



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

JUNE 2011

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## Attention Physicians: Have you renewed your Illinois State License?

Your agreement as an independently contracted provider with BCBSIL stipulates that you must hold a valid State License. State of Illinois (SOI) physician licenses (M.D. and D.O.) typically expire on July 31. License renewal is required every three years. If you fail to renew your license before the expiration date, the SOI will place you in an inactive status.

It is important to complete the State License renewal process as early as possible to avoid being automatically deactivated from the BCBSIL networks in which you participate. Providers who are deactivated must submit a new contract application request in order to be reinstated.

For more information, visit the Illinois Department of Financial and Professional Regulations (IDFPR) website at [www.idfpr.com](http://www.idfpr.com). From the IDFPR Home page, select "IDFPR Professional Renewals" for instructions on how to renew your license online. If you don't know your expiration date, you may select "License Look-up Information."

## Ancillary Providers: Personalize Your Profile with SNAPforSeniors™

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to announce our affiliation with SNAPforSeniors, Inc.® "SNAP" stands for *Search Nearby Available Places & Professionals*, and SNAPforSeniors is an information and technology company that gathers, standardizes and circulates data on ancillary providers who serve seniors and other special-needs populations throughout the United States.

SNAPforSeniors maintains national databases featuring the following services:

- **Home and support services** – Home health, hospice and adult day services
- **Professional services** – Diabetes educators, geriatric care managers, financial and insurance services
- **Public/Non-profit agencies** – Aging and disability resource centers, and Alzheimer's Association chapters
- **Outpatient facilities** – Renal dialysis and wound care centers
- **Hospitals and long-term care centers** – Assisted living, skilled nursing and rehab facilities

If you are a skilled nursing facility, Durable Medical Equipment (DME) provider, hospice agency or home health care provider, we invite you to profile your facility or business in the SNAPforSeniors database. It's free and easy to be included—just go to [www.snapforseniors.com](http://www.snapforseniors.com), select the Providers tab, and click on "Complete a SNAP-Profile" to set up your online account. If you need assistance with the registration process, or if you have any questions or comments, SNAPforSeniors can be reached via email at [feedback@snapforseniors.com](mailto:feedback@snapforseniors.com).

Once you register, you automatically become part of the 270,000+ providers in the national SNAPforSeniors database utilized by case managers, disease managers and utilization managers who may be assisting potential patients. Your information in the SNAPforSeniors database will include:

- Demographic and contact details
- Services offered
- Service area/territory
- Descriptive information about your facility or agency
- Hours of operation

Using a SNAPforSeniors search interface called ProviderData.com, authorized clinical staff at BCBSIL will be able to find your listing quickly and easily to assist our members who may be in need of services you provide. This search interface also will help us assist professional providers who contact our Case Management Department on behalf of their patients. By utilizing SNAPforSeniors resources, BCBSIL hopes to help improve patient care, promote positive outcomes and provide increased support to providers and their patients.

### Note to Professional Providers:

Our BCBSIL Medical Management staff has access to ProviderData.com and other SNAPforSeniors resources. If you have patients\* that may be in need of any of these types of services, please contact our Case Management Department at (877) 637-6893 for assistance.

\*For members belonging to HMO Illinois or BlueAdvantage<sup>SM</sup> HMO, please contact your Medical Group/ Independent Practice Association (MG/IPA).

SNAPforSeniors is a registered trademark of SNAPforSeniors, Inc., an independent third party vendor that is solely responsible for its products and services, including ProviderData.com. BCBSIL makes no representations or warranties regarding independent third party vendors. If you have any questions about SNAPforSeniors, you should contact the vendor directly.

## Pharmacy Program Update:

### Prime Therapeutics Communications Added to BCBSIL Website

We've recently added Prime Therapeutics LLC communications to our website in the Pharmacy Program section, under Related Resources.

Prime Therapeutics produces a variety of communications to help keep you apprised of changes and anticipated events in the pharmaceuticals industry. These materials include drug alerts, drug profiles, therapeutic category profiles and pipeline updates.

BCBSIL utilizes Prime Therapeutics as our pharmacy benefit manager to administer certain core services in our pharmacy program that will help contain rising drug costs and maintain and improve the quality of care delivered to our members.

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.



## National Drug Code (NDC) Pricing Effective July 1, 2011

Since October 2010, BCBSIL has required all home infusion/specialty pharmacy drugs to be billed with the appropriate National Drug Code (NDC) and related information on professional claims. In addition, the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) must be submitted on professional claims.

