



BLUE REVIEW™

For Contracting Institutional and Professional Providers

December 2008



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Influenza Vaccination Reminder

The Centers for Disease Control and Prevention (CDC) encourages practitioners to recommend flu shots for the following categories of patients:

All children six months and older and all older adults:

- All children from six months through 18 years of age
- Anyone 50 years of age or older

Anyone who is at risk of complications from influenza, or more likely to require medical care:

- Women who will be pregnant during influenza season
- Anyone with long-term health problems that include:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes

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New Member ID Cards Call for Card Readers and Connectivity



BCBSIL is pleased to announce that we have initiated the distribution of new identification (ID) cards to our members. These new member ID cards contain a magnetic stripe on the reverse side of the ID card, similar to that of a credit card. We are planning to phase in the implementation of the new ID card for all group business and all group products. Current members who request replacement cards or need new cards due to benefit changes will also receive a card with a magnetic stripe.

Note: During the transition, some of your patients will receive the new member ID card, while others may still present the old ID card, which does not have a magnetic stripe on the back. Both versions are valid until Jan. 1, 2011.*

The new card technology will allow physician offices, hospitals and other health care constituents to swipe a patient's magnetic stripe member ID card through a track three card reader. Common platforms have been established in the industry to enable card readers to work for many different commercial health care payers. If your office already has a card reader and connectivity with an approved vendor, you should be able to access the data on the magnetic stripe of the new BCBSIL member ID card.

If your office does not have a card reader, you will have the option to purchase card readers at a discounted rate through an approved vendor. The magnetic card readers are easy to install and use – simply plug the device into an available Universal Serial Bus (USB) port on your computer. Registration and connectivity with the Availity® and/or RealMed® portals will be required prior to using the card readers.

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New Member ID Cards Call for Card Readers and Connectivity

Once the card reader is connected to your office computer, it will read and populate the member's benefit information onto the Web screen of the BCBSIL-approved vendor portal your office has selected for electronic eligibility and benefits transactions. This automated process eliminates the need for your office staff to manually key in required member data to the vendor portal.

NOTE: The following types of cards are not compatible with the card reader:

- BCBSIL and BlueCard® member ID cards that do not contain a magnetic stripe
- Cards used for health savings accounts (HSAs), health reimbursement accounts (HRAs) and flexible spending accounts (FSAs)
- Driver's licenses and other government issued ID cards

What are the Advantages?

Magnetic stripe technology presents a time-saving tool to help streamline your workflow while minimizing data entry errors. This technology will serve as a foundation for expanding our provider connectivity capabilities in support of future services, such as:

- Payment/Financial Processing
- Payer-Based Health Records
- Cost Calculators/Payment Estimators
- Real-Time Claim Adjudication (RTCA)
- Patient Kiosks

For the latest updates please continue to watch the "What's New" section of the "Welcome Provider" page on our Web site at www.bcbsil.com/provider. If you have any questions or need additional information you may also contact your Provider Network Consultant.

*The Blue Cross and Blue Shield Association mandate for all Blues plans requires that, by Jan. 1, 2009, all new ID cards issued to members must be in the new format; and, by Jan. 1, 2011, all member ID cards must be in the new format.

Availity is a registered trademark of Availity, L.L.C. RealMed is a trademark of RealMed Corporation.

Are You a Provider Billing Unlisted J-Codes?



Did you know more than 50 percent of National Drug Code (NDC) numbers have either an assigned Current Procedural Terminology (CPT) code or an assigned Healthcare Common Procedure Coding System (HCPCS) code?

CPT codes are referred to as Level I codes and are maintained by the American Medical Society (AMS). Level I codes are comprised of five characters in length and are numerical (e.g., 99211, 30520, etc.).

HCPCS codes are referred to as Level II codes and are governed by the American Hospital Association (AHA) and the Centers for Medicare and Medicaid Services (CMS). Level II codes are five characters in length and are comprised of one letter and four numbers (e.g., J1950, J9217, etc.).

In most instances, NDC numbers are assigned a CPT or HCPCS code. Most injectable medications begin with a "J," but this is not always the case. It is important that claims are submitted with the most accurate information when billing for injectable medications administered in the office during a patient's visit.

In an effort to ensure that providers are billing appropriately and are being reimbursed properly, beginning Feb. 1, 2009, BCBSIL will begin checking the NDC numbers billed with an unlisted J-Code to ensure these codes are being billed correctly.

