

# blueREVIEW

For Contracting Institutional and Professional Providers



BlueCross BlueShield  
of Illinois

[www.bcbsil.com/provider](http://www.bcbsil.com/provider)

## Automated Benefit Information Update

Earlier this year we introduced you to our enhanced Automated Information System (AIS) that utilizes new technology for obtaining member eligibility and real-time benefit information for BCBSIL members.

We continue to make improvements to this system to better serve your needs. New enhancements include a prompt for non-contracting and out-of-state providers. This means all professional and facility BCBS providers, along with Illinois providers without BCBSIL provider numbers, and providers servicing members outside of our service area have access to our interactive real-time benefit delivery system by using their telephone. When calling the PTC at (800) 972-8088, you can select the appropriate options to obtain the actual benefit quote via the AIS.

### Important Reminder

Do not choose any options prior to listening to the prompts, since menu selections have changed. Doing so prematurely will prevent you from navigating through the system, and your call may be disconnected.

### Benefits to using the AIS

#### Hours of Operation

The AIS is available for use weekdays from 6 A.M. to 11:30 P.M. and Saturdays from 6 A.M. to 3 P.M. This allows you a longer contact time for information from BCBSIL.

### Confirmed Information

After every benefit quote the AIS generates a "Confirmation Number". You may then call the AIS within 24 hours to repeat the information.

### Access to Representatives

After obtaining the benefit quote, you have the option of being transferred to a BCBSIL Customer Service Representative (CSR) if further information or clarification is needed.

For your convenience, we have developed an AIS Guide to Benefit Information for both contracting and out-of-state providers, that displays and explains all prompts. These guides are available on the BCBSIL Web site at [www.bcbsil.com/provider/referenceguide.htm](http://www.bcbsil.com/provider/referenceguide.htm). The site also houses an AIS Benefit Log, which you can use to document eligibility information and benefit quotes for each member.

BCBSIL's enhanced AIS is just one more example of our commitment to providing the information you need in a timely manner.



## The New Medicare Crossover Process Medicare Primary, Blue Cross and Blue Shield Secondary Paper Claims

Before you submit a paper Medicare Primary, Blue Cross and Blue Shield Secondary claim to Blue Cross and Blue Shield of Illinois (BCBSIL), think again. On July 1, 2005, we began rejecting paper Secondary claims when we have established a verified Crossover arrangement for a member through a positive match with the member's Medicare Health Insurance Claim Number (HICN). In those situations where there is no positive match, we will continue to process Medicare Primary, Blue Cross and Blue Shield Secondary claims with existing procedures.

### Rejected Paper Claims

You may have already begun to see the following new Provider Claim Summary (PCS) rejection code for paper submitted Medicare Primary, BCBSIL Secondary claims:

"Submitted charges duplicate a verified Medicare Crossover arrangement. If you do not receive payment after 21 days (14 day Medicare payment holding period, plus 3-7 days for BCBS Supplemental claim adjudication) you may resubmit an electronic claim to BCBSIL. A resubmitted Secondary paper claim must be submitted as a request for review."

*(Continued on page 4)*

# Pharmacy

## Rx Benefit Management



For many of its health plans, BCBSIL's prescription drug benefits are based on the use of our formulary. The BCBSIL formulary is a list of preferred drugs that have been carefully reviewed and selected by our Pharmacy Benefit Manager's (PBM) national Pharmacy and Therapeutics Committee. Periodic updates to the listing of drugs included on the formulary will be published in future editions of the *Blue Review* and are also available for viewing on our Web site at: [www.bcbsil.com/rx](http://www.bcbsil.com/rx).

BCBSIL utilizes only one formulary for all of its product lines (HMO, PPO, POS) and it is structured as an open formulary design, meaning that unless a therapeutic class is excluded by the benefit (such as cosmetic drugs) nearly all products requiring a prescription are covered. While copayment amounts may vary by employer, most benefit designs based on the BCBSIL formulary utilize a 3-tier copayment structure.

Drugs may fall into one of the three tiers listed below based on their status.

- Generics 1<sup>st</sup> tier (lowest copay)
- Formulary Brands 2<sup>nd</sup> tier
- Nonformulary Brands 3<sup>rd</sup> tier (highest copay)

All generic products are on the formulary at the 1<sup>st</sup> tier and are subject to the lowest copayment amount. Preferred branded products are subject to the middle tier copayment amount and nonformulary products, which typically include brand name products that have generics available and non-preferred brand products, are subject to the highest copayment amount.

