The National Committee for Quality Assurance has awarded HMO Illinois and BlueAdvantage HMO an accreditation status of Commendable for service and clinical quality. "Achieving an accreditation status of Commendable from NCQA is a sign that a health plan is serious about quality. It is awarded to plans whose service and clinical quality meet or exceed NCQA’s rigorous requirements for consumer protection and quality improvement," said Margaret E. O’Kane, president of NCQA. HMO Illinois and BlueAdvantage HMO performance results can be found at www.ncqa.org.

New! Online Member Liability Estimator

The new Availity® CareCost Estimator (CCE), developed jointly with Availity, is a member liability estimator (MLE) tool. The CCE will review the available information submitted: primary diagnosis, procedures performed, available benefits and contractual allowances. Then, the CCE will calculate an estimated out-of-pocket cost in real-time for office and outpatient services provided to BCBSIL members.”

Using this free online tool can help provide your practice with greater transparency regarding a member’s potential out-of-pocket costs, giving you the option to decide if you would like to collect the estimated member’s share at the point of service. The CCE tool is available only to registered Availity users and may be accessed only via the Availity Web portal. This MLE function is not available via BCBSIL Customer Advocates on the phone or through our automated Interactive Voice Response (IVR) phone system.

Remember—the CCE is exactly that—an “estimator.” This means that the CCE tool provides an estimate of the member’s liability based on the information available at the time the estimate was processed. Actual coverage and member liability amounts will be determined when the claim is processed. The CCE does not provide preauthorization or any guarantee of payment. If the actual dollar amount collected from the member is greater than the amount owed, once the claim has been processed, the provider will be obligated to promptly refund the overpayment to the member.

An Availity CareCost Estimator Tip Sheet is available in the Education and Reference Center of the BCBSIL Provider website at www.bcbsil.com/provider. View the CareCost Estimator Tip Sheet and the Provider Manual online for complete details on exceptions and other limitations of this new tool. Registered users can also attend free Availity webinars to learn about the CCE tool and other Availity applications. For a current schedule of webinar offerings, just click on “Free Training” from any page after logging on to the Availity portal.

To register with Availity, access the free CCE tool and learn about other options, visit www.availity.com. You may also contact Availity Client Services at (800) AVAILITY (282-4548) for assistance.

*The Estimator 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, benefits, limitations and exclusions and the terms of the member’s certificate of coverage in effect on the date services are rendered. Accumulated amounts, such as deductibles, may change as additional claims may have been processed after the estimate was provided.

**See the CCE Tip Sheet for a brief list of exceptions.

Availity is a registered trademark of Availity, L.L.C., an independent, third-party vendor. Availity is solely responsible for all of its products and services, including the CareCost Estimator.
Member Survey Moves ‘Word-of-Mouth’ to the Web

When our members are looking for a physician, they often rely on recommendations from their friends, family or other trusted sources. In November 2010, BCBSIL will introduce a new online tool to enable BCBSIL members to share their experiences from the patient perspective. This interactive transparency tool is called the Zagat Health Survey, and it will be available as a new feature within our Provider Finder, which members can access via our secure BlueAccess for Members website at www.bcbsil.com/member.

Here’s how it works: When a member conducts a Provider Finder search for a physician, they will see a Zagat Health Survey box on the screen, in addition to other information about the provider. If the member is a current patient of the provider, they may select Add Your Review to rate the provider in the following four categories: Trust, Communication, Availability, and Office Environment. In addition, members can select a “yes” or “no” response to indicate whether or not they would recommend their provider to others.

The survey tool will also allow members to enter comments, if desired, to describe their patient experience. All comments are run through an automated filter which removes any unacceptable language; in addition all comments are manually moderated 24 hours after they are posted. A patient may not review their physician more than once; however, reviews may be updated at a later time. Members must certify that they received services from providers they rate; and parents may enter a rating of their minor child’s physician.

In order for a provider’s scores in each of the categories to be displayed in the Provider Finder, along with the percent of patients who would recommend the provider to other members, the provider must have at least 10 reviews in the system. There is a “Key to Ratings” link to explain how scores are tabulated. Members may also select View All Consumer Comments for an expanded view of survey results for a particular provider. Members may view a complete list of all comments entered for that provider; they may also “roll over” categories and numbers for additional details.

