



Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

APRIL 2011

WHAT'S INSIDE ?

April is National STD Awareness Month... **2**

Investigating Health Care Fraud..... **3**

The Countdown is On: Be Prepared for ANSI Version 5010 and ICD-10 **4**

Attention Electronic Claim Submitters: Changes to Billing Provider Address, Loop 2010AA..... **5**

In the Know: iEXCHANGE® Single Sign-on FAQs Now Available..... **5**

Pharmacy Program Updates: April 2011 Prescription Drug Program Changes.... **6-7**

Reminder! Billing with National Drug Codes (NDCs)..... **8**

'HIT' Focus | Health Information Technology Watch for Our New HIT Web Page

BCBSIL is pleased to announce the upcoming launch of a new Health Information Technology (HIT) page, which will be located in the Standards and Requirements section of our website at www.bcbsil.com/provider. The purpose of this new page is to help increase awareness of HIT updates, opportunities and resources that can help your office remain competitive in today's changing health care environment.

The list of electronic options offered and/or supported by BCBSIL continues to grow, and our new HIT page is designed to help you envision how HIT can fit into many aspects of your practice. For example, we've organized the various electronic solutions into three functional categories, as follows:

- **Administrative** – Help streamline your office workflow with online verification of eligibility and benefits, electronic claim submission, online claim status, electronic refund management, and more.
- **Clinical** – Help enhance quality of care with electronic health records, patient clinical summaries and direct submission and real-time processing of benefit pre-certifications as required per the member's benefit plan.
- **Financial** – Help expedite payment-related processes with magnetic strip ID card technology, Clear Claim Connection™ (online coding evaluation/adjudication reference tool) and Electronic Funds Transfer (EFT).

The above descriptions include a brief sampling of the many HIT options and their advantages. Together, these electronic solutions can offer you faster, more efficient returns on a variety of inquiries, reducing the need to call BCBSIL and saving your staff time and unnecessary paperwork. In addition to helping you increase operational efficiencies in your office, HIT-friendly transactions and support services can also contribute to improved health care quality and patient outcomes.

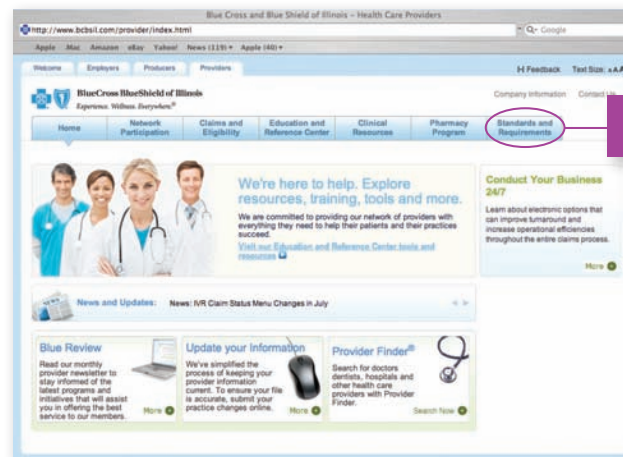
The Standards and Requirements section of our Provider website also includes information on ANSI 5010/ICD-10, BCBSIL Medical Policy, the BlueCard® Program, and more. Visit us online today at www.bcbsil.com/provider.

Don't Overlook These Electronic Opportunities

Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) can help reduce paper waste and create operational efficiencies that may lead to significant cost savings for your practice. There is no cost to enroll, the "prerequisites" for enrollment are minimal, and BCBSIL provides a variety of support services to help you get started.

If you are hesitant to enroll in EFT, ERA and EPS for any reason, we would like to help address your concerns. Please contact your assigned Provider Network Consultant for personalized assistance. Or, visit the Claims and Eligibility/ Claim Payment and Remittance section of our Provider website at www.bcbsil.com/provider for more details, including answers to Frequently Asked Questions.

We look forward to helping you take advantage of your electronic options at BCBSIL.



Standards and Requirements

Clear Claim Connection is a registered trademark of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

April is National STD Awareness Month

To help raise public awareness about the impact of sexually transmitted diseases (STDs) on the lives of Americans, the Centers for Disease Control and Prevention (CDC) recognizes April as STD Awareness Month. This annual observance emphasizes the importance of open communication about sexual health between sexually active partners, as well as discussions between individuals and their health care providers.

