



### *Inside this edition*

#### **ANNOUNCEMENTS**

- ▶ Updated *QIPS Program Manual* now available
- 2011 *Cumulative Index* now available

#### **ADMINISTRATIVE**

- ▶ Attention: Changes to the Provider Automated System postponed
- ▶ Physician refresher/re-entry courses

#### **BLUECARD<sup>®</sup>**

- ▶ Winter 2011 edition of *Inside IPP* now available

#### **HIPAA 5010**

- Reminder: IBC follows CMS lead with HIPAA 5010 90-day enforcement grace period

#### **BILLING**

- ▶ Updated payer ID grids now available

#### **MEDICAL**

- Reminder: Use of modifier -25 when reporting E&M services with spinal/extraspinal manipulation codes
- Policy notifications posted as of December 21, 2011
- ▶ Preferred providers for insulin pumps and continuous glucose monitoring related supplies
- Reminder: New precertification requirements now in effect for Medicare Advantage HMO and PPO members

#### **PRODUCTS**

- Reminder: Medicare Advantage HMO and PPO benefits changes

#### **PHARMACY**

- ▶ Change to our specialty pharmacy network for commercial members

#### **HEALTH AND WELLNESS**

- Celiac disease: Information and resources for you and your patients
- Connections<sup>SM</sup> Health Management Program: Supporting your patients, our members

**Reminder: IBC follows CMS lead with HIPAA 5010 90-day enforcement grace period** [page 5](#)

▶ Articles designated with an orange arrow include notice of changes or clarifications to administrative policies and procedures.



# Reminder...



## Sign up to receive IBC news and announcements via email

If you and your office staff would like to receive email providing you with the latest information of interest to participating IBC providers, including *Partners in Health Update* and breaking news alerts, simply complete the sign-up form located on our website.

Email sign-up: [www.ibx.com/providers/email](http://www.ibx.com/providers/email)

All requests are processed within 48 hours. To prevent your firewall from marking our email messages as spam, please add IBC ([provider\\_communications@ibx.com](mailto:provider_communications@ibx.com)) to your email address book and provide your information services or information technology contacts with the domains and IP addresses listed on our website.

### For professional providers only

Additionally, the IBC Network Medical Directors recently launched a new physician-to-physician email platform, intended to provide direct and succinct messaging to assist physicians in providing quality care to our members. Future email topics may include policy and billing changes, important upcoming mailings (e.g., QIPS), and more.

Participating professional providers are encouraged to join the Network Medical Directors Physician-to-Physician email list.

Physician-to-Physician Email sign-up: [www.ibx.com/providers/physician-email](http://www.ibx.com/providers/physician-email)

We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to [www.ibx.com/privacy](http://www.ibx.com/privacy).

*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.

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The Blue Cross and Blue Shield names and symbols, BlueCard, and Baby BluePrints are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

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 are presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

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FutureScripts<sup>®</sup> and FutureScripts<sup>®</sup> Secure are independent companies that provide pharmacy benefits management services.

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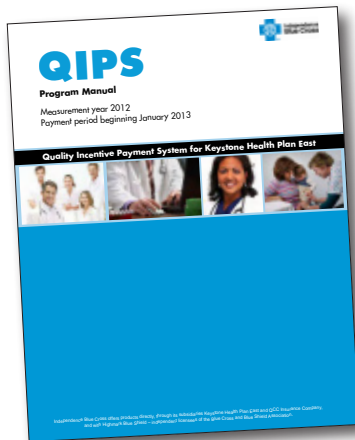
Personal Choice<sup>®</sup>, Keystone 65 HMO, and Personal Choice 65<sup>SM</sup> PPO have an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

Keystone Health Plan East has an accreditation status of *Commendable* from NCQA.

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

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

## Updated QIPS Program Manual now available



We recently made changes to the Quality Incentive Payment System (QIPS) program for measurement year 2012 for participating primary care physicians in Pennsylvania. Changes include updates to the following:

- quality performance measures
- Medical Cost Management incentive program
- Patient-Centered Medical Home™ incentive program

The *QIPS Program Manual – Measurement year 2012* is now available on the NaviNet® web portal and provides additional information about these changes. Printed copies of the *QIPS Program Manual* can be ordered by submitting an online request at [www.ibx.com/providersupplyline](http://www.ibx.com/providersupplyline) or by calling the Provider Supply Line at 1-800-858-4728.

For additional information regarding the QIPS program, please contact your Network Coordinator.

## 2011 Cumulative Index now available



The *2011 Provider Publication Cumulative Index (Cumulative Index)* is included with this edition of *Partners in Health Update*. This index lists all of the 2011 articles that were published in *Partners in Health Update* and *Inside IPP*, the edition in which they can be found, and the provider audience type for which the article was intended.

Go to [www.ibx.com/cumulativeindex](http://www.ibx.com/cumulativeindex) for a complete archive of all cumulative indexes.

Printed copies of the *2011 Cumulative Index* can be ordered by submitting an online request at [www.ibx.com/providersupplyline](http://www.ibx.com/providersupplyline) or by calling the Provider Supply Line at 1-800-858-4728.

## ADMINISTRATIVE

### Attention: Changes to the Provider Automated System postponed



In the November 2011 edition of *Partners in Health Update*, we announced that we would be updating our interactive Provider Automated System, available through 1-800-ASK-BLUE.

Please note that these updates have been postponed due to the need for further testing. We will update you on our progress in the IBC News & Announcements section on the NaviNet® web portal as well as in future editions of *Partners in Health Update*.

Rest assured that we're working hard towards the finalization of the updated system, which will help you to obtain the information you need quickly and efficiently. Thank you for your continued understanding during this transition.

## Physician refresher/re-entry courses

Across the United States, a number of organizations, such as the American Medical Association, American Academy of Pediatrics, and Federation of State Medical Boards, are working together to facilitate continuing education opportunities for physicians. Regionally, the Drexel Medicine Physician Refresher/Re-Entry Program of Drexel University College of Medicine (DUCOM) has served the physician community in this way since the program was developed in 1968.

The Drexel Medicine Physician Refresher/Re-Entry Program is a regional resource for physicians to enhance, refresh, or update a particular clinical skill. In addition, there are many retired physicians looking to return to medicine and physicians from overseas who want to acculturate to the American medical system. Though most physicians who participate in the program are from our region, others have come from all over the United States and the world.

### *Recently enhanced program*

In 2006 the refresher/re-entry program was enhanced by combining DUCOM's experience, instructional technology resources, and the school's excellence in medical education. The result was innovative, exportable curricula for physicians to access anywhere on their own time. The Drexel Refresher/Re-Entry Program has several courses that physicians may take independently or sequentially to refresh or enhance their skills or remediate a subject.

