



BlueREVIEWSM

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

SEPTEMBER 2014

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Sign Up for a Remittance Viewer Webinar

The remittance viewer, which is available for BCBSIL independently contracted providers, is an online tool that offers providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA). BCBSIL has offered webinars to help new users learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results. More webinars have been added for September and October. **See the Provider Learning Opportunities on page 7 for registration information.**



Medicare Marketing Guidelines for Providers

The 2015 Centers for Medicare & Medicaid Services (CMS) Annual Election Period for beneficiaries is fast approaching. For those providers who are independently contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) to provide services to our Blue Cross Medicare Advantage (HMO)SM or Blue Cross Medicare Advantage (PPO)SM members, it's important to keep in mind the rules established by CMS when marketing to potential enrollees.

You may not be planning specific marketing activities, but what if a patient asks for information or advice? Remaining neutral when assisting with enrollment decisions is essential. Below, you'll find a partial listing of additional "Dos" and "Don'ts" for providers, as specified within the CMS Medicare Marketing Guidelines (MMG) for contract year 2015 (section 70.11.1 on Provider-Based Activities).

DO:

- Provide the names of Plans/Part D Sponsors with which [you] contract and/or participate (see MMG section 70.11.2 for additional information on provider affiliation)
- Provide information and assistance in applying for the LIS*
- Make available and/or distribute plan marketing materials
- Refer [your] patients to other sources of information, such as SHIPs** plan marketing representatives, [the] State Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov/> or 800-MEDICARE
- Share information with patients from CMS' website, including the "Medicare and You" Handbook or "Medicare Options Compare" (from <http://www.medicare.gov/>), or other documents that were written by or previously approved by CMS

DON'T:

- Accept Medicare enrollment applications
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider
- Mail marketing materials on behalf of Plans/Part D Sponsors
- Offer inducements (e.g., Free Health Screenings, Cash, etc.) to persuade beneficiaries to enroll in a particular plan or organization
- Distribute materials/applications within an exam room setting

The above lists provide just a sampling of important points for your convenience. For a more in-depth review of the guidelines that are applicable to providers, please refer to the *Provider Medicare Marketing Guidelines Excerpt* located in the Network Participation/Related Resources section of our website at bcbsil.com/provider.

If you have questions about these guidelines or are planning marketing activities, please refer to the Managed Care Marketing page located under Health Plans, in the Medicare section of the CMS website, at cms.gov.

*LIS refers to low income subsidy

**SHIPs are Senior Health Insurance Assistance Programs

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 Sept. 1, 2014, the following code ranges were updated: 90654-90688 and Q2035-Q2038. Please note that not all codes in these ranges were affected.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available in the Education and Reference Center/Forms section of our Provider website at bcbsil.com/provider.



Claims Audit Targets Use of Invalid Rendering NPIs on Professional Claims

Previous articles and other communications have emphasized the importance of including National Provider Identifiers (NPIs) for rendering providers, as required on professional electronic (837P) and paper (CMS-1500) claims submitted to BCBSIL. This applies at the claim level and, if applicable, the service line level on all claims, when the provider belongs to a multi-specialty or other group practice.

Most recently, we published a reminder article in our February 2014 *Blue Review* titled, "Accurate Completion of Service Location and Rendering NPI Information on Professional Claims." This educational article provided guidelines on where and how to include the appropriate billing and rendering NPI information on professional electronic and paper claims.

Despite efforts to encourage inclusion of appropriate data, however, an audit has identified that BCBSIL is continuing to receive claims with inaccurate rendering NPI information. For example, in some situations, claims are being submitted with the organizational NPI in both the billing and rendering fields. In other cases, it appears that inactive rendering NPIs are being submitted.

As a reminder, BCBSIL has the right to conduct an audit, which includes, but is not limited to, requesting medical records and refunds as the result of inappropriate payments made on behalf of our members. Additionally, our Special Investigations Department (SID) may be engaged to conduct further research.

