Blue Cross and Blue Shield of Illinois Achieves
“Highest Member Satisfaction among Commercial Health Plans in Illinois/Indiana Region, Six Years in a Row”

Blue Cross and Blue Shield of Illinois (BCBSIL) ranks highest in member satisfaction* for a sixth consecutive year, according to a J.D. Power and Associates study.

The J.D. Power 2013 Member Health Plan StudySM measured satisfaction among 33,000 members of 136 commercial health plans in 17 regions throughout the United States by examining seven key factors: coverage and benefits, provider choice, information and communication, claims processing, statements, customer service and approval process.

In 2013, BCBSIL achieved a score of 712 – eight points higher than the average satisfaction index score of 704 in the Illinois-Indiana region. BCBSIL has achieved the highest satisfaction ranking for six consecutive years.

While so much in the health care industry is changing, BCBSIL has strived to maintain its commitment to stand with its members in sickness and health. The J.D. Power recognition comes as BCBSIL prepares to reach out to thousands of potential members shopping for health insurance on the new exchanges (also referred to as the health insurance marketplace) this year.

Don’t Procrastinate –
Get Ready for ICD-10

According to a recent American Health Information Management Association (AHIMA) survey, the average cost budgeted by providers to train one ICD-10 coder is $12,000.1

Do you know how much your practice needs to budget for ICD-10 training?

The responses to BCBSIL’s Provider Readiness Survey indicated that many providers are lagging behind in their preparations for the transition to ICD-10. The cost of not being prepared for the transition could be problematic. Claims submitted without the appropriate ICD-10 codes will not be processed, resulting in a backlog of claims that need to be recoded. This could mean major business interruptions for any size practice.

(continued on p. 3)
**GuidedHealth® Platform Supports Clinical Program Expansion**

BCBSIL offers a wide range of clinical programs to help enhance the level of care and outcomes for our members. As an enhancement in 2013, we’re pleased to announce the implementation of GuidedHealth. This analytics platform from Prime Therapeutics (Prime) integrates medical and pharmacy claims data, applies evidence-based clinical rules and provides medication-related recommendations to physicians and members.

The GuidedHealth platform powers our Retrospective Drug Utilization Review (RDUR) program, which is administered by Prime. Prime is the pharmacy benefit manager for most BCBSIL members. The RDUR program helps to identify patients with potential drug therapy concerns.

GuidedHealth RDUR for BCBSIL is arranged in three modules: Overutilization, Safety and Cost Savings. Below are examples of categories included in these modules that may be deployed throughout the year.

<table>
<thead>
<tr>
<th>Module</th>
<th>Objective</th>
<th>Category Examples</th>
</tr>
</thead>
</table>
| Overutilization | Focuses on potentially improper and unnecessary use of medications (misuse, abuse, drug conflict and off-label use) | • Narcotic Analgesic/Benzodiazepine/Muscle Relaxant Combination Therapy  
• Proton Pump Inhibitor Duration of Therapy |
| Safety          | Identify and recommend discontinuation of potentially unsafe medication use | • U.S. Food and Drug Administration (FDA) MedWatch Safety Alert  
• High Dose Acetaminophen |
| Cost Savings    | Promote the awareness of generic drug alternatives in place of non-formulary brand products | • Generic Opportunity*  
○ Proton Pump Inhibitors  
○ Statins |

*As part of the Generic Opportunity category, mailings are also sent to BCBSIL members to help increase awareness of cost-effective alternatives to brand name drugs.

If your patient is identified via one or more of these categories, you may receive a letter from BCBSIL that references GuidedHealth. In support of your treatment plan for our member, a drug therapy opportunity summary will be included with your letter, along with a medication claims profile for the identified member. We hope you will find this information helpful and we want to thank you in advance for taking the time to review all medication-related recommendations. If you receive a letter, we would appreciate your taking the time to fill out the enclosed feedback survey so we can continue to improve the service we provide.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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.

GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association, contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. HCSC, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.
PHARMACY PROGRAM CHANGES (Effective July 1, 2013)

STANDARD FORMULARY CHANGES
Based on the Prime Therapeutics National Pharmacy and Therapeutics Committee review of changes in the pharmaceuticals market, some revisions were made to the standard BCBSIL formulary effective July 1, 2013.

