



**Independence
Blue Cross**

www.ibx.com

September 2007



Provider bulletins now available on ibx.com

As mentioned in the August *Partners in Health Update*, the provider bulletin archive has been simplified on ibx.com. This new enhancement to our site reduces the time necessary to locate bulletins and find the information that you need.

All facility and ancillary bulletins have been combined onto two easy-to-read pages, listed in simple, chronological tables dating back to 2001. At a glance, you can determine a bulletin's title, mail date, original target audience, and memo number (if applicable) on all bulletin communications.

To read the bulletins, go to www.ibx.com/providers and choose *Communications*. All Provider Bulletins, as well as our archived editions of *Partners in Health Update*, *Coding Guidelines and Policy Update (CGPU)*, and *Clinical Update*, can be found on this page. Be sure to update your bookmarks.

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


-  Professional
-  Facility
-  Ancillary

PARTNERS IN HEALTH UPDATE

Working Together For Quality Health Care

INSIDE THIS ISSUE


NATIONAL PROVIDER IDENTIFIER (NPI)

-  • NPIs must be registered with IBC

GENERAL ANNOUNCEMENT

-  • Stay tuned for the enhanced *09/2007 Provider Manual for Participating Professional Providers* on CD




BILLING

-  • Enhanced statement of remittance (SOR) effective October 2007

PRODUCTS

-  • Coming soon: Medicare Private Fee-For-Service plan




PHARMACY

-  • Annual Synagis[®] (palivizumab) distribution program
-  • Select Drug Program[®] formulary updates
-  • Prescription drug updates

NAVINET[®]

-  • Referral and authorization logs available on NaviNet[®]

PREVENTIVE HEALTH

-  • ConnectionsSM provider satisfaction survey now available online
-  • The *ConnectionsSM Health Management Programs 2007 Annual Update* is included
-  • The *2007 Clinical Practice Guidelines* is now available

NPIs must be registered with IBC



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

As previously stated in our NPI Contingency Plan, NPI-only claims will reject if providers have not registered their NPIs with us. IBC has the ability to accept claims with an NPI as the primary identifier *if providers have registered their NPI with us*. Providers must register their NPI with IBC prior to submitting NPI-only claims.*

Registering your NPI(s) with IBC

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*.

Registering your NPI with IBC is easy. Once you have obtained your NPIs, please submit them to us by completing and returning your custom IBC NPI Submission Form (included in our mailings to participating provider offices). Please contact your Network Coordinator with questions regarding your custom IBC NPI Submission Form.

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

IBC’s contingency plan: Dual use

The dual use strategy allows providers to submit all electronic and paper claims with NPIs *and* 10-digit legacy provider identifiers (IBC-assigned IDs providers use to identify themselves as an IBC participating health care provider). We will continue this dual use strategy 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 Centers for Medicare & Medicaid Services (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 periodically assess provider readiness and the continued necessity of its dual use strategy. Once IBC determines that a sufficient percentage of providers have registered their NPIs with us and

How to obtain an NPI

National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in 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
- ▶ **Mail:**
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

NPIs must be registered with IBC (*continued*)

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' notice to providers, their clearinghouses, and vendors before implementing this change. However, after May 23, 2008, the NPI must be present on inbound and outbound transactions.

More information about IBC's NPI Dual Use Claims Submission, including the entire IBC NPI Contingency Plan, electronic and paper claim submission instructions, and relevant FAQs, is available at www.ibx.com/providers/npi.

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

NPI Web Resources

IBC provider NPI website

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/

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

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

GENERAL ANNOUNCEMENT

Stay tuned for the enhanced *09/2007 Provider Manual for Participating Professional Providers* on CD



You will receive a CD version of the updated *09/2007 Provider Manual for Participating Professional Providers*, which includes valuable supplemental publications, tools, and resources. Content in this manual is current through September 2007. This CD has been designed to assist you in the efficient daily administration of your practice while simultaneously reducing the amount of printed material your office receives.

The *09/2007 Provider Manual for Participating Professional Providers* will be provided to you in an easy-to-navigate PDF that is efficiently organized into various sections and will include valuable resources and vital information regarding our policies, procedures, and programs.

Some of the CD highlights include:

- an updated edition of *Transactions: Your Quick Reference to Billing, Referrals, and e-Connectivity*;
- an up-to-date archive of our monthly *Partners in Health Update*;
- an up-to-date archive of our quarterly *Coding Guidelines and Policy Updates*;
- access to commonly used forms;
- a hyperlink to the provider page of our website.

We believe this CD will be useful to you and your office staff. Call the Provider Supply Line to request a print version of the *09/2007 Provider Manual for Participating Professional Providers*.

BILLING

Enhanced statement of remittance (SOR) effective October 2007



Effective next month, enhancements to the paper statement of remittance (SOR) described in the August edition of *Partners in Health Update* will be implemented.

These enhancements — developed with input from the provider community — include the following:

- an easy-to-read “landscape” format;
- remark codes with definitions after each claim to make posting easier for billing offices;
- the inclusion of contact phone numbers;
- summaries of inpatient facility claims (when there is only one payment reimbursement) for ease of posting;

- suppressed lines on adjustments (when changes do not affect the payment);
- simplified sorting and subtotalling;
- a redefinition of the “Allowed Amount” column to contain the “Contract Amount;”
- interest amount (if applicable) included with each claim;
- subtotals (by product) at the back of the SOR.