What does this mean for our providers?

- If a claim is submitted using an unlisted J-Code (e.g., J3490) and a valid CPT/HCPCS code exists for the drug being administered, BCBSIL will deny the service line and request that you resubmit the claim using the correct CPT/HCPCS code.
- If a claim is submitted with an unlisted J-Code (e.g., J3490) and there is no other CPT/HCPCS code for the drug being administered, you need to provide the necessary information on the claim for BCBSIL to properly adjudicate the service line. If the claim is received without the necessary information, the service line may be denied and sent back to you with a request to resubmit the service along with the necessary information.

◦ Necessary information needed to process valid unlisted J-Codes:

- NDC Number
- Drug Name
- Dosage administered (e.g., 5 mg, 10 mg, etc.)
- Include how the number of units being billed on the claim is being administered (e.g., 5 mg = 1 unit, 10 mg = 5 units, etc.)
- Strength of drug administered (e.g., 25 mg/ml, 10 mg/10 ml, etc.)
- Single dose vial or Multi-dose vial

Please Note: An NDC number can only be used for a maximum of two years after it becomes obsolete.

If you have any questions, you may contact our Provider Telecommunication Center at (800) 972-8088 to speak with a Customer Advocate for assistance.

E Diagnosis Codes

E codes are a supplementary classification of external causes of injury and poisoning (E800-E999). This section of ICD-9 codes is provided to permit the classification of environmental events, circumstances and conditions as the cause of injury, poisoning and other adverse effects. When a code from this section is applicable, it is intended that the E code shall be used in addition to a code from one of the main chapters of ICD-9 CM, indicating the nature of the condition.

The paper UB-04 form and its corresponding electronic format, 837I-4010A, contain spaces for the Principal Diagnosis Code which is required for inpatient and outpatient hospital services. The provider enters the patient's diagnosis/condition according to Medicare guidelines and reports the diagnosis to the highest level of specificity. The UB-04 form also contains additional spaces for the E-Code (which is not required).

Example: Poisoning

On the UB-04, the facility would bill the E-code (E854.0) along with the ICD-9 diagnosis code - 969.0.

On the paper CMS-1500 form and its corresponding electronic format, 837P-4010A, the provider would bill the ICD-9 diagnosis code - 969.0. E codes are not required on professional claims. When an E diagnosis code is the only diagnosis code billed on the claim, it will be rejected and a letter will be sent to the provider requesting the ICD-9 diagnosis code.

Note for FEP-covered patients: When an E diagnosis code is the only diagnosis code on the claim, it will be disallowed.

Pass Through Billing Update

Effective April 1, 2009, BCBSIL will be changing our billing policy regarding the billing of laboratory testing. Adhering to guidelines from the Centers for Medicare and Medicaid Services (CMS), BCBSIL will only be allowing your office to bill for laboratory testing that is performed in your office and is found on the CPT code listing waived by the Clinical Laboratory Improvement Amendments (CLIA). A complete listing of the CLIA waived CPT codes is available on the BCBSIL Web site at www.bcbsil.com/provider under the Provider Library section.

Following CMS guidelines, laboratory work needs to be billed directly to BCBSIL by the entity performing the tests. This policy change will facilitate the collection of consistent data needed for clinical programs such as Disease Management and HEDIS.

Compliance with this new mandate will be in effect for all dates of service on or after the April 1, 2009, policy date change. We will monitor and check policy compliance with CLIA licensures.

Certified Registered Nurse Anesthetist (CRNA) and M.D. Supervision of CRNA Reimbursement

Effective April 1, 2009, BCBSIL will reimburse charges for the supervision of a CRNA when Modifiers AD, QK, QX or QY are appropriately appended to the Anesthesia or Surgery CPT codes. Reimbursement will be split 50/50 between the CRNA and the supervising anesthesiologist only when these four modifiers are present. NOTE: If none of these modifiers are present, then the CRNA will receive standard reimbursement.

