



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

JUNE 2010

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## Credentialing Process Update

Last month BCBSIL announced its selection of the CAQH Universal Provider Datasource (UPD)® to collect the data required for our credentialing and recredentialing process.

**Effective May 17, 2010, providers applying for BlueChoice Select and HMO network participation must complete an online credentialing application** before being appointed to the network.

**If you are already registered with CAQH,** you will need to log in to the UPD database and add BCBSIL as one of the health plans authorized to access your information. This will allow us to obtain your current UPD database information and complete the recredentialing process without having to contact you.

**Not yet registered with CAQH?** Visit the Credentialing/Contracting section of the BCBSIL website at [bcbsil.com/provider](http://bcbsil.com/provider) for details.

CAQH is an independent third party and is solely responsible for its products and services.

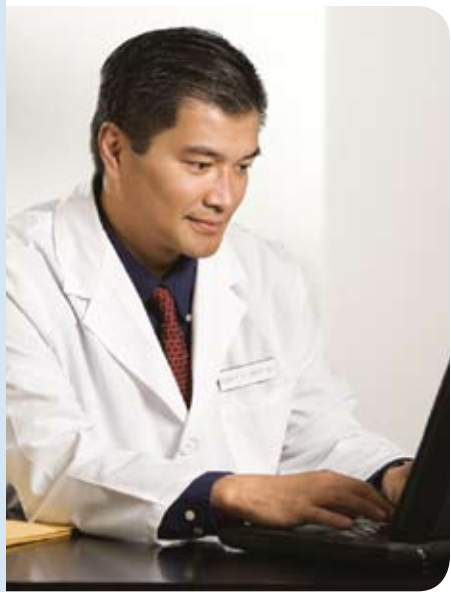
## iEXCHANGE® Unveils New ‘Comments’ Feature

In our ongoing effort to improve online options available to Blue Cross and Blue Shield of Illinois (BCBSIL) providers, we are pleased to announce the addition of an interactive comments field for **current iEXCHANGE users**. This new feature may help expedite inpatient pre-certification while reducing the need for follow-up calls between your office and BCBSIL when cases are **pending** for clinical review.

### HERE'S HOW IT WORKS:

When submitting a New Inpatient Request, enter all general information and services data, as required. To determine whether your case will be approved, pending or rejected, click on “Next Step” to generate the inpatient request preview page. If your case is assigned a PEND status, you may opt to enter Clinical Notes in the comments field, or you may submit the initial request without adding comments. If there is a need for clinical criteria, you will receive an online update request via iEXCHANGE from the BCBSIL Care Coordinator. Clinical Notes are not considered or reviewed for cases that are Approved/auto-authorized through iEXCHANGE.

To view comments entered by BCBSIL—the Managed Care Organization (MCO)—on a pending case, select the “View updates from MCO” option in the Treatment Updates box. Your Update Summary will include a message to alert you when new comments have been added by the BCBSIL Care Coordinator. You will be able to view details, and, if additional information has been requested, you may select “add to comments” to respond accordingly. When you are finished, simply click on the Save button to update the case. If you elect to remove items from the Updates Summary view, you will need to enter the Case ID or the member information using the Treatment Search Option to retrieve the case you wish to review.



### NOT YET ENROLLED FOR iEXCHANGE?

iEXCHANGE supports direct submission, processing and online approval of inpatient admissions 24 hours a day, seven days a week. This online tool is accessible to BCBSIL independently contracted network physicians, professional providers and facilities via a Web-based application. Transaction requests include inpatient pre-certifications and extensions, treatment search, provider search and member search.

For enrollment details, visit the iEXCHANGE page in the Electronic Commerce section of our website at [bcbsil.com/provider](http://bcbsil.com/provider). If you have any questions or need additional information, contact the iEXCHANGE Help Desk at (312) 653-3399, or send an e-mail to [iEXCHANGE\\_HelpDesk@bcbsil.com](mailto:iEXCHANGE_HelpDesk@bcbsil.com).