At BCBSIL, we are committed to providing our members with useful, convenient and innovative resources that can help them become better-informed health care consumers. We encourage you to tell your patients about the new Zagat Survey Tool, so that they may go online and submit a review. If you have any questions or need additional information regarding the launch of our new Zagat Health Survey, please contact Dion Sarthy at dion_sarthy@bcbsil.com or (312) 653-8137.

Zagat is a trademark of Zagat Survey, L.L.C., an independent third party vendor that is solely responsible for its products and services.

The member comments posted on the site do not represent the views or opinions of BCBSIL. The members posting comments are solely responsible for their content.

Complex Case Management for HMO Members

Attention, HMO Physicians: Complex case management services may be available for your BCBSIL HMO Illinois and BlueAdvantage HMO patients through your Medical Group (MG) or Independent Practice Association (IPA). Your HMO patients may be added to this program if the HMO member has a complex chronic condition requiring multiple services and/or a specific acute condition. Please contact your MG/IPA for more information about this program.

The case management program is not a substitute for the sound medical advice of a doctor. Members are instructed to discuss any questions or concerns with their health care provider.

Clarification on IHQI Program

We would like to cite additional references for the article titled, “Illinois Hospital Quality Initiative (IHQI) Program Targets Preventable Infections,” which appeared on page 1 of our October Blue Review.

Our statement that, “Each year, nearly one in 20 patients acquires an infection in U.S. hospitals and almost 100,000 people die as a result,” was taken from the Centers for Disease Control (CDC) website on Estimates of Healthcare-Associated Infections at www.cdc.gov/ncidod/dhqp/hai.html. In addition to the 2009 publication referenced with the Blue Review article, the CDC site references a 2002 Public Health Report, “Estimates of Healthcare-Associated Infections and Deaths in U.S. Hospitals,” as a resource used for citing the statistical data.
**Text4baby** is an educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB) that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life.

Designed to promote maternal and child health, text4baby text messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health and safe sleep. The messages offer prenatal and infant care services or other resources.

Your pregnant patients who sign up for the service will receive free SMS text messages each week, timed to their due date or baby’s date of birth. After start-up messages, they will receive up to three texts per week throughout their pregnancy until the baby’s first birthday.

BCBSIL members can sign up for the service by texting BABY to 511411 (or BEBE for Spanish messages). The confidential messaging service is HIPAA-compliant and due date changes or cancellations can be made at any time.

Members can find more information about text4baby by logging into Blue Access® for Members on our website at www.bcbsil.com/member.

*BCBSIL does not guarantee or make any claims or recommendations regarding the text messages sent by text4baby. National Healthy Mothers, Healthy Babies Coalition is solely responsible for the content of the texts and all other services.*

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**NEW ACCOUNT GROUPS**

All of the accounts listed below have Blue Cross and Blue Shield Coverage, unless otherwise indicated.

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Group Number</th>
<th>Alpha Prefix</th>
<th>Product Type</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate Health Care</td>
<td>P91652</td>
<td>XOF</td>
<td>PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>BNSF Railway</td>
<td>444903-06</td>
<td>BNF</td>
<td>CDHP/PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>CCC Information Services, Inc.</td>
<td>022250-51</td>
<td>KCG</td>
<td>PPO (Portable) BlueEdge PPO/HCA (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td></td>
<td>022252, 022265</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>022266, 022270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Texas Health Benefit Trust Fund</td>
<td>P09906</td>
<td>TAF</td>
<td>PPO (Portable)</td>
<td>Dec. 1, 2010</td>
</tr>
<tr>
<td>Country Financial</td>
<td>757586, 757588</td>
<td>CYS</td>
<td>CDHP/PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>DSC Logistics</td>
<td>553618-19</td>
<td>DSK</td>
<td>PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>Exelon Corporation</td>
<td>958963</td>
<td>CEP</td>
<td>PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>IBA USA, Inc.</td>
<td>216343</td>
<td>EIS</td>
<td>CDHP PPO/HCA (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>Resurrection Health Care</td>
<td>ORX821</td>
<td>ORX</td>
<td>PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>Veolia Energy North America Holdings, Inc.</td>
<td>44839</td>
<td>WVE</td>
<td>BlueEdge PPO/HSA (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
<tr>
<td>Walgreens Co./Walgreens Option Care</td>
<td>P40647 P40648</td>
<td>WAG/NQP</td>
<td>CDHP/PPO (Portable) PPO (Portable)</td>
<td>Jan. 1, 2011</td>
</tr>
</tbody>
</table>

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.
Billing with National Drug Codes (NDCs)

Currently, BCBSIL requires inclusion of the National Drug Code (NDC) in conjunction with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) when unlisted or “Not Otherwise Classified” (NOC) physician-administered and home infusion therapy drugs are billed on professional claims.

