



BLUEREVIEW™

For Contracting Institutional and Professional Providers

September 2008



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HCSC Acquires MEDecision

Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), has acquired MEDecision, one of the country's leading providers of health information technology. Blue Cross and Blue Shield of Illinois is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

MEDecision has been an HCSC vendor since 2005, providing a foundational piece of our Blue Care Connection® health care management platform. MEDecision's technology solutions include a collaborative platform for managing case, disease and utilization records, and an information exchange service that links BCBSIL and other payers with physicians, hospitals, laboratories and patients.

MEDecision will become an independent operating unit within HCSC and will continue to service other health benefits companies as a dedicated health care technology firm.

For more information about MEDecision, visit www.MEDecision.com.

BCBSIL Welcomes New Chief Medical Officer, H. Scott Sarran, M.D., M.M.



Blue Cross and Blue Shield of Illinois is pleased to welcome H. Scott Sarran, M.D., M.M., as our Chief Medical Officer. Dr. Sarran is responsible for our Disease, Case, Utilization and Pharmacy Management Programs. In this capacity, Dr. Sarran manages a staff that includes 15 Medical Directors and over 200 nurses.

Prior to joining BCBSIL, Dr. Sarran was the Chief Medical Officer for Fidelis SeniorCare, a venture capital-backed Medicare Special Needs Plan formed in 2004 for the institutionalized Medicare population. In that role, Dr. Sarran was responsible for all Medical Management activities, including

utilization, quality and peer review. Fidelis is a mixed group and IPA model organization with business operations in Michigan, North Carolina and Texas.

Dr. Sarran has also held the position of Chief Medical Officer for Advocate Health Centers, where he was in charge of all Medical Management functions (utilization, quality and peer review), specialty, ancillary and hospital contracting, as well as the management of the physician work force (hiring, evaluation, compensation plan, etc.). He also held numerous other medical leadership roles within Advocate HealthCare, the University of Chicago Health System and Lutheran General Health System.

Dr. Sarran received his medical degree from Northwestern University Medical School and also holds a Master of Management degree from Northwestern's Kellogg School of Management. He is board-certified in Family Practice with a Certificate of Added Qualifications in Geriatrics.

In his role as Chief Medical Officer, Dr. Sarran is most interested in furthering the collaboration between our key stakeholders (patients, physicians, other providers and employers) to continuously improve quality and efficiency.



View Managed Care Updates Online

HMO and BlueChoice Updated Policies and Procedures on Web

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 Web

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 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.

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 *Blue Review* to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

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

Fee schedules reflecting this update are now available. You may download the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm.

Harvest the Rewards of Education

The Network Management Education Team is dedicated to providing complimentary educational Webinars and workshops for the BCBSIL provider community. Whether you are new to the network, or an experienced provider, our "Harvest the Rewards of Education" workshop is designed to help improve administrative efficiencies in your office.

Some of the topics include:

- Eligibility and benefit tools
- Consumer Driven Health Plan (CDHP)
- Medicare Advantage
- Precertification and pre-determination
- BlueCard® Program (out-of-area)
- Refund process ... and more!

Register today to reap the rewards of provider education! Visit our Web site at www.bcbsil.com/provider/training.htm to view the agenda and to sign up for this or one of our other workshops that are tailored to meet your needs.

Upcoming workshops include:

Workshop	Date	Location
Plant, Grow and Bloom	Sept. 10, 2008	Provena St. Joseph Hospital, Elgin, Illinois
Plant, Grow and Bloom	Sept. 17, 2008	Mercy Hospital and Medical Center, Chicago, Illinois
Harvest the Rewards of Education	Oct. 1, 2008	Heartland Regional Hospital, Marion, Illinois
Magellan Behavioral Health Webinar	Sept. 24, 2008	Online
Harvest the Rewards of Education	Oct. 29, 2008	St. Elizabeth's Hospital, Belleville, Illinois
New Provider Workshop	Nov. 12, 2008	BCBSIL, Chicago, Illinois
Winter HMO Administrative Forum	Dec. 10, 2008	BCBSIL, Chicago, Illinois

Magellan Behavioral Health Webinar

The Network Management Education Team of BCBSIL is excited to host a Magellan Behavioral Health Webinar on Sept. 24, 2008. This online session will assist behavioral health practitioners with the following:

- Learn how BCBSIL Products interface with Magellan Behavioral Health
- Learn what levels of care are managed
- Understand what information is needed for a clinical review
- Obtain information and resources to simplify routine transactions with Magellan, and more!