## Pharmacy Program Update

### Generic Equivalents Now Available for Flomax®, Cozaar® and Hyzaar®

The generic equivalent of Flomax (tamsulosin) 0.4 mg is now available. Flomax is an alpha-1 adrenergic blocker indicated for the treatment of benign prostatic hyperplasia. Other highly utilized medications available generically in this class include doxazosin, prazosin and terazosin. Brand medications in this class include Rapaflo® and Uroxatral®.

Generic equivalents of Cozaar (losartan) and Hyzaar (losartan/hydrochlorothiazide) have been approved in all strengths. This launch provides the first generically available angiotensin receptor blocker (ARB) to the market, which is a top prescribed brand drug class for hypertension. Brand medications in this class include Atacand®, Avapro®, Benicar®, Diovan®, Micardis® and other combination products.

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

Trademarks mentioned above are the property of their respective owners.



## Generic Drugs, Part 2: Current Controversies

In our April 2010 issue, we included an article titled *Generic Drugs, Part 1: The Approval Process* to provide you with background information on requirements for the marketing of generic medications. A *Generic Drugs, Part 2: Current Controversies* article has been posted in the Medicare Part D Updates library on our website. The follow-up article presents a discussion of some of the current controversies surrounding the utilization of these low-cost alternatives, such as:



- **Narrow-Therapeutic Index Medications**—Are generic medications appropriate when serum levels required to exert a desired clinical effect are also close to levels associated with toxic side effects?
- **“Pay for Delay” settlements**—Pharmacy industry efforts to postpone generic approval may cause more harm than good, resulting in important discount delays for consumers.
- **The battle over bio-similar medications**—What are the issues surrounding the debate about how to develop legislation that would provide the U.S. Food and Drug Administration (FDA) with a generic approval process for high-tech specialty medications? Any move forward on this issue by Congress will represent a balancing act between providing lower cost generics and promoting new drug research and development.

Despite the ongoing debate regarding efficacy, quality, and other concerns, the utilization of generic drug products continues to grow as more FDA-approved products become available and as consumers, private health plans and government programs look for alternatives to increasingly expensive brand name products.

For the complete article, visit the Medicare Part D Updates library in the Pharmacy section of our Provider website at [bcbsil.com/provider](http://bcbsil.com/provider).

### 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.

## HMO Network Updates

Effective June 1, 2010, the following HMO Medical Groups (MGs) are merging:

Medical Group	Merging Into
Ravenswood at Cicero MG #153	Ravenswood Medical Group MG #062
Pronger Smith Tinley Park MG #114	Pronger Smith Blue Island MG #113
Friedell Clinic MG #319	PEF Clinic MG #410

All groups participate in both the HMO Illinois and BlueAdvantage HMO networks. There should be no disruption in services to members, since all physicians will remain in the merged groups. Members have received new ID cards with updated information.

# Billing with National Drug Codes (NDCs)

Currently, BCBSIL requires inclusion of the National Drug Code (NDC) in conjunction with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) when unlisted or “Not Otherwise Classified” (NOC) physician-administered and home infusion therapy drugs are billed.

Please be advised that in the future, BCBSIL will be accepting use of the NDC for billing of all drugs. This will provide a more accurate pricing methodology for payment and will also facilitate better management of drug-associated costs. BCBSIL will be using a phased-in approach to implement NDC pricing and will inform providers accordingly, based on their contractual notification provisions.

Here are some reminders to assist you with proper submission of valid NDCs and related information:

- Submit the NDC along with the applicable HCPCS or CPT procedure code(s).
- The NDC must be in the proper format (11 numeric characters, no spaces or special characters).
- The NDC must be active for the date of service.
- The appropriate qualifier, unit of measure, number of units, and price per unit also must be included, as indicated below.