**Effective July 1, 2011, additional professional providers will be required to include NDCs and related information when billing for drugs on professional claims.\*** All professional providers should start submitting the NDC now on all outpatient claims for drugs administered during the course of a patient's clinic visit. *As of July 1, 2011, professional claims that are received without the NDC as required will not be accepted.*

NDCs provide a more accurate pricing methodology for payment. Use of the NDC will also facilitate better management of drug-associated costs. NDC pricing updates will be available through the new, secure section of our website, Blue Access for Providers<sup>SM</sup>. Reimbursement for discarded drugs applies only to single use vials. Multi-use vials are not subject to payment for discarded amounts of the drug.

Claims should be submitted with the exact NDC that appears on the product administered. The NDC is found on the medication's packaging and must be submitted in the 5digit-4digit-2digit format. **Please note:** A drug's container label may display less than 11 NDC digits. The leading "0s" must be added to each section to make 11 digits total when submitting the NDC code on the claim to BCBSIL. Each container label displays the appropriate unit of measure for that drug.

### EXAMPLE NDC BILLING SCENARIO

To assist you with making the transition to billing with NDCs, we will be providing some example scenarios based on inquiries we are receiving from providers. This month's scenario features a high-volume J code.

#### What was administered?

In our sample scenario, a patient receives 3 mg betamethasone acetate and betamethasone phosphate in the physician's office. Code J0704 - injection, betamethasone sodium phosphate, per 4mg was deleted effective Dec. 31, 2010. Code J0702 - CELESTONE® SOLUSPAN® Injectable Suspension is a sterile aqueous suspension containing 3 mg per milliliter betamethasone, as betamethasone sodium phosphate, and 3 mg per milliliter betamethasone acetate. Since this is the drug that was administered, then code J0702 is appropriate.

#### What's on the package label?

Here are some examples of NDC information that you may see when you are preparing to bill with HCPCS code J0702 betamethasone acetate and betamethasone phosphate, per 3 mg:

- 00517-0720-01 6MG/ML SUSP Unit of Measure 5ML
- 54868-0206-00 6MG/ML SUSP Unit of Measure 5ML
- 58016-9191-01 6MG/ML SUSP Unit of Measure 5ML



*Continued next page*

**What to include on the claim:**

The initial dosage of CELESTONE SOLUSPAN Injectable Suspension may vary from 0.25 to 9.0 mg per day depending on the specific disease entity being treated. For the patient in our sample scenario, you will use the NDC on the package label (e.g., NDC is 00517-0720-01, which is CELESTONE SOLUSPAN 6mg/ml in suspension form). There are 5 milliliters (ML) per vial. You will bill J0702 (betamethasone acetate and betamethasone phosphate, per 3 mg) with the NDC unit of measure as ML, and NDC units as 0.5 milliliters (ML0.5) for one 3mg dose.

**BILLING GUIDELINES FOR NDCs AND RELATED INFORMATION**

For more information, such as field names, descriptions and location on the claim, please refer to the **NDC Billing Guidelines (Professional)** document in the Claims and Eligibility/Claim Submission/Related Resources section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). This document provides assistance with proper submission of valid NDCs and related information on your electronic (ANSI 837P) and paper (CMS-1500) claims.

Current Procedural Terminology (CPT®), copyright 2008, by the American Medical Association (AMA). CPT is a registered trademark of the AMA.

\*Previously, we announced that the effective date for this change was June 1, 2011. The corrected effective date is July 1, 2011, as indicated above.

**Provider Learning Opportunities**

Before, during and after the claim submission process, electronic Health Information Technology (HIT) solutions can help streamline administrative workflows, expedite financial transactions, and contribute to improved clinical results. Are you taking advantage of all of the electronic options available to you at BCBSIL? Find out more by attending our complimentary training sessions, which are designed to assist you with conducting business electronically with BCBSIL.

A partial listing of upcoming training opportunities is listed below. To register online, visit the Workshops/Webinars page in the Education and Reference Center of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). If you have questions or need assistance, email us at [PhysicianEducationandFeedback@bcbsil.com](mailto:PhysicianEducationandFeedback@bcbsil.com), or call (312) 653-4019.