The Drexel Refresher/Re-Entry Program currently offers several educational opportunities online as well as on site. The goal of the online program is to allow physicians anywhere to access the courses at their convenience in order to update their medical knowledge and improve clinical reasoning or communication skills. Enhancing one's communication skills is particularly useful when interacting with specific patient populations or situations, such as changing habits, substance abuse, intimate partner violence, and adolescent care.

The on-site courses are given in Philadelphia at DUCOM's university hospitals, Hahnemann and St. Christopher's, and are offered in internal medicine, obstetrics-gynecology, surgery, pediatrics, and subspecialties. Furthermore, focused training is available on specific topics such as medical documentation or chronic disease management.

Learning opportunities are also available using the Independence Blue Cross Medical Simulation Center, a state-of-the-art facility that features life-like robots, simulation programs, and newly designed rooms where health professionals can interact with actors portraying sick patients.

### *Innovations with WebOSCE*

WebOSCE, another novel online technology, allows live "WebEncounters" between physician learners and selected standardized patients (actor-patients). This new learning format features online practice, assessment, mentoring, and assignment of learning tasks.

For detailed information about WebOSCE, go to <http://webcampus.drexelmed.edu/webosce>.

### *Experienced faculty and staff*

DUCOM's faculty and staff serve as an additional resource and offer help in becoming up-to-date in various "newer" skills pertinent to a practicing physician, such as electronic medical records, medical documentation changes, computer or research skills, medical errors, and health policy changes. Equally important, the DUCOM staff guides physicians in the maze of career counseling and regulations to determine the best way of achieving each physician's goals, both before they take any of the courses and long after they finish. Physicians who have completed the program have stayed in touch, seeking guidance with letters and credentialing and reporting on their progress.

For more information about the opportunities offered by DUCOM, please visit <http://webcampus.drexelmed.edu/refresher> or call 215-762-2580.

## Winter 2011 edition of *Inside IPP* now available

The Winter 2011 edition of *Inside IPP*, an inter-plan programs publication, is now available and features the following articles:

- *Expediting medical record requests from the Host Plan*
- *Precertifying additional days for inpatient hospital stays*
- *2011 provider satisfaction survey results*
- *Reminder: Check member ID cards*
- *Change to mass adjustments for outpatient fee schedule changes for IBC claims*
- *Updated payer ID grids now available*
- *The importance of the Coordination of Benefits Questionnaire*
- *Medical policy and precertification requirements for out-of-area members*
- *Preparing for ICD-10: Update for facility providers*

Go to [www.ibx.com/insideipp](http://www.ibx.com/insideipp) to read this edition of *Inside IPP*. There you also will find a complete archive of past editions. Printed copies are available by submitting an online request at [www.ibx.com/providersupplyline](http://www.ibx.com/providersupplyline) or by calling the Provider Supply Line at 1-800-858-4728.

*Inside IPP* is a newsletter intended to increase provider awareness of and satisfaction with the BlueCard Program. It introduces new initiatives related to BlueCard processing and highlights plans for improvement.



## HIPAA 5010

## Reminder: IBC follows CMS lead with HIPAA 5010 90-day enforcement grace period

Consistent with the recent statement issued by the Centers for Medicare & Medicaid Services (CMS), IBC will be observing a 90-day grace period for enforcement of the new HIPAA 5010 transaction standards.

The original rule from the United States Department of Health and Human Services (HHS) stipulated that any health care entity that submits electronic standard transactions must comply with HIPAA 5010 (errata version) by January 1, 2012. IBC will comply with the HHS rule to move to 5010 standards. However, IBC will continue to accept and remit 4010A transactions past the original compliance date of January 1, 2012, through the recommended 90-day enforcement grace period. This grace period will expire on March 31, 2012. In addition, we will accept HIPAA 5010 (errata version) transactions beginning with the original compliance date of January 1, 2012.

If you are not prepared to issue and accept HIPAA 5010-compliant transactions by March 31, 2012, you may be adversely affected by conversion activities initiated by IBC and/or your trading partners. We encourage you to continue working with your trading partners to ensure your preparedness and to avoid any negative outcomes during this transition.

If you have any questions concerning your preparedness for the transition to 5010, please contact your trading partners.

## Updated payer ID grids now available

The professional and facility payer ID grids were recently updated to include new alpha prefixes for account-specific National BlueCard® PPO members.

Please be sure to use the most current version of the payer ID grids, which are available on our website at [www.ibx.com/edi](http://www.ibx.com/edi).

## Reminder: Use of modifier -25 when reporting E&M services with spinal/extraspinal manipulation codes

This is a reminder regarding the reporting of Evaluation & Management (E&M) services along with spinal/extraspinal manipulation codes. The chiropractic manipulation treatment codes include a pre-manipulation patient assessment. Therefore, E&M services are not eligible for separate reimbursement when provided in conjunction with chiropractic spinal manipulation, with the following exceptions:

- when the initial E&M is for a new patient. A new patient is one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.
- when the E&M service is provided for an established patient with an acute exacerbation of symptoms or a significant change in condition, or the E&M service is performed for a condition distinct from that of the chiropractic spinal manipulation. Providers should append modifier -25 (significant, separately identifiable E&M service by the same physician on the same day of the procedure or other service) to the appropriate E&M procedure code to indicate that a separate service has been performed.

When E&M services are provided, the level of the E&M reported must reflect the appropriate level of service performed and must be documented in the individual's medical record. Routine use of E&M services without justification and reporting E&M services when other services are being performed is not an appropriate billing practice and is subject to post-payment review.

For additional information on the appropriate reporting of modifier -25 with an E&M code and the reporting of spinal/extraspinal manipulation codes with E&M, see Claim Payment Policy #03.00.06h (Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service) and Medical Policy #10.02.02e (Chiropractic Spinal and Extraspinal Manipulation Therapy). These policies are available on our website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).

## Policy notifications posted as of December 21, 2011

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 December 21, 2011.