## ELECTRONIC CLAIM GUIDELINES

Field Name	Field Description	ANSI (Loop 2410) – Ref Desc
Product ID Qualifier	Enter <b>N4</b> in this field.	LIN02
National Drug CD	Enter the 11-digit NDC (without hyphens) assigned to the drug administered.	LIN03
Drug Unit Price	Enter the price per unit of the product, service, commodity, etc.	CTP03
NDC Units	Enter the quantity (number of units) for the prescription drug.	CTP04
NDC Unit/MEAS	Enter the unit of measure of the prescription drug given. (Values: <b>FR</b> – international unit; <b>GR</b> – gram; <b>ML</b> – milliliter; <b>UN</b> – unit)	CTP05-1

If you have any questions regarding utilization of the NDC code on your **electronic** claims, contact our Electronic Commerce Center at (800) 746-4614.

## PAPER CLAIM GUIDELINES

In the **shaded portion** of the line-item field 24A-24G on the CMS-1500, enter the qualifier **N4** (left-justified), immediately followed by the **NDC**.<sup>\*</sup> Next, enter the appropriate qualifier for the correct dispensing unit (**FR** – international unit; **GR** – gram; **ML** – milliliter; **UN** – unit), followed by the quantity and the price per unit, as indicated in the example below. (\*Note: The HCPCS/CPT code corresponding to the NDC is entered in field 24D.)

Example:

24. A.	DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.		G.	H.	I.	J.	
	From	To	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #		
	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER						
	N4	49	00	26	7	2	30		50	.00	2.5	N	1B	12345678901
	10	01	05	10	01	05	11	J7603				1	NPI	0123456789

For additional CMS-1500 details, refer to the independent organization National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual, available on the NUCC website at [www.nucc.org](http://www.nucc.org).

For more information, continue to visit the What’s New and Electronic Commerce Alerts sections of our website at [bcbsil.com/provider](http://bcbsil.com/provider). Updates also will be included in upcoming issues of the *Blue Review*.

Current Procedural Terminology (CPT®), copyright 2008, by the American Medical Association (AMA). CPT is a registered trademark of the AMA.

## New Account Groups

All of the accounts listed below have Blue Cross and Blue Shield Coverage.

Group Name: **NES Rentals**  
 Group Number: **079637-38**  
 Alpha Prefix: **NQS**  
 Product Type: **PPO (Portable)**  
 Effective Date: **May 1, 2010**

Group Name: **Sheet Metal Workers Local 270**  
 Group Number: **P64402**  
 Alpha Prefix: **SVF**  
 Product Type: **PPO (Portable)**  
 Effective Date: **June 1, 2010**

Group Name: **United Components (UCI)**  
 Group Number: **077955**  
 Alpha Prefix: **UCM**  
 Product Type: **PPO (Portable)**  
 Effective Date: **Jan. 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.



## Stay Informed with Electronic Commerce 'Alerts'

Does your office submit claims electronically or receive claim payments via Electronic Funds Transfer (EFT)? Are you enrolled for Electronic Remittance Advice (ERA)/ Electronic Payment Summary (EPS)? If you conduct business electronically with BCBSIL, it is to your advantage to become a regular visitor to the Electronic Commerce Alerts page on our website at [bcbsil.com/provider](http://bcbsil.com/provider).

These online Alerts provide notification of system enhancements, upgrades, new functionality, and any Electronic Data Interchange (EDI) transaction issues that may affect claims processing, payment or remittance delivery. This includes system downtime alerts, edit/automatic error code implementation notices, and Warning ("W") / Rejection ("R") status changes.

The Alerts section also houses our 2010 Holiday Schedule to help you project EFT delivery and system/report availability throughout the year, as corporate and legal banking holidays may affect the normal processing, payment and report availability schedule. Information on Availity® Webinars also is included in the Alerts section, for providers who are registered with Availity.

If you have any questions regarding Alert notifications, contact our Electronic Commerce Center at (800) 746-4614 for assistance.

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## EFT, ERA and EPS Survey Results

### Questions and Comments from 'Somewhat Likely to Enroll' Providers

In previous articles, we have outlined the definitions, advantages and enrollment process for EFT, ERA and EPS. We also posted an interactive EFT, ERA and EPS Overview tutorial on our website. This tutorial included a survey to help us gauge provider understanding while offering viewers the opportunity to submit questions or comments.