Representatives of Magellan and BCBSIL will be available to answer your questions during this online forum. We encourage all of your office staff to attend.

A special conference number and URL will be provided with your e-mail confirmation after registration. On Sept. 24, 2008, just log in from the convenience of your desk by using a computer. If you have any questions, please call the Network Management Education Team at 1-312-653-4019, or e-mail us at PAET@bcbsil.com.

Register now via our Web site at www.bcbsil.com/provider/training.htm.

*Note: Space for online and teleconference participants is limited. Please log on and call in as a group, wherever possible.

Enjoy the Convenience of User-driven Inquiry Resolution

Our Interactive Voice Response (IVR) system uses voice recognition technology so that you can obtain automated information on member eligibility, benefits or claims status. All you need to do is speak your request—the IVR does the rest!

- You may access the IVR by calling our Provider Telecommunications Center (PTC) at 1-800-972-8088. Hours of availability are: Monday through Friday, 6 a.m. to 11:30 p.m. CT, and Saturday, 6 a.m. to 3 p.m. CT.
- Simply provide your National Provider Identifier (NPI) when prompted* (you may speak or enter your information by touch-tone). *Remember: Give the IVR your **billing** NPI to ensure receipt of correct benefit information.*

*Note: Providers who do not have an NPI or are calling from out-of-state may speak or enter their tax ID number (TIN) when prompted by the IVR; however, these providers will only be able to obtain limited information.

Please visit the Provider Library of our Web site at www.bcbsil.com for more user resources, including Illinois and out-of-state IVR Caller Guides, and IVR Helpful Hints and Tips.

BlueCard: Remember these Quick Tips for Faster Service

The BlueCard Program allows Blue Cross and Blue Shield (BCBS) plan members to obtain health care services while traveling or living in another plan's service area. That means BCBS members visiting Illinois from out of state can receive the benefits of the BCBS plan listed on their insurance card, and access our local BCBSIL provider network and savings.

Pull out and post this page in your office for easy access

When Verifying Eligibility and Benefits

1. Ask members for their current member ID card.
2. Verify the member's ID number. The ID number begins with the three letter alpha prefix followed by a combination of 6-14 letters/numbers.
3. Check eligibility and benefits by calling the BlueCard Eligibility Line at 1-800-676-BLUE (2583).
4. Verify the member's copayment amount before processing payment.

When Submitting Claims

1. Submit all Blue plan claims to BCBSIL.*
2. Submit claims with only valid alpha prefixes; claims with incorrect or missing member ID numbers cannot be filed correctly.
3. If there is more than one payer and a Blue Plan is primary, include Other Party Liability (OPL) information on the claim.
4. Do not submit duplicate claims.

*Providers in Border States may have different requirements.

To Check Claim Status

1. Use NDAS Online, or
2. Call our Provider Telecommunications Center (PTC) at 1-800-972-8088.

Need to Contact Us?

Remember: We are your "one-stop shop" for all BlueCard claim inquiries.

- Submit electronic inquiries to BCBSIL via NDAS Online
- Contact your Provider Network Consultant

Note: To locate the name of your assigned Provider Network Consultant, visit our Web site at www.bcbsil.com/provider, and click on "Provider Network Consultant List" in the Provider Library section.



