



BlueREVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MARCH 2015

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Attend a Provider Workshop in Your Area

Over the next several months, the BCBSIL Provider Network Relations team will be hosting a series of provider workshops to discuss topics such as ICD-10, new products, electronic options and Affordable Care Act updates. Watch for further details in upcoming issues of the *Blue Review*, as well as the News and Updates section of our website at bcbsil.com/provider.

Tobacco Cessation: Coverage Expanded to Include Approved Medications

Tobacco cessation counseling and screening for adult members who use tobacco products are covered benefits under the Affordable Care Act (ACA).

As of Sept. 1, 2014, Blue Cross and Blue Shield of Illinois (BCBSIL) expanded benefit coverage for eligible members to include two 90-day treatments for tobacco cessation medications per benefit period with no cost-sharing.

- This coverage includes certain U.S. Food and Drug Administration (FDA) approved tobacco cessation drugs.
- In order for benefits to be considered for coverage, the patient must present a prescription from an in-network provider according to the member's benefit plan.
- A prescription also is required for approved over-the-counter drugs.



A new flyer is available to help educate our members about benefits for tobacco cessation preventive services under ACA. If you are interested in viewing or sharing this flyer with your patients who use tobacco products, visit the Standards and Requirements/Affordable Care Act (ACA)/Patient Perspective section of our website at bcbsil.com/provider.

This is a brief description of some benefits that may be available to members. 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.

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.

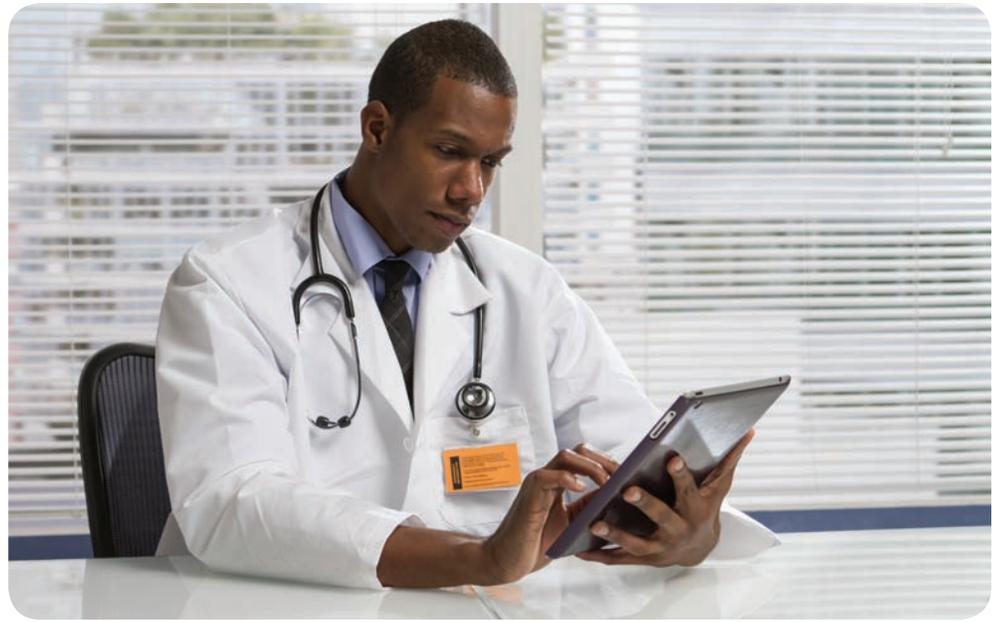
You may view active, new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies 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 to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact their local customer service representative for specific coverage information.

ClaimsXten™ Updates – 1st Quarter 2015



BCBSIL reviews new and revised Current Procedural Terminology (CPT®) and HCPCS codes on a quarterly basis. Codes are periodically added to or deleted from the ClaimsXten software by McKesson and are not considered changes to the software version. BCBSIL will normally load this additional data to the BCBSIL claim processing system and will confirm the effective date on the BCBSIL Provider 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 Provider website.

Beginning on or after April 20, 2015, BCBSIL will enhance the ClaimsXten code auditing tool by adding the first quarter 2015 codes and bundling logic into our claim processing system.

For more details regarding ClaimsXten, including answers to frequently asked questions, refer to the Education and Reference Center/Provider Tools/Clear Claim Connection™ page. Additional information also may be included in upcoming issues of the *Blue Review*.

