



BlueREVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MAY 2014

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A New Way to View Your Electronic Remittance Information

The 835 Electronic Remittance Advice (ERA) is a HIPAA-compliant electronic data file that conforms to the requirements of the American National Standards Institute (ANSI). The 835 ERA includes data content regarding claim payment, such as reason for denial, or an explanation of why the total charges originally submitted were not paid in full. To receive the ERA, translator software must be installed or included with your practice management system. This software translates the ERA into a format that can be used for automated posting and payment reconciliation.

When you enroll for ERA, you are automatically enrolled to receive the Electronic Payment Summary (EPS), which is provided by Blue Cross and Blue Shield of Illinois (BCBSIL) as a companion file to the ERA. The EPS replaces the paper Provider Claim Summary (PCS) and may be used as an added tool when reconciling BCBSIL payments. While the EPS is available to provide a user-friendly summary of how claims were adjudicated and paid, many providers also have requested a solution for viewing the ERA data file for purposes other than auto-posting. For this reason, we're pleased to announce that the **Availity™ Remittance Viewer** is available now for independently contracted BCBSIL providers who are registered with Availity.

WHO CAN USE THE REMITTANCE VIEWER?

The remittance viewer is accessible to providers who are enrolled to receive ERA files in their Availity "ReceiveFiles" mailbox. Billing services that have been designated to receive ERA files on behalf of a provider also can view that provider's ERAs using the remittance viewer. If you have designated a billing service as your Receiver, you may elect to view your ERAs by configuring the access options in the remittance viewer. Similarly, if you are the designated Receiver, you can grant access to another organization such as your billing service.*

WHAT ARE THE ADVANTAGES?

The remittance viewer enables users at provider organizations and/or billing services to easily view and reconcile 835 ERA data. A provider organization whose electronic claims are submitted through another clearinghouse also may access their specific ERA data using the remittance viewer, as long as the 835 file is received through Availity. By using the remittance viewer, providers/billing services can search for ERA data by check, patient or claim information. A reminder of the selected search criteria appears on every page, links are available to drill down for more detail and there are options to sort if multiple results are returned. Additionally, users may elect to generate a printable document.

*The remittance viewer is not available to clearinghouses (other than Availity) or practice management vendors.

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A Closer Look: Documentation and Coding for Cardiac Conditions

Previous issues of the *Blue Review* included topics that addressed coding and documentation practices for pulmonary diagnoses, diabetes, chronic kidney disease and behavioral health disorders. This month, we would like to refer you to an article on our Provider website that takes a closer look at coding for cardiac conditions.

Heart disease is a broad term used to describe a range of diseases that affect the heart. The various ailments that fall under the umbrella of heart disease include diseases of the heart and blood vessels. The term “heart disease” is often used interchangeably with “cardiovascular disease.”

Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, angina or stroke. There are other heart conditions, such as infections and conditions that affect the heart’s muscle, including valves or beating rhythm, which are also considered forms of heart disease. All types of heart disease share common traits, but they also have key differences.

The article on our website may help you better understand documentation and diagnosis coding for conditions that fall under the cardiac conditions umbrella. It also addresses the importance of providing supporting documentation to facilitate accurate and complete compliance diagnosis code assignments for the described heart conditions.

For the complete article, which includes coding guidelines for cardiac conditions and case studies to help illustrate the importance of accurate coding and documentation, visit the Standards and Requirements/Affordable Care Act/Risk Adjustment section of our website at bcbsil.com/provider.

This material is for educational purposes only and is not intended to dictate what codes should be used in submitting claims. Health care providers are instructed to use the most appropriate codes based upon the medical record documentation and coding guidelines.

A New Way to View Your Electronic Remittance Information

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HOW DO I GET STARTED?