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

PRODUCTS

Coming soon: Medicare Private Fee-For-Service plan



We are pleased to announce that on January 1, 2008, QCC will launch a new Medicare Advantage Private Fee-For-Service plan. A Medicare Advantage Private Fee-For-Service plan is not an HMO or PPO plan and generally combines the benefits of Medicare Part A and Part B with additional services not covered by Medicare. Unlike our Medicare Advantage HMO and PPO benefit programs, the Medicare Advantage Private Fee-For-Service plan is a non-network, non-managed care product, and enrollees in this plan can

go to any Medicare participating doctor or hospital in the United States that accepts the Plan’s Terms and Conditions and is willing to provide service to the enrollee. This new product will be offered in addition to our current Medicare Advantage HMO and PPO benefit programs. Check future editions of *Partners in Health Update* for additional information on this new Medicare Advantage Private Fee-For-Service plan.

Annual Synagis® (palivizumab) distribution program



We are pleased to announce the Synagis® (palivizumab) distribution program for the 2007-2008 respiratory syncytial virus (RSV) season. Synagis, a humanized monoclonal antibody to RSV, provides passive immunity against RSV and is intended to decrease the morbidity and mortality associated with RSV infection in at-risk infants and children younger than two. According to the Centers for Disease Control and Prevention, RSV is the most common cause of bronchiolitis and pneumonia among infants and children under one.

During RSV season (November through April in the northern hemisphere), we will approve the monthly administration of Synagis for at-risk children under two, with a maximum of five doses, as outlined in the American Academy of Pediatrics Policy Statement in the December 2003 edition of *Pediatrics*.

Synagis, a humanized mouse monoclonal antibody that is administered intramuscularly, is available to reduce the risk of RSV hospitalization in high-risk children. Respiratory Syncytial Virus Immune Globulin Intravenous (RSV-IGIV), a hyperimmune, polyclonal globulin prepared from donors selected for high serum titers of RSV neutralizing antibody, is no longer available. Palivizumab is licensed for prevention of RSV lower respiratory tract disease in selected infants and children with chronic lung disease of prematurity or with a history of preterm birth (<35 weeks' gestation) or with congenital heart disease.

Palivizumab is administered every 30 days, beginning in early November, with four subsequent monthly doses (for a total of five doses). The dose of palivizumab is 15 mg/kg, administered intramuscularly. Palivizumab is not effective in the treatment of RSV disease, and it is not approved for this indication.

If you have any questions about the Synagis distribution program, please contact Provider Services.

How to obtain Synagis for use in your office

Caremark, Inc. will again be the sole clearinghouse for obtaining Synagis during the 2007-2008 season. Caremark® will coordinate the distribution of Synagis with your office. Synagis can be ordered directly from Caremark by completing the RSV Enrollment Form. The form can be obtained by calling Caremark at 1-800-237-2767, or by visiting Caremark's website and opening the following pdf: www.caremark.com/portall/asset/SPE-024.pdf.

A copy of the form is enclosed for your convenience. The following guidelines apply when ordering Synagis:

- Synagis will generally be approved for office administration only, unless a patient is receiving home nursing services for a separate indication.
- The RSV Enrollment Form must include sufficient clinical information to meet the recommendations of the American Academy of Pediatrics Policy Statement published in the December 2003 edition of *Pediatrics*.
- You will *not* receive reimbursement for the actual pharmaceutical agent (Synagis), as you must contact Caremark and have the drug shipped directly to you.
- Fee-for-service providers will be reimbursed for the Evaluation and Management procedure codes that correspond to the patient's office visit.
- Upon approval of your request, Synagis will be shipped to your office monthly during RSV season. Overnight shipping for the 2007-2008 RSV season will begin on October 29, 2007. Shipping will end on April 15, 2008. Up to five doses will be shipped per patient (one shipment every 30 days).

This is not a statement of benefits. Benefits may vary according to state requirements, product line (HMO, PPO, etc.), and/or employer groups. HMO member coverage may be verified through Provider Services. PPO members should call the number on the back of their identification card for benefit information.

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:

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
amlodipine/benazepril	Lotrel [®]	4. Heart, Blood Pressure, & Cholesterol	May 21, 2007
cefdinir	Omnicef [®]	1. Antibiotics & Other Drugs Used For Infection	May 7, 2007
dexmethylphenidate	Focalin [®]	3. Pain, Nervous System, & Psych	June 8, 2007
ipratropium-albuterol	Duoneb [®]	13. Allergy, Cough, & Cold	July 1, 2007
isradipine	DynaCirc [®]	4. Heart, Blood Pressure, & Cholesterol	May 1, 2007
metoprolol succinate 50, 100, 200 mg	Toprol-XL [®] 50, 100, 200 mg	4. Heart, Blood Pressure, & Cholesterol	July 26, 2007
terbinafine tablets	Lamisil [®] Tablets	1. Antibiotics & Other Drugs Used for Infection	July 2, 2007

Brand additions

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

Effective October 1, 2007

Brand Drug	Formulary Chapter
Peg-Intron [®]	9. Biotechnology
Procrit [®]	9. Biotechnology

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 October 1, 2007

Brand Drug	Generic Drug	Formulary Chapter
Lotrel [®]	amlodipine/benazepril	4. Heart, Blood Pressure, & Cholesterol
Omnicef [®]	cefdinir	1. Antibiotics & Other Drugs Used For Infection
Toprol-XL [®] 50, 100, 200 mg	metoprolol succinate 50, 100, 200 mg	4. Heart, Blood Pressure, & Cholesterol

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary copayment.