Policy effective date	Policy No.	Notification title	Notification issue date
December 22, 2011	05.00.14f	High Frequency Chest Wall Oscillation Devices	November 22, 2011
December 23, 2011	00.01.25m	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services	November 23, 2011
January 1, 2012	07.03.14e	Intraoperative Neurophysiological Monitoring (INM)	October 3, 2011
January 4, 2012	05.00.59d	Lower Limb Prosthesis	December 5, 2011
January 6, 2012	08.00.18i	Medical Foods, Low-Protein Modified Food Products, Enteral Nutrition, and Nutritional Formulas	December 7, 2011
January 6, 2012	05.00.32c	Speech- and Non-Speech-Generating Devices	December 7, 2011
January 6, 2012	05.00.23b	Electronic Speech Aids	December 7, 2011
January 10, 2012	05.00.56e	Hospital Beds and Accessories	October 14, 2011
January 11, 2012	08.01.04	Preventive Immunization	October 13, 2011
January 18, 2012	11.14.02i	Trigger Point Injections	December 19, 2011
January 20, 2012	00.01.18b	Reimbursement for Associated Services Performed in Conjunction with Dental Services	December 21, 2011
January 20, 2012	12.00.03a	Alternative Therapies and Complementary Medicine	December 21, 2011
January 20, 2012	08.00.75d	Erythropoiesis Stimulating Agents (ESAs)	December 21, 2011
January 20, 2012	00.10.21b	Collection and Interpretation of Physiologic Data	December 21, 2011
January 24, 2012	08.00.62d	Abatacept (Orencia®) for injection for intravenous use	October 26, 2011
January 24, 2012	11.08.15m	Reconstructive Breast Surgery	October 26, 2011
March 20, 2012	11.08.03h	Lipectomy and Liposuction	December 21, 2011

To view the policy notifications, go to [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy), select *Accept and Go to Medical Policy Online*, and click on the *Policy Notifications* box. You can also view policy notifications using the NaviNet® web portal by selecting *Reference Tools* from the Plan Transactions menu, then *Medical Policy*. Once these policies are in effect, they will be available by using the Search box on the Medical Policy homepage. Be sure to check back often, as the site is updated frequently.



## Preferred providers for insulin pumps and continuous glucose monitoring related supplies

Through a Blue Cross and Blue Shield Association initiative, IBC has established preferred providers for insulin pumps and continuous glucose monitoring products and supplies. In many instances, these relationships allow for members to achieve significant out-of-pocket savings, subject to the member's benefit for durable medical equipment (DME). For example, the coinsurance amount on DME can be up to 50 percent for some benefit designs. Members who choose to purchase their pump from the preferred provider could save up to \$500 in out-of-pocket costs.

The preferred providers are:

Edgepark® Medical Supplies	Better Living Now, Inc.
Phone: 1-800-321-0591	Phone: 1-800-854-5729
Fax: 330-425-4355	Fax: 631-348-7704
<a href="http://www.edgepark.com">www.edgepark.com</a>	<a href="http://www.betterlivingnow.com">www.betterlivingnow.com</a>

In addition, the following monitoring products and supplies for insulin pumps are included in the preferred pricing: Animas®, Insulet, Roche, Dexcom™, Abbott.

Please note: Both Edgepark Medical Supplies and Better Living Now offer Medtronic products; however, the preferred pricing described above is not extended to members for Medtronic products.

## Reminder: New precertification requirements now in effect for Medicare Advantage HMO and PPO members



This is a reminder that important changes to the list of services and drugs that require precertification are in effect for Medicare Advantage HMO and PPO members for dates of service on or after January 1, 2012.

The following precertification requirements have been added for Medicare Advantage products in all settings:

- potentially cosmetic procedures (please refer to the complete list in the October 2011 edition of *Partners in Health Update*);
- pain management procedures (i.e., paravertebral facet joint injections, transforaminal epidural injections, epidural injections);
- hyperbaric oxygen treatments;
- additional medical infusion/injectable drugs (please refer to the complete list in the October 2011 edition of *Partners in Health Update*);
- cataract surgery;
- cochlear implant surgery;
- uvulopalatopharyngoplasty (UPPP or UP3).

The following precertification requirements have been removed for Medicare Advantage products in all settings:

- sleep studies
- cardiac rehabilitation
- pulmonary rehabilitation

It is very important that providers continue to refer to the most current precertification requirements list or to use the NaviNet® web portal to verify member-specific requirements. Failure to obtain precertification for any of the services or drugs that require it may result in a reduction in payment or nonpayment for the services not precertified.

Please call 1-800-ASK-BLUE if you have any questions about these upcoming changes.

*Note: These changes went into effect for commercial products for dates of service on or after September 1, 2011.*

## Reminder: Medicare Advantage HMO and PPO benefits changes

**Effective January 1, 2012**, there were several changes to our current Medicare Advantage HMO and PPO plans in addition to the introduction of our new limited network HMO plan, Keystone 65 Select HMO. The following tables highlight some of these changes. Please note that this is a list of our significant benefits changes, not a comprehensive list of all benefits changes.

### Keystone 65 Preferred HMO benefits changes

Benefit	Keystone 65 Preferred HMO	
	2011	Changes for 2012
Smoking and tobacco use cessation counseling	Not covered	Covered; no copayment
Diabetes screening	Not covered	Covered; no copayment
Inpatient hospital care	\$175 copayment per day, days 1-8; \$1,400 maximum per stay	\$190 copayment per day, days 1-8; \$1,520 maximum per stay
Skilled nursing facility care	\$20 copayment per day for days 1-20 \$100 copayment per day for days 21-100	\$30 copayment per day for days 1-20 \$110 copayment per day for days 21-100
Physician services, including doctor's office visit	\$15 copayment for each primary care physician office visit	\$10 copayment for each primary care physician office visit
Outpatient hospital services	\$150 copayment in ambulatory surgical center \$300 copayment in outpatient hospital facility	\$100 copayment in ambulatory surgical center \$350 copayment in outpatient hospital facility
Urgently needed care	\$15 - \$40 copayment	\$10 - \$40 copayment
Radiation therapy	\$25 copayment per visit	\$40 copayment per visit
Complex radiology	\$80 copayment for complex radiology, which includes MRI/MRA, CTA/CT scans, PET scans, and nuclear cardiology studies	\$100 copayment for complex radiology, which includes MRI/MRA, CTA/CT scans, PET scans, and nuclear cardiology studies

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## Reminder: Medicare Advantage HMO and PPO benefits changes (continued)

### Personal Choice 65<sup>SM</sup> PPO benefits changes

Benefit	In-network		Out-of-network	
	2011	Changes for 2012	2011	Changes for 2012
Smoking and tobacco use cessation counseling	Not covered	Covered; no copayment	Not covered	Covered; no copayment
Diabetes screening	Not covered	Covered; no copayment	Not covered	Covered; no copayment
Primary care visit	\$20 copayment	\$10 copayment	Member responsible for 30% of charges after \$500 deductible is met	Member responsible for 30% of charges after \$500 deductible is met
Outpatient hospital services	\$125 copayment in ambulatory surgical center \$250 copayment in outpatient hospital facility	\$100 copayment in ambulatory surgical center \$350 copayment in outpatient hospital facility	Member responsible for 30% of charges after \$500 deductible is met	Member responsible for 30% of charges after \$500 deductible is met
Ambulance services	\$100 copayment	\$75 copayment	\$100 copayment	\$75 copayment
Urgently needed care	\$20 - \$40 copayment	\$10 - \$40 copayment	\$20 - \$40 copayment	\$10 - \$40 copayment

