

WHAT'S INSIDE ?

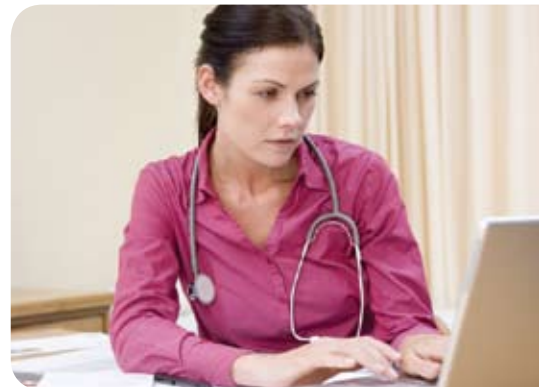
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Maximize Your Returns on Claim Status Requests

After your office submits a claim, you or your billing agent can get real-time results by checking claim status electronically. This involves submitting an electronic claim status request (ANSI 276 transaction) to BCBSIL via your preferred vendor portal or practice management system.

For expanded claim status information that can help expedite your patient account reconciliation process, you may utilize the Availity® Claim Research Tool (CRT). This free, easy-to-use online tool allows Availity-registered users to obtain and print detailed, line-level claim status information, including reason codes and descriptions. You can also confirm current copay, deductible and coinsurance amounts for BCBSIL members, if applicable.

Here is a brief overview to assist your staff with accessing and navigating the CRT:



1. Log on to the Availity portal.

- Go to www.availity.com and enter your user ID and password, then click on **Login**.
- Select “Claims Management,” and then select “Claim Research Tool.”
- Select the appropriate payer, then click on **Next**.

2. Set your search parameters.

- For a Member ID Search:
 - Enter the Provider Billing NPI, Member ID, Group Number and service period.
 - Click **Search** to go to the Search Results page.
 - Select the Claim Number for the claim you wish to view to go to the Claim Details page.
- For a Claim Number Search:
 - Key in the alpha-numeric claim number in the Claim # (DCN) field.
 - Click on **Search** to go directly to the Claim Details page.

3. View Claim Details.

- Your search will allow you to view overall claim status and line item details.
- You can choose to export or print the information, or conduct a new search.

For additional information, refer to the CRT Tip Sheet, located on the Online Transactions Tip Sheet page in the Electronic Commerce section of our website at bcbsil.com.

You must be registered with Availity to utilize the CRT. For registration information, and to learn more about other online Availity resources and services available to BCBSIL providers, visit www.availity.com. You may also contact Availity Client Services at (800) AVAILITY (282-4548) for assistance.

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Availity is a third party vendor, and BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by this vendor. Availity is solely responsible for the products and services it offers. If you have any questions regarding the products or services offered by Availity, you should contact them directly.

Three New eCards for HealthSM Now Available!

Three new eCards have been added to **eCards for Health**, our free online greeting card program, designed to encourage members and the public to commit to small, healthy behavior changes and share their commitments with loved ones and friends. The new topics are:

- Healthy Dining
- Sun. Play. Fun.
- Metabolic Syndrome

People who send these cards receive a link to besmartbewell.com where they can access a variety of health care topics, and healthy tips about their health commitment.

More **eCards for Health** will be added this year. Visit ecardsforhealth.com to view the new cards and the entire eCard collection. This site is available to BCBSIL members, as well as the general public.

Menu Options Added to FEP Phone System

Prior to the 2010 benefit year, information available through the FEP Interactive Voice Response (IVR) phone system was limited to eligibility, benefits and claim status requests. We are pleased to announce that, in the latter part of July, you may also obtain visit accumulations and out-of-pocket maximums for FEP members via the automated phone system, rather than waiting to speak with a customer advocate.

By using these additional FEP IVR options, you will be able to access the latest applicable information on file for your patient. The enhancement includes both individual and family calendar year amounts for Standard Option members, catastrophic out-of-pocket accumulations and visit accumulations, including chiropractic care, physical, speech and occupational therapies, nutritional counseling and acupuncture.