Prescription drug updates



For members enrolled in an IBC prescription drug program, the below list of drugs will now require prior authorization. Prior authorization ensures that drugs are being used appropriately and guards against drug overuse. Updates to our prior authorization requirements are reflected below.

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	Drug Category	Effective Date
Exforge®	Not available	Heart, Blood Pressure, & Cholesterol	June 20, 2007
Symbicort®	Not available	Allergy, Cough, & Cold	May 7, 2007
Veramyst™	Not available	Ear, Nose, & Throat	May 1, 2007
Vyvanse™	Not available	Pain, Nervous System, & Psych	May 7, 2007

The following non-formulary drugs will be 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 October 1, 2007

Brand Drug	Generic Drug	Drug Category
Magnacet™	Not available	Pain, Nervous System, & Psych
Pataday™	Not available	Eye Medications
Qualaquin®	Not available	Antibiotics & Other Drugs Used for Infection

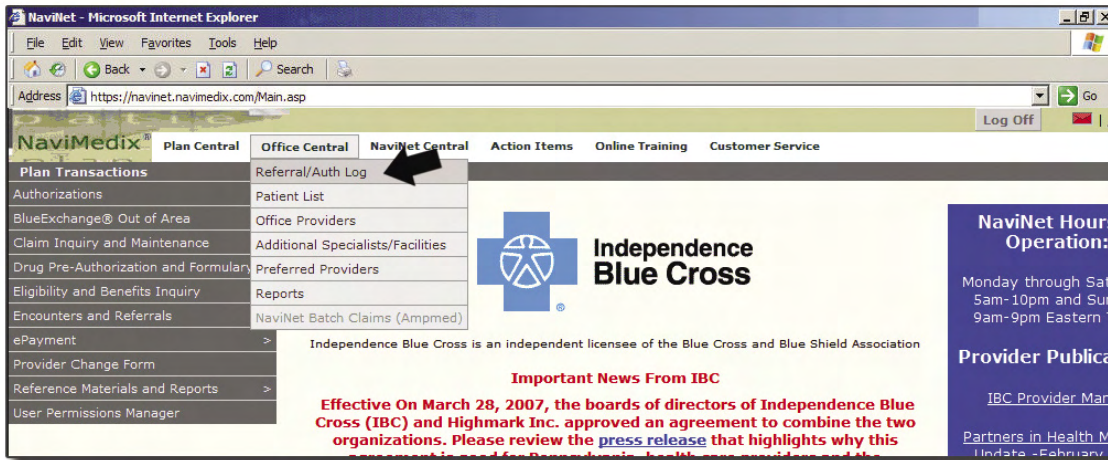
Referral and authorization logs available on NaviNet®



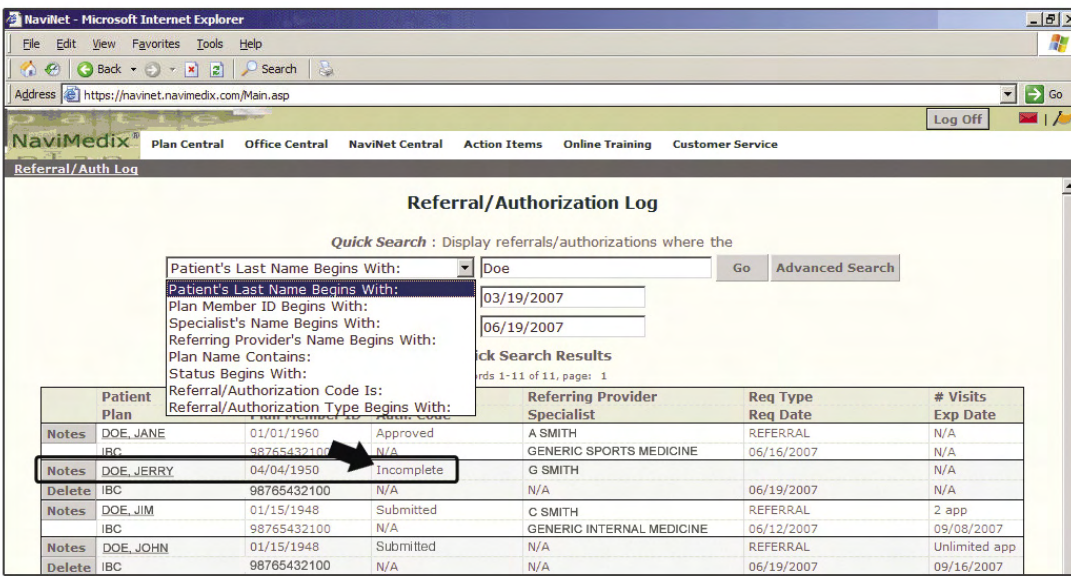
Did you know that referral and authorization logs can be viewed by PCPs through NaviNet®? If a referral or precertification request (other than American Imaging Management, Inc. [AIM]) is initiated through the portal, those logs can be viewed by selecting *Referral/Auth Log* under the *Office Central* drop-down menu.

On the *Referral/Authorization Log* screen, you can conduct a search based on a variety of criteria, including, patient's name, plan member ID, specialist's name, referring provider's name, etc.

Selecting the *Advanced Search* button will provide additional search options.



Records can be reviewed by clicking on the patient name. Once on screen, records with a Status Authorization code of *Incomplete* can be updated and submitted to IBC.



Note: Records noted with a Status Authorization code of *Incomplete* signify that the request was initiated but was not submitted to IBC.

ConnectionsSM provider satisfaction survey now available online



This year, the ConnectionsSM Health Management Program provider satisfaction survey is available online. Doctors are invited to complete the seven-question survey by September 25 by clicking directly on the following link or by typing it into your browser: <http://survey.confirmit.com/wix/p480124928.aspx>.

