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PARTNERS IN HEALTH UPDATE

February 2008

Working Together For Quality Health Care



Update your provider information with IBC

Have you made any changes to your key practice information, such as your mailing address or the name of your practice? If so, please be sure to notify us.

We value your help in keeping our data files current. Accurate data files allow us to continue to provide you with important information on billing, claims, changes or additions to policies, and announcements of administrative processes.

You may submit this information to us electronically via the Provider Change Form, which is available on www.ibx.com/providers/forms, or through NaviNet®.

You may also call your Network Coordinator or Provider Services to report changes.

Please note: Thirty days' advance notice is required for processing.










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For articles specific to your area of interest, look for the appropriate icon:




-  Professional
-  Facility
-  Ancillary

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NATIONAL PROVIDER IDENTIFIER (NPI)

IBC's NPI contingency plan to continue through May 23, 2008



After careful assessment of provider readiness, we have determined that a significant percentage of providers have either not yet registered their NPIs with IBC, or have not begun submitting their NPIs on claims. Therefore, IBC's NPI contingency plan will continue through May 23, 2008 — the latest date allowed by the Centers for Medicare & Medicaid Services (CMS). Unless CMS announces an extension, providers must use their NPI on all claims as of May 23, 2008.

IBC's contingency plan: Dual use

The dual use strategy allows providers to submit all electronic and paper claims with NPIs and 10-digit legacy provider identifiers (IBC-assigned IDs that providers use to identify themselves as an IBC-participating health care

provider). If providers have registered their NPI with IBC or submitted an NPI with a CMS certification, they may continue to submit claims with their NPI and 10-digit legacy identifier, consistent with our dual use strategy.

Our dual use strategy is intended to ensure that IBC is NPI compliant, but in a manner that maintains operations, recognizes providers' varying states of readiness, and avoids unnecessary disruption in providers' cash flow.

More information about IBC's NPI dual use claims submission, including the entire IBC NPI contingency plan, electronic and paper claim submission instructions, and relevant FAQs, is available on www.ibx.com/providers/npi.

Register your NPI online with provider registration web form



Providers may now register their NPIs with IBC online by submitting an NPI provider registration web form.

Please visit www.ibx.com/providers/npi/provider_registration.html to register your NPI information with us.

NPIs must be registered with IBC



NPI-only claims will reject if NPI is not registered with IBC

As previously stated in our NPI contingency plan, NPI-only claims will reject if providers have not registered their NPIs with us. IBC can accept claims with an NPI as the primary identifier if providers have registered their NPI with us. However, providers must register their NPI with IBC prior to submitting NPI-only claims.*

Once you have registered your NPI with us, please submit claims with the NPI and 10-digit legacy identifier, consistent with our dual use strategy.

In addition to all providers currently participating with IBC, NPIs will be required for new practitioners who request participation with IBC. The NPI, if not already registered, will also be requested as part of the recredentialing process.

**IBC will receive contracted Behavioral Health Providers' NPI information directly from Magellan Behavioral Health, Inc. For further information, please contact Magellan National Provider Services Center at 1-800-788-4005, or visit Magellan at www.magellanhealth.com.*

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Registering your NPIs with IBC

When providers register their NPIs with IBC, we are able to link the NPIs to existing data in our internal processing systems. To mitigate any potential impact on a provider's cash flow, we have requested that providers register their NPIs with us before submitting an NPI claim.

Registering your NPI with IBC is easy. Once you have obtained your NPI, you may register using either of the following methods:

- **Online.** Register your NPI online by submitting the appropriate NPI provider registration web form on www.ibx.com/providers/npi/provider_registration.html.
- **Paper.** Register your NPIs with us by mailing your completed custom NPI Submission Form. This form has been included in mailings to participating provider offices.

Contact your Network Coordinator with questions regarding the new provider registration web form or your custom NPI Submission Form.

NATIONAL PROVIDER IDENTIFIER (NPI)

NPIs must be registered with IBC (continued)

How to obtain an NPI

National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in either of the following ways:

- **Online.** Complete the Web-based application on <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient way to obtain an NPI.
- **Paper.** Obtain a copy of the NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:
 - Phone: 1-800-465-3203 or TTY/TDD 1-800-692-2326
 - Email: customerservice@npienumerator.com
 - Mail:
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

NPI web resources

IBC provider NPI website

www.ibx.com/providers/npi

Contains NPI background, FAQs, registration forms, web links, and other information.

CMS main NPI website

www.cms.hhs.gov/NationalProvIdentStand/

Contains NPI Final Rule, FAQs, fact sheets, tip sheets, NPI Viewlet, Medicare MedLearn articles, and enumeration statistics.

NPI enumerator website

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

WEDI NPI outreach initiative

www.wedi.org/npioil/index.shtml

NPI Resource Center with information resources, industry readiness assessment survey, etc.

BILLING

IBC rejecting paper claims submitted on forms CMS-1500 (12/90) and UB-92

IBC no longer accepts paper claims submitted on forms CMS-1500 (12/90) and UB-92. All paper claims received after December 17, 2007, must be submitted on revised

forms CMS-1500 (08/05) and UB-04. Paper claims submitted on forms CMS-1500 (12/90) and UB-92 will reject.



Precertification required for Medical Infusion Therapy Drugs



The November 2006 *Partners in Health Update* and other resources have identified Medical Infusion Therapy Drugs and described their precertification requirements. This article is a reminder that this precertification requirement was effective January 1, 2007, and will be enforced. *Beginning no later than March 2008, if precertification approval is not obtained, claims for Medical Infusion Therapy Drug services will be denied.*

The current Medical Infusion Therapy Drugs are:

- Aldurazyme®
- Aredia®
- Avastin®
- Boniva®
- Ceredase®
- Cerezyme®
- Elaprase™
- Erbitux®
- Fabrazyme®
- Genasense®
- Herceptin®
- IVIg®
- Myozyme®
- Orenicia®
- Remicade®
- RespiGam®
- Tysabri®

See the *Note* at right. For more information on these drugs, refer to applicable medical policy.

