



Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MARCH 2012

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Blue Cross and Blue Shield of Illinois Wins 2012 'People's Choice Award'

Named Nation's Best in Customer Satisfaction According to 2011 Insure.com Survey

Blue Cross and Blue Shield of Illinois (BCBSIL) is ranked the best in customer satisfaction among large health insurers in the United States, according to a leading consumer insurance information website, Insure.com.*

"We're not a publicly-traded company, in fact, we're member owned," said Karen Atwood, president of BCBSIL. "So, to be recognized for customer service and satisfaction by our members is indeed a high honor, one that we don't take lightly."



Insure.com is not affiliated with any insurance company, nor is it a health insurance producer itself. According to the company's announcement, "Insure.com surveyed more than 4,500 insurance customers between February and August 2011 for customer service ratings and reviews. We included the top companies by market share, but not all large companies are represented in the rankings due to lack of data." The top companies in each category earn Insure.com's "People's Choice Award."

The survey broke out five measurements of customer satisfaction for large insurance companies:

- Customer service
- Claims experience
- Value for the price paid
- Percent who plan to renew their policies
- Percent who would recommend their insurers

Austin Waldron, senior vice president of Customer Service at BCBSIL, said, "Our customer service philosophy is to 'take the member out of the middle.' This means we do the legwork, the translation of complicated terms, and reach-out to hospitals and doctors, helping BCBSIL members navigate the sometimes confusing health care system. Our customer service teams consist of great people doing great things for our members, and we are proud to be recognized for our efforts."

*The date Insured.com issued the above People's Choice Award ranking was Jan. 11, 2012. For more information, visit the Insure.com website at insure.com/best-insurance-companies.



Clarification to ‘Ambulatory Surgical Center Billing Reminders’ Article

On p. 3 of our January 2012, *Blue Review*, we included an article titled “Ambulatory Surgical Center Billing Reminders.”

This article included the following important reminder, which is correct:

For ambulatory surgical centers, when multiple outpatient surgical procedures are billed on electronic institutional (ANSI 837I) and paper (UB-04) claims, a charge must be listed for each line where there is a unique revenue code and Current Procedural Terminology (CPT®) code combination. When there are multiple CPT codes for the same revenue code, charges should not be combined on one line and a zero dollar charge should not be reported on any line. Charges may be combined on one line only if all procedures performed on the same day for a specific revenue code were the same (identical CPTs).*

We would like to clarify the second paragraph of this article, as it included a reference to ICD-9-CM procedure codes, which are currently specified as the HIPAA-standard code set for inpatient hospital procedures, but should not be reported on outpatient hospital claims. For the situation noted above, CPT codes reported with the line item charges are sufficient at this time for reporting procedures on ambulatory surgical center institutional claims.

**Exception: Zero dollar billing is acceptable only for the following revenue code: 093X.*

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2011 HMO Member Survey Results

The 2011 HMO Member Survey was conducted in July and August of 2011. The primary purpose of this survey was to assess member satisfaction in a variety of areas at the MG/IPA* level, including medical care and services rendered by Primary Care Physicians (PCPs) and Specialists, access to care and overall MG/IPA service. 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 25.4 percent.

In the past, “Top 3 Box” scores (*Excellent, Very Good* and *Good*) were counted as positive responses in the HMO Member Survey analysis. For the 2011 survey, “Top 2 Box” scores (*Excellent* and *Very Good*) are being counted as positive responses. This change was made to recognize top-performing MGs/IPAs and to encourage all MGs/IPAs to improve the service provided to HMO members.

2011 ACCOLADES

Many items in the 2011 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)	80%
Members’ rating of PCP for respect shown and attention to privacy (percent of “Excellent,” or “Very Good” responses)	84%
Members’ rating of PCP for medical care received (percent of “Excellent,” or “Very Good” responses)	80%
Length of time waited for a routine appointment (within 2 weeks) <i>Results are based on respondents who had appointments</i>	84%
Length of time waited for an urgent appointment (within 24 hours)	85%
PCP’s office contacted the member about test results (percent of “Yes” responses) <i>Results are based on respondents who had tests performed</i>	81%
PCP gave the member clear instructions on health problems or symptoms bothering the member (percent of “Always” and “Usually” responses)	88%
PCP’s office reminded the member about getting preventive care (percent of “Yes” responses)	83%
PCP talked with the member about different medicines he or she is using, including ones prescribed by a specialist (percent of “Yes” responses)	82%
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 MGs/IPAs referral process (percent of “Yes” responses)	85%