At the start of the survey, you will be asked for your name and the name of your practice. This information will only be used by Guideline, the survey vendor, to make sure a paper survey is not mailed to your office later this fall. Your name and

practice name will not be seen by IBC. All survey results will be seen by IBC only in aggregate form.

The Connections Health Management Program provides disease management and decision support to eligible IBC members. Health Coaches help members with asthma, diabetes, heart failure, COPD, and coronary heart disease manage their condition. Health Coaches are also available to provide information and support to members facing important medical decisions.

We value your feedback. Please take a moment to complete the survey today.

The ConnectionsSM Health Management Programs 2007 Annual Update is included



Included with this publication is the *ConnectionsSM Health Management Programs 2007 Annual Update*. Please read it to learn how you and your patients can benefit from the Connections Health Management

Programs. Each Program helps you by encouraging implementation of and adherence to your treatment plans and helps your patients by offering disease management and decision support.

The 2007 Clinical Practice Guidelines is now available



The 2007 Clinical Practice Guideline (CPG) grid, which includes a listing of all IBC *Clinical Practice Guidelines*, will be included on the CD of the *09/2007 Provider Manual for Participating Professional Providers*. The *Clinical Practice Guidelines* are a generally 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.

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, and are incorporated into the guidelines.

The guidelines are not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), or employer group. Member coverage will need to be verified with us. If you have any questions or concerns regarding member coverage, or if you would like more information on specific benefits coverage, please contact Provider Services.

The *Clinical Practice Guidelines* can be found on our website at www.ibx.com/providers, or you can call the Provider Supply Line at 1-800-858-4728 to obtain a printed copy of the guideline grid or of any of the individual guidelines.



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:

Caroline Crispino
Managing Editor

Charleen Baselice
Production Coordinator

Provider Communications
Independence Blue Cross
1901 Market Street
35th Floor
Philadelphia, PA 19103
provider_communications@ibx.com

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—independent licensees of the Blue Cross and Blue Shield Association.

© The Blue Cross and Blue Shield words and symbols, and BlueExchange are registered trademarks 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, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the number on the back of their identification card.

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

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

CPT® (Current Procedural Terminology) is a copyright of the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a registered trademark of the American Medical Association.

Investors in NaviMedix®, Inc. include an affiliate of IBC, which has a minority ownership interest in NaviMedix®, Inc.



IMPORTANT RESOURCES

View our online provider directories at www.ibx.com

CARE MANAGEMENT AND COORDINATION 215-567-3570
Case Management 1-800-313-8628*

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

CONNECTIONSSM HEALTH MANAGEMENT PROGRAMS
ConnectionsSM Health Management Program Provider Support Line 1-866-866-4694

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

ConnectionsSM AccordantCareTM Program 1-866-398-8761

CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT 1-866-282-2707
Anti-Fraud and Corporate Compliance Hotline www.ibx.com/anti-fraud

CREDENTIALING VIOLATION HOTLINE 215-988-6534
www.ibx.com/credentials

eBUSINESS 215-241-2305
Help Desk

eBusiness Provider Hotline 215-640-7410

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

Direct Ship Injectable 1-888-678-7012
Fax 215-761-9165

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

FutureScripts® Secure 1-888-678-7015
Medicare Part D

HEALTH RESOURCE CENTER 215-241-3367
Healthy LifestylesSM 1-800-275-2583*

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

PROVIDER ELECTRONIC DATA INTERCHANGE SERVICES WEB PAGE www.ibx.com/edi

PROVIDER INFORMATION and TOOLS WEB PAGE www.ibx.com/providers

PROVIDER MEDICAL POLICY WEB PAGE www.ibx.com/medpolicy

PROVIDER PHARMACY WEB PAGE www.ibx.com/provider_rx

PROVIDER SERVICES (Policies/Procedures/Claims) 215-567-3590
HMO 1-800-227-3119*

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

PROVIDER SUPPLY LINE 1-800-858-4728

* Outside 215 area code

Visit our website at www.ibx.com/providers/communications



**Independence
Blue Cross**

The ConnectionsSM Annual Update and the Caremark[®] Enrollment Form were published along with this edition of *Partners in Health Update*.

These files have been added to this PDF for your convenience.

ConnectionsSM Health Management Programs

2007 ANNUAL UPDATE

ConnectionsSM Programs Annual Update Summary

Connections SM Health Management Program.....	2
Connections SM AccordantCare TM Program	2
Connections SM Kidney Program.....	3
Connections SM Programs reference table	3

2007 Update on Our ConnectionsSM Programs

Connections SM Health Management Program	4
Provider Service Specialists support provider offices	4
PSS initiatives	4
Shared Decision-Making [®] videos prime patients for informed discussions	4
SMART [®] Registry update	5
Annual provider satisfaction survey	5
Member satisfaction survey.....	6
Connections SM AccordantCare TM Program	7
Program diseases.....	7
Connections SM Kidney Program.....	8
Connections Kidney Program Quality Care Committee.....	8
Connections Kidney Program clinical indicators.....	9
<i>Clinical Practice Guidelines and Clinical Insights</i>	11

CONNECTIONSSM PROGRAMS ANNUAL UPDATE SUMMARY

Our ConnectionsSM Annual Update highlights the accomplishments made by our Connections Programs during the past year. The goal of Connections is to help people with chronic illnesses lead healthier lives. Connections covers a total of 22 chronic conditions, offering decision support and health information, and includes three different specialized programs:

- **ConnectionsSM Health Management Program:** Focusing on five common chronic diseases, such as diabetes and asthma
- **ConnectionsSM AccordantCareTM Program:** Supporting patients with 16 complex chronic diseases
- **ConnectionsSM Kidney Program:** Managing end-stage renal disease

ConnectionsSM Health Management Program

The Connections Health Management Program, offered in partnership with Health Dialog, provides disease management and decision support services to members 24 hours a day, 7 days a week, through Health Coaches and online resources.