BCBSIL does not require mandatory generic substitution when a generic is available, but utilizes voluntary member and provider incentives to encourage the use of generics.

BCBSIL has instituted certain clinical programs to optimize appropriate medication usage. Prior authorization is in place on a limited number of medications. This program requires the prescriber to receive pre-approval for prescribing a drug in order for the drug to qualify for coverage under the terms of the pharmacy benefit plan. Step therapy, which requires the use of a recognized first line drug before approval of a more complex second line drug is given, is another clinical program in place.

The standard benefit design allows our members to obtain up to a 34-day supply of most medications from a participating retail pharmacy for one copayment. Some medications that are taken on an as needed basis may be subject to certain quantity limitations. A complete listing of these medications can be found on the last page of the formulary or on our Web site at [www.bcbsil.com](http://www.bcbsil.com). Larger quantities of maintenance medications are available through our home delivery (mail-order) benefit.

### Specialty Update

Effective immediately, McKesson Specialty Pharmacy Services will be able to provide Copaxone to physicians. HCPCS code J1825 will be reimbursed at McKesson Specialty's allowable fee.

*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. The *Blue Review* is located on our Web site at [www.bcbsil.com/provider/bluereview.htm](http://www.bcbsil.com/provider/bluereview.htm) and on THIN Online.

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Editor: Carol Pjosek, Director  
Managing Editor: Jeanne Trumbo, Senior Manager  
Production & Copy Editors:  
Margaret A. O'Toole and Allene Walker

# Medical Care Management

## Blue Care<sup>®</sup> Connection Program... Now Reaches More Members

Earlier this year we introduced you to Blue Care Connection, an integrated medical care management program that offers online resources to help members manage their health. Originally offered to members in our BlueEdge<sup>SM</sup> (consumer driven health plan) product and larger groups, Blue Care Connection is now available to local groups of all sizes beginning July 1, 2005, upon renewal. (Note: Blue Care Connection is *not* available with our HMO products.)

Blue Care Connection provides health care management to members, and especially targets the 20 percent of the population that generates 80 percent of health care costs. It does this through a combination of health advocacy and personalized attention, educating members with chronic conditions on what steps they need to take to help keep themselves healthy by better managing their condition.

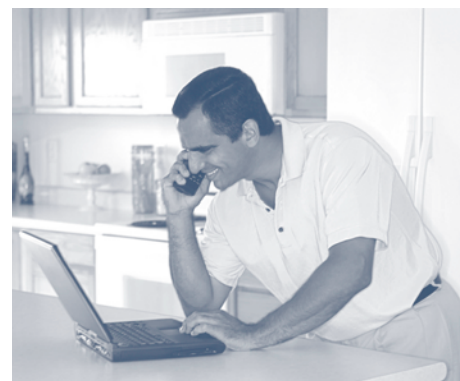
One component of Blue Care Connection is Blue Care Advisor, our standard package, which offers the following features:

- Utilization management
- Case management
- Pre-notification
- Mental health and chemical dependency treatment\*
- Predictive modeling

- Condition/Disease Management for low risk cases
- Disease Management for medium and high risk cases
- Personal Health Manager – an online resource to help members manage their health
- Targeted wellness information
- Ask a Nurse
- Ask a Trainer
- Healthy Expectations<sup>TM</sup> maternity program

The Personal Health Manager (PHM) gives members the individual ability to collect and store their own health information, and share Protected Health Information (PHI) with their physician and others as they choose. The PHM allows members to grant access to their physician by initiating an automated email to the physician with instructions for gaining access, including how to upload pertinent electronic information into the member's PHM. All medical information is forwarded within a secure environment, and is encrypted on a Web site that is fully HIPAA compliant.

Online resources allow members to also take a health risk assessment, create a personal health record and access other tools and information to



help them take charge of their health. Using predictive modeling and analyzing group-specific utilization, members at risk are identified and given assistance with managing medical conditions and can receive targeted messages about their health care, wellness initiatives, health counseling, care management and case/condition management.

For example, through *Blue Care Advisor*, members can ask registered BCBSIL nurses health-related questions online through the "Ask a Nurse" feature, and receive a response within one business day. Nurses do not provide medical advice, but share information already available that meets national standards of care. Effective August 1, 2005, nurses are available 24 hours a day, 7 days a week. Members can also get fitness and nutritional guidance through the online Ask a Trainer feature.