If you are enrolled for ERA, are a registered Availity user and would like to use the remittance viewer, you can get started now. Here’s how:

- Check with your Availity Primary Access Administrator (PAA) to ensure that you have been assigned the Claim Status role, which includes remittance viewer permission and also gives you access to additional features under the Claims Management menu.
- Once the appropriate role is assigned, you will see a Remittance option under the Claims Management menu on the Availity portal.
- If another organization such as a billing service is your designated Receiver, the system will request information from a check or funds transfer to authenticate your account and enable access to ERA data received and posted to the other organization’s mailbox.

Please watch the News and Updates section on our website at bcbsil.com/provider for announcements on upcoming webinars and other resources to assist you with navigating the remittance viewer. If you are not a registered Availity user, visit availity.com now to sign up. If you have not yet registered for ERA and EPS, electronic enrollment is available on the Availity portal. For additional information on ERA, EPS and other electronic options, visit the Claims and Eligibility/Electronic Commerce section of the BCBSIL Provider website, contact our Electronic Commerce Center at 800-746-4614, or ask your assigned Provider Network Consultant (PNC) for assistance.

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.

Licensed Massage Therapists Can Submit Claims to BCBSIL Directly

Effective Sept. 1, 2014, Licensed Massage Therapists (LMTs) will be able to submit claims directly to BCBSIL for services rendered. LMTs must be licensed under the Illinois Massage Licensing Act and the services rendered by an LMT must fall within their scope of practice under the Act.

Claims submitted to BCBSIL require a National Provider Identifier (NPI). LMTs may apply for an NPI by visiting the National Plan & Provider Enumeration System website at <https://nppes.cms.hhs.gov> and following the application process.

Requests to add new providers with an NPI to BCBSIL’s provider file can be made online by visiting the Network Participation/Update Your Information section of our website at bcbsil.com/provider. PPO contracted providers are responsible for adding LMTs with their NPIs to BCBSIL’s provider file. It is recommended that providers start submitting this information now to help support accurate adjudication of massage therapy claims.

The fact that claims may be submitted by an LMT is not a guarantee of payment. All services are subject to the terms of the member’s certificate of coverage, including, but not limited to, terms, conditions, limitations and exclusions. Claims will be reviewed and processed in accordance with the terms of the applicable certificate of coverage.



Reminder: Confirm Network Participation and Patient Eligibility

Open enrollment ended on March 31, 2014, for individuals seeking health care insurance in 2014 under the Affordable Care Act (ACA). For many of your patients, this may be the first time they have health care coverage. BCBSIL is educating new members about their coverage and how to use it, but we have observed that some members may be unaware of the requirement to obtain services from an in-network provider to help maximize benefits according to their plan. We want to stress the importance of confirming your network status for the member's plan before services are provided. As a reminder, the terms of your network contract prevent you from refusing to provide services to a BCBSIL member, regardless of where they purchased their coverage. Care provided for emergency conditions will follow our standard authorization process.

CONFIRMING NETWORK PARTICIPATION

The member's ID card displays the name of the plan they have selected. Your contract with BCBSIL will indicate the plan or network(s) in which you participate. You can also view your network participation on our Provider Finder® located on our Provider website, or ask your BCBSIL PNC.

If a member arrives for an appointment and your practice status is out-of-network, you should inform the member that you are not within their plan's network. If the member requests that you treat them, inform the member that your services will incur out-of-pocket costs and they could be financially responsible for 100 percent of the cost for services received.

REFERRALS

An in-network provider should refer the member to an in-network provider whenever possible. While you may have an established list of colleagues for referrals, the addition of new networks makes it important to confirm they are considered to be an in-network provider for your patient's plan. Referring to an out-of-network provider may result in the patient incurring out-of-network benefits and higher out-of-pocket costs. In some circumstances, the patient may be financially liable for the full cost of the services rendered.

You can utilize the Provider Finder on our Provider website to locate in-network providers and facilities:

1. Select the "Network Type" from the drop down list
2. Select "Provider Type," "Specialty," or both
3. Click "Find" to see a list of all participants in that network type
4. Check the Provider Finder regularly

CHECKING ELIGIBILITY AND BENEFITS IS IMPORTANT

As always, verifying eligibility and benefits is a critical first step before providing services to new **and** existing patients. Ask to see the member's ID card upon the first visit and every visit thereafter.