After viewing the tutorial, 74 percent of respondents reported that they were Highly Likely to enroll for EFT, ERA/ EPS, while 24 percent fell into the Somewhat Likely to enroll category. Many "Somewhat Likely" providers also included comments in response to the following survey question: *Do you have any questions that haven't been addressed and that may have prevented you from enrolling? Tell us how we can assist you!*



Here is a sampling of the basic EFT, ERA, EPS questions we received, along with our answers:

- 1. Is there a fee for enrolling and/or using the EFT, ERA or EPS?** BCBSIL does not charge any fees related to EFT, ERA/EPS. However, if you utilize a billing service, vendor or clearinghouse, you should ask if they charge any fees for their services.
- 2. Do I have to enroll in all three, or can I pick and choose?** We highly encourage you to enroll for all of these transactions to help synchronize payment and reporting processes in your office. You can choose to enroll for EFT alone; or you may enroll for ERA/EPS, without EFT. You must enroll for ERA to receive the EPS.
- 3. I don't file claims electronically. Can I still enroll for EFT, ERA and EPS?** Yes! While electronic claim submission is strongly encouraged, it is not a prerequisite to EFT, ERA/EPS enrollment.
- 4. What's the difference between the ERA and EPS?** The purpose of the ERA file is to eliminate the need for manual posting, enabling you to complete automatic posting of your patient accounts. The EPS replaces your paper Provider Claim Summary (PCS) with an electronic file that is easy to archive and retrieve.

**Beyond the basics...** most provider questions received from the online survey were related to ERA/ EPS. Therefore, we will be including an ERA/EPS-focused feature article in upcoming issues of the *Blue Review*. The Electronic Options tutorial is available in the Electronic Commerce section of our website at [bcbsil.com/provider](http://bcbsil.com/provider), along with answers to frequently asked questions about EFT, ERA and EPS.

If you need further assistance with the enrollment process, contact our Electronic Commerce Center at (800) 746-4614. We look forward to helping you discover the benefits of participating in these electronic transactions.

# New Administration of Behavioral Health Program

Effective January 2011, BCBSIL will manage behavioral health (behavioral/mental health and substance abuse/chemical dependency) services for all non-HMO members, replacing Magellan Health Services. Behavioral health care management will be more integrated with our medical care management, allowing our clinical staff to better identify members that could benefit from co-management earlier. This change may result in improved outcomes, enhanced continuity of care, clinical efficiency, and reduced costs over time.

## NEW PREAUTHORIZATION REQUIREMENTS FOR OUTPATIENT SERVICES

A key change in 2011 will be the requirement for **members** to preauthorize all outpatient visits for behavioral health services. Members will be notified of their responsibility to preauthorize outpatient services.

You may preauthorize on behalf of the member by calling the number on the back of the member's ID card; however, **preauthorization will ultimately be the responsibility of the member.**

Members may receive authorization for up to 10 outpatient visits to any behavioral health provider(s) without the need to submit medical records/Outpatient Treatment Request (OTR) forms. Please note, however, either the member or the provider will need to preauthorize with BCBSIL prior to the visits, and all outpatient behavioral health services must be deemed medically necessary as outlined in the member's benefit booklet.

Once the preauthorization is received, a letter acknowledging the authorization will be mailed to the member and the behavioral health provider.

All outpatient behavioral health visits scheduled **after** the 10th visit will require that you submit an OTR form. The OTR form can be submitted at any point prior to the 11th visit. You can call BCBSIL with the required information using the number on the back of the member's ID card.

### ***Will the provider be reimbursed for outpatient services rendered if the member does not call for preauthorization?***

BCBSIL may request an OTR form from the provider to determine medical necessity prior to reimbursement. The member may be responsible for paying claims if services are deemed medically unnecessary.

