Attention High-Tech Imaging Providers: Complete Your OptiNet® Assessment

Our Radiology Quality Initiative (RQI) program, which promotes appropriate, safe and accessible diagnostic imaging for our members, is administered by AIM Specialty HealthSM (AIM®). Obtaining an RQI number through AIM is required prior to ordering high-tech, outpatient, non-emergency imaging studies (MRI/MRA, CT/CTA, Nuclear Cardiology and PET scans) for most Blue Cross and Blue Shield of Illinois (BCBSIL) members with PPO or BlueChoice Select coverage.*

OptiNet was developed by AIM to optimize the efficiency of our RQI program by collecting specific data from imaging providers, and is an essential part of the RQI program. This data is used to evaluate the capabilities of imaging providers and help promote patient safety, cost effectiveness and accessibility of care.

We want to acknowledge those high-tech imaging providers who have completed their OptiNet assessments. The data you entered in OptiNet was analyzed and used to calculate a score for each registered modality. Ordering providers will be able to view your information in AIM’s online directory as part of the RQI process when they are selecting service locations for BCBSIL members.

We note, however, that some high-tech imaging providers have not completed their assessments. If you bill BCBSIL for the technical component of Computed Tomography (CT/CTA), Magnetic Resonance Imaging (MRI/MRA), Nuclear Cardiology or Positron Emission Tomography (PET), and you have not yet completed the OptiNet assessment,

• Your facility will not appear in AIM’s online directory that ordering providers utilize during the RQI process.
• Your facility will not be one of the options suggested to members as part of AIM’s national Specialty Care Shopper program.
• Your facility will not be considered for additional upcoming initiatives.

*This is not a requirement for group members from the City of Chicago, Chicago Public Schools and Alexian Brothers Health Plan.

AIM and OptiNet are registered trademarks of AIM Specialty Health, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions, you should contact the vendors directly.

Certain employer groups may require pre-certification for imaging services from other vendors. If you have any questions, please call the number on the back of the member's ID card.
In the November 2012 issue of the Blue Review, we published and posted to our website a state map illustrating the assignments for our PNCs, who serve our contracting physicians and medical groups. We’ve updated the map to specify that it does not apply to ancillary providers.

**Ancillary PNC Assignments**

We have a team of PNCs dedicated to the category of ancillary providers.

Ancillary providers include:
- Skilled nursing facilities
- Home health agencies
- Hospice
- Home infusion therapy
- Durable medical equipment suppliers
- Orthotics and prosthetics
- Dialysis centers
- Private duty nursing agencies

The following Ancillary PNCs are available to help resolve questions and concerns for our more than 2,000 ancillary providers in Illinois and Northwest Indiana:
- Elaine Williams, 312-653-4305
- Jean Gavina, 312-653-2331

Ancillary providers may also email requests and inquiries to ancillarynetworks@bcbsil.com, or call 312-653-4820.

Did you know we have two additional groups of PNCs? They work with Institutional Providers and HMO Medical Group and Independent Practice Associations. To help identify your assigned BCBSIL PNC, please refer to the updated Provider Network Consultant Assignments page in the Education and Reference section of our Provider website at bcbsil.com/provider.

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**Self-administered Specialty Drug Update (Hemophilia, Hepatitis C and Multiple Sclerosis)**

As a reminder, BCBSIL members are required to use their pharmacy benefit for U.S. FDA-approved self-administered drugs (oral, topical and injectable) and obtain these medications through a pharmacy provider. Self-administered drugs should not be submitted on professional/ancillary electronic (ANSI 837P) or paper (CMS-1500) claims.

Effective July 1, 2013, the following message will be returned on the electronic payment summary or provider claim summary to providers billing for self-administered drugs for hemophilia, hepatitis C and multiple sclerosis: “Self-administered drugs submitted by a medical professional provider are not within the member’s medical benefits. These charges must be billed and submitted by a pharmacy provider.”

To help you determine the correct path for medication fulfillment and ensure that the correct benefit is applied, please refer to the Specialty Pharmacy Program Drug List in the Pharmacy Program/Specialty Pharmacy section of our website at bcbsil.com/provider.

**Note:** In accordance with their benefits, members may be required to use a preferred specialty pharmacy. Please call the number on the member’s ID card to verify coverage or for further assistance or clarification on the member’s benefits. For members whose benefits require them to use Prime Therapeutics Specialty Pharmacy, you may fax the prescription to 877-828-3939 or call 877-627-MEDS (6337) for additional information. Medication(s) can be delivered to any requested location (e.g., member’s home or physician’s office).