\*Included through Magellan Health Services

# Medical Policy



## Medical Policy Disclosure Statement



### Coverage for Cranial Remolding Orthoses

Effective July 1, 2005, Blue Cross and Blue Shield of Illinois (BCBSIL) implemented revised coverage for cranial remolding orthotic devices as a nonsurgical treatment of non-synostotic positional plagiocephaly. Coverage is available for infants with moderate to severe positional plagiocephaly up to age 18 months. The coverage criteria and required anthropometric measurements needed to establish eligibility for coverage are available in medical policy DME103.007, Cranial Remolding Orthosis (CRO) Device. This medical policy is available on the Provider Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) or by calling the Provider Telecommunication Center (PTC) at (800) 972-8088. Please direct questions regarding contracted vendors to the PTC.

# Electronic Solutions



## Medicare Electronic Remittance Advice (ERA)

As of October 16, 2003, all Electronic Remittance Advice (ERA) recipients were expected to be HIPAA compliant with 835 V4010A1 format. The Centers for Medicare & Medicaid Services (CMS) granted a contingency from the original October 16, 2003, date. The contingency plan CMS invoked is for a limited time only. This is not to be considered as an extension to become HIPAA compliant. This contingency plan will be revoked at some time in the near future. Providers not currently receiving their ERA in the HIPAA compliant format, 4010A1, need to begin moving into production as soon as possible.

### Reminder: Medicare ERA Forms

Providers who wish to receive and/or upgrade to 835 V4010A1 format through The Health Information Network (THIN) Clearinghouse should forward the Medicare ERA form directly to Medicare and a copy to your THIN EDI Representative. Professional providers should forward their forms to the Medicare Part B Carrier, Wisconsin Physician Services (WPS), and institutional providers should forward their forms to the Medicare Part A Intermediary, AdminaStar Federal (ASF). These forms can be obtained directly from the Medicare contractors' Web sites:

- WPS: [www.wpsic.com/edi/pdf/edi\\_ern\\_medb.pdf](http://www.wpsic.com/edi/pdf/edi_ern_medb.pdf) (Show 70000 as the THIN submitter)
- ASF: [www.adminastar.com/Providers/EDI/Intermediary/Agreements/files/MedAERA.pdf](http://www.adminastar.com/Providers/EDI/Intermediary/Agreements/files/MedAERA.pdf)

Note: ASF, the Medicare Part A Intermediary, will allow providers to receive a hard copy remittance in addition to the 835 during the first 30 days of receiving ERAs and during testing. After that time, the intermediary will not send a hard copy version of the 835. If you have any questions, please contact our EDI Hotline at (312) 653-7954.

## BCBSIL Electronic Remittance Advice (ERA)

If a provider is still receiving a non-HIPAA compliant remittance advice, an action plan must be established regarding the conversion to the HIPAA Compliant ERA. Also, any provider receiving the EPS only will be notified that under the HIPAA Rules, the EPS cannot be a stand alone document, and they must convert to the HIPAA Compliant ERA in the ANSI version in order to continue receiving the EPS. Please refer to February, March and April 2005 *Blue Review* articles for further information. Blue Cross and Blue Shield of Illinois (BCBSIL) will enforce the rule that we no longer mail the paper Provider Claim Summary (PCS) effective thirty days following the initiation date of the Electronic Remittance Advice (ERA).

## New Medicare Crossover Process (cont.)

(Continued from page 1)

### Follow These Steps When Paper Claims are Rejected

**First**, check to see if the claim automatically crossed over:

- The Medicare Remittance Advice will contain a message that the claim was forwarded through the Crossover process.
- Crossover claim payments are highlighted with the message, "Medicare Crossover Claim" on the Provider Claim Summary (PCS) and on the Electronic Remittance Advice (ERA)

**Second**, if the claim did not crossover you may submit it electronically. For more information on the electronic submission of professional Medicare Primary, Blue Cross and Blue Shield Secondary claims you may access the Medicare B Supplemental Claim Submission Reference Guide located at [www.bcbsil.com/provider/referenceguide.htm](http://www.bcbsil.com/provider/referenceguide.htm). This reference guide provides the requirements for submitting electronically. Facility providers may access the "Medicare Supplemental UB-92 Claims Reference Guide" at the same location for information on submitting electronic facility claims that did not crossover.