The disease management portion of the Connections Health Management Program focuses on five chronic conditions: asthma, chronic obstructive pulmonary disease (COPD), heart failure, coronary heart disease (CHD), and diabetes. The decision support component helps members making decisions about treatment options or end-of-life issues. Members can speak to a Health Coach about possible treatments for a variety of conditions, such as acute and chronic back pain, breast cancer, prostate disease, and weight loss surgery.

Health Coaches are also available to answer general medical questions at any time of the day or night. After speaking with a Health Coach, members can receive free DVDs, videos, and informational materials.

ConnectionsSM AccordantCareTM Program

Working with Accordant Health Services, we provide disease management through the Connections AccordantCare Program for members with one or more of 16 complex, chronic conditions. The diseases are:

- 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

Members have access to nurses who can work with them to develop care plans and provide information about community resources and help groups. The nurses support the member's effort to adhere to the doctor's treatment plan. The AccordantCare nurses also communicate with the member's doctor to update the doctor about urgent situations or when there has been a change in the member's health status. Through the Program, members receive disease-specific and general health newsletters, educational mailings, flu vaccination reminders, access to the Accordant website, and more.

ConnectionsSM Kidney Program

For members with end-stage renal disease (ESRD) on chronic outpatient dialysis, we provide the Connections Kidney Program in collaboration with RMS Disease Management. The program utilizes Health Service Coordinators, who are experienced renal dialysis nurses, to meet with members at

dialysis centers or at members' homes. They provide information and support to members and their families regarding ESRD and co-morbid conditions. The nurses also work with doctors to implement provider care plans for their patients.

ConnectionsSM Programs reference table

Connections Program	Provider contact information	Member contact information
Connections SM Health Management Program	1-866-866-4694	1-800-275-2583, prompt 2 www.ibxpress.com
Connections SM AccordantCare TM Program	1-866-398-8761 www.accordant.net Select <i>Physicians</i> , <i>Log in</i> , and click on <i>Care Management Profile</i> provider log-in/password = IBCMD/197726	1-866-398-8761 www.accordant.com
Connections SM Kidney Program	1-866-303-4CKP [4257]	1-866-303-4CKP [4257]

2007 UPDATE ON OUR CONNECTIONSSM PROGRAMS

ConnectionsSM Health Management Program

Provider Service Specialists support provider offices

Provider Service Specialists (PSSs) are your connection to the Connections Health Management Program. PSSs are local clinical professionals who provide support and offer information about the Connections Program. A PSS will come to your office to ensure that you and your staff are receiving the support needed to participate in the Connections Program.

Your PSS can:

- help you understand the Connections Program and become an active participant;
- provide assistance and best practices for using the SMART[®] Registry;
- provide you with clinical support tools to refer your patients to a Connections Health Coach.

PSS initiatives

Diabetes initiative

In February 2007, the Connections Health Management Program began a targeted clinical initiative to address the needs of providers caring for patients with diabetes. This initiative focused on those patients who have not had the recommended dilated retinal exam. PSSs met with physicians and other clinical care practitioners to discuss use of the SMART Registry and to provide clinical resources and referral tools for use by physicians and patients. The PSSs provided practices with a printout of their group's SMART Registry, filtered to focus on patients without a dilated retinal exam. Many physicians found this a useful initiative because the Registry identified patients who were referred to an eye care specialist, but did not follow through with an office visit. Practices used this list to identify gaps in clinical care and implement strategies to help close such care gaps.

Lab values initiative

The June 2007 SMART Registry release included a valuable enhancement: the inclusion of lab values for HgbA1c and lipids, when available.

The PSSs launched an initiative to highlight this enhancement to all practices. The PSSs supported practices in identifying patients with gaps, as well as identifying patients whose lab values were outside the recommended range.

Working with physicians, the PSSs support the use of the SMART Registry and program referral tools to link patients with Connections Health Coaches. Health Coaches work with patients to enhance self-management skills, including medication and treatment plan adherence and the development and use of a Symptom Response Plan. Please call the Provider Support Line at 1-866-866-4694 for more information about these initiatives.

Shared Decision-Making[®] videos prime patients for informed discussions

Physicians are increasingly faced with patients whose conditions can be reasonably treated in more than one way. Additional patient choices mean that physicians have to spend more time explaining different treatment options and outlining the potential risks and benefits. The Connections Health Management Program is working to make the process easier for patients in two ways: first, by providing patients with round-the-clock telephone access to Health Coaches and, second, by offering patients a library of Shared Decision-Making[®] videos.

Shared Decision-Making[®] videos are designed to encourage patient participation in the medical decision-making process. These videos and accompanying booklets provide patients with the knowledge they need to begin productive discussions with their physicians. The information presented in the videos is evidence-based and independently vetted by the Foundation for Informed Medical Decision Making, a nonprofit organization dedicated to improving the quality of medical decisions.

Shared Decision-Making[®] is a registered trademark of the Foundation for Informed Medical Decision Making. Used with permission.

