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#### **QUALITY MANAGEMENT**

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## Did you know?

### Prevacid® 15 mg capsules will be available OTC

Effective November 12, 2009, Prevacid® 15 mg capsules will be available over the counter (OTC) — the new OTC product is called Prevacid®24HR.

### Important H1N1 (swine flu) information

We recently launched our own H1N1 page with provider-specific information about the virus and vaccine. We update this page regularly and include new findings from the Centers for Disease Control & Prevention as well as our own information you may need. Visit our site at [www.ibx.com/h1n1](http://www.ibx.com/h1n1).



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

- P** Professional
- F** Facility
- A** Ancillary



Keystone Health Plan East, Personal Choice®, Keystone 65, and Personal Choice 65<sup>SM</sup> have an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

*Partners in Health Update<sup>SM</sup>* is a publication of Independence Blue Cross and its affiliates (IBC) created to provide valuable information to the IBC-participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with IBC. This publication is the primary method for communicating such general changes. Suggestions are welcome.

#### Contact Information:

Provider Communications  
Independence Blue Cross  
1901 Market Street  
35th Floor  
Philadelphia, PA 19103  
[provider\\_communications@ibx.com](mailto:provider_communications@ibx.com)

John Shermer  
Managing Editor

Charleen Baselice  
Production Coordinator

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Quit&Fit is a federally registered trademark of American Specialty Health Incorporated, an independent company.

## Enhanced consumer website including new hospital comparison and locator tool

As health care reform puts the spotlight on the relationship between health care costs and healthy living, it is more important than ever that we provide electronic access to information that helps our members make informed decisions. We are pleased to introduce the second generation of our consumer website — [ibxpress.com](http://ibxpress.com). Through an agreement with WebMD®, one of the most widely recognized names in health care information, we have added new functionality and made major enhancements to help our members to better evaluate decisions about their health.

This convenient, secure site combines members' medical and pharmacy claims data with health information from WebMD. With 89 percent of consumers using the Internet to research health conditions or diseases, it is important that they use a site that understands their health history and provides up-to-date, reliable information.

### *New hospital locator and comparison tool*

As part of this change, we will be moving to a new tool, Hospital Finder, for the display of hospital quality and safety information. Members will be able to research and compare hospitals through Hospital Finder based on procedure/diagnosis and location and will see more detail on process and outcomes results. Members who use Hospital Finder will be able to customize the way the results are displayed according to which measures (volume, mortality, complications, length-of-stay, and cost) are most important to them. Therefore, the results are unique to each member who uses Hospital Finder.

Hospital Finder will also be available to providers through the NaviNet® web portal by selecting *Reference Material and Reports* from the Plan Transactions menu and then selecting *Provider Directory*.

### *New features and enhancements to our consumer website*

The choices members make play a significant role in health care costs. The treatment for largely avoidable chronic conditions accounts for 78 percent of health care spending in Pennsylvania. Our enhanced consumer website provides members with the tools and resources to become effective health care consumers, including the following features:

- **Personal Health Profile.** This powerful assessment tool provides members with an accurate, confidential, and personalized action plan to improve their health.
- **Lifestyle Improvement Programs.** These personalized, self-paced, step-by-step programs can help members manage their weight, improve their nutrition, start an exercise program, or quit smoking.
- **WebMD Symptom Checker.** This head-to-toe tool helps members better understand their symptoms — and what to do about them.
- **Personal Health Record.** This interactive tool helps members organize their health information so they have their complete health history at their fingertips.
- **Provider and Hospital Finders.** These tools help members find participating doctors and hospitals to handle their health needs.
- **Health Tracker.** This tool charts members' blood pressure, cholesterol, body fat, and other health factors over time so they can see their progress and stay motivated.

Our members can use these new and enhanced resources by registering for [ibxpress.com](http://ibxpress.com) using information from their ID card. If members are already registered for [ibxpress.com](http://ibxpress.com), their login and password will not change.

WebMD® is an independent company offering online health information and wellness information to Independence Blue Cross members.

## Routine costs associated with qualifying clinical trials

We want to remind you that routine costs associated with Medicare-qualifying clinical trials are reimbursed by Medicare. IBC does not provide coverage for Keystone 65, Keystone 65 Complete, or Personal Choice 65<sup>SM</sup> members who are enrolled in a clinical trial. Members must meet Centers for Medicare & Medicaid Services (CMS) requirements to qualify for reimbursement for these services. All claims associated with these routine costs from clinical trials should be submitted to the Medicare Administrative Contractor and should include the

appropriate CPT<sup>®</sup> or HCPCS code appended with modifier Q1 or the ICD-9 code of V70.7.

Please remember, when using code V70.7, you should follow the guidelines as described in the Official Coding Guidelines published by CMS and the National Center for Health Statistics. When you submit claims using the Q1 modifier, follow the guidelines as set forth in HCPCS Level II coding, also published by CMS.

More information is available at [www.cms.gov](http://www.cms.gov).

## Complete your CMS compliance training by December 31, 2009



In accordance with a requirement from the Centers for Medicare & Medicaid Services (CMS), all network providers and their staff who treat our Medicare Advantage members must complete annual Medicare Advantage and Part D compliance training in an effort to combat fraud, waste, and abuse. Under this new regulation, you must complete the initial training by December 31, 2009.

Please note that your provider participation agreement with IBC requires that you comply with all applicable state and federal laws, rules, and regulations related to services provided under your agreement, which includes rules and regulations put forth by CMS for Medicare Advantage HMO and PPO benefits programs.

