Simple Message Serves Up Countdown to Good Health

While it is estimated that nearly 20 percent of children and teens in the U.S. are obese or at risk for obesity, Chicago-area children are at an increased risk. Several of the city’s neighborhoods have obesity rates that are three times the national average.

In light of these alarming statistics, the Consortium to Lower Obesity in Chicago Children (CLOCC), a childhood obesity prevention group housed at Children’s Memorial Hospital, recently launched a city-wide campaign to promote healthy lifestyles among residents. The centerpiece of the campaign is CLOCC’s simple yet memorable health message, “5-4-3-2-1 Go!™”, which is designed to encourage kids and their families to practice the following five healthy behaviors on a daily basis:

- 5 servings of fruits and vegetables
- 4 servings of water
- 3 servings of low-fat dairy products
- 2 hours or less of screen time
- 1 or more hours of physical activity

Campaign materials featuring the 5-4-3-2-1 Go! message soon will appear in thousands of locations across Chicago, including:

- 2,700 interior car cards posted throughout the entire CTA system
- Digital animated read-outs on CTA platforms
- Outdoor billboards targeting 20 Chicago communities
- More than 55,000 posters and flyers distributed city-wide to CLOCC’s community, corporate, and faith-based partners

Dr. Scott Sarran, BCBSIL’s chief medical officer, says that "Unhealthy lifestyles can have a significant impact on health, happiness, and the quality of life at all ages. Children and their families need simple direction on how to live healthier lives." The CLOCC campaign offers an innovative approach that’s easy to understand and follow. At BCBSIL, we support the 5-4-3-2-1 Go! message and have incorporated it into many of the community-based health and wellness initiatives we sponsor.
# New Account Groups

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Group Number</th>
<th>Alpha Prefix</th>
<th>Product Type</th>
<th>Effective Date</th>
<th>BC</th>
<th>BS</th>
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<td>Abbott</td>
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**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.
HMO Provider Relations Spotlight

In this section of the newsletter, we introduce you to HMO Professional Provider Relations team member, Catherine McMillan. We briefly describe her broad spectrum of knowledge and expertise in health care and her strategies for providing the best service to our HMO provider community. We hope you have enjoyed meeting our Senior HMO Provider Network Consultant (PNC) staff over the past several months.

Meet Catherine McMillan

Catherine McMillan, a registered nurse for 22 years, started her career at St. Anthony’s Health Center in Alton, Illinois in medical-surgical nursing, after earning her BSN at St. Louis University, School of Nursing in St. Louis, Missouri. Upon relocating to Chicago, she worked through a nurse staffing agency at several hospitals in the area, and later became a UM/QI Coordinator at Maxicare HMO for several years.

Catherine began her work at BCBSIL over 14 years ago starting out as a UM Coordinator. She accepted a position as an HMO Quality Review Specialist that allowed her to travel throughout the Chicagoland area and the state, auditing physicians' offices and medical records for quality of care standards and HEDIS requirements. By 1998, Catherine had become a BlueChoice Program Coordinator for our Point of Service product, and later transitioned to an HMO PNC, where she currently serves as the liaison for 15 HMO sites.

Catherine enjoys her work as an HMO PNC, where she welcomes new challenges. "The health care industry operates in a complex environment. Change is a constant so there is always something new to learn."

Catherine finds it a pleasure to work for a company where ethics are important. She has found that in a difficult situation the question is asked, “What is the right thing to do here?” She believes that is one reason why so many of her co-workers dedicate many years of service at BCBSIL.

The most rewarding aspect of her job is seeing the strides and accomplishments the IPAs make in the areas of quality of care, member satisfaction and customer service. She has been there as an IPA has earned their Blue Ribbon in recognition of a high member satisfaction rate, or earn their Blue Stars for their performance in Quality Improvement projects. She finds it's important to demonstrate to employers and members the added value of receiving their health care through the HMO.

Catherine knows that providers recognize the value of her nursing background, and ability to understand the implications of many of the health care policies and procedures on their medical practice and patient care.

Catherine would like her MG/IPAs to know: “I’m amazed at your dedication and what you’re able to accomplish in so many areas, especially quality improvement. BCBSIL HMO has received recognition for our quality improvement initiatives and we didn’t do that alone.”