There are three new Shared Decision-Making[®] videos:

- ***Getting the Healthcare That's Right for You*** is available to people who would like to be actively involved in their healthcare and work with their doctors to make informed medical decisions.
- ***Hormone Therapy: When the PSA Rises After Prostate Cancer Treatment*** is for men who have a rising PSA level after their prostate cancer has been treated and who do not have other evidence that cancer has spread beyond the prostate.
- ***Living with Heart Failure: Helping Your Heart Day-to-Day*** is for adults who have heart failure that is causing symptoms such as shortness of breath, fatigue, leg swelling (edema), and less ability to do daily activities.

The library of more than 20 Shared Decision-Making[®] DVDs or videos focuses on topics ranging from herniated discs to depression. Information presented in some Shared Decision-Making[®] videos is also available in Web modules. All programs are available in VHS and DVD format. A full list is available on www.ibx.com/providers.

To find out more about the video library and other Shared Decision-Making[®] services, call the ConnectionsSM Health Management Program Provider Support Line at 1-866-866-4694.

SMART[®] Registry update

In 2007, IBC distributed two releases of the SMART Registry. The SMART Registry tracks important evidence-based aspects of care for patients with one or more of the following conditions: asthma, CHD, COPD, heart failure, and diabetes with hypertension. Nearly 4,000 IBC primary care physicians receive this tool, which provides information on 250,000 IBC members who have one or more of the chronic conditions. Recent enhancements to the SMART Registry include:

- a change in the criteria for identifying patients for whom an annual microalbumin test is appropriate. The new criteria target only diabetics who are not already on ACEI/ARB medications (or who have other evidence of nephropathy).
- a redesign of the Patient-Specific Report to highlight the Health Coach referral section and to include the number of Health Coach contacts each member has had.
- the addition of values and dates for patients' most recent HgbA1c and LDL lab tests.

Please refer to your most recent release of the SMART Registry to update your patients' clinical information and refer your patients who may benefit from using a Health Coach. For information about the SMART Registry, contact the Connections Health Management Program Provider Support Line at 1-866-866-4694.

Annual provider satisfaction survey

The annual provider satisfaction survey was conducted in late 2006. IBC providers received a personally addressed Connections Health Management Program questionnaire in the mail and were encouraged to provide feedback on the Program. The results of the survey indicated that Program awareness continues to grow and showed that:

- More than one-third of IBC providers indicated that patients had discussed the Connections Health Management Program with them;
- Eighty percent of the respondents reported that the Program continues to improve communication with their patients;

- More than half found the SMART[®] Registry to be helpful;
- Sixty percent of respondents found the Provider Service Specialist (PSS) support helpful;
- More than half indicated that the Program provided a more positive image of IBC;
- Sixty-three percent of IBC providers reported that their patients with chronic conditions who used the ConnectionsSM Program found it helpful.

Member satisfaction survey

Each year, IBC surveys a sample of members to determine their levels of awareness of, use of, and satisfaction with the Connections Health Management Program. The survey is conducted by telephone by Guideline, a research and consulting company. The sample population for the 2006 survey included members with and without one of the five managed chronic conditions, members who have had telephone contact with a Health Coach, and members who have never spoken to a Health Coach.

Overall, the survey results were positive:

- The majority of members who had spoken to a Health Coach (87 percent with a chronic condition and 88 percent without a chronic condition) indicated they were satisfied with the Health Coaching assistance they received.
- Nearly 90 percent of all members (with or without a chronic condition) said their impression of IBC was positively influenced because of the Connections Program.
- Eighty percent of members with a chronic condition and 84 percent of members without a chronic condition said it was important for IBC to continue to offer the Connections Program.
- Members reported that they called a Health Coach to gather information about an illness or condition that they or a family member have, and to get help understanding treatment options, choosing among the options, and managing a chronic illness.

New online support for members

Members looking to make lifestyle changes to improve their health have several new options. Connections now offers no-cost online programs through HealthMedia[®]. These online resources can help members take steps to eat healthfully, manage their weight, quit smoking, manage stress, and make other healthy changes.

The programs provide personalized wellness plans based on individual needs. Each program walks the member through a survey that requires 15 to 20 minutes. Then, to help participants stay on track, they receive follow-up emails with additional information and support as they work toward a wellness goal.

To enroll in one of the programs, members can log on to www.ibxpress.com and click on the Connections Health Management Programs box. The modules are located in the *Healthy Living* section of the *Dialog Center*SM, an online collection of Connections resources. Members can enroll in as many programs as they like, all at no cost to them.

Connections now offers these programs:

- HealthMedia[®] BreatheTM — take steps to quit smoking
- HealthMedia[®] BalanceTM — manage your weight and physical activity
- HealthMedia[®] NourishTM — make healthy eating decisions
- HealthMedia[®] RelaxTM — manage stress
- HealthMedia[®] CareTM for Your Back — prevent and manage back pain

Decision support campaigns help members

The Connections Program provides decision support services to members facing significant medical decisions. Support is provided to members through automated calls, Health Coach calls, mailed letters, and decision support videos. The goal is to help members get the facts about their condition, learn about treatment options, and learn the pros and cons of each option. This outreach is based on claims we receive about the member. However, doctors can also make proactive referrals to a Health Coach for members facing important medical decisions.

Decision support campaigns include these topics and others:

- **Weight loss surgery.** Health Coaches discuss the pre- and post-surgical issues unique to members considering weight loss surgery.
- **Back pain.** Members can learn about the various treatment options for back pain, from exercise to surgery.
- **Women's health.** Health Coaches can speak on a variety of women's health topics, including uterine fibroids, breast cancer, and ovarian cancer.
- **Men's health.** Information is available about PSA tests and treatment options for prostate cancer.