STD Awareness Resource Site

The CDC's STD Awareness Month website at <http://www.cdcnpin.org/stdawareness/>* has been updated for 2011, and provides information and tools to help support STD awareness and prevention activities year round.

The website features the CDC's 2010 STD Treatment Guidelines, as well as other provider reference materials to assist you when you are talking to your patients about their sexual history and STD testing concerns. The site also features a variety of patient resources to display in your office, such as educational fact sheets and brochures about STD awareness and prevention.

Your patients may visit the CDC's STD Awareness site to gain access to the following resources:

- **The GYT: Get Yourself Tested Campaign** – The GYT campaign informs young people about STDs and encourages them to get tested. The 2010 GYT campaign reached over a million youth through on-air promotions, social media efforts and other events.
- **Find an STD Testing Site** – Visitors can view a listing of the nearest HIV and STD testing centers in their area.

*Reference to this website is being provided for informational purposes only and is not an endorsement of the site. The owner of the website is solely responsible for its content.

be smart. be well.



BCBSIL Resources

Our **Be Smart. Be Well.**® website offers videos and other helpful materials for your patients on a variety of topics, including STDs. Encourage your patients to visit www.besmartbewell.com/std where they can learn about common STDs and STD symptoms, how to protect themselves and how to talk openly and honestly with their sexual partners.

Provider Learning Opportunities

Our April 2011 schedule features a variety of complimentary training sessions, with an emphasis on helping you conduct business electronically with BCBSIL. To register online, visit the Workshops/Webinars page in the Education and Reference Center of our website at www.bcsil.com/provider. If you have questions or need assistance, email us at PhysicianEducationandFeedback@bcsil.com, or call (312) 653-4019.

WEBINARS

Electronic Refund Management (eRM) Webinar	April 6, 2011 April 13, 2011 April 20, 2011 April 27, 2011	<u>All sessions:</u> 2 to 3 p.m.
ANSI Version 5010/ICD-10 Webinar Join us to review essential activities your office should conduct to meet the compliance dates of Jan 1, 2012, for ANSI v5010, and Oct. 1, 2013, for ICD-10. <i>Each session is 90 minutes.</i>	April 21, 2011 April 26, 2011 April 28, 2011 April 29, 2011	<u>Times for these dates:</u> 10 a.m. (Facility presentation) 1 p.m. (Professional presentation)
	April 22, 2011	<u>Times for this date only:</u> 11 a.m. (Facility presentation) 2 p.m. (Professional presentation)

WORKSHOPS

HMO Administrative Forum BCBSIL Auditorium 300 E. Randolph St. Chicago, IL 60601	April 13, 2011	8:30 a.m. to noon
Availity® Learning Session* BCBSIL Provider Telecommunications Center (PTC) 5001 Meadowland Parkway Marion, IL 62959	April 19, 2011	<u>Choose one session:</u> 8:30 to 9:30 a.m. 10 to 11 a.m.
Spring Managed Care Roundtable BCBSIL Auditorium 300 E. Randolph St. Chicago, IL 60601	April 20, 2011	8:30 to 11:30 a.m.
Availity Learning Session* Kemper CPA Group 4227 Lincolnshire Drive Mt. Vernon, IL 62864	April 20, 2011	<u>Choose one session:</u> 11 a.m. to noon 1:30 to 2:30 p.m.
Availity Learning Session* Wabash General Hospital 1418 College Drive Mt. Carmel, IL 62863	April 21, 2011	<u>Choose one session:</u> 10 to 11 a.m. 1 to 2 p.m.

*These sessions are hosted by Availity. You do not have to be a registered Availity user to attend. Availity is a registered trademark of Availity, L.L.C., an independent third party vendor that is solely responsible for its products and services.

Investigating Health Care Fraud



Fraud is one of the factors contributing to the steep rise in health care costs. BCBSIL actively participates in inquiries and investigations to accurately identify and appropriately address potential fraudulent activities through our Special Investigations Department (SID). The SID is committed to fighting fraud, reducing health care costs, and helping to protect the integrity of the BCBSIL independently contracted provider network.