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.

Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. Prime Therapeutics LLC is a partially owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. BCBSIL is a Division of HCSC, which contracts with Prime Therapeutics LLC to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services.
National Drug Code (NDC) Pricing for Professional/Ancillary Claims

In last month’s Blue Review, we announced that NDC pricing will be implemented for professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims with dates of service beginning June 1, 2013. As of the June 1, 2013, NDC pricing effective date, professional/ancillary claims for drugs must include NDC data in order to be accepted for processing by BCBSIL.

As a reminder, when submitting NDCs on professional/ancillary claims, you must also include the following related information in order for your claim to be accepted and reimbursed at the NDC level:

- The applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code
- Number of HCPCS/CPT units
- NDC qualifier (N4)
- NDC unit of measure (UN – Unit, ML – Milliliter, GR – Gram, F2 – International Unit)
- Number of NDC units (up to three decimal places)
- Your billable charge for the HCPCS code and your billable charge per NDC unit for the NDC

While the BCBSIL claim system will automatically validate that an appropriate NDC was used relative to the HCPCS/CPT code, it is important to include the correct number of NDC units on your claim. To convert HCPCS/CPT units to NDC units, registered Availity® users may access the NDC Units Calculator Tool, which is available under Claims Management upon logging in to the Availity provider portal. If you are not yet registered with Availity, please visit availity.com for more information. Registration is free and gives you access to a variety of electronic applications offered through Availity for BCBSIL contracted providers.

For additional assistance with using NDCs on professional/ancillary electronic (837P) and paper (CMS-1500) claims, refer to the NDC Billing Guidelines in the Claims and Eligibility/Claim Submission section of our website at bcbsil.com/provider.

CPT is a registered trademark of the AMA. Availity is a registered trademark of Availity, LLC. Availity is a partially owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Shield Association. Availity operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL, a Division of HCSC. Availity is solely responsible for the products and services it provides.

April is Alcohol Awareness Month

Your patients may not be aware that alcohol is the most commonly used addictive substance in the United States. One in every 12 adults – 17.6 million people – suffer from alcohol abuse or dependence, according to the National Council on Alcoholism and Drug Dependence, which promotes Alcohol Awareness Month on its website at ncadd.org.

To help raise member awareness, BCBSIL is highlighting potential dangers of combining alcohol with certain over-the-counter medications or herbal remedies through an article in our April member newsletter. For additional information, we are also referring members to an online resource guide titled “Harmful Interactions: Mixing Alcohol with Medicines,” available on the National Institute of Health’s National Institute on Alcohol Abuse and Alcoholism website at pubs.niaaa.nih.gov/publications/Medicine/medicine.htm.

Other educational resources for BCBSIL members include our Blue Access for MembersSM website, which features information about drinking in moderation, alcohol addiction and healthier ways of coping with stress.
New Account Groups

Group Name: **CVS Caremark**
Group Numbers: 776601-7, 776609-12, 776628-9, 776648
Alpha Prefix: CVC
Product Type: PPO (Portable)
Effective Date: June 1, 2013

Group Name: **Domino Amjet, Inc.**
Group Numbers: P52653, P42071
Alpha Prefix: XOF
Product Type: BlueEdge PPO/HSA (Portable)
Effective Date: April 1, 2013

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.

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**Getting Ready for ICD-10: Is your technology on track?**

The transition to ICD-10 requires everyone in the health care industry to assess their technology and ensure they have technical systems capable of utilizing ICD-10 codes. The U.S. Department of Health and Human Services (HHS) has mandated that everyone covered by the Health Insurance Portability and Accountability Act (HIPAA) must transition from ICD-9 code sets and adopt ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes on Oct. 1, 2014.

In last month's *Blue Review*, we offered questions and resources to help you assess the preparedness of your staff to transition to ICD-10. It is also important to consider the IT requirements of ICD-10, and whether your IT staff and infrastructure are sufficient to meet the deadline for compliance. You may need to select new software vendors, upgrade hardware and/or find a consulting resource with expertise in ICD-10.

This month, we offer some important topics to discuss with your IT staff as well as software, billing service and clearinghouse vendors, if applicable, as you plan your transition.

**WILL YOUR VENDORS BE READY WHEN YOU ARE?**

It is critical that providers work with their technology vendors to ensure a common understanding of transition timelines. Knowing if and when your vendor will be ready to support ICD-10 is the first step in assessing your technology needs. If your vendor isn’t sure they will be ready or able to support the transition, it’s time to find a different vendor.