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## **Reminder: Medicare Advantage HMO and PPO benefits changes (continued)**

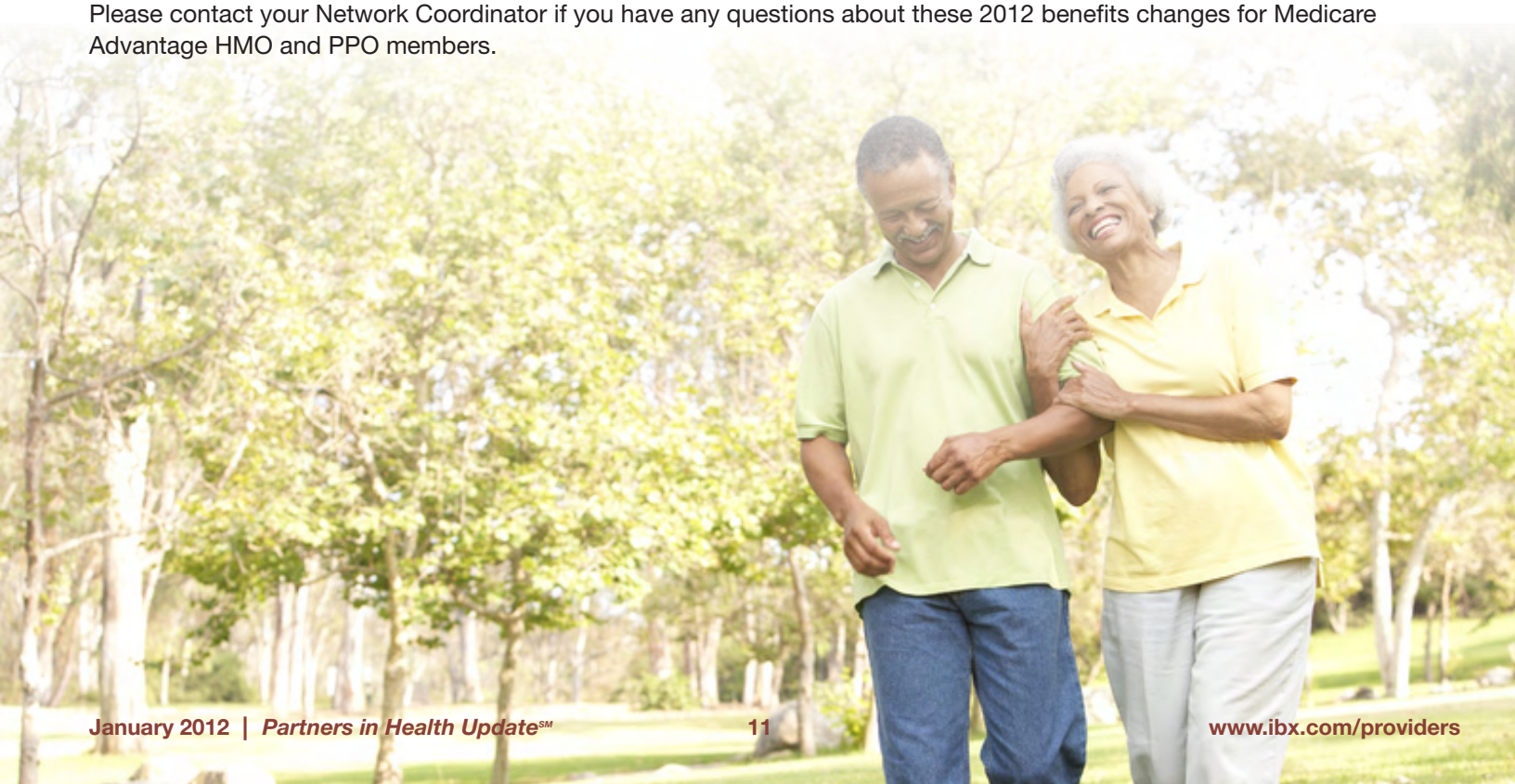
### **Optional supplemental benefits package available to Keystone 65 Select HMO members**

Our new Keystone 65 Select HMO members have the option to purchase the Choice Program, an optional supplemental benefits package, for an additional \$10 a month. The optional supplemental benefits package covers vision, dental, and hearing, as these benefits are not included for Keystone 65 Select HMO members. See the table below for details about the supplemental benefits package.

Covered services	Member pays
<b>Dental services — Preventive dental</b>	
One exam and cleaning every six months	\$15 copayment
<b>Hearing services</b>	
Non-Medicare-covered routine hearing exams, including fitting and evaluation for two hearing aids, covered every three years	\$45 copayment for non-Medicare-covered hearing exams and evaluation
Hearing aids, covered every three years	Up to \$500 for two hearing aids every three years
<b>Vision care</b>	
Non-Medicare-covered routine eye exams, every two years	\$0 copayment for routine eye exams, once every two years
Eyewear not covered by Medicare, every two years	\$100 for eyewear every two years

*Note:* Vision, dental, and hearing are still included in the benefits packages for Keystone 65 Preferred HMO and Personal Choice 65 PPO members.

Please contact your Network Coordinator if you have any questions about these 2012 benefits changes for Medicare Advantage HMO and PPO members.



## Change to our specialty pharmacy network for commercial members

IBC is committed to providing your patients with access to quality, cost-effective prescription medications through our prescription drug program, which is administered by FutureScripts®, an independent pharmacy benefits manager. As part of this effort, ICORE Healthcare (ICORE), a leader in specialty pharmacy services, has been chosen as the exclusive specialty pharmacy provider within the FutureScripts specialty network.

**Effective February 1, 2012**, all prescription drug requests for commercial members submitted through the FutureScripts Direct Ship Specialty Pharmacy Program will be routed to ICORE for fulfillment.

### *Existing specialty prescriptions*

If commercial members currently have prescriptions on file with another specialty pharmacy, they will be transferred to ICORE on or before February 1, 2012. These members will continue to have their specialty medications delivered to the location of their choice in the U.S., and this change will not affect their cost-sharing.

Our prior authorization process will remain the same, so members with an existing authorization will not need to request a new one until the current authorization has expired.