BCBSIL holds providers accountable for the way they bill. The SID utilizes various tools, including software systems, to help us identify unusual billing patterns and atypical use of CPT codes. Provider claims with statistical abnormalities are selected for further examination and investigation. It is the SID's policy to make every effort to work cooperatively with providers to resolve billing issues. If there is a question of fraud, interviews and field audits may be conducted to demonstrate there is probable cause to believe that fraud was committed. If no fraud is found, the matter may be referred to our Network Management Department to conduct additional provider training and guidance, and to ensure that honest mistakes are not investigated as fraud.

TO REPORT A CONCERN

If you suspect health care fraud, there are two ways to take action, 24 hours a day, seven days a week:

- File a report online, using the link in the Education and Reference Center/Fraud and Abuse section of our Provider website at www.bcbsil.com/provider.
- Call the Fraud Hotline at (877) 272-9741. Staffed by experienced interviewers, all material leads are aggressively pursued. All calls are confidential, and you may remain anonymous.

TO PARTICIPATE IN ONLINE TRAINING

Learn how health care fraud can affect your practice and your patients, and find out what you can do to take action. View the SID Fraud Awareness Tutorial, located on our website at www.bcbsil.com/provider in the Education and Reference Center.

From the Medical Director's Library

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

This month I am recommending one article and its accompanying editorial from the Jan. 19, 2011, issue of the Journal of the American Medical Association. These are very complementary and address the need to intelligently and preemptively develop realistic strategies for patients when they are going to transition from acute care to their discharge destinations. This will aid in maximum recovery of function, appropriate treatment for each particular patient, and reduce rehospitalizations. Decisions regarding what type of facility and which facility should not be made on the day preceding transfer in a knee-jerk fashion. The practicing physician is central to this process and I believe you will find these articles very informative and helpful.

The main article is by Kane, Robert L., M.D.: "Finding the Right Level of Post Hospital Care," JAMA 2011; 305(3):284-295. The editorial is by Mor, Vincent, PhD. et al: "Policy Options to Improve Discharge Planning and Reduce Rehospitalizations," JAMA 2011; 305(3):302-303.

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, Health Care Service Corporation, its medical directors or Dr. Stein.



NEW ACCOUNT GROUPS

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

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Community High School Dist. #155	P67640	XOF	PPO (Portable)	March 1, 2011
GATX Corporation	245792 245793	GXC GXC	PPO (Portable) CDHP PPO (HSA) (Portable)	March 1, 2011
NTN Corporation	099865	NUC	PPO (Portable)	April 1, 2011
Select Rehabilitation	P22444	RFH	PPO (Portable)	April 1, 2011
Southern Illinois Healthcare Foundation	S59470-73	XOF	PPO (Portable)	April 1, 2011

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.

Fairness in Contracting

In an effort to comply with Fairness in Contracting Legislation and keep our independently contracted 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 April 1, 2011, select immunizations, vaccines and toxoids in the 90281-90748 code range will be updated. Please note that not all codes in this range will be affected.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form, available on our website at www.bcbsil.com/provider, in the Forms section of our online Education and Reference Center. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*.



The Countdown is On: Be Prepared for ANSI Version 5010 and ICD-10

If your organization is a “covered entity,”* compliance with the federal mandates for ANSI v5010 and ICD-10 is not optional. For example, to submit claims, receive electronic payments and complete other electronic transactions, you must be compliant with ANSI v5010 and ICD-10 by the following dates, as specified per the federal mandates: Jan. 1, 2012, for ANSI v5010, and Oct. 1, 2013, for ICD-10.

ARE YOU READY TO START TESTING?

There are only nine months to go before the ANSI v5010 compliance deadline, and we are receiving daily inquiries from providers about testing protocols and schedules. Here are some basic testing guidelines and reminders:

- All covered entities that send or receive HIPAA-standard transactions must conduct testing in advance of the compliance dates.
- At BCBSIL, testing criteria are under development. We will begin testing with a select group of testing partners during the second quarter of this year to help ensure a smooth transition, once the testing protocols have been approved.
- At your office, you can take action by contacting your clearinghouse and/or billing service to make sure they are prepared for testing and on track to achieve compliance by the deadline dates.