**Third**, do not resubmit a rejected claim by paper; it will deny as a duplicate. You must submit the rejected claim for review. Please follow the usual review process, either call the Provider Telecommunications Center (800) 972-8088 or send in a Provider Review Form located on the BCBSIL Provider Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

### Vendors and Billing Services Notified

This notification and the specific requirements were sent to BCBSIL vendors and billing services. However, please contact your specific vendor or billing service to verify that they are aware of the new process and to ensure that your Medicare Primary and Blue Cross and Blue Shield Secondary claims can be submitted electronically when they do not crossover.

# Provider Workshops

## Workshop Schedule

### Third and Fourth Quarter Workshop Schedule

Confused by BCBSIL's products and procedures? Baffled by reimbursement requirements, out-of-state claims processing or electronic support mechanisms? Want to improve your claims filing to achieve faster payment turnaround?

The Provider Affairs Education Team is dedicated to promoting your success in these and other critical areas by raising your awareness of BCBSIL systems, operations and requirements. We provide learning that can help you streamline your administrative processes, increase staff efficiency and stay in tune with evolving BCBSIL and industry trends that impact your business. Through our informative workshops and specialized seminars, both new and experienced providers will gain the know-how to achieve administrative success as network participants.

Don't delay! Sign-up now for one of our **free** workshops and begin to grow. You'll be glad you did!

Go to [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm) for workshop times, agendas and to register online. A confirmation or "Request to Reschedule" form will be e-mailed to you.

#### Experienced Contracting Provider

##### In-House Workshop—Half Day

August 17, 2005

#### Experienced Contracting Provider

##### Off-site Workshop—Half Day

August 30, 2005—St. Francis Hospital, Peoria

#### HMO Summer Administrative Forum

##### In-House—Half Day

August 10, 2005

#### BlueChoice Workshop

##### In-House—Half Day

September 28, 2005

## Additional Specialized Workshops—BlueCard and Labor Groups

- Did you know that BlueCard is the out-of-area program for approximately 93 million members of Blue Cross and Blue Shield plans?
- Do you know how to identify BlueCard members?
- Are you filing these claims electronically?
- Do you find it difficult to resolve claims for out-of-area members?
- Would you like to hear about the new and exciting things going on at BCBSIL?
- Do you understand how to verify eligibility & benefits for local labor union employees?
- Are you confused on where to file claims for these members or do you feel like you get the run around with claim resolution?

Let's talk! Register online for the following *free* workshop:

#### Labor Union Group Focus Workshop

##### Off-site Workshop—Half Day

September 21, 2005

FHN Memorial Hospital

Globe Room

1045 West Stephenson Street

Freeport, Illinois 61032

If you do not know the answers to the above questions, please register online for the following *free* seminar:

#### BlueCard Workshop

##### Off-site Workshop—Half Day

September 14, 2005

Northern Indiana Education Foundation

402 Franklin Street

Michigan City, Indiana 46360

## Billing Service and Vendor Workshops

#### Billing Service Workshop—Half Day

September 12, 2005

St. John's Hospital (Bunn auditorium)

800 E. Carpenter St.

Springfield, Illinois 62769

(312) 653-4882

#### Vendor Workshop—Half Day

October 20, 2005

Blue Cross and Blue Shield of Illinois

300 E. Randolph St.

Chicago, Illinois 60601

(312) 653-4882

Go to [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm) for Billing Service and Vendor Workshop times, agendas and to register online.



# Managed Care Corner

## HMO Guest Membership Program

**B**CBSIL offers Away from Home Care (AFHC) benefits to HMO Illinois and BlueAdvantage HMO members through the Guest Membership program. Guest Membership is a courtesy membership for HMO members who are temporarily residing outside of their Home HMO service area. Members receive temporary enrollment in a participating Host HMO and access to a wide range of benefits, including routine and preventive services.

The member must be planning to reside outside of their Home HMO service area for at least 90 days to qualify. The member can then become a guest member of the BCBS HMO plan serving the area where he/she will be staying. This coverage applies to members who are:

- Long-term travelers
- Families living apart from the subscriber
- Students away at school
- Employees on extended work assignments

### Membership

Most Guest Memberships are valid for a maximum of 1 year and can be renewed. The three group numbers used for hosted guest members of BCBSIL HMO are: **G64555**, **G64556** and **G64559**. If you are a PCP that participates in our HMO product, you may provide services to a guest member from another BCBS HMO plan who selected you as their primary care physician. Please note that guest members do not appear on any HMO eligibility listing.

