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



## Catalyst Health Solutions and IBC announce agreement on sale of FutureScripts®

To enhance our ability to provide new and better pharmacy capabilities to serve our customers, IBC has entered into an agreement for Catalyst Health Solutions, Inc. to acquire our FutureScripts and FutureScripts Secure pharmacy benefit management (PBM) subsidiaries.

FutureScripts provides PBM services to approximately 1 million members and manages more than 14 million prescriptions annually. Under the terms of the ten-year contract, Catalyst will maintain the FutureScripts brand, retain FutureScripts' staff, and provide IBC a full complement of services, including: claims adjudication, member services, network administration, formulary management and rebate contracting, mail and specialty drug management, clinical services, data reporting and analytics, as well as client service and sales support.

For more information about this change, see the press release posted on our website at [www.ibx.com/news\\_events/press\\_releases/2010/08\\_04\\_Catalyst\\_Health\\_Solution.html](http://www.ibx.com/news_events/press_releases/2010/08_04_Catalyst_Health_Solution.html).

## Updated payer ID grids now available



The professional and facility payer ID grids were recently updated to reflect the following changes:

- A new alpha prefix was added for account-specific National BlueCard® PPO products.
- Medicare Advantage PPO was added to the grids.

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

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

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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, BlueCard, Blue365, and Baby BluePrints are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

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

NaviNet® is a registered trademark of NaviNet, Inc.

An affiliate of IBC holds a minority ownership interest in NaviNet, Inc., an independent company.

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

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most IBC members.



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

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

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

## Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2010

**Effective October 1, 2010**, we will implement a quarterly update to our Professional Injectable and Vaccine Fee Schedule.

These updates reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables. You will be able to view these changes starting October 1, 2010, through the NaviNet® web portal. To do so, select *Reference Material and Reports* from the Plan Transactions menu, and then select *Fee Schedule Inquiry*.

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

## Revised capitation rates and zero dollar copayment for certain preventive services

IBC will be changing your capitation rates due to a new set of cost-sharing rules mandated by the Federal Health Reform act known as the Patient Protection and Affordable Care Act of 2010 (Act). As required by this Act, as of October 1, 2010, there will be no member cost-sharing (i.e., \$0 copayment) for certain preventive services provided to members. The following changes are necessary as benefits modifications will be rolled out to existing employer groups upon their renewal.

As it is expected to take several years for this change to be phased in across IBC health benefits plans based on the terms of the member's Benefits Program Agreement, it continues to be important that you always check the NaviNet® web portal and ID cards for member benefits.

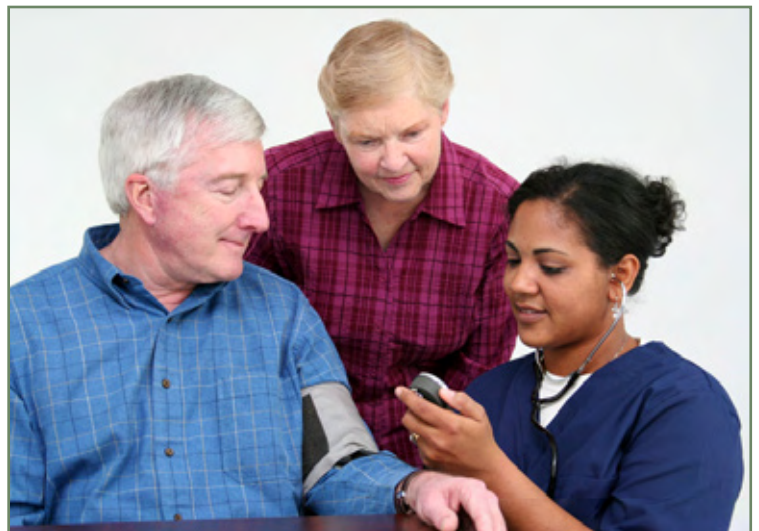
### **Preventive care \$0 copayment capitation rates.**

For members with a new \$0 copayment benefits plan for preventive care services, your capitation rates will increase to account for this benefits change. This benefit and rate of capitation payment change will be effective October 1, 2010, for certain commercial HMO and POS benefits plans and January 1, 2011, for all Medicare Advantage HMO plans. The PCP capitation rates have been increased to account for the actuarial value of preventive care copayments currently collected under these benefits plans.