Catherine McMillan can be reached at (312) 653-2239, or via e-mail at mcmillanc@bcbsil.com

Announcing New Wellness Initiatives for Federal Employees

Beginning Jan. 1, 2010, the BlueCross and BlueShield Service Benefit Plan for the Federal Employee Program (FEP) will reward members when they complete either the adult Health Risk Assessment or a child's Body Mass Index (BMI) assessment. Adult members will receive a certificate that entitles them to a preventive visit at no charge. Children, ages five through seventeen whose BMI falls in the 85th percentile or higher, will receive a certificate that entitles them to up to four (4) nutritional counseling visits at no charge.

If an FEP member presents a certificate of completion, please do NOT collect the copayment amount from the member at the time of the visit. Your reimbursement for BCBSIL for these visits will be 100 percent of the plan allowance, including payment of the copayment amount.

A complete explanation of the New Wellness Initiatives Program, along with directions for providers and a copy of the certificates can be found on our Web site at www.bcbsil.com/provider, under “What’s New.” Please ensure that your office staff, especially those who normally collect member copayments and arrange appointments, are aware of these programs and the process.

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 changes to the physician fee schedules. Be sure to review this area each month.

Effective Dec. 1, 2009, the following codes ranges were updated: A9576 - A9579, J0000 - J9999, P9041 - P9048, Q0144 - Q0181, Q0515, Q2009 - Q3031, Q4080 - Q4116, Q9951 - Q9967, and S0012 - S0191. Please note that not all codes in these ranges were updated.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm. 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.

Clear Claim Connection™ 4.0 is Here!

On Oct. 12, 2009, enhancements were made to the Clear Claim Connection (C3) claim audit screens. These improvements were designed to help simplify the review of BCBSIL’s payment policies, rules and edit rationale.

Enhancements include:

- Reordering of entry screen fields
- Reordering of result screen fields
- Changes to edit clarification screen
  - Addition of date/time stamp and recommendation field

C3 is an online code auditing tool that enables BCBSIL to disclose our claim auditing rules and clinical rationale to our contracting provider network. Access to C3 is available via our Web site at www.bcbsil.com/provider.

Note: First time users must first click the link on our Web site to register with RealMed®. You may also contact RealMed for registration assistance at (877) REALMED (732-5633).

Clear Claim Connection, ClaimCheck, and Code Review are trademarks of McKesson Information Solutions, Inc. RealMed is a registered trademark of RealMed Corporation. McKesson Information Solutions, Inc., and RealMed Corporation are independent contractors and are solely responsible for their products and services.
BCBSIL Extends Offer to UniCare Members

UniCare announced on October 27 that it will no longer be providing group or individual commercial health insurance policies in Illinois beginning in 2010. As part of their exit plan from the market, UniCare has collaborated with BCBSIL to ensure UniCare customers are provided the best opportunity to continue health insurance on a guaranteed basis.

Under the agreement with UniCare, BCBSIL has closely mapped our products to UniCare's products, so that we are able to offer policyholders similar benefits in most cases. We are also offering guaranteed acceptance with no lapse in coverage. The guarantee means no members lose their coverage due to pre-existing conditions.

The deadline for current UniCare clients to accept the BCBSIL offer is Dec. 1, 2009. The new BCBSIL coverage begins Jan. 1, 2010. Members will be sent new BCBSIL member ID cards by January 1.

If UniCare policyholders decide not to accept our offer, they can keep their UniCare policy to the end of their contract in accordance with its terms.

Although UniCare will no longer offer commercial health insurance in Illinois, they will continue to carry Medicare, Medicaid, senior products, MHealth (Memorial Hermann Health Plan) and the Group Insurance Commission (GIC) of Massachusetts. They will also continue to carry stand alone specialty products (dental, vision, life/AD&D).

Update on Prescription Drug Program Changes Effective Jan. 1, 2010

In the October Blue Review, we announced changes in our Prior Authorization and Step Therapy programs that will go into effect for members in HMO groups and PPO standard products, upon the group’s renewal on or after Jan. 1, 2010.