### Benefits

Guest members are entitled to coverage with BCBSIL HMO plan benefits. Hospital, physician, emergency room, x-ray and lab charges are covered by using their Guest Member ID card from our plan. Referrals to a specialist are still required, but can be written on your regular order pad. Just make sure guest members are directed within the HMO network for all of their care. Prescriptions are covered by using their Home HMO member ID card.

**Note:** BCBSIL should be contacted if the member needs Mental Health benefits, as some Home plans use their own network, even out of area.

### Claims

Claims for services rendered to guest members should be submitted directly to HMO Illinois. They can be submitted electronically using the Guest Member information appearing on their Illinois ID card. Payment is made on a PPO fee schedule.

### Questions

HMO providers should contact their Medical Group/ IPA or call (800) 892-2803 if more information is needed about guest membership.

We value your participation in the Guest Membership program. Please provide the same quality service to our guest members as you do for your assigned HMO members.

## Change in Laboratory Network for... BlueChoice POS/BlueChoice Select Products

**E**ffective September 1, 2005, **BlueChoice** POS and **BlueChoice** Select network PCPs will no longer be required to use Quest Diagnostics exclusively for laboratory services. PCPs will be allowed to choose from any BCBSIL contracting PPO laboratory, which includes Quest Diagnostics and a number of additional options.

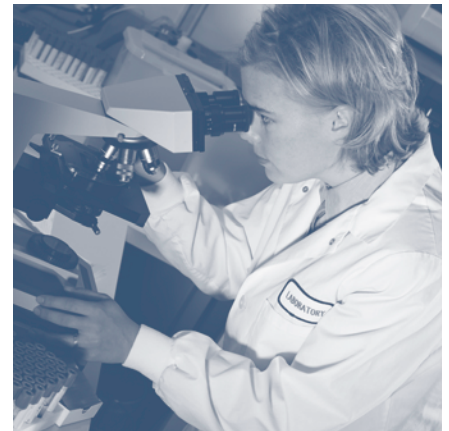
A listing of all contracting PPO labs can be found on our Web site at [www.bcbsil.com](http://www.bcbsil.com), under Provider Finder (specifically under "Other Provider Types"). If you refer a member to a non-contracting laboratory facility, the member will receive a lower level of benefits and will incur higher out of pocket expenses.

This change applies to PCPs only. You may still submit claims to BCBSIL for exempt lab codes, for which you will be paid 110% of the current year Medicare rates. If you choose to bill for lab services that are not on the exempt code listing, you will be reimbursed at 75% of current year Medicare rates. Please refer to the Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) to view the list of exempt lab codes under What's New.

### Important Reminders

1. A Referral form is **not** required for any laboratory services.
2. You may submit a claim for any venipuncture (CPT 36415) performed in your office.

Should you have questions or concerns regarding this notice, please contact the Provider Telecommunications Center at (800) 972-8088 or your Provider Network Consultant.



# Managed Care Corner

## HMO and BlueChoice POS Appointment/Reappointment Report on Web

On a monthly basis we post a report of the Appointed and Reappointed providers on our Web site. To access this report online, log on to [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Once on the Provider Home Page, click on "Reporting" under the Credentialing/Contracting section. The data provided on both reports is cumulative and includes providers credentialed starting on January 1, 2004, and is updated by the 3rd Wednesday of each month on our Web site.

## BlueChoice POS/BlueChoice Select

### Updated Depart List

A listing of all specialists no longer participating in the BlueChoice POS/BlueChoice Select product can be found at: [www.bcbsil.com/provider/referenceguide.htm](http://www.bcbsil.com/provider/referenceguide.htm).

### BlueChoice POS/BlueChoice Select (cont.)

#### Reference Materials

For current information regarding the BlueChoice POS/BlueChoice Select products, please go to our Web site at [www.bcbsil.com/provider/referenceguide.htm](http://www.bcbsil.com/provider/referenceguide.htm).