### ***What are the preauthorization requirements for intensive outpatient programs?***

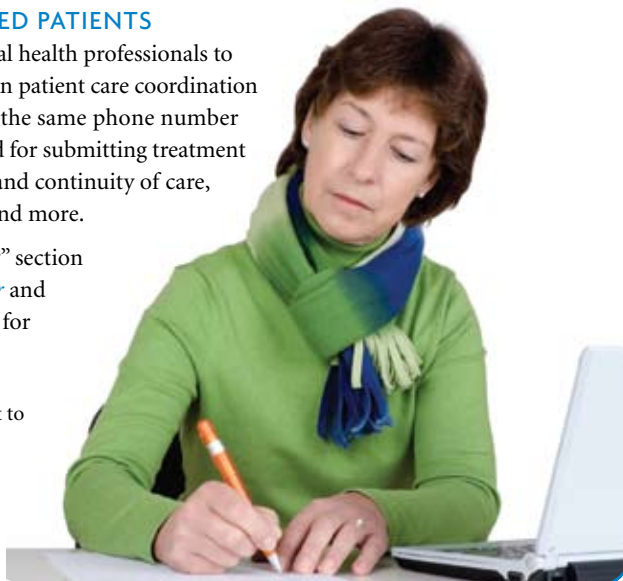
Preauthorization is required prior to the member beginning any of these services. Clinical information will be reviewed to determine medical necessity before authorization.

## TRANSITION OF ESTABLISHED PATIENTS

BCBSIL will work with all behavioral health professionals to limit the possibility for disruptions in patient care coordination during this transition. You can use the same phone number on the back of the member's ID card for submitting treatment plans, requesting preauthorization and continuity of care, asking customer service inquiries, and more.

Continue to watch the "What's New" section of our website at [bcbsil.com/provider](http://bcbsil.com/provider) and upcoming issues of the *Blue Review* for additional information.

All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan.



## IN THE KNOW ✓

### Billing Guidelines for Private Duty Nursing Care

Nursing Agencies that provide Private Duty Nursing (PDN) care in the home must request an application with BCBSIL and meet credentialing criteria to qualify to bill these services. A BCBSIL application may be requested by sending an e-mail to [ancillarynetworks@bcbsil.com](mailto:ancillarynetworks@bcbsil.com).

PDN services must be submitted on a CMS-1500 claim form using applicable HCPCS codes for the service rendered. You must complete all required fields, making certain that you enter your appropriate NPI in field 33a.

One of the following HCPCS codes should be entered in field 24D:

- **S9123**—Nursing Care in the home by a registered nurse, per hour
- **S9124**—Nursing Care in the home by a licensed practical nurse, per hour

These codes **should not be used** for intermittent nursing visits (defined as two hours or less in duration) or home infusion nursing care services.

Benefit coverage for Private Duty Nursing may be limited and must be verified by calling the Provider Telecommunications Center (PTC) at (800) 972-8088.

#### Notes:

- Custodial care services (services that do not require the technical skills or professional training of medical and/or nursing personnel in order to be safely and effectively performed) are not covered.
- *Private Duty Nursing* is defined as follows: Medically necessary skilled nursing care provided in the patient's home on a one-to-one basis by an actively practicing R.N. or L.P.N. under the direction of the attending physician.

Benefit coverage for Private Duty Nursing is subject to the terms, conditions, limitations and exclusions of the member's health plan. Call the PTC for additional details regarding benefit coverage.

## BlueCard® Update:

### 2010 BlueCard Program – We’re Seeking Your Feedback

Again this year you may have an opportunity to tell us how we are doing by participating in our 2010 BlueCard satisfaction survey. Throughout the year, we may contact your staff, seeking input on your experience with servicing out-of-area Blue Cross and Blue Shield (BCBS) members. You may be invited to participate in online surveys, and will be asked to share your e-mail address. If your office is contacted, we encourage you to take part in these surveys. We take your comments seriously and may incorporate your feedback into our service enhancements.

For additional information on BlueCard, refer to the BlueCard Program Manual in our online Provider Library at [bcbsil.com/provider](http://bcbsil.com/provider).

Remember, your feedback is important to help us make improvements in continuing to offer exemplary services to our provider community. Thank you in advance for your participation.

## A Review of Non-covered Allergy Testing and Treatment Methods

For BCBSIL providers who perform allergy testing and/or treatment, it is important to note that **Serial Dilution Endpoint Titration/Serial Endpoint Titration (SDET/SET) and Sublingual Immunotherapy (SLIT)** are services that **are not covered by BCBSIL**.