Reminder: ClaimsXten to Add Correct Coding Initiative Rule

The following reminder includes information from an announcement that was posted in the News and Updates on our Provider website in December 2014; this information also appeared in our January 2015 provider newsletter.

Beginning on or after March 23, 2015, BCBSIL will enhance the ClaimsXten code auditing tool by adding the Centers for Medicare & Medicaid Services (CMS) Correct Coding Initiative Rule into our claim processing system. The purpose of this new rule is to identify claims containing code pairs found to be unbundled according to the CMS National Correct Coding Initiative (NCCI). The CMS NCCI coding policies are based on coding conventions defined in the American Medical Association (AMA) CPT manual, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practice and/or current coding practice.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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Diagnosis and Medical Management of Sleep Related Breathing Disorders – Revised Medical Policy Reminder

Recently, we announced a change to the BCBSIL Medical Policy for Diagnosis and Medical Management of Sleep Related Breathing Disorders (MED205.001) that will take effect for services rendered on or after May 1, 2015. This policy has been revised to establish new criteria and guidance for testing in the diagnosis of Obstructive Sleep Apnea (OSA). The revised policy is intended to align BCBSIL's Medical Policy with nationally recognized clinical criteria and current industry standards.

The revised policy establishes the criteria for when utilization of unsupervised home sleep apnea tests and supervised polysomnography (PSG) in the diagnosis of OSA will be considered medically necessary under the terms of the member's benefit plan. For adult patients with symptoms suggestive of OSA and without significant comorbidities, unsupervised home sleep apnea tests may be considered medically necessary. **PSG administered in a facility or lab will be considered medically necessary for adult patients only when one or more of the following criteria are met:**

- A previous home study was found to be technically inadequate.
- A previous home study failed to establish the diagnosis of OSA in a patient with a high pretest probability of OSA.
- A home study is contraindicated due to co-morbid health conditions that may decrease the accuracy of the study, including but not limited to, moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure or hypo-ventilation syndrome.

PSG and facility-based sleep study tests related to OSA and this medical policy will be subject to medical necessity review under the revised BCBSIL Medical Policy criteria for services rendered on or after May 1, 2015. You are encouraged to obtain a medical necessity determination prior to services being rendered by submitting a benefit Predetermination Request Form. This form is available in the Education and Reference Center/Forms section of our website at bcbsil.com/provider.

To view the revised BCBSIL Medical Policy for Diagnosis and Medical Management of Sleep Related Breathing Disorders, visit the Standards and Requirements/Medical Policy section of our Provider website and look for the Pending Policies link. Pending policies are listed alphabetically – select the title of the policy you wish to view to open the document.

This article does not apply to HMO members.

The BCBSIL Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or government plans, may not utilize BCBSIL Medical Policies. Members should contact their local customer service representative for specific coverage information.



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

- Printable results
- Line-item breakdown (such as amount paid, amount denied and ineligible reason codes)
- Detailed ineligible reason code descriptions, including specific documentation requested (e.g., medical records, physician notes, student verifications, etc.)
- Total patient liability
- Consolidated view for status of multiple claims

Claim details can be used as a duplicate Explanation of Benefits (EOBs) when requested by other insurance carriers.

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 or needing troubleshooting support, 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).*

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Member Rights and Responsibilities Notification

BCBSIL will provide members of HMO Illinois®, Blue Advantage HMOSM, Blue Precision HMOSM, PPO and Blue Choice PPOSM products with a written statement of the Member Rights and Responsibilities. Members will receive the document through the Member Handbook and via hard copy upon request. This information is also found on the BCBSIL website. Providers can review the complete listing of Member Rights and Responsibilities in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at bcbsil.com/provider.

Note: Information contained in the BCBSIL Provider Manual is password protected. Please follow the instructions given to gain access to this secure information. Then select “HCM Rights and Responsibilities Policy and Procedure” under the Policy and Procedure section.



2014 HMO Member Survey Results

The 2014 HMO Member Survey was conducted in July and August of 2014. The primary purpose of this survey was to assess member satisfaction in a variety of areas at the Medical Group/Independent Practice Association (MG/IPA) site level. The survey included member satisfaction assessment of Behavioral Health services, new in 2014.

Survey recipients included a random sampling of adult patients who have been BCBSIL HMO members for at least one year. The overall response rate for this year was 23 percent. “Top 2 Box scores” (*Excellent and Very Good*) were counted as positive responses in the HMO Member Survey analysis. A summary of the 2014 HMO Member Survey results is listed below.