### Completing the training requirement

To complete this required training, visit [www.ibx.com/compliancetraining](http://www.ibx.com/compliancetraining), where you will find the training materials. To confirm with IBC that you have completed the training, you will need to provide your electronic signature.

### Already completed compliance training?

We recognize that many providers may have already completed this training requirement through another organization. If you have completed your CMS compliance training for 2009, your electronic signature is still needed for confirmation. Go to [www.ibx.com/compliancetraining](http://www.ibx.com/compliancetraining) to submit your signature.

If you do not have access to the Internet, call the Provider Supply Line at 1-800-858-4728 for a paper copy of the training materials and/or Compliance Certification form. Please note that you will be responsible for mailing or faxing the form to us by December 31, 2009, in order to fulfill your training requirement for 2009.

If you have questions about this required training, please contact your Network Coordinator.

## Call 1-800-ASK-BLUE: One number for all of your needs

Our toll-free number, 1-800-ASK-BLUE, is a convenient way to access the following services:

- Provider Services
- Connections<sup>SM</sup> Health Management Programs
- Interactive Voice Response (IVR) system
- Precertification/preauthorization\*

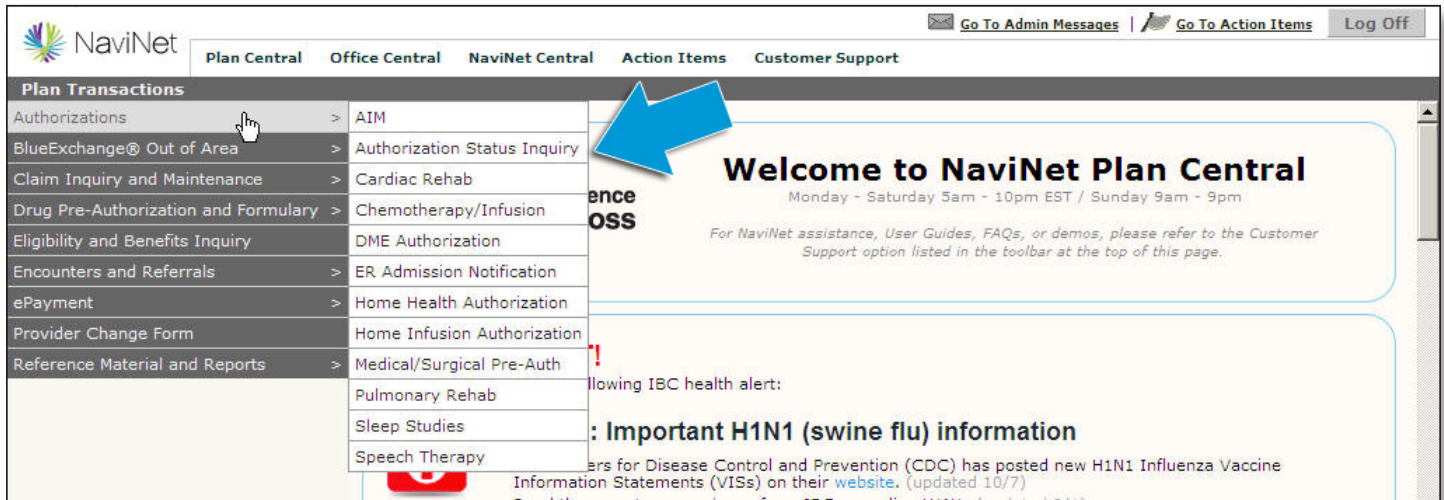
Please use 1-800-ASK-BLUE for all of your needs. The former telephone numbers for the services listed above will eventually be disconnected.

\*For behavioral health services, providers should still call the number listed on the back of the member's ID card under Mental Health/Substance Abuse.

## Elimination of authorization approval confirmation letters for NaviNet-enabled providers

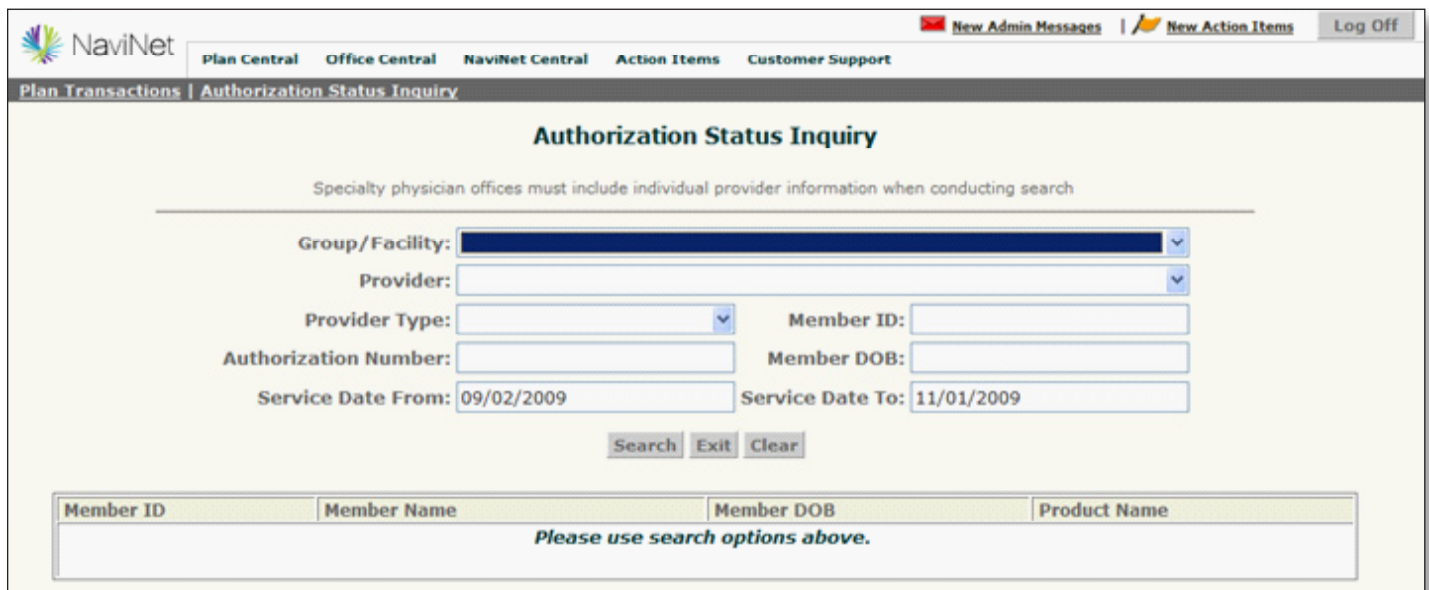
As previewed in October's edition of *Partners in Health Update*, we are changing the way we notify you of authorization approvals. Later this month, separate letters confirming an approved authorization request will no longer be sent through the mail for most providers. However, the status regarding authorization requests is available through the NaviNet® web portal and the Interactive Voice Response (IVR) system — with written confirmation also available through NaviNet.