Correction on Prior Authorization (PA) Notification
PA requires the member’s physician to obtain authorization from BCBSIL before the member can receive coverage for certain medications and drug categories. If PA is not obtained for a member with a PPO standard product, the member will then be responsible for the first $1,000, or 50 percent of the eligible charge per prescription, whichever is less. This does not apply to members in HMO groups.

The following will be added to the PA program:
- Drug: Solodyn* (acne)
- Drug category: narcolepsy

Step Therapy (ST) Update
Our ST program is designed to encourage the initial use of alternative medications recognized as safe and effective, which are also lower in cost. The ST drug categories are automatically included for new groups with effective dates on or after Jan. 1, 2010.

This information is being provided to clarify the benefit coverage for renewing groups (groups with prescription drug benefits through BCBSIL prior to Jan. 1, 2010), whose members can be categorized as follows:
- Members with a new prescription for a drug targeted in the ST program: All initial claims submitted for a drug targeted in the ST program after the renewal date in 2010 will be processed under the program. Member will need to first try a drug not targeted in the program or the member’s doctor will need to secure PA before the drug can be covered.
- Members already taking a drug targeted in the ST program: These members will be “grandfathered.” Continued coverage will be provided for members who have a recent claims history for a drug targeted in this program prior to the ST program administered by BCBSIL.

The following will be added to the ST program:
- Drug category: cholesterol
- Drug category: osteoporosis
- Drug category: proton pump inhibitors

Medicare Part D Pharmacy Updates

Every month, we post a new Medicare Part D-related article in the Pharmacy section of our Web site at www.bcbsil.com/provider. Here is a brief summary of this month’s article, which features the following topic:

Dose Optimization

Dose Optimization is a potentially cost-saving measure that involves the identification of patients who receive multiple units (tablets or capsules) of a lower strength, once-daily maintenance medication, and taking action to consolidate (or “optimize”) the dosing regimen to an equivalent daily dosage of the same medication given as a single unit. In addition to helping you to improve patient compliance with prescription regimens by simplifying their dosage schedule, dose optimization also may lower their out-of-pocket costs.

Visit the Medicare Part D Updates page in the Pharmacy section of our Provider Web site at www.bcbsil.com/provider for the complete article, which includes examples and estimated annualized savings.
Formulary Changes to be Effective Jan. 1, 2010

Based on the availability of new prescription medications and the Prime National Pharmacy and Therapeutics Committee review of changes in the pharmaceuticals market, the revisions outlined below will be made to the BCBSIL formulary as of Jan. 1, 2010:

### Brand Medications Moving to Highest Out-of-pocket Payment Level Effective Jan. 1, 2010

<table>
<thead>
<tr>
<th>Non-Formulary Brand* (Tier 3 copayment/coinsurance)</th>
<th>Condition Used For:</th>
<th>Generic Alternative(s)† (Tier 1 copayment/coinsurance)</th>
<th>Formulary Brand Alternative(s)‡ (Tier 2 copayment/coinsurance)</th>
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</thead>
<tbody>
<tr>
<td>Lamictal Starter Kit</td>
<td>Epilepsy</td>
<td>lamotrigine, carbamazepine, phenytoin, topiramate, valproic acid</td>
<td>Trileptal suspension, Gabitril, Tegretol XR 100 mg</td>
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<tr>
<td>Zovia 1/50</td>
<td>Contraception</td>
<td>desogestrel/ethinyl estradiol, drospirenone/ethinyl estradiol, levonorgestrel/ethinyl estradiol, norethindrone/ethinyl estradiol, norgestrel/ethinyl estradiol</td>
<td>Yaz, Ortho Tri-Cyclen Lo, Nuvaring</td>
</tr>
<tr>
<td>Compoundmedications</td>
<td>Various indications</td>
<td>Commercially available generic medications for your indication</td>
<td>Commercially available formulary brand medications for your indication</td>
</tr>
</tbody>
</table>

†This list is not all-inclusive of available medications in this drug class.

Dispensing Limit Changes

BCBSIL’s standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on FDA-approved dosage regimens and product labeling.