**SDET/SET** is a form of intradermal skin testing that uses increasing doses of antigen to determine the concentration at which the reaction changes from negative to positive (the “endpoint”). SDET/SET has been used to guide the initiation of immunotherapy, by using the endpoint dilution as the starting antigen dose. BCBSIL medical policy MED206.001 (Allergy Management) clearly specifies this type of allergy testing to be experimental, investigational and unproven, and, as such, is a non-covered service. The CPT code most often used to bill for this non-covered service is 95028 [Intracutaneous (intradermal) tests with allergenic extracts]. **While 95028 is a valid code, when billed to induce payment for a non-covered service, it is considered an intentional misrepresentation of the services provided.**

**SLIT** is a form of allergy treatment where antigen serum is administered (often self-administered by the patient) by placing a few drops of the serum under the patient’s tongue. BCBSIL medical policy MED206.001 (Allergy Management) clearly specifies this type of allergy treatment to be experimental, investigational and unproven, and, as such, is a non-covered service. The CPT code most often used to bill for this non-covered service is 95165 (Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy). CPT defines allergen immunotherapy as “the parenteral (administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection) administration of allergenic extracts.” **While 95165 is a valid code, when billed to induce payment for SLIT or other non-covered service, it is considered an intentional misrepresentation of the services provided.**

See below for additional methods of allergy testing and treatment that are considered by BCBSIL medical policy to be experimental, investigational and unproven and, as such, are non-covered services.

#### Non-covered Allergy Testing Methods

- Provocative tests for food or food additive allergies
- Neutralization testing
- Serial dilution endpoint titration (SDET), serial endpoint titration (SET), Rinkle/Rinkle method
- Nasal challenge tests
- Conjunctival challenge test (ophthalmic mucous membrane test)
- Cytotoxic food tests (Bryan’s test)
- Leukocyte histamine release test (LHRT)
- Rebeck skin window test
- Passive transfer or P-X (Prausnitz-Kustner test)
- Antigen leukocyte cellular antibody test (ALCAT)
- Sublingual provocation food testing
- IgE concentration food allergy testing
- IgG food and environmental testing
- Any aspect of the Lifestyle Eating and Performance (LEAP) program, including the Mediator Release Test (MRT) used to identify “delayed food allergies” and treatments which include dietary manipulation and/or supplements or herbs

#### Non-covered Allergy Treatment Methods

- Provocative and neutralization therapy, using intradermal and subcutaneous routes
- Sublingual: oral application of natural or enzymatically altered antigens
- Topical: localized application of an allergen directly to the organ creating the allergy response, such as the nose for allergic rhinitis
- Urine auto-injections (autogenous urine immunization): freshly collected urine, having been sterilized and filtrated, injected to the donating patient
- Repository emulsion therapy - solutions of vegetable and mineral oils containing additional allergens, to produce slow releases of the allergens at the injection site
- Intracutaneous (intradermal) tests, sequential and incremental [Serial dilution endpoint titration (SDET) therapy (Rinkel/Rinkle Method)].

For more details, please refer to our Medical Policies, available in the Provider Library of our website at [bcbsil.com/provider](http://bcbsil.com/provider). If you have knowledge of abusive or fraudulent activity, please contact the BCBSIL Fraud Hotline at (800) 543-0867, or go to [bcbsil.com/sid/reporting/](http://bcbsil.com/sid/reporting/). Reports may be made anonymously, if desired.

The information mentioned above is for educational purposes only and is not the substitute for the independent medical judgment of a doctor or other health care provider. The final determination about services or treatment is between the patient and the doctor.



## HMO Quality Site Visit Results

During 2009, Quality Site Visits were performed for Primary Care Physicians (PCPs) and high volume behavioral health practitioners in the HMO Illinois and BlueAdvantage HMO networks. On behalf of the HMOs\* of BCBSIL, we are pleased to report that site visit network results for 2009 continue to be above 90 percent for PCPs and behavioral health practitioners in accessibility, site review of physician offices and emergency preparedness. HMO network physicians also demonstrated continued good performance in Quality of Patient Care Documentation and Medical Record Quality for 2009.