NaviNet-enabled providers can access written confirmation when viewing the request through the *Authorization Status Inquiry* transaction.



Providers can search for a specific authorization by first selecting their group/facility name from the provided drop-down menu, as shown below. (Selecting the individual provider name is optional). Next, select the appropriate provider type from the provided drop-down menu.

When searching for a specific authorization request, enter the member ID number or authorization number (if known). The member's date of birth information is optional. The data entered for the "Service Date From" and "Service Date To" fields can be modified as needed. When data entry is complete, select *Search*.



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## Elimination of authorization approval confirmation letters for NaviNet-enabled providers (continued)

To view the transaction detail, click the *Select* button next to the specific authorization request you would like to view.

Specialty physician offices must include individual provider information when conducting search

Group/Facility:

Provider:

Provider Type:  Member ID:

Authorization Number:  Member DOB:

Service Date From:  Service Date To:

Records 1-1 of 1, page: 1

Member Name	Date of Service	Servicing Provider	Setting	Procedure/Type of Service	
DOE, JANE	10/26/2009	JOHN Q SAMPLE HOSP OF THE UNIV	Inpatient	27447	Select

Records 1-1 of 1, page: 1

The Transaction Detail screen will provide a link for important information about the specific notice.

Member Name: DOE, JANE  
Member ID #: 9999999999  
Date of Birth: 11/02/1953

Date of Inquiry: 10/19/2009  
Transaction Number: 6342816

Attending/Ordering Physician: JOHN Q. SAMPLE, 123 ANY STREET, ANYTOWN, ST, 55555  
Servicing Provider: HOSP OF THE UNIV., 5TH AND SAMPLE STREET, ANYTOWN, ST, 4444-5555  
Setting: Inpatient  
Diagnosis Code 1: 715.16 - OSTEOARTHRITIS, LOCALIZED, PRIMARY, INVOLVING LOWER LEG  
Diagnosis Code 2: 996.40 - UNSPECIFIED MECHANICAL COMPLICATIONS OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT  
Diagnosis Code 3:

Admission Date:  **Please confirm all authorization information displayed. The date of admission can be changed. If other changes are necessary please contact Care Management and Coordination at (800) 227-3116.**

Expected Length of Stay:  
Pre-Op Days:  
Total Certified Days:  
Not Certified Days:

Transaction Status: CERTIFIED

Authorization details:

Procedure Code	Procedure Description	Status
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	CERTIFIED
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	CERTIFIED

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## *Elimination of authorization approval confirmation letters for NaviNet-enabled providers (continued)*

The screen below shows the Authorization Inquiry Response screen, which is now used in place of the mailed authorization letter. From this screen, you will be able to review all of the information related to your authorization inquiry, including the status of the requested transaction. This PDF may be saved or printed for your records.

**Authorization Inquiry Response**

Member Name: DOE, JANE      Date of Inquiry: 10/19/2009  
 Member ID: 999999999999      Transaction Number: 6342816  
 Member DOB: 11/02/1953

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Attending/Ordering Physician: JOHN Q. SAMPLE, 123 ANY STREET, ANYTOWN, ST, 55555  
 Servicing Provider: HOSP OF THE UNIV., 5TH AND SAMPLE STREET, ANYTOWN, ST, 44444-5555

Setting: Inpatient  
 Diagnosis Code 1: 715.16 - OSTEOARTHROSIS, LOCALIZED, PRIMARY, INVOLVING LOWER LEG  
 Diagnosis Code 2: 996.40 - UNSPECIFIED MECHANICAL COMPLICATIONS OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT  
 Diagnosis Code 3:

Admission Date: 10/26/2009

Expected Length of Stay:  
 Pre-Op Days:  
 Total Certified Days:  
 Not Certified Days:  
 Transaction Status: CERTIFIED

---

**Authorization details**

Procedure Code	Procedure Description	Status
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	CERTIFIED

Exit

### *Providers who are not NaviNet-enabled*

Although we strongly encourage our providers to become NaviNet-enabled, there will be no change in process for providers who are not. You will continue to receive letters through the mail confirming the authorization approval.

All providers can still obtain the status of an authorization request through the IVR system. Call 1-800-ASK-BLUE and follow the voice prompts to the IVR.

