



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

OCTOBER 2011

## WHAT'S INSIDE ?

- Fairness in Contracting.....2
- Pharmacy Program Updates: Prescription Drug Program Changes, October 2011.....3
- Hospice Organizations Gain Access to Claim Research Tool.....3
- New Account Groups.....4
- BCBSIL Welcomes Audiology Providers to PPO Network.....4
- Are you ready to receive ANSI v5010A1 835 test files?.....5
- Provider Learning Opportunities.....5
- BlueCard® Claim Filing Guidelines for Border State Providers.....6
- Medical Policy Updates.....7
- Physician Assistant Rendering NPIs Required.....8

## ANSI Version 5010: The Final Countdown

*We're only three months away from the ANSI v5010 conversion deadline.*

As of Jan. 1, 2012, the ANSI v5010 compliance date, all ANSI v4010A1 claims will be rejected by BCBSIL as invalid formats. Other HIPAA-standard, electronic data interchange (EDI) transactions such as electronic claim status, eligibility and benefits and the electronic remittance advice are also affected by the ANSI v5010 conversion. Additionally, in accordance with HIPAA guidelines, the transition to ANSI v5010 is a prerequisite for the mandated implementation of ICD-10 on Oct. 1, 2013.



### WE'RE READY. ARE YOU?

In September 2011, BCBSIL implemented a controlled deployment to help ensure all ANSI v5010 837 transactions for dental, institutional and professional claims are being processed appropriately. Presently, the company is working closely with Availity®, Passport/Nebo Systems, RealMed® and other electronic trading partners (billing services and clearinghouses) to complete our testing process.

Do you submit claims via a practice management or hospital information system? Or do you utilize a billing service and/or clearinghouse to submit claims on your behalf? If you have not done so already, you need to test sending ANSI v5010 claims now to ensure that you will continue to receive claim payments in 2012. In last month's *Blue Review*, we discussed the importance of making your primary contact accountable to help ensure readiness for ANSI v5010. If you missed this article, you may access the September 2011 issue online in the Education and Reference Center/*Blue Review* section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

## National Drug Code (NDC) Pricing Update

At this time, BCBSIL will not require the submission of NDCs and related information on professional claims. Home Infusion and Specialty Pharmacy providers, however, will still be required to submit claims with NDC data as previously instructed.

Remember: It's important to keep communication lines open!

- Is your primary contact keeping you in the "loop"?
- Do you receive your report identifying claim rejections?
- Are rejections being corrected and resubmitted to enable successful transmissions?
- Do you receive verification of claims that are accepted, along with your Document Control Number (DCN)? (The DCN is a claim number that BCBSIL assigns which allows us to track and manage inventory as a claim is processed.)

*(continued on page 4)*

## 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 Oct. 1, 2011, code 90654 was updated.**

**Effective Jan. 1, 2012, codes 90460 and 90461 will be updated.**

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form, available in the Education and Reference Center/Forms section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). 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*.

**Effective Dec. 12, 2011, BCBSIL will implement a fee schedule change that will provide reimbursement based on the type of rendering provider indicated on the claim.**

The provider types listed below will have the differentials applied to the Schedule of Maximum Allowances (SMA) as noted:

**100 percent of the SMA**

- Physician

**85 percent of the SMA**

- Licensed Clinical Psychologist
- Clinical Nurse Specialist
- Certified Nurse Practitioner
- Certified Registered Nurse Anesthetist
- Certified Nurse Midwife

**85 percent of 20 percent of the SMA**

- Certified Surgical Assistant

**70 percent of the SMA**

- Licensed Clinical Social Worker
- Licensed Clinical Professional Counselor
- Licensed Marriage and Family Therapist

## Assessing Hospital and HMO Group Performance

The 2011 BCBSIL Blue Star<sup>SM</sup> Hospital Report and Blue Star<sup>SM</sup> Medical Group/IPA Report with Blue Ribbon<sup>SM</sup> results are now available in the Clinical Resources/Quality Improvement section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). These reports and results are part of our transparency initiative to increase availability of information that can help members make better-informed health care decisions. Based on data from the 2009 and 2010 HMO Member Surveys, 94 percent and 96 percent of HMO members found the information useful.

### BLUE STAR HOSPITAL REPORT

The purpose of the Blue Star Hospital Report is to provide employers and members with information about indicators for which hospitals have demonstrated high levels of performance. The report, which is based on the 2011 Annual BCBSIL Hospital Profile, summarizes the results related to quality, patient safety and efficiency measures for 109 Illinois hospitals.