The following are some reasons why this process is important for every visit, even if multiple visits were approved:

- Patients may change or cancel their individual policy
- Policies and benefits may change during the course of treatment
- Copays and coinsurance may vary by product
- Patient may be in the federally mandated grace period

Information about BCBSIL networks, products and policies may be published in the *Blue Review* and on our website at bcbsil.com/provider.

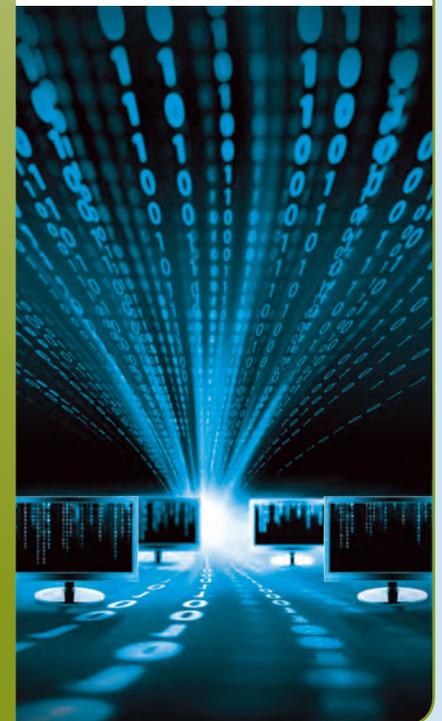
Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

ICD-10 Update

In April, President Obama signed into law H.R. 4302, the "Protecting Access to Medicare Act." The law amends the Social Security Act to extend Medicare payments to physicians and other provisions of the Medicare and Medicaid programs. Included in the law is a provision that delays the implementation of ICD-9 to ICD-10 until at least Oct. 1, 2015.

BCBSIL had planned to begin ICD-10 testing with providers starting in April. As a result of this delay, BCBSIL will pause provider testing and other implementation activities until a new compliance date is announced. We have made significant progress over the last several years in readying our systems. BCBSIL is well positioned to complete the remaining scope of work once a new implementation date is announced, including end-to-end provider testing.

As more information about the new compliance date becomes available, BCBSIL will continue to include updates in the *Blue Review* and on our Provider website.



Look for Us on Twitter and Facebook

BCBSIL uses social media tools such as Facebook, Twitter and YouTube to share healthy living and wellness messages with members and the public. Each month, our Social Media team posts messages about current health topics and national health observances, while hosting sweepstakes and live chats promoting healthy living for our fans and followers. Social media adds a unique, often personal dimension to the conversation because it enables individuals to ask questions and share their thoughts and experiences directly with others.

Check it out for yourself and talk to your patients about our social media resources on:

- Twitter at twitter.com/bcsil
- Facebook at facebook.com/bluecrossblueshieldofillinois
- Facebook Latino at facebook.com/bluecrossblueshieldofillinoislatino
- YouTube at youtube.com/user/bcsil

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



2013 PPO Provider Survey Results

The 2013 PPO Physician Survey results are now available. The Physician specialties represented in the survey 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: Cardiovascular Disease, Dermatology, Gastroenterology, General Surgery, Neurology, Ophthalmology, Otolaryngology, Orthopedics, Psychiatry and Urology.

The PPO survey was sent to a sample of physicians in the PPO network. BCBSIL received 392 completed PPO Physician surveys, for an 8 percent response rate.

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 boxes (Excellent, Very Good and Good).

