Correction: How to Indicate an International Unit of Measure.............. 2

Be Prepared: Know the Facts About ANSI 5010 and ICD-10.............. 2 - 3

BCBSIL to Implement New Code Auditing Tool in Early 2011.............. 3

Correction to Reimbursement for Surgical Trays........................................ 4

In the Know: Calling us for claim status?... 5

Medicare Part D Pharmacy Updates: Recent FDA Updates......................... 6
‘e-Match’ Expo Helps Providers Shop for Connectivity Solutions............. 6

Provider Learning Opportunities: Upcoming Webinars and Workshops..... 7

New Behavioral Health Program – Answers to Frequently Asked Questions 7
‘HIT’ News on the Horizon................................................................. 8

2010 Seasonal Influenza Vaccination Reminder

The CDC recommends that all people 6 months of age and older should get the inactivated influenza vaccine (flu shot). In adults and older children, one dose of influenza vaccine is needed. But in some children younger than 9 years of age, two doses of the flu shot may be needed for them to be protected. For additional information, see the CDC website at www.cdc.gov/flu.

Illinois Hospital Quality Initiative Targets Preventable Infections

The impact of health care-associated infections (HAIs) is felt in hospitals and communities nationwide. Each year, nearly one in 20 patients acquires an infection in U.S. hospitals and almost 100,000 people die as a result. Such infections cost U.S. hospitals some $35 billion annually, according to the Centers for Disease Control and Prevention (CDC). The CDC estimates up to $31.5 billion of costs could be prevented through the deployment of specific prevention methods and technology.[1]

Blue Cross and Blue Shield of Illinois (BCBSIL) and CareFusion are pleased to announce that 23 hospitals have formed the Illinois Hospital Quality Initiative (IHQI), a forum for Illinois hospitals to address both the human and economic costs of health care-associated infections, adverse drug events and antimicrobial stewardship. This partnership was created to help improve clinical outcomes and reduce health care costs.

IHQI combines data mining and artificial intelligence technologies, clinical expert consultation and reporting, educational support, quarterly “best practices” meetings, performance management training and clinical / financial outcomes measurement in a comprehensive program that reduces the incidence of community and hospital-acquired infections and helps to better manage antimicrobial resistance. Participating hospitals gain the benefit of an early warning system for potential problems, a structure for targeted process improvements to address such problems and a method to objectively measure the clinical and financial impact of this effort.

IHQI is modeled on similar successful state-wide initiatives and provides a unique opportunity to establish objective performance comparisons and communicate best practices. Some statewide partnerships have realized up to a 19 percent reduction in health care-associated infections, leading to thousands of lives protected and millions of health care dollars saved.

We believe the IHQI program is a unique, “win-win” opportunity that benefits patients, physicians, hospitals and health plans. This partnership will help hospitals further enhance patient safety by preventing health care-associated infections and adverse drug events.

Reference:

CareFusion is an independent third party vendor and is solely responsible for the products and services it provides. BCBSIL makes no representations or warranties the products or services provided by CareFusion.
BCBSIL is committed to increasing provider awareness of the ANSI 5010 and ICD-10 mandates, some of which the U.S. Department of Health and Human Services (HHS) will begin to enforce in just over a year. That’s very little time considering the number of tasks at hand in order to achieve system readiness and coding compliance.

**PHASE 1: LAYING THE FOUNDATION WITH ANSI 5010**

The ANSI Version 4010A1 transaction standard is now outdated because of operational and technical gaps due to new drugs, diseases, procedures and devices. The new ANSI 5010 standard expands provider data-collating capabilities significantly, for greater specificity and processing consistency. To make the transition to ANSI 5010 as smooth as possible, you should contact your software vendor, IT staff, billing service or clearinghouse (if you haven’t already) to learn when the system migration will be available for in-house testing, and to commit to it being fully operational before the mandated compliance date of Jan. 1, 2012. CMS permits testing for ANSI 5010 to begin on Jan. 1, 2011, and BCBSIL will begin external testing with providers and clearinghouses during the second quarter of 2011.