Standard Formulary Additions
Brand Medications Added to the Formulary Effective July 1, 2013

<table>
<thead>
<tr>
<th>Formulary Brand*</th>
<th>Drug Class/Condition Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advate, Alphanate, AlphaNine SD, Bebulin, Bebulin VH, BeneFIX, Corifact, FEIBA NF, FEIBA VH, Helixate FS, Hemophil M, Humate-P, Koate-DVI, Kogenate FS, Kogenate FS with BIO-SET, Monoclone-P, Mononine, NovoSeven RT, Proflnine SD, Recombinate, Wilate, Xyntha, Xyntha SoloFuse</td>
<td>Hemophilia</td>
</tr>
<tr>
<td>Letairis</td>
<td>Pulmonary Arterial Hypertension</td>
</tr>
<tr>
<td>Potassium Citrate</td>
<td>Kidney Function</td>
</tr>
<tr>
<td>Xarelto</td>
<td>Anticoagulant</td>
</tr>
</tbody>
</table>

Standard Formulary Deletions
Brand Medications Moved to a Higher Out-of-pocket Payment Level Effective July 1, 2013

<table>
<thead>
<tr>
<th>Non-Formulary Brand*</th>
<th>Condition Used For</th>
<th>Generic Formulary Alternative(s)</th>
<th>Formulary Brand Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevpac, Pylera</td>
<td>Ulcer</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

N/A = Not available

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 FDA-approved dosage regimens and product labeling.

Standard Formulary Additions
Effective July 1, 2013, dispensing limits were added for the following drugs:

<table>
<thead>
<tr>
<th>Drug Class and Medications*</th>
<th>Dispensing Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Modifying Drugs</td>
<td></td>
</tr>
<tr>
<td>Eliquis (apixaban)</td>
<td>60 tabs/30 days</td>
</tr>
<tr>
<td>Opioid Dependence</td>
<td></td>
</tr>
<tr>
<td>Suboxone (buprenorphine/naloxone)</td>
<td>60 films or tabs/30 days</td>
</tr>
<tr>
<td>Subutex (buprenorphine)</td>
<td>60 tabs/30 days</td>
</tr>
</tbody>
</table>

For the most up-to-date list of drug dispensing limits, view the Dispensing Limits page in the Pharmacy Program section of our website at bcbsil.com/provider.

Targeted mailings were sent to members affected by changes in dispensing limits per our usual process of notifying members at least 60 days prior to implementation.

STANDARD UTILIZATION MANAGEMENT PROGRAM PACKAGE CHANGES
Prior Authorization (PA) Addition
Effective July 1, 2013, the drug category listed in the table below has been added to the PA program for all standard benefit plans upon renewal.

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Targeted Medications*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Dependence</td>
<td>Suboxone, Subutex</td>
</tr>
</tbody>
</table>

Targeted mailings were sent to members affected by this change per our usual process of notifying members at least 60 days prior to implementation.

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

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.

Preparing for ICD-10
(continued from p. 1)

Are you on track?
The Centers for Medicare & Medicaid Services advises that, by July 2013, your practice should already be conducting staff training, and internal testing of ICD-10 should be in progress. By the end of the year, you should be testing or ready to test with business trading partners, including payers, clearinghouses and billing services.1,3

BCBSIL’s Online Readiness Survey will help you find out if you’re ready for the transition to ICD-10. Completing the survey will also add you to our database of providers who may be interested in testing. We suggest that you retake the survey quarterly to help you track your progress.

Visit the Standards and Requirements/ICD-10 section of our website at bcbsil.com/provider for more information and resources to help with your transition. You can also email us at icd@bcbsil.com to receive more information about ICD-10 implementation tips and updates.


This month, the 2013 HMO Member Survey will be mailed to randomly selected HMO Illinois and BlueAdvantage members in each Medical Group/Independent Practice Association (MG/IPA).

The primary purpose of this annual survey is to assess member satisfaction with various factors at the MG/IPA site level. These factors include access to medical care and overall services rendered by Primary Care Physicians (PCPs) and specialists in the BCBSIL network.