If you would like to get direct access to NaviNet at your office location, visit [www.ibx.com/providers/navinet](http://www.ibx.com/providers/navinet) or call 215-640-7410 for more information.

## Clinical Alerts — Helping providers identify gaps in care

In April, IBC successfully launched Clinical Alerts, the latest in a series of new services that expand our prevention and wellness efforts for members. To date, more than 12,000 of our network physicians have received approximately 250,000 Clinical Alerts, *averaging more than 11,000 per week.*

Clinical Alerts are notifications, based on administrative data, that an IBC member has not received a recommended service or medication. These alerts are intended to be viewed by providers in their offices when preparing for upcoming appointments and are intended to assist with identifying opportunities for improving clinical quality.

“Clinical Alerts will help physicians avoid gaps in care. This is important since studies show that people get recommended care only half the time,” says I. Steven Udvarhelyi, M.D., senior vice president and chief medical officer for Independence Blue Cross.

Clinical Alerts are available through our secure provider Web portal, which is administered by NaviNet, the country’s largest real-time health care communications network for health plans. They are available to primary care physicians, OB/GYNs, endocrinologists, and cardiologists and will be expanded over time to include additional specialties.

Providers currently receive several important alerts, based on clinical guidelines that include, but are not limited to, the following:

- mammograms;
- eye exams for patients with diabetes;
- cholesterol tests for patients with diabetes or cardiovascular conditions;
- kidney tests for patients with diabetes;
- colorectal cancer screenings for patients 51 to 75;
- ongoing beta-blocker treatments for patients who have had heart attacks;
- cervical cancer screenings.

The alerts are available on NaviNet through the Member Eligibility and Benefits Inquiry screen. A detailed *Clinical Alerts Overview* document, located in the Administrative Tools and Resources section, has been created to provide you with all of the information you need to take advantage of this new tool.

*Note:* We will soon be adding new alerts, including bone mineral density testing and HbA1C test results for people who have diabetes and cardiovascular conditions. Look for further updates in the December edition of *Partners in Health Update*.

## CREDENTIALING



## New credentialing procedure effective January 1, 2010

**Effective January 1, 2010**, IBC will mandate the use of the Council for Affordable Quality Healthcare (CAQH) electronic credentialing application for new providers. The CAQH electronic credentialing application is free to providers and available on the CAQH website at <https://upd.caqh.org/oas>.

Providers interested in participating in our network should call the Network Credentialing Support Services Hotline at 215-241-4120. A credentialing packet that includes a

contract and a billing registration information form will then be sent to the provider. These forms must be signed and returned to IBC. It is the provider’s responsibility to notify IBC upon completion of the CAQH form.

*Note:* The credentialing process will not continue unless all three documents are received.

For more information regarding our credentialing process, please contact Customer Service at 1-800-ASK-BLUE.



## Convenient access to seasonal flu and H1N1 flu vaccinations for HMO, POS, and PPO members

Effective October 1, 2009, through March 31, 2010, our commercial and Medicare Advantage PPO, and now commercial and Medicare HMO and POS members\*, are covered for seasonal flu and H1N1 flu (as available) vaccinations at MinuteClinic\*\* and Take Care Clinic sites. The program runs for six months for HMO members, while PPO coverage remains in effect and is not subject to the limited six-month period.

MinuteClinic sites are located at participating CVS stores, and Take Care Clinic sites are located at participating Walgreens stores. By extending retail health clinic

coverage to HMO and POS members, we are providing your patients with even more opportunities to obtain these flu vaccinations.

You can view a list of MinuteClinic and Take Care Clinic locations by visiting [www.ibx.com/find\\_a\\_provider](http://www.ibx.com/find_a_provider) and clicking on *Retail Clinics* from the left-hand navigation menu.

*\*Subject to member benefits.*

*\*\*MinuteClinic, L.L.C. is a Delaware corporation, accredited by The Joint Commission as a retail health provider licensed to operate retail-based health clinics.*

## Policy notifications posted as of October 19, 2009



All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of October 19, 2009.

Policy effective date	Notification title	Notification issue date
November 13, 2009	<b>10.06.01d</b> Outpatient Speech Therapy	October 14, 2009
December 1, 2009	<b>05.00.29d</b> Automatic External and Wearable Cardioverter Defibrillators	September 2, 2009
December 1, 2009	<b>05.00.58c</b> Home Oxygen Therapy	September 2, 2009
December 1, 2009	<b>11.14.20c</b> Metal-on-Metal Total Hip Resurfacing	September 2, 2009
December 30, 2009	<b>11.00.06c</b> Treatment of Obstructive Sleep Apnea (OSA) and Primary Snoring for Adults	October 1, 2009
January 1, 2010	<b>11.00.10f</b> Multiple Surgical Reduction Guidelines	October 2, 2009
January 1, 2010	<b>08.00.79</b> Plerixafor Injection (Mozobil™)	October 2, 2009
January 1, 2010	<b>08.00.80</b> Temozolomide (Temodar®) for Injection	October 2, 2009
January 1, 2010	<b>08.00.78</b> Self-Injectable Drugs	July 22, 2009
January 12, 2010	<b>11.16.01f</b> Septoplasty, Rhinoplasty, and Septorhinoplasty	October 14, 2009

To access these notifications and then view the policies in their entirety, follow these instructions:

1. Visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).
2. Select *Accept and Go to Medical Policy Online*.
3. Select *Policy Notifications*.

Be sure to check back often, as the site is updated frequently.



## Place of service for diagnostic coronary procedures

**Starting on January 1, 2010**, we will apply the use of InterQual guidelines for the setting (i.e., place of service) for certain elective coronary procedures.