**WEBINARS**

<b>Electronic Refund Management (eRM)</b>	June 1, 2011	<b>All sessions: 2 to 3 p.m.</b>
	June 8, 2011	
	June 15, 2011	
	June 22, 2011	
	June 29, 2011	

**WORKSHOPS**

<b>RealMed® Learning Session</b> Embassy Suites East Peoria Hotel & Conference Center 100 Conference Center Drive East Peoria, IL 61611  <b>Note:</b> This provider education session is hosted by BCBSIL, with a demonstration by RealMed for current and prospective RealMed users. You do not have to be a registered RealMed user to attend.	June 22, 2011	1:30 to 4 p.m.
	June 23, 2011	8 to 11 a.m.

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**IN THE KNOW** ✓

**Do you use a billing agency? Electronic solutions are available!**

Were you aware that billing agencies can obtain access to our online self service tools for up-to-the minute claim status and payment data? We have noticed an increase in phone and written inquires for the status of your claims from billing agencies, billing services and clearinghouses. By informing your billing service to register with Availity® at [www.availity.com](http://www.availity.com), or another preferred vendor, you may help reduce your costs.

Becoming a registered Availity user will allow your billing agency to access Availity's secure, online Claim Research Tool (CRT). Here are some of the advantages of the CRT:

- Allows you to conduct an unlimited number of basic or detailed claim status inquiries
- Allows all results to be printed
- Available at no additional charge

For more details, see the CRT Tip Sheet, located in the Education and Reference Center section of our Provider website, under Provider Tools.

At this time, we would ask that you please inform your billing agencies to discontinue submitting written correspondence to us for basic claim status requests. By utilizing our electronic solutions, you will help allow our Customer Advocates the time and availability to address your more complex issues.

If your office has yet to adopt an electronic connectivity solution or only has limited online access, the time is now. For a list of multi-payer vendor portals that can help provide a secure electronic gateway between your office and BCBSIL for the exchange of real-time member/claim-related health care data, please visit the Claims and Eligibility/Electronic Commerce/E-Commerce Connections section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

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

## New Account Groups

All of the accounts listed below have Blue Cross and Blue Shield coverage, unless otherwise indicated.

Group Name: **Amalgamated Social Benefits Association (ASBA)**  
Group Number: **P21240**  
Alpha Prefix: **KXG**  
Product Type: **PPO (Portable)**  
Effective Date: **June 1, 2011**

Group Name: **IPBC – Village of Bensenville**  
Group Number: **P15985**  
Alpha Prefix: **XOF**  
Product Type: **PPO (Portable)**  
Effective Date: **June 1, 2011**

Group Name: **Township High School District #113**  
Group Number: **P49585**  
Alpha Prefix: **XOF**  
Product Type: **PPO (Portable)**  
Effective Date: **July 1, 2011**

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.



## 2010 HMO Quality Site Visit Results

The HMOs of BCBSIL continue to perform practitioner site visits every two to three years. During 2010, Quality Site Visits were performed for Primary Care Physicians (PCPs) and high volume behavioral health practitioners in the independently contracted HMO Illinois and BlueAdvantage<sup>SM</sup> HMO networks. Site visit network results for 2010 have been compiled, and we are pleased to report that results above the goal of 90 percent continue to be achieved in the areas of accessibility, site review of physician offices, and emergency preparedness. HMO network physicians demonstrated continued good performance in the categories of Quality of Patient Care Documentation and Medical Record Quality for 2010.

New standard elements added in 2010 that will be monitored include policies and procedures for handling expired and opened medications. The HMO Site Visit staff will continue to educate PCP office staff to encourage improvement in these areas.

Opportunities for additional improvement identified by the 2010 site visit results include the following:

### QUALITY OF PATIENT CARE

- Documentation of family medical history
- Documentation of allergy assessment every year
- Documentation of the assessment of physical activity
- Documentation of BMI for adults and BMI percentile for children
- Documentation of weight management counseling for patients with a BMI greater than 30 and for children with a BMI percentile over 85 percent
- Documentation of alcohol and substance use for both adults and children/adolescents
- Documentation of adolescent smoking history
- Documentation of adult smoking cessation advice

### PREVENTIVE CARE

- Colorectal cancer screening – male and female age 50 and over
- Influenza vaccination – male and female for diabetics, asthmatics, cardiovascular disease and age 50 and over
- Bone density testing for females over age 65
- Influenza vaccinations for children

Site visit results are compiled and analyzed on an annual basis. Please review the Quality Site Visit standards and Site Visit Comparisons in the Clinical Resources/Site Visits section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

In order to improve site visit results in 2011, we are requesting a review and discussion of these results with the HMO PCPs. When we contact your office to schedule a site visit, you can help us by doing the following:

- If you need to cancel the site visit, please let us know at least five business days prior to the visit.
- If you use electronic medical records, inform us when we schedule your site visit.

