.

IMPORTANT REMINDER

New providers joining an existing group may also need to be credentialed prior to obtaining in-network status. Please visit the Network Participation/Credentialing section of our website at bcbsil.com/provider for additional details and instructions.

The Council for Affordable Quality Healthcare, Inc. (CAQH) is a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the Universal Provider Datasource.

Provider Learning Opportunities

BCBSIL WEBINARS

Below is a list of complimentary webinars sponsored by BCBSIL. For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at bcbsil.com/provider.

Electronic Refund Management (eRM)	Aug. 1, 2012	<i>All sessions: 2 to 3 p.m.</i>
	Aug. 8, 2012	
	Aug. 15, 2012	
	Aug. 2, 2012	
	Aug. 29, 2012	
iEXCHANGE® Enhancements <i>iEXCHANGE is a Web-based application that can be used to submit transaction requests for inpatient admissions and extensions, treatment searches, provider / member searches and now outpatient services and extensions.</i> <i>Learn more about recent upgrades to this automated preauthorization tool.</i> <i>Courses are offered by function type.</i>		
Admission / Registration Staff	Aug. 6, 2012	10 to 11:15 a.m.
	Aug. 8, 2012	2 to 3:15 p.m.
	Aug. 10, 2012	2 to 3:15 p.m.
	Aug. 13, 2012	2 to 3:15 p.m.
	Aug. 15, 2012	10 to 11:15 a.m.
	Aug. 17, 2012	10 to 11:15 a.m.
	Aug. 20, 2012	2 to 3:15 p.m.
	Aug. 22, 2012	10 to 11:15 a.m.
	Aug. 24, 2012	2 to 3:15 p.m.
Clinical Staff	Aug. 6, 2012	2 to 3 p.m.
	Aug. 10, 2012	10 to 11 a.m.
	Aug. 13, 2012	10 to 11 a.m.
	Aug. 15, 2012	2 to 3 p.m.
	Aug. 22, 2012	2 to 3 p.m.
	Aug. 24, 2012	10 to 11 a.m.
iEXCHANGE Office Administrators	Aug. 8, 2012	10 to 11:15 a.m.
	Aug. 17, 2012	2 to 3:15 p.m.
	Aug. 20, 2012	10 to 11:15 a.m.
ICD-10 <i>This continuing webinar series will offer answers to frequently asked questions with an emphasis on next stages in planning.</i>	Sept. 6, 2012	1 to 2:30 p.m.
	Sept. 7, 2012	10 to 11:30 a.m.
	Sept. 11, 2012	11 a.m. to 12:30 p.m.
	Sept. 12, 2012	2 to 3:30 p.m.
	Sept. 13, 2012	10 to 11:30 a.m.

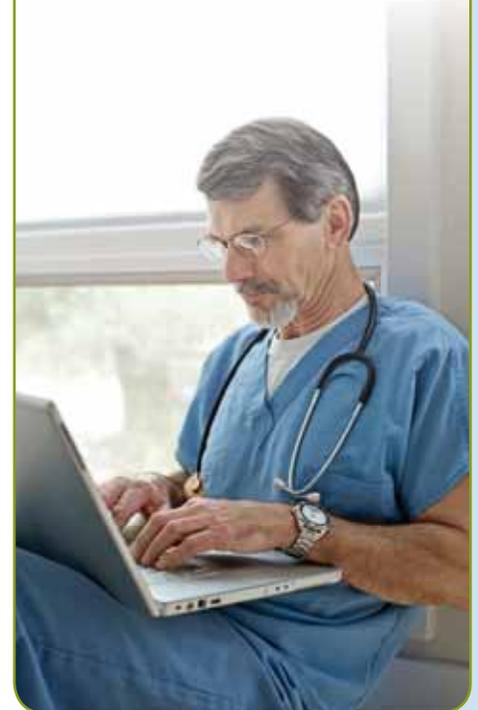
Fairness in Contracting

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 Sept. 1, 2012, the following code ranges will be updated:
A9576-A9585, A9604, J0000-J9999, P9041-P9048, Q0138-Q0181, Q0515, Q2009-Q2027, Q2043, Q3025-Q3026, Q4074-Q4130, Q9951-Q9968 and S0012-S0191. Please note that not all codes in these ranges will be updated.

