



Blue REVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

JANUARY 2013

WHAT'S INSIDE?

Tips on Keeping Your ICD-10 Conversation on Track.....2

ALM® Launches National Program, Effective Jan. 1, 2013.....3

Pharmacy Program Updates: Changes Effective Jan. 1, 2013.....4

New Account Groups.....4, 5

In the Know: Using National Drug Codes (NDCs) on Professional/Ancillary Claims.....5

Hospital Affiliations are Required for M.D.s and D.O.s when Joining PPO Networks.....6

BCBSIL PPO OrthoNet™ UM Program: Additional Information.....6

Provider Learning Opportunities.....7

Medical Director's Library.....8

'NCQA Accreditation' Section Added to Provider Manual

A new section has been added to the BCBSIL Provider Manual to outline the role of the Participating Provider in assisting BCBSIL with obtaining and maintaining accreditation by the National Committee of Quality Assurance (NCQA) and other such organizations.

The BCBSIL Provider Manual is available in the Standards and Requirements section of our Provider website at bcbsil.com/provider.

Working Together to Meet the Challenges Ahead

A Message from Our New Chief Medical Officer, Opella Ernest, M.D.



As the new Chief Medical Officer for Blue Cross and Blue Shield of Illinois, I will be responsible for serving as the primary physician representative at a time when we are experiencing unprecedented challenges and changes in the health care industry. I am grateful for the opportunity to serve in this role and collaborate with you to help ensure that our members continue to receive the best possible care and service that is consistent with our mission and vision. To meet these opportunities and challenges, collaboration will be essential as we continue to develop relationships and connections with our Provider Community.

I would like to share some of our priorities for 2013, so that we can work together to meet the challenges that are ahead.

CLINICAL UPDATE

In 2013, we will continue our focus and expansion of value-based care models, which provide a foundation to support the BCBSIL vision of enhanced affordability, accessibility and quality of care. For example, we will continue to develop Accountable Care Organizations (ACOs) and Intensive Medical Homes (IMHs) that meet regulatory requirements and support the unique needs of a provider organization.

Our expansion into government programs (Medicare and Medicaid) is new for BCBSIL in 2013. Specific to Medicare, the Centers for Medicare and Medicaid Services (CMS) has defined quality performance measures with the majority of the measures clinical in nature and provider driven. BCBSIL is actively working to design reports and tools to help support your efforts to deliver the highest quality of care to meet and exceed federal or state requirements.

In 2014, it is likely millions of people will begin to purchase health care benefits that will be unlike today's environment. We will be focusing our efforts this year to develop benefit plans for the exchange that will provide affordable value-added products. We will prepare to enroll members quickly with a focus on access to real-time information and self-service tools to support the spectrum of wellness and disease.

With rising pharmaceutical costs, we will continue our pharmacy optimization efforts in 2013, with an emphasis on cost containment strategies promoting generic utilization, specialty pharmacy management and utilization management programs.

(continued on p. 2)

Tips on Keeping Your ICD-10 Conversion on Track

The ICD-10 conversion is a significant undertaking for small and large providers alike. Without a focused and clear plan, some providers may run the risk of missing the HHS deadline of Oct. 1, 2014, which could lead to delays in claims payments. The ability of multiple business teams, including but not limited to the Information Technology (IT) team, to manage the threat of “scope creep” is crucial to converting to ICD-10 on time and within budget.

“Scope creep” may be defined quite literally – when the scope of one’s project creeps beyond its original time and budget boundaries, line item, by line item. Scope creep often goes unnoticed until deadlines and expenses are impacted.

Make a Plan

A comprehensive plan with a clear vision and buy-in from the necessary stakeholders is one of the best defenses against scope creep. Everyone working on the implementation should be able to use the plan to help make key decisions.

Assess Your Vendors

Your health information technology vendors may be assisting you with hardware purchasing and installation, maintenance, support services and infrastructure needs. Communicate your ICD-10 conversion plan to your vendors so they understand your goals. Ask your vendor to commit to detailed deliverables and a defined resolution process. If you have signed a contract without precise specifications, request an addendum.

Communication is Key

Ensure your team knows the goals and the limitations of your plan. Engage stakeholders from the beginning and provide frequent updates about accomplishments and challenges. A well-communicated plan that engages your health care organization as well as your vendors can help guard against scope creep to keep your ICD-10 implementation plan on time and within budget.

For additional information on ICD-10, visit the Standards and Requirements/ICD-10 section of our website at bsbil.com/provider. We also request that you complete our ICD-10 Provider Readiness Assessment Survey, which is available in the Standards and Requirements/ICD-10 section of our website at bcsil.com/provider.