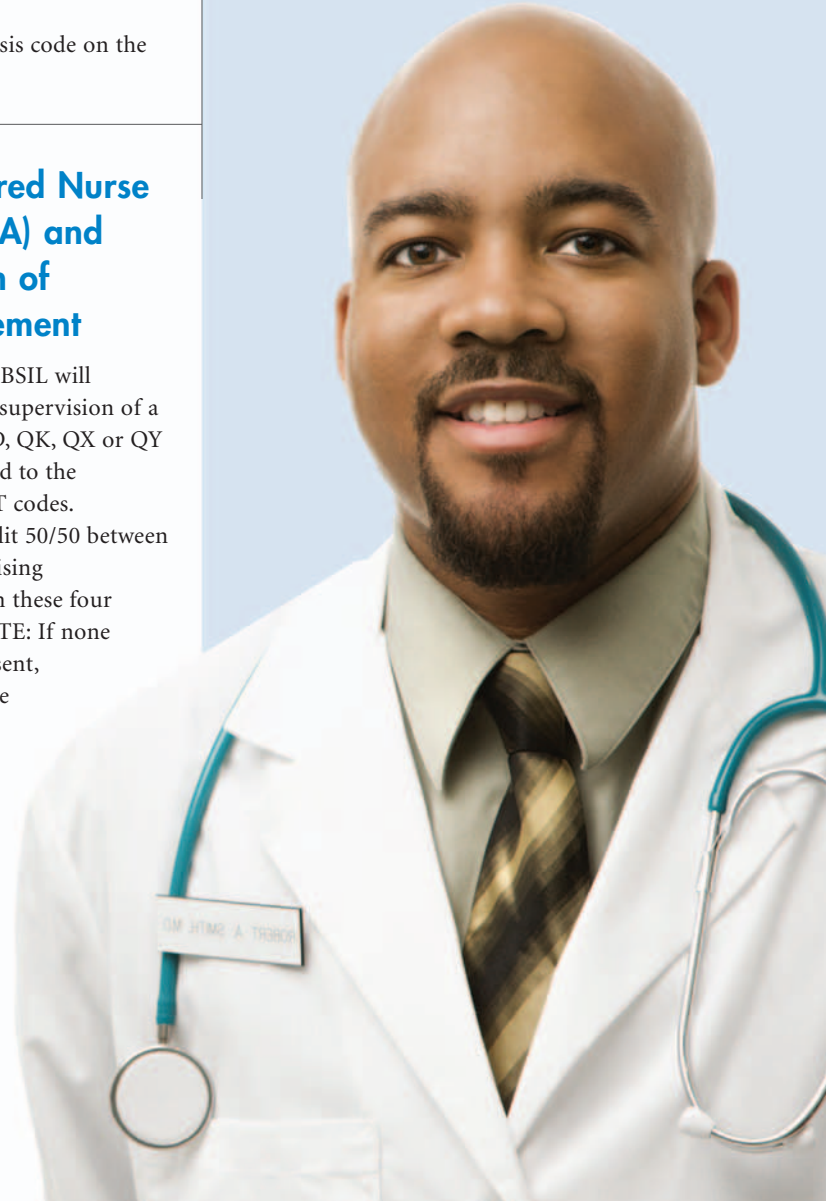
Fairness in Contracting

In an effort to comply with Fairness in Contracting Legislation and keep our contracting providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

Effective Dec. 1, 2008, the following code ranges were updated: J0128 - J9600, P9041 - P9048, Q0163 - Q9967, S0012 - S0183. Please note that not all codes in these ranges were updated.

Effective Oct. 20, 2008, codes 90655, 90656, 90657 and 90658 were updated.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on these codes listed in *Blue Review*.





Legislative Update – New Illinois State Laws

The 95th General Assembly Spring Legislative Session in Illinois concluded, with many pieces of legislation under consideration being signed into law by the Governor. The Legislature returned to Springfield in November for a brief three-day Veto Session.

While there were nearly 7,000 bills introduced during the 95th General Assembly, over 400 of those bills impacted the health insurance industry. Through its Government Relations team, BCBSIL takes an active role in helping to develop and shape public policy in the State of Illinois as it impacts health care, and worked on many of the 400 bills introduced during the legislative process.

BCBSIL is committed to achieving full compliance with all aspects of these laws which impact our obligations to those we serve. We have formed task forces to assess the impact of the regulations and implement changes as needed to BCBSIL benefit structures and claims processing systems where applicable.

The following bills were recently signed into law:

Marriage and Family Therapists Mandate: PA 95-972

HB 953 was signed into law as PA 95-972 with an immediate effective date of Sept. 22, 2008. This new law requires coverage of the treatment of mental, emotional and nervous disorders by a licensed marriage and family therapist. The law applies to fully insured business and BCBSIL has already been in compliance with this new law for some time on our PPO and individual products. This benefit will be added to the HMO product upon renewal, to be in compliance with the new mandate.