The results of this survey are used to determine an MG/IPA site’s “Blue Ribbon” indicators in the HMO directory including overall satisfaction and satisfaction with the referral process for specialists.

Please feel free to notify your HMO Illinois and BlueAdvantage HMO patients that the survey will be distributed soon. You may encourage members to promptly complete and return the survey to BCBSIL in the postage-paid envelope provided within five business days of receipt.

Note: Surveys contain instructions for Spanish-speaking and/or -reading members to request a survey by telephone. A bilingual postage-paid postcard is also included in the survey mailing for members to request a survey in Spanish.

### 2012 HMO Primary Care Physician Survey Results

Results are in from the 2012 HMO Illinois and BlueAdvantage HMO Primary Care Physician (PCP) Survey. BCBSIL received completed questionnaires from 1,648 HMO physicians, which represents a response rate of 29 percent.

The table below shows select highlights of the results from the 2012 survey. The survey used a 5-point scale, from Excellent to Poor. The percentages reflect combined responses in the top three boxes (Excellent, Very Good and Good), with the exception that results for the Hospital Information questions are based on the top two categories (Excellent and Very Good).

<table>
<thead>
<tr>
<th>HMO Survey Questions</th>
<th>HMO PCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey Response Rate</strong></td>
<td>29%</td>
</tr>
<tr>
<td>IPA* Overall Rating**</td>
<td>94%</td>
</tr>
<tr>
<td><strong>IPA Utilization Management</strong></td>
<td></td>
</tr>
<tr>
<td>• Utilization review</td>
<td>92%</td>
</tr>
<tr>
<td>• Case management</td>
<td>91%</td>
</tr>
<tr>
<td>• Timeliness of UM decisions</td>
<td>90%</td>
</tr>
<tr>
<td>• Overall UM process</td>
<td>90%</td>
</tr>
<tr>
<td><strong>IPA Referral Process</strong></td>
<td></td>
</tr>
<tr>
<td>• Adequacy of specialist network</td>
<td>90%</td>
</tr>
<tr>
<td>• Quality of specialist network</td>
<td>94%</td>
</tr>
<tr>
<td>• Overall process</td>
<td>90%</td>
</tr>
<tr>
<td><strong>IPA Claims Payment</strong></td>
<td></td>
</tr>
<tr>
<td>• Timeliness</td>
<td>89%</td>
</tr>
<tr>
<td>• Accuracy</td>
<td>90%</td>
</tr>
<tr>
<td><strong>BCBSIL Services</strong></td>
<td></td>
</tr>
<tr>
<td>• Provider Telecommunications Center (PTC) overall</td>
<td>84%</td>
</tr>
<tr>
<td>• Experience with Availity®, RealMed® or NDAS Online/eCare®</td>
<td>96%</td>
</tr>
<tr>
<td>• Blue StarSM Hospital Report overall</td>
<td>95%</td>
</tr>
<tr>
<td>• Blue Star MG/IPA Report overall</td>
<td>93%</td>
</tr>
<tr>
<td><strong>BCBSIL Quality On-site Audit</strong></td>
<td></td>
</tr>
<tr>
<td>• Knowledge of BCBSIL Quality On-site Audit staff</td>
<td>98%</td>
</tr>
<tr>
<td>• Courtesy of BCBSIL Quality On-site Audit staff</td>
<td>98%</td>
</tr>
</tbody>
</table>
The survey included questions regarding the physician’s tenure and likelihood to recommend his/her primary admitting hospital. Eighty-seven percent of PCPs have been admitting to their primary hospital for greater than five years. More than 97 percent of PCPs would recommend their primary admitting hospital to family and friends.

**MEDICAL RECORDS**

In 2012, 68 percent of PCPs surveyed reported utilization of an Electronic Medical Record (EMR). Of those who reported non-utilization, 47 percent anticipated implementing an EMR in 2012. The top two electronic tools utilized by PCPs included e-prescribing (80 percent) and electronic referrals (64 percent).