BCBSIL will be accepting use of the NDC for billing of all drugs. This will provide a more accurate pricing methodology for payment and will also facilitate better management of drug-associated costs. Please note that claims will continue to be processed using current methodology during this transition period. However, we strongly encourage professional providers to start submitting the NDC information according to the guidelines below. The NDC pricing information will be required in the second quarter of 2011. A specific date will be announced in a future Blue Review edition.

Here are some reminders to assist professional providers with proper submission of valid NDCs and related information:

• Submit the NDC along with the applicable HCPCS or CPT procedure code(s).
• The NDC must be in the proper format (11 numeric characters, no spaces or special characters).
• The NDC must be active for the date of service.
• The appropriate qualifier, unit of measure, number of units, and price per unit also must be included, as indicated below.

ELECTRONIC CLAIM GUIDELINES (ANSI 837P)

If you have any questions regarding utilization of the NDC code on your electronic claims, contact our Electronic Commerce Center at (800) 746-4614.

PAPER CLAIM GUIDELINES (CMS-1500)

In the shaded portion of the line-item field 24A-24G on the CMS-1500, enter the qualifier N4 (left-justified), immediately followed by the NDC.* Next, enter the appropriate qualifier for the correct dispensing unit (F2 – international unit; GR – gram; ML – milliliter; UN – unit), followed by the quantity and the price per unit, as indicated in the example below. (*Note: The HCPCS/CPT code corresponding to the NDC is entered in field 24D.)

Example:

If you have any questions regarding utilization of the NDC code on your electronic claims, contact our Electronic Commerce Center at (800) 746-4614.

If you have any questions regarding utilization of the NDC code on your electronic claims, contact our Electronic Commerce Center at (800) 746-4614.
Lately we have been hearing more about electronic health records (EHRs) and electronic medical records (EMRs) and their potential to improve health care outcomes and make the delivery of health care more efficient. An EHR is an electronic record of a patient’s medical history that is gathered and maintained across more than one health care provider. It may include key clinical data relevant to that person’s care, including demographics, progress notes, medications, vital signs, medical history, immunizations, laboratory data and radiology reports.

The timeliness and availability of a patient’s information can potentially improve the quality of care by reducing medical errors, duplication of tests and delays in treatment.

An EHR can be a powerful tool to support quality health care. Yet, only four percent of physicians today are using electronic systems that take full advantage of all the technology’s capabilities. This puts health care far behind many other industries in the United States.

Estimates project that the use of an EHR can save up to $141,100 per physician over a five-year period by reducing duplicate tests, administrative expenditures and medical errors. However, major costs and challenges must be surmounted to install these electronic systems.

Perhaps the greatest—and least appreciated—value of an EHR system is the ability to calculate a “batting average.” For the first time, a physician can ask, “How am I doing with my diabetic patients?” and easily pull up a score, based on all of them. And just like a baseball batter constantly working on his swing, the doctor and his or her team will be able to constantly improve their care processes, to achieve what their patients want most—good health.

EHR ACTIVITY AT BCBSIL

BCBSIL has a stake in this quality initiative. We are supporting electronic health records with the Availity CareProfile® collaboration, and our medical home pilots. We are providing enhanced HMO reimbursement for medical care practices that are providing a number of state-of-the-art services. At the top of the list is an electronic medical record.

Note: The Electronic Health Record (EHR) Incentive Program, which was mandated by the American Recovery and Reinvestment Act of 2009, will provide additional Medicare and Medicaid payments to health professionals and hospitals that adopt and make “meaningful use” of certified EHRs beginning in 2011. Health care providers that fail to make “meaningful use” of certified EHRs by 2015 will be subject to Medicare payment penalties.