As you read in last month’s *Blue Review*, staff training for coders and others involved in the use of ICD-10 codes is significant and requires an early start to be effective. Ask your technology vendors to provide the details on the training support included with any new software or hardware changes prior to implementation, testing and post-transition. Keep in mind that many practices may need additional support after Oct. 1, 2014, as the industry adjusts to a more comprehensive and complicated code set.

Ensuring your vendor’s technology solutions will fit your testing timeline is also crucial. The Centers for Medicare & Medicaid Services (CMS) recommends providers begin external testing by fall of 2013. Ask if your vendor will be ready to support you when you begin external testing.

**WHAT WILL IT COST?**

If your current or new vendors can meet your technology needs for ICD-10, the next important factor is cost. Consider the following possible questions:

- Does your current vendor agreement include support for ICD-10?
- Can your current system be upgraded to support ICD-10? If so, when?
- Will you require hardware upgrades? Are hardware upgrades included in your existing contract?
- Is testing included in the cost of new hardware and/or software?
- What kind of support and training is included?
- Will there be post-implementation support?
- What mapping or cross-walking strategies will be used? When can you start testing these strategies?
- Will support for simultaneous ICD-9 and ICD-10 coding be included?

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**BCBSIL RESOURCES FOR ICD-10 PLANNING**

Visit the ICD-10 page in the Standards and Requirements section of our Provider website at [bcbsil.com/provider](http://bcbsil.com/provider) for information to help you create, execute and test your transition plan.

Our webinars are a great interactive resource as well. This month we will feature webinars hosted by BCBSIL with experts from the American Health Information Management Association (AHIMA). Sign up at [bcbsil.com/provider](http://bcbsil.com/provider).
An expedited pre-service clinical appeal can be requested upon receipt of an adverse determination from BCBSIL. An expedited pre-service clinical appeal may be requested if the member, an authorized representative or the physician feels that non-approval of the requested service may seriously jeopardize the member’s health. An appeal also may be submitted if, in the opinion of the practitioner with knowledge of the member’s medical condition, non-approval would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

The medical service or treatment should meet the following criteria:

- Satisfy the above description as urgent in nature
- Has not yet taken place or is ongoing
- Determined by BCBSIL to be medically unnecessary, experimental, investigational or medically unproven
- Not covered for clinical reasons or not in benefit

The appeal should include medical records, office notes or any other necessary documentation to support the request. BCBSIL will provide a decision within 48 to 72 hours.

**HOW TO SUBMIT AN EXPEDITED PRE-SERVICE CLINICAL APPEAL**

Once it has been determined that the expedited pre-service clinical appeal criteria have been met, complete an Expedited Pre-service Clinical Appeal form.

The preferred method for submitting expedited pre-service clinical appeals is via fax. You may also submit an appeal request by calling BCBSIL and leaving a voicemail message.

**Expedited Appeals by Fax** – This form is available in the Education and Reference Center/Forms sections of our Provider website at bcbsil.com/provider. Fax your request, along with the necessary supporting documentation to 312-946-3634, Attention: Appeals Department.

**Expedited Appeals by Phone** – Call BCBSIL at 312-653-1949 or 312-653-1950 to leave a voicemail with details regarding your expedited pre-service clinical appeal request.

**Note:** These appeal procedures do not apply to HMO members.

Additional information on other types of appeals is scheduled to be included in upcoming issues of the Blue Review, as well as the News and Updates section of our Provider website.

Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the back of the member’s ID card.
Enhancements in Claims Processing Efficiency

In the third quarter 2013, BCBSIL will begin accepting partial batches, rejecting only individual claims that do not meet HIPAA compliance standards.

When you transmit ANSI 5010 837 professional or institutional claim file(s), BCBSIL will forward all valid and successful claims for processing and adjudication. Our payer response reports will indicate which claims were rejected so that those claims may be corrected and resubmitted as appropriate. The entire batch of claims should not be resubmitted, as this will result in duplicate claims within the adjudication process.

If you use a billing service or clearinghouse to submit claims on your behalf, please be sure they are aware of this information.

If you have any questions about this notice, please contact our Electronic Commerce Center at 800-746-4614 for further assistance.

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.

