



Independence
Blue Cross

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PARTNERS IN HEALTH UPDATE

April 2008

Working Together For Quality Health Care



ConnectionsSM

Kidney Program ends April 30, 2008

As previously communicated in the March 2008 *Partners in Health Update*, the Connections Kidney Program will be discontinued on **April 30, 2008**.

Members currently enrolled in the program will be transitioned to case managers in IBC's Care Management and Coordination department to ensure that they continue to receive the appropriate support. A letter will be mailed detailing this program change to dialysis centers, primary care physicians, nephrologists with patients in the Connections Kidney Program, and members enrolled in the Connections Kidney Program.


To refer a member on dialysis to IBC Care Management, call [1-800-313-8628](tel:1-800-313-8628).

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NATIONAL PROVIDER IDENTIFIER (NPI)

Beginning May 23, 2008, claims submitted without a valid, registered NPI will reject



NPIs must be registered with IBC

You must register your NPI with IBC prior to submitting claims.* Beginning **May 23, 2008**, claims will reject if you have not registered your NPI with us. You can register your NPI with IBC online by submitting an NPI provider registration web form on www.ibx.com/providers/npil/provider_registration.html.

Claims submitted with invalid NPIs will reject

Each claim must pass an NPI check-digit validation to ensure that it has a valid NPI. To date, many claims are not passing this check-digit validation. The most common reasons why claims are not passing the NPI check-digit validation include:

- the wrong provider identifier is entered in an NPI field;
- the NPI is entered incorrectly;
- the number entered is not a legitimate NPI.

If you are currently submitting claims with an NPI *and* a 10-digit legacy identifier, we have been able to accept your claims into our system consistent with our contingency plan. However, as of May 23, 2008, in accordance with the CMS mandate, providers must use the NPI as the primary identifier on the claim, and IBC will reject claims with invalid NPIs on or after this date.

Processing of claims

For purposes of processing a claim in accordance with the reimbursement terms of your IBC provider contract, you may continue to provide your 10-digit legacy number in addition to your valid, registered NPI. The sole purpose for providing the 10-digit legacy number is to facilitate accurate claims payment — not to identify the claim for acceptance into IBC's system. Only a valid NPI will be accepted by IBC as the primary identifier on the claim.

If you require further information regarding NPI claims submission, please refer to IBC's *National Provider Identifier (NPI) Toolkit: Tips for Proper Electronic and Paper Claims Submission*, located on www.ibx.com/pdfs/providers/npitoolkit.pdf.

More information regarding NPI, including IBC's NPI contingency plan, previous communications, FAQs, and additional resources, is available on www.ibx.com/providers/mpi.

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

BILLING

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



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

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



Claim INFO transactions now available on NaviNet®

The Claim INFO transactions are now available on NaviNet to professional providers. The *Claim INFO Adjustment Submission* transaction allows providers to submit claim adjustments through NaviNet for claims in a paid or denied status. Claims data is available for up to two years prior to the current date.

The *Claim INFO Adjustment Inquiry* transaction enables providers to review the status of submitted requests. Both

transactions can be viewed through the *Claim Inquiry and Maintenance* menu under *Plan Transactions*. Please refer to the sample screen below.

For assistance with these or any other transactions offered through NaviNet, providers can view the User Guides under *Customer Service*, or they can contact NaviNet Customer Care at 1-888-482-8057.

NaviNet® is a registered trademark of NaviMedix, Inc.