New Account Groups

Group Name: **American Federation of State, County and Municipal Employees**

Group Number: **P25748**

Alpha Prefix: **FAD**

Product Type: **PPO+**

Effective Date: **Sept. 1, 2008**

BC ●

BS ●

Group Name: **Flex N Gate Corporation**

Group Number: **013594**

Alpha Prefix: **FNG**

Product Type: **PPO(Portable)**

Effective Date: **Sept. 1, 2008**

BC ●

BS ●

Group Name: **Fuchs Lubricants**

Group Number: **017103**

Alpha Prefix: **FCU**

Product Type: **PPO(Portable)**

Effective Date: **Sept. 1, 2008**

BC ●

BS ●

Group Name: **Sterling Life**

Group Number: **028122-23**

Alpha Prefix: **LGV**

Product Type: **PPO(Portable)**

Group Number: **028124-25**

Alpha Prefix: **LGV**

Product Type: **CHDP**

Effective Date: **Oct. 1, 2008**

BC ●

BS ●

Ambulatory Surgery Center Licensing Requirements

In order to qualify for a PPO ambulatory surgery center facility contract, you **must** be licensed by the State of Illinois as an Ambulatory Surgery Treatment Center. Providers who operate unlicensed facilities are not eligible to bill the facility charges on a UB-04. If not licensed as an ambulatory surgery center, all billing must come in on a CMS-1500. Reimbursement for the technical portion is included as part of the global physician reimbursement. BCBSIL members cannot be held responsible for any amounts over the PPO Schedule of Maximum Allowances.



Are you receiving multiple paper checks for your Medicare crossover claim payments?

BCBSIL must have a record of all NPI(s) to process claims correctly. Sharing all NPI(s) including NPIs used for your Medicare claims will allow BCBSIL to cross reference to your existing provider record and include your crossover payments on your weekly Provider Claim Summary and/or your Electronic Remittance Advice and Electronic Funds Transfer.

If you are currently experiencing this problem, please contact our Electronic Commerce (E-Commerce) Center at 1-800-746-4614 for assistance.

Provider Claim Summary/ Electronic Payment Summary Enhancement

Effective Aug. 11, 2008, the Provider Claim Summary (PCS) and the Electronic Payment Summary (EPS) were enhanced to show the HCPCS/CPT codes for all professional BCBSIL claims. The column is labeled PROC CODE on the PCS/EPS. This enhancement will assist with bill reconciliations and account postings.

Note: As a part of our corporate “Blue Goes Green” initiative, the paper PCS will be discontinued starting Sept. 15, 2008. Providers that have been receiving the Electronic Remittance Advice (ERA) and the Electronic Payment Summary (EPS) for 30 days or more will have the paper PCS discontinued. Please contact our Electronic Commerce (E-Commerce) Center at 1-800-746-4614 with questions.

Going Green with EDI...

The Electronic Commerce (EDI) area at BCBSIL has streamlined the enrollment process for participation in Electronic Funds Transfer (EFT), and receipt of the Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS). Our revised enrollment forms are now shorter and more user-friendly: just use the instructions provided on our two-page EFT enrollment form and our one-page ERA enrollment form, and soon you will be on your way to a more environmentally friendly workplace! It's quicker and easier to enroll ... but what are the benefits of these paperless transactions? Read on to learn more.

Electronic Funds Transfer (EFT)

Did you know that your Blue Cross and Blue Shield payments can be directly deposited into your bank account? When you enroll in EFT, you have the option of selecting daily EFTs, or you may retain your current payment schedule. In addition to the reduction of the amount of paper in your office, here are some of the many advantages of enrolling for EFT:

- Easy and convenient payments
- Safer than checks
- Elimination of lost or stolen checks
- No need to obtain and deposit or cash your check
- Facilitation of online banking at your bank
- Faster access to funds, as many banks credit direct deposit faster than paper checks

Electronic Remittance Advice (ERA)

The companion to the EFT is the ERA. The ERA is an electronic file that contains claim payment and remittance information such as which claims were paid, the amount of each payment and the status of the claims that were processed. This data can then be posted to your accounts electronically. The ERA conforms to the requirements of the American National Standards Institute (ANSI) and is used by providers and billing services for automatic posting. It is referred to by its HIPAA transaction number 835.

The primary advantage of ERAs is a significantly lower operating expense that is made possible by streamlined administration and decreased paper handling. In conjunction with practice management software packages that can handle an 835 file, the ERA can reduce manual posting of claims payments and reconciling patient accounts, thereby saving your practice time and money.

In addition to paper reduction in your office, the ERA provides convenience, greater safety and increased privacy of patient information.