Thank you for continuing to assist us in our quality improvement efforts.

\*HMO Illinois and BlueAdvantage HMO

# Facing the Facts: ANSI Version 5010 and ICD-10

ANSI v5010 goes into effect on Jan. 1, 2012—*less than seven months from now*. Less than two years later, on Oct. 1, 2013, ICD-10 becomes the new diagnostic and coding standard. These new transaction and coding protocols will affect previous, long-standing requirements for standard health care transactions, such as submitting claims and receiving prompt payment.

Since August 2010, BCBSIL has responded to hundreds of provider emails relating to the ANSI v5010 and ICD-10 mandates announced by the U.S. Department of Health and Human Services (HHS). In our May 2011 issue, we shared a sampling of some of the most frequently asked questions, along with our answers.

Here are some additional questions that are currently on the top of the list, with an emphasis on ANSI v5010, which provides the foundation for ICD-10:

## Is the ANSI v5010 compliance date the same for both professional providers and facilities?

Yes. The Jan. 1, 2012, date applies to both professional providers and facilities.

## Will BCBSIL accept ANSI v5010 transactions before Jan. 1, 2012?

*Providers who are not identified testing partners cannot submit ANSI v5010 transactions before Jan. 1, 2012.* We began external ANSI v5010 testing with a select group of providers, billing agents, clearinghouses and other trading partners during the second quarter of 2011. The list is growing as more are identified and can demonstrate their readiness.

## How does a provider become an ANSI v5010 testing partner with BCBSIL?

If you are interested in becoming a testing partner, send an email to [ansi\\_icd@bcbsil.com](mailto:ansi_icd@bcbsil.com). Once identified, potential testing partners will be contacted. If you utilize a billing service/clearinghouse, you should have contacted your vendor(s) to discuss their testing plans.

## Will ANSI v4010A1 transactions be accepted once ANSI v5010 transactions are in full effect?

Upon the required compliance date of Jan. 1, 2012, all ANSI v4010A1 claims will be rejected by BCBSIL as invalid formats.

## Is BCBSIL offering any training for providers?

BCBSIL is offering informational webinars to provide a general overview of ANSI v5010 and ICD-10. To date, more than 1,000 providers have participated in these online training sessions. **The next webinar series will be held in July 2011.** Visit the Standards and Requirements/ANSI v5010 and ICD-10 section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for details and online registration. The contents of previous webinars also may be found on our website.

For an expanded list of FAQs, visit the ANSI 5010/ICD-10 page in the Standards and Requirements/Related Resources section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Additional questions may be submitted to [ansi\\_icd@bcbsil.com](mailto:ansi_icd@bcbsil.com).



## Electronic Claim Alert: 'Billing Provider Address' MUST be a Street Address

The mandated conversion to ANSI Version 5010 requires that on electronic claims your Billing Provider Address (Loop 2010AA) must be a Street Address. This change, effective Jan. 1, 2012, applies to all claim formats, i.e., Dental, Institutional and Professional (ANSI 837D, 837I and 837P).

The new implementation guides for ANSI v5010, now known as Technical Reports Type 3 (TR3s)\*, specify that: **"The Billing Provider Address must be a street address.** P.O. Box or Lock Box addresses are to be sent in the Pay-to Address Loop (Loop ID-2010AB), if necessary." Under ANSI v5010, electronic claims submitted with the P.O. Box or Lock Box instead of a physical address for the Billing Provider Address will be rejected.

Electronic claims under ANSI Version 4010A1 submitted with a P.O. Box or Lock Box in the Billing Provider Address (Loop 2010AA) will soon begin to receive Warning (W) message(s). As of the compliance date of Jan. 1, 2012, all ANSI v4010A1 claims will be rejected by BCBSIL as invalid formats.

It is important to contact your IT staff, software vendor, billing service and/or clearinghouse to make sure they are aware of your electronic preferences and are making the necessary programming updates to your practice management system for compliance with the new ANSI v5010 standard.

For additional details regarding this notification:

- View the "Alerts" in the Claims and Eligibility/Electronic Commerce section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).
- Contact our Electronic Commerce Center at (800) 746-4614.

\*TR3s may be obtained through the Washington Publishing Company (WPC) at [www.wpc-edi.com](http://www.wpc-edi.com). The WPC is an independent third party vendor that is solely responsible for its products and services.