Anorexia and Bulimia Mandate: PA 95-973

HB 1432 was signed into law as PA 95-973 and changes the definition of a "serious mental illness" to include anorexia and bulimia. This new law is effective Jan. 1, 2009, and applies to fully insured business.

Shingles Vaccine Mandate: PA 95-978

HB 4602 was signed into law as PA 95-978 and requires coverage of a shingles vaccine ordered by a licensed physician to an individual 60 years of age or older. Effective Jan. 1, 2009, this new law applies to fully insured business, state employees under the State Employees Group Health Insurance Act, and self-insured municipalities, counties and schools.

Hospital Uninsured Patient Discount Act: PA 95-965

SB 2380 was signed into law as PA 95-965 and sets a limit on hospital charges to the uninsured of up to 35 - 65 percent of the charges. This law is effective in sections: Sept. 22, 2008, and Dec. 23, 2008. There are no direct compliance issues for BCBSIL with this new law.

Dependent Age Expansion Requirement: PA 95-958

HB 5285 requires dependent coverage up to age 26 (age 30 for military veterans). HB 5285 was signed into law as PA 95-0958 with an effective date of June 1, 2009.

An effective date of June 1, 2009, means that this law is effective for those new groups and groups that renew on or after the effective date of June 1, 2009 (e.g., for a group that renews on Jan. 1, this new law will not be effective for that group until Jan. 1, 2010).

Again, this new law applies to insured business, including HMO and individual, as well as self-insured counties, municipalities and schools.

NOTE: The information provided above is only intended to be a brief summary of the laws that have been enacted and is not an exhaustive description of the laws or a legal opinion of such laws. If you have any questions regarding the laws mentioned above, you should consult with a legal advisor.

Rendering Provider NPIs Required on Group Practice Electronic Claims

In the past, we have communicated the importance of submitting a rendering NPI when any of the following situations apply to your medical practice:

- There is more than one rendering physician within the practice
- You are considered a Multi-specialty Group Practice
- You obtained a Type I (Individual) NPI and a Type 2 (Organizational) NPI

If you are currently receiving the following **Reject** message:

BA7 – NPI is Not Valid as Rendering

Please be aware that this Reject message means that “The NPI submitted on the claim to identify who provided the services is identified in our files as a billing entity, not a rendering provider.” To rectify the above error message, the NPI of the provider who rendered the services should be populated in Loop 2310B – Data Element **NM109**, which is equivalent to Box 24J on the CMS-1500 claim form.

NOTE: You must continue to include the Billing NPI in Loop 2010AA – Data Element NM109. This Data Element is equivalent to Box 33A in the CMS-1500 Form.

If you are currently receiving the following **Warning** message:

BAJ – Rendering Provider Loop (2310B) is Missing

Please be advised that this Warning message alerts you that “If the NPI billing provider record is NOT established as ‘valid as rendering,’ then the claim rendering provider loop (2310B) is required.” In this situation, you must include the rendering provider’s NPI in Loop 2310B – Data Element **NM109**. This Data Element is equivalent to Box 24J on the CMS-1500 claim form.

When filing claims, it is imperative to include the rendering NPI (Type 1) in the rendering field (2310B Loop) and the billing NPI (Type 2) in the billing field (2010AA). The appropriate billing and rendering NPI must be entered properly to avoid claim rejection(s) and ensure proper payment.

If you have any questions about these edits, please contact our Electronic Commerce Center at (800) 746-4614.

Holiday Schedule Reminder

Although it is possible for providers to receive Electronic Funds Transfer (EFT), transmit Electronic Media Claims (EMC), and retrieve payment reports at almost any time during the year, it is important to keep in mind that corporate and legal banking holidays delay EFT and claims processing.

For a comprehensive schedule of EFT, system and payment report availability for the remaining holidays in 2008 and through Jan. 2009, please visit the Electronic Commerce Alerts section of our Provider Web site at

www.bcsil.com/provider/pdf/eft_holiday_schedule_08_09.pdf.