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Specialist-related Questions	
Members' rating of Specialist for thoroughness of exam (percent of "Excellent," or "Very Good" responses)	80%
Members' rating of Specialist for respect shown and attention to privacy (percent of "Excellent," or "Very Good" responses)	83%

Reports	
Usefulness of information contained in the Blue Star SM MG/IPA Report (percent of "Yes" responses)	94%
Usefulness of information contained in the Blue Star Hospital Report (percent of "Yes" responses)	80%

OPPORTUNITIES FOR IMPROVEMENT

Select items that received a score of **less than 80 percent** including the following:

- PCP and Specialist response time to an emergency phone call (within 30 minutes)
- PCP talking with member about eating habits, and exercise or physical activity (percent of "Yes" responses)
- PCP explaining possible side effects of medicine in an easy-to-understand way (percent of "Always" and "Usually" responses)
- PCP suggesting ways to help member remember to take medicines (percent of "Always" and "Usually" responses)
- Length of time waited for a routine (less than two weeks) or urgent (less than 24 hours) exam appointment from a Specialist
- Specialist's office contacted member about test results (percent of "Yes" responses)

'BLUE RIBBON' STATUS

The Blue Ribbon designation (🏆) recognizes MGs/IPAs that received a Top 2 Box score of at least 75 percent for 21 specified survey questions. Of the 93 MGs/IPAs analyzed in 2011 for a Blue Ribbon Directory Indicator:

- Thirty-four MGs/IPAs received a Blue Ribbon
- Fifty-four MGs/IPAs did not receive Blue Ribbon status
- Five MGs/IPAs received an "Insufficient Responses" designation

**Medical Group/Independent Practice Association*

HMO Utilization Management (UM) Decision-making Guidelines

It is important to confirm that there is no conflict of interest between BCBSIL contracted HMO MGs/IPAs and the MG/IPA employees regarding Utilization Management (UM) issues. To help obtain compliance with to this requirement, BCBSIL and independently contracted HMO MGs/IPAs must affirm that their employees and contracting physicians abide by certain UM decision-making guidelines.

BCBSIL HMO employees affirm that:

1. UM benefit decisions are based on medical necessity, which includes appropriateness of care and services, and the existence of available benefits;
2. The organization does not specifically reward health plan staff, providers or other individuals for issuing benefit denials for any health care service or products; and
3. Incentive programs are not utilized to encourage decisions that result in under-utilization.

BCBSIL also affirms that there is no conflict of interest between the MGs/IPAs and BCBSIL HMO product (HMO Illinois and BlueAdvantageSM HMO) employees regarding UM issues.

MGs/IPAs that independently contract with BCBSIL to participate in our HMO products must also affirm that their employees and contracted physicians follow established UM decision-making guidelines.

HMO MGs/IPAs must meet the following UM access standards:

1. Calls regarding UM decisions after normal business hours must be answered or taken via a voicemail system, answering machine or answering service;
2. Calls regarding UM decisions must be returned within one business day of receipt; and
3. Collect calls must be accepted **ONLY** in regard to UM decisions.

Annual statements regarding these guidelines are distributed to BCBSIL HMO staff, MG/IPA physicians and staff, and BCBSIL HMO members.

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 Jan. 23, 2012, code K0742 was updated.

Code A9273 was updated on Feb. 1, 2012.

Fee Schedule Update, Effective June 1, 2012

BCBSIL will implement its annual update of the Schedule of Maximum Allowances (SMA) in relation to the Centers for Medicare and Medicaid Services (CMS) Resource Based Relative Value Scale (RBRVS) revisions and CMS fees for DME Supplies, Prosthetics, Orthotics and clinical laboratory codes. Reimbursement for services provided on or after June 1, 2012, will be based on the updated fee schedule. This update affects PPO and BlueChoice fee schedules for professional providers. Providers may request fee schedules for this update starting May 24, 2012.

Payment Change for Technical Component on Select Imaging Services

BCBSIL will be implementing a change to the multiple procedure pricing of the technical component (TC) of professional claims for select diagnostic imaging procedures. The change applies to TC-only services and the TC portion of global services for select procedures. The reduction does not apply to professional component (PC) and Modifier 26 services. Effective June 1, 2012, existing advanced imaging radiologic families (anatomical groupings) will be consolidated into a single family. BCBSIL will allow 100 percent of the SMA for the highest priced procedure, and 50 percent of the SMA will be allowed for each additional procedure when performed during the same session on the same day, regardless of the actual site of the image.