PPO Survey Questions	2013 PPO Physician
Survey Response Rate	8%
Overall Rating	95%
PPO Network	
• Adequacy of Specialist Network	95%
• Quality of Specialist Network	96%
Claims Payment	
• Timeliness	92%
• Accuracy	89%
BCBSIL Services/Reports	
• Provider Telecommunications Center (PTC) Overall	67%
• NDAS Online/eCare®	81%
• Availity	80%
• Blue Star Hospital Report SM Overall	94%
• iEXCHANGE®	86%
Medical Records	
• Utilize an Electronic Medical Record (EMR) (% Yes)	65%
○ If yes, do you use integration of electronic clinical data from external sources? (% Yes)	66%
○ If you do not use an EMR, do you anticipate implementing an EMR by 2014:	
▪ % Yes	24%
▪ % No	30%
▪ % Unsure	46%
• Utilize the following electronic tools? (% Yes)	
○ E-prescribing	78%
○ Electronic lab orders	49%
○ Electronic radiology orders	39%
○ Electronic referrals	40%
○ Emails to patients	38%

2013 PPO Provider Survey Results

(continued from p. 4)

PPO Survey Questions	2013 PPO Physician
Utilization Management	
• Pre-certifying Inpatient Admissions	86%
• Authorizing Additional Days	86%
• Utilization Management	83%
Hospital Information	
• Overall quality of care in primary hospital	97%
• Pharmacy, in terms of providing medication correctly	98%
• Adequacy of the number of nurses	93%
• Competency of the nursing staff	96%
• Accuracy of processing physician orders	96%
• Quality of discharge plans	96%

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

In 2013, more than 92 percent of PPO physicians rated feedback from orthopedic surgeons, ophthalmologists and podiatrists as Excellent, Very Good and Good; and more than 81 percent of physicians rated feedback from behavioral health specialists, dermatologists, chiropractors and hospitalists as Excellent, Very Good and Good.

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

eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc., an independent third party vendor. (Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers.) 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 offered by such vendors, you should contact the vendors directly.

New for Spring: 'Go Wild with Berries'

eCards for Health® is a free, online health and wellness resource for BCBSIL members and the general public that offers a selection of eCards, screen savers and tips for healthy living. It is designed to inspire the reader to commit to small, healthy behavior changes and share their commitments with those they care about. *eCards for Health* offers creative online tools to promote healthier lifestyles which you can discuss with your patients.

This month, users can visit the *eCards for Health* website at ecardsforhealth.com to download *Go Wild with Berries*, a free new screen saver that invites viewers to make berries a theme ingredient in spring dishes and highlights some key ways berries can contribute to a healthy diet. Encourage your patients to check out the *eCards for Health* site for helpful tips for healthy living.



Medicare Part D Pharmacy Updates

Acetaminophen (APAP) Overuse: Risks, Developments and Recommendations

The Pharmacy Program section of our Provider website includes articles on Medicare Part D-related topics, such as formulary changes and U.S. Food and Drug Administration (FDA) safety updates. The most recent addition to our online Medicare Part D Updates library is an article on APAP overuse. This article includes the following list of recommendations for clinicians:

- Consider the long-term safety and efficacy of treatment when recommending or prescribing an APAP-containing medication.
- Assess patients for risk factors associated with APAP-attributed hepatotoxicity.
- Ask patients about all OTC products they are currently taking and confirm that the potential maximum daily amount of APAP, in conjunction with prescription medications, does not exceed 4 grams.
- Consider limiting treatment to the use of a sole APAP-containing medication.
- Review other options when managing acute and chronic pain, such as NSAIDs and APAP-free opioids.
- Advise patients to read the labels of OTC products to avoid taking multiple APAP-containing products.
- Inform patients of the signs and symptoms of adverse effects and toxicities associated with APAP overuse.
- Consult and direct patients to the Acetaminophen Awareness Coalition website for a list of APAP-containing products: <http://www.knowyourdose.org>
- Report all adverse events to the FDA MedWatch program: <http://www.fda.gov/Safety/MedWatch>

Please refer to the Pharmacy Program/ Medicare Part D Updates section of our website at bcbsil.com/provider for the full article, which includes additional recommendations, along with information on regulatory programs, product limitations and labeling requirements.