Working Together to Meet the Challenges Ahead

A Message from Our New Chief Medical Officer, Opella Ernest, M.D.

(continued from p. 1)

PROVIDER EDUCATION AND TRAINING

Nearly four years ago, the U.S. Department of Health and Human Services (HHS) mandated the implementation of the 10th revision of the International Classification of Diseases (ICD-10) codes. As you know, the new regulation affects all health care transactions, which require ICD diagnosis and procedure codes for treatment settings with dates of service on or after Oct. 1, 2014. As we progress with internal and external ICD-10 testing and implementation, we will continue to provide educational resources and training where applicable to help ensure you are ready for the transition.

As a part of Risk Adjustment implementation, CMS initially collected hospital inpatient diagnoses for determining payment to Medicare Advantage Plans. In 2000, Congress mandated a change to include ambulatory data. This change took place gradually, with full implementation in 2007. CMS selected a payment model that included diagnosis data reported from physician office, hospital inpatient and hospital outpatient settings, the CMS-Hierarchical Condition Category (CMS-HCC) payment model. Physician data is critical for accurate risk adjustment. Physicians are the largest source of ambulatory data for the risk adjustment model. CMS-HCC model relies on ICD-9-CM coding specificity. Risk Adjustment methodologies will be utilized for Medicare Advantage and the Exchange, which will necessitate ongoing education to our provider community.

OUR ONGOING COMMITMENT

As always, we will continue to seek opportunities to build relationships with providers to uniquely address the needs of our members in the communities where they live. We will remain actively engaged in our medical societies, medical associations and the Blue Cross and Blue Shield Association to ensure that we are developing solutions that are provider focused with an awareness of state and national trends.

In closing, I look forward to working with you all as we embark on this historical journey.



AIM[®] Launches National Program, Effective Jan. 1, 2013

Effective Jan. 1, 2013, AIM Specialty HealthSM (AIM) is implementing a national integrated imaging management program for more than 65 employer groups, reaching all 50 states and touching approximately 3 million Blue Cross and Blue Shield (BCBS) members. **This new program will include a significant number of out-of-area Blue Plan PPO members who reside in Illinois.** There are two primary components of the program, as outlined below.

PROSPECTIVE CASE REVIEW AND EDUCATION

BCBSIL PPO providers are already familiar with our Radiology Quality Initiative (RQI) program, currently in place for most BCBSIL members with PPO or BlueChoice coverage. Now that AIM has implemented a national program, you may start to see out-of-area Blue Plan members for whom an RQI number is required. Evidence-based clinical guidelines may be applied prospectively when elective, non-emergency outpatient CT, MRI, nuclear cardiology, PET and echocardiography tests are requested for some BCBS members, if applicable. In some cases, sleep studies may also be reviewed. This clinical review component is educational in nature.

You can determine if your patient is included in the program by checking eligibility and benefits through your normal processes. If applicable, messaging will instruct your staff to contact AIM to request or verify an RQI number online through AIM's *ProviderPortal*SM at aimgspecialtyhealth.com/goweb, or by calling AIM at 866-455-8415.

Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and free standing surgery centers), urgent care centers, or 23-hour observations are excluded from this program.

PROVIDER AND MEMBER TRANSPARENCY

From the member perspective, AIM's integrated imaging management program will be known as **Specialty Care Shopper** – a program designed to encourage proactive engagement and awareness of high-quality, cost-effective imaging services available under the member's BCBS benefit plan. The Blue Cross and Blue Shield Association's National Consumer Cost Tool[®] (NCCT[®]) data set will be utilized for transparency purposes. This data is submitted by BCBSIL and other Blues Plans twice per year.*

If a member is scheduled to have a specified diagnostic imaging test (MRI, CT, PET, nuclear cardiology, echocardiography, or sleep study), a representative from AIM may contact the member if a higher quality and/or lower cost alternative site is available to them within their service area. This is a courtesy call from AIM; members are not required to select the alternative provider suggested by AIM. If the member agrees to AIM's suggested alternative, an AIM representative will help the member schedule the test.

It is important to note that members will not be denied access to services if they do not choose the lower-cost option, and that outreach will exclude pediatric and cancer patients.

The goal of this new program is to provide you and your patients with information to make better-informed choices when considering select diagnostic imaging studies. Additionally, for BCBS members who are subject to reference based pricing, have coinsurance plans and pay a percentage of costs out-of-pocket, the program could mean significant savings.