JOIN US FOR AN ANSI v5010/ICD-10 WEBINAR

To help keep you informed of our efforts and also help you understand where your organization should be in the conversion process, BCBSIL has scheduled updated, content-specific webinars for professional providers and facilities. These informative, complimentary webinars include current schedules and timelines, along with a live question-and-answer session to help prepare your organization for the fast-approaching compliance dates.

See the Provider Learning Opportunities schedule on p. 2 for a listing of upcoming sessions. Visit the Workshops/Webinars page in the Education and Reference Center of our website at www.bcbsil.com/provider to register online for your preferred session date and time. Please note that the number of attendees is limited, so group attendance is highly recommended.

FOR MORE INFORMATION

- Visit the ANSI 5010/ICD-10 page in the Standards and Requirements section of our website at www.bcbsil.com/provider for additional information, including timeline reminders, helpful links and a variety of related resources.
- If you have questions or need assistance, send an email to us at ansi_icd@bcbsil.com. We look forward to hearing from you on this important initiative.

*The definition of a covered entity includes health plans, health care clearinghouses, health information trading partners, health information networks, and health care providers.

Attention Electronic Claim Submitters: Change to Billing Provider Address, Loop 2010AA

Beginning Jan. 1, 2012, all HIPAA-standard electronic transactions submitted by a covered entity must be exchanged using the new ANSI v5010 standards. Please note the following **major change** regarding the requirement for how the Billing Provider Address must be submitted under ANSI v5010.

The new implementation guides for ANSI v5010, now known as Technical Reports Type 3 (TR3s), specify that: “**The Billing Provider Address must be a street address.** P.O. Box or Lock Box addresses are to be sent in the Pay-to Address Loop (Loop ID-2010AB), if necessary.”*

This change applies to all claim formats, i.e., Dental, Institutional and Professional (ANSI 837D, 837I and 837P).

Electronic claims under ANSI Version 4010A1 submitted with a P.O. Box or Lock Box in the Billing Provider Address, Loop 2010AA, Segment N3 will soon begin to receive the following Warning (W) message(s):

- Message ID QCA – (Addr 1 – P.O. Box Not Allowed in ANSI v5010)
- Message ID QCB – (Addr 2 – P.O. Box Not Allowed in ANSI v5010)

Watch the *Blue Review* and the News and Updates section of our website for an announcement regarding when these warning messages will be implemented.

It is imperative that you heed these warning messages and begin submitting a physical address now, including a street number and name for the billing provider, along with the billing provider’s nine-digit zip code. Under ANSI v5010, electronic claims submitted with the P.O. Box or Lock Box instead of a physical address for the Billing Provider Address will cause the claim to reject.

Please contact your IT staff, software vendor, billing service and/or clearinghouse to make sure they are aware of your electronic preferences and are making the necessary programming updates to your practice management system for compliance with the new ANSI v5010 standard.

If you have any questions regarding this notification, contact our Electronic Commerce Center at (800) 746-4614.

For more information about the ANSI v5010/ICD-10 conversion, visit the ANSI v5010/ICD-10 page in the Standards and Requirements section of our Provider website at www.bcbsil.com/provider.

*TR3s and TR3 Errata may be obtained through the Washington Publishing Company (WPC) at www.wpc-edi.com. The WPC is an independent third party vendor that is solely responsible for its products and services.

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding any of the products or services offered by a vendor, you should contact the vendor directly.



IN THE
KNOW ✓

iEXCHANGE® Single Sign-on FAQs Now Available

In the February *Blue Review*, we introduced you to a new Single Sign-on (SSO) enhancement available through Availity that allows users to gain direct access to iEXCHANGE, our automated benefits pre-certification tool that supports direct submission, processing and online approval of benefits for inpatient medical/surgical procedures.

The new SSO process eliminates the need for your office to go to separate Web locations for Availity and iEXCHANGE. In addition to greater convenience, single sign-on to iEXCHANGE through Availity is available at no cost to registered Availity users, 24 hours a day, seven days a week.