The Centers for Medicare & Medicaid Services and InterQual guidelines consider elective diagnostic coronary angiography and percutaneous coronary intervention (i.e., balloon angioplasty, brachytherapy, and stents) as outpatient procedures, unless the provider submits clinical documentation that inpatient admission is required. Such documentation would include the presence of major comorbidities, altered physiologic status, and/or the need for intensive monitoring for at least 24 hours following the procedure.

In addition, emergency admissions where these procedures are performed must also meet InterQual guidelines for acute admission.

For more information, contact the Physician Phone Line locally at [215-241-4079](tel:215-241-4079) or, outside the Philadelphia area, toll-free at [1-888-814-2244](tel:1-888-814-2244). The Physician Phone Line is available Monday through Friday, 8:15 a.m. to 5 p.m.

## Guidelines for spinal surgical procedure requests



**Effective February 1, 2010**, IBC will review all requests for spinal surgical procedures according to InterQual Care Planning Procedure guidelines. Requests for the following procedures will require submission of clinical justification prior to approval:

- Discectomy, Anterior Cervical, +/- Fusion
- Discectomy, Lumbar
- Fusion, Cervical Spine
- Fusion, Lumbar Spine
- Fusion, Thoracic Spine
- Hemilaminectomy, Cervical, +/- Discectomy/Foraminotomy

- Hemilaminectomy, Lumbar, +/- Discectomy/Foraminotomy
- Laminectomy, Cervical, +/- Discectomy/Foraminotomy/Fusion
- Laminectomy, Lumbar, +/- Discectomy/Foraminotomy/Fusion

Information required to complete reviews will include diagnosis, clinical, historical, and radiologic findings. Specific InterQual guidelines will be provided upon request by calling Kimber Nettles in our Care Management and Coordination department at [215-241-3417](tel:215-241-3417).

## Reminder: Ordering providers must utilize capitated providers for HMO and POS members



When ordering services for HMO, POS, and Direct POS members, the ordering provider (including specialists) must utilize the capitated site selected by the member's primary care physician for these specialties:

- physical/occupational therapy
- radiology
- podiatry
- laboratory

If a capitated site cannot perform the service, the capitated site is required to make arrangements for the

service to be provided by one of its subcontractors. Out-of-capitation exception requests should be limited and are approved only when the capitated site cannot meet the member's medical requirements for the ordered services.

*Note:* More information about services included in capitation is available on our medical policy website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).

If you have any questions, please contact your Network Coordinator.

## Upcoming changes to self-injectable drug coverage

We are changing the way we cover self-injectable drugs in an effort to provide our commercial HMO, POS, Direct POS, and PPO members access to self-injectable drugs in the right setting at the right time for a good value. These changes are part of our evolving approach to managing specialty pharmaceutical benefits.

### Upcoming changes for self-injectable drugs

**Effective January 1, 2010**, we will no longer provide benefits for most self-injectable drugs under our medical benefits program. However, HMO, POS, Direct POS, and PPO members who have IBC pharmacy coverage will continue to be covered for self-injectables under their pharmacy benefit. Members who have pharmacy coverage from another carrier should check their benefits to determine whether their prescription drug plan includes coverage for self-injectable drugs.

### Self-injectables through our pharmacy benefits program

The self-injectable drugs that are available under our pharmacy benefits program are those that patients typically administer themselves and do not require physician monitoring. A current list of drugs is maintained in our medical policy. Please note that effective January 1, 2010, self-injectable growth hormones will be added to the pharmacy benefits program and will continue to require prior authorization.

We *will* continue to cover the following types of injectables under our medical benefits program at the appropriate level of cost-sharing:

- injectables that cannot be administered without medical supervision;
- injectables that are mandated by law to be covered (e.g., insulin);
- injectables that are required for emergency treatment, such as self-injectable drugs that effectively counteract allergic reactions (e.g., EpiPen®).

### Direct ship option available

We coordinate with our pharmacy benefits manager, FutureScripts®, an independent company, to offer the FutureScripts Direct Ship Specialty Pharmacy Program for members with IBC pharmacy\* coverage. You can use this program to order self-injectable drugs and have them shipped either directly to the member or to your office, and coverage for these self-injectable drugs is provided under the pharmacy benefit. You and your patients can benefit from key features of this program, including:

- free shipping;
- educational information and pharmacists available to answer questions about therapies and possible side effects;
- proactive refill service, providing your patients with a phone call the week before the prescribed refill date to schedule the next delivery.

To enroll a patient in the FutureScripts Direct Ship Specialty Pharmacy Program, call FutureScripts at 1-888-678-7012, option 3, or go to [www.futurescripts.com/priorauthorization](http://www.futurescripts.com/priorauthorization) and download the Direct Ship Injectable Form. FutureScripts will coordinate the shipment and delivery of the self-injectables drugs.

If you have any questions about these changes, please call Customer Service at 1-800-ASK-BLUE. You can also refer to the notification for Policy #08.00.78: Self-Injectable Drugs on our website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).

\*Please note that the FutureScripts Direct Ship Specialty Pharmacy Program is available for members who have either medical or pharmacy coverage through IBC. However, as of January 1, 2010, self-injectables through the FutureScripts Direct Ship Specialty Pharmacy Program will **only** be available for members who have pharmacy coverage through IBC. Accessing the FutureScripts Direct Ship Specialty Pharmacy Program under the medical benefit after January 1, 2010, is only for non-self-injectable specialty drugs that are typically administered in a provider's office.

Note: Some members are not affected by the change of coverage of self-injectable drugs to the pharmacy benefit. In addition, some self-funded groups may be transitioning at a later date. This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Plan (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified by calling Customer Service.