*Each facility's cost of care is calculated using the average allowed amount for a specific procedure. The average allowed amounts are derived from Blue Plans' claims data through the NCCT – this is the same tool that Blue Plans use on a nationally consistent basis to provide consumers with transparent cost information about the average allowed cost of typical cases for certain treatment categories at the facility level and includes facility, professional and related costs. Cost estimates are developed under the NCCT methodology, using 12 months of claims data, based on Blue Plan-negotiated arrangements for all in-network facilities in nearly every U.S. ZIP code.

AIM is a registered trademark of AIM Specialty Health, an independent third party vendor that is solely responsible for its products and services.

Imaging Providers: Gain Visibility with *OptiNet*[®]

OptiNet is an online assessment tool developed by AIM to collect modality-specific data from imaging providers. BCBSIL introduced this tool in 2011, as an enhancement to our RQI program, which AIM administers for BCBSIL. Areas of assessment include staff qualifications and equipment accreditation. The *OptiNet* assessment process helps facilitate the provision of accurate and consistent information, when needed, to help promote patient safety, accessibility of care and cost effectiveness.

High-tech Imaging Provider Reminder

If you bill BCBSIL for the technical component of Computed Tomography (CT/CTA), Magnetic Resonance Imaging (MRI/MRA), Nuclear Cardiology or Positron Emission Tomography (PET), **it is very important to complete the *OptiNet* assessment.** Assessment data is analyzed to determine a modality score (represented by a letter grade) for each modality you register. High-tech service provider modality scores are available to ordering providers via AIM's online directory.

If you do not complete the *OptiNet* assessment:

- Your facility may not appear in AIM's online directory for ordering providers to select from during the RQI process.
- Your facility may not be among the options suggested to members as part of AIM's national Specialty Care Shopper program.
- Your facility may not be among those available for upcoming initiatives.

For more information, including a link to access the *OptiNet* Assessment Tool, visit the Education and Reference Center/Provider Tools section of our Provider website at bcbsil.com/provider. The information on *OptiNet* is based on information given by high- and low-tech imaging service providers. Providers may update their information in *OptiNet* at any time, as needed.

OptiNet is a registered trademark of AIM, an independent third party vendor that is solely responsible for its products and services.

Pharmacy Program Updates

Changes Effective Jan. 1, 2013

This is a summary of an article titled *Pharmacy Program Changes, Effective Jan. 1, 2013*, posted last month in the News and Updates section of our Provider website at bcbsil.com/provider.

Standard Formulary Additions and Deletions, Effective Jan. 1, 2013

Based on the Prime National Pharmacy and Therapeutics Committee review of changes in the pharmaceuticals market, some revisions were made to the standard BCBSIL formulary effective Jan. 1, 2013. Refer to the article in the News and Updates section of our Provider website for specific brand medications that were added to the formulary, as well as brand medications that moved to a higher out-of-pocket level. The Standard Formulary Updates List is also posted in the Pharmacy Program section of our website at bcbsil.com/provider.

Dispensing Limit Changes, Effective Jan. 1, 2013

BCBSIL's standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) dosage regimens and product labeling. Refer to the News and Updates section of our Provider website to view the listing of drugs for which dispensing limits were added effective Jan. 1, 2013. For the most up-to-date list of drug dispensing limits, visit the Pharmacy Program/Dispensing Limits section of our website at bcbsil.com/provider.

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

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 BCBS Plans, has an ownership interest in Prime Therapeutics LLC.

Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. 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.

NEW ACCOUNT GROUPS

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Akorn	P41148	KUR	BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
Aurora East School District	P46293 H45991	XOF XOH	PPO (Portable) HMO (Portable)	Jan. 1, 2013
Balyasny Asset Management, LLC	P50244	XOF	PPO (Portable)	Jan. 1, 2013
Cision US, Inc.	P33546	NZY	BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
Cobank ACB Health and Welfare Plans	800454	BXK	PPO (Portable)	Jan. 1, 2013
Dekalb County Government	P39963	XOF	BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
Echo Global Logistics	B49252 P49838 P38608	XOH XOF XOF	HMO (Portable) PPO (Portable) BlueEdge PPO/HCA (Portable)	Jan. 1, 2013
Hightower Holding, LLC	P40192, P40193, P40195	XOF	PPO (Portable) BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
HydraForce, Inc.	P46270	XOF	BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
IH Mississippi Valley Credit Union	P41140, P41143, P41146	XOF	BlueEdge PPO/HSA (Portable) PPO (Portable)	Jan. 1, 2013
Karmak, Inc.	P40770	XOF	PPO	Jan. 1, 2013
Little Lady Foods	P49397 P40403 B47238	XOF XOF XOH	PPO (Portable) BlueEdge PPO/HSA (Portable) BlueAdvantage HMO	Jan. 1, 2013
Loretto Hospital	053550	XOF	BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
Luster Products, Inc.	P40921, P43154	XOF	PPO (Portable)	Jan. 1, 2013
Lutheran Child and Family Services	B49696 P50165 P38159	XOH XOF XOF	HMO PPO (Portable) BlueEdge PPO/HSA (Portable)	Jan. 1, 2013