In July, the Obama Administration released regulations outlining initial eligibility requirements for the additional Medicare and Medicaid payments. For more information on the EHR Incentive Program, and how to get started, visit the CMS website at: http://www.cms.gov/EHRIncentivePrograms.

*Health Information Technology

References:


Availity is a registered trademark of Availity, L.L.C., an independent, third-party vendor. Availity is solely responsible for all of its products and services, including CareProfile.

The material in this article is for informational purposes only and is not legal advice. If you have any legal questions, you should discuss them with your legal counsel.

ANSI 5010 and ICD-10: Changes are on the way. Are you ready?

Regardless of the size of your facility or practice, you should by now be in contact with your IT staff or vendor(s) about testing ANSI 5010, which must be in place and fully operational before the transition to the expanded version of standard procedure and diagnosis codes.

BCBSIL will begin internal testing during the fourth quarter of 2010 and external testing in the second quarter of 2011. Initially, external testing will focus on direct submitters, such as clearinghouses, billing services and vendors.

Have you completed an analysis of the potential impact on your practice? Here are some tips to help you stay on track:

- Consult with your vendor(s) or IT staff to establish a comprehensive approach that will deliver a compatible and compliant system well ahead of the transition deadlines.

- Become a testing partner with BCBSIL to help ensure your systems are fully functional before mandated compliance dates. Interested? E-mail us at ansi_icd@bcbsil.com.

- Watch for newsletter articles and online alerts in future issues of the Blue Review, and in the News and Updates section of our website at www.bcbsil.com/provider.

- Visit the ANSI 5010/ICD-10 page in the Standards and Requirements section of our website for additional information and helpful resources.

- Ask for assistance! E-mail your questions to ansi_icd@bcbsil.com, or contact your assigned Provider Network Consultant.
What’s New on our Provider Website

COMPLETE OUR ONLINE SURVEY
Our new Provider website was launched in August 2010. We hope the new layout is helpful for you and your office staff to quickly navigate to access the information you need. As we continue to fine-tune and enhance the content on this site, we want to hear from you. Please take a moment to complete our brief online survey and share your opinion on the site’s appearance, organization of content and effectiveness of the information. This survey is available now on the Provider Home page at www.bcbsil.com/provider. We appreciate your input!

SPECIALTY PHARMACY – NEW IG/IVIG PROVIDER
The Specialty Pharmacy page in the Pharmacy Program section has been updated to include the following information: Effective Sept. 1, 2010, Coram Specialty Infusion Services* became the preferred provider of Immunoglobulin (Ig/IVIG) Therapy services for members in the BCBSIL PPO network. If you currently have patients receiving Ig/IVIG Therapy services, Coram will be contacting your office to obtain orders and begin transitioning service from the patient’s current pharmacy provider, as deemed appropriate. Patients are also being notified concurrently about the available transition by mail and via telephone. If you have any questions about the EyeOn Therapy Management program, please contact Coram directly at (888) 4EyeOn1 (439-3661).

ANSI 5010/ICD-10 PAGE
The U.S. Department of Health and Human Services (HHS) has mandated that all health care providers and insurers be compliant with the upgrade of ANSI 4010A1 to ANSI 5010 by Jan. 1, 2012, and ICD-9 to ICD-10 by Oct. 1, 2013. BCBSIL is committed to making you aware of the requirements, our plans for implementation, and what you need to do to stay on track to meet the transition deadlines. For more information, visit the ANSI 5010/ICD-10 page in the Standards and Requirements section.

CODING RELATED UPDATES
Also in Standards and Requirements, we have changed the name of the Professional Coding section to Coding Related Updates. Visit this section when coding for services rendered to help ensure you are aware of the most current coding guidelines.

*Coram Specialty Infusion Services is an independent third party vendor and is solely responsible for the services and products it provides.

Looking Forward to a New and Improved Blue Review

Beginning Jan. 1, 2011, our Blue Review newsletter will become an online-only publication. You will be able to access all newsletter articles on our website at www.bcbsil.com/provider. Just click on the Blue Review link on the Provider Home page to view the current issue, along with archived issues.

To provide the best service to our members, we are confident that you will continue to ensure your office staff is aware of the important information included in each publication.