The screenshot shows the NaviNet web application interface. At the top, there is a navigation bar with 'NaviMedix®' and several menu items: 'Plan Central', 'Office Central', 'NaviNet Central', 'Action Items', 'Online Training', and 'Customer Service'. Below this is a 'Plan Transactions' section with a list of menu items. A dropdown menu is open for 'Claim Inquiry and Maintenance', showing options: 'Accepted Claim Status Inquiry', 'Clear Claim Connection™', 'Claim INFO Adjustment Submission', 'Claim INFO Adjustment Inquiry', and 'Rejected Claim Status Inquiry'. A blue arrow points to 'Claim INFO Adjustment Inquiry'. To the right of the dropdown is the 'Independence Blue Cross' logo and text: 'an independent licensee of the Blue Cross and Blue Shield Association'. Below the logo is the slogan 'You Asked, We Listened!'. At the bottom of the main content area, there is a notice: 'NaviNet for Independence Blue Cross is getting better. Effective December 15th, NaviNet will introduce enhancements to several transactions:' followed by a bullet point: 'The CAP Rosters transaction will have better download and print options, and easier search options, including searching by Member Last Name.' On the right side of the interface, there is a blue sidebar with 'NaviNet Hours of Operation' (Monday - Saturday 5am - 10pm EST, Sunday 9am-9pm EST), 'National Provider Identifier (NPI)', and 'Provider Publications' with a link to 'Provider Manual'. A 'Log Off' button is visible in the top right corner.

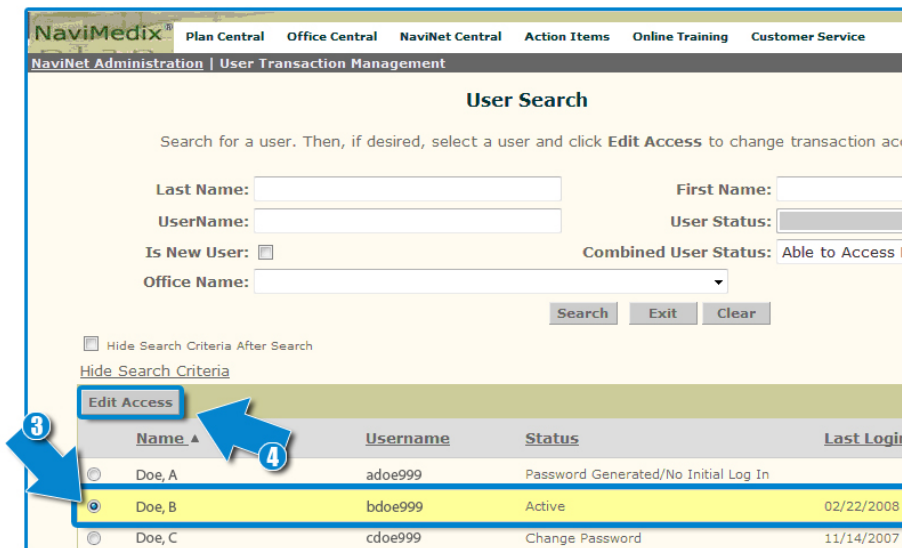
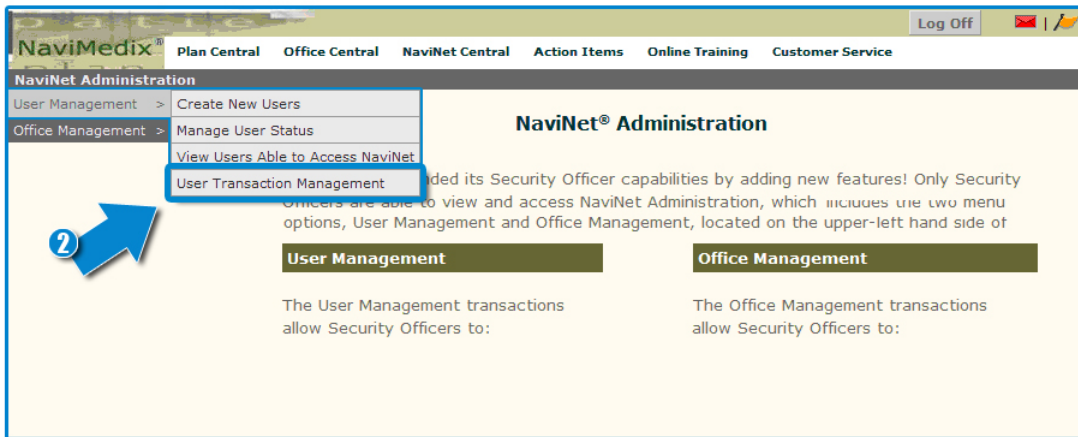
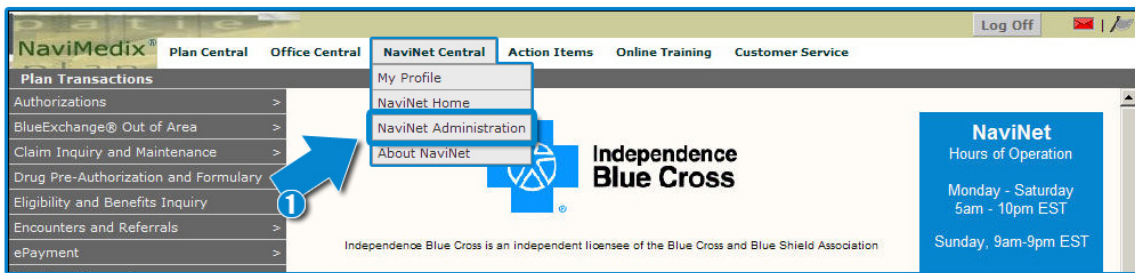