## From the Medical Director's Library

David Stein, M.D., offers the following message and reading recommendation for June:

*The article that I am recommending this month deals with the longitudinal trends for total hip arthroplasty. It looks at the demographics, unadjusted in-hospital and 30 day mortality, co-morbid illness, mean hospital length of stay, and discharges home or to a skilled care facility. It was a large study using an observational cohort of 1,453,493 Medicare Part A beneficiaries undergoing primary total hip arthroplasty and 348,596 patients who underwent a revision. I am sure you will find this article quite informative.*

*This article is by Cram, Peter, et al: "Clinical Characteristics and Outcomes of Medicare Patients Undergoing Total Hip Arthroplasty, 1991-2008." JAMA, April 20, 2011, Vol. 305 (15) 1560-1567.*

The above article is for informational purposes only. The views and opinions expressed in these articles 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.



## 2010 PPO Practitioner Survey Results

### PPO Physician Survey and PPO Non-Physician Clinician Survey

The 2010 PPO Physician Survey and 2010 PPO Non-Physician Clinician Survey results have been compiled. For the PPO Physician Survey, physician specialties represented were: 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. For the PPO Non-Physician Clinician Survey, specialties included, but were not limited to: Chiropractic, Podiatry, Optometry, Occupational Therapy, and Certified Nurse Midwife.

BCBSIL received 560 completed PPO Physician and 981 completed PPO Non-Physician Clinician questionnaires, for 11 percent and 20 percent response rates, respectively. The survey used a 5-point scale, from Excellent to Poor, with 5 being Excellent. The select results shown below are based on combined responses in the top three categories (Excellent, Very Good, and Good).

PPO Survey Questions	2010 PPO Physician	2010 PPO Non-Physician Clinic <sup>^</sup>
<b>Survey Response Rate</b>	11%	20%
<b>Overall Rating</b>	94%	96%
<b>PPO Network</b>		
• Adequacy of Specialist Network	95%	96%
• Quality of Specialist Network	95%	97%
<b>Claims Payment</b>		
• Timeliness	93%	95%
• Accuracy	89%	91%
<b>Satisfaction with BCBSIL Services/Reports</b>		
• Provider Telecommunications Center (PTC) Overall	70%	82%
• NDAS Online/eCare	83%	80%
• Blue Star <sup>SM</sup> Hospital Report Overall	88%	100%
• iEXCHANGE <sup>®</sup>	81%	†
<b>Medical Records</b>		
• Utilize an Electronic Medical Report (EMR) (% Yes)	39%	27%
○ If yes, do you use integration of electronic clinical data from external sources (% Yes)	76%	32%
○ If you do not use an EMR, do you anticipate implementing an EMR by 2011:		
▪ % Yes	28%	29%
▪ % No	27%	28%
▪ % Unsure	45%	44%
• Utilize the following electronic tools? (%Yes)		
○ E-prescribing	45%	†
○ Electronic lab orders	35%	12%
○ Electronic radiology orders	27%	8%
○ Electronic referrals	30%	11%
○ Emails to patients	17%	35%
<b>Utilization Management</b>		
• Pre-certifying Inpatient Admissions	87%	†
• Authorizing Additional Days	88%	†
• Case Management	86%	†

Continued next page

PPO Survey Questions	2010 PPO Physician	2010 PPO Non-Physician Clinic <sup>^</sup>
<b>Hospital Information</b>		
• Overall quality of care in primary hospital	99%	↑
• Pharmacy, in terms of providing medication correctly	99%	↑
• Adequacy of the number of nurses	92%	↑
• Competence of the nursing staff	96%	↑
• Accuracy of processing physician orders	97%	↑
• Quality of discharge plans	97%	↑

<sup>^</sup> Baseline data in 2010

† Question included in the PPO Physician Survey only

## CONTINUITY AND COORDINATION BETWEEN MANAGED CARE PHYSICIANS AND HEALTH CARE FACILITIES AND PRACTITIONERS

In 2010, more than 91 percent of physicians rated feedback from general surgeons, cardiologists, orthopedic surgeons, ophthalmologists, dermatologists, podiatrists, and otolaryngologists as Excellent, Very Good, and Good. New to this year's survey were response options for podiatrists, otolaryngologists, urologists, and gastroenterologists, all of whom received ratings of at least 92 percent for feedback. Over 80 percent of physicians rated feedback from behavioral health specialists and chiropractors as Excellent, Very Good, and Good.

## SIGNIFICANT IMPROVEMENTS

In addition, in 2010 there were several significant improvements cited in the PPO Practitioner Survey results, which were coordination of discharge planning through our Medical Management Department, adequacy of the PPO specialist network and timeliness of BCBSIL claim payments.