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

In 2012, 88 percent or more of PCPs in the HMO rated the reports they received from hospitals, outpatient surgery/surgicenters, skilled nursing facilities and home health care facilities as Excellent, Very Good or Good. At least 92 percent of PCPs rated feedback from several specialties, including but not limited to, general surgeons, cardiologists, orthopedic surgeons, ophthalmologists and dermatologists as Excellent, Very Good or Good. Eight-one percent of PCPs gave Excellent, Very Good or Good ratings to feedback from behavioral health specialists.

In summary, there were significant improvements in many of the HMO PCP survey indicators, including several of the indicators regarding BCBSIL services and specialist feedback to PCPs. We are pleased that these satisfaction rates continue to improve, showing that the MG/IPAs and their contracting physicians are increasing their communications to better coordinate the HMO member’s care.

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 Blue 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.

RealMed is a registered trademark of RealMed Corporation, an Availity Company.

eCare is the registered trademark of Nebo Systems, a division of Health Communications, Inc. (Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers). Passport/Nebo Systems and RealMed Corporation are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding any of these vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

**Upcoming Physician/Practitioner Surveys**

We want to hear from you. Watch your mailbox for our annual Physician/Practitioner surveys. HMO PCPs and randomly selected PPO physicians will soon receive our 2013 surveys. These surveys are conducted annually to analyze the physician experience with BCBSIL and with the practitioner’s primary hospital.

The HMO survey includes questions about operational, service and reporting activities that HMO MG/IPAs and BCBSIL conduct. PCPs who contract with more than one HMO MG/IPA will receive a separate survey for each entity with which they are contracted. The PPO surveys include questions about operational, service and reporting activities conducted by BCBSIL.

BCBSIL maintains the confidentiality of all respondents to the surveys. A number on the survey identifies the respondent to ensure that we do not record more than one set of answers per respondent. Aggregate results are reported to BCBSIL operating areas and the HMO MG/IPA without identifying individual physicians/practitioners.

The survey questions are addressed directly to the practitioners. However, office staff may be more familiar with some activities and they may provide assistance in completing the survey. Some questions may not apply to the experience of the practitioner or their office staff. “No experience” is an acceptable response, when applicable.

If you receive a survey, please complete and return it in the postage-paid envelope within 10 business days of receipt.

We appreciate your feedback.
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 listed in the section “Groups with Updates” does not indicate that it is a new addition 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.

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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>
| July 3, 2013 | iEXCHANGE® Webinars  
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. |
| July 10, 2013 | All sessions: 2 to 3 p.m. |
| July 17, 2013 | All sessions: 2 to 3 p.m. |
| July 24, 2013 | All sessions: 2 to 3 p.m. |
| July 31, 2013 | All sessions: 2 to 3 p.m. |

#### 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.

### WORKSHOPS

#### BCBSIL Professional Provider Workshop

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>
| July 18, 2013 | BCBSIL Professional Provider Workshop  
Crowne Plaza  
3000 S. Dirksen Pkwy.  
Springfield, IL 62703  
The registration deadline is July 12, 2013. Providers can either register online or by contacting Teresa Trumbley at trumbleyt@bcbsil.com or 618-998-2528. |

#### BCBSIL Professional Provider Workshop

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>
| Aug. 8, 2013 | BCBSIL Professional Provider Workshop  
Alexian Brothers Health System  
3040 W. Salt Creek Ln.  
Arlington Heights, IL 60005  
The registration deadline is Aug. 1, 2013. Providers can either register online or by contacting Gina Plescia at gina_plescia@bcbsil.com or 312-633-4733. |

#### BCBSIL Professional Provider Workshop

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>
| Aug. 15, 2013 | BCBSIL Professional Provider Workshop  
Rent One Park  
1000 Miners Dr.  
Marion, IL 62959  
The registration deadline is Aug. 7, 2013. Providers can either register online or by contacting Teresa Trumbley at trumbleyt@bcbsil.com or 618-998-2528. |

#### HMO Administrative Forum

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>
| Aug. 14, 2013 | HMO Administrative Forum  
BCBSIL Auditorium  
300 E. Randolph St.  
Chicago, IL 60601  
8 a.m. to noon |

To view available topics, visit the Workshops/Webinars page in the Education and Reference Center on our website at bcbsil.com/provider.