To verify eligibility and benefits, check claims status, obtain visit accumulations and confirm out-of-pocket maximums for FEP members, call (800) 972-8382. The FEP IVR is available 24 hours a day, seven days a week. For assistance with navigating the automated phone system, please refer to the general *IVR Caller Guide* in the Provider Library of our website at bcbsil.com/provider.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

EFT, ERA and EPS: *Beyond the Basics, Part 1*

In June, we shared feedback from an online tutorial and survey regarding Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS). Participants were asked if they had any questions that had not yet been addressed in other provider communications, and that may have prevented them from enrolling. To follow up, we're presenting a three-part EFT, ERA and EPS "Beyond the Basics" article series, beginning with this month's article, which focuses on preliminary enrollment details and prerequisites.

1. *Our office uses an older software package that may not be able to utilize ERA. Can I still enroll for EFT and EPS?*

Yes! You can still enroll for EFT, and when you enroll for the ERA, you'll automatically receive the EPS, which you'll be able to use immediately. Talk to your software vendor about updating to ERA-compatible and auto-posting software so that your office will be equipped to take full advantage of all three of these time-saving transactions.

2. *I am already registered with Availity® for billing. Do I still need to register and enroll for ERA/EPS?*

If you are already registered with Availity, you are one step ahead of the game, as you will need an Availity User ID to complete your ERA Enrollment form. While you are already submitting claims electronically, the ERA enrollment process is necessary to establish an ERA account and identify an authorized "Receiver" for your ERA and EPS files.

3. *Is there anything else I have to do besides submitting the enrollment forms?*

No. Once your completed materials are received and processed, you will receive a letter from Electronic Commerce Services to confirm your enrollment and related details. Please note that, if you utilize a billing service or clearinghouse, we do recommend that you contact your vendor to ensure they are aware and supportive of your electronic preferences.

4. *Do I need to enroll for EFT, ERA or EPS in order to file claims electronically?*

No. Taking advantage of EFT, ERA and EPS is not a prerequisite to electronic claim filing. However, if you are interested in increasing administrative efficiency, cost effectiveness, accuracy and security of information throughout the entire claims process, it is highly recommended that you take advantage of all electronic options available to BCBSIL providers.

5. *I don't know what it means to contact a software vendor to ascertain whether my system will receive payment information... I don't really get what computer adaptation I need to install or make to receive data... .*

We commend you for sharing these comments. Upcoming articles and other resources are in development to assist non-technical staff with learning what they need to do—and what questions they need to ask—to be able to conduct business electronically with confidence. Meanwhile, we encourage you to join us at our "e-Match" Expo, an event that is designed specifically for this purpose. *See p. 7 for a schedule of upcoming Provider Learning Opportunities!*

Ready to move on to the next level?

Watch for the next "EFT, ERA and EPS: Beyond the Basics" article, which will delve deeper into how you will actually receive your payment and remittance information. If you are ready to enroll, visit the Electronic Commerce section of our website at bcbsil.com for the EFT and ERA Enrollment Forms. For more information, refer to the Electronic Options Tutorial, answers to Frequently Asked Questions and other resources on our website, or contact our Electronic Commerce Center at (800) 746-4614 for enrollment assistance.

We look forward to helping you discover the benefits of participating in these electronic transactions!

Watch for these Upcoming BCBSIL Surveys

We want to hear from you.

2010 HMO Member Survey

The 2010 BCBSIL HMO Member Survey mailing to randomly selected members in each of our HMO IPAs began in June and will continue through July 2010.

The primary purpose of this survey is to assess member satisfaction with various attributes at the IPA level, including access and overall service, and medical care and services rendered by PCPs and specialists. This survey is performed annually to analyze member satisfaction with each IPA and the results of this survey are used to determine an IPA's Blue Ribbon Directory Indicator in the HMO Directory.

Please feel free to inform your HMO patients that the survey has been distributed. You may encourage members to promptly complete and return the survey to BCBSIL in the supplied postage paid envelope **within 5 business days of receipt**.

Surveys contain instructions in Spanish for members who wish to request a survey by telephone, or wish to request a survey written in Spanish.



Annual HMO/PPO Physician/Practitioner Surveys

PCPs in the BCBSIL HMO networks, and randomly selected primary care and specialist physicians in our PPO network are receiving our 2010 practitioner surveys.