Effective Nov. 1, 2012, code 36478 will be updated.

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 bcbsil.com/provider.



On Track with ACA: Affordable Care Act Updates

Preventive Care Services

This month we will spotlight the Affordable Care Act (ACA) provision for coverage of certain preventive care services without cost-sharing (e.g., coinsurance, deductibles or copayments).

The requirement:

- Became effective for the first plan/policy year beginning on or after Sept. 23, 2010
- Does not apply to grandfathered health plans
- Applies to fully-insured and self-insured ERISA plans, nonfederal government plans and church plans
- Can be limited to in-network services

New recommendations or guidelines regarding preventive services that are adopted by the Department of Health and Human Services (HHS) must be added, but there is a one-year period to implement, following the adoption date.

Billing Guidelines for Office Visits

Here are some guidelines to help you determine when to apply copayments and deductibles for preventive care services.

Cost sharing *should not* be applied when:

- The primary purpose of an office visit is for a recommended preventive service

Cost sharing *should* be applied when:

- The recommended preventive service is billed separately from the office visit; and/or
- A patient receives a recommended preventive service that is not billed separately from the office visit, but the primary purpose of the visit was not to receive the preventive service

We invite you to visit the Provisions of the Affordable Care Act page on our website at bcbsil.com/affordable_care_act/provisions.html for more information on these guidelines and other existing ACA provisions. You will also find there links to external resources regarding health care reform.

This material is for informational purposes only and is not legal advice. If you have any questions regarding these laws, you should consult with your legal advisor.

Preliminary Poll Begins Dialogue on ICD-10 Preparedness

In May 2012, BCBSIL conducted provider webinars on ICD-10. For those unable to attend one of these webinars, a recording is now available. Look for the ICD-10 Webinars link in the Standards and Requirements section of our website at bcbsil.com/provider. Returning users can access the recorded sessions from the “On Demand” tab. New users will need to register first.

The May webinars included a series of poll questions to help gauge provider readiness and identify strategic trends for ICD-10 conversion. More than 250 providers responded to the questions. Results of this preliminary assessment show a considerable range in progress and approach.

- Thirty-eight percent of respondents answered “no” when asked if they were familiar with ICD-10
- Sixty-five percent of respondents said they do not have a clinical “champion” leading ICD-10 preparation efforts
- Sixty percent of respondents indicated they were not sure of their organization’s status with respect to ICD-10 preparations, and only nine percent of respondents indicated they were in any of the three active stages (design/development, internal testing or external testing)
- Nineteen percent of respondents said they were conducting a gap analysis, and 12 percent claimed they were defining requirements
- Fifty percent of respondents said they were not sure how they plan to generate ICD-10 codes
- Approximately 80 percent of respondents were unsure when they would begin internal and external testing; nonetheless, 79 percent indicated they still plan to meet the Oct. 1, 2014, deadline

The Centers for Medicare & Medicaid Services recommends that providers start internal system testing for ICD-10 conversion no later than Oct. 1, 2013, in order to meet the proposed extended deadline of Oct. 1, 2014. However, before testing can begin, a well-organized strategic plan and management approach must be established. Staff training, change and process management, evaluation of software tools and many other factors must also be considered. For additional information, please visit the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider.

WHAT ARE HOSPITALS DOING TO PREPARE?

To promote exchange of actionable ideas, BCBSIL will be sponsoring panel discussions about real-world hospital ICD-10 conversion projects. Panel members will include hospital information managers and hospital executives. Dates and times will appear in future *Blue Review* articles. If you are interested in sitting on the panel, or if you have topic suggestions for consideration, please email us at icd@bcbsil.com. We expect to be conducting similar panel discussions with the physician community.

WHAT ELSE CAN YOU DO RIGHT NOW?