Effective Jan. 1, 2010, a 30-day supply limit will be placed on all specialty medications. Some common examples of specialty medications include medications used to treat conditions such as:

- Rheumatoid Arthritis/Psoriasis (biologic immunomodulators, such as Cicimzia, Enbrel, Humira, Kineret, Simponi)
- Multiple sclerosis (Avonex, Betaseron, Copaxone, Extavia, Rebif)
- Pulmonary arterial hypertension (Adcirca, Letairis, Revatio, Tracleer, Ventavis)

Also effective Jan. 1, 2010, dispensing limits will be revised for the drug class included in the table below.

<table>
<thead>
<tr>
<th>Drug Name*</th>
<th>Dispensing Limit per Rx at Retail Only*</th>
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<tbody>
<tr>
<td>Menopur</td>
<td>60 vials</td>
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<tr>
<td>Repronex</td>
<td>60 vials</td>
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<tr>
<td>Ganol F 450 units/vial</td>
<td>10 vials</td>
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<tr>
<td>Ganol F 1,050 units/vial</td>
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<tr>
<td>Ganol F RFF 75 units/vial</td>
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<tr>
<td>Ganol F RFF Pen 300 units/cartridge</td>
<td>15 cartridges</td>
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<tr>
<td>Ganol F RFF Pen 450 units/cartridge</td>
<td>10 cartridges</td>
</tr>
<tr>
<td>Ganol F RFF Pen 900 units/cartridge</td>
<td>5 cartridges</td>
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<tr>
<td>Follistim AQ 75 units/vial</td>
<td>60 vials</td>
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<tr>
<td>Follistim AQ 150 units/vial</td>
<td>30 vials</td>
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<td>Follistim AQ 300 units/cartridge</td>
<td>15 cartridges</td>
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<td>Follistim AQ 900 units/cartridge</td>
<td>5 cartridges</td>
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<td>ganirelix</td>
<td>12 syringes</td>
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<tr>
<td>Cetrotide 0.25mg kit</td>
<td>12 kits</td>
</tr>
<tr>
<td>Cetrotide 3 mg kit</td>
<td>1 kit</td>
</tr>
</tbody>
</table>

§No coverage available for an extended supply, including through mail service.

*Third party brand names are the property of their respective owners.

Due to industry changes that occurred on Oct. 10, 2009, Ocella, a popular oral contraceptive, is now classified as a brand medication. Formerly, Ocella was considered a generic substitute for Yasmin.

As a result of this change, a prescription originally written for Yasmin will be dispensed as such. A member who wishes to receive Ocella will require a new prescription written for Ocella.

To address this change, BCBSIL has made the decision to add Yasmin to the formulary, effective Nov. 1, 2009. As of this date, Yasmin will be adjudicated at the formulary brand copayment level, while Ocella will be adjudicated at the non-formulary brand copayment level.

*Third party brand names are the property of their respective owners.

Hospital Rate Charge Notification

All BCBSIL contracting hospitals are required to notify us of any rate charge increases (including per diem room rates) at least 90 days in advance of the effective date.

Hospital rate charge notification may be made by completing the Schedule of Hospital Charges form. Room rate charges received after the effective date will not be retroactive. The effective date of the new rate, if received late, will be the date of receipt of notification.

The Schedule of Hospital Charges form can be found on our Web site at www.bcbsil.com/provider. Just click on Forms in the Provider Library section. Completed forms may be submitted to Kendra Thompson via one of the following ways:

Mail:
Blue Cross and Blue Shield of Illinois
ATTN: Kendra Thompson
Network Management Department, 25th Floor
300 E. Randolph Street
Chicago, IL 60601
Fax: (312) 819-9470
E-mail: thompsonk@bcbsil.com

Please contact your assigned Provider Network Consultant if you have any questions regarding the hospital rate charge notification process.

Please note: Nothing in this article should be construed as modifying any current hospital agreements in place. In the event anything in this article conflicts with the terms of your hospital agreement, the terms of the hospital agreement shall control.
BlueCard® Tip: How Out-of-area Claims are Paid

BCBSIL will reimburse you for out-of-area member claims according to the contract guidelines when:

- The member is eligible for benefits, and
- The services are covered under the member’s plan.*

The reimbursement for out-of-area Blue Plan members is the same as the fee schedule for local, BCBSIL members.