The surveys are performed annually to analyze physician satisfaction and to evaluate physician experience with primary hospital services. The HMO survey includes questions about operational, service and reporting activities conducted by HMO IPAs and BCBSIL. PCPs who contract with more than one HMO IPA will receive a separate survey for each entity with which they are contracted. The PPO survey also includes questions about BCBSIL activities.

BCBSIL has consistently maintained the confidentiality of all physicians who respond to the surveys. A number on the survey identifies the physician to assure that we do not record more than one set of responses per physician. Aggregate results are reported to BCBSIL operating areas and the HMO IPAs without identification of individual physicians.

Survey questions are addressed directly to the physicians. However, physicians are encouraged to obtain assistance from their office staff to complete the survey as needed. Some questions may not apply to the experience of the physician or their office staff. "No experience" is always an acceptable response to those questions.

Please return all completed surveys in the supplied postage paid envelope **within 10 business days of receipt**.

If you would like additional information about the BCBSIL Quality Improvement Program, please visit us online at bcbsil.com/provider/umqi/index.htm.

*HMO Illinois and BlueAdvantage HMO

BlueCard® Tip:

Frequently Asked Questions (FAQs)

To help you better understand the out-of-area claims process for Blue Cross and Blue Shield (BCBS) members, here are answers to four of your most frequently asked questions:

Q. How do I identify BlueCard members?

A. Always ask BCBS patients for their current member ID card. The two main identifiers for BlueCard members are the alpha prefix and, for eligible PPO members, the "PPO in a suitcase" logo. For members with other BCBS products, such as HMO and POS, an "empty suitcase" logo will appear the ID card.

Q. What is an alpha prefix?

A. Blue Plan member ID cards include a three-digit alpha prefix in the first three positions of the member's ID number. This alpha prefix identifies the member's Blue Plan and is critical for eligibility/benefits verification and claims processing. When filing the claim, always enter the identification number exactly as it appears on the member's card, including the alpha prefix.

Q. How do I check the member's eligibility?

A. Check current membership and coverage information one of two ways:

1. **Electronic** – For real-time responses to your eligibility and benefits requests for out-of-area BCBS members, submit a HIPAA 270 transaction (eligibility) to BCBSIL through **Availity, NDAS Online, or RealMed®**.
2. **Via Telephone** – Call BlueCard Eligibility® at (800) 676-BLUE (2583). An operator will ask you for the alpha prefix on the member's ID card and will connect you to the appropriate membership and coverage unit at the member's BCBS Plan.

Q. Where and how do I submit BlueCard claims?

A. For faster processing, please submit your claims electronically to the Illinois plan, after you include all the necessary information. Paper claims can be mailed to: BCBSIL, P.O. Box 805107, Chicago, IL 60680-4112.

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New Account Groups

Group Name: **ACE Cash Express, Inc.**
Group Number: **738300**
Alpha Prefix: **AWN**
Product Type: **PPO (Portable)**
Group Number: **738322**
Alpha Prefix: **AWN**
Product Type: **BlueEdge (Portable) HCA**
Effective Date: **July 1, 2010**

Group Name: **Mayer Brown**
Group Numbers: **016932, 016937**
Alpha Prefix: **KMK**
Product Type: **PPO (Portable)**
Group Numbers: **016938, 016941**
Alpha Prefix: **KMK**
Product Type: **CDHP (HSA)**
Group Numbers: **016939-40**
Alpha Prefix: **XOT**
Product Type: **CMM**
Effective Date: **July 1, 2010**

Group Name: **World's Finest Chocolate (WFC)**
Group Numbers: **079345-46**
Alpha Prefix: **XOF**
Product Type: **PPO (Portable) CDHP**
Effective Date: **June 1, 2010**

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.



IN THE KNOW ✓

Walmart Reminder

As we previously announced, effective January 1, 2010, Arkansas Blue Cross and Blue Shield became the single Blues Plan administering health plan benefits for Walmart associates. The new alpha prefix for Walmart associates is **WMW**.

A significant number of 2010 claims are still being filed using the old alpha prefixes. The new alpha prefix for Walmart associates is **WMW**. **Please note:** Effective July 1, 2010, we are no longer accepting claims with the following alpha prefixes for 2010 dates of service: **WLA, WMR and MRT**.