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Influenza Vaccination Reminder

- asthma
- anemia, and other blood disorders
- Anyone with a weakened immune system
- Anyone with certain muscle or nerve disorders
- Residents of nursing homes and other chronic-care facilities

Anyone who lives with or cares for people at high risk for influenza-related complications

Literature review confirms that influenza vaccination is cost effective, but under-utilized. As stated in the “Morbidity and Mortality Weekly Report” on influenza vaccination published by the CDC on July 17, 2008, “Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications.”

The Advisory Committee on Immunization Practices has made recommendations regarding influenza vaccinations. Visit the CDC Web site at www.cdc.gov/flu/ for more details.



Maternity Program Name Change

In 2009, the maternity program name will change from Healthy Expectations® to Special Beginnings®. The Special Beginnings program is a perinatal wellness program designed to provide BCBSIL members with additional support and education during pregnancy. This program stresses the importance of perinatal care and the patient/provider relationship, while providing your patient with access to additional support and educational resources.

Please note that the current administrative process for this program and all program elements will remain the same. For more information, contact the Provider Inquiry Unit at (800) 496-5774.

View Managed Care Updates Online

HMO and BlueChoice Updated Policies and Procedures

On a monthly basis, we post updated policies and procedures on our Web site under "Updates." Go to www.bcbsil.com/provider to view the updated policies.

HMO and BlueChoice Appointment/Reappointment Report

On a monthly basis, we post a report of the Appointed and Reappointed providers on our Web site. To access this report, go to www.bcbsil.com/provider. Select "Appointed/Reappointed PCPs/PSPs" under the Credentialing/Contracting section. The cumulative data is normally updated by the third Wednesday of each month.

BlueChoice Updated Depart List

A listing of all specialists no longer participating in the network for the BlueChoice product can be found at www.bcbsil.com/provider/securedpage.htm. Note: You can find participating specialists for the BlueChoice product on our Provider Finder® at www.bcbsil.com.



HMO Member Survey

Objective

The 2008 HMO Member Survey by IPA was conducted in May and June. The primary purpose of this survey was to assess member satisfaction with various attributes at the IPA level, including medical care and services rendered by PCPs and specialists, access to care and overall medical group service. One-hundred sixteen (116) IPAs were analyzed to achieve the overall network results.

Member Selection

The member sample was determined by a stratified random sample by IPA. The overall response rate for this year was 22.9 percent. The member had to meet the following qualifications in order to be eligible:

- 18 years of age or older
- Member of IPA for at least 12 months based on BCBSIL membership

Survey Results

Highlights of 2008 results are presented in the table below.

PCP managing/coordinating member's care:	2008
In the past 12 months, did your PCP's office remind you about getting preventive care that you were due to receive? (% Yes)	74.3%
How often did your PCP give clear instructions on health problems or symptoms bothering you? (% Always & Usually)	87.7%
Did your PCP talk with you about different medicines you are using, including any medicines prescribed by specialists? (% Yes)	75.6%
In the past 12 months, did your PCP talk with you about a healthy diet and healthy eating habits? (% Yes)	63.2%
In the past 12 months, did your PCP talk with you about the exercise or physical activity you get? (% Yes)	69.0%
In the past 12 months, did your PCP ever ask you whether there was a period of time when you felt sad, empty or depressed?	33.7%

Referral Process:	2008
Satisfied with referral process for specialists (% Yes)	87.7%

Accolades:	
Many satisfaction questions on the 2008 survey scored more than 90%. Highlights include:	
Overall Satisfaction with IPA	93.6%
Overall Satisfaction with PCP	92.2%
Overall Satisfaction with Specialist	91.8%

Next Steps

The next survey will be mailed in May 2009 to randomly selected members. Please feel free to encourage members to complete the survey.