You may review the Quality Site Visit standards and Site Visit Comparisons on the BCBSIL website at <http://www.bcbsil.com/provider/umqi/sitevisits.htm>. Areas of improvement identified by the 2009 site visit results include the following:

### Quality of Patient Care:

- Documentation of family medical history
- Documentation of the assessment of physical activity
- Documentation of BMI for adults and BMI percentile for children
- Documentation of substance use for both adults and children/adolescents
- Documentation of adolescent smoking history
- Documentation of adult smoking cessation advice

### Preventive:

- Colorectal cancer screening – male and female age 50 and over
- Influenza vaccination – male and female for diabetics, asthmatics, cardiovascular disease, and age 50 and over

The Illinois Department of Public Health (IDPH) mandates that a PCP quality site visit is conducted every two years. In 2009, IDPH audited three HMO PCP offices and deficiencies were found. The 2009 quality site visit standards were modified for 2010 as a result of this audit. In addition, the 2010 site visit standards have an increased focus on wellness and disease prevention. In order to improve site visit results in 2010, the HMOs of BCBSIL are requesting review and discussion of these results.

You can help us with our future site visit scheduling by doing the following:

- If you need to cancel a site visit, please let the HMO nurse liaison know five business days prior to the visit.
- If you use electronic medical records, please inform us when we schedule your site visit.

We appreciate your continued cooperation with these quality improvement efforts.

\*HMO Illinois and BlueAdvantage HMO



## June/July Workshop and Webinar Schedule

Save the date for our next **New Provider Workshop on July 14, 2010**, for an overview of BCBSIL products, our BlueCard Program (out-of-area claims), electronic options, and more!

Our Provider Relations team also offers convenient, single-topic Webinar sessions for PPO providers, billing services, clinical and administrative staff who are new or already participating in the BCBSIL network.

Visit our website at [bcbsil.com/provider/training.htm](http://bcbsil.com/provider/training.htm) for more details and to register online. If you have questions or need assistance, e-mail us at [provider\\_relations@bcbsil.com](mailto:provider_relations@bcbsil.com). All workshops and Webinars are provided as a **complimentary** service to the BCBSIL independently contracted provider community.

### WEBINARS

#### Eligibility and Benefits Webinar

Session time: 9 to 10 a.m.

June 23, 2010

#### Electronic Alternatives Webinar

Session time: 11 a.m. to noon

June 23, 2010

#### Electronic Refund Management (eRM) Webinar

All sessions: 2 to 3 p.m.

June 2, 2010

June 9, 2010

June 16, 2010

June 23, 2010

June 30, 2010

### WORKSHOP

#### New Provider Workshop

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

July 14, 2010

300 E. Randolph, Chicago IL 60601

*Refreshments will be served.*

# New BCBSIL Provider for Immunoglobulin (Ig) Therapy

BCBSIL is pleased to announce that effective Sept. 1, 2010, Coram Specialty Infusion Services' EyeOn Therapy Management program has been selected as our provider of Ig therapy for non-HMO members. Coram Specialty Infusion Services is a contracted pharmacy and health care provider with BCBSIL. They can supply all Ig services covered under the member's medical benefit in coordination with the member's physician.

The EyeOn Therapy Management program allows physicians and members to receive valuable services to help manage therapy, including:

- Integrated coordination of coverage between the member, physician and BCBSIL
- Direct shipment of Ig products to the member's home or physician office
- Coordination of qualified infusion nursing services for home or alternate site administration
- No upfront acquisition cost to physicians for office-based administration
- 24 hour emergency service and clinical support for Ig therapy members
- Provision of administration supplies/equipment with delivery
- Consistent Ig product availability
- Patient education and teaching tools for home/alternate site administration
- Objective risk screening tool to minimize adverse events

Additional information and details on this Specialty Pharmacy program will be included in upcoming issues of the *Blue Review*.

Coram is an independently contracted third party vendor and is solely responsible for its services and products.

*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

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FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

# BLUE REVIEW

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