### *Specialty services through ICORE*

Through ICORE, members will receive convenient access to the following specialty services:

- **Comprehensive coordination of care.** This coordination of care includes benefits investigation, prior authorization coordination, and ongoing refill reminders.
- **Direct access to pharmacists and nurses.** The ICORE support staff is available toll-free to answer any questions that your IBC patients may have.
- **Clinical programs.** ICORE monitors patient progress to achieve optimal treatment outcomes.
- **Educational materials.** Patients have access to helpful materials, such as instruction guides to assist with self-administering medication.
- **Free delivery.** Medications are delivered at no cost to the patient's home or another address in the U.S. in two to five business days from the date the order is received.
- **Ancillary supplies.** Items such as syringes and needles are available with the medication at no additional cost.

To enroll a member in the FutureScripts Direct Ship Specialty Pharmacy Program, please call FutureScripts at 1-888-678-7012 or visit [www.futurescripts.com/priorauthorization](http://www.futurescripts.com/priorauthorization) and download the *Direct Ship Injectables Form*. If any of your IBC patients have questions about this transition, please have them call the telephone number listed on their ID card under pharmacy benefits.



## Celiac disease: Information and resources for you and your patients

Celiac disease is a common autoimmune disorder that affects about 1 percent of the U.S. population; however, nearly 95 percent of people who have celiac disease remain undiagnosed.<sup>1</sup>

A diagnosis of celiac disease can be as simple as a blood test ordered by the patient's health care provider.

Symptoms of celiac disease include:

- bloating, gas, and/or abdominal pain
- diarrhea or constipation
- skin rash
- unexplained weight loss
- joint pain
- missed menstrual periods
- fertility issues and/or miscarriages
- fatigue
- anemia

If your patients present with unspecified abdominal issues or one or more of the above symptoms that cannot be otherwise explained, consider ordering a celiac sprue panel, including IgA tTG or IgA EMA.

For more information on celiac disease, visit [www.celiaccentral.org](http://www.celiaccentral.org). In addition, the National Foundation for Celiac Awareness offers several continuing medical education (CME) activities to support the identification, diagnosis, and management of people who have celiac disease. More information on CME activities is available online at [www.celiacmecentral.com/accreditation\\_info.php](http://www.celiacmecentral.com/accreditation_info.php).

<sup>1</sup>Source: Fasano A, et al. *Arch Intern Med.* 2003;163:286-292.

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

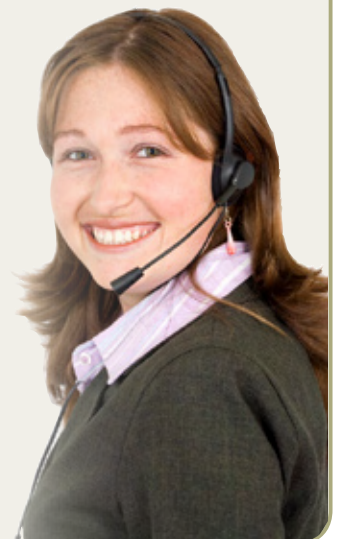


Call the Provider Support Line at 1-866-866-4694 to refer a member to a Health Coach if the member has any of the following conditions:

- asthma
- diabetes
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- heart failure

Health Coaches also provide decision support for numerous health-related issues, including back pain, fall prevention, depression, cardiometabolic risk, weight loss surgery, breast or prostate cancer, and chronic pain.

Information about our Connections Health Management Program is available at [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections).



# IMPORTANT RESOURCES

<b>Anti-Fraud and Corporate Compliance Hotline</b>	1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a>
<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)*
<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> Complex Care Management Program	1-800-313-8628
<b>Credentialing</b> Credentialing Violation Hotline	215-988-1413 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
<b>Customer Service/Provider Services</b>	
<ul style="list-style-type: none"> <li>• Provider Automated System (eligibility/claims status/referrals)</li> <li>• Connections Health Management Programs</li> <li>• Precertification/maternity requests                             <ul style="list-style-type: none"> <li>– Imaging services (CT, MRI/MRA, PET, and nuclear cardiology)</li> <li>– Authorizations</li> </ul> </li> </ul>	1-800-ASK-BLUE (275-2583)
Provider Services user guide	<a href="http://www.ibx.com/providerautomatedsystem">www.ibx.com/providerautomatedsystem</a>
<b>eBusiness Help Desk</b>	215-241-2305
<b>FutureScripts® (pharmacy benefits)</b>	
Prescription drug prior authorization	1-888-678-7012
Fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	1-888-671-5285
Mail order program toll-free fax	1-877-228-6162
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	<a href="http://www.ibx.com/rx">www.ibx.com/rx</a>
<b>FutureScripts® Secure (Medicare Part D)</b>	1-888-678-7015
Formulary updates	<a href="http://www.ibxmedicare.com">www.ibxmedicare.com</a>
Mail order program toll-free fax	1-877-344-1318
<b>IBC Direct Ship Injectables Program (medical benefits)</b>	<a href="http://www.ibx.com/directship">www.ibx.com/directship</a>
<b>Medical Policy</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.navinet.net">www.navinet.net</a>
<b>Provider Supply Line</b>	1-800-858-4728 <a href="http://www.ibx.com/providersupplyline">www.ibx.com/providersupplyline</a>

\* Outside 215 area code



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# 2011 Provider Publication Cumulative Index



**Partners in Health UPDATE**  
Inside this edition

**Partners in Health UPDATE**  
Inside this edition

**INSIDEipp**  
AN INTER-PLAN PROGRAMS PUBLICATION

**Partners in Health UPDATE**  
Inside this edition

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Inside this edition

**INSIDEipp**  
AN INTER-PLAN PROGRAMS PUBLICATION

**Partners in Health UPDATE**  
Inside this edition

**INSIDE THIS ISSUE**

- Blue Distinction® Center designations**  
Learn about the various designations awarded to qualifying Blue-participating facilities.
- Medical policy and precertification requirements for out-of-area members**  
Find coverage requirements for out-of-area Home Plans using the Health® web portal.
- Glossary of BlueCard® Program terms**  
Familiarize yourself with terms commonly used for BlueCard-related business.
- Mental health and substance abuse benefits changes for FEP members**  
Understand the new changes in effect for certain FEP mental health and substance abuse benefits.

**Administering injectable infusion therapy drugs in the office and home settings** page 8

**October is breast cancer awareness month** page 12

**ICD-10 readiness for IBC-participating facilities** page 7

**2011 provider satisfaction survey results**  
Read about improvements to our overall satisfaction score for the BlueCard® program.

**The importance of the Coordination of Benefits Questionnaire**  
Understand how using the COB Questionnaire can streamline claims processing and prevent denials related to COB.

