



Independence  
Blue Cross

[www.ibx.com](http://www.ibx.com)

# PARTNERS IN HEALTH UPDATE

June 2007

*Working Together For Quality Health Care*

## *Clinical Update Articles Now Appearing in Partners in Health Update*

In order to streamline our communications and better serve you, we are publishing all clinically-related articles in *Partners in Health Update*. The last issue of *Clinical Update* was the Spring 2007 edition; in the future, all articles previously included in *Clinical Update* will appear in *Partners in Health Update*.

This will allow you to receive all communications in one section on our website and eliminate the need to refer to multiple publications. Information regarding the daily administration of your practice, as well as disease-specific and detailed preventive health topics, will be found in *Partners in Health Update*.







Please email us at [provider\\_communications@ibx.com](mailto:provider_communications@ibx.com) with your questions or comments on how we can improve our communication efforts.

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










-  Professional
-  Facility
-  Ancillary

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Additional copies of *Partners In Health Update* can be printed by going to our website [www.ibx.com/providers/communications](http://www.ibx.com/providers/communications).

# 10 digits. BIG IMPACT.

## The Power of NPI



Share Your NPI Now to Avoid Potential Regulatory Penalties and Impact to Cash Flow

**Get It.** Get it **NOW** from the National Plan and Provider Enumeration System (NPPES).

- Get your NPI(s): a unique 10-digit identification number. We recommend you enumerate with your current corporate ID configuration.
- Get it now. Do not wait.
- Get it faster on the Web at <https://nppes.cms.hhs.gov>.

**Share It.** Share it **NOW** with us, billing companies, and clearinghouses. Failure to share your NPI may result in regulatory penalties and may impact cash flow.

- Share your NPI with us before you file your next claim.
- Share it with your colleagues who rely on your NPI to submit their claims.
- Share it with your billing service, vendor, or clearinghouse.

**Use It.** Use it **NOW** to identify yourself.

- Use it now along with your 10-digit legacy provider identifiers on your electronic and paper claims (if you have reported your NPI(s) to IBC).
- Use it now to facilitate accurate and streamlined processing of claims.
- Use it to be HIPAA-compliant.

### How to Obtain an NPI

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

#### Electronic

- ▶ Complete the Web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

#### Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** 1-800-465-3203 or TTY/TDD 1-800-692-2326
- ▶ **Email:** [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- ▶ **Mail:**  
NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

All the information you need is available at [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Failure to prepare could result in a disruption in cash flow.  
Are you ready to use your NPI?

## IBC NPI Contingency Plan



### Background

In response to concerns over the health care industry's state of readiness for the May 23, 2007, National Provider Identifier (NPI) compliance date, the Centers for Medicare & Medicaid Services (CMS) announced that through May 23, 2008, they will not impose penalties on covered entities that deploy contingency plans to facilitate NPI compliance of their trading partners. CMS is encouraging health plans to assess the readiness of their provider communities and determine the need to implement contingency plans to maintain the processing of payments, while continuing to work toward compliance.

Independence Blue Cross (IBC) has conducted sustained and targeted outreach to the provider community, requesting that all providers share their NPIs with us prior to the May 23, 2007, NPI compliance date. When providers share their NPIs with IBC, we are able to link the NPIs to existing data in our internal processing systems. We call this process "registering" NPIs with IBC. This is the only way to ensure that all existing provider data in the IBC claims (and other) systems are properly linked to newly assigned NPIs. To mitigate any potential impact in a provider's cash flow, we have requested that providers register their NPIs with us *prior to submitting an NPI claim*.

Because of providers responding favorably to IBC's requests, we have made demonstrable progress to date in receiving a significant percentage of provider NPIs. Despite this progress, less than 100% of our participating (and other) providers and trading partners have registered their NPIs with us. In order to allow additional time for providers to register their NPIs with us, IBC is deploying the contingency plan outlined below, which is in alignment with CMS' guidance.

### IBC's Contingency Plan: Dual Use

Beginning May 23, 2007, IBC will have the ability to accept claims with an NPI as the primary identifier if the provider has registered their NPI

with us. However, providers must register their NPI with IBC prior to submitting NPI-only claims. As early as July 1, 2007, NPI-only claims will reject if the provider has not registered their NPI with us. To avoid any potential business disruption for those providers who have not registered their NPI with IBC, we have recommended a dual use strategy for claims submissions.