## NDC submission information for compound drugs

We have previously communicated information about National Drug Code (NDC) submission changes that became effective September 21, 2009, for institutional providers. To supplement that information, we wanted to specifically address NDC submissions for compound drugs. Compound drugs are mixed by a pharmacist or physician to fit the unique needs of a patient, and these drugs do not have a specific NDC. Therefore, compound

drugs should be reported with an unlisted and/or nonspecific (CPT<sup>®</sup> or HCPCS) code and the NDC with the most expensive ingredient.

See the September 2009 edition of *Partners in Health Update* for detailed information about the changes that recently went into effect. If you have further questions, please contact your Network Coordinator.



## Clinical Practice Guidelines now available

The 2009-10 *Clinical Practice Guideline Summary* is now available online and replaces the previous version. The new summary includes a listing of all IBC Clinical Practice Guidelines, which are considered the accepted minimum standard of care in the medical profession. Adherence to these guidelines may lead to improved patient outcomes. Individual clinical decisions should be tailored to specific patient medical and psychosocial needs. As national guideline recommendations evolve, please update your practice accordingly. The summary includes the Web page for each condition and links directly to the guideline.

We update the guidelines annually based on changes made to nationally recognized sources. Changes are reviewed by internal and external consultants, as

appropriate, as well as by IBC quality committees comprised of network physicians and then are incorporated into the guidelines. New conditions in our 2009-10 guidelines include atrial fibrillation, autism spectrum disorders, cardiometabolic risk, pediatric obesity, and stroke prevention.

You can access the Clinical Practice Guidelines on our website at [www.ibx.com/clinicalguidelines](http://www.ibx.com/clinicalguidelines). If you do not have access to the Internet, call the Provider Supply Line at 1-800-858-4728 to obtain a printed copy of the guideline summary or any of the individual guidelines.

## Clinical Insights now available



The 2009-10 *Clinical Insights: Effective Care for Patients with Chronic Conditions* is now available. *Clinical Insights* highlight topics that Health Coaches from the Connections<sup>SM</sup> Health Management Program may discuss with members who have the following conditions:

- asthma;
- permanent (chronic) atrial fibrillation (*newly added*);
- chronic obstructive pulmonary disease;
- coronary heart disease;
- diabetes;
- heart failure;
- primary and secondary stroke prevention (*newly added*).

Information for each condition is extracted directly from the Clinical Practice Guidelines.

You can access *Clinical Insights* on our website at [www.ibx.com/clinicalguidelines](http://www.ibx.com/clinicalguidelines) or you may call the Provider Supply Line at 1-800-858-4728 to obtain a printed copy.



## Quit&Fit<sup>®</sup> selected as new tobacco cessation program for special populations

The Quit&Fit tobacco cessation program was recently made available to certain eligible IBC members. Quit&Fit is a telephone-based program designed to assist participants in their efforts to quit smoking. It replaced the program previously offered by IBC through SmokeStoppers<sup>®</sup>, Inc., an independent company.

Quit&Fit is free for the following members:

- pregnant members enrolled in Baby BluePrints<sup>®</sup> and their household members with IBC coverage;
- Medicare Advantage members and their household members with IBC coverage.

Members who do not fall into the above categories can obtain a reimbursement of up to \$200 through Healthy Lifestyles<sup>SM</sup> toward the cost of completing any other approved tobacco cessation program. Quit&Fit is offered as an alternative to pregnant and Medicare Advantage members and does not replace the Healthy Lifestyles tobacco cessation reimbursement program.

### Quit&Fit program description

Participants work with a tobacco cessation specialist to create a tailored program that combines the use of telephone sessions, online activity, and educational materials. All participants are eligible for up to four motivational calls per month for 12 months with unlimited access to the program's website, [www.quitandfit.com](http://www.quitandfit.com).

### Quit&Fit program elements

Eligible members who select the Quit&Fit tobacco cessation program receive:

- **Up to four telephone sessions per month for 12 months.** Includes kick-off, pre-quit, and general assessment sessions.
- **Tobacco cessation manual and stress-tobacco connection CD.**
- **Supplemental guides.** Nutrition, exercise, and relaxation guides related to the enrolled member's specific medical condition available as needed.
- **Nicotine replacement products (NRPs).** Free six-week supply of an NRP (if need is determined) after the member completes three sessions.

- **Participants not using an NRP can receive a Healthyroads<sup>®</sup> Weight Management Kit.** Includes a cookbook, four nutrition bars, pedometer, body tape measure, workout exercise band, relaxation skills booklet with CD, and stress-relief card.
- **Unlimited access to quitandfit.com.** Online self-guided coaching modules, tools, and trackers for monitoring progress in meeting goals related to tobacco cessation; articles and online classes on a variety of tobacco cessation topics; and an electronic message center to ask questions, access electronic guides, and receive support from a tobacco cessation coach.
- **Incentives.** Each year, when an enrolled member completes a year of participation in a Healthyroads coaching program, that member will be asked to complete a health progress questionnaire. Enrolled members who complete and return the questionnaire will receive a \$25 American Express<sup>®</sup> reward card.

### Contact information

Please encourage your eligible patients to enroll in Quit&Fit. They can call Healthyroads at 1-877-330-2746.