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

For the 2011 Blue Star Hospital Report, each hospital's performance is reported for indicators in the following six categories:

- Structure
- Process
- Outcome
- Patient Experience
- Efficiency
- Informed Decision-making

One blue star can be earned for each indicator, for a maximum of 14 blue stars.

### BLUE STAR MEDICAL GROUP/IPA REPORT

The purpose of the Blue Star Medical Group/IPA Report with Blue Ribbon Results is to provide members with information about Medical Group/Independent Practice Associations (MG/IPAs) that have demonstrated high levels of performance, and to help members choose health care providers that best meet their needs.

BCBSIL assesses MG/IPA performance based upon national clinical practice and preventive care guidelines. For the 2011 Blue Star Medical Group/IPA Report with Blue Ribbon Results, MG/IPA performance is reported for conditions such as diabetes, asthma and high blood pressure, as well as preventive care screenings for breast, cervical and colorectal cancers.

The Blue Ribbon Report is included with the Blue Star Medical Group/IPA Report. MG/IPAs that scored at least 85 percent on selected questions from the 2010 HMO Member Survey earned a Blue Ribbon.

<sup>†</sup> The Leapfrog Group is a voluntary program focused on health care safety, quality and customer value.



## PHARMACY PROGRAM UPDATES

# Prescription Drug Program Changes, October 2011

### DISPENSING LIMITS

The prescription drug benefit includes coverage limits on certain medications. These limits 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 Oct. 1, 2011, dispensing limits will be placed on medications in the categories referenced below.

#### Drug Dispensing Limit Additions Effective Oct. 1, 2011

Drug Class and Medication*	Dispensing Limit
<b>Cardiovascular</b>	
Adcirca	60 tabs/30 days
<b>Estrogens</b>	
Alora	8 patches/28 days
Climara, Climara Pro	4 patches/28 days
Estraderm	8 patches/28 days
Vivelle-Dot	8 patches/28 days
<b>Narcotic Drugs</b>	
Avinza	30 caps/30 days
<b>Osteoporosis</b>	
Actonel 30 mg	30 tabs/30 days
<b>Skin Products</b>	
Aldara	48 units/365 days; 12 units/Rx

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

Targeted mailings were sent to members affected by the dispensing limit changes described above in order to notify members at least 60 days prior to implementation.

Note: 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.

## Hospice Organizations Gain Access to Claim Research Tool

Previously, hospice organizations were unable to gain access to the Claim Research Tool (CRT) on the Availity portal to research the status of claims submitted to BCBSIL. We are pleased to report that the CRT is now available to hospice organizations that are registered with Availity.

The CRT can help you manage your accounts receivable by allowing you to view the details of a single claim or multiple claims for a specific member, all in one view.

You can use the CRT to:

- Search by member ID/group number or claim number
- Check status of multiple claims in one view
- View claims for a particular date or date range
- View claims according to status, such as paid, pending or denied
- View detailed line level information, such as amount paid, ineligible reason code and description for each service line

You may access the CRT by selecting Claims Management/Claim Research Tool from the Availity menu. For additional details, refer to the CRT tip sheet in the Education and Reference Center/Provider Tools section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).



## New Account Groups

Group Name: **Gibson Area Hospital**  
Group Number: **S59219**  
Alpha Prefix: **XOF**  
Product Type: **PPO (Portable)**  
Effective Date: **Oct. 1, 2011**

Group Name: **Global Supply Chain Solutions**  
Group Numbers: **59401-4**  
Alpha Prefix: **GNV**  
Product Type: **PPO (Portable)**  
Effective Date: **Nov. 1, 2011**

Group Name: **Heico Holding, Inc.**  
Group Numbers: **778538-44**  
Alpha Prefix: **LJX**  
Product Type: **BlueEdge PPO/HSA (Portable)**

Group Numbers: **352995-6**  
Alpha Prefix: **XOT**  
Product Type: **CMM/HSA (Portable)**  
Effective Date: **Jan. 1, 2012**

Group Name: **IPBC-City of West Chicago**  
Group Number: **P22550**  
Alpha Prefix: **XOF**  
Product Type: **PPO (Portable)**  
Effective Date: **Oct. 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.