Your feedback is essential as we fine tune the Blue Review in the months to come. If you have any comments or suggestions, we’d like to hear from you. Please send an e-mail to our editorial staff at bluereview@bcbsil.com. We appreciate your input and continued participation as a BCBSIL contracting provider.
Attention Institutional Providers: We’re Discontinuing the BC-370 Refund Form

The Payment Recovery Program (PRP) allows us to recoup overpayments made to BCBSIL contracting facilities and providers in the PPO, BlueChoice Select and HMO product networks when payment errors have occurred. Overpayments can occur as a result of duplicate payments, non-covered services, COB, etc.

Previously we allowed hospitals on the Uniform Payment Program (UPP) to submit refunds via mail using the paper BC370 refund form. Effective Nov. 30, 2010, this manual, paper process will be discontinued and we will no longer be accepting the BC-370 form.

UPP providers must now submit refunds electronically to BCBSIL using the Electronic Refund Management (eRM) tool. eRM is an online refund management tool that features many practice enhancing components, which will help simplify overpayment reconciliation and related processes. There is no charge to use eRM, however, you must be registered with Availity or RealMed® to gain access to this tool.

With eRM, you can settle your overpayment request by letting BCBSIL deduct the dollars from a future claim payment. UPP providers also have the option to have the refund deducted from their monthly statement.

The eRM tool has many other advantages over the paper refund process, such as electronic notification of overpayments, and the ability to inquire/dispute/appeal requests electronically. eRM also features online alerts and reporting capabilities.

**NEED MORE INFORMATION ABOUT ERM?**

Visit the Claims and Eligibility/Refund Management section of our Provider website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for more information. If you have any questions, or if you would like to inquire about our instructor-led webinars where you can view a live demo of the eRM system, send an e-mail to eRM@hcsc.net, or call (800) 888-3602.

**Plan to attend the Chicago eRM Expo:** On Nov. 8, 2010, we will be hosting an eRM Expo at BCBSIL, 300 E. Randolph St., Chicago, IL 60601, from 9 a.m. to 4 p.m. Come learn more about the different electronic tools available. For registration details, visit the Education and Reference Center of our provider website.

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**Annual Hospital Report Recognizes Quality Results**

The 2010 BCBSIL annual Blue Star℠ Hospital Report is now available. The purpose of this report is to provide employers and members with information about indicators for which hospitals have demonstrated high levels of performance.

The 2010 Blue Star Hospital Report—based on the 2010 Annual BCBSIL Hospital Profile—summarizes the results of quality and safety performance measures for 91 Illinois hospitals.

Hospital profiles are compiled using data collected from multiple sources, including: BCBSIL claim data, information provided by the hospitals, and publicly available information from entities such as the Leapfrog Group†, the Centers for Medicare & Medicaid Services (CMS) and accrediting entities.

For the Blue Star Hospital Report, each hospital’s performance is reported for indicators in six categories: Structure, Process, Outcomes, Patient Experience, Efficiency and Informed Decision-Making. One blue star can be earned for each indicator, for a maximum of 10 blue stars.


†The Leapfrog Group is a voluntary program focused on health care safety, quality and customer value.
### Pharmacy Program Changes Effective Jan. 1, 2011

The following pharmacy program changes will become effective Jan. 1, 2011, upon renewal.

#### PRIOR AUTHORIZATION (PA)/STEP THERAPY (ST) PROGRAM

The drug categories listed in the charts below will be added to the PA/ST program and/or revised as noted for most HMO, and some other group members. Please note that some of the new PA/ST programs, as well as the previous criteria for those being revised, may already apply for some members, based on their group’s particular benefit plan. To determine if any specific benefit plan includes the PA/ST program, and which drug categories are part of the member’s plan, call the Pharmacy Program number listed on the back of the member’s ID card.

### Drug Category | Target Medications*† | Uses | Relevant Changes
--- | --- | --- | ---
**Prior Authorization Program**

#### Acne Antibiotics
- Adoxa, Alodox, Avidoxy, Doryx, doxycycline, Monodox, Oracea, Oraxyl, Periostat, Vibramycin, Vibra-Tabs, Cleerave-M, Dynacin, Minocin, minocycline ER, Solodyn
- Used for the treatment of moderate to severe acne
- Previously known as the Solodyn PA, the PA criteria effective Jan. 1, 2011 and will be expanded to include additional antibiotics used to treat acne and will be renamed from Solodyn PA to Acne Antibiotics PA.