Remember to request the new ID card from Walmart associates at the time of service and submit all 2010 claims to BCBSIL using the exact ID number as it appears on the member's card.

Domestic Violence: New Be Smart. Be Well.® Topic



One in 14 men is a victim and three women die as a result of an abusive relationship every day in the United States alone. Chances are many of your patients have either experienced domestic violence themselves, or know someone who has. When taking a patient's health history, you may be including general personal safety questions to help screen for domestic violence. Patients may or may not be willing to disclose details, but routine screening may at least help make them aware that someone is willing to listen and that help is available.

BCBSIL members have free resources available on the Be Smart. Be Well. website at besmartbewell.com, which now includes a section on domestic violence. The site features videotaped, personal stories that can help your patients realize they're not alone. Information on how to recognize the warning signs of an abusive relationship and develop a safety plan is presented, along with links and information about specialized organizations that can provide confidential help and guidance.

Additional topics posted at Be Smart. Be Well. include traumatic brain injury (TBI), pregnancy, caregiving, drug safety, mental health, and sexually transmitted diseases. We encourage you to direct your patients to visit besmartbewell.com and to discuss these health care topics with you. Thank you for assisting us with helping our members take a more active role in matters concerning their health and well-being!

Illinois Amends Coverage for Infertility Treatment

On Feb. 11, 2010, Illinois Governor Pat Quinn signed an amendment to the Insurance Coverage for Infertility Treatment law (50 Ill. Administrative Code 2015). Based on the amended law, this regulation complements an existing clause in state law that ensures coverage for a woman whose medical condition renders her unable to conceive through unprotected sexual intercourse. This law also amends the definition of “unprotected sexual intercourse” by stating that unprotected sexual intercourse should include appropriate measures to ensure the health and safety of sexual partners.

Based on the regulation, the modification to the law allows a woman to be considered infertile without her having to have engaged in unprotected sex for one year, provided that her physician has determined that:

- a. A medical condition exists that renders conception through unprotected sex impossible for her or her partner; or
- b. Efforts to conceive through one year of medically based and supervised methods of conception, including artificial insemination have failed and are not likely to lead to a successful pregnancy.

BCBSIL will adopt these criteria when determining eligibility for infertility benefits.

TO WHOM DOES THE LAW APPLY?

This Illinois law applies to all fully-insured group medical plan policies, including HMO groups with more than 25 employees. The law **does not** apply to Administrative Services Only (ASO) groups, individual policies, self-insured employers or to trusts or insurance policies written outside Illinois.

For additional information on Assisted Reproductive Technologies (ART) and Related Services, visit the Medical Policies section of our website at bcbsil.com/provider.

The material noted above is for informational purposes only, and is not the provision of legal advice. If you have any legal questions regarding this law, you should consult with your legal adviser.



Care Comparison® Tool Update

The BCBSIL online Care Comparison tool, which is part of our transparency initiative, allows our members to review costs for specific procedures performed at hospitals, ambulatory surgery centers and free-standing radiology centers in the BCBSIL provider network. Members can also review the volume of services performed by each facility, and obtain other information based on factors most important to them. The Care Comparison tool, which is available to all BCBSIL members and providers, is located on our website at bcbsil.com.

As of June 15, 2010, the number of inpatient and outpatient procedures displayed increased from **35** to **54**. We also included five additional office visit treatment categories. Results are based on claims data for procedures performed from July 1, 2008, through June 30, 2009, that were paid through Sept. 30, 2009. Providers' self-reported volume data is listed as well.

Next Release: 4th Quarter 2010

For the next tool update — 4th Quarter 2010 — we have reevaluated the methodology for more meaningful results with greater differentiation in cost ranges. The number of procedures will remain at 54 inpatient and outpatient procedures and five office visits. The data reported will cover procedures performed from Jan. 1, 2009, through Dec. 31, 2009, paid through March 31, 2010.

The BCBSIL transparency initiative is critical to our goal of ensuring that our members have access to the information they need to make better informed health care decisions. Watch the “What’s New” section of our website at bcbsil.com/provider for additional announcements and information regarding this and other BCBSIL initiatives.

