



BlueREVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

AUGUST 2013

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Moving into the Next Phase of Administrative Simplification

Administrative Simplification was introduced as a component of the Health Insurance Portability and Accountability Act (HIPAA) to help streamline administrative processes while increasing security of protected health information. Under HIPAA, a standardized format and technical structure were adopted for electronic data interchange (EDI) transactions between HIPAA-covered entities. Covered entities include all health benefit plans, health information technology vendors, physicians, facilities and other health care professionals.

While HIPAA set the standard for EDI transactions, new operating rules are being established under the Affordable Care Act (ACA) to help promote greater uniformity in how electronic health care data is exchanged. Additionally, as of Jan. 1, 2014, a new EDI transaction – the 835 Electronic Funds Transfer (EFT) standard – will be added to the existing lineup.

The Committee for Operating Rules on Information Exchange (CORE)¹ has authored operating rules for each EDI transaction.

Upcoming deadlines include the following:

Operating rules for electronic claim payment and remittance transactions, which include the 835 EFT and 835 ERA	Jan. 1, 2014
Operating rules for electronic preauthorization, referrals, claims and claim attachments	Jan. 1, 2016
Implementation of Health Plan Identifiers (HPIDs)	Jan. 1, 2016

WHAT WILL CHANGE AS OF JAN. 1, 2014?

- EFT becomes a standardized EDI transaction (835 EFT)
- EFT and Electronic Remittance Advice (ERA) enrollment forms will be standardized across all payers
- EFT and ERA electronic enrollment availability
- Specific claim adjustment reason codes will be used within CORE-defined business scenarios:
 - Additional information required
 - Services not covered by health plan
 - Services not separately payable
- Standardized capabilities to link EFT transaction to the ERA transaction

(continued on p. 2)



Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their 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.

Moving into the Next Phase of Administrative Simplification

(continued from p. 1)



HOW CAN THIS BENEFIT YOUR PRACTICE?

- Helps simplify enrollment
- Supports matching of payments with claim data for posting to patient accounts
- Helps reduce time physician practices and hospitals spend on billing-related tasks

Blue Cross and Blue Shield of Illinois (BCBSIL) is currently making system enhancements according to the CORE requirements. As we've published in many previous articles, enrolling for EFT and ERA has many advantages, including the potential for substantial savings in time, money and paper. However, some providers have continued to opt for paper transactions. Implementation of the new operating rules for 835 EFT and ERA will help make the enrollment process easier to encourage adoption and increased use of these electronic transactions.

WHAT CAN YOU DO RIGHT NOW?

If you are not yet enrolled for EFT and ERA, visit the Claims and Eligibility/Claim Payment and Remittance section of our website at bcbsil.com/provider for details on how to get started. If you are already enrolled for EFT and ERA, you do not need to re-enroll. Please continue to watch the *Blue Review*, as well as the News and Updates section on our Provider website for additional announcements and related resources. We also encourage you to visit the Centers for Medicare & Medicaid Services (CMS) website at cms.gov, where you will find more information in the Regulations and Guidance section, under HIPAA Administrative Simplification.

¹CORE is part of the Council for Affordable Quality Healthcare (CAQH) initiative. Providers may refer to the CORE section on the CAQH website at <http://www.caqh.org/benefits.php> for detailed information and related resources.

Hemophilia (Factor) Drugs: Supporting Member Awareness

As mentioned in previous articles, specialty medications approved for self-administration by the U.S. Food and Drug Administration (FDA) should not be submitted on professional/ancillary electronic (ANSI 837P) or paper (CMS-1500) claims. This includes hemophilia (factor) drugs.