Electronic Payment Summary (EPS)

If you are currently receiving the Electronic Remittance Advice (ERA), you will be automatically enrolled for the Electronic Payment Summary (EPS). The EPS is an electronic print image of the Provider Claim Summary (PCS) that many providers receive in the mail today. The EPS is generated in a text format, therefore no special programming is required, and it's already in an easy-to-read format. The EPS provides the same payment information that is currently received on the PCS. The benefit of the EPS is that the payment information is received in your office the day after the claim has been finalized and you may use EPS as an added tool when reconciling your Blue Cross and Blue Shield payments. However, the EPS cannot be used for automatic posting and is only available in combination with the ERA.

For more detailed information and to get started with EFT, ERA and EPS, visit the Electronic Commerce section of our Web site at www.bcbsil.com. Click on *Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA)* to access the enrollment forms. You may also call our Electronic Commerce Center at 1-800-746-4614 for further assistance.

Availity and Uniform Payment Plan Text Reminders



90-Day Retention Notice for Electronic Remittance Advice (ERA) & Electronic Payment Summary (EPS) Electronic Files

With the migration of our ERA and the EPS files to Availity, the retention period for reinserts/reloads will be 90 days. We are encouraging you to download your electronic files and save/store them in a safe place for recall, as files older than 90 days will no longer be available.

If you have any questions, please contact the E-Commerce Center at 1-800-746-4614.

Uniform Payment Plan Text (UPT) Report Update

Effective Aug. 15, 2008, the Tax ID Number will be added to the UPT Report and will appear below the Provider Number. See example below.

BREAKDOWN OF PROVIDER UPP CHECK

UPP DATE: 06/20/08

SUBMITTER NAME: ABC

SUBMITTER ID: EIBPR000XX

PROVIDER NAME: SACRED HEART HOSPITAL

PROVIDER NUMBER: 1234567890 (Note: This field is used to identify the provider. Your NPI number will be populated in this field.)

TAX ID NUMBER : 3XXXXXXXXX

“NPI Only” is Required on Electronic Transmissions

As you are aware, May 23, 2008, was the date that use of the National Provider Identifier (NPI) as the single provider identifier in all HIPAA standard transactions became mandatory, per the federal regulation. When the NPI is used as the primary identifier, the only identifier that can be reported as the secondary identifier is the Taxpayer Identification Number (TIN) for tax purposes.

All Health Care Providers – defined as providers who transmit health information in electronic form in connection with a transaction for which standards have been adopted – must be identified in all standard transactions for tax purposes.

It is imperative that you contact your software vendor, billing service and/or clearinghouse to ensure they have your NPI(s) and are equipped for NPI-only submission of your claims. *Your BCBSIL provider number should no longer be included on any of your electronic transmissions.*

Coming soon...

Electronic Remittance Advice GS02 Value Change Update

For Professional and Institutional providers, the Electronic Remittance Advice GS02 Values will change as follows:

	New Value	Old Value
Professional	G00621	HCSCBS
Institutional	G00121	HCSCBD

Please watch the “What’s New” section on the BCBSIL Provider Web site www.bcbsil.com for more details.

Availity Transition Delayed

The Availity transition did not occur on Aug. 15, 2008. The July *Blue Review* stated that the transition would occur on Aug. 15; however, due to unforeseen circumstances, the transition is on hold. Continue to watch *Blue Review* and the BCBSIL Provider Web site for further information on the new transition date.

Note: If you have not been notified that you are part of the contractual exception, you are expected to contact Availity regarding the transition at 1-800-AVAILITY.





Introducing Electronic Prescribing for Illinois

BCBSIL has implemented a statewide program in an effort to expand utilization of electronic prescribing throughout Illinois, making prescription medications safer and improving the quality of care in our state. The Illinois e-Prescribing Collaborative is an informal multi-payer, statewide health care initiative with the goal of improving patient safety and access to affordable prescriptions through e-prescribing technology. The collaborative is composed of network physicians, health insurance carriers, pharmacies, technology providers, professional societies, and others. Prescriptions sent electronically go directly to the pharmacy, thereby reducing patient waiting time and callbacks to physicians for changes or clarifications. The average patient waiting time at the pharmacy once an electronic script has been written is approximately 8 minutes.