## ANSI Version 5010: The Final Countdown

(continued from page 1)

### BE AWARE OF THESE MAJOR CHANGES

Don't wait until it's too late. Contact your practice management software vendor and/or your billing entity (billing service and/or clearinghouse), if applicable, to confirm that they are aware of new claim submission requirements related to ANSI v5010. Some of the major changes include, but are not limited to:

- **Billing Provider Address** – ANSI v5010 requires that the Billing Provider Address must be a physical street address. If a P.O. Box address is necessary, it must be reported as the pay-to-address.
- **ZIP Codes** – ANSI v5010 requires providers to submit a nine-digit “ZIP+4” ZIP code for the billing provider and service facility locations.
- **Billing Provider NPI** – ANSI v5010 also focuses on creating uniformity. You must ensure that you are consistently reporting the same billing NPI on all claim transactions with all payers.

### ATTEND A WEBINAR

For your convenience, BCBSIL is offering complimentary webinars on ANSI v5010 and ICD-10. See the Provider Learning Opportunities on page 5 for ANSI v5010 Webinar session dates and times in October. ICD-10 Webinar sessions will be held in November. For more information, including online registration, visit the ANSI 5010/ICD-10 page in the Standards and Requirements section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

Availity is a registered trademark of Availity, L.L.C. Nebo Systems, a division of Passport Health Communications, Inc., offers the NDAS Online product to independently contracted BCBSIL providers. RealMed is a registered trademark of RealMed Corporation, an Availity Company. Availity, L.L.C., Passport/Nebo Systems and RealMed Corporation are independent third party vendors and are solely responsible for their products and services.

## BCBSIL Welcomes Audiology Providers to PPO Network



BCBSIL is pleased to announce that effective Oct. 17, 2011, audiologists will be eligible to participate in the Participating Provider Option (PPO) network. If you are an audiologist and you previously submitted an application to join the independently contracted PPO network, you should have received a letter from us recently, notifying you that your information will be added to our provider file on or shortly after Oct. 17, 2011, for publication in our online Provider Finder® on Nov. 1, 2011.

To help ensure that we have included complete and correct information for your practice, please visit our website at [bcbsil.com](http://bcbsil.com) to check your Provider Finder listing on or after Nov. 1, 2011. If you do not find your information, or if your information is incorrect, contact our Network Operations staff at (312) 653-6555.

### NEW TO THE NETWORK?

We're here to assist you. Our team of Professional Provider Network Consultants (PNCs) specializes in helping to investigate issues, producing data and developing solutions for PPO providers. Your assigned PNC can help keep you informed of BCBSIL programs, initiatives and educational resources, while also helping to ensure compliance with your provider contract. If needed, your PNC can visit your office to help address any special needs or concerns.\*

To find the name of your assigned PNC, look for the Professional Provider Network Consultant List in the Education and Reference Center/Provider Network Consultant Assignments section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

\*While your PNC may assist you with network participation issues, please note that **many benefit and claim-related inquiries may be conducted electronically** through your preferred online vendor portal. For more information on electronic options, visit the Claims and Eligibility/Electronic Commerce section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

# Are you ready to receive ANSI v5010A1 835 test files?

Effective immediately, BCBSIL is ready to send ANSI 835 Electronic Remittance Advice (ERA) transactions in an ANSI v5010A1 format. We need your approval and confirmation that you and your billing service and/or clearinghouse are ready to receive these transactions.

Prior to the Jan. 1, 2012, mandatory compliance date, BCBSIL will be testing in a production environment by sending both the ANSI v4010A1 ERA production file and the ANSI v5010A1 test file together. If you would like to receive the ANSI v5010A1 835 ERA test file, please follow the steps outlined below:

1. Complete the ANSI v5010A1 835 ERA Test File Request Form, available in the Standards and Requirements/ANSI 5010 and ICD-10 section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).
2. Your signature on this form is confirmation of your ANSI v5010A1 readiness and an approval for BCBSIL to send ANSI v5010A1 835 ERA transactions.
3. Submit your completed, signed form via fax to (312) 938-6463, as indicated on the form.

The form also asks for information related to auto-posting of your 835 ERA transactions. Remember to reach out to your software vendor and, if applicable, your billing service and/or clearinghouse to confirm the following:

- Who does auto-posting of your 835 ERA transactions?
- If you utilize a billing service and/or clearinghouse, when will they be ready to accept the ANSI v5010A1 835 ERA test file?
- Is your Practice Management System (PMS) or Hospital Information System (HIS) ready? Will it need to be upgraded, or will a “step-down” process need to be facilitated by your vendor?\*

\*Please note that Availity, our primary claims clearinghouse, acts only as a pass-through for ANSI 835 ERA transactions between BCBSIL and providers. A step-down process is currently unavailable.