2014 ACCOLADES

Many items in the 2014 survey received a score of **80 percent or better**, including the following:

PCP Management/Coordination of the Member’s Care	
Overall member rating of PCP (Percent of “Excellent,” or “Very Good” responses)	81%
Members’ rating of PCP for thoroughness of examinations (Percent of “Excellent,” or “Very Good” responses)	81%
Members’ rating of PCP for respect shown and attention to privacy (Percent of “Excellent,” or “Very Good” responses)	85%
Members’ rating of PCP for medical care received (Percent of “Excellent,” or “Very Good” responses)	81%
Length of time waited for a routine appointment (within 2 weeks) <i>Results are based on respondents who had appointments</i>	83%
Length of time waited for an urgent appointment (within 24 hours) with a PCP	83%
PCP’s office contacted the member about test results (Percent of “Yes” responses) <i>Results are based on respondents who had tests performed</i>	82%
PCP gave the member clear instructions on health problems or symptoms bothering the member (Percent of “Always” and “Usually” responses)	89%
PCP’s office reminded the member about getting preventive care (Percent of “Yes” responses)	84%
PCP talked with the member about different medicines he or she is using, including ones prescribed by a specialist (Percent of “Yes” responses)	83%
PCP gave the member easy-to-understand instructions about taking his or her medicines (Percent of “Always” and “Usually” responses)	88%
Referral Process	
Satisfaction with MG’s/IPA’s referral process (Percent of “Yes” responses)	87%
Specialist-related Questions	
Members’ rating of Specialist for thoroughness of examinations (Percent of “Excellent,” or “Very Good” responses)	83%
Members’ rating of Specialist for explanation of medical tests and treatments (Percent of “Excellent,” or “Very Good” responses)	81%
Members’ rating of Specialist for respect shown and attention to privacy (Percent of “Excellent,” or “Very Good” responses)	85%
Members’ rating of Specialist for medical care received (Percent of “Excellent,” or “Very Good” responses)	82%
Length of time waited for a response to an emergency phone call (within 1 hour)	82%

(continued on p. 5)

Behavioral Health	
Members' rating of PCP for respect shown and attention to privacy (Percent of "Excellent," or "Very Good" responses)	82%
Length of time waited for a response to an emergency phone call (within 1 hour) from a Behavioral Health Specialist	83%

Reports	
Usefulness of information contained in the Blue Star MG/IPA Report SM (Percent of "Yes" responses)	83%

OPPORTUNITIES FOR IMPROVEMENT

Selected items that received a score of less than 70 percent of positive responses included the following areas:

- **Communications from PCP and/or Office Staff** – Length of time waited for response to emergency phone call (within 1 hour); explanation, discussion and/or easy-to-understand educational information received on topics such as exercise or physical activity, possible side effects of the member's medications, healthy eating habits, costs of prescription medication and suggestions to help the member remember to take their medications
- **Wellness Advice and Knowledge of Benefit Information from PCP, Specialist and/or Office Staff** – Rating of provider's advice on how to stay healthy, avoid illness and office staffs understanding of member's health care benefits
- **Availability and Appointment Scheduling for PCP/Specialist/Behavioral Health Provider** – After hours and office hours availability, length of time between scheduling an appointment and the date of that appointment and length of time spent in waiting room until seen by provider
- **Obtaining Referrals from PCP** – The length of time it takes to receive an approved referral and the amount of time the member must wait to see the specialist once the appointment is scheduled
- **Appointment Scheduling and Communication from Specialist and/or Office Staff** – Length of time member waited for a routine exam appointment (within 2 weeks); length of time waited for an urgent appointment (guideline is within 24 hours of request) and office communication of test results
- **Member Experience with Behavioral Health Provider and/or Office Staff** – Rating on thoroughness of exam, explanation of tests and treatments, advice about illness, staying healthy and care received; length of time waited for an urgent appointment (guideline is within 24 hours); staff knowledge of the member's behavioral health care benefits
- **Blue Star Hospital ReportSM and Blue Star Medical Group/IPA Report and Blue Ribbon ReportSM** – Members' familiarity with each report; usefulness of the Blue Star Hospital Report

BLUE RIBBONSM STATUS

The Blue Ribbon designation (🏆) recognizes MG/IPAs that received a "Top 2 Box score" of at least 75 percent for 21 specified survey questions. Of the 93 MG/IPA sites analyzed in 2014 for a Blue Ribbon Directory Indicator (Provider Finder Tool):

- Forty MG/IPA sites received a Blue Ribbon
- Forty-six MG/IPA sites did not receive Blue Ribbon status
- Seven MG/IPA sites received an "Insufficient Responses" designation

Fairness in Contracting

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

Effective Feb. 1, 2015, the following codes were updated: 77385, 77386 and A7048.