Eligibility guide	
Healthy Lifestyles <sup>SM</sup> Tobacco Cessation Reimbursement Program  <i>Member reimbursed for cost of an approved program (up to \$200).</i>	<ul style="list-style-type: none"> <li>• HMO</li> <li>• PPO</li> <li>• POS</li> <li>• CMM/Traditional</li> <li>• Medicare Advantage (full and supplement)</li> </ul>
Quit&Fit <sup>®</sup> tobacco cessation program sponsored by IBC  <i>Direct enrollment; no charge to member.</i>	<ul style="list-style-type: none"> <li>• Pregnant members enrolled in Baby BluePrints<sup>®</sup> and their household members with IBC coverage</li> <li>• Medicare Advantage members and their household members with IBC coverage</li> </ul>

American Specialty Health, Inc. is an independent company that administers its Quit&Fit smoking cessation program for Independence Blue Cross members.

## How the Connections<sup>SM</sup> program can help your patients with antihypertensive treatment

A number of barriers interfere with patients trying to follow their physician's advice about their hypertension. If these barriers are recognized, it is usually easy to make simple changes in treatment plans to help patients better follow their medication regimen. Common barriers to taking antihypertensive medication and simple solutions include:

Barrier	Solution
Distressing side effects	Change dose, timing, or medication
Too many pills	Use a combination pill or change dosing to once a day
Costs too much	Use generics or change medication
Lack of understanding	Educate or re-educate

You can help your patients adhere to their treatment plan by:

- actively involving your patients in medical decisions;
- simplifying medication schedules and instructions;
- minimizing total number of daily doses of medications;
- involving patients in their care including, when feasible, blood pressure self-monitoring, which according to some investigators can help to enhance adherence to antihypertensive therapy.<sup>1</sup>

### Some facts about medication treatment in hypertension

- Guidelines from the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommend that patients with high blood pressure (greater than 140/90 or greater than 130 systolic with comorbid diabetes) receive drug therapy. Most patients with hypertension require two or more drugs to achieve blood pressure control.<sup>2</sup>
- Antihypertensive monotherapy is generally insufficient to control newly diagnosed hypertension<sup>3</sup>; however, it is effective. Please remember the following studies:
  - After a year, 51.9% of newly treated patients receiving monotherapy with angiotensin II receptor blockers (ARBs) were persistent. This compared with 48% persistence for ACE-inhibitors (ACEIs), 40.3% for beta-blockers (BBs), 38.3% for calcium channel blockers (CCBs), and 29.9% for diuretics.<sup>4</sup>
  - A four-year study reported ARBs had the highest persistence with 50.9% of patients still on monotherapy followed by ACEIs (46.5%), CCBs (40.7%), BBs (34.7%), and diuretics (16.4%).<sup>5</sup>
- Side effects from therapy, frequent dosing (more than once a day), cost, and polypharmacy are patient-related factors that result in poor adherence to treatment.<sup>3</sup>
- Fixed-dose combination therapy typically decreases non-adherence compared to free-drug component regimens.<sup>3</sup>
  - Studies indicate that fixed-dose combination therapy is associated with less changing or discontinuing of treatment and lower costs compared with administering two separate medications.<sup>3</sup>
  - Fixed-dose combinations generally use lower doses for each agent compared to monotherapy. Symptomatic side effects are less likely to occur with lower doses.<sup>3</sup>

### How IBC can help

To assist you in caring for your patients, the Connections<sup>SM</sup> Health Management Program has Health Coaches available 24 hours a day, 7 days a week, to talk to your patients who have any health issues, including problems with taking medications. Health Coaches are specially trained nurses or other health professionals who help patients:

- follow prescribed treatment plans;
- understand their health conditions, including how high blood pressure increases the risk of complications from their other health conditions;

*continued on page 15*

## ***How the Connections<sup>SM</sup> Program can help your patients with antihypertensive treatment (continued)***

- build self-care skills;
- understand the importance of taking their medications as directed by you.

When appropriate, Health Coaches will send your patients educational materials and inform them of community resources to help them better manage their health.

To assist your patients who have hypertension, Health Coaches may send information on:

- high blood pressure management
- a low-salt diet
- medication safety tips
- generic drug information

Health Coaches may also send patients educational tracking resources, including a medication information card or a blood pressure record card.

It is important for you to know that Health Coaches enhance, rather than replace, the physician-patient relationship. To refer a patient to health coaching, you can call the Connections Program Provider Support Line at **1-866-866-4694**. You may also complete a referral fax form, available online at [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections), and fax it to the Connections Program at **1-800-276-3075**.

As an additional tool to help providers manage their patients with hypertension on medication therapy, the SMART<sup>®</sup> Registry from the Connections Health Management Program provides information on medication persistence. The medication persistence report helps doctors manage their patients who have diabetes and cardiac conditions and are using ACEIs, ARBs, BBs, and lipid-lowering drugs. The persistence rates will show if patients have ever filled a prescription for the recommended medication and if they are refilling the prescriptions appropriately.

For more information about medication persistence or the SMART<sup>®</sup> Registry, please call the Provider Support Line at **1-866-866-4694**.

<sup>1</sup>Osterberg L, Blaschke T. *NEJM*. 2005;353:487-497.

<sup>2</sup>The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

<sup>3</sup>The *Journal of Clinical Hypertension*. Elliott WJ. 2008; 10(s1):20-26.

<sup>4</sup>Patel BV, Remigio-Baker RA, Mehta D, et al. *The Journal of Clinical Hypertension*. 2007;9 (9):692 – 700.

<sup>5</sup>Bramlage P, Hasford J. *Cardiovasc Diabetol*. 2009;8:18.

*Note: This is not a statement of benefits. Benefits may vary based on state requirements. Benefits Plan (HMO, PPO, etc.) and/or employer group. HMO and PPO member coverage may be verified by calling Customer Service.*

SMART<sup>®</sup> is a registered trademark of Health Dialog Services Corporation, an independent company.