The initial implementation costs for approximately 500 physicians in our e-prescribing, or eRx, pilot were funded by BCBSIL. Our vendor has sponsored an additional 26 physicians across the Chicagoland area. All payers' formularies have been pre-loaded into the eRx application and are available to the physicians. The PDA or desktop software allows eligibility, copay and formulary information to be checked at the point of care. The physician receives a transaction credit for each electronic prescription from the sponsoring plan as well as other health plans that are credited toward the annual e-prescribing subscription fee. The transaction fee will be used to pay the physician subscription credit and implement future deployment of the technology to new physicians.

Key Statistics

Since the inception of the program in April 2007, participating physicians have written over 450,000 electronic prescriptions, 41,573 of which were written in June 2008 alone. The eRx system provides two forms of drug history. Dispensed Drug History (DDH), includes the patient's current and past prescription information from multiple clinicians and Pharmacy Benefit Managers. Prescribed Drug History (PDH), regardless of active or terminated status from a health plan, includes all electronic prescriptions written by the prescriber for their patient; this is stored in the e-prescribing software (DrFirst or Zix). In June, the system, which is designed to help prevent medication errors, detected more than 4,500 potential negative drug interactions, nearly 19 percent of which resulted in a change or cancellation of the proposed prescription. In addition, in June, the system detected more than 700 potential allergic reactions. As a result, physicians changed or cancelled more than 8 percent of prescriptions.

New Laws Passed

In the national news, the Medicare Improvements for Patients and Providers Act of 2008 provides financial incentives for using e-prescribing.

Starting in January of each year, a bonus percentage on allowable Medicare charges will be awarded as follows:

- 2% in 2009
- 2% in 2010
- 1% in 2011
- 1% in 2012
- 0.5% in 2013

Starting in January of each year, a penalty percentage will be assessed for unsuccessful e-prescribers on allowable Medicare charges, as follows:

- 1% in 2012
- 1.5% in 2013
- 2% in 2014 and thereafter

These specifications only apply to providers who write a sufficient amount of Medicare prescriptions, which is either 10 percent of potentially eligible services or some other level as determined by the Secretary of Health and Human Services (HHS).

The law does allow for hardship exceptions on a case-by-case basis, specifically using the example of a provider who doesn't have broadband access to the Internet.

Since inception, additional insurance carriers have begun to sponsor network physicians. If you would like more information, please send an e-mail to ilerx@bcbsil.com.

Synagis™ (Palivizumab) Intramuscular (IM) Injections

Exclusive Pharmacy Provider of Synagis for the 2008/2009 RSV Season

Effective Sept. 15, 2008, Triessent™ is the exclusive Synagis provider for BCBSIL.* For more information, please contact your Triessent Synagis team at

Phone: 1-888-216-6710 (option 2, option 3)

Fax: 1-866-2030-6010

TTY: 1-866-230-7268

Coverage

BCBSIL BlueChoice, BlueChoice Select, PPO, and indemnity plans cover Synagis IM injections for the prevention of serious lower respiratory tract infection caused by Respiratory Syncytial Virus (RSV). Coverage is limited to members who meet the BCBSIL Medical Policy criteria. Please refer to our Web site at www.bcbsil.com for further details of the RSV Medical Policy.

RSV Connection™

When referring patients to Triessent for fulfillment, physicians should fax the completed Synagis form (found on our Web site at www.bcbsil.com) to the RSV Connection at 1-866-252-1749.

Physicians who purchase Synagis and bill BCBSIL directly should proceed with the predetermination process described below.



Predetermination

BCBSIL encourages physicians and Triessent to confirm member eligibility. However, a predetermination is recommended for Synagis IM injections administered in a physician's office (whether it is billed by the physician or Triessent) due to the above referenced Medical Policy. Once an approval is given, it will be approved for the entire RSV season. Please refer to our Web site, www.bcbsil.com for the Predetermination Request Fax Form.