**PHASE 2: SETTING THE NEW STANDARD WITH ICD-10**

The ANSI 5010 implementation lays the foundation for the ICD-10 code structure and will maintain your current capabilities. The new transaction standard will also create additional provider and patient benefits. The transition from ICD-9 to ICD-10 is a massive endeavor, especially if you or your current IT staff or vendors wait too long to begin adoption.

Again, you should contact your IT staff or vendors to determine what they will need to ensure you will be fully operational before the mandated compliance date. Testing for ICD-10 will begin Oct. 1, 2012, with a mandated compliance date of Oct. 1, 2013. According to recent reports, HHS will not delay this compliance date.

**WHAT CAN YOU DO RIGHT NOW?**

*Start talking with your IT staff or your vendors!* No matter the size of your facility or practice, there’s no time to lose. The consequences of not being in compliance on the mandated dates can—and should—be avoided at all cost. Ask your vendor or IT staff to establish a comprehensive approach that will deliver a compatible and compliant system well ahead of the transition deadlines.

Be sure you discuss these critical issues:

- Are any hardware system upgrades needed to accommodate migration to ANSI 5010 and ICD-10?
- When will software upgrades be available for testing and implementation?
- What can you expect in terms of customer support before, during and after the transitions for both ANSI 5010 and ICD-10?
- Will the upgraded systems be able to accommodate both ICD-9 and ICD-10 during the transitional period?
- Are upgrades covered by your existing contract(s)? If not, what costs are involved?

Your goal should be to avoid potential reimbursement issues. Insist on having fully functional, compliant products and services ready in plenty of time to allow complete ANSI 5010 and ICD-10 testing.

---

**Correction: How to Indicate an International Unit of Measure**

In an article titled "Billing with National Drug Codes (NDCs)" on p. 3 of our June 2010 *Blue Review*, guidelines for appropriate submission of valid NDCs and related information were specified for professional providers submitting electronic (837P) and/or paper (CMS-1500) claims. In this article, the qualifier or value to indicate an international unit of measure was incorrectly listed as “FR.” Please note that the correct qualifier or value to include for an international unit of measure, where applicable, is “F2.”

---

**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>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur J. Gallagher</td>
<td>Jan. 1, 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Board of Pension and Health (GBOP)</td>
<td>Jan. 1, 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDB Holdings Inc.</td>
<td>Sept. 1, 2010</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.
BCBSIL CAN HELP YOU STAY ON TRACK

Early adoption is essential to making a smooth and accurate migration. The following options and resources can help you assess your progress with respect to the established testing timelines and mandatory compliance dates:

• Consider Becoming a Testing Partner
BCBSIL invites your facility or practice to become a testing partner to help ensure all systems are “go” before the mandated compliance dates. Interested? E-mail us at ansi_icd@bcbsil.com to request details.

• Watch for Newsletter Articles and Online Alerts
More ANSI 5010 and ICD-10 articles will appear in future issues of the Blue Review. Also check the online News and Updates section of our website at www.bcbsil.com/provider for important announcements.

• Download our “How-to” Booklet
We are developing an ANSI 5010 and ICD-10 “how-to” booklet—complete with timelines, calendar reminders, vendor suggestions and other important information. This booklet and other related resources will be available soon on our Provider website.

• Ask for Assistance
Do you have questions or concerns about becoming a testing partner? Do you need direction on where to find more information about ANSI 5010 or ICD-10? We’re here to help:
- Check the ANSI 5010/ICD-10 page in the Standards and Requirements section of our website at www.bcbsil.com/provider,
- E-mail us at ansi_icd@bcbsil.com, or
- Contact your assigned Provider Network Consultant.