This information is not intended to replace your clinical judgment. Only you, in direct consultation with your patient, may determine if drug therapy benefits outweigh the potential risk. If a change is warranted, please advise your patient directly.

Don't Miss Out – Attend an iEXCHANGE® Webinar this Month

We're continuing to make enhancements to iEXCHANGE, our online tool that supports benefit preauthorization requests for inpatient admissions/extensions, as well as select behavioral health, pharmacy, medical/surgical services. iEXCHANGE is normally available 24 hours a day, seven days a week to independently contracted BCBSIL physicians, professional providers and facilities.* This time-saving interactive tool offers real-time responses, online communication and tracking/reporting capabilities, among other advantages.

Webinars have been scheduled to provide you and your staff with an overview of new and improved features. **See the Provider Learning Opportunities on this page for training dates and times of May and June webinars.**

To register now, visit the Workshops/Webinars page in the Education and Reference Center section of our website at bcbsil.com/provider. Additional sessions may be added in the coming months. You may request customized training by sending an email to ProviderOutreachEducation@bcbsil.com.

Not yet enrolled for iEXCHANGE?

Get started today! Additional information on iEXCHANGE, including our online enrollment form, is available in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider.

*The system will be unavailable every third Sunday between 11 a.m. and 3 p.m., CT.

Please note that the fact that a service has been preauthorized/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.

Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

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

WEBINARS

Electronic Refund Management (eRM) <i>Learn how this tool can help simplify overpayment reconciliation through electronic notification of overpayments, online inquiry/dispute/appeal functionality, pay by check capabilities and more.</i>	June 4, 2014	2 to 3 p.m.
iEXCHANGE Webinars <i>New Enhancements/Features</i>	June 4, 2014	1 to 2:30 p.m.
iEXCHANGE Webinars <i>Staff Training – Behavioral Health (Intensive Outpatient Program)</i>	May 28, 2014	2 to 3 p.m.
	June 25, 2014	

WORKSHOPS

BCBSIL Professional Provider Workshop Northwestern Lake Forest Hospital HEC "A" Conference Room 660 N. Westmorland Lake Forest, IL 60045 <i>The registration deadline is May 22, 2014. Providers can register either online (see above) or by contacting Gina Plescia at Gina_Plescia@bcbsil.com or 312-653-4733.</i>	May 29, 2014	Registration: 9 to 9:30 a.m. Session: 9:30 a.m. to noon.
Medicare Advantage Roundtable BCBSIL 300 E. Randolph Street Chicago, IL 60601	July 16, 2014	7 to 8:30 a.m.
Managed Care Roundtable BCBSIL 300 E. Randolph Street Chicago, IL 60601	July 16, 2014	8:30 a.m. to noon

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.

Medical Records Documentation: Is your practice at risk?

According to Fraud Magazine, billing for services not rendered is one of the top 10 health care provider investigations.¹ BCBSIL actively participates in investigations to accurately identify and appropriately address potential fraudulent activities through our Special Investigations Department (SID).

Managed by former FBI officials who have extensive experience managing complex criminal investigations, SID is committed to fighting fraud, reducing health care costs and helping to protect the integrity of the BCBSIL independently contracted provider network. SID utilizes various tools and state of the art software systems to help identify unusual billing patterns as well as atypical use of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes.

WHAT IS CONSIDERED A FRAUDULENT CLAIM?

BCBSIL considers fraudulent billing to include, but not limited to the following:

- Billing for services which were not rendered
- Intentional billing in a manner which results in reimbursement greater than what would have been received if the claim were properly filed
- Intentional misrepresentation of the services provided to receive payment for a non-covered service

Although the vast majority of billing meets industry standards, BCBSIL holds providers accountable for the way they bill. It is important to remember that when a provider documents services performed, medical records must indicate the medical necessity for the service rendered at that time. Providers are encouraged to go to the BCBSIL website at bcbsil.com/provider to review medical policies.