#### Antifungal Agents
- Lamisil, Penlac, CNL8, Sporanox, Noxafil, Vfend
- Used for the treatment of fungal infections
- **New PA criteria effective Jan. 1, 2011**

#### Erectile Dysfunction Agents
- Caverject, Cialis, Edex, Levitra, Muse, Viagra
- Used for the treatment of erectile dysfunction
- **New PA criteria effective Jan. 1, 2011**

#### Specialty Prior Authorization Program

**Cryopyrin-Associated Periodic Syndrome (CAPS)**
- Arcalyst
- Used for the treatment of rare autoinflammatory diseases
- **New PA criteria with the exception of Growth Hormones and Hepatitis C, which are existing categories that will be moving under the Specialty PA category effective Jan. 1, 2011.**

**Enzyme Deficiency**
- Kuvan
- Used for the treatment of an enzyme deficiency

**Erythropoiesis Stimulating Agents (ESAs)**
- Aranesp, Epogen, Procrit
- Used to increase the production of red blood cells (treat anemia)

**Growth Hormones**
- Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-tropin, Zorbtive
- Used for the treatment of growth hormone deficiency

**Hepatitis C**
- Pegasys, PegIntron, Infergen
- Used for the treatment of hepatitis C

**Huntington’s Chorea**
- Xenazine
- Used for the treatment of a degenerative disorder of the central nervous system

**Idiopathic Thrombocytopenic Purpura (ITP)**
- Promacta
- Used to increase platelet production and decrease risk of bleeding

**Multiple Sclerosis**
- Ampyra
- Used to improve walking ability in patients with multiple sclerosis

**Osteoporosis**
- Forteo
- Used for the treatment of osteoporosis

**Pulmonary Arterial Hypertension (PAH)**
- Adcirca, Revatio
- Used for the treatment of high blood pressure in the arteries of the lungs
<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Target Medications* †</th>
<th>Uses</th>
<th>Relevant Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step Therapy Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COX-2 Inhibitor</td>
<td>Celebrex (a non-steroidal anti-inflammatory drug)</td>
<td>Used to treat pain or inflammation</td>
<td>New ST criteria effective Jan. 1, 2011</td>
</tr>
<tr>
<td>Glucose Test Strips</td>
<td>All glucose test strips and disks that are not formulary brands (only Abbott and Roche products are formulary brands)</td>
<td>Used with appropriate glucose meter to measure blood glucose for patients with diabetes</td>
<td>New ST criteria effective Jan. 1, 2011</td>
</tr>
<tr>
<td>Non-Sedating Antihistamines</td>
<td>Allegra, Clarinex, Clarinex D 12 Hour, Clarinex D 24 Hour, Semprex D, Xyzal</td>
<td>Used to relieve allergy symptoms</td>
<td>New ST criteria effective Jan. 1, 2011</td>
</tr>
<tr>
<td><strong>Specialty Step Therapy Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infertility (Note: Does not apply to HMO)</td>
<td>Gonal F</td>
<td>Used to stimulate ovulation in infertility treatment</td>
<td>New ST criteria with the exception of Biologic Immunomodulators, which is an existing category that will be moving under the Specialty ST category effective Jan. 1, 2011.</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Betaseron, Extavia</td>
<td>Used for the treatment of multiple sclerosis</td>
<td>Note: The infertility ST program does not apply to HMO.</td>
</tr>
<tr>
<td>Pulmonary Arterial Hypertension (PAH)</td>
<td>Letairis</td>
<td>Used for the treatment of high blood pressure in the arteries of the lungs</td>
<td></td>
</tr>
<tr>
<td>Rheumatoid Arthritis/ Psoriasis (Biologic Immunomodulators)</td>
<td>Cimzia, Enbrel, Humira, Kineret, Simponi</td>
<td>Used for the treatment of autoimmune disorders, including rheumatoid arthritis, Crohn's disease and psoriasis</td>
<td></td>
</tr>
</tbody>
</table>

*Third-party brand names are the property of their respective owners.
†This list is not all-inclusive. The medications listed are only examples; other drugs might become part of the program.