®Care Comparison is a registered service mark used under license by Blue Cross and Blue Shield of Illinois.

EFT/ERA Language Added to New PPO Contracts

Effective May 1, 2010 new contract language emphasizing the importance of participating in electronic transactions was added to the BCBSIL PPO Participating Provider Agreement, Billing and Reimbursement section. This language will be immediately effective for providers signing new PPO agreements.

The Contracting Provider agrees to use his/her best efforts to participate with the Plan's Electronic Funds Transfer (EFT) program under the terms and conditions set forth in the Electronic Funds Transfer Agreement. The Contracting Provider also agrees to use his/her best efforts to participate with the Plan's Electronic Remittance Advice (ERA) program as described on the Electronic Remittance Advice Enrollment Form.

This new language will also be added to the Billing and Reimbursement section of the BCBSIL Provider Manual, effective Oct. 1, 2010. Please remember that the Provider Manual is incorporated by reference into the PPO contract of all professional providers. As such, the new language will apply to all existing professional PPO providers effective Oct. 1, 2010.

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 June 3, 2010, code S0146 was updated.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at 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 the codes listed in the *Blue Review*.

Changes to BCBSIL Provider Manual Effective October 2010

Billing for Medically Unnecessary and/or Medically Unproven Services

As of October 2010, claims should not be submitted for services that are deemed to be Medically Unnecessary and/or Medically Unproven (Experimental and Investigational). If submitted, these claims will deny with a message that the member will not be financially responsible for charges associated with an inpatient hospital stay or any outpatient procedure or other service which is determined by utilization management to be Medically Unnecessary and/or Medically Unproven.

If you and your patient are aware that a proposed service will be deemed Medically Unnecessary and/or Medically Unproven and you decide to proceed, you must obtain a written disclosure/authorization from the member informing the member that services are not covered by BCBSIL and the patient is assuming all financial responsibility.

You may view the Medical Policies on our website at bcbsil.com to help determine when services may be considered medically unproven. Additional updates and related resources will be posted on our website in the coming months.

The BCBSIL Provider Manual, Billing and Reimbursement section, will include the following:

Notwithstanding any other provision in this Agreement, the following terms shall apply to any services rendered by the Contracting Provider. The Contracting Provider agrees not to charge the Plan or the Covered Person for the fees or charges associated with any inpatient hospital stay, or with that part of any hospital stay, or any outpatient procedure or other service (including amounts associated with any hospital, Provider, or Covered Person appeal) which is determined by utilization management either by a Plan Hospital or the Plan or its agent or representative not to be appropriate or Medically Necessary. In the event that Plan determines and informs the Contracting Provider that a proposed service is not a Covered Service, including but not limited to services that are determined to be experimental/investigational or not Medically Necessary, the Contracting Provider must inform the Covered Person in writing in advance of the service being rendered that the service is a Non-Covered Service in order to be allowed under this Agreement to bill the Covered Person for the service rendered. The Covered Person must also acknowledge this disclosure in writing and agree to accept the service as a Non-Covered Service billable directly to the Covered Person.



Provider Learning Opportunities Feature 'E' Options

The BCBSIL Provider Relations team is pleased to present a variety of health information technology-focused training sessions. All workshops and Webinars are provided as a **complimentary** service to the BCBSIL independently contracted provider community. Space is limited, so visit our website at bcbsil.com/provider/training.htm today to register online. Confirmation of your registration and related details will be sent via e-mail. If you have questions or need assistance, e-mail us at provider_relations@bcbsil.com.

WEBINARS

Our online Webinar sessions are geared toward independently contracted providers, billing services, clinical and administrative staff who are new or already participating in the BCBSIL network.

Electronic Refund Management (eRM) Webinar

Take a tour of eRM and learn how this online tool can help simplify your overpayment reconciliation and refund processes!

All sessions: 2 to 3 p.m.

July 7, 2010

July 14, 2010

July 21, 2010

July 28, 2010

WORKSHOPS

New Provider Workshop

This workshop is designed for new independently contracted PPO providers and their office staffs. Join us for an overview of BCBSIL products, our BlueCard Program (out-of-area claims), pre-certification vs. predetermination, electronic options and tools, and more! *Refreshments will be served.*

Session time: 8:30 a.m. to 3 p.m.