The SID utilizes various tools, including software systems, to help us identify unusual billing patterns and atypical use of Current Procedural Terminology (CPT®) codes. Provider claims with statistical abnormalities may be selected for further examination and investigation. It is the SID's policy to make every effort to work cooperatively with providers to resolve billing issues. If there is a question of fraud, interviews and field audits may be conducted. If no fraud is found, the matter may be referred to our Network Management Department to conduct additional provider training and guidance.

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. Staffed by experienced interviewers, all material leads are aggressively pursued. All calls are confidential and you may remain anonymous.

VIEW OUR FRAUD AWARENESS TUTORIAL

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 in the Education and Reference Center/Fraud and Abuse section of our website at bcbsil.com/provider.

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Postponed: ClaimsXten™ November 2014 Update



Listed below are details regarding two new rules that were originally scheduled to be added to our claims processing system, effective Nov. 3, 2014, as an enhancement to our ClaimsXten code auditing tool. **Please note that deployment of these rules has been postponed to on or after Dec. 8, 2014.** A notice regarding this change in effective date was published in the News and Updates section of our Provider website on Aug. 7, 2014.

The first rule is the Medically Unlikely Edit (MUE) of Durable Medical Equipment (DME) Rule. This rule identifies claim lines where the MUE value has been exceeded for a CPT or HCPCS code, reported by the same or multiple providers, for the same member, on the same date of service. This rule audits professional claims utilizing the DME Supplier Services MUE table data published quarterly by the CMS. The DME Supplier Services MUE table contains assigned MUE values for DME, Prosthetics, Orthotics and Supplies (DMEPOS).

The second rule is the DME Maximum Payment Rule. This rule calculates the total payments for the DME item being rented to own or for the DME item being purchased new or used and determines if the total payments exceed the plan DME maximum allowance.

For details on the ClaimsXten tool, including answers to frequently asked questions, refer to the Clear Claim Connection™ page in the Provider Tools section of our website at bcbsil.com/provider. Additional information on other BCBSIL news, programs and initiatives also may be included in upcoming issues of the *Blue Review*.

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.

New Date Announced for ICD-10 Compliance

The Department of Health and Human Service (HHS) published a final ruling in early August 2014, confirming an Oct. 1, 2015, mandated transition to ICD-10. Providers and other HIPAA-covered entities now have more than a year to prepare for the transition.

Please watch for information regarding implementation updates in future issues of the *Blue Review* and on our Provider website.

Are you submitting the revised CMS-1500 paper claim form (version 02/12)?

In previous issues of the *Blue Review*, we included several reminders about the CMS timeline for implementation of the revised CMS-1500 form (version 02/12). The revised form became effective April 1, 2014, and as of this date, Medicare discontinued acceptance of the previous version of the CMS-1500 (version 08/05).

In April 2014, a News and Updates notice on our Provider website announced that, for a limited time, BCBSIL would accept both versions of the CMS-1500 paper claim form to assist providers in transitioning to the revised form.

Please be advised that the dual-acceptance period at BCBSIL is no longer in effect. At this time, all professional paper claims must be submitted to BCBSIL using the revised CMS-1500 claim form (version 02/12).

The previous version of the CMS-1500 claim form (08/05) was discontinued as of April 1, 2014. For more information on the revised CMS-1500 claim form (version 02/12) such as how to order a new supply of printed forms, visit the National Uniform Claim Committee (NUCC) website at nucc.org.

Why not take this opportunity to make the switch to paperless transactions?

As a reminder, if you are not yet submitting claims electronically, now is a great time to start. Electronic claim submission can help streamline your administrative processes, help protect your patients' information and may result in faster claims processing and payment. To learn more, visit the Claims and Eligibility/Claim Submission section of our website at bcbsil.com/provider.