Also effective Feb. 1, 2015, code ranges A0225-A0434 were updated. Please note that not all codes in this range were affected.

Effective March 1, 2015, select immunizations, vaccines and toxoids in the 90281-90396 and 90476-90748 CPT code ranges were updated. Please note that not all CPT codes in this range were affected.

Fee Schedule Update:

Effective June 1, 2015, BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) in relation to the Centers for Medicare & Medicaid Services (CMS) Resource Based Relative Value Scale revisions and CMS fees for DME Supplies, Prosthetics, Orthotics and clinical laboratory codes. Reimbursement for services provided on or after June 1, 2015, will be based on the updated fee schedule. This update affects PPO and Blue Choice PPO fee schedules for professional providers. Providers may request fee schedules for this update starting May 27, 2015.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates may be requested by using the appropriate 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 website at bcbsil.com/provider.

2014-2015 Flu Season Update

Although the Centers for Disease Control (CDC) has reported decreased flu activity for the 2014-2015 season, severity indicators have shown that it is still elevated. While the H3N2 viruses remain most common, an increase in B influenza viruses has recently been detected, and the 14 consecutive weeks of flu activity this season has surpassed the 13 weeks of the average flu season.

With flu activity lasting longer than average this season, the CDC continues to emphasize receiving a flu vaccine as the best way to prevent illness and protect against flu complications. A yearly flu vaccination is recommended to everyone 6 months of age and older as the first and most important step in protecting against this potentially serious disease. While there are many different flu viruses, the flu vaccine is designed to protect against the main flu strains circulated during the current flu season. Some children younger than age 9 may require two doses of influenza vaccine.

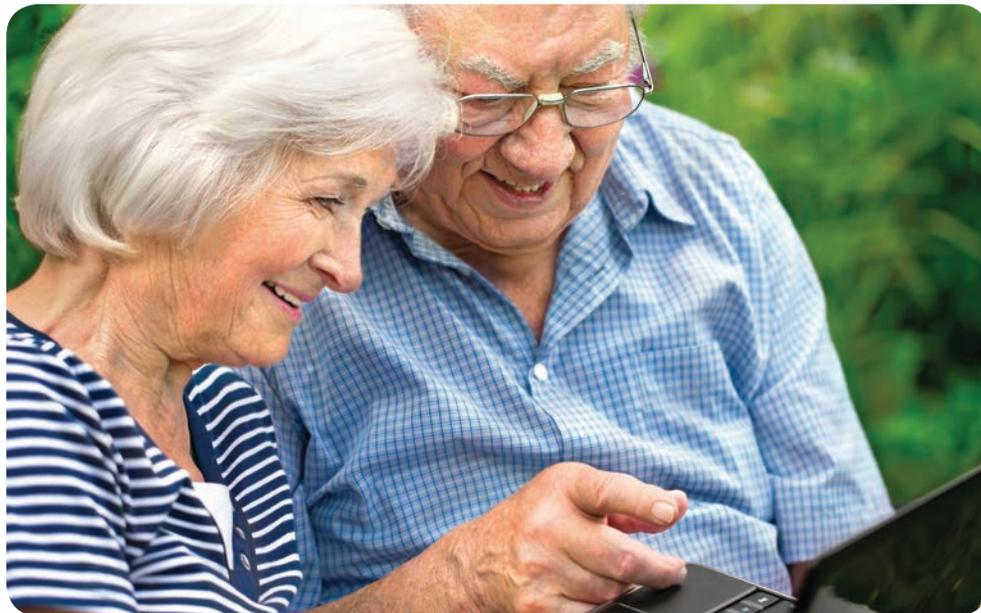
Please note that, while many BCBSIL members' health benefit plans include influenza vaccination coverage with no member cost sharing, there are some exceptions. It is important to check eligibility and benefits information for details regarding copays, coinsurance and deductibles before administering the influenza vaccine to BCBSIL members.

Additional information such as flu prevention, treatments, and free resources may also be viewed on the CDC's Influenza (Flu) page at cdc.gov/flu.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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.