Medical records may be requested to help BCBSIL determine if the services meet the definition of medical necessity under the member's benefit plan. It is important that medical records include accurate, clear and complete information to support the services submitted on your claim. Covered services reported on a claim must be supported by documentation in the patient's medical record.

To avoid a potential audit or misinterpretation of submitted claims or documentation, providers should adhere to general principles of medical record keeping, including, but not limited to, the following:

- Medical records should be complete and legible
- Documentation of each patient encounter should include:
 - o Reason for the encounter and relevant history
 - o Physical examination findings and prior diagnostic test results
 - o Assessment, clinical impression and diagnosis
 - o Plan for care
 - o Date and legible identity of observer
- If not documented, the basis for ordering diagnostic and other ancillary services should be easily inferred, meaning medical records should be clearly documented based on services rendered as well as selecting the appropriate codes.

In addition to good documentation, ongoing training is needed to help ensure accurate coding of documented conditions. Whether coding is done internally in your practice or outsourced, accurate coding is necessary.

TO REPORT A CONCERN

If you suspect health care fraud, there are two ways to take action, 24 hours a day, seven days a week:

- File a report online, using the link in the Education and Reference Center/Fraud and Abuse section of our website at bcbsil.com/provider.
- Call the Fraud Hotline at 877-272-9741. You may remain anonymous as all calls and online reports are confidential.

TO PARTICIPATE IN ONLINE TRAINING

Learn how health care fraud can affect your practice and your patients and find out what you can do to take action. View the SID Fraud Awareness Tutorial, located on our website at bcbsil.com/provider in the Education and Reference Center.

¹<http://www.fraud-magazine.com/article.aspx?id=4294976280>

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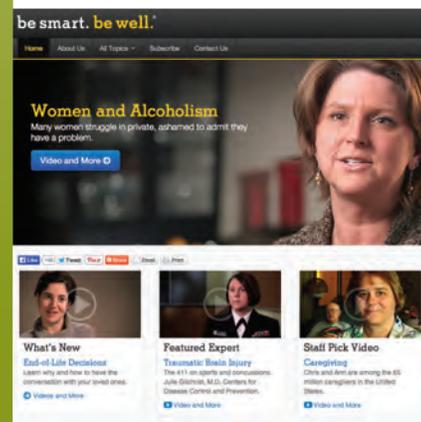
New *Be Smart. Be Well.*[®] Video Highlights Women and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism reports that nearly 18 million Americans are alcoholics or have problems with alcohol. While studies show that more men are alcoholics, the gender gap is shrinking. In addition to alcohol consumption being on the rise, binge drinking among woman is also becoming a serious problem. Data from the Centers for Disease Control and Prevention shows roughly 14 million women in the U.S. binge drink about three times a month, with an average of six drinks per binge.

A new video, entitled *Women and Alcoholism: Lose the Shame* is now featured on the *Be Smart. Be Well.* website. This story profiles Amy, a pastor's wife and mother of three, who is just one of a growing number of female alcoholics who are ashamed to admit they aren't perfect and that they are dealing with addiction. In this video, Amy shares how she overcame her shame and guilt.

For additional information on the *Be Smart. Be Well.* site, along with a number of other useful resources to share with your patients, visit the Patient Wellness/Resources page in the Education and Reference Center section of our website at bcbsil.com/provider.

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





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From the Medical Director's Library

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

The article recommended this month is actually a perspective. It is by Lisa Rosenbaum, M.D., 'Misfearing' – Culture, Identity, and Our Perceptions of Health Risk (N Engl J Med. Feb. 2014, 370(7):595-7).

This piece deals with how individuals' and group's feelings affect how they view disease risk often with more impact than evidence-based risk information. How does one overcome this? It is a very interesting and important read.

David W. Stein, M.D.
FACC FACP FCCP FSCAI

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



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

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