Medical Infusion Therapy Drugs require precertification for *all* settings. This includes administration in an outpatient facility, a professional provider's office, or a home.

Medical Infusion Therapy Drugs must be precertified for all of the following managed care products:

- Keystone Health Plan East (KHPE) HMO
- KHPE POS
- Personal Choice® PPO
- Flex Copay/Deductible (HMO, POS, Direct POS, and PPO)
- Personal Choice HSA-qualified High Deductible Health Plans (HDHPs)
- Keystone 65
- Personal Choice 65SM
- adultBasic
- CHIP

Note: Infusion drugs that are newly approved by the U.S. Food and Drug Administration during the effective term of the contract are considered new and emerging technology and will be subject to precertification, pending notification from IBC.

Advance policy change notifications available online



To better communicate policy changes to providers, advance notification articles regarding changes to medical policies are now published on www.ibx.com/medpolicy. These notification articles will be available at least 30 days in advance of the proposed changes to policy.

Please follow these instructions to read notifications:

1. Visit www.ibx.com/medpolicy.
2. Select *Accept and Go to Medical Policy Online*.

3. Select the *Commercial and Other Medicare Advantage policies* link.
4. Select *News & Announcements* from the Medical Policy column on the left sidebar.
5. Select links to notification articles.

Another new enhancement to the *News & Announcements* section is a listing of recently published policies to the website arranged by month. These listings are updated daily, so please check back frequently to see what's new.

Electronic Fund Transfer feature available through NaviNet®



NaviNet offers you the opportunity to register *and* maintain Electronic Fund Transfer (EFT) account information. The EFT is designed to transfer payments by electronic means, rather than conventional paper-based payment methods. EFT transmissions often result in more timely payments and minimize the need for manual deposits. Information about EFT is accessible via the *ePayments* screen. Appropriate levels of security can be set by the security officer to restrict the ability to register, view, and change the provider's EFT account information.

Detailed information and instructions on how to use this feature can be found in the *User Guides* on NaviNet Plan Central by selecting *NaviNet Customer Care* under the *Customer Service* menu. You may also contact NaviNet Customer Care at [1-888-482-8057](tel:1-888-482-8057) for assistance.

For more information on NaviNet, visit www.ibx.com/providers/navinet/index.html.

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PREVENTIVE HEALTH

ConnectionsSM Health Management Programs: Supporting our members, your patients



Contact the Connections Health Management Programs to:

- refer a member for disease management or decision support;
- ask questions, provide feedback, or request information about a member active in the Connections programs;
- request program information for use at your office.

Contact the ConnectionsSM Health Management Program Provider Support Line at [1-866-866-4694](tel:1-866-866-4694).

Contact the ConnectionsSM AccordantCareTM Program at [1-866-398-8761](tel:1-866-398-8761).

Contact the ConnectionsSM Kidney Program at [1-866-303-4CKP \[4257\]](tel:1-866-303-4CKP).



Partners in Health Update is a publication of the Provider Communications department for the exchange of information and ideas among the IBC provider community. Suggestions are welcome.

CONTACT INFORMATION:

Rose Sutkowski
Managing Editor

Charleen Baselice
Production Coordinator

**Provider Communications
Independence Blue Cross**

1901 Market Street
35th Floor
Philadelphia, PA 19103

provider_communications@ibx.com

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This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party websites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

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IMPORTANT RESOURCES

View our online provider directories at www.ibx.com

CARE MANAGEMENT AND COORDINATION

Case Management 215-567-3570
1-800-313-8628*

Baby BluePrints® 215-241-2198
1-800-598-BABY (2229)*

CONNECTIONSSM HEALTH MANAGEMENT PROGRAMS

ConnectionsSM Health Management Program Provider Support Line 1-866-866-4694

ConnectionsSM Kidney Program 1-866-303-4CKP (4257)

ConnectionsSM AccordantCareTM Program 1-866-398-8761

CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT

Anti-Fraud and Corporate Compliance Hotline 1-866-282-2707
www.ibx.com/anti-fraud

CREDENTIALING VIOLATION HOTLINE

215-988-6534
www.ibx.com/credentials

eBUSINESS

Help Desk 215-241-2305

FutureScripts®

Prescription Drug Authorization 1-888-678-7012
Toll Free Fax 1-888-671-5285

Direct Ship Injectable 1-888-678-7012

Fax 215-761-9165

Blood Glucose Meter Hotline 1-888-494-8213 (option 2)

FutureScripts® Secure

Medicare Part D 1-888-678-7015

HEALTH RESOURCE CENTER

Healthy LifestylesSM 215-241-3367
1-800-275-2583*

Precertification 215-241-2100
1-800-227-3116*

PROVIDER MEDICAL POLICY WEB PAGE

www.ibx.com/medpolicy

PROVIDER NETWORK eSERVICES

NaviNet® Portal Registration www.ibx.com/providers/navinet/index.html
EDI Claim Registration 215-640-7410

PROVIDER PHARMACY WEB PAGE

www.ibx.com/provider_rx

PROVIDER SERVICES (Policies/Procedures/Claims)

HMO 215-567-3590
1-800-227-3119*

PPO 215-567-3694
1-800-332-2566*

PROVIDER SUPPLY LINE

1-800-858-4728

* Outside 215 area code