ANSI 5010 AND ICD-10 TIMELINE
As a reminder, add these milestones and dates to your calendar:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| Jan. 1, 2011 | • CMS begins accepting ANSI 5010 claims (ANSI 4010 claims will continue to be accepted).  
              • External testing of ANSI 5010 for electronic claims can begin.          |
| April 18, 2011 | • BCBSIL internal implementation and external testing begins.                 |
| Dec. 31, 2011 | • External testing of ANSI 5010 for electronic claims must be completed to achieve Level II ANSI 5010 compliance. |
| Jan. 1, 2012  | • Every electronic claim must be submitted via ANSI 5010.                             
              • Claims submitted on ANSI 4010 will no longer be accepted.                   |
| Oct. 1, 2012  | • Begin testing of ICD-10 coding.                                                 |
| Oct. 1, 2013  | • All claims for services provided must use ICD-10 codes for medical diagnoses and inpatient procedures. 
              • CPT codes remain valid and should be used for outpatient services.          |

BCBSIL to Implement New Code Auditing Tool in Early 2011

ClaimsXten™ will Help Improve Overall Claims Management Performance

BCBSIL will be implementing the ClaimsXten™ code auditing tool into our claim processing system during the first quarter of 2011. Developed by McKesson Information Solutions, Inc., ClaimsXten will replace the current ClaimCheck™ code auditing software used by BCBSIL.

ClaimsXten is a service solution that will expand the capabilities of our existing claims processing system. This tool offers flexible, rules-based claims management with the capability of creating customized rules, as well as the ability to read historical claims data. ClaimsXten can automate claim review, code auditing and payment administration, which we believe will result in improved performance of overall claims management.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free online reference tool that mirrors the logic behind BCBSIL’s code-auditing software. Refer to our website at www.bcbsil.com/provider for additional information on gaining access to C3.

For updates on the ClaimsXten implementation and other BCBSIL news, programs and initiatives, watch our website at www.bcbsil.com/provider. Additional information may also be included in upcoming issues of the Blue Review.

ClaimsXten, ClaimCheck and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor.
**Correction to Reimbursement for Surgical Trays**

BCBSIL will reimburse providers for one surgical tray (HCPCS code A4550) **per surgical session**. Any surgical instruments/tools required to perform a surgical procedure are considered in one surgical tray. There are no benefits provided for operating room supplies over and above one surgical tray.

Materials and equipment required to run a physician’s office are considered when developing the PPO schedule of allowances. The Physician Practice Expense Relative Value Units (RVUs)* are factored into each surgical procedure allowance in the PPO schedule. Supplies and materials provided by the physician over and above those usually included with an office visit or other services rendered are identified as incidental to all surgical procedures and services listed in the Current Procedural Terminology (CPT®) Codebook. When a surgical procedure or other service is performed in the physician’s office, the supplies and materials are included in the service performed in the office. BCBSIL’s claim auditing system may deny the supplies or services considered incidental when billed with a related primary procedure on the same date of service.

Please note that this is a correction to the February 2008 Blue Review article which stated, “…one surgical tray may be billed per surgical procedure.”

---

**Medical Policy Updates**

Approved new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical Policies, both new and revised, are used as guidelines for coverage determinations in health care benefit programs for BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients’ benefits.

You may view active new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Select “View all Active and Pending Medical Policies.” After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Medical Policies Home page.

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting “View and comment on Draft Medical Policies.” After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select “Comments” to submit your feedback to us.

The table below includes a brief listing of some of the latest policies.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Policy Number</th>
<th>Policy Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 15, 2010</td>
<td>SUR707.008</td>
<td>Implantable Infusion Pump</td>
</tr>
<tr>
<td>Sept. 15, 2010</td>
<td>SUR712.009</td>
<td>Implantable Spinal Cord Stimulation</td>
</tr>
<tr>
<td>Sept. 15, 2010</td>
<td>MED202.048</td>
<td>Tilt Table Testing</td>
</tr>
<tr>
<td>Sept. 15, 2010</td>
<td>MED202.057</td>
<td>Endovascular Stent Grafts for Thoracic Aortic Aneurysms or Dissections</td>
</tr>
</tbody>
</table>

While some information on new or revised Medical Policies may occasionally be published in this newsletter for your convenience, please rely on our website for access to the most complete and up-to-date Medical Policy information.