Flu Season Reminder

The beginning of this year's flu season may be less than a month away. We encourage you to communicate to your patients the importance of receiving an annual flu shot.

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine for 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 three main flu strains that research indicates will cause the most illness during the flu season. Some children younger than age 9 may require two doses of influenza vaccine.

For more information, we invite you to visit the CDC influenza website for health care professionals at cdc.gov/flu/professionals/vaccination.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient.



PHARMACY PROGRAM UPDATES

Pharmacy Program Changes Effective Oct. 1, 2014

STANDARD FORMULARY CHANGES

Based on the availability of new prescription medications and the Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions will be made to the BCBSIL standard formulary effective Oct. 1, 2014.

Brand Medications Being Added to the Formulary, Effective Oct. 1, 2014

Formulary Brand ¹	Drug Class/Condition Used For
Invokana	Diabetes
Azithromycin (Pak) 1 gm	Antibiotic
Synarel	Endocrine and Metabolic Drugs
Linzess	Constipation
Alprolix	Hemophilia
Tretten	Hemophilia

Brand Medications Moving to a Higher Out-of-Pocket Payment Level, Effective Oct. 1, 2014

Non-Formulary Brand ^{1,2}	Condition Used For	Generic Formulary Alternative(s)	Formulary Brand Alternative(s) ^{1,2}
Incivek	Hepatitis C	N/A	Olysio
Victralis	Hepatitis C	N/A	Olysio

STANDARD FORMULARY DISPENSING LIMIT CHANGES

BCBSIL's standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

Effective Oct. 1, 2014, dispensing limits will be added for the following drugs:

Drug Class and Medication ¹	Product Strength	Dispensing Limit
Agents for Electrolyte Disorders		
Samsca (tolvaptan) 15 mg tablet	15 mg tablet	30 tablets/365 days
Samsca (tolvaptan) 30 mg tablet	30 mg tablet	60 tablets/365 days

Effective Oct. 1, 2014, dispensing limits will be added for the following drugs:

Drug Class and Medication ¹	Product Strength	Dispensing Limit
Biologic Immunomodulators		
Actemra (tocilizumab)	162 mg/ 0.9 mL syringe	4 syringes/28 days
Cimzia (certolizumab)	2 x 200 mg vial, kit	2 vial (1 kit)/28 days
Cimzia (certolizumab)	2 x 200 mg/mL syringe	2 syringes/28 days
Cimzia (certolizumab)	6 x 200 mg/mL syringe, starter kit	1 kit/180 days
Cimzia (certolizumab)	6 x 200 mg/mL syringe, starter kit	1 kit/180 days
Enbrel (etanercept)	50 mg/mL syringe	4 syringes/28 days
Enbrel (etanercept)	50 mg/mL SureClick autoinjector	4 autoinjections/28 days
Enbrel (etanercept)	25 mg/0.5 mL	8 syringes/28 days
Enbrel (etanercept)	25 mg/vial, kit	8 vials (kits)/28 days
Humira (adalimumab)	20 mg/0.4 mL syringe, kit	2 syringes/28 days
Humira (adalimumab)	40 mg/0.8 mL syringe, kit	2 syringes/28 days
Humira (adalimumab)	40 mg/0.8 mL pen, kit	2 pens (kits)/28 days
Humira (adalimumab)	40 mg/0.8 mL pen, Psoriasis Starter Kit	1 kit/180 days
Humira (adalimumab)	40 mg/0.8 mL pen, Crohn's Starter Kit	1 kit/180 days
Kineret (anakinra)	100 mg syringe	30 syringes/30 days
Orencia (abatacept)	125 mg/mL (subcutaneous)	4 syringes/28 days
Otezla (apremilast)	30 mg tablet	2 tablets/day
Simponi (golimumab)	50 mg/0.5 mL syringe	1 syringe/28 days
Simponi (golimumab)	100 mg/1 mL syringe	1 syringe/28 days
Xeljanz (tofacitinib)	5 mg tablet	2 tablets/day

Targeted mailings will be sent to members affected by standard formulary deletions and dispensing limit changes per our usual process of member notification prior to implementation. For the most up-to-date formulary and list of drug dispensing limits, visit the Pharmacy Program section of our website at bcsil.com/provider.