Members who may have been impacted received a letter with a sample listing of self-administered specialty hemophilia (factor) medications. This communication also informed members of the following important details:

- Hemophilia (factor) drugs must be obtained under the member's prescription drug benefit, rather than their medical benefit.
- Members may be required to obtain these medications through a contracted specialty pharmacy that also offers a variety of services to help them manage their condition.
- Under the prescription drug benefit, the member may now be responsible for a copayment or coinsurance amount.
- The member may be responsible for more than one copayment or coinsurance amount when their physician prescribes multiple strengths of a hemophilia (factor) medication.
- Before benefits are approved, hemophilia (factor) dosage and quantity may be reviewed to ensure consistency with clinical guidelines/recommendations.
- Members should call the number on the back of their ID card for assistance, if needed.

Note: In certain cases, members may need to obtain specialty medications, such as hemophilia (factor) drugs, under their medical benefit because they require professional service for administration. These situations will be reviewed on a case-by-case basis.

As a reminder, Prime Therapeutics (Prime) is the pharmacy benefit manager for most BCBSIL members. If Prime is the pharmacy benefits manager for your patient, please note that BCBSIL contracts with the following specialty pharmacies for hemophilia (factor) products:*

- Accredo Health Group, Inc. (Accredo®) – To contact Accredo regarding hemophilia (factor) products, call 866-712-5007. Referral information may be faxed to Accredo at 800-330-0756.
- Prime Specialty Pharmacy – To contact Prime Specialty Pharmacy regarding hemophilia (factor) products, call 877-627-MEDS (6337). Referral information may be faxed to Prime Specialty Pharmacy at 877-828-3939.

*In accordance with their benefits, members who do not have Prime assigned as their pharmacy benefits manager may be required to use a preferred specialty pharmacy that is different from those listed above. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on the member's benefits.

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.

Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association, contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. HCSC, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

Be Smart. Be Well.® Anywhere

New features and a fresh layout on the *Be Smart. Be Well.* website make it easier to access the site's growing library of health and wellness topics through mobile devices. Of the nearly 200,000 annual visitors, 13 percent connect to *Be Smart. Be Well.* through mobile devices – and that number is expected to grow.

Be Smart. Be Well. is an award-winning, multimedia health and wellness initiative that delivers real-life video stories, interviews with leading experts and resources on health and safety issues. Leading health organizations such as the Mayo Clinic, the Centers for Disease Control and Prevention, the National Institutes of Health and the National Safety Council collaborate on *Be Smart. Be Well.* topics. The most recent topic, Sleep, launched in July.

Be Smart. Be Well. is available at no cost. You and your patients can visit BeSmartBeWell.com to sign up for the bimonthly SPOTLIGHT newsletter and biweekly health news alerts.

These programs are for informational purposes only, and are not a substitute for the sound medical judgment of a doctor. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.

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Health news.
Leading experts.
Real-life stories.
And you.

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life stories to help us all.™

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What's New Sleep

There's a connection between good sleep and good health.

[Video and More](#)



Featured Expert Caregiving

"This is a family affair." Eleanor Ginzler, Caregiving Expert.

[Video and More](#)

New Account Groups

Group Name: **Capital Power Operations (USA), Inc.**
 Group Number: **P52765**
 Alpha Prefix: **XOF**
 Product Type: **BlueEdge PPO/HCA (Portable)**
 Effective Date: **July 1, 2013**

Group Name: **Carylon Corporation**
 Group Numbers: **P50372, P50418, P50424**
 Alpha Prefix: **CNZ**
 Product Type: **PPO (Portable)**
 Effective Date: **Aug. 1, 2013**

Group Name: **Domtar**
 Group Number: **798349**
 Alpha Prefix: **DMA**
 Product Type: **BlueEdge PPO/HSA (Portable)**
 Effective Date: **July 1, 2013**

Group Name: **Lake Region Schools Benefit Cooperative**
 Group Numbers: **P56924, P57397**
 Alpha Prefix: **XOF**
 Product Type: **PPO (Portable)**
 Group Numbers: **B21888, B21891-93, B01910**
 Alpha Prefix: **XOH**
 Product Type: **BlueAdvantage HMO**
 Group Numbers: **H21888-89, H21892-94**
 Alpha Prefix: **XOH**
 Product Type: **HMO Illinois**
 Effective Date: **July 1, 2013**

Group Name: **Prairie Farms Dairy**
 Group Number: **866549**
 Alpha Prefix: **PMB**
 Product Type: **PPO (Portable)**
 Effective Date: **Aug. 1, 2013**

Group Name: **VeriClaim, Inc.**
 Group Numbers: **P45644, P45838, P46212, P46231, P46236**
 Alpha Prefix: **XOF**
 Product Type: **BlueEdge PPO/HSA (Portable)**
 Effective Date: **July 1, 2013**

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.