ConnectionsSM AccordantCareTM Program

The Connections AccordantCare Program is offered through a partnership with Accordant Health Services, a specialized disease management organization. More than 1.5 million members throughout the family of companies are eligible for the Program.

The Connections AccordantCare Program provides resources to help you manage your IBC patients with 16 complex chronic conditions. The goal of the Program is to work with you to improve the clinical outcomes for these patients. As with all of our disease management programs, the Connections AccordantCare Program does not change your relationship with us or with your patients. This Program is designed to improve patients' compliance and self-management skills and to support your treatment plans.

More than 11,000 members were participating in the Connections AccordantCare Program as of April 30, 2007. Fifty-seven percent participated at an "interactive status" (active communication with a disease management nurse and completion of quarterly assessments). While disease-specific mailings and Web access are available to all participants, 43 percent of the participants chose to use the Web libraries and to receive mailings only.

Program diseases

The diseases covered by this program are:

- 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

The ConnectionsSM AccordantCareTM Program assists providers by:

- **Answering calls from patients** with questions about their condition, 24 hours a day.
- **Educating your patients** through Accordant's informative website (www.accordant.com), monthly newsletters, and contact with nurses. Accordant helps your patients understand their condition and find support, and provides them with other useful resources.
- **Improving patient compliance** with your prescribed treatment plan through education to the patients and notifying you of pertinent changes in your patients' health. Accordant supports your treatment objectives and works closely with your patients to ensure compliance.
- **Conducting routine preventive health evaluations** with your patients by telephone or email to detect early warning signs of complications. Accordant monitors subtle changes in your patients' condition and alerts you to changes that require follow-up.
- **Providing you with access to Accordant's nationally recognized medical advisers** who are available to discuss complex patient or treatment issues at no cost to you.
- **Coordinating care among all members of the patient's health care team.** Accordant can assist you with the time-consuming "legwork" often necessary for patients with complex, chronic diseases.

For more information, visit the Accordant website at www.accordant.net. If you have questions, call the Connections AccordantCare Program at 1-866-398-8761, 8 a.m. to 9 p.m., Monday through Thursday, or 8 a.m. to 5 p.m. on Friday, Eastern standard time. Messages left after hours will be returned the next business day.

ConnectionsSM Kidney Program

Since its inception more than three years ago, nearly 2,500 members have been referred to the Connections Kidney Program. Currently, there are approximately 500 active members in the program. Members who enroll in the Connections Kidney

Program (CKP) are assigned a Health Service Coordinator (HSC), an experienced renal nurse, who visits members at their dialysis centers and homes and conducts telephone support and follow-up. Working with the members and their physicians, the HSC encourages compliance and understanding of their total care plan. In addition, the renal nurse supports members with other acute and chronic medical conditions that may be present in addition to end-stage renal disease (ESRD).

The Program focuses on improving clinical outcomes by managing co-morbid conditions and dialysis-related issues. Of the patients currently in the Program:

- the average age is 67.6.
- fifty-six percent have diabetes.
- seventy percent have three or more co-morbid conditions.
- hypertension and diabetes are the two most prevalent co-morbid conditions.
- infection and related management is the cause of most hospitalizations.

The nurses' clinical-data review includes evaluation of many aspects of ESRD management, including the indicators in the charts on the following pages.

Connections Kidney Program (CKP) Quality Care Committee

The CKP Quality Care Committee is a group of ten local network nephrologists who meet quarterly to review the latest CKP outcomes data and to advise on program outreach priorities. Discussion focuses on spotting trends and recommending areas for improvement. Results are compared with benchmarks established by the National Kidney Foundation/Kidney Disease Outcomes Quality Initiative and the United States Renal Data Systems/Regional Renal Networks.

Physicians who are interested in learning more about the Connections Kidney Program, would like to refer a patient to the program, or are interested in the Quality Care Committee should call 1-866-303-4CKP [4257].

ConnectionsSM Kidney Program (CKP) clinical indicators

Condition	What is measured	Why is it important
Dialysis adequacy	This indicator measures whether a monthly hemodialysis (HD) assessment of the “delivered dose of dialysis” was obtained and if it is at the desired level. The minimum goal based on ESRD clinical practice guidelines are a Kt/V of 1.2 HD or 2.0 peritoneal dialysis (PD) and a mean urea reduction ratio (URR) >65%.	The delivered dose of dialysis is a significant predictor of mortality and hospitalization in HD and PD patients.
Anemia management	Hemoglobin (Hb) is measured as a primary indicator of successful anemia management. The minimal goal based on clinical practice guidelines is Hb of at least 11 g/dL.	Anemia is a major contributor to mortality, hospitalization, and poor quality of life in dialysis patients. When anemia is controlled to the levels listed, the outcomes are improved. In addition, anemia management can be optimized by appropriately balancing the use of Epoetin Alfa (EPO) and iron.
Bone disease evaluation	Calcium, phosphorus, calcium-phosphorus product, and parathyroid hormone (PTH) are measured, all of which are reflections of the state of metabolic bone disease in patients on dialysis. Target values include a corrected total calcium level preferably toward the lower end of 8.4 to 9.5 mg/dL, phosphorus <5.5 mg/dL, and a product of the two <55.	Bone disease in dialysis patients is a major source of morbidity, with bone pain and fractures common. In addition, a high calcium-phosphorus product leads to vascular and soft-tissue calcification.
Blood pressure monitoring	Predialysis systolic and diastolic blood pressure and pulse pressure (SBP – DBP) are measured as indications of overall blood pressure control. There are no clinical practice guidelines in this area, but optimal blood pressure control would be a predialysis blood pressure of <140/90 mm/Hg.	Hypertension is highly prevalent in the dialysis population and is a major contributor to morbidity and mortality, particularly related to cardiovascular and cerebrovascular disease.