The dual use strategy allows providers to submit all electronic and paper claims with NPIs *and* 10-digit legacy provider identifiers (IBC-assigned IDs providers use to identify themselves as an IBC participating health care provider). We will continue this dual use strategy after the May 23, 2007, compliance date until further notice while continuing our provider outreach and testing efforts. If providers have registered their NPI with IBC or submitted an NPI with a CMS certification, they may continue to submit claims with their NPI *and* 10-digit legacy identifier, consistent with our dual use strategy, until further notice.

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

IBC will assess provider readiness and the continued necessity of its dual use strategy periodically. Once IBC determines that a sufficient percentage of providers have registered their NPIs with us and are submitting their NPIs on claims, we will end the contingency plan and begin rejecting claims without an NPI as the primary identifier. We will give 60 days prior notice to providers, their clearinghouses, and vendors before implementing this course of action. However, after May 23, 2008, only the NPI will be accepted on inbound or outbound transactions.

More information about IBC's NPI Dual Use Claims Submission, including electronic and paper claim submission instructions and relevant FAQs, is available at [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

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# NATIONAL PROVIDER IDENTIFIER (NPI)

## IBC NPI Contingency Plan (*continued*)

### Steps IBC has Taken to Assist Providers with NPI Compliance

IBC has assisted providers with their NPI compliance efforts by establishing a comprehensive targeted communication and outreach campaign to the provider network.

The outreach campaign focuses on the following goals:

- 100% receipt of NPIs from our participating providers
- Continued education of providers on NPI enumeration, registration, and compliance
- Increased provider readiness/compliance

To further assist providers with NPI-related questions, IBC has increased NPI awareness internally with employee training modules and various print and electronic communications.

### Continued Steps IBC Will Take to Assist Providers

IBC will continue to assist providers with their NPI compliance efforts by following an established plan, which includes:

- Continued targeted communications and provider outreach to increase NPI registration
- Continued internal awareness and education through employee training modules and instructor-led training sessions
- Ongoing monitoring and assessment of provider network readiness

For more information regarding NPI, including instructions for obtaining an NPI or registering NPIs with IBC, please visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

You can find detailed IBC NPI Dual Use Claims Submission instructions in the following locations:

- **837P and 837I Companion Guides.** The 837P Companion Guide and 837I Companion Guide provide instructions for submitting dual use claims for electronic claims submissions.

The companion guides are available online at [www.ibx.com/providers/self\\_service\\_tools/ediforms.html](http://www.ibx.com/providers/self_service_tools/ediforms.html). These companion guides should be used as a supplement to the HIPAA guidelines for claim submission.

- **Revised CMS-1500 and New UB-04 Claim Forms and Instructions.** These reference tools were published as enclosures with the October 2006 and February 2007 editions of *Partners in Health Update*. They provide instructions for submitting dual use claims for paper submissions. These reference tools are also available at [www.ibx.com/providers/npi/forms.html](http://www.ibx.com/providers/npi/forms.html).

### Questions Regarding NPI Dual Use Claims Submission

Please contact your Network Coordinator with any questions regarding IBC NPI Dual Use Claims Submission.

If you have not yet obtained your NPI(s) and reported them to us, please refer to the How to Obtain an NPI sidebar, or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

You may also visit the following websites for additional information:

#### IBC Provider NPI website

[www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Contains NPI background, FAQs, submission instructions, Web links, and other information.

#### CMS Main NPI website

[www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/)

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

#### NPI Enumerator website

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

Main site to enter an NPI application.

#### WEDI NPI Outreach Initiative

[www.wedi.org/npioi/index.shtml](http://www.wedi.org/npioi/index.shtml)

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

## Tips for Submitting Claim Adjustments



When submitting adjustment requests electronically to your Network Coordinator or our Adjustment Department using Microsoft® Excel or Access files, etc., please submit the following fields:

IBC Claim ID Number	Performing Provider Name
Member ID	Modifier
Date of Service From	Modifier
Date of Service To	Modifier
Procedure/Service Code	Revenue Code
Patient Last Name	Units Billed
Patient First Name	Charged (billed) Amount
Patient Insured ID number	Allowed Amount
Vendor (billing) Provider Number	Payment Amount
Vendor (billing) Provider Name	Expected Amount
Performing Provider Number	

By submitting your adjustment requests with the above information, specifically the highlighted fields, we will be able to improve the turn-around time and maintain a higher level of service, while processing the claim.