Ask your technical lead or ICD-10 project manager to complete our online ICD-10 Provider Readiness Assessment Survey, which is available in the Standards and Requirements/ICD-10/Related Resources section of our website at bcbsil.com/provider.

Also, don't miss the next round in our continuing series of ICD-10 webinars! See the *Provider Learning Opportunities* on page 5 for September session dates, times and online registration information.



Each year, about 3,000 teens are killed in motor-vehicle crashes, making it the leading cause of death for teens. The summer months, from Memorial Day to Labor Day, are considered the deadliest for teen drivers. And more than 350,000 teens are treated in emergency departments every year for injuries suffered in a crash*. Our newest topic on BeSmartBeWell.com, teen driving, offers safety reminders and related resources for your teen and adult patients.

The Be Smart. Be Well. team interviewed teens and parents about the responsibilities and potential risks of driving. The video, *Teen to Teen*, is available on BeSmartBeWell.com and is an honest and engaging look at how teens are working to become better drivers.

In addition, the site includes a video interview with teen driving safety expert Erin Sauber-Schatz, Ph.D., M.P.H., of the Centers for Disease Control and Prevention (CDC), who provides tips for both teens and parents to help them become safe and aware drivers. She states that when it comes to safe driving, parents have more influence over their teens' behavior than they might expect. "Parents play a key role in preventing teen crashes. When asked whose opinions they listen to, teens most often said their parents," she says.

The Be Smart. Be Well. site also offers tips on how parents can start safe driving conversations and give their teens the driving experience they need to be safe behind the wheel. Parents and teens will also find sample driving contracts or agreements, reputable resources and links for more information, and a quiz about the risks to teen drivers.

Be Smart. Be Well. is a free health and wellness website available to BCBSIL members as well as the general public. The goal of the site is simple: help your patients stay healthier and safer through increased awareness and easy-to-follow tips.

*cdc.gov/Motorvehiclesafety/Teen_Drivers/teendrivers_factsheet.html

be smart. be well.®



New Account Groups

Group Name: **Grundy County**
Group Number: **P52269**
Alpha Prefix: **XOF**
Product Type: **PPO (Portable)**
Effective Date: **Aug. 1, 2012**

Group Name: **Trinity International University**
Group Number: **P36811**
Alpha Prefix: **XOF**
Product Type: **BlueEdge PPO/HCA (Portable)**
Effective Date: **July 1, 2012**

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.



Upcoming Physician/Practitioner Surveys

HMO Primary Care Physicians (PCPs) and randomly selected Preferred Provider Organization (PPO) physicians and non-physician clinicians will be receiving the Annual Physician/Practitioner surveys for 2012. These surveys are conducted annually to analyze the physician experience with BCBSIL and with the practitioner's primary hospital.

The HMO survey includes questions about operational, service and reporting activities that HMO Medical Group/Independent Practice Association (MG/IPA) and BCBSIL conduct. PCPs who contract with more than one HMO MG/IPA will receive a separate survey for each entity for which they are contracted. The PPO surveys include questions about operational, service and reporting activities conducted by BCBSIL.

BCBSIL consistently maintains the confidentiality of all respondents to the surveys. A number on the survey identifies the respondent to assure that we do not record more than one set of answers per respondent. Aggregate results are reported to BCBSIL operating areas and the HMO MG/IPA without identification of individual physicians.

The survey questions are addressed directly to the practitioners. However, office staff may be more familiar with some activities, and they may provide assistance in completing the survey. Some questions may not apply to the experience of the practitioner or their office staff. "No experience" is an acceptable response when it applies.

If you receive a survey, please complete and return it in the postage-paid envelope within 10 business days of receipt. We appreciate your participation.

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 bcsil.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: bluereview@bcsil.com
Website: bcsil.com/provider

Publisher:

Stephen Hamman, VP, Network Management

Editor:

Gail Larsen, DVP, Provider Relations

Managing Editor:

Jeanne Trumbo, Sr. Manager, Provider Communications

Editorial Staff:

Margaret O'Toole, Marsha Tallerico
and Allene Walker

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.

VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

00014.0812

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

Blue REVIEW



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