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.

Inpatient Pre-certification Process Update



Recently, some providers may have experienced challenges communicating with our Care Coordination areas. This may be due to the fact that BCBSIL has shifted from the requirement to pre-certify an inpatient stay with clinical information to a simpler prenotification process for most groups. We apologize for any inconvenience and thank you for your patience during this transition.

Please be assured that, despite process changes, claims will be processed for adjudication as usual for services rendered. Payment for approved claims will be made according to the member's benefits and our contractual agreements at the time of service.

At BCBSIL, we are focusing on discharge planning and case management, in support of moving our members to the next level of care as quickly as possible. This means that hospital providers may see some changes in process flow, particularly with regard to pre-certification. The guidelines below are intended to provide a general outline of the steps involved.

NOTIFICATION OF ADMISSION

To notify BCBSIL of an admission, you may contact BCBSIL in one of two ways:

- Electronically, via iEXCHANGE®, our automated online tool which supports direct submission and processing of pre-certification for inpatient admissions 24 hours a day, seven days a week; **or**
- By telephone, using the pre-certification/prenotification number on the back of the member's ID card.

You will be provided with a case number. **It is important to document the case number for follow-up purposes.** In many instances, the days you request (up to five days) will be automatically allowed. If additional information is required, a BCBSIL RN will contact you within 24 hours. After 24 hours, you may check the status on iEXCHANGE using the assigned case number. If the patient is discharged prior to the last allowed day, additional action is not warranted.

EXTENSIONS TO LENGTH OF STAY (LOS)

You may request an extension on iEXCHANGE by accessing the patient record with the assigned case number. The request for an extension must be entered in iEXCHANGE prior to midnight on the last day that was allowed by BCBSIL. After 24 hours, you can view status of the request in iEXCHANGE.

A BCBSIL RN will contact you to request clinical information and provide a return phone number. When you contact BCBSIL using the phone number provided, please note that you may have to leave clinical information on a secured voicemail system. You should provide a brief clinical summary of the initial stay, with a detailed description of the current clinical picture requiring the continued stay, along with a comprehensive overview of the discharge plan. Extensions are reviewed and approved based in part on Milliman Criteria.

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We are strongly discouraging the faxing of clinical reviews since the transmittal does not convey the information required and may delay processing. Additionally, automated faxes from your electronic medical records system may not provide BCBSIL with the information necessary to help us provide the best service to our members while also anticipating their future needs.

The introduction of value-based care models, such as Accountable Care Organizations (ACOs), Intensive Medical Home programs and other risk-based reimbursement programs has shown us that our focus should be on targeting overall care management of high-risk populations, as providers are better equipped to manage the day-to-day clinical care of the majority of our members. We are confident that you are appropriately managing your patients' care. However, we will continue to trend LOS through claims analysis on a regular basis; we will also trend your overall performance relative to national and local benchmarks.

If you need additional information—especially if you would like to learn more about the benefits of using iEXCHANGE and other electronic options—please contact your assigned Provider Network Consultant.

The above information applies only to some groups and is specific to BCBSIL PPO members. For out-of-area members, please use the Pre-cert/Pre-auth Router (Out-of-area members) located in the Claims and Eligibility/Prior Authorization section of our website at bcbsil.com/provider. Pre-certification also may be required for inpatient and outpatient services for some employer groups. No changes have been made to the BCBSIL approval process for maternity cases; the approved LOS for maternity cases stays the same (two or four days), depending on delivery method.

Please note that the fact that a guideline is available for any given treatment or that a service has been pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. Certain employer groups may require pre-certification for certain services from other vendors. If you have any questions, please call the number on the back of the member's ID card.

NEW ACCOUNT GROUPS



Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Fields Auto Group	P46287	XOF	PPO (Portable)	Feb. 1, 2012
South Shore Hospital	P75686-87 B75686	XOF XOH	PPO (Portable) BlueAdvantage HMO	Feb. 1, 2012
VNA Health Care	040041 P40048 H40041 B40041	XOF XOF XOH XOH	BlueEdge PPO/HSA (Portable) PPO (Portable) HMO Illinois BlueAdvantage HMO	Feb. 1, 2012

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

Blue National Doctor & Hospital Finder Update

The Blue National Doctor and Hospital Finder, which is located on the Blue Cross and Blue Shield Association (BCBSA) website at bcbs.com, allows Blue Plan members and guests to find independently contracted providers participating in the Blue Cross and Blue Shield (BCBS) network worldwide.