Changes to NaviNet® transaction management feature

With the introduction of the *Claim INFO Adjustment Submission* and *Claim INFO Adjustment Inquiry* transactions to professional provider groups, similar changes have been made to the *User Transaction Management* menu. Security officers can now control access to these transactions through the *User Management Transaction* found under *NaviNet Central* by following these steps:

1. Select *NaviNet Administration* located under *NaviNet Central*.
2. Select *User Transaction Management* from the *User Management* menu to open the *User Search* feature
3. Select the appropriate user listed on the *User Search* screen.
4. Select the *Edit Access* button to view the list of transactions. Designated transactions can be *Enabled* or *Disabled* as needed.

If you have questions regarding this feature, please contact NaviNet Customer Care at 1-888-482-8057.



Modifier-25: Clarification for evaluation and management (E&M) services and chemotherapy services



As a result of the widely variable usage trends found during routine audits performed on E&M services by IBC's professional provider audit area, we would like to remind providers of the criteria for using the office visit codes 99211 – 99215 when billed with modifier-25 at the time of the visit for chemotherapy administration services. Modifier-25 is appended when the evaluation is significant and separately identifiable from the infusion/injection provided.

According to the Current Procedural Terminology (CPT®) guidelines, the presenting problem for a nurse visit (99211) is *minimal*. Therefore, the modifier-25 use is not indicated since the service is not significant. The Centers for Medicare & Medicaid Services incorporated the work for minimal E&M code 99211 in the relative value units of the chemotherapy and IV administration codes.

In addition, IBC's policy regarding office visits codes 99212 – 99215 is consistent with CPT guidelines. *The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E&M service above and beyond other services provided or beyond the usual pre-service and post-service care associated with the procedure performed.* For example, an established patient with breast cancer presents for her weekly Herceptin® infusion therapy and anemia treatments. The anemia is significant and goes beyond the usual pre-service and post-service care associated with the infusion, an evaluation may be reported separately.

Please visit www.cms.hhs.gov/MLNMattersArticles/downloads/MM3192.pdf for more information.

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Policy change notifications available online



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

Please follow these instructions to read notifications:

1. Visit www.ibx.com/medpolicy.
2. Select *Accept and Go to Medical Policy Online*.
3. Select the *Commercial and Other Medicare Advantage policies* link.
4. Select *News & Announcements* from the *Medical Policy* column on the left sidebar.
5. Select links to notification articles.