**Preparing for ICD-10: Update for facility providers**  
See what steps facility providers should take to prepare for the switch to ICD-10 on October 1, 2013.

## PARTNERS IN HEALTH UPDATE<sup>SM</sup>

ADMINISTRATIVE.....	1
ANNOUNCEMENTS .....	3
BILLING.....	3
BLUECARD® .....	4
CONSUMERISM.....	5
CREDENTIALING .....	5
HEALTH AND WELLNESS .....	5
HIPAA 5010.....	8
ICD-10.....	8
MEDICAL.....	8
NAVINET® .....	11
PHARMACY .....	12
PRODUCTS.....	13
QUALITY MANAGEMENT .....	13
REIMBURSEMENT .....	14

## INSIDE IPP.....14

*Note: Partners in Health Update* articles are specific to a provider type. The audience is identified by the following indicators:

- P – Professional
- F – Facility
- A – Ancillary

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ADMINISTRATIVE

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<b>Attention: Changes to the Provider Automated System postponed until mid-December</b> December 2011	P, F, A
<b>Changes in notification of approved peer-to-peer determination letters for NaviNet-enabled providers</b> April 2011	F
<b>Changes to AIM request submission options</b> September 2011	P
<b>Changes to referral requirements for certain nutrition counseling services</b> November 2011	P
<b>ClaimCheck<sup>®</sup> upgrade and edit clarification</b> May 2011 December 2011	P
<b>Cost-sharing for preventive and nonpreventive services</b> September 2011	P, F, A
<b>Get important information delivered through email</b> May 2011 <i>Reminder article was posted in:</i> <i>June 2011</i> <i>July 2011</i> <i>September 2011</i> <i>October 2011</i> <i>November 2011</i>	P, F, A
<b>Health Risk Partners – A new vendor for Medicare Advantage HMO and PPO member medical chart review</b> May 2011	P
<b>Help us keep health care costs down</b> May 2011	P, F, A
<b>Hospital/physician pay-for-performance webinar</b> April 2011 <i>Reminder article was posted in:</i> <i>May 2011 (IBC Pay-for-Performance webinar)</i>	P, F
<b>IBC to introduce new Medicare Advantage HMO product</b> August 2011	P, F, A
<b>Information about Keystone 65 Select HMO available online</b> December 2011	P, F, A

---

ADMINISTRATIVE (CONTINUED)

---

<b>Jefferson Health System joins IBC's new Keystone 65 Select network</b> October 2011	P, F, A
<b>New Delaware chiropractic mandate</b> June 2011	P
<b>Provider self-service requirements effective September 15, 2011</b> August 2011 <i>Reminder article was posted in:</i> <i>September 2011</i>	P, F, A
<b>Provider self-service requirements now in effect</b> October 2011 <i>Reminder article was posted in:</i> <i>November 2011</i> <i>December 2011</i>	P, F, A
<b>Register our maternity members for Baby BluePrints<sup>®</sup> to ensure early outreach</b> February 2011	P
<b>Reminder: Sign up for Electronic Funds Transfer</b> May 2011	P, F, A
<b>Request for medical records</b> January 2011	P, F
<b>Request your office supplies online</b> April 2011	P, F, A
<b>Upcoming changes to the Provider Automated System</b> October 2011 <i>Reminder article was posted in:</i> <i>November 2011</i>	P, F, A
<b>Upcoming provider self-service requirements</b> June 2011 <i>Reminder article was posted in:</i> <i>July 2011</i>	P, F, A
<b>Upcoming webinar: Electronically request precertification for your Independence Administrators patients</b> May 2011	P, F, A
<b>Update your provider information with us</b> March 2011	P, F, A

---

ADMINISTRATIVE (CONTINUED)

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**Webinar coming in September: Understanding the QIPS Professional & Outpatient Cost Management report** P  
 July 2011  
*Reminder article was posted in:*  
 August 2011

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ANNOUNCEMENTS

---

**2010 Cumulative Index now available** P, F, A  
 February 2011

**Get involved this year and help us stop diabetes** P, F, A  
 August 2011  
*Reminder article was posted in:*  
 September 2011

**IBC network medical directors launch physician-to-physician email platform** P  
 December 2011

**The Provider Satisfaction Survey is in the mail** P  
 August 2011

---

BILLING

---

**Are you ready?: HIPAA 5010 transition** P, F, A  
 June 2011

**Billing guidelines for surgery claims** P  
 February 2011

**Claims Preprocessing Edits Claims Resolution Document updated for HIPAA 5010** P, A  
 November 2011

**Claims submission procedures for participating home health care providers with Medicare Advantage PPO host claims** A  
 March 2011

**Clarification regarding the mental health and substance abuse benefits changes for Federal Employee Program** F  
 January 2011

**Copayments relative to allowed amount for Managed Care products** P, F  
 January 2011

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**BILLING (CONTINUED)**

---

<b>HIPAA 5010 FAQ now available</b> January 2011	P, F, A
<b>HIPAA 5010 go-live date change</b> April 2011	P, F, A
<b>Procedures for billing multiple services</b> August 2011	P, A
<b>Professional Injectable and Vaccine Fee Schedule updates effective April 1, 2011</b> March 2011	P, F, A
<b>Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2011</b> June 2011	P, F, A
<b>Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2011</b> September 2011	P, F, A
<b>Professional Injectable and Vaccine Fee Schedule updates effective January 1, 2012</b> December 2011	P, F, A
<b>Reporting services using modifier -50</b> January 2011	P
<b>Surgery modifier usage</b> January 2011	P
<b>Updated payer ID grids now available</b> January 2011 April 2011 May 2011 July 2011 September 2011	P, F

---

**BLUECARD<sup>®</sup>**

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<b>Change to mass adjustments for outpatient fee schedule changes for IBC member claims</b> December 2011	F, A
<b>Spring 2011 edition of <i>Inside IPP</i> now available</b> April 2011	F, A

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BLUECARD<sup>®</sup> (CONTINUED)

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**Summer 2011 edition of *Inside IPP* now available** F, A  
 August 2011

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CONSUMERISM

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**Introducing IBX Mobile and IBX Healthy Steps, our free smartphone applications for members** P, F, A  
 October 2011

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CREDENTIALING

---

**Reminder: New email address replaces the network credentialing support services hotline** P  
 September 2011

---

HEALTH AND WELLNESS

---

**2011-2012 *Clinical Insights* now available** P  
 November 2011

**2011-2012 *Clinical Practice Guideline Summary* now available** P  
 November 2011

**Avoid scheduling elective inductions and repeat cesarean sections before 39 weeks gestation** P, F  
 May 2011

**Case management: Help for your patients when they need it** P  
 May 2011  
 July 2011  
 September 2011  
 December 2011