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

## Independence Administrators to be Introduced in 2007



**Effective July 1, 2007**, IBC will launch a new affiliate, Independence Administrators, which offers third-party administration services to self-funded health plans based in the Greater Philadelphia area.

You can identify members with Independence Administrators ID cards by the logo on the card.



The customer service number on the back of members' ID cards will be ready to respond to calls on July 1.

A new NaviNet<sup>SM</sup> Plan Central page will also become available for Independence Administrators, where you will be able to find eligibility, benefits, and claims information for members who are enrolled.

The Payer ID for electronic claims submission will be TA720, or you may send your claims to:

Independence Administrators  
P.O. Box 1010  
Horsham, PA 19044

You will find more about Independence Administrators in upcoming *Partners in Health Update* issues.

## Key Fields Must be Entered Correctly on CMS-1500 (08/05) to Avoid Claim Returns or Rejections



Since the introduction of the revised CMS-1500 (08/05), we have received a significant number of claims with incorrect information entered in key fields.

The revised CMS-1500 (08/05) cannot be completed in the same manner as its predecessor, CMS-1500 (12/90), as many fields have been moved or changed. In addition, several new fields have been added to the CMS-1500 (08/05) to accommodate NPI.

**CMS-1500 (08/05) submissions populated with incorrect or incomplete information entered in key fields may be rejected or returned to the provider.**

**The following key fields must be entered correctly on the CMS-1500 (08/05) to ensure timely and accurate claims processing.**

Highlighted fields are NPI specific.

Box	Instructions
17a	Enter referring provider's two-character qualifier ID (1B) in the first segment, and referring provider's legacy provider ID in the second segment.
17b	Enter referring provider's NPI.
19	Enter ZZ qualifier ID and billing provider's primary taxonomy code.
24I (shaded)	Enter rendering provider's two-character qualifier ID (1B).
24J (shaded)	Enter rendering provider's legacy provider ID.
24J (unshaded)	Enter rendering provider's NPI.
32a	Enter service facility NPI.
32b	Enter service facility two-character qualifier ID (1B) and legacy provider ID.
33a	Enter billing provider NPI.
33b	Enter billing provider two-character qualifier ID (1B) and legacy provider ID.

Please contact your Network Coordinator if you have any questions about completing the CMS-1500 (08/05) form and refer to the illustration on the next page for additional information.

Key Fields Must be Entered Correctly on CMS-1500 (08/05) to Avoid Claim Returns or Rejections (continued)

**19** (Date of Current Illness)

**17a** (Referring Provider's two-character qualifier ID)

**17b** (Referring Provider's Current Provider ID)

**24I shaded** (Hospitization Dates)

**24J shaded** (Referring Provider's NPI)

**24J unshaded** (Billing Provider's NPI)

**32a** (Service Facility NPI)

**32b** (Service Facility two-character qualifier and Current Provider ID number)

**33a** (Billing Provider NPI)

**33b** (Billing Provider two-character qualifier ID and current provider identification number)

## Select Drug Program® Formulary Updates



The Select Drug Program Formulary is a list of FDA-approved medications that were chosen for their medical effectiveness, safety, and value.

The list changes periodically as the FutureScripts™ Pharmacy and Therapeutics Committee reviews the formulary to ensure its continued effectiveness. The following are the most recent changes:

### Generic Additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary copayment.

*Effective Immediately*

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
amlodipine	Norvasc®	4. Cardiovascular, Hypertension, & Lipids	March 23, 2007
moexipril/HCTZ	Uniretic®	4. Cardiovascular, Hypertension, & Lipids	March 7, 2007
prednicarbate ointment	Dermatop™	5. Dermatologicals/Topical Therapy	March 13, 2007
trandolapril	Mavik®	4. Cardiovascular, Hypertension, & Lipids	February 7, 2007
zolpidem tartrate	Ambien®	3. Pain, Nervous System, & Psych	April 23, 2007

### Brand Addition

This brand drug is covered at the appropriate brand formulary copayment:

*Effective March 1, 2007*

Brand Drug	Formulary Chapter
Nexium® For Delayed-Release Oral Suspension	8. Stomach, Ulcer, & Bowel Meds

Once a brand drug becomes available in the marketplace, and is approved by the FutureScripts Pharmacy and Therapeutics Committee as a formulary drug, it will be added to the formulary and will be available at the brand formulary copayment.