BCBSA continues to add new features to the Doctor and Hospital Finder to help customers find and select a provider based on their health care needs. Recent enhancements on this site include:

- Improved, step-by-step searching for providers
- Strengthened provider profiles with sorting capabilities
- Easy-to-understand ratings and quality measurements, such as Physician Quality Measures (PQM) and Hospital Quality Measures (HQM/HCAHPS).

More upgrades, slated for later this year, will incorporate components from transparency initiatives conducted by local BCBS Plans to assess quality, cost and the patient's experience. BCBSA compiles and integrates this information in the Blue National Doctor & Hospital Finder to offer all BCBS members tools that can help them make better informed health care choices.

Mobile Blue National Doctor & Hospital Finder applications are available for the iPhone, and Apps are available for the iPod Touch and iPad. Free app downloads and information can be found on bcbs.com/mobile.



Be Smart. Be Well.[®] Helps Parents Fight Teen Prescription Drug Abuse

Did you know that drug-related deaths now exceed motor vehicle fatalities?*

A spike in prescription drug abuse, which has reached epidemic proportions, is a major contributing factor.

In a collaborative effort to help combat prescription drug abuse by educating and empowering parents, our BeSmartBeWell.com website now features *The Prescription and Over-the-Counter Drug Guide*. Developed by **The Partnership at Drugfree.org**, this interactive resource provides the following information:

- Breaks down the most commonly abused prescription and over-the-counter drugs by their “street” names
- Describes how teens use them
- Displays pictures of what the drugs look like
- Details why they are dangerous and the warning signs of abuse

For your patients who are parents, *The Prescription and Over-the-Counter Drug Guide* could provide eye-opening, potentially life-saving information. Please help us spread the word about this guide and other educational resources available on our BeSmartBeWell.com website.

About BeSmartBeWell.com

Be Smart. Be Well. is a free online resource available to all BCBSIL members, as well as the general public. The goal of the site is simple: To help all of us stay healthier and safer through increased awareness and simple-to-use knowledge. BeSmartBeWell.com provides real-life video stories, in-depth interviews with noted experts and practical tips to help your patients improve their health. All of the information on BeSmartBeWell.com is reviewed for medical accuracy.

*The Partnership at Drugfree.org website, Newsroom. Join Together Staff, *Drug Related Fatalities Top Deaths from Motor Vehicle Accidents*, Sept. 19, 2011. Accessed Oct. 27, 2011, at <http://www.drugfree.org/join-together/drugs/drug-related-fatalities-top-deaths-from-motor-vehicle-accidents>.

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

PHARMACY UPDATES

On the Watch for Abuse of ‘Bath Salts’

What comes to mind when you hear the term “bath salts”? Unfortunately, the term has taken on a darker and considerably more dangerous connotation. “Bath Salts” is slang for a new over-the-counter drug of abuse that is making headlines throughout the country. Although the name may appear harmless, Bath Salts are now a leading cause of emergency room visits, hospital admissions and calls to poison control centers.

BACKGROUND:

Bath Salts are a new “designer” stimulant containing substituted cathinones such as 3,4-methylenedioxypropylvalerone (MDPV) or 4-methylmethcathinone (mephedrone). Both of these chemicals are related to an organic stimulant, khat, found in East African and Arabic countries. These drugs come in powder and crystal form and are packaged similarly to household bath salts, although they have no legitimate use for bathing. The powder can be used rectally, smoked, injected, snorted or ingested. Bath Salts have been marketed in the United States under a variety of harmless sounding names, such as: “Cloud 9,” “Blizzard,” “Ivory Wave,” “White Lightning” and “Vanilla Sky.” These drugs, although now illegal, have been commonly found in gas stations, smoke shops, convenience stores and on the Internet.