To assist you with getting started, we have compiled answers to Frequently Asked Questions (FAQs) about the SSO tool. These new FAQs are available on our website at www.bcbsil.com/provider, in the Education and Reference Center/ Provider Tools section, under iEXCHANGE.

Please note that you must be a registered Availity user to request SSO access to iEXCHANGE. *Check with your Availity Primary Access Administrator (PAA) for details.*

To register or to learn about the products and services available through Availity, visit www.availity.com, or call Availity Client Services at (800) AVAILITY (282-4548) for assistance.

For more information about iEXCHANGE, visit the Education and Reference/Provider Tools section of our website at www.bcbsil.com/provider. If you have any questions about how to enroll, use or manage your account, our iEXCHANGE Help Desk is available to assist you. Please email us at iEXCHANGE_HelpDesk@bcbsil.com, or call (312) 653-3399.

PHARMACY PROGRAM UPDATES

April 2011 Prescription Drug Program Changes

FORMULARY CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions will be made to the BCBSIL Formulary effective April 1, 2011.

Brand Medications Moving to Highest Out-of-Pocket Payment Level Effective April 1, 2011

Non-Formulary Brand* (Tier 3 copayment/coninsurance)	Condition Used For	Generic Alternative(s) [†] (Tier 1 copayment/coninsurance)	Formulary Brand Alternative(s) ^{*†} (Tier 2 copayment/coninsurance)
Differin Lotion	Acne	adapalene gel, clindamycin solution, erythromycin gel/pads/solution, tretinoin gel/cream	Finacea
Allegra-D 12 hour, 24 hour	Allergy	fexofenadine, brompheniramine/pseudoephedrine ext-release caps, pseudoephedrine (Rx only)	N/A
Zovirax cream	Antiviral	acyclovir caps/tabs/suspension, famciclovir tabs, valacyclovir tabs	N/A
Abbott brand glucose blood test strips (FreeStyle, Precision)	Diabetic Supplies	N/A	Bayer, Roche brand blood glucose test strips [‡]
Lancets, various (e.g. FreeStyle, OneTouch, Precision)	Diabetic Supplies	N/A	Accu-Chek, Microlet lancets
Actos	Diabetes	acarbose, glimepiride, glipizide, glyburide, nateglinide, metformin	Januvia, Prandin
Actoplus Met, Actoplus Met XR	Diabetes	glipizide/metformin, glyburide/metformin	Janumet
Duetact	Diabetes	glipizide/metformin, glyburide/metformin	Janumet
Pancron 10, 20	Digestive Enzymes	N/A	Creon, Zenpep
Pancrelipase MST-16	Digestive Enzymes	N/A	Creon, Zenpep
Premarin	Estrogens	estradiol tabs/patches, estradiol/norethindrone acetate 1/0.5 mg, estropipate	Activella 0.5/0.1 mg, Cenestin, Enjuvia, Estraderm, Vivelle-DOT
Premarin cream	Estrogens	N/A	Estrace cream, Divigel, Vagifem
Premphase, Prempro	Estrogens	estradiol/norethindrone acetate 1/0.5 mg	Activella 0.5/0.1 mg, Mimvey
Silicone Mask for Breathrite Chamber	Medical Device	N/A	Breathrite chambers, masks
Fosamax oral solution	Osteoporosis	alendronate	Actonel

N/A = not applicable

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

†This list is not all-inclusive. Other medications may be available in this drug class.

‡BCBSIL offers preferred glucose meters (Bayer and Roche) at no additional charge. Members who wish to obtain a Roche ACCU-CHEK® meter should call (888) 355-4242; members who wish to obtain a Bayer CONTOUR® or BREEZE® 2 meter should call (877) 229-3777.

Continued next page

In addition to the drugs listed in the table on page 6, the following over-the-counter products will also be removed from the formulary effective April 1, 2011:

- Blood glucose calibration liquid
- Ketone blood test strips
- Alcohol swabs

DISPENSING LIMITS

The prescription drug benefit includes coverage limits on certain medications that are in accordance with generally accepted pharmaceutical and manufacturer's guidelines. Drug dispensing limits help encourage medication use as intended by the U.S. Food and Drug Administration. As of April 1, 2011, dispensing limits will be placed on medications in the categories in the table below.