Reimbursement

Reimbursement for Synagis (Palivizumab) IM injections is set at 78 percent of the Average Wholesale Price (AWP). Synagis (Palivizumab) can be ordered through Triessent at no cost to you. Triessent will arrange shipment to your office and bill BCBSIL directly for the cost of the immune globulin. You can order Synagis by faxing the completed Synagis form to 1-866-203-6010. The Synagis form is also on our Web site at www.bcbsil.com/provider.

Billing Guidelines

For physician offices who choose to buy direct from another pharmacy, you may bill BCBSIL using CPT 90378 "Respiratory syncytial virus immune globulin (RSV-IgM) for intramuscular use, 50 mg. each." Please note that the vial size in the CPT code description is 50 mg. If more than 50 mg. is administered, increase the units billed to reflect the dosage administered. For example, when administering 100 mg., indicate 2 units on the CMS-1500 form.

If you have any questions regarding Synagis (Palivizumab) IM injections, please contact our Provider Telecommunications Center at 1-800-972-8088.

*Upon Regulatory approval.

Pharmacy Program Changes

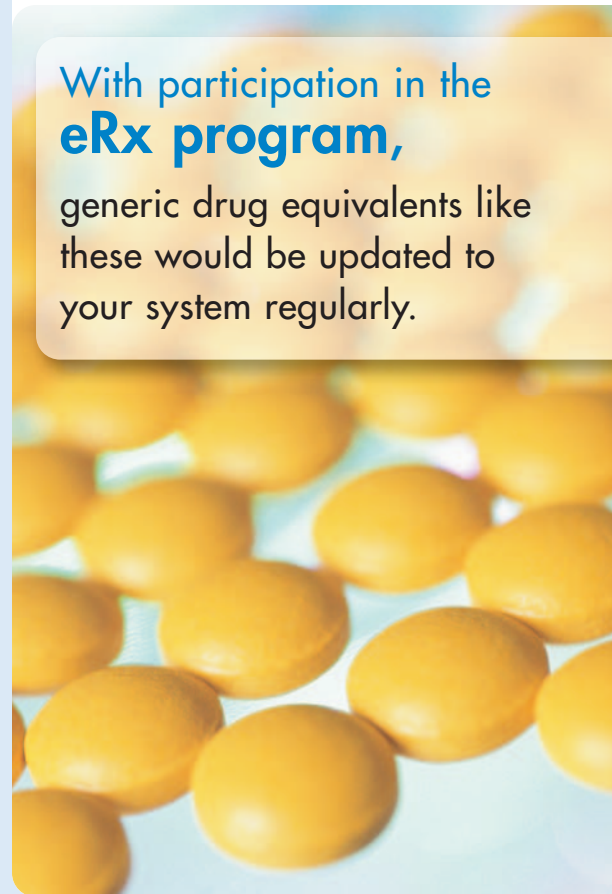
New Generic Equivalents Available for Lamictal® and Risperdal®

Generic versions have recently become available for two highly utilized medications. Lamictal – generic name lamotrigine – is an anticonvulsant indicated for both the management (as adjunctive therapy or monotherapy) of various types of seizures and for the maintenance treatment of Bipolar I Disorder. Other highly utilized anticonvulsants available generically include ethosuximide, gabapentin, phenytoin, and valproic acid. These anticonvulsants all work via different mechanisms of action to depress abnormal neuronal discharges in the central nervous system, thus inhibiting seizure activity.

In addition to Lamictal, the generic equivalent for Risperdal – risperidone – has also become available. Risperdal is an atypical antipsychotic indicated for the management of schizophrenia and Bipolar I Disorder, as well as the treatment of irritability associated with autistic disorder. Risperdal is the first drug in the class of atypical antipsychotics to become available generically. Other formulary brand atypical antipsychotic agents include Geodon®, Seroquel® and Seroquel XR®.

The use of generic medications as first-line therapy is encouraged, whenever appropriate.

With participation in the
eRx program,
generic drug equivalents like
these would be updated to
your system regularly.



Visit us online at www.bcbsil.com/provider

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 bluereview@bcbsil.com.

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 Web site at www.bcbsil.com/provider.

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

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Publisher:

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00014

For Contracting Institutional and Professional Providers

BLUE REVIEW

Blue Cross Blue Shield of Illinois | Experience. Wellness. Everywhere.™



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