---

**Reminder: Secure Portal is Coming!**

The BCBSIL secure provider portal, Blue Access® for Providers, is coming soon. Watch the November Blue Review, Provider website and other communications for launch status, implementation details and registration instructions.
Ancillary Providers: Where to Send Checks

Ancillary facilities that are not on the Uniform Payment Program (UPP) should remit any payments for contractual allowances via check. In order for BCBSIL to post those payments to facility balances in a timely manner, checks must be sent to the following address:

Blue Cross and Blue Shield of Illinois  
Attention: Department 528, 4th Floor  
300 E. Randolph Street  
Chicago, Illinois 60601-5099

It is very important to note the applicable account number on the check (i.e., A/C 1561 for HMO or A/C 1562 for Ancillary), and send the check along with a copy of the Interim Reconciliation letter.

Filing a Clinical Appeal

A member, member’s authorized representative or health care practitioner may submit written statements and/or other documents to be considered in the appeal process. If a health care practitioner or authorized representative is submitting an appeal on the member’s behalf, written or verbal authorization from the member is required unless it is an urgent care appeal.

 Expedited or urgent care appeal requests are for urgent care or treatment. If the health care practitioner, the member, or the member’s authorized representative, feels that the non-approval of the requested service will seriously jeopardize the health of the member, and the services are imminent or ongoing, the physician or the facility may request an Expedited appeal by calling the number listed on the back of the member’s identification card. The appeal will be completed within 24 to 72 hours of receipt of the appeal request.

 Standard appeal requests may be submitted in writing or by phone with the following information:

• Member name, identification number and group number  
• Date(s) and place of service  
• Reference or claim number  
• Types of service/procedure  
• Any supporting documentation, including medical records or other information to be considered with the appeal

The appeal process will consider all comments, documentation, medical records and other information submitted by the member, the member’s authorized representative and/or the health care provider regardless of whether such information was considered during the initial non-approval determination. Standard appeals will be completed within 30 days.

Send all written clinical appeal requests to:

Blue Cross and Blue Shield of Illinois  
Consumer Services Management Dept.  
Attention: Appeal Coordinator  
300 E. Randolph Street  
Chicago, Illinois 60601-5099

Calling us for claim status?

Automated interactive voice response (IVR) phone systems have a dual reputation. Some users find them to be quick and easy. Others find them to be challenging. Convincing rationale for using IVR systems includes extended hours of availability, reliable information, and an alternative to waiting on hold. For offices with online access, we have also been communicating the positive aspects of obtaining patient information via Web-based transactions through Availity®, NDAS Online, RealMed®, or your preferred online vendor portal.

If your office has yet to adopt an electronic connectivity solution or only has limited online access, then the BCBSIL IVR offers the next best method for obtaining the information you need. The IVR is designed to respond quickly and efficiently to address your requests for eligibility, benefits and claim status information.

CLAIM STATUS MENU CHANGES IN OCTOBER

We are continuing to modify the IVR claim status menu options to better suit your needs. The IVR quotes claim status information at two levels:

1. Overall status – check amount, paid date, etc.
2. Line item detail (professional claims only) – allowable amounts, ineligible reason codes, etc.

Beginning Oct. 18, 2010, you will have the option to speak to a Customer Advocate (CA) only after you obtain responses via the IVR at both of the above claim status levels. By using the IVR, you allow our CAs to dedicate more time to addressing and resolving claim inquiries beyond status quotes.

Remember, you can trust the IVR system. The IVR pulls data directly from our claim system. This means claim status information quoted to you by the IVR is:

• Current – The IVR provides the most updated claim status information available.
• Accurate – Information quoted by the IVR will match your Provider Claim Summary (PCS) or Electronic Payment Summary (EPS).
• Detailed – There are limited reasons to speak with a CA after obtaining information from the IVR, as the IVR and CA quote from the same source: Our claim system.