¹Third party brand names are the property of their respective owners

²These lists are not all inclusive. Other medications may be available in this drug class.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. 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.

Help Reduce Opioid Overuse

In a recent "Vital Signs" article published on its website, the CDC presents statistics and other information from national sources related to opioid prescribing, which is reaching record levels in some areas of the United States. Increased awareness is critical to help avoid potential misuse that may result in overdose. For ideas on ways you can help, we encourage you to view the article, "Opioid Painkiller Prescribing" on the CDC website at <http://m.cdc.gov/en/VitalSigns/opioid-painkiller-prescribing>.

The information here is provided for informational purposes only. BCBSIL makes no representations or warranties regarding the CDC website or any information, products or services offered on their website. Questions or concerns regarding the CDC website should be directed to the CDC.



Correction to 'MyPrime' Website Address in Medicare Part D Pharmacy Updates Article

On page 3 of our August 2014 *Blue Review*, we included an article titled, "Medicare Part D Pharmacy Update: First Quarter 2014 Formulary Changes," in which an incorrect website URL was printed. The correct website address for the MyPrime site is <https://www.myprime.com>.

Utilization Management Decision-making Guidelines

BCBSIL confirms that there is no conflict of interest between BCBSIL contracted HMO Medical Groups/Independent Practice Associations (MGs/IPAs) and the MG/IPA employees regarding Utilization Management (UM) issues. To help ensure we adhere to this requirement, BCBSIL and independently contracted HMO MG/IPA 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 underutilization.

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

HMO MGs/IPAs that 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 HMO product staff, MG/IPA physicians and staff, and BCBSIL HMO members.

Electronic Provider Access Now Available for Out-of-area Member Pre-service Reviews

We are pleased to announce that Electronic Provider Access (EPA) was implemented for BCBSIL as of July 21, 2014.

As discussed in previous issues of the *Blue Review*, EPA is a new tool that gives providers the option to initiate online pre-service reviews for out-of-area Blue Plan members* as an alternative to calling the health plan. The term “pre-service review,” as used with EPA, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. As always, checking eligibility and benefits prior to conducting pre-service reviews is strongly encouraged.

BCBSIL independently contracted providers may initiate online pre-service reviews for local and out-of-area Blue Plan members via the Authorizations link under the “Auths and Referrals” menu on the Availity™ Web Portal. Upon entering the three-character prefix from the member’s ID card, you will be securely routed from Availity to the EPA landing page on the member’s Home Blue Plan preferred portal,* where available online pre-service review options will be displayed.

FOR MORE INFORMATION

A *Submitting Authorizations and Referrals Using EPA* quick reference guide is available to registered users on the Availity Web Portal, as follows:

1. From the main menu on Availity, click on **Auths and Referrals | Authorizations**
2. Navigate to the top right of the Authorizations page, and then select **Learn More>>>**
3. On the Authorizations and Referrals Learning Options page | **Quick Reference Guide** section, select **View Guide**

For answers to frequently asked questions and a variety of helpful tip sheets, visit the Education and Reference Center/Provider Tools/iExchange® page on our website at bcsil.com/provider. Also watch the News and Updates section of the BCBSIL Provider website, as well as upcoming issues of *Blue Review*, for announcements on additional EPA related resources.

Not registered with Availity? There’s no cost to sign up and it’s easy to get started. In addition to EPA functions, you’ll also gain access to other Availity tools and resources that can help you streamline administrative, clinical and financial operations. Visit availity.com today for details.

*Depending on differing Blue Plan implementation schedules, EPA may not be available for some out-of-area members.

Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, 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.

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.