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

Colorectal cancer awareness literature available



In the March *Partners in Health Update*, we asked for your assistance in reminding members about the importance of screening for colorectal cancer. This month we would like to offer you the opportunity to obtain educational patient information on this topic.

IBC and the American Cancer Society are pleased to provide you with a copy of *Colorectal Cancer Prevention* (a pocket card for physicians' use) as well as *Get Your Tests! Instruction Guide*. Both offer health care practitioners an overview of patient education resources that are available for their offices. Samples of either of these brochures are available, while supplies last, by calling our Provider Supply Line at 1-800-858-4728, by calling the American Cancer Society directly at 1-800-ACS-2345, or by visiting the American Cancer Society website, www.cancer.org/colonmd.

While colorectal screening may not be at the top of some patients' lists when they walk into your office, recommendations from their health care provider are the most effective way to ensure that every individual gets the information they need on which screenings are recommended for their age and/or situation. Adherence to the colorectal cancer screening guidelines may lead to improved patient outcomes. Individual clinical decisions should be tailored to specific patient medical and psychosocial needs. Although this information is adapted from national sources, information in this area might evolve rapidly and lead to changes in recommendations. As changes occur, please update your practice accordingly.

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 or via NaviNet®.

ConnectionsSM Health Management Program provider satisfaction survey



The fourth annual provider satisfaction survey for the Connections Health Management Program was conducted by an independent research company in the fourth quarter of 2007. For the first time, providers were able to respond to the survey online through a link promoted in *Partners in Health Update*. A follow-up survey was then mailed to providers who did not complete the online version. The survey found that awareness of the program was high and that of those who responded:

- Nearly half said patients had talked with them about the Connections Program.
- More than three-quarters said the Connections Program improved communication with their patients.
- Sixty-four percent found the SMART[®] Registry to be a helpful resource.

- Two-thirds found the Provider Service Specialist support helpful.
- Sixty-nine percent found the Connections Program helpful for their chronic patients who have used it.
- More than half said the program provided a more positive image of the health plan.

Doctors can call the Provider Support Line at [1-866-866-4694](tel:1-866-866-4694) to provide feedback on the Connections Program, to refer a patient for Health Coaching, or to speak with a Provider Service Specialist about any aspect of the Connections Program, including the SMART Registry.

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Resources available to doctors and members to improve medical decisions



More choices for doctors and patients

As the number of medical treatments and diagnostic tests grows, doctors and patients have more and more choices. Medical conditions that could once be treated in only one or two ways can now be treated with an array of valid options, each with a different set of advantages and drawbacks. Having these choices is good because it paves the way for personalized care. Unfortunately, it also brings added complexity, and it makes the “right” treatment more elusive. After all, how can you tell when a medical decision is a “good” one?

That is a question Al Mulley, M.D., chief of the General Medicine Division at Massachusetts General Hospital and cofounder of the Foundation for Informed Medical Decision Making, has been studying for years. According to Dr. Mulley, a good decision is one that the doctor and patient make together — one made deliberately, with the necessary communication between doctor and patient to ensure a thorough understanding of the available options, and after a lot of introspection by the patient.

“There’s understanding the relevant science, which tells you the probability of different outcomes,” says Dr. Mulley, “but then there’s understanding yourself well enough to know what really matters to you in life and making a choice that is consistent with what matters to you.”

The BPH example

Consider two men with urinary symptoms from benign prostatic hyperplasia (BPH). Both are equally bothered by their symptoms, and both are candidates for the same treatment options, including watchful waiting, medical therapy, and surgery.

One of the men has an active sex life, while the other is widowed and has little interest in sex. For the first man, the idea of developing retrograde ejaculation, a common side effect of surgery, sounds intolerable. For the second, retrograde ejaculation would be a trivial price to pay in exchange for a reduction in nocturia that would allow him to sleep through the night.