2012 PPO Practitioner Survey Results

The 2012 PPO Physician Survey results have been compiled. For the PPO Physician Survey, represented physician specialties included: Family Practice, Internal Medicine, Pediatrics, Gynecology, Obstetrics-Gynecology and General Practice as well as consulting specialties. Consulting specialties included, but were not limited to: Allergy, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Ophthalmology, Otolaryngology, Orthopedics, Psychiatry and Urology.

The PPO Physician surveys were sent to a sample of independently contracted physicians participating in the PPO network. BCBSIL received 526 completed PPO Physician surveys, for an 11 percent response rate.

The survey used a 5-point scale, from Excellent to Poor, with 5 indicating a score of Excellent. The select results shown below are based on combined responses in the top three boxes (Excellent, Very Good and Good).

PPO Survey Questions	2012 PPO Physician
Survey Response Rate	11%
Overall Rating	93%
PPO Network	
• Adequacy of specialist network	95%
• Quality of specialist network	95%
Claims Payment	
• Timeliness	93%
• Accuracy	90%
BCBSIL Services/Reports	
• Provider Telecommunications Center (PTC) overall	69%
• NDAS Online/eCare®, Availity® or RealMed®	85%
• Blue Star SM Hospital Report overall	88%
• iEXCHANGE®	73%
Medical Records	
• Do you utilize an Electronic Medical Report? (EMR) (% Yes)	57%
○ If yes, do you use integration of electronic clinical data from external sources? (% Yes)	69%
○ If you do not use an EMR, do you anticipate implementing an EMR by 2012?	
■ % Yes	32%
■ % No	18%
■ % Unsure	50%

PPO Survey Questions (continued)	2012 PPO Physician
• Do you utilize the following electronic tools? (% Yes)	
○ E-prescribing	72%
○ Electronic lab orders	46%
○ Electronic radiology orders	35%
○ Electronic referrals	31%
○ Emails to patients	35%
Utilization Management	
• Pre-certifying inpatient admissions	86%
• Authorizing additional days	87%
• Utilization management	85%
Hospital Information	
• Overall quality of care in primary hospital	98%
• Pharmacy, in terms of providing medication correctly	98%
• Adequacy of the number of nurses	92%
• Competency of the nursing staff	95%
• Accuracy of processing physician orders	97%
• Quality of discharge plans	95%

CONTINUITY AND COORDINATION BETWEEN MANAGED CARE PHYSICIANS AND HEALTH CARE FACILITIES

In 2012, more than 92 percent of the independently contracted PPO physicians rated feedback from general surgeons, cardiologists, orthopedic surgeons, ophthalmologists, dermatologists and otolaryngologists as Excellent, Very Good and Good.

These results will be shared with the appropriate areas of BCBSIL. Providers are encouraged to consistently communicate with other physicians to help improve coordination of the member's care.

Availity is a registered trademark of Availity, LLC. Availity is a partially owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. Availity operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL, a Division of HCSC. Availity is solely responsible for the products and services it provides.

eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc. (Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers). RealMed is a registered trademark of RealMed Corporation, an Availity Company. Passport/Nebo Systems and RealMed Corporation are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding any of these vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

Detailed Claim Information Available Online

BCBSIL offers detailed claim status information through online vendor options, such as the Availity Claim Research Tool (CRT).*

What is the Availity Claim Research Tool?

The user-friendly CRT provides extensive claim status information in real-time. Help expedite your patient account reconciliation process by conducting detailed BCBSIL claim status inquiries online at your convenience.