For assistance with navigating the automated phone system, refer to the IVR Caller Guides, available in the Education and Reference Center of our website at www.bcbsil.com/provider.

Availity is a registered trademark of Availity, L.L.C.
RealMed is a registered trademark of RealMed Corporation.
Availity, L.L.C., and RealMed Corporation are independent third party vendors and are solely responsible for their products and services.


‘e-Match’ Expo Helps Providers Shop for Connectivity Solutions

In today’s economy, conducting business electronically has become essential to remaining competitive. The BCBSIL Provider Relations team has developed a unique learning opportunity to help provider offices learn what electronic options are available, how these transactions can help them save time and money, and help them determine which vendor is the best electronic match for their practice.

Our e-Match Expo is designed to provide a one-stop vendor shopping opportunity. This event brings representatives from four of the top health information technology vendors in the business together in one location to present their products and services. In addition to vendor booths and online demonstrations, checklist materials help provider participants pinpoint their transactions of interest and determine which vendor might best suit their business needs.

Our e-Match Expo in Chicago on August 25 met with favorable responses from attendees. Here are some of the comments offered by provider participants who reported that they had indeed met their electronic business “match”:

“Very informative! Thank you.”
– Valerie Chearo, KLO Professional Billing, Inc.

“This seminar was really helpful. We can improve our practice efficiency with the EFT/ERA/EPS tools. Thanks for giving me a chance to participate in this seminar.”
– Pranita Mohape, American Home Health Corp.

“Was not aware of other items until the Expo. Great Expo, lots of information gathered and to be used. Thank you.”
– Marie Knoedler, Jewish Child & Family Services.

“Very helpful for our type of business. Would like to be informed regarding this type of Expo in the future.”
– Ramona Liza Murillo, Grand Home Health Care, Inc.

If you missed our Chicago e-Match Expo...

We invite you to join us in Springfield (Mon., Nov. 1, 2010) or Belleville (Weds., Nov. 3, 2010). Expo hours are 9 a.m. to noon. You may stop in at any time, however, registration is required if you are planning to attend.

Register online now! Visit the Education and Reference Center on our website at www.bcbsil.com/provider for more details. If you have questions or need assistance, send an e-mail to provider_relations@bcbsil.com, or call us at (312) 653-4019.

Medicare Part D Pharmacy Updates

Every month, we post a new Medicare Part D-related article in the Pharmacy Program section of our website at www.bcbsil.com/provider. These articles are intended to help keep you up-to-date on Medicare Part D formulary changes, U.S. Food and Drug Administration (FDA) safety updates, Part D Gap strategies, overlapping coverage between Part B and Part D drugs, and more.

RECENT FDA UPDATES

Recent additions to our online Medicare Part D Pharmacy library include an article titled FDA Updates – Summer 2010. This article touches on the following topics:

• Recent approvals for generic alternatives
• New drug announcements
• Drugs voluntarily withdrawn by manufacturers
• Labeling changes and other notices
• Safety warnings for dietary supplements

Visit the Medicare Part D Pharmacy Updates library in the Pharmacy Program section of our website at www.bcbsil.com/provider for the complete article, and other recent articles, such as California Pertussis Outbreak, Electronic Prescribing – An Update, a Summary of the 2011 CMS Call Letter, and Methadone – Continuing Safety Concerns.

Medicare Part D Pharmacy Updates

Every month, we post a new Medicare Part D-related article in the Pharmacy Program section of our website at www.bcbsil.com/provider. These articles are intended to help keep you up-to-date on Medicare Part D formulary changes, U.S. Food and Drug Administration (FDA) safety updates, Part D Gap strategies, overlapping coverage between Part B and Part D drugs, and more.