NEW ACCOUNT GROUPS (continued)

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Manitex International, Inc.	P40920 P41085	XOF XOF	PPO (Portable) PPO (Portable)	Jan. 1, 2013
Meridian Medical Associates	P40347 P40499	XOF XOF	PPO (Portable) BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
Panduit Corporation	P39399, P39404 H00008	PDU XOH	PPO (Portable) BlueAdvantage HMO	Jan. 1, 2013
Patrick Dealer Group	P40912 P45930 B45788	XOF XOF XOH	PPO (Portable) BlueEdge PPO/HSA (Portable) BlueAdvantage HMO	Jan. 1, 2013
Progressive Health Systems	P40197	XOF	BlueEdge PPO/HCA (Portable)	Jan. 1, 2013
Retail Properties of America, Inc.	P38984, P50085	XOF	PPO (Portable)	Jan. 1, 2013
Saputo Cheese USA, Inc.	123964, 123965, 123967, 123968, 123969, 123970, 123971 123966 123972	UPT UPT XOT	PPO (Portable) BlueEdge PPO/HSA (Portable) CMM (Portable)	Jan. 1, 2013
Serta Mattress	P40412, P40413, P40416, P40418, P40420	SRB	PPO (Portable)	Jan. 1, 2013
Southern Illinois Healthcare Foundation	P40772 P40773	XOF	BlueEdge PPO/HSA (Portable)	Jan. 1, 2013
Sysco Corporation	063595	SY Y	PPO (Portable)	Jan. 1, 2013
Van Ru Credit Corporation	P52768	RUZ	PPO (Portable)	Jan. 1, 2013
Veolia Transportation, Inc.	053674, 053660	TPV	PPO	Jan. 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.

IN THE KNOW ✓

Using National Drug Codes (NDCs) on Professional Ancillary Claims

Currently, BCBSIL requires inclusion of National Drug Codes (NDCs) and related NDC data (qualifier, unit of measure, number of units, and price per unit), along with the applicable HCPCS or CPT code(s) on claim submissions for unlisted or "Not Otherwise Classified" (NOC) physician-administered/supplied drugs.

Inclusion of NDCs is already business-as-usual for Home Infusion Therapy (HIT) and Specialty Pharmacy providers.

Changes are on the horizon in 2013, and including NDC data on claims will play an increasingly significant role. We would like to encourage all providers – in addition to HIT and Specialty Pharmacy providers – to begin using NDCs and related data when drugs are billed under the medical benefit on professional electronic (837P) and paper (CMS-1500) claims.

For general information to assist you with using NDCs on electronic (837P) and paper (CMS-1500) claims, please refer to the NDC Billing Guidelines (Professional/Ancillary) in the Claims and Eligibility/Claim Submission section of our website at bcbsil.com/provider. Also watch the News and Updates section of our Provider website for NDC announcements, key dates and related resources.

CPT copyright 2010 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.



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.

Annual Procedure Code Update: Effective Jan. 1, 2013, code S3854 was 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.

Hospital Affiliations are Required for M.D.s and D.O.s when Joining PPO Networks

New M.D. and D.O. PPO providers must be affiliated with a network hospital provider to be part of the BCBSIL PPO Network. Exceptions to this rule include allergists, dermatologists, physiologists, rehabilitation specialists, ophthalmologists, and PCPs who are part of a hospitalist group.

Additional information on requirements for new providers seeking to join the BCBSIL PPO professional network is available in the Network Participation/Contracting section of our website at bcbsil.com/provider.

As a reminder, existing providers can add hospital affiliations and/or make any other changes as needed using the online update request form in the Network Participation/Update Your Information section of our website at bcbsil.com/provider.