Features

- Basic or detailed search criteria
- Printable results
- Itemized information (such as amount paid, amount denied and ineligible reason codes)
- Detailed ineligible reason codes and descriptions
- Search option for individual claim numbers
- Flexible date range searches
- Consolidated view for status of multiple claims

The printable results can be used as duplicate Explanation of Benefits (EOBs) for other insurance carriers when necessary.

For assistance navigating the CRT, refer to our tip sheet in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider.

Educational Opportunities

We invite you to take advantage of the benefits this complimentary tool can offer. If you are interested in training, email our Provider Education Consultants at pecs@bcbsil.com. Please include your name, provider organization, billing NPI (or Tax ID) and business phone number.

**You must be a registered Availity user to access the CRT. For registration information, and to learn more about other Availity online options, visit availity.com. Or, contact Availity Client Services at 800-AVAILITY (282-4548).*

High-tech Imaging Providers: Action Needed

We encourage you to complete your *OptiNet* assessment today! The data from the assessment is used to evaluate the capabilities of imaging providers and helps promote patient safety, cost effectiveness and accessibility of care. Not completing the *OptiNet* assessment means your facility may not appear in the online directory for ordering providers to select from during the Radiology Quality Initiative process.

AIM Specialty HealthSM (AIM) has recently upgraded the *OptiNet* enrollment and data entry process based on feedback gathered during an extensive usability study. Navigation and support features have been enhanced to help make it even easier for providers to register and use the tool to complete their online assessment.

What's new?

- Simplified navigation with links to helpful information
- Clearer display of registration status
- Optimized for the latest browsers

Providers who have already registered do not need to re-enter any information, unless there are changes that need to be reported.

For more information, including a direct link to the *OptiNet* assessment tool, visit the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider.

AIM and OptiNet are registered trademarks of AIM Specialty Health, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions, you should contact the vendors directly.

Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

Below is a list of complimentary training sessions 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.

WEBINARS		
Electronic Refund Management (eRM)	Aug. 14, 2013	All sessions: 2 to 3 p.m.
	Aug. 28, 2013	
iEXCHANGE Webinars <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 select outpatient services and extensions. Customized training is available upon request.</i>	To view available topics, visit the Workshops/ Webinars page in the Education and Reference Center on our website at bcbsil.com/provider .	To request training, contact us at iexchange_helpdesk@bcbsil.com and include your name, telephone number and the topics of interest.
WORKSHOPS		
BCBSIL Professional Provider Workshop Rent One Park 1000 Miners Drive Marion, IL 62959 <i>The registration deadline is Aug. 7, 2013. Providers can either register online (see above) or by contacting Teresa Trumbley at trumbleyt@bcbsil.com or 618-998-2528.</i>	Aug. 15, 2013	Morning Session Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon or Afternoon Session Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.
BCBSIL Professional Provider Workshop Embassy Suites 100 Conference Center Drive East Peoria, IL 61611 <i>The registration deadline is Sept. 11, 2013. Providers can either register online or by contacting Amanda Williams at williamsa4@bcbsil.com or 217-698-5179.</i>	Sept. 18, 2013	Morning Session Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon or Afternoon Session Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.
BCBSIL Professional Provider Workshop Stoney Creek Inn 101 18th St. Moline, IL 61265 <i>The registration deadline is Sept. 18, 2013. Providers can either register online or by contacting Gina Plescia at gina_plescia@bcbsil.com or 312-653-4733.</i>	Sept. 25, 2013	Morning Session Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon or Afternoon Session Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.
BCBSIL Professional Provider Workshop Edward Hospital 801 S. Washington St. Naperville, IL 60540 <i>The registration deadline is Oct. 22, 2013. Providers can either register online or by contacting Lynn Sorensen at sorensenl@bcbsil.com or 312-653-5329.</i>	Oct. 29, 2013	Morning Session Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon or Afternoon Session Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.