SYMPTOMS AND TREATMENT:

Both mephedrone and MDPV are central nervous stimulants and produce effects similar to those of amphetamines, cocaine and ecstasy (e.g., enhances state of alertness, euphoria and intense stimulation, etc.). However, along with this pleasurable “high” come troubling sympathetic hyper-stimulation and psychiatric effects. The sympathetic effects include hyperthermia, tachycardia, hypertension and seizures. The psychiatric effects present as visual hallucinations, paranoia, agitation, psychosis and homicidal or suicidal thoughts. These substances have an onset of about 20 minutes when ingested orally and can last from two to four hours. When this drug is snorted or inhaled, the onset and peak occur much earlier. The effects from these substances can last up to 10 days and are extremely dangerous.

Unfortunately, there is currently no antidote for Bath Salts overdose and the best available treatment is supportive care. The treatment is dependent upon the patient’s presentation, but typically involves fluids, benzodiazepines and physical restraints. In addition, the patient’s blood pressure, body temperature, heart rate, CPK and potassium should be closely monitored. Psychiatric monitoring is recommended until mental status returns to normal, as hallucinations can last for days.

DEA INTERVENTION:

The Drug Enforcement Agency (DEA) has worked diligently to limit the epidemic abuse of Bath Salts. As of Sept. 8, 2011, the DEA utilized its emergency scheduling authority to temporarily control the common substances found in Bath Salts: methylenedioxypropylvalerone, mephedrone and methylone. Any product containing these substances will be illegal for at least one year until the DEA and the U.S. Department of Health and Human Services determine whether or not the substances should be permanently controlled.



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CONCLUSION:

Although Bath Salts are currently illegal in the United States, it is by no means certain that people will stop abusing these substances. Therefore, it is important for clinicians to be aware of the dangers associated with the misuse of these chemicals. In patients who present with sympathomimetic overdose symptoms, Bath Salts (mephedrone or MDPV) should be considered. The substances are undetectable by routine drug screens and the clinical presentation can be indistinguishable from other stimulant overdoses.

References:

1. Ross, E. A., Watson, M., Goldberger, B. 'Bath Salts' Intoxication. *N Engl J Med* 2011; 365(10):967-8.
2. 'Bath salts' abuse. *Pharmacist's Letter/Prescriber's Letter* 2011; 27(3):270312.
3. Melton, S. "Bath Salts: An 'Ivory Wave' Epidemic?" *Medscape*. Aug. 26, 2011. <http://www.medscape.com/viewarticle/748344>
4. Lowry, F. DEA Moves to Make 'Bath Salts' Illegal as Overdoses Rise. *Medscape*. Sept. 7, 2011. <http://www.medscape.com/viewarticle/749304>
5. Goodnough, A. and Zezima, K. An Alarming New Stimulant, Legal in Many States. *The New York Times*. July 16, 2011. <http://www.nytimes.com/2011/07/17/us/17salts.html?pagewanted=all>

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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.

While some information on new or revised medical policies may occasionally be published in this newsletter for your convenience, please go to our website for access to the most complete and up-to-date medical policy information.

Effective Date	Policy Number	Policy Name
March 15, 2012	MED202.064	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis
March 15, 2012	THE801.026	Extracorporeal Photopheresis (ECP)
March 15, 2012	RX501.056	Pulmonary Arterial Hypertension (PAH) Drug Therapies

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.

Provider Learning Opportunities

BCBSIL WORKSHOPS AND WEBINARS

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

WEBINARS

Electronic Refund Management (eRM)
(All sessions: 2 to 3 p.m.)
March 7, 2012
March 14, 2012
March 21, 2012
March 28, 2012

WORKSHOPS

Managed Care Spring Roundtable
(All sessions: 8 to 11:30 a.m.)
April 18, 2012
BCBSIL
300 E. Randolph Street
Columbus B, C
Chicago, IL

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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Stay Informed with Electronic Commerce 'Alerts'

If you conduct business electronically with BCBSIL, it is very important to watch the Claims and Eligibility/Electronic Commerce section of our website at bcbsil.com/provider for Electronic Commerce Alerts.

These online Alerts provide notification of system enhancements, upgrades, new functionality and any Electronic Data Interchange (EDI) transaction issues that may affect claims processing, payment or remittance delivery. This may include system downtime alerts, edit/automatic error code implementation notices, and Warning ("W") / Rejection ("R") status changes.

If you have any questions regarding Alert notifications, contact our Electronic Commerce Center at (800) 746-4614 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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VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER

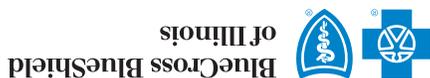
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FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

REVIEW



PRSR1 STD
U.S. POSTAGE
PAID
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CHICAGO, IL