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<thead>
<tr>
<th>WEBINARS</th>
<th>All sessions: 2 to 3 p.m.</th>
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<tr>
<td><strong>Electronic Refund Management (eRM)</strong></td>
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<tr>
<td>April 3, 2013</td>
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<td><strong>iEXCHANGE® Webinars</strong></td>
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<td>iEXCHANGE is a Web-based application that can be used to submit transaction requests for inpatient admissions and extensions, treatment searches, provider/member searches and select outpatient services and extensions. Customized training is available upon request.</td>
<td>To view available topics, visit the Workshops/Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.</td>
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<tr>
<td>April 16, 2013 (Facilities)</td>
<td>To request training, contact us at <a href="mailto:iexchange_helpdesk@bcbsil.com">iexchange_helpdesk@bcbsil.com</a> and include your name, telephone number and the topics of interest.</td>
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<td>April 17, 2013 (Professional Providers)</td>
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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.
A Review of Non-covered Nerve Block and Treatment Methods for PPO Members*

BCBSIL periodically performs audits of provider-submitted claims to determine if there may be a need for provider outreach or training. Recently, we have seen an increase in the submission of claims to BCBSIL for select nerve block and treatment methods.

For BCBSIL providers who perform nerve block using methods including, but not limited to, the Integrated Nerve Block Pain Elimination System, Electrical Signal Therapy, Electronic Signal Treatment and Electro Analgesic Nerve Block, it is important to note that this treatment and related services have not been proven to improve health outcomes.

Nerve block, or similar treatments consisting of a local anesthetic injection/electrical stimulation combination procedure, is not supported by any peer-reviewed medical source, standard textbook or community standard of care, and no double blind study has proven the effectiveness of this treatment method. This type of treatment is considered an experimental, investigational and unproven method of treatment for pain or neuropathy or any diseases.

Further, BCBSIL’s Medical Policy MED201.026 – Surface Electrical Stimulation specifies that electrical stimulation is considered to be experimental, investigational and unproven. Therefore, this treatment modality is not eligible for benefit coverage by BCBSIL for PPO members.

Listed below are HCPCS and CPT codes related to the above non-covered services, along with definitions from hcpcs.info and ama-assn.org.

- HCPCS Code G0283 - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
- CPT Code 97014 - Application of a modality to one or more areas; electrical stimulation (unattended)
- CPT Code 97032 - Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- CPT Code 64450 - Injection, anesthetic agent; other peripheral nerve or branch

BCBSIL’s Medical Policy MED201.026 – Surface Electrical Stimulation and other medical policies can be viewed in the Standards and Requirements/Medical Policy section of our website at bcbsil.com/provider. While medical policies may be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, available in the Standards and Requirements section of our Provider website.

*For HMO Members: If a Primary Care Physician/Participating Specialist Provider deems such procedures to be medically necessary for an HMO member, it may be a covered benefit, with a referral.

The BCBSIL Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are encouraged 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.

New! Professional Provider Workshops

Do you know how the implementation of government mandates, such as ICD-10 and Risk Adjustment, will impact your practice? Specialized training for PPO providers is coming soon to a location near you! At BCBSIL, our Provider Relations team is conducting a new series of workshops over the next several months aimed at answering key questions about the ongoing changes in health care. Be on the lookout for flyers announcing workshops in your area.

In addition to briefing you on Risk Adjustment, ICD-10 and other initiatives, these workshops will give you the opportunity to:

- Meet your assigned Professional Provider Network Consultant (PNC)
- Participate in a question and answer session on topics that are important to you
- Learn about electronic transactions available to BCBSIL providers
- View demonstrations from health information technology vendors

We want to make it easier and more efficient to do business with us. To find your assigned PNC, check out the Professional PNC list located on our Provider website on the Education and Reference Center/Provider Network Consultant Assignments page. Please don’t hesitate to contact your PNC with questions and/or feedback about our workshops.
From the Medical Director’s Library

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

*The article for this month is by Michael Climo et al. Effect of Daily Chlorhexidine Bathing on Hospital-Acquired Infection. N Engl J Med 2013;368:533-542. It was funded by the Centers for Disease Control and Sage Products."

The study was a multicenter, cluster-randomized, nonblinded crossover trial involving 7,727 patients using bathing with chlorhexidine washcloths versus non-antimicrobial washcloths. Daily bathing with chlorhexidine reduced the acquisition of multidrug resistant organisms by 23 percent and the rate of hospital-acquired bloodstream infections by 28 percent.

The impact of this rather simple intervention is rather remarkable!

David W. Stein, M.D.

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

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

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