### Brand Deletions

These brand drugs will be covered at the appropriate non-formulary copayment:

*Effective July 1, 2007*

Brand Drug	Generic Drug
Ambien®	zolpidem tartrate

The generic drug for the above brand drug is on our formulary and available at the generic formulary copayment.

Brand Drug	Generic Drug	Formulary Therapeutic Alternative (available at the Formulary copayment)
Betaseron®	Not available	Avonex®
Effexor XR®	Not available	bupropion SR/XL, fluoxetine, paroxetine, sertraline
Rebif®	Not available	Avonex®

There are no generic equivalents available for the above brand drugs; however, there are formulary generic or brand therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary copayment.

## Prescription Drug Updates



For members enrolled in an IBC prescription drug program, the below list of drugs will be excluded from coverage because they are available over the counter. Also, a number of additional drugs will now require prior authorization. Prior authorization ensures that drugs are used appropriately and guards against drug overuse. These updates are reflected below.

### Over-the-Counter Exclusions

These brand drugs will no longer be covered under the prescription drug benefit because they are available over the counter:

*Effective July 1, 2007*

Brand Drug	Generic Drug
Miralax <sup>®</sup>	Not available
Zaditor <sup>™</sup>	Not available

### Drugs Requiring Prior Authorization

The prior authorization requirements for the following non-formulary drugs were effective at the time the drugs became available in the marketplace:

Brand Drug	Generic Drug	Effective Date
Janumet <sup>™</sup>	Not available	April 6, 2007
Pylera <sup>™</sup>	Not available	March 20, 2007
Tekturna <sup>®</sup>	Not available	March 19, 2007
Tykerb <sup>®</sup>	Not available	March 14, 2007

The following non-formulary drugs have been added to the list of drugs requiring prior authorization for new prescriptions. Members taking these drugs immediately prior to the effective date are not affected.

*Effective July 1, 2007*

Brand Drug	Generic Drug
Caduet <sup>®</sup>	Not available
Glumetza <sup>™</sup>	Not available

## New Nutrition Counseling Benefit Available to Commercial HMO, POS, and PPO Members:



We are taking a leadership role in the Philadelphia region by introducing a new nutrition counseling benefit for our members. **Effective July 1, 2007**, registered dietitians and physicians may provide up to six nutrition counseling visits per year to adults and children covered by commercial HMO, POS, and PPO plans. PCPs may bill for nutrition counseling visits above capitation.

The purpose of the six new nutrition counseling visits is to support our members in establishing good eating habits that will contribute to a healthier lifestyle. We recognize the impact of a well-balanced diet on good health, and we are proud to offer the nutrition counseling visits as a core benefit to our already comprehensive benefits plans.

A nutrition counseling visit could include:

- An assessment of dietary habits
- The use of measurement tools, such as the Body Mass Index, to assess risk
- Development of strategy and goals to achieve the dietary change
- Ongoing support to maintain dietary changes and reevaluate goals
- Guidance toward an appropriate exercise program

### Billing

Report the following codes when billing for nutrition counseling:

Code	Narrative
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy, reassessment, and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
S9449	Weight management classes, nonphysician provider, per session
S9452	Nutrition classes, nonphysician provider, per session
S9470	Nutritional counseling, dietitian visit

## New Nutrition Counseling Benefit Available to Commercial HMO, POS, and PPO Members *(continued)*

In addition to the nutrition counseling visit codes listed on the previous page, the following diagnosis codes can be used to report the Body Mass Index for adult members who are utilizing the nutrition counseling benefit. Based on official guidelines for

coding and reporting, these secondary codes should not be listed in the first position on a claim or reported as the principal diagnosis. Reporting these additional codes will help us identify members for potential intervention/outreach purposes.