None of the treatment options the men are facing is obviously clinically superior to the others. Studies show that surgery is more effective than the other treatments at symptom reduction, but it also involves more risks and side effects, including retrograde ejaculation. Hence, according to Dr. Mulley, “whether or not a BPH patient gets his prostate operated on should depend on who he is and what he cares about.”

The point is, although the men in the example are clinically identical, the “right” treatment for each of them is likely to be quite different. What’s more, the only way a doctor can determine the right treatment for each of these patients is to engage them, question them, and find out how they feel about each of the treatment options and their respective advantages and tradeoffs. Thus, medical decision-making becomes a shared process, and the quality of a decision is based not on its outcome but on how the patient feels about the choice being made.

Improving decision quality

Given the number of options for men with BPH, it might take a doctor several standard-length visits just to explain the mechanics of each option, as well as the risks and benefits of each. It might take even more time to elicit an individual patient’s preferences and how they relate to the different possible outcomes. The same would be true of any medical condition with several treatment options. That kind of time commitment may be challenging in modern practice, so doctors interested in improving decision quality may want to call on support beyond the help of a doctor-patient encounter, such as referring their patients to decision aids and Health Coaches.

Decision aids are high-quality educational tools that meet international standards for presentation of the treatment options for a given condition. Health Coaches are health care professionals, usually nurses, who are specifically trained to support patients and help them communicate effectively with their physicians when making shared decisions.

“Physicians who take advantage of those resources can not only provide better care that leads to more satisfied, and more importantly, healthier patients,” says Dr. Mulley, “but they can do that far more efficiently.”

Decision support available

The ConnectionsSM Health Management Program offers your patients access to Health Coaches trained in decision support, as well as access to high-quality decision aids — including DVDs, printed booklets, and online content. To learn more about improving decision quality in your practice, call a Provider Service Specialist at 1-866-866-4694. A list of the DVDs available to eligible members can be found on www.ibx.com/pdfs/providers/resources/shared_decision_ibc.pdf.

Note: Dr. Mulley is cofounder and senior medical advisor for the Foundation for Informed Medical Decision Making, a not-for-profit organization. IBC includes evidence-based content from the Foundation in the Connections Health Management Program.



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.

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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.

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FutureScripts and FutureScripts Secure are independent companies that provide pharmacy benefit management services.



IMPORTANT RESOURCES

View our online provider directories on www.ibx.com

CARE MANAGEMENT AND COORDINATION

Case Management

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

Baby BluePrints®

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

CONNECTIONSSM HEALTH MANAGEMENT PROGRAMS

ConnectionsSM Health Management Program Provider Support Line

1-866-866-4694

ConnectionsSM AccordantCareTM Program

1-866-398-8761

CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT

Anti-Fraud and Corporate Compliance Hotline

1-866-282-2707
www.ibx.com/anti-fraud

CREDENTIALING

Credentialing Hotline
Credentialing Violation Hotline

www.ibx.com/credentials
215-988-6534
215-988-1413

eBUSINESS

Help Desk

215-241-2305

FutureScripts®

Prescription Drug Authorization
Toll Free Fax

1-888-678-7012
1-888-671-5285

Direct Ship Injectable

1-888-678-7012

Fax

215-761-9165

Blood Glucose Meter Hotline

1-888-494-8213 (option 2)

FutureScripts® Secure

Medicare Part D

1-888-678-7015

HEALTH RESOURCE CENTER

Healthy LifestylesSM

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

Precertification

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

PROVIDER MEDICAL POLICY WEB PAGE

www.ibx.com/medpolicy

PROVIDER NETWORK eSERVICES

NaviNet® Portal Registration
EDI Claim Registration

www.ibx.com/providers/navinet/index.html
215-640-7410

PROVIDER PHARMACY WEB PAGE

www.ibx.com/provider_rx

PROVIDER SERVICES (Policies/Procedures/Claims)

HMO

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

PPO

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

PROVIDER SUPPLY LINE

1-800-858-4728

* Outside 215 area code

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