continued on page 10

Condition	What is measured	Why is it important
Diabetes management	The prevalence of diabetes and the level of glucose control are measured, based on hemoglobin A1C. Adherence with other aspects of diabetes management based on public sector clinical guidelines for retinal and foot exams/wounds will be measured on an annual basis.	Diabetic patients with poor glucose control are more likely to experience increased morbidity and microvascular complications of diabetes, increased mortality, less energy, and poor quality of life. Close monitoring of blood sugars leads to improved control of diabetes and lessens the likelihood of progression of other diabetic complications. Monitoring for retinopathy and foot disease/wounds will permit early intervention to minimize these complications.
Cardiac management	Annual LDL measurement and the LDL level achieved are reviewed. In addition, there is tracking of whether patients are being treated with angiotensin converting enzyme inhibitors (ACEIs), angiotensin receptor blockers (ARBs), or beta blockers for appropriate indications.	Cardiovascular disease is the most frequent cause of death in dialysis patients, with a prevalence of coronary artery disease 5 to 30 times that of an age/gender matched population without kidney disease. The prevalence of left ventricle hypertrophy is also much higher in dialysis patients.
Vascular access management	This indicator tracks the type of vascular access that is being used overall and for diabetics. Access types for HD include the natural arteriovenous fistula (preferred), the graft arteriovenous fistula, and the percutaneous catheter (least desirable). For PD, the access is the peritoneal catheter.	Vascular access is one of the key determinants of hospitalization in HD patients, with significantly better outcomes if a natural arteriovenous fistula is used. Percutaneous catheters are associated with infection/sepsis/death and should be avoided whenever possible. In PD patients, the PD catheter is a major source of infection and other complications.
Hospital admissions	Hospital admissions, hospital days, average length of stay, and skilled nursing bed days are measured.	These are major indicators of clinical outcomes and resource utilization that should be modifiable with effective disease management.

Clinical Practice Guidelines and Clinical Insights

The *2007 Clinical Practice Guidelines* (CPG) will be available in the third quarter of 2007. The CPGs are a generally 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.

IBC updates 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, and are incorporated into the guidelines.

The guidelines are not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), or employer group. Individual member coverage will need to be verified with us. If you have any questions or concerns regarding member coverage, or if you would like more information on specific benefits coverage, please contact Provider Services at [215-567-3590](tel:215-567-3590) or [1-800-227-3119](tel:1-800-227-3119)* for HMO coverage, and [215-567-3694](tel:215-567-3694) or [1-800-332-2566](tel:1-800-332-2566)* for PPO coverage.

In addition to our guidelines, we offer providers *Clinical Insights*, summaries of the key points in the ConnectionsSM Health Management Program.

You may view the *Clinical Practice Guidelines* or the *Clinical Insights* on our website at www.ibx.com/providers, or you may call the Provider Supply Line at [1-800-858-4728](tel:1-800-858-4728) to obtain a printed copy.

*Outside the 215 area code.



RESPIRATORY SYNCYTIAL VIRUS (RSV)

TELEPHONE 1-800-237-2767 FAX 1-800-323-2445

1. PATIENT INFORMATION To be completed by the patient

Form for patient information including Last Name, First Name, M.I., Street Address, City, State, ZIP, Day Telephone #, Night Telephone #, Mobile Telephone #, Date of Birth, Social Security #, Sex, Parent/Guardian Name.

INSURANCE INFORMATION

Form for insurance information including Primary/Medical Insurance, Secondary/Pharmacy Insurance, Cardholder Name & ID #, Group/Policy #, Insurance Telephone #, Employer, Medicaid #.

ALTERNATE SHIPPING ADDRESS

Form for alternate shipping address including Last Name, First Name, M.I., Street Address, City, State, ZIP.

Caremark is committed to protecting the privacy of your health information. We will hold your health information in confidence and will only use and disclose it in accordance with applicable law.

2. PHYSICIAN INFORMATION To be completed by the physician and staff

Form for physician information including Prescriber's Last Name, Prescriber's First Name, Hospital/Clinic, Office Contact, Street Address, City, State, ZIP, Telephone #, Fax #, E-Mail Address, UPIN#, Medicaid License #, Prescriber's License #, DEA #, NPI #, Primary Care Physician Name, Phone #.

STATEMENT OF MEDICAL NECESSITY

Form for statement of medical necessity including Primary Diagnosis, Patient's Gestational Age, Current Weight, Please Document All Diagnoses, Medical Criteria, and Other Medical History.

Form for NICU history and prescription details including Additional Clinical Information, NICU History, Please Attach the NICU Discharge Summary, Was There a NICU Dose Administered?, Did the Neonatologist Recommend Synagis Prior to Discharge?, Expected Date of First/Next Injection, Previous Injections?, Deliver Product to, Agency Nurse to Visit Home for Injection?, Rx, Prescriber's Signature, Date.

3. FAX COMPLETED FORM TOLL-FREE TO CAREMARKCONNECT® @ 1-800-323-2445

Please include copies of the patient's insurance cards (front & back) when faxing the referral to expedite benefit clearance. Thank you for choosing Caremark!