**Changes to the SMART<sup>®</sup> Registry from the Connections<sup>SM</sup> Program** P  
 January 2011

**Connections<sup>SM</sup> Health Management Program: Supporting your patients, our members** P  
 January 2011      April 2011      August 2011  
 February 2011      May 2011      November 2011  
 March 2011      June 2011

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HEALTH AND WELLNESS (CONTINUED)

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<b>Connections<sup>SM</sup> Program Provider Satisfaction Survey available November 4</b> November 2011	P
<b>Connections<sup>SM</sup> Program Provider Satisfaction Survey coming in November</b> October 2011	P
<b>Don't miss opportunities to administer recommended vaccines</b> May 2011	P
<b>Encourage overall fitness with yoga</b> April 2011	P, F
<b>Encourage your older adult patients to take a walk</b> May 2011	P, F
<b>Essential tools for atypical antipsychotics monitoring</b> April 2011	P, F, A
<b>Expanded infant sleep guidelines from the AAP</b> December 2011	P
<b>Get moving on National Walk@Lunch Day<sup>®</sup></b> April 2011	P, F, A
<b>Health Coaches offer support for patients who need diabetic eye care</b> June 2011	P
<b>Help is available for your patients with prostate cancer</b> April 2011	P
<b>IBC launches new advanced illness support program for Medicare Advantage HMO and PPO members</b> September 2011	P, F
<b>Major changes included in the August 2011 release of the SMART<sup>®</sup> Registry from the Connections<sup>SM</sup> Program</b> August 2011	P
<b>IBC launches new advanced illness support program for Medicare Advantage HMO and PPO members</b> September 2011	P, F
<b>Managing bladder control problems</b> December 2011	P
<b>Major changes included in the August 2011 release of the SMART<sup>®</sup> Registry from the Connections<sup>SM</sup> Program</b> August 2011	P

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HEALTH AND WELLNESS (CONTINUED)

---

<b>New ACIP guidelines for pertussis vaccine</b> December 2011	P
<b>New car safety seat guidelines from the AAP</b> April 2011	P, F, A
<b>New tip sheets available for attention deficit/hyperactivity and adult bipolar disorders</b> October 2011	P
<b>October is breast cancer awareness month</b> October 2011	P
<b>On the road with SilverSneakers<sup>®</sup></b> August 2011	P
<b>Overview guides available for substance-use disorders, depression, and suicide</b> September 2011	P, F, A
<b>Resolution solution: The SilverSneakers<sup>®</sup> Fitness Program</b> December 2011	P
<b>Revised guidelines for perinatal screening and prophylaxis of Group B Strep</b> January 2011	P, F
<b>Seasonal flu vaccine recommendations and labeling changes for Tamiflu<sup>®</sup></b> October 2011	P
<b>Serving up healthy eating and exercise habits</b> September 2011	P
<b>Silver Sneakers<sup>®</sup>: Helping Baby Boomers stay active</b> July 2011	P
<b>The Connections<sup>SM</sup> Health Management Programs 2011 Annual Update is now available</b> September 2011 <i>Enclosure – Connections Health Management Programs 2011 Annual Update</i>	P
<b>Toolkit offers help for a successful flu vaccine campaign</b> November 2011	P
<b>Using spirometry in COPD diagnosis</b> September 2011	P

---

HIPAA 5010

---

<b>Are you ready?: HIPAA 5010 transition</b> July 2011	P, F, A
<b>HIPAA 5010 Companion Guides now available</b> August 2011	P, F, A
<b>HIPAA 5010 go-live date change</b> September 2011	P, F, A
<b>IBC follows CMS lead with HIPAA 5010 90-day enforcement grace period</b> December 2011	P, F, A

---

ICD-10

---

<b>ICD-10 readiness for IBC-participating facilities</b> December 2011	P, F, A
<b>Now available: ICD-10 Frequently Asked Questions</b> September 2011	P, F, A
<b>The transition to ICD-10 and the impact on providers</b> November 2011	P, F, A

---

MEDICAL

---

<b>Administering injectable/infusion therapy drugs in the office and home settings</b> April 2011	P, F, A
<b>Capitation guidelines and the importance of specialty subcontractor arrangements</b> January 2011 <i>Reminder article was posted in:</i> <i>April 2011</i>	P, F
<b>Change in reimbursement for assistant-at-surgery services</b> September 2011	P
<b>Change to anesthesia claims payment methodology calculation</b> May 2011 <i>Reminder article was posted in:</i> <i>December 2011</i>	P
<b>Clinical criteria used for utilization management determinations</b> June 2011	P

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MEDICAL (CONTINUED)

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<b>Guidelines for contraception in women with medical problems</b> June 2011	P
<b>Important information about the upcoming Clinical Care Report</b> July 2011	P, F
<b>More news about NCQA's PCMH program</b> February 2011	P
<b>New guide available for submitting chemotherapy/infusion or home infusion authorizations</b> January 2011	P, F, A
<b>New policy on inpatient hospital readmissions</b> September 2011	F
<b>Patient-Centered Medical Home™ resource section added to NaviNet® Plan Central</b> April 2011	P
<b>Policy notifications posted as of December 20, 2010</b> January 2011	P, F, A
<b>Policy notifications posted as of January 19, 2011</b> February 2011	P, F, A
<b>Policy notifications posted as of February 21, 2011</b> March 2011	P, F, A
<b>Policy notifications posted as of March 24, 2011</b> April 2011	P, F, A
<b>Policy notifications posted as of April 25, 2011</b> May 2011	P, F, A
<b>Policy notifications posted as of May 20, 2011</b> June 2011	P, F, A
<b>Policy notifications posted as of June 21, 2011</b> July 2011	P, F, A
<b>Policy notifications posted as of July 20, 2011</b> August 2011	P, F, A
<b>Policy notifications posted as of August 19, 2011</b> September 2011	P, F, A

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MEDICAL (CONTINUED)