Diagnosis Code	Description
V85.0	Body Mass Index less than 19, adult
V85.1	Body Mass Index between 19-24, adult
V85.21	Body Mass Index 25.0-25.9, adult
V85.22	Body Mass Index 26.0-26.9, adult
V85.23	Body Mass Index 27.0-27.9, adult
V85.24	Body Mass Index 28.0-28.9, adult
V85.25	Body Mass Index 29.0-29.9, adult
V85.30	Body Mass Index 30.0-30.9, adult
V85.31	Body Mass Index 31.0-31.9, adult
V85.32	Body Mass Index 32.0-32.9, adult
V85.33	Body Mass Index 33.0-33.9, adult
V85.34	Body Mass Index 34.0-34.9, adult
V85.35	Body Mass Index 35.0-35.9, adult
V85.36	Body Mass Index 36.0-36.9, adult
V85.37	Body Mass Index 37.0-37.9, adult
V85.38	Body Mass Index 38.0-38.9, adult
V85.39	Body Mass Index 39.0-39.9, adult
V85.4	Body Mass Index 40 and over, adult
V85.51	Body Mass Index, pediatric, less than 5th percentile for age
V85.52	Body Mass Index, pediatric, 5th percentile to less than 85th percentile for age
V85.53	Body Mass Index, pediatric, 85th percentile to less than 95th percentile for age
V85.54	Body Mass Index, pediatric, greater than or equal to 95th percentile for age

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### New Nutrition Counseling Benefit Available to Commercial HMO, POS, and PPO Members *(continued)*

Members pay nothing out-of-pocket when a participating physician or registered dietitian provides the nutrition counseling. No copayments will be due from either HMO, POS, or PPO members receiving services from participating physicians or dietitians. Participating registered dietitians will be listed on NaviNet<sup>SM</sup> and our online directories. A referral is required for HMO members seeking services from a registered dietitian or physician. PPO and POS members must satisfy any deductibles or coinsurance when utilizing out-of-network and self-referred benefits.

#### Additional Programs

Our long-standing commitment to helping our members exercise healthy eating habits goes beyond our new nutrition counseling benefit. Members can also take advantage of our Healthy Lifestyles<sup>SM</sup> programs, which include reimbursements for fitness center fees and approved weight loss programs as well as discounts on vitamins and nutritional supplements. Our Healthy Lifestyles programs are designed to encourage healthy behavior. Members eligible for our Connections<sup>SM</sup> programs who may be considering weight loss surgery can call the Connections Health Management Program

(1-800-ASK-BLUE) to receive Health Coaching and a free Shared Decision-Making<sup>®</sup> video/DVD on bariatric surgery treatment options. If a member has a question regarding eligibility, he or she may call the Member Services number listed on the back of his or her ID card.

We strive to help those at risk for obesity lead healthier lives and educate all members about how to maintain a healthy weight. For more information on the evaluation and treatment of overweight patients, please see our *Clinical Practice Guidelines* on obesity at [www.ibx.com/providers/policies\\_guidelines/clinical\\_guidelines/index.html](http://www.ibx.com/providers/policies_guidelines/clinical_guidelines/index.html). PCPs are encouraged to speak with their patients about this benefit, refer them to a registered dietitian, or direct them to call Member Services or visit [www.ibxpress.com](http://www.ibxpress.com).

If you have additional questions regarding the new nutrition counseling benefit, please contact Provider Services.

*Note: This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified through Provider Services.*

*Codes listed previously are subject to change due to quarterly and annual HCPCS/CPT and revenue code updates. The codes listed are current as of the date of this publication.*

## SMART® Registry Release for June 2007



The next release of the SMART Registry will be mailed to IBC providers in June 2007. This release will continue with diabetes as the targeted clinical initiative and will include a disease-specific Group Report on all patients with diabetes.

With this release the Connections<sup>SM</sup> Health Management Program is pleased to announce two important enhancements.