# Account Information

## New Account Groups

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Leggett & Platt Inc.	505700-703	LLG	PPO(Portable)	August 1, 2005
Tuckpointers 52	003878	TUK	PPO(Portable)	July 1, 2005

### Key:

BA HMO = BlueAdvantage HMO  
 BlueEdge<sup>SM</sup> Participating Provider Option (PPO) = Consumer Driven Healthcare Product (CDHP)  
 BlueChoice Select = Point of Service  
 CMM = Comprehensive Major Medical  
 POS = Point of Service (BlueChoice)  
 PPO = Participating Provider Option (Hospital and Physician Network)  
 PPO Hospital Network = Participating Provider Option (Hospital Network Only)  
 PPO(Portable) = BlueCard PPO  
 HMOI = Health Maintenance Organization of Illinois  
 HMOIAFHC = HMOIAway From Home Care

# Preventive Care Guidelines

## Updated 2005 Preventive Care Guidelines

The BCBSIL Preventive Care Guidelines have been updated for 2005. The guidelines are based upon recommendations from entities such as the U.S. Preventive Service Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the American Cancer Society (ACS), and the American Academy of Pediatrics (AAP). The guidelines reference the source of each recommendation. The changes for 2005 include:

- Inclusion of the 2005 ACIP recommendations for childhood immunization
- Addition of the AAP recommendations regarding fluoride supplementation
- Mention of counseling regarding endometrial cancer
- Addition of the USPSTF recommendation for screening men age 65 to 75 who have ever smoked for abdominal aortic aneurysm, using ultrasonography

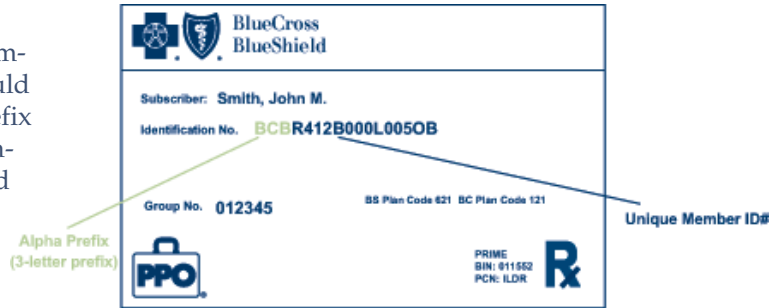
The complete text of the BCBSIL guidelines, including the updated Preventive Care Guidelines and clinical practice guidelines, is available in the Provider Manual on the BCBSIL Web site at [www.bcbsil.com](http://www.bcbsil.com). A hard copy of the 2005 Preventive Care Guidelines is available by calling (312) 653-3465.

# Reminder to look for Unique ID Numbers

**B**lue Cross and Blue Shield members continue to be transitioned from Social Security Numbers (SSN) to Unique Identifying Numbers (UID) in response to legislative requirements that prohibit the use of SSNs for identification purposes on any health care transactions. BCBSIL member conversions will be completed by January 1, 2006, at which time all existing members will have received new ID cards.

UIDs also appear on BlueCard (out-of-state BCBS) member identification cards. The BCBS Unique Identifiers could consist of a maximum of 17 characters (3-letter alpha prefix and up to 14 alpha/numeric characters, including a combination of letters and numbers). The alpha prefix should contain an "O" instead of a numeric zero "0".

**Note:** The UID will always be preceded by the three-letter alpha prefix that you are accustomed to seeing on BCBS Identification cards. However some BCBS plans use an alpha character for the 1<sup>st</sup> digit of the UID number. This is not part of the member's alpha prefix, but represents the beginning of the 14-digit alpha/numeric UID (see sample ID card).



# Don't Forget Your Provider Billing Number

**W**hen filing **paper** claims, please remember to include your Illinois Blue Shield Provider Number in box 33 on the CMS-1500 form. For individual providers, enter your 8-digit Blue Shield Provider Number after the PIN#. For Group Providers, enter your 8-digit Blue Shield Provider Number after the GRP#.

## Why is it important?

Your Blue Shield Provider Number lets us know that we have a valid Illinois license number on file and that you are eligible to bill for services to BCBSIL. It is also needed to ensure you receive the correct level of reimbursement. If this information is not entered, your payment may be sent to an incorrect provider, to the patient, or the claim may even be rejected and sent back to you for this additional identification.

If you have lost or forgotten your provider number, you may request this information by submitting a written inquiry that includes your signature (preferably on business letterhead). The request may be faxed to Provider Services at (312) 856-1946 or mailed to:

Attn: Provider Services Unit-27th floor  
 Blue Cross and Blue Shield of Illinois  
 300 East Randolph St.  
 Chicago, IL 60601

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