*The member’s plan dictates what services are considered eligible for benefits under all medical policy determinations (e.g., medical necessity, investigational, routine, etc.).

Reminders:

1. Confirm coverage: Always verify eligibility and benefits for out-of-area members either electronically or via telephone.
   - Electronic: Submit a HIPAA 270 transaction (eligibility) to BCBSIL via one of the following online vendor portals:
     - Availity®
     - NDAS Online (eCare®)
     - RealMed
   - Telephone: Call the BlueCard Eligibility line at (800) 676-BLUE (2583)

2. Check Claim Status: If you do not receive your payment or a response regarding your payment within 30 days, submit an electronic HIPAA 276 transaction (claim status request) to BCBSIL, or contact our Provider Telecommunication Center (PTC) at (800) 972-8088.
   - Do not resubmit a claim without first checking claim status, as duplicate claims will be denied.

If you have any questions about filing claims for Blue Plan members, please refer to the BlueCard Program Manual on our Web site at www.bcbsil.com/PDF/bluecard_program_manual.pdf for additional information.

Share your out-of-area member servicing experiences with us via e-mail at provider_relations@bcbsil.com.

Watch for next month’s BlueCard Tip!

Availity is a registered trademark of Availity, L.L.C.

NDAS Online is a registered trademark of Nebo Systems. Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers. Recently, Nebo Systems was acquired by Passport Health Communications, Inc. Currently, there is a nominal charge per transaction for some of the online services available through this vendor. Please contact Passport Health Communications at (866) 810-0000 if you have questions or need additional information.

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Screening for Colorectal Cancer

Recommendations and Strategies for Meeting Population Goals

Colorectal cancer (CRC) is one of the most preventable cancers, yet it is the second leading cause of cancer mortality in the United States. Adenomatous polyps identified at screening can be removed before they become malignant, and colorectal cancer detected by screening performed in accordance with guidelines is likely to be diagnosed earlier. The U.S. Preventive Services Task Force (USPSTF) concludes that evidence is convincing that screening reduces colorectal cancer mortality in adults aged 50 to 75 years, and estimates that about 18,800 lives could be saved each year if population goals for colorectal cancer screening were met.

Several national entities have issued guidelines on colorectal cancer screening. The USPSTF recommends that adults at average risk for colorectal cancer be screened for colorectal cancer from age 50-75 using fecal occult blood testing, sigmoidoscopy or colonoscopy. The American Cancer Society (ACS) guidelines for these screening tests include recommendations regarding frequency:

- Fecal occult blood test (FOBT) annually
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years

The ACS guidelines note that, guaiac FOBT “in the medical office using a stool sample collected during a digital rectal examination (DRE) is not a recommended option for CRC screening, due to its very low sensitivity for advanced adenomas and cancer.” The ACS guidelines also discuss additional screening approaches.

Individuals at increased risk for colon cancer may need to be screened earlier or according to a different schedule.

A 2007 ACS publication on how to increase colorectal cancer screening rates summarizes data from several sources by noting the following: “A recommendation from a physician is the most influential factor in determining whether a patient is screened for colorectal cancer.” Primary care physicians play a particularly important role. The article identifies “inadequate use of office systems” as the primary reason for a gap between a physician's intent to screen and getting patients consistently screened. Examples of strategies to increase colorectal cancer screening rates are “office policies, reminder systems and communication strategies.” The article is available online at no charge at http://caonline.amcancersoc.org/cgi/reprint/57/6/354 and provides details on how to implement these strategies in a physician’s office.


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.
From the Medical Director’s Library…

David Stein, M.D., one of our Medical Directors, returns to the Blue Review to offer suggestions for further reading related to preventive health care issues, along with brief article synopses, comments and citations.

This month, Dr. Stein places his focus on tobacco dependence, which remains the leading preventable cause of morbidity, mortality and excess health care costs. According to an August 2009 article from Mayo Clinic Proceedings, the prevalence of U.S. smokers has declined to its lowest level, 19.8 percent of our adult population. However, as of 2007, 43.4 million U.S. adults still smoke cigarettes, and from 2000 to 2004, cigarette smoking caused an estimated annual average of 443,595 deaths, costing $193 billion per year in productivity losses and smoking related health care expenditures.