## Connections<sup>SM</sup> Health Management Programs: Supporting your patients, our members

### Connections<sup>SM</sup> Health Management Program

Call the Provider Support Line at [1-866-866-4694](tel:1-866-866-4694) to refer a member for health coaching if the member has any of the following conditions:

- asthma
- diabetes
- cardiometabolic risk
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- medication persistence
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including chronic pain, migraine, depression, and breast or prostate cancer.

### Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program

Call the Connections AccordantCare Program at [1-866-398-8761](tel:1-866-398-8761) to refer a member if he or she has any of the following diseases:

- seizure disorders
- rheumatoid arthritis
- multiple sclerosis
- Crohn's Disease
- Parkinson's Disease
- systemic lupus erythematosus (SLE)
- myasthenia gravis
- sickle cell disease
- cystic fibrosis
- hemophilia
- scleroderma
- polymyositis
- dermatomyositis
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- amyotrophic lateral sclerosis (ALS)
- Gaucher's Disease

Connections Health Management Programs information is available by visiting [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections).

*Accordant Health Services is an independent company that administers certain disease management services for Independence Blue Cross members.*

## Our Quality Management Program supports quality of care and service

Information about the IBC Quality Management Program is now easily accessible on our website at [www.ibx.com/qualitymanagement](http://www.ibx.com/qualitymanagement).

IBC is dedicated to maintaining the highest standard of care and service for our members, providers, and the communities we serve. The following information about our Quality Management Program is available on our website to maintain our standards of care:

- **Quality Management Program.** The description of the IBC Quality Management Program includes program goals, objectives, and activities to improve clinical, network, and service quality.
- **Member rights and responsibilities.** All IBC members have defined rights and responsibilities.
- **Medical record-keeping standards.** Well-maintained medical records are critical to facilitate communication, continuity, coordination, and an effective plan of care. Accordingly, IBC standards require that medical records are maintained in a manner that is current, detailed, and organized as required by applicable regulatory requirements.
- **Access and availability standards.** IBC standards ensure that our managed care networks are adequate to meet the needs of our members with respect to location and appointment accessibility for primary and specialty care as well as urgent and emergency care in accordance with applicable regulatory requirements.

- **Privacy and confidentiality.** IBC, our contractors, and our affiliates are required to protect the privacy and confidentiality of our members' personal and health information in accordance with state and federal regulatory requirements.

Information about our Quality Management Program and these standards can also be found in the *Provider Manual for Participating Professional Providers (Provider Manual)*, which is available through the NaviNet® web portal. A printed copy of the *Provider Manual* can be ordered by calling the Provider Supply Line at 1-800-858-4728.

Please review the standards listed in this article to ensure that your office maintains the required access, documentation, and quality care expected of our network providers.

For more information about our Quality Management Program and our progress in meeting program goals, please visit our website or contact Customer Service at 1-800-ASK-BLUE. Members may request the same information by calling Customer Service.

## Policy reminder regarding utilization management decisions

It is our policy that all utilization review decisions are based on the appropriateness of health care services and supplies, in accordance with the benefits available under the member's health plan and our definition of medical necessity. Only physicians may make denials of coverage of health care services and supplies based on lack of medical necessity.

The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for us are not

compensated or given incentives based on their coverage decisions. Medical directors and nurses are salaried employees, and contracted external physicians and other professional consultants are compensated on a per-case-reviewed basis, regardless of the coverage determination. We do not reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals that would encourage utilization review decisions that result in underutilization.

# IMPORTANT RESOURCES

<b>American Imaging Management (AIM)</b> Call for CT, MRI/MRA, PET, and Nuclear Cardiology	1-800-ASK-BLUE
<b>Care Management and Coordination</b> Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
Healthy Lifestyles <sup>SM</sup> Keys to Wellness	215-567-3570 1-800-313-8628* <a href="http://www.ibx.com/providerkeystowellness">www.ibx.com/providerkeystowellness</a>
<b>Connections<sup>SM</sup> Health Management Programs</b> Connections <sup>SM</sup> Health Management Program Provider Support Line	1-866-866-4694
Connections <sup>SM</sup> AccordantCare <sup>TM</sup> Program	1-866-398-8761
<b>Corporate and Financial Investigations Department</b> Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a>
<b>Credentialing</b> Credentialing Hotline	215-988-6534 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
Credentialing Violation Hotline	215-988-1413
<b>Customer Service</b> (policies/procedures/claims) HMO and PPO	1-800-ASK-BLUE
<b>eBusiness</b> Help Desk	215-241-2305
<b>FutureScripts®</b> Prescription Drug Authorization Toll-free Fax	1-888-678-7012 1-888-671-5285
Direct Ship Specialty Pharmacy Program Fax	1-888-678-7012 215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
<b>FutureScripts® Secure</b> Medicare Part D	1-888-678-7015
Formulary updates	<a href="http://www.site65.com">www.site65.com</a>
<b>Health Resource Center</b> Healthy Lifestyles <sup>SM</sup>	1-800-ASK-BLUE
Precertification	1-800-ASK-BLUE
<b>Interactive Voice Response (IVR) system</b>	1-800-ASK-BLUE
<b>NaviNet® Portal Registration</b>	<a href="http://www.ibx.com/navinet">www.ibx.com/navinet</a>
<b>Provider Medical Policy website</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>Provider Pharmacy website</b>	<a href="http://www.ibx.com/rx">www.ibx.com/rx</a>
<b>Provider Supply Line</b>	1-800-858-4728

\* Outside 215 area code



Visit our website: [www.ibx.com/providercommunications](http://www.ibx.com/providercommunications)