RECENT FDA UPDATES

Recent additions to our online Medicare Part D Pharmacy library include an article titled FDA Updates – Summer 2010. This article touches on the following topics:

• Recent approvals for generic alternatives
• New drug announcements
• Drugs voluntarily withdrawn by manufacturers
• Labeling changes and other notices
• Safety warnings for dietary supplements

Visit the Medicare Part D Pharmacy Updates library in the Pharmacy Program section of our website at www.bcbsil.com/provider for the complete article, and other recent articles, such as California Pertussis Outbreak, Electronic Prescribing – An Update, a Summary of the 2011 CMS Call Letter, and Methadone – Continuing Safety Concerns.
Provider Learning Opportunities

Upcoming Webinars and Workshops

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 for details and online registration. Questions? Send an e-mail to provider_relations@bcbsil.com, or call (312) 653-4019.

WEBINARS

| Electronic Refund Management (eRM) Webinar | Oct. 6, 2010 | 2 to 3 p.m. |
| iEXCHANGE® Webinar | Oct. 7, 2010 | 10 to 11 a.m. |
| BCBSIL New Provider 101 Webinar | Dec. 8, 2010 | 10 to 11:30 a.m. |
| Electronic Alternatives Webinar | Dec. 8, 2010 | 1 to 2 p.m. |

WORKSHOPS

| RealMed Billing Service Workshop | Oct. 13, 2010 | 9 a.m. to noon (Check-in: 8:30 to 9 a.m.) |
| RealMed Educational Seminar | Oct. 15, 2010 | 9 a.m. to noon (Check-in: 8:30 to 9 a.m.) |
| Managed Care Roundtable | Oct. 22, 2010* | 8:30 to 11:30 a.m. |
| Availity Learning Sessions | Nov. 4, 2010 | 8 to 10 a.m. or Noon to 2 p.m. (Choose one session) |

VENDOR FAIRS

| e-Match Expo – Springfield, IL | Nov. 1, 2010 | Expo Hours: 9 a.m. to noon (Stop in at any time!) |
| e-Match Expo – Belleville, IL | Nov. 3, 2010 | Expo Hours: 9 a.m. to noon (Stop in at any time!) |

New Behavioral Health Program – Answers to Frequently Asked Questions

As was previously announced in the June and August issues of Blue Review, BCBSIL will manage behavioral health (i.e., mental health and substance abuse) services effective January 2011 for all non-HMO members, replacing Magellan Health Services. Frequently Asked Questions (FAQs) have been prepared that review the upcoming benefit preauthorization requirements and other highlights of the new program. You can access the FAQs in the Clinical Resources section of our website at www.bcbsil.com/provider.

Behavioral health care management will be more integrated with our medical care management program, as part of Blue Care Connection®. The goal of the enhanced integrated Behavioral Health program is to support early identification of members who could benefit from co-management of behavioral health and medical conditions. This service delivery model may result in improved outcomes, enhanced continuity of care, greater clinical efficiency, and reduced costs over time.

Updates about the enhanced integrated Behavioral Health program will be communicated in the News and Updates and Clinical Resources sections of our website at www.bcbsil.com/provider and in the Blue Review. You may also contact your assigned Provider Network Consultant if you have any questions.
Health information technology (HIT) is the comprehensive framework that allows for the management and secure exchange of medical information between health care consumers, insurers, providers, government agencies and business entities. BCBSIL strongly believes the full adoption of HIT is essential to building a stronger, more effective global system of health care delivery.

HIT’s expansive use has the potential to improve patient care in numerous ways. Our organization has made a long-term commitment to invest in HIT solutions that improve health care quality and outcomes, prevent medical errors, reduce health care costs, increase administrative efficiencies and expand access to health care. These solutions must always have the necessary safeguards in place to ensure that the privacy and security of a member’s personal medical information is protected.

With changes impending on the health care horizon, it is critical to become familiar with HIT: What government regulations are involved? What opportunities are available and how can you take action? In what ways can your patients become involved? What tools and resources are available through BCBSIL in support of this initiative? For more information on this increasingly important topic, watch for a Blue Review Special Edition, coming soon. A “HIT Focus” column also will be added as a regular feature to upcoming issues of the Blue Review.