The following three articles come highly recommended by Dr. Stein, for updated information regarding the treatment of tobacco dependence:

  
  This article discusses longer-term treatment, combining medications and counseling methods, and recognizing that tobacco usage is a chronic disorder that may relapse like other chronic diseases.

  
  This study compared a 10-week tapering course of a single nicotine patch with that of combined nicotine patch, nicotine inhaler and bupropion. Patients in the combination group could stay on therapy for as long as they felt necessary. Patients were tested with seven-day exhaled carbon monoxide, which confirmed point abstinence after the target quit date. Abstinence rates were 35 percent for the combination group versus 19 percent for the patch alone group.

  
  Patients were divided into three groups: pharmacotherapy alone (consisting of bupropion 150mg twice daily and a nicotine patch 21 mg/day), pharmacotherapy supplemented with up to two counseling calls (moderate intensity), and pharmacotherapy supplemented with up to six counseling calls (high intensity). Interventions were offered every six months for two years. All participants were offered free pharmacotherapy. Self-reported abstinence at 24 months was 27.9 percent in the high intensity group, 23.5 percent in the moderate intensity group, and 23 percent in the pharmacotherapy alone group.

The above articles are for informational purposes only. The views and opinions expressed in these articles are solely those of the authors, and do not represent the views or opinions of BCBSIL, its medical directors or Dr. Stein.

To calculate reimbursement for the administration of general anesthesia, BCBSIL uses the following formula: 

\[(\text{Time Units} + \text{Base Units}) \times \text{Conversion Factor} = \text{BCBSIL benefit allowance amount.}\]

When utilizing the above formula, the time units must be calculated correctly. Time units are anesthesia units and should be measured in minutes. Time begins when the anesthesiologist/anesthetist begins to prepare the patient for anesthesia care and ends when the anesthesiologist/anesthetist is no longer in personal attendance. BCBSIL has defined an anesthesia time unit as 12 minutes.*

To determine time units/anesthesia units, divide the total minutes by 12, then round up to the next full unit (for example: 64/12 = 5.33, round up to 6).

Base Units are developed by the American Society of Anesthesiologists (ASA) and are based on the procedure performed. Base units plus time units are multiplied by the current dollar conversion factor to determine the allowance amount. You may contact your assigned Provider Network Consultant for the conversion factor.

BCBSIL recognizes the anesthesia modifiers and/or risk factor codes when adjudicating an anesthesia claim and pays accordingly. There are other modifiers that may affect pricing, and these will be priced accordingly.

Note: Certified Registered Nurse Anesthetist (CRNA) claims are processed the same way as any other anesthesiology claim, only they are reimbursed at 85 percent of the Schedule of Maximum Allowances (SMA). If CRNAs bill with qualifying circumstance codes, they will get paid 85 percent of the SMA. (If the conversion factor is $48 for anesthesiologists, it would be 85 percent, or $40.80 for CRNAs.)

*Other business entities/practitioners may use a different time interval to describe a time unit.
Coming Soon... Webinars for New Providers!

Beginning in January 2010, our Provider Relations team will offer a series of Webinars for providers, billing services, utilization and administrative staff who are new to the BCBSIL network.

Enjoy the time and money saving convenience of attending a live, online training session right from your own office. Our New Provider Webinars are available in a variety of topics or modules to help you tailor the training, according to the needs of your staff.

Here is a sampling of available topics:

- New Provider 101
- BCBSIL Products (PPO, BlueEdge, HMO)
- eBusiness Connections (Overview of Availity, eCare, and RealMed)

New Provider Webinar modules may be offered individually or in combined sequences, depending on the registration schedule. Please visit www.bcbsil.com/provider/training.htm for dates and times of upcoming Webinars.

Winter HMO Administrative Forum

The next HMO Administrative Forum will be held on Dec. 9, 2009.
Blue Cross and Blue Shield of Illinois
300 E. Randolph St., Auditorium
Chicago, IL 60601
8:30 a.m. until noon

Medical Group/IPA administrative staff can register for the HMO Forum at: www.bcbsil.com/provider/train/hmo_forum_registration.htm

Blue Review

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