To request training, contact us at iexchange_helpdesk@bcbsil.com and include your name, telephone number and the topics of interest.
Important Change for Claim Status Requests

Effective Aug. 1, 2013, claim status will be available exclusively through the BCBSIL automated phone system and electronic vendors, such as Availity. We understand your need to speak with someone at times to resolve specific patient inquiries; therefore, our Customer Advocates will remain available for eligibility and benefit inquiries as well as claim adjustments when necessary.

Our automated phone system and the Availity Claim Research Tool are available at no cost to your organization. These resources provide real-time and detailed information pertaining to your finalized and in-process claims.

CLAIM STATUS REQUESTS MAY INCLUDE:

- Claim number
- Receipt date
- Processed date
- Date paid
- Amount paid
- Payee
- Line-item processing detail
- Check number
- Copay, deductible and coinsurance
- Total patient share
- Confirmation number/Transaction ID*

*Our automated phone system provides individual confirmation numbers for each inquiry; Availity provides Transaction IDs for each submission.

WHAT IS THE AVAILITY CLAIM RESEARCH TOOL?

Registered Availity users may access the Claim Research Tool for enhanced, real-time claim status functionality to help manage and resolve BCBSIL claims. You can use this online tool to check status of multiple claims in one view, search claims for a particular date or date range, view claims according to status (such as paid, pended or denied) and verify detailed line level information (such as amount paid, ineligible reason codes and detailed descriptions for each line of service).

The Claim Research Tool also:

- Displays monetary amounts from Medicare, other carriers and Health Care Accounts (HCAs) that have been applied to any claim; and
- Shows the specific item(s) required to complete the processing of a claim when additional information is requested.

For assistance with navigating the Availity Claim Research Tool, refer to the tip sheet in the Education and Reference Center/Provider Tools section of our website at bcbsil.com/provider.

NEED CUSTOMIZED TRAINING?

We’re eager to share the advantages these complimentary tools can offer. If you are interested in learning more, email our Provider Education Consultants at pecs@bcbsil.com. Please include your name, provider organization, billing NPI (or Tax ID) and business phone number so that we may contact you to make arrangements for customized training.

From the Medical Director’s Library

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

The article and accompanying editorial this month deal with the importance of cardiac rehabilitation.


Both of these papers discuss the reduction in mortality in the entry group with the lowestcardiorespiratory fitness which showed significant functional improvement after 12 weeks of a cardiac rehabilitation program. These benefits were also assessed at one year.

This is not the first report of this correlation, but I feel its importance should be stressed. The inverse relationship between aerobic capacity and cardiovascular and all-cause mortality is well recognized by physiologists and epidemiologists. Prior studies showed a 22 percent reduction in risk of sudden cardiac death per MET increase in fitness and a 13 to 15 percent decrease in the risk of death per MET increase in fitness. However, the medical community has been slow to embrace cardiorespiratory fitness as one of the strongest and consistent prognostic markers in patients with and without coronary heart disease. Cardiac Rehabilitation is unfortunately still underutilized despite confirmation of its benefits.

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.
Navigating the BCBSIL Interactive Voice Response (IVR) Phone System

Our automated IVR system enables you to conduct business with BCBSIL quickly and efficiently without the need to speak to a Customer Advocate. If you prefer to use the telephone rather than go online, you can use the automated IVR system to obtain eligibility and benefits information, check claim status and initiate select inpatient and outpatient preauthorization requests. The information you receive through the IVR is just as reliable as the information offered by Customer Advocates—without the need to wait on hold.

Easy-to-follow, detailed instructions for navigating the IVR phone system are available on our website at bcbsil.com/provider in the Education and Reference Center, under Tutorials/User Guides. Our IVR Caller Guides offer step-by-step instructions for the following:

- Eligibility and Benefits
- Inpatient Preauthorization
- Outpatient Preauthorization
- Preauthorization: Check Request Status
- Preauthorization: Extend a Request
- Behavioral Health Eligibility and Benefits
- Behavioral Health Preauthorization
- Claim Status

Blue Review is a monthly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. Blue Review is located on our website at bcbsil.com/provider.

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

**BLUE REVIEW**

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Website: bcbsil.com/provider

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