BCBSIL PPO OrthoNet™ UM Program: Additional Information

In the October 2012 issue of the *Blue Review*, we announced a forthcoming PPO physical medicine utilization management (UM) program. The purpose of this month's article is to provide you with additional information about the program, as it applies to all independently contracted professional PPO providers, regardless of specialty, who are rendering the following services:

- Chiropractic services
- Occupational therapy (OT)
- Physical therapy (PT)

The program will be implemented in conjunction with OrthoNet LLC, a national orthopedic specialty benefit management company. OrthoNet is URAC* accredited in health utilization management and licensed in Illinois as a Utilization Review Organization. This program is designed to help employer groups better manage escalating physical medicine costs, and also help your patients maximize their benefits for chiropractic, occupational and physical therapy services.

The UM program is scheduled to be rolled out in 2013. We will communicate the effective date in an upcoming issue of the *Blue Review*.

Upon implementation, many of your interactions with BCBSIL will remain the same. For example, BCBSIL will continue to:

- Manage the benefits of your patients
- Handle member and provider inquiries
- Accept and adjudicate your claims through existing claim submission channels
- Respond to clinical appeals
- Reimburse you for covered services according to the terms of your PPO agreement
- Review services delivered by out-of-network providers for medical necessity

A component of this UM program is the tiering of independently contracted PPO providers. Providers will be tiered into levels based upon a review of utilization patterns using historical claims data for the previous two years. This tiering protocol is designed to identify those providers who have previously demonstrated, and those who continue to demonstrate, practice patterns that are generally within the norm for the same and similar provider types. Provider preauthorization responsibilities under the program will vary by tier level, with greater responsibilities required of providers who appear to fall outside the norm.

Assigned tier levels and corresponding preauthorization responsibilities will be communicated in detail, via letter, at least 90 days in advance of the effective date of the program. Once assigned, providers will be given an opportunity to submit information to BCBSIL if the provider is not satisfied with the tier assignments. Tier assignments have not been completed for any providers at this time. Additional information regarding appeals relating to tier assignments will be provided at the time tier assignments are made.

We understand that you may have several questions about this program. We will continue to bring you updates as more information becomes available. Additionally, we will be offering educational opportunities once the effective date of the program has been confirmed. Please watch upcoming issues of the *Blue Review* for additional information.

Finally, it is important to note that your patients will not have any preauthorization responsibilities. If you do receive questions from patients, we ask that you direct them to the telephone number printed on the back of their member ID card after the launch of the program.

Thank you in advance for your patience during the next few months as we implement the BCBSIL physical medicine UM program.

*URAC, formerly known as the Utilization Review Accreditation Commission, is a nonprofit organization that accredits health care organizations, including medical management organizations.

OrthoNet is a registered trademark of OrthoNet LLC, an independent third party vendor that is solely responsible for its products and services.

Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized, 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.

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)	Jan. 2, 2013	All sessions: 2 to 3 p.m.
	Jan. 9, 2013	
	Jan. 16, 2013	
	Jan. 23, 2013	
	Jan. 30, 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.

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 registered trademark of Availity, LLC, an independent third party vendor.

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by Availity. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

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.

From the Medical Director's Library

David W. Stein, M.D., offers the following message and reading selection for January.

'To sleep: perchance to dream.' Hamlet's famous soliloquy. William Shakespeare was an astute observer. I commend to you this month an excellent article and editorial on how sleep deprivation encourages weight gain through the impairment of insulin signaling in human adipocytes.

We all recall how many of us gained weight during our internships and residencies as we walked around chronically exhausted looking for our next cup of coffee and a cookie to keep us going. The article is by J.L. Broussard et al. Impaired Insulin Signaling in Human Adipocytes After Experimental Sleep Restriction. Ann Intern Med. 2012;157:549-557.

The accompanying editorial is by F. Cappuccio. A New Challenge to Widely Held Views on the Role of Sleep. Ann Intern Med. 2012;157:593-594.

May you have a peaceful and restful New Year.

David W. Stein, M.D.

The above article is for informational purposes only. The views and opinions expressed in this article are solely those of the authors, and do not represent the views or opinions of BCBSIL, Health Care Service Corporation, its medical directors or Dr. Stein.

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:

Wes Chick, Senior Director, Provider Relations

Managing Editor:

Jeanne Trumbo, Sr. Manager, Provider Communications

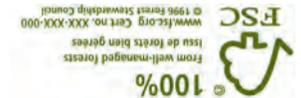
Editorial Staff:

Margaret O'Toole, Marsha Tallerico, Michael Chaney

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.

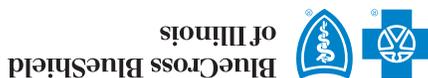
VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

00014.0113 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

REVIEW



Blue

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