Three Easy Ways to Get Started With ICD-10



The transition to ICD-10 has been a hot topic in the *Blue Review* and across the health care industry. ICD-10 may be daunting for providers, especially small- and medium-sized practices, but there are three easy ways to get started on your transition to ICD-10:

1. TAKE THE BCBSIL ONLINE READINESS SURVEY

Visit the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider, where you'll find a link to take our Readiness Survey. The survey will help you gain a better understanding of your ICD-10 readiness and will pose questions that you should be considering in your own planning. Taking the Readiness Survey is one of the steps required to test with BCBSIL.

2. TALK TO YOUR TRADING PARTNERS

Don't assume that your clearinghouse and/or practice management system vendors will implement the necessary requirements for ICD-10. According to a Medical Group Management Association survey published in July, more than 52 percent of respondents indicated they had not heard from their practice management system vendor regarding when software changes would be available to the practice.¹

Talk to your trading partners today. If your trading partners aren't sure they'll be ready or able to support the transition, it may be time to find a different vendor.

3. MAKE A PLAN

It's not too late to get your plan started. Here are some resources that can help you make a plan:

- The Standards and Requirements/ICD-10 section of our website can point you to the CMS Implementation Guides specifically designed for large, medium or small practices.
- Check out how ICD-10 will likely impact different areas of your practice by downloading the BCBSIL illustrated "Office Changes Map," found in the Related Resources section of the ICD-10 Web page.
- The CMS website at cms.gov has other valuable resources, including transition checklists designed for practices of varying sizes.

At BCBSIL, we know providers are juggling many initiatives and priorities, and the transition to ICD-10 can seem like a long way off. But delaying the planning for ICD-10 may mean higher costs for training, technology and support. It may also prevent providers from being able to test with trading partners to ensure claims are being submitted correctly.

¹ Manos, Diana; "ICD-10 readiness lagging, says MGMA." Healthcare IT News.

<http://www.healthcareitnews.com/news/mgma-research-shows-industry-readiness-icd-10-lagging>

Enhancements to ClaimsXten™ Code Auditing Tool

BCBSIL reviews new and revised Current Procedural Terminology (CPT®) and HCPCS codes on a quarterly basis. Codes may be periodically added to or deleted from the ClaimsXten software, which is a product of McKesson Information Solutions, Inc. and used by BCBSIL under a licensing agreement, without changing the software version. BCBSIL will now load this additional data to the BCBSIL claim processing system, in many instances within 60 to 90 days after receipt from McKesson, and will confirm the effective date on the BCBSIL website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) will continue to be posted on the BCBSIL website.

Beginning on or after Oct. 14, 2013, BCBSIL will enhance the ClaimsXten code auditing tool by adding the 3rd quarter codes and bundling logic into our claim processing system.

Oxygen contents codes will be considered as inclusive to the oxygen equipment purchase and/or rental codes. Additionally, based on CMS guidelines, procedure code A9279 (Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified) will bundle to E0470 (Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask [intermittent assist device with continuous positive airway pressure (CPAP) device]) or E0601 (CPAP device). For updates on the ClaimsXten implementation and other BCBSIL news, programs and initiatives, refer to the BCBSIL Provider website at bcbsil.com/provider. Additional information also may be included in upcoming issues of the *Blue Review*.

ClaimsXten is a trademark of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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Alpha Prefix Update for SUPERVALU®

The SUPERVALU employer group has added **NWY** as an additional alpha prefix for some Blue Cross and Blue Shield (BCBS) members. Please note that while this new alpha prefix will appear on the member's ID card, the group name on the card may be New Albertsons, rather than SUPERVALU. Alpha prefixes you may see for other BCBS members in the SUPERVALU group are **RUH** and **HPN**.

SUPERVALU is a registered trademark of SUPERVALU INC., an independent third party grocery retailer and distributor with operations throughout the United States, including the greater Chicago area, northern and central Illinois, and also the St. Louis, MO area.

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.



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:

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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

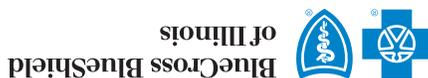
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