Pharmacy Disclaimer
The information mentioned above 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 terms set forth in the member’s certificate of coverage will govern.

Mandatory Specialty Pharmacy Program

Also effective Jan. 1, 2011, a mandatory specialty pharmacy benefit will be implemented for some group members. *This change does not apply to HMO groups.* Some members may already have a mandatory specialty pharmacy benefit in place, based on their group’s particular benefit plan. Please call the Pharmacy Program number listed on the back of the member’s ID card for more information.

Under this program, members will be required to get covered specialty medication through the Triessent® specialty pharmacy program to receive the highest level of benefits.

When covered specialty medications are obtained at any contracting pharmacy other than through the Triessent program, the member’s out-of-pocket share will be substantially higher.
Filing an Appeal ‘Part 2’: External Review Requests

In our October issue we shared with you our process for filing standard and expedited internal appeals. This month’s “Part 2” article outlines the process for requesting an external review from an Independent Review Organization (IRO).

In accordance with the Illinois Insurance Fairness Act (PA 096-0857), effective July 1, 2010, members in our fully insured PPO and HMO benefit plans—group and individual markets—may be eligible for an external review of claims that have been denied when the treatment in question does not meet requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness. Members may be required to exhaust our internal appeals process in non-urgent situations.

External reviews will be conducted by an IRO approved by the Illinois Department of Insurance (DOI). Appeals eligible for external review fall into two categories, expedited and standard, and may be filed by the member or the member’s authorized representative.

WHEN AN EXPEDITED INDEPENDENT EXTERNAL REVIEW CAN BE REQUESTED:

• The member has a medical condition where the timeframe for completion of (a) an expedited internal review of denial of coverage or payment; or (b) an internal appeal review as set forth in the Managed Care Reform and Patient Rights Act; or (c) a standard external independent review would seriously jeopardize the life or health of the member or would jeopardize the member’s ability to regain maximum function.

• A request for an expedited appeal involving an adverse determination has been filed at the same time. As set forth in the Managed Care Reform and Patient Rights Act, the denial must involve a denial of coverage or payment based on a determination that the recommended or requested health care service or treatment is experimental or investigational. In addition, the member’s health care provider must certify in writing that the recommended or requested health care service or treatment that is the subject of the denial would be significantly less effective if not promptly initiated.

Written requests must include a completed Appeal & IRO Request Form and must be returned to BCBSIL at the address indicated below. The Appeal & IRO Request Form is provided as an attachment to the denial letter when an adverse determination is issued by BCBSIL. It is also provided in response to an adverse determination on appeal.

Members may also request an expedited independent external review orally by calling the number listed on the back of their identification card. A member’s request for an expedited appeal must satisfy the requirements set forth above.

The IRO will make a decision and notify the member, the member’s authorized representative, the member’s health care provider and BCBSIL of that decision within two business days after receipt of all pertinent information for an expedited review.

WHEN A STANDARD INDEPENDENT EXTERNAL REVIEW MAY BE REQUESTED:

• If the member has a medical condition where the timeframe for completion of an (a) expedited internal review of a denial of coverage or payment; or (b) an internal appeal review as set forth in the Managed Care Reform and Patient Rights Act; or (c) a standard external independent review would not seriously jeopardize the life or health of the member or would not jeopardize the member’s ability to regain maximum function.

• The member must have exhausted the internal appeal process before a request will be eligible for independent external review.

The request must be submitted in writing within four months of the notice of denial of coverage or payment. An Appeal & IRO Request Form must be completed and returned to BCBSIL at the address indicated below.

Submit all Appeal Requests to:

BCBSIL Consumer Services Management Department
300 E. Randolph Street, Attn: Appeal Coordinator
Chicago, Illinois 60601-5099
Fax #: (312) 616-1584

An IRO registered with DOI will be assigned to review BCBSIL’s decision. The IRO has five business days after receipt of all pertinent information to make a decision and notify the member, the member’s authorized representative, the member’s health care provider and BCBSIL of that decision. The payment of service for the independent reviewer is solely the responsibility of BCBSIL.