---

<b>Policy notifications posted as of September 23, 2011</b> October 2011	P, F, A
<b>Policy notifications posted as of October 27, 2011</b> November 2011	P, F, A
<b>Policy notifications posted as of November 23, 2011</b> December 2011	P, F, A
<b>Policy on Modifier 52</b> October 2011	P, F, A
<b>Policy on X-rays associated with fractures in the office setting</b> June 2011	P
<b>Policy reminder regarding utilization review decisions</b> October 2011	P
<b>Precertification process change for certain infusion therapy drugs</b> December 2011	P
<b>Precertification requirement changes and updated lists available in July</b> July 2011	P, F, A
<b>Precertification requirement changes for Medicare Advantage HMO and PPO members</b> October 2011	P, F, A
<b>Reminder: Capitation guidelines and the importance of specialty subcontractor arrangements</b> April 2011	P, F
<b>Reminder: Choosing the most appropriate site of service</b> January 2011	P, F
<b>Reminder: Referrals not needed for services provided through Direct Access OB/GYN<sup>SM</sup></b> January 2011	P, F
<b>Reminder: Use updated precertification requirements lists</b> September 2011	P, F, A
<b>Revised InterQual<sup>®</sup> guidelines for 2011</b> May 2011	P, F, A

---

MEDICAL (CONTINUED)

---

<b>Specialists needed to assist in developing medical policies</b> November 2011	P
<b>Three hyaluronate acid products designated as preferred brands for treatment of osteoarthritis of the knee</b> May 2011 <i>Reminder article was posted in:</i> June 2011	P
<b>Transitioning select infusion therapy drugs from the outpatient setting to the office or home setting</b> September 2011	P, F, A
<b>Upcoming changes to precertification requirements</b> June 2011	P, F, A
<b>Updated InterQual<sup>®</sup> guidelines for 2011</b> June 2011	P, F, A
<b>Updated procedures for requesting precertification for pain management, DME, and home health providers</b> August 2011	P, F, A
<b>Verify copayment amounts for preventive services</b> May 2011	P

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NAVINET<sup>®</sup>

---

<b>Coming soon: The new Clinical Care Report</b> March 2011 <i>Reminder article was posted in:</i> April 2011	P
<b>How the Clinical Care Report can help with pre-visit planning</b> October 2011	P
<b>NaviNet Plan Transactions menu options to change</b> November 2011	P, F, A
<b>New user guides now available on NaviNet</b> August 2011	P, F, A

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NAVINET<sup>®</sup> (CONTINUED)

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<b>QIPS reminder for electronic connectivity requirements and transaction prerequisites</b>	<b>P</b>
January 2011	
<i>Reminder article was posted in:</i>	
February 2011	
March 2011	
April 2011	
<b>Reminder: Authorization submission requirements through NaviNet</b>	<b>P, F, A</b>
December 2011	
<b>Reminder: The Clinical Care Report will be available this month</b>	<b>P, F</b>
August 2011	
<b>Responsibilities of a NaviNet Security Officer</b>	<b>P, F, A</b>
August 2011	
<b>The Clinical Care Report is now available</b>	<b>P, F</b>
September 2011	
<b>Updates made to the <i>NaviNet Chemotherapy/Infusion and Home Infusion Authorizations Guide</i></b>	<b>P, F, A</b>
October 2011	

---

PHARMACY

---

<b>Annual Synagis<sup>®</sup> (palivizumab) distribution program</b>	<b>P, F, A</b>
August 2011	
September 2011	
<b>Brand Lipitor<sup>®</sup> available to members through May 2012</b>	<b>P</b>
December 2011	
<b>Prescription drug updates</b>	<b>P, F, A</b>
March 2011	
June 2011	
September 2011	
December 2011	
<b>Prescription mail order service transition</b>	<b>P, F, A</b>
July 2011	
<b>Preventive drugs covered at \$0 copayment</b>	<b>P, F, A</b>
March 2011	

---

PHARMACY (CONTINUED)

---

<b>Select Drug Program<sup>®</sup> Formulary updates</b>	P, F, A
March 2011	
June 2011	
September 2011	
December 2011	
<b>Upcoming benefits change for progesterone in oil</b>	P
December 2011	

---

PRODUCTS

---

<b>Benefits changes and clarifications for commercial members</b>	P, F, A
November 2011	
<b>BlueExtra<sup>SM</sup> – Our new freestanding supplemental plan</b>	P, A
May 2011	
<b>Clarification: Medicare Advantage HMO and PPO benefits changes</b>	P, F, A
January 2011	
<b>Discontinuation of the adultBasic<sup>SM</sup> plan</b>	P, F, A
February 2011	
<b>Introducing Keystone 65 Select HMO</b>	P, F, A
October 2011	
<i>Reminder article was posted in:</i>	
<i>November 2011</i>	
<b>New options available for Blue Solutions<sup>®</sup> product portfolio</b>	P, F, A
September 2011	
<b>Reminder: New maximum out-of-pocket limit for Medicare Advantage HMO and PPO members</b>	P, F
February 2011	
<b>Reminder: The new Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> Medicare Advantage PPO Network Sharing program is now available</b>	P, F, A
March 2011	
<b>Upcoming Medicare Advantage HMO and PPO benefits changes</b>	P, F, A
November 2011	

---

QUALITY MANAGEMENT

---

<b>Member notification of utilization review decisions</b>	P, A
February 2011	

---

REIMBURSEMENT

---

<b>Reminder: 2011 performance incentive program revisions for PCPs</b> January 2011 <i>Reminder article was posted in:</i> February 2011	<b>P</b>
<b>Updates to the QIPS Program Manual</b> February 2011	<b>P</b>

***Inside IPP***

---

**Note: The Fall 2011 edition was not published.**

**2011 provider satisfaction survey results**  
Winter 2011

**Billing for outpatient pharmacy/injectable claims**  
Summer 2011

**Blue Distinction Center designations**  
Spring 2011

**BlueExchange®: Enhancing the BlueCard business process**  
Summer 2011

**Change to invoices for certain implantable devices**  
Summer 2011

**Change to mass adjustments for outpatient fee schedule changes for IBC claims**  
Winter 2011

**Distinguishing an outpatient stay from an inpatient visit for FEP members**  
Summer 2011

**Expediting medical record requests from the Host Plan**  
Winter 2011

**Glossary of BlueCard® Program terms**  
Spring 2011

***Inside IPP* turns three**  
Summer 2011

**Medical policy and precertification requirements for out-of-area members**  
Spring 2011  
Winter 2011

***Inside IPP (continued)***

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**Medical record requests and resolving BlueCard<sup>®</sup> claims issues**  
Summer 2011

**Mental health and substance abuse benefits changes for FEP members**  
Spring 2011

**Misrouted claims from providers**  
Spring 2011

**Precertifying additional days for inpatient hospital stays**  
Winter 2011

**Preparing for ICD-10: Update for facility providers**  
Winter 2011

**Reminder: Check member ID cards**  
Winter 2011

**The importance of the *Coordination of Benefits Questionnaire***  
Winter 2011

**Updated payer ID grids available**  
Summer 2011  
Winter 2011