- The SMART Registry will now include your patients' most recent lab *values* for LDL-C and HgbA1c tests, if available. The featured article in this release provides more information on the lab values and includes treatment goals and guidelines.
- In addition, each member-specific report in the SMART Registry will also show you how many Health Coach contacts have occurred during the period covered by the report.

Provider Service Specialists (PSSs) can meet with doctors and other clinical office staff to review the SMART Registry reports and to help with making referrals to the Connections Health Management Program. PSSs can provide diabetes education tools, including the diabetes wallet card and BMI card. Doctors can also request reports filtered for other conditions, such as CHF or asthma, or a CD version of the SMART Registry.

To speak with a PSS about the SMART Registry or any other aspect of the Connections Program, call the Provider Support Line at [1-866-866-4694](tel:1-866-866-4694).

## CorCell® Offers Sibling Donor Cord Blood Program For Free



When a family with a disease-afflicted child who might benefit from an allogeneic cord blood transplant is expecting another child, CorCell facilitates collection of the baby's umbilical cord blood at the time of delivery *at no cost* to the family. The preserved cord blood stem cells from the newborn baby are readily available if needed for transplantation for the sibling suffering from disease.

CorCell's Sibling Donor Cord Blood Program is designed to address immediate needs of families with children suffering from leukemia, many solid

cancers, sickle cell disease, thalassaemia, or other diseases which are indications for allogeneic (the donor and recipient are different individuals) stem cell transplantation.

To learn more about CorCell's no cost Sibling Donor Cord Blood Program, visit [www.corcell.com](http://www.corcell.com) or call [1-888-326-7235](tel:1-888-326-7235).

*This is not a covered benefit.*

*Independence Blue Cross has a minority ownership interest in CorCell's parent company.*

## Supporting Our Members, Your Patients: Connections<sup>SM</sup> Health Management Programs



### **Connections Health Management Program**

To refer a patient for Health Coaching for the five chronic diseases listed below or for general health support, or to obtain additional information for your office — call the Connections<sup>SM</sup> Health Management Program Provider Support line at [1-866-866-4694](tel:1-866-866-4694).

Diseases:

- Asthma
- CHF
- CAD
- COPD
- Diabetes

### **Connections AccordantCare Program**

To refer a patient or to obtain additional information — call the Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program at [1-866-398-8761](tel:1-866-398-8761).

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
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Amyotrophic Lateral Sclerosis (ALS)
- Dermatomyositis
- Gaucher Disease

### **Connections Kidney Program**

To refer a patient or to obtain additional information — call the Connections<sup>SM</sup> Kidney Program at [1-866-303-4CKP \(4257\)](tel:1-866-303-4CKP).

Disease:

- End-Stage Renal Disease

## Provider Supply Line: For Office Supplies and Resources



To replenish office supplies such as a *Provider Manual*, directories, and *Clinical Practice Guidelines*, please call the toll-free Provider Supply Line at [1-800-858-4728](tel:1-800-858-4728).

Please have the following information ready so your order may be processed in an error-free, timely manner:

- Provider identification number
- Office name
- Office address
- Office telephone number

If any information is missing, your order may not be processed. A properly submitted order may take three to five business days to arrive at your office. If you are unsure of your provider identification number, contact Provider Services or your Network Coordinator. *Please note:* calls to the Provider Supply Line should be for supply requests only. All other provider inquiries should be directed to Provider Services.

## Offering Providers Council for Affordable Quality Healthcare Universal Credentialing DataSource



We are now offering our participating providers the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource (UDS) for completing their triennial recredentialing process.

The CAQH UDS is a single, national process that eliminates the need for completing multiple recredentialing applications. For more details about the CAQH UDS service, please visit [www.caqh.org](http://www.caqh.org). For more information on recredentialing, Pennsylvania, Maryland, and

Delaware providers may call [215-988-6534](tel:215-988-6534), and New Jersey providers may call [267-402-1724](tel:267-402-1724). We also want to remind new applicants that the CAQH UDS is also available for completing the initial credentialing process for IBC participation.

For more CAQH UDS participation information on initial credentialing, Pennsylvania providers may contact Network Credentialing Support Services at [215-241-4120](tel:215-241-4120); Delaware and Maryland providers may call [302-661-6113](tel:302-661-6113).



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

**CONTACT INFORMATION:**

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