Survey results are presented to the Quality Improvement Committee for approval on an annual basis. BCBSIL encourages providers and practitioners to consistently communicate with other physicians so that care can be better coordinated. In the coming year, we will continue to focus on patient safety as well as member education.

## Online Assessment Process for Low-tech Imaging Providers

Last month, we announced an enhancement to our Radiology Quality Initiative (RQI) program, which American Imaging Management<sup>®</sup> (AIM<sup>®</sup>) administers for BCBSIL. This enhancement utilizes AIM's *OptiNet*<sup>®</sup> tool to assess modality-specific data for imaging facilities.

**Effective June 27, 2011**, we will begin collecting capability information from low-tech imaging providers that perform the technical component of **X-Ray, Ultrasound, Echocardiography and Mammography**.

Areas of assessment include facility and staff qualifications, accreditation and equipment specifications. **The deadline for low-tech imaging service providers to complete the assessment is Sept. 1, 2011.**

After you complete the assessment, a score will be assigned to your facility for each modality you register. These results will provide BCBSIL with accurate and current information regarding the capabilities of independently contracted participating imaging facilities and providers. Your modality score(s) will not be made available for viewing by ordering providers. Modality scores will not be generated for Mammography.

Before you begin the online assessment process, please visit the Education and Reference Center/ Provider Tools section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) where you will find answers to Frequently Asked Questions, a Registration Information Checklist, and more. When you are ready, you may access the *OptiNet* assessment tool at [www.americanimaging.net/goweb](http://www.americanimaging.net/goweb). The information on *OptiNet* is based on information given by providers. Providers can update their information whenever necessary.

OptiNet is a registered trademark of AIM, 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 about the products or services they offer, you should contact the vendor directly.

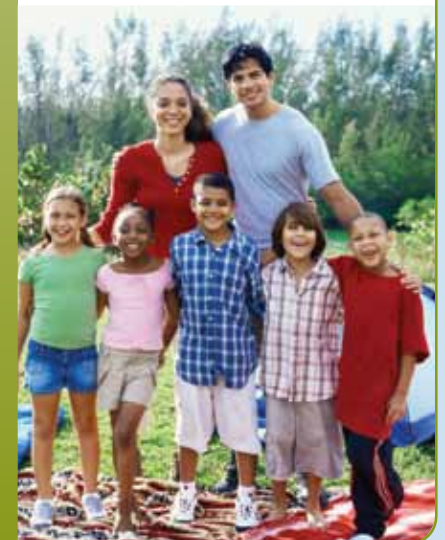
## Our Commitment to Community Involvement

BCBSIL values the strong and effective relationships we have built with local organizations that are committed to affecting positive change in the communities they serve. Outstanding corporate citizenship is an important part of our business, and that is why we help develop and support collaborations with organizations that share our goal of promoting health and wellness.

We trust that our charitable donations, projects and sponsorships will continue to make a difference to thousands of people each year. Whether it is funding direct, hands-on care for the uninsured and the underserved, or working directly with providers to help promote positive outcomes while reducing unnecessary services, our goal is to have a lasting impact on our members and all citizens in Illinois.

We are proud to share the BCBSIL 2010 Social Responsibility Report, which is available on our corporate website at [www.hcscorporatesocialresponsibility.com](http://www.hcscorporatesocialresponsibility.com).

We encourage you to share the information in this report with your patients to increase awareness of our programs and services. We also invite you to spread the word about free wellness resources available to BCBSIL members to help them take a more active role in matters concerning their health. Please visit the Patient Wellness/Resources page in our online Education and Reference Center at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for details.



# Monthly UPP Statements Soon to be Available Online

BCBSIL will be making the monthly Uniform Payment Plan (UPP) statements available electronically by third quarter 2011. UPP providers will be able to access these statements online through NDAS Online (eCare®).

If you are not a registered NDAS Online/eCare user, you can enroll online by visiting the Claims and Eligibility section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Under Electronic Commerce, select "E-Commerce Connections/NDAS Online (eCare)" to access the online provider agreement.

Obtaining your monthly UPP statement online will be similar to the way in which you access the monthly experience reports and cover letters online.

This will also allow:

- Faster access
- The ability to retrieve prior month's statements, beginning with the date this function is available

If you have any questions regarding your UPP statement, or about signing up for NDAS Online, please contact your assigned Provider Network Consultant.

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). Passport/Nebo Systems is an independent third party vendor and is solely responsible for its products and services.

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

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