Drug Dispensing Limit Additions Effective April 1, 2011

Drug Class*	Dispensing Limit
Acne	
Epiduo	Under age 40
Anticoagulant	
Pradaxa	60 capsules/30 days
Antifungal	
Lamisil	12-week supply/6 months
Sporanox	
Penlac	2 bottles/30 days
Anti-Infective†	
Cayston	1 kit/56 days
Tobi	
Diabetes	
Glucose Test Strips/Disks	204 strips/30 days
Muscle Relaxant	
Zanaflex	180 tablets or capsules/30 days
Narcotic	
Butrans	4 patches/30 days
Nausea and Vomiting	
Zuplenz	10 tablets/prescription
Pulmonary Hypertension	
Letairis	30 tablets/30 days
Tracleer	60 tablets/30 days
Ulcer/GERD	
Prevacid	60 capsules/30 days
Prilosec	60 capsules/30 days

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

† Total quantity of medication in this drug class covered per the indicated days' supply.

Targeted mailings were sent to members affected by the formulary and dispensing limit changes per our usual process of notifying members at least 60 days prior to implementation.

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.

Medicare Advantage Product Update

Members of the Michigan Public School Employees Retirement System (MPERS) may obtain services in Illinois and northwest Indiana. These members are enrolled in Blue Cross and Blue Shield of Michigan's Medicare Advantage product called Medicare PLUS Blue Group PPOSM, which encompasses Medicare Part A and B benefits, along with additional group benefits.

MPERS members can be identified by:

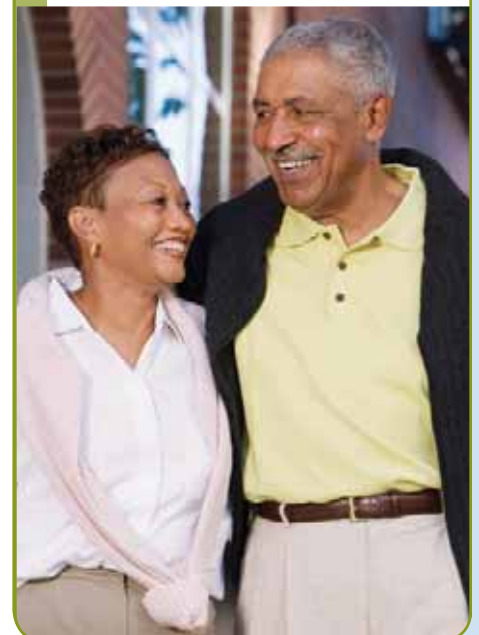
- Plan and product name displayed on the front of the ID card
- Alpha prefix **XYO**
- Group number 59000

For services rendered for MPERS members outside of Michigan, prior authorization is not required for:

- Acute care admissions
- Skilled nursing admissions
- Inpatient rehabilitation admissions
- Radiology services

Claims for these members should be filed with BCBSIL. Reimbursement will be based on the Medicare-approved amounts.

If you have any questions regarding this notification, please call the Michigan Public School Retiree service center at (800) 422-9146.



Reminder! Billing with National Drug Codes (NDCs)

Currently, BCBSIL requires all home infusion/specialty pharmacy drugs to be billed with the appropriate National Drug Code (NDC) and NDC-related information, in addition to the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) on **professional** claims.

Effective June 1, 2011, additional professional providers will be required to include NDC pricing information when billing for drugs on professional claims. NDC pricing information will be available through the new, secure section of our website, Blue Access® for Providers, coming soon. While BCBSIL will continue to process claims using the current methodology during the transition period, **all professional providers** should start submitting the NDC *now*.

NDCs provide a more accurate pricing methodology for payment. Use of the NDC will also facilitate better management of drug-associated costs. For additional information, such as **NDC Billing Guidelines (Professional)** for electronic (ANSI 837P) and paper (CMS-1500) claims, visit the Claims and Eligibility/Claim Submission/Related Resources section of our website at www.bcbsil.com/provider.

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

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