**All 835 ERA receivers must be transitioned to ANSI v5010A1 by Jan. 1, 2012.**

If you have any questions regarding the ANSI v5010A1 835 ERA Test File Request Form, please contact our Electronic Commerce Center at (800) 746-4614.

## Provider Learning Opportunities

A partial listing of complimentary upcoming training opportunities is listed below. For additional listings and online registration, visit the Workshops/ Webinars page in the Education and Reference Center of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

### WEBINARS

#### Electronic Refund Management (eRM)

2 to 3 p.m.

Oct. 5, 2011

Oct. 12, 2011

Oct. 19, 2011

Oct. 26, 2011

#### ANSI Version 5010 Webinar

10 a.m. or 1 p.m.

Oct. 19, 2011

Oct. 26, 2011

Join us to review essential activities your office should conduct to meet the compliance date of Jan. 1, 2012, for ANSI v5010.

*Each session is 90 minutes.*

#### ICD-10 Webinar

Two sessions each date:  
10 a.m. (Facility presentation)  
1 p.m. (Professional presentation)

Nov. 8, 2011

Nov. 18, 2011

These sessions will assist you in meeting the ICD-10 compliance date of Oct. 1, 2013.

*Each session is 90 minutes.*



## 2011 Seasonal Flu Shot Reminder

In the United States, influenza activity typically begins in October and can last into May. The Centers for Disease Control and Prevention (CDC) recommends yearly influenza vaccination for persons 6 months of age and older. In adults and older children, one dose of influenza vaccine is needed. Some children younger than 9 years of age may need two doses of vaccine to be protected for the season. For additional information, visit the CDC website at [cdc.gov/flu](http://cdc.gov/flu).



# BlueCard® Claim Filing Guidelines for Border State Providers

Do you practice in a county bordering another state and have contracts with Blue Plans in your home state and the neighboring state? If so, do you know where to file your claims? The general rule is that you should file all claims with your local Blue Plan, based on where you provided the service, except when a member has coverage with the neighboring state's Blue Plan. The sample scenarios below may provide you with some guidance if you are a provider who contracts with or services Blue Plan members in neighboring service areas.

### GUIDELINES FOR BILLING THE CORRECT PLAN FOR YOUR SERVICES

Please Note: These example scenarios use the State of Iowa as a bordering state to Illinois. However, the same guidelines do apply to other states that border Illinois, such as Indiana, Missouri, Wisconsin or Kentucky.

#### **Scenario 1**

If you are located in an Iowa county that borders Illinois, and have contracts with BCBSIL and Wellmark Blue Cross and Blue Shield (Wellmark BCBS Iowa):

- When you render a service to a BCBSIL member, the claim is filed with BCBSIL because you have a contract with BCBSIL
- All other claims are filed with Wellmark BCBS Iowa

#### **Scenario 2**

If you are located in an Iowa county that borders Illinois and have a contract only with Wellmark BCBS Iowa:

- All of your claims should be filed with Wellmark BCBS Iowa, regardless of which Blue Plan the member belongs

#### **Scenario 3**

If you are located in an Iowa county that borders Illinois, and do not have a contract with Wellmark BCBS Iowa, but you have a contract with BCBSIL:

- When you render a service to a BCBSIL member, the claim is filed with BCBSIL
- When you render a service to a Wellmark BCBS Iowa member, the claim is filed with Wellmark BCBS Iowa, as an out-of-network claim
- All other claims for members who belong to other BCBS plans are filed with BCBSIL as a regular BlueCard claim

#### **Scenario 4**

If you have offices in both Iowa and Illinois, and have contracts with Wellmark BCBS Iowa and BCBSIL:

- When you render a service to a BCBSIL member in your Illinois office, the claim is filed with BCBSIL
- When you render a service in your Illinois office to a Wellmark BCBS Iowa member who resides or works in Iowa, the claim is filed with Wellmark BCBS Iowa
- If you render a service in your Iowa office to a BCBS of Florida member who does not reside or work in Illinois or Iowa, the claim is filed with Wellmark BCBS Iowa as a regular BlueCard in-network claim

For additional information, please refer to the BlueCard Program Manual, located in the Standards and Requirements section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

# 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 [bcbsil.com/provider](http://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.