July 14, 2010 – BCBSIL, 300 East Randolph Street, Chicago IL 60601

RealMed Vendor Workshops

RealMed is an independent third-party health care technology firm that offers a one-vendor revenue cycle solution for providers.

• RealMed Educational Seminar

RealMed will host two seminars to demonstrate the latest technology for verifying eligibility, benefits and claim status. BCBSIL updates and the eRM tool also will be discussed. *Breakfast will be served. Seating is limited, so register online today!*

Both sessions: 8 a.m. to noon

July 15, 2010 – Embassy Suites Hotel and Conference Center, 100 Conference Center Drive, East Peoria, IL, 61611

July 20, 2010 – Eastland Suites Hotel and Conference Center, 1801 Eastland Drive, Bloomington, IL 61704

• RealMed Lunch & Learn

Learn about the electronic options and services offered by RealMed to help improve efficiencies in your office. Each session will be held at the BCBSIL Provider Telecommunications Center (PTC), 5001 Meadowland Parkway, Marion, IL 62959. *Session time includes lunch and a tour of the PTC facilities.*

Both sessions: 11 a.m. to 1 p.m.

July 22, 2010 – BCBSIL PTC, Marion, IL

July 23, 2010 – BCBSIL PTC, Marion, IL

• RealMed Lunch & Learn – Billing Services Only

RealMed will host a special learning session tailored specifically for Billing Services.

Registration: 8:30 to 9 a.m.

General Session: 9 a.m. to noon

July 28, 2010 – BCBSIL, 300 East Randolph Street, Chicago IL 60601

Save the Date for our e-Match Expo!

Find the perfect electronic business match for your office at our **e-Match Expo**, coming soon to a location near you! A variety of health information technology vendors will be on site to discuss their products and services; BCBSIL staff will assist with on-the-spot enrollment and other opportunities.

Expo hours: 9 a.m. to noon

Stay for as long or as little as you like!

Aug. 11, 2010 – Carbondale, IL
(Holiday Inn and Conference Center)

Aug. 18, 2010 – Springfield, IL
(St. John's Hospital, Bunn Auditorium)

Aug. 25, 2010 – Chicago, IL
(BCBSIL Auditorium)

Sept. 1, 2010 – Belleville, IL
(St. Elizabeth's Hospital)

Visit our Education Center at bcbsil.com/provider for more information.

Modifier 59 Exempt Code and ClaimCheck® V45 Updates

Effective June 14, 2010, BCBSIL made updates to the Modifier 59 exempt code pair logic through our code auditing tool, ClaimCheck. These changes were based on updates to the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) code auditing system. Additionally, BCBSIL will be upgrading to McKesson ClaimCheck Version 45 effective July 26, 2010, for all lines of business.

For further information about current bundling methodologies, or to request specific code-to-code bundling, you may utilize Clear Claim Connection™ (CCC or "C3"), a Web-based code auditing reference tool available to all contracted BCBSIL providers. To obtain access to C3, you must be registered with Availity or RealMed. Register on Availity's website at www.availity.com, or contact Availity Client Services at (800) AVAILITY (282-4548). To register with RealMed, go to <https://claims.realmed.com>, or call (877) REALMED (732-5633).

ClaimCheck and Clear Claim Connection are registered trademarks of McKesson Information Solutions, Inc. McKesson Information Solutions, Inc. is an independent contractor and is solely responsible for its products and services.

Spread the word!

Each month the *Blue Review* includes information to help you and your staff stay up-to-date on the latest BCBSIL initiatives, including product news, electronic connectivity enhancements, claim submission reminders, new account groups, Webinar/workshop topics for BCBSIL providers, and more!

Many *Blue Review* articles may also relate to billing entity processes. If you utilize a billing service, clearinghouse or software vendor to send/receive information to/from BCBSIL on your behalf, please share this newsletter with them. Current and past issues of the *Blue Review* are easily accessible on our website at bcsil.com/provider.



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 bcsil.com/provider.

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

BLUE REVIEW

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Chicago, Illinois 60601-5099
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FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

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