New Account Groups

Group Name: **AAR**
 Group Number: **032939-032948**
 Alpha Prefix: **RRJ**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **APAC**
 Group Number: **034104**
 Alpha Prefix: **AAC**
 Product Type: **HSA**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Accelerated Health Systems LLC**
 Group Number: **031485-86**
 Alpha Prefix: **UHA**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Ace American Insurance Company**
 Group Number: **037792-95**
 Alpha Prefix: **AEX**
 Product Type: **PPO(Portable)**
 Group Number: **037796-99**
 Alpha Prefix: **XOT**
 Product Type: **CMM**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Allstate Corporation**
 Group Number: **263004**
 Alpha Prefix: **GHN**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Aon Corporation**
 Group Number: **367240-45**
 Alpha Prefix: **AON**
 Product Type: **PPO(Portable)/HSA**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Barrington Broadcasting Group LLC**
 Group Number: **031483-84**
 Alpha Prefix: **BXV**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Chicago Mercantile Exchange**
 Group Number: **992893**
 Alpha Prefix: **KXE**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Classified Ventures**
 Group Number: **094899-900**
 Alpha Prefix: **KVR**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Domtar Corporation**
 Group Number: **044404**
 Alpha Prefix: **DMA**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Dynegy, Inc**
 Group Number: **P93009-13**
P93015-16
 Alpha Prefix: **DNY**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Elkay Companies**
 Group Number: **086654**
 Alpha Prefix: **ECO**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Holcim**
 Group Number: **030484**
 Alpha Prefix: **XOT**
 Product Type: **CMM**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Integrus Energy Group**
 Group Number: **651326, 651328**
 Alpha Prefix: **NYG**
 Product Type: **PPO(Portable)**
 Group Number: **651327**
 Alpha Prefix: **NYG**
 Product Type: **CDHP**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Ipsco Tubular**
 Group Number: **030130**
 Alpha Prefix: **KTU**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Locke Lord Bissell & Liddel**
 Group Number: **030684-85**
 Alpha Prefix: **LFB**
 Product Type: **PPO(Portable)**
 Group Number: **030686**
 Alpha Prefix: **LFB**
 Product Type: **CDHP(HSA)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **McDonald's Licensees**
 Group Number: **053264, 053270, 053272, 053274**
 Alpha Prefix: **MCD**
 Product Type: **PPO(Portable)**
 Group Number: **053266-67, 053275**
 Alpha Prefix: **MDL**
 Product Type: **CMM**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **NECA IBEW Southwestern Health & Welfare Fund**
 Group Number: **P38825**
 Alpha Prefix: **NEA**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **NS Group, Inc.**
 Group Number: **030122-26**
 Alpha Prefix: **KNS**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Newedge USA, LLC**
 Group Number: **016304-05**
 Alpha Prefix: **CYF**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Patriot Coal**
 Group Number: **705024-32**
 Alpha Prefix: **PZX**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **SSAB**
 Group Number: **030127-29**
 Alpha Prefix: **DBZ**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **The Marmon Group**
 Group Number: **044245-55, 044270-76, 044278-91, 044296-301, 044303-342, 044410-31**
 Alpha Prefix: **MNX**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **The Warranty Group**
 Group Number: **030879, 030881**
 Alpha Prefix: **WNY**
 Product Type: **PPO(Portable)**
 Group Number: **030880, 030882**
 Alpha Prefix: **WNY**
 Product Type: **HCA(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **United Airlines**
 Group Number: **031426-29, 031431, 031646-56, 030740-50**
 Alpha Prefix: **UAL**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Veolia Energy**
 Group Number: **044383-88**
 Alpha Prefix: **WVE**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Veolia Environmental Services North America**
 Group Number: **044393**
 Alpha Prefix: **WVE**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Veolia Water North America**
 Group Number: **044349-53**
 Alpha Prefix: **WVE**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Veolia Water Solutions & Technologies**
 Group Number: **044405**
 Alpha Prefix: **WVE**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Vought Aircraft**
 Group Number: **030001-5, 030009-14, 030016, 030659-65**
 Alpha Prefix: **AVO**
 Product Type: **PPO+/HCA(Portable)**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

Group Name: **Walgreens**
 Group Number: **P40642**
 Alpha Prefix: **WAG**
 Product Type: **CDHP**
 Effective Date: **Jan. 1, 2009**
 BC ● BS ●

NOTE: 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 will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

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Have an idea for an article?

We want to hear from you! Let us know if *Blue Review* continues to meet your standards.

Does this publication address your needs? What topics would you like to read about?

BCBSIL's success is dependent on your business as a contracting provider. *Blue Review* has been created to communicate tools, updates and tips to support your health care practice. Think of *Blue Review* as a canvas for your Blue Cross and Blue Shield business information.

We invite you to submit your feedback and suggestions for improvements via e-mail, to blureview@bcbsil.com.



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

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300 E. Randolph Street – 25th Floor
Chicago, Illinois 60601-5099

Email: blureview@bcbsil.com

Web site: www.bcbsil.com/provider.

Publisher:

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