Checking eligibility and/or benefit information 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. If you have any questions, please call the number on the back of the member's ID card.

iExchange® Adds Blue Cross Medicare Advantage (PPO)SM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM Requests



We are pleased to announce that benefit preauthorization requests for Blue Cross Medicare Advantage (PPO) and Blue Cross Community MMAI (Medicare-Medicaid Plan) members can now be initiated through iExchange.

iExchange supports online submission and electronic approval of benefits for inpatient admissions, as well as select outpatient, pharmacy and behavioral health services 24 hours a day, 7 days a week.* iExchange also offers you an alternative to calling to request status of your benefit preauthorization requests.

REMEMBER TO CHECK ELIGIBILITY AND BENEFITS – FIRST

To determine if a benefit preauthorization is needed, confirm member eligibility and benefits first through Availity, NDAS Online (eCare®), or your preferred online vendor portal. As always, questions also may be directed to the customer service number on the member's ID card.

We have scheduled webinars through April 2015 to provide iExchange users with an overview of this online benefit preauthorization tool. See the Provider Learning Opportunities article on page 7 for dates and times. To register, visit the Workshops/Webinar page in the Education and Reference Center section of our website at bcbsil.com/provider.

For more information about iExchange, including how to register if you are not a current user, visit the Provider Tools page on our Provider website.

*With the exception of the third Sunday of the month from 11 a.m. to 2 p.m.

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. If you have any questions, please call the number on the back of the member's ID card.

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. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors such as Availity and Passport/Nebo Systems. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

SUPERVALU® and Albertsons® Alpha Prefix and Plan Network Updates

Effective Jan. 1, 2015, health care benefits and plan networks for SUPERVALU and Albertsons employees changed, as outlined below.

SUPERVALU

Blue Cross and Blue Shield of Minnesota will continue to administer health care benefits for SUPERVALU. The alpha prefix (**RHU**) remains the same. To receive in-network benefits, SUPERVALU employees may utilize independently contracted providers in the BCBSIL Blue Choice PPO network or the BCBSIL PPO network.

ALBERTSONS

Albertsons, which includes Jewel/Osco employees, is administered by Blue Cross of Idaho. The **new** alpha prefix for this group is **NWZ**. To receive in-network benefits, employees must utilize independently contracted providers in the BCBSIL Blue Choice PPO network. These employees also have the option to select from the 17 grandfathered PPO facilities below. Services received at these 17 facilities are considered in-network for these members.

Grandfathered PPO Facilities Groups in Blue Choice network prior to Jan. 1, 2014		
Advocate Sherman	Highland Park Hospital	Rehabilitation Institute of Chicago
Centegra Hospital McHenry	Ingalls Memorial Hospital	Riverside Medical Center
Centegra Hospital Woodstock	Lurie Children's Hospital Chicago	Silver Cross Hospital
Central DuPage Hospital	NorthShore University HealthSystem	Skokie Hospital
Delnor Community Hospital	Northwestern Lake Forest Hospital	University of Chicago Medical Center
Glenbrook Hospital	Palos Community Hospital	

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Checking eligibility and/or benefit information 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

In addition to being more environmentally friendly, electronic transactions offer greater convenience, efficiency and security of information. Below you'll find details on complimentary webinars for billing, utilization and administrative professionals regarding online tools and the advantages of using electronic options throughout the entire claims process.

A listing of upcoming training opportunities sponsored by BCBSIL and their descriptions is also available on the Workshops/Webinars page in the Education and Reference Center of our Provider website at bcbsil.com/provider. To register for a webinar, visit us online.

Introducing Remittance Viewer

The remittance viewer is an online tool that offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.

April 15, 2015 – 11 a.m. to noon

iExchange Training

Join us for an overview of this online benefit preauthorization tool.

March 25, 2015 - 2 to 3 p.m.

April 8, 2015 - 10 to 11 a.m.

April 22, 2015 - 2 to 3 p.m.

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.



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IN THE KNOW ✓

Understanding Unique Product Offerings

As our selection of new and unique product offerings continues to expand, BCBSIL will be introducing educational resources to assist you and your staff when you are providing care and services to our members. For example, we have developed a BCBSIL Product Guide that includes a partial listing of product offerings, as well as descriptions, applicable groups, alpha prefixes, network codes and other important information. This product guide is available now in the Network Participation/Related Resources section on our website at bcbsil.com/provider.

Please continue to watch the *Blue Review* for information on additional resources, coming soon, such as a new section on our Provider website. As always, you also may contact your assigned Provider Network Consultant for assistance.



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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