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

<p>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></p>	<p>Sept. 17, 2014</p>	<p>2 to 3 p.m.</p>
<p>Introducing Remittance Viewer <i>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.</i></p>	<p>Sept. 17, 2014</p>	<p>11 a.m. to noon</p>
	<p>Sept. 24, 2014</p>	<p>11 a.m. to noon</p>
	<p>Visit bcbsil.com/provider for dates and times of October webinars.</p>	

WORKSHOPS

<p>BCBSIL Professional Provider Workshop Stoney Creek Hotel & Conference Center 101 18th Street Moline, IL 61265</p> <p><i>Registration deadline: Sept. 18, 2014. Register online or contact Gina Plescia at gina_plescia@bcbsil.com or 312-653-4733.</i></p>	<p>Sept. 25, 2014</p>	<p>Registration: 9 to 9:30 a.m.</p> <p>Session: 9:30 a.m. to noon</p>
<p>Medicare Advantage Roundtable 300 E. Randolph Street Chicago, IL 60601 Conference Rooms 5 & 6</p>	<p>Oct. 14, 2014</p>	<p>7 to 8:30 a.m.</p>
<p>Managed Care Roundtable 300 E. Randolph Street Chicago, IL 60601 Auditorium A, B, C</p>	<p>Oct. 14, 2014</p>	<p>8:30 to 11 a.m.</p>

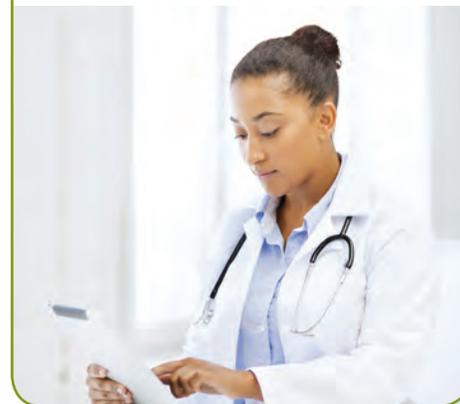
AVAILITY WEBINARS

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.

IN THE KNOW ✓

Date of Birth Now Required for New Providers

BCBSIL must collect the provider's date of birth on the contract application or the online Add Provider to Group form, which is available in the Network Participation/Update Your Information section of our website at bcbsil.com/provider. The contract application and Add Provider to Group form have been updated to include the provider's date of birth as a required field. If the date of birth field is not completed, BCBSIL will reject the application or online form and return it to the provider with a request for the required information.



Postponed: Licensed Massage Therapists Can Submit Claims to BCBSIL Directly

In the May and June 2014 issues of *Blue Review*, BCBSIL announced that effective Sept. 1, 2014, Licensed Massage Therapists will be able to submit claims directly to BCBSIL for services rendered. We have postponed this until further notice. Continue to watch the News and Updates or the *Blue Review* for further information.



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00014.0914

Register Now for a Free Human Papillomavirus (HPV) Webinar

The Illinois Chapter, American Academy of Pediatrics will host a webinar titled “HPV Vaccine: Updates and Strategies to Improve Vaccination Rates” on Oct. 15, 2014, from 1 to 2 p.m., CT. It will be presented by Rachel Caskey, MD, MaPP, and Assistant Professor of Pediatrics and General Internal Medicine and Meds/Peds Residency Program Director at the University of Illinois at Chicago. The webinar is part of a series that is made possible with funding from the Chicago Department of Public Health (CDPH) and the Illinois Department of Public Health.

The series is part of the CDPH’s plan to increase HPV vaccination levels among Chicago adolescents, launched in 2014 with funding from the Centers for Disease Control and Prevention. The plan calls for an 80 percent coverage rate for Chicago’s adolescents by 2020.

To register, visit <http://tinyurl.com/HPVOctober>. For more information, contact Dru O’Rourke at dorourke@illinoisap.com or 312-733-1024 x207.

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

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