In some cases, members have the option to appeal the IRO’s decision to the DOI. Members may contact the Customer Service unit listed on the back of their ID card, or refer to their Certificate booklet or Explanation of Benefits for appeal information and procedures.
Our Provider Relations team offers a variety of complimentary training sessions, with an emphasis on conducting business electronically. Visit the Education and Reference Center of our website at www.bcbsil.com/provider to register online for upcoming Workshops/Webinars. Questions? E-mail us at provider_relations@bcbsil.com, or call (312) 653-4019.

**Upcoming Webinars and Workshops**

**WEBINARS**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>Electronic Refund Management (eRM) Webinar</td>
<td>Nov. 3, 2010</td>
<td>2 to 3 p.m.</td>
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<td>Nov. 10, 2010</td>
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<td>Nov. 17, 2010</td>
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<td>Nov. 24, 2010</td>
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<td>Nov. 4, 2010</td>
<td>10 to 11 a.m.</td>
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<td>Dec. 2, 2010</td>
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<td>iEXCHANGE’ Webinar</td>
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<tr>
<td>BCBSIL New Provider 101</td>
<td>Dec. 8, 2010</td>
<td>10 to 11:30 a.m.</td>
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<tr>
<td>Electronic Alternatives</td>
<td>Dec. 8, 2010</td>
<td>1 to 2 p.m.</td>
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**WORKSHOPS**

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<tr>
<th>Event Description</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Availity Learning Sessions</td>
<td>Nov. 4, 2010</td>
<td>8 to 10 a.m.</td>
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<td>or</td>
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<td>Noon to 2 p.m.</td>
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<td>(Choose one session)</td>
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<tr>
<td>HMO Administrative Forum</td>
<td>Dec. 8, 2010</td>
<td>8:30 a.m. to noon</td>
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<td>Availity Learning Sessions</td>
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<td>BCBSIL Provider Telecommunications Ctr.</td>
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<td>5001 Meadowland Parkway</td>
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<td>Marion, IL 62959</td>
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<td>Breakfast provided at morning session;</td>
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<td>Lunch provided at afternoon session.</td>
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**VENDOR FAIRS**

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<tr>
<th>Event Description</th>
<th>Date</th>
<th>Expo Hours:</th>
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<tbody>
<tr>
<td>e-Match Expo – Springfield, IL</td>
<td>Nov. 1, 2010</td>
<td>9 a.m. to noon</td>
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<td>(Stop in at any time!)</td>
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<tr>
<td>e-Match Expo – Belleville, IL</td>
<td>Nov. 3, 2010</td>
<td>9 a.m. to noon</td>
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<td>(Stop in at any time!)</td>
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**From the Medical Director’s Library**

David Stein, M.D. offers the following message and reading recommendation for November:

*Physicians in all specialties encounter patients with atrial fibrillation because of its high frequency of occurrence in the general population. It is known to increase with age. In patients over 80 years of age, it may exceed 10 percent. I am therefore recommending a well-done state of the art paper on Age as a Risk Factor for Stroke in Atrial Fibrillation Patients: Implications for Thromboprophylaxis (Marinigh, R. et al. Journal of the American College of Cardiology 2010 Vol. 56 No.11 827-837).*  

Physicians tend to avoid oral anticoagulants in elderly patients because of concerns regarding the increased risks of hemorrhage. However, age alone should not prevent their use because of the greater net clinical benefit that can be achieved in these patients. Appropriate stroke and bleeding risk assessment needs to be done first along with careful control of INR after the initiation of oral anticoagulant therapy. I am sure you will find this paper very informative.

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.
BCBSIL to Administer Boeing Account

Effective Jan. 1, 2011, new ID cards are being issued to Boeing Company associates. ID cards will include one of four new alpha prefixes as part of a Boeing member’s ID number.

The new alpha prefixes for Boeing associates are:

- BHP
- BYR
- BCU
- BEM

To verify eligibility and benefits:

- Send an electronic eligibility inquiry to BCBSIL via your preferred online vendor portal.
- Or call the BlueCard Eligibility Line at (800) 676-BLUE (2583).

To help ensure that claims are processed correctly:

- Verify the ID card at every visit and make sure you have the correct one on file.
- Use the exact ID card number on the claim, inclusive of the alpha prefix. Do not add, omit or alter any characters within the member ID number.
- Submit all claims electronically to BCBSIL.

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

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 www.bcbsil.com/provider.

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

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