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

Although Medical Policies can be used as a guide, HMO providers should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

Effective Date	Policy Number	Policy Name	Rationale
Sept. 15, 2011	PSY301.014	Autism Spectrum Disorders (ASD)	Policy has coverage changes.
Sept. 15, 2011	SUR703.028	Heart Transplant Rejection Detection Using Laboratory Tests	Policy updated with new information, but no changes to adjudication of claims.
Sept. 15, 2011	MED208.002	Genetic Testing for Hereditary Breast and/or Ovarian Cancer (HBOC)	Policy updated with new criteria based upon NCCN* Guidelines, but no changes to adjudication of claims.
Oct. 1, 2011	RX501.051	Biologic Response Modifiers (BRMs) for the Treatment of Rheumatoid Arthritis (RA) and Other Chronic Inflammatory Diseases	The following was added: Use of Rituxan, Actemra, Amevive, Krystexxa, and Benlysta for specific FDA approved indications may be considered medically necessary when noted criteria are met. All other indications are considered experimental, investigational, and unproven. In addition, dosage requirements for Remicade were added to the coverage section.
Oct. 1, 2011	OTH903.012	Orthoptics (Vergence/Accommodative therapy), Visual Exercises or Training	Increase transparency of this policy.
Oct. 1, 2011	SUR712.004	Intervertebral Techniques to Treat Chronic Discogenic Back Pain	---
Oct. 1, 2011	RAD601.067	Intensity Modulated Radiation Therapy – IMRT	The following was added to the medically necessary indications when meeting documented criteria: 1) Treatment of squamous cell cancer of the anus/anal canal. In addition, the following new coverage statements were added: 1) Inter-fraction image guidance (i.e., image guidance between fractions) may be considered medically necessary for delivering IMRT and other 3D-CRT.

\*National Comprehensive Cancer Network

The Medical Policies are not an educational tool and are not a replacement for the independent medical judgment of physicians. Physicians are instructed to exercise their own clinical judgment based on each individual patient's health care needs.

## From the Medical Director's Library

David Stein, M.D., offers the following message and reading selection for October:

*This month, I am recommending an extremely meaty article by Laura Sessums, et al., titled "Does This Patient Have Medical Decision-Making Capacity?" [Journal of the American Medical Association (JAMA), July 27, 2011, Vol. 306 (4), pp 420-427]. This is part of the Clinician's Corner and is included in the Rational Clinical Examination series to help physicians assess the ability of the patient to make rational clinical decisions in regard to therapies, medications or surgical procedures. Incapacity is common and must be recognized. If demonstrated, the physician must rely on other family members and caregivers to help in the decision making process. This article provides an excellent resource for the practicing physician.*

The above article is for informational purposes only. The views and opinions expressed in this article 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.



# Physician Assistant Rendering NPIs Required

Our August 2011 *Blue Review* included a reminder that rendering provider NPIs would be required as of Oct. 1, 2011, for each service line on professional claims. This article specified that claims will be rejected if the rendering provider NPI is missing, or not on file with BCBSIL.



Please note that the rendering provider NPI requirement also applies to Physician Assistants (PAs). This means that services rendered by PAs may no longer be billed under the supervising physician's NPI. Also, when the rendering NPI for a PA is included on a claim, that NPI must be on file with BCBSIL in order for your claim to be accepted.

If you haven't done so already, please send us the Type 1 Individual NPI for each PA in your practice so that we can update our provider file.

To request demographic changes for existing providers, or add new providers online, just go to the Network Participation/Update Your Information section of our website at [bcbsil.com/provider](http://bcbsil.com/provider) and complete the appropriate form.

*Blue Review* is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

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

## BLUE REVIEW

Blue Cross and Blue Shield of Illinois  
300 E. Randolph Street – 25th Floor  
Chicago, Illinois 60601-5099

Email: [bluereview@bcbsil.com](mailto:bluereview@bcbsil.com)

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

### Publisher:

Stephen Hamman, VP, Network Management

### Editor:

Gail Larsen, DVP, Provider Relations

### Managing Editor:

Jeanne Trumbo, Sr. Manager, Provider Communications

### Editorial Staff:

Margaret O'Toole, Marsha Tallerico  
and Allene Walker

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.

VISIT OUR WEBSITE AT [BCBSIL.COM/PROVIDER](http://BCBSIL.COM/PROVIDER)

00014.1011

A Division of Health Core Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

# REVIEW

BlueCross BlueShield of Illinois | *Experience. Wellness. Everywhere.*



# Blue

PRSR STD  
U.S. POSTAGE  
PAID  
PERMIT NO. 581  
CHICAGO, IL