**Other capitation rates.** For commercial and Medicare Advantage HMO members whose benefits for preventive services are not changing, the capitation rates currently in effect will continue to be paid for these members.

**Member benefits.** Prior to the effective date of this change, IBC will publish additional information on NaviNet that further describes how to identify members with \$0 copayments for preventive services.

To check a member's benefits on NaviNet, select *Member Eligibility and Benefits Inquiry* from the Plan Transactions menu. If you are not NaviNet-enabled, go to [www.navinet.net](http://www.navinet.net) and select *Sign up* from the top right. You may also obtain access to NaviNet by calling the IBC eBusiness Provider Hotline at 215-640-7410.





## Important information about the new Blue Cross® Blue Shield® Medicare Advantage PPO Network Sharing program effective January 1, 2011

For dates of service beginning January 1, 2011, IBC will be required by the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield plans, to participate in the BCBSA national Medicare Advantage PPO Network Sharing program and accept Medicare Advantage PPO enrollees from other Blue Cross Blue Shield Plans who travel or reside in our 5-county Philadelphia service area as our local members. Similar to the current BlueCard® program for commercial Blue Cross Blue Shield PPO Plans, this national BCBSA initiative enables enrollees in one Blue Cross Blue Shield Medicare Advantage Plan to obtain health care benefits and services from participating Blue Cross Blue Shield Plan providers while traveling or living in another Blue Cross Blue Shield Plan's service area.

### *How this affects participating providers*

As a participating provider, you will be expected to provide services to these Blue Cross Blue Shield Medicare Advantage PPO plan enrollees who present to you for treatment as you would any other Blue Cross Blue Shield Medicare Advantage PPO member.

### *Facility providers*

IBC will continue to process participating provider claims for covered facility services (e.g., hospital, skilled nursing facilities, ambulatory surgery centers, renal dialysis) for these Blue Cross Blue Shield Medicare Advantage PPO enrollees. For admissions on or after January 1, 2011, you will be paid the contracted rates for covered services for these members. For more information on claims submission, please refer to the Facility Payer ID grid on our website at [www.ibx.com/edi](http://www.ibx.com/edi).

### *Professional and ancillary providers*

For professional and ancillary providers who submit claims on the CMS-1500 claim form or through the 837P transaction, your contract will be amended to cover your provision of services to these Blue Cross Blue Shield Medicare Advantage PPO enrollees and claims for services rendered to them. You should continue to submit commercial BlueCard claims to Highmark Blue Shield, as this process will not change. IBC will process only Blue Cross Blue Shield Medicare Advantage PPO claims.

For Blue Cross Blue Shield Medicare Advantage PPO claims that span dates of service from 2010 into 2011, you will be required to split the claim for billing purposes. Claims with dates of service up to December 31, 2010, should continue to be submitted to Highmark Blue Shield. For information on where to submit claims for dates of service on or after January 1, 2011, please refer to the Professional Payer ID grid on our website at [www.ibx.com/edi](http://www.ibx.com/edi).

### *All providers*

The ID cards for these Blue Cross Blue Shield Medicare Advantage PPO enrollees will contain "MA" in the suitcase logo. These enrollees have been instructed to provide their Blue Cross Blue Shield Medicare Advantage PPO ID card — not their standard Medicare ID card — when presenting to your office/facility for services.

The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCD) and the Local Coverage Determinations (LCD) as well as IBC select Reimbursement Policies will be applied to claims for a Blue Cross Blue Shield Medicare Advantage PPO plan enrollee by IBC as a Host plan. Home plan Medical Policy may still be applied. For CMS-1500 or 837P claims received, the National Correct Coding Initiative edits of CMS will be applied during claims adjudication.

### *Resources*

For more detailed information regarding NCDs and LCDs or to view a list of the applicable IBC Reimbursement Policy documents, visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) regularly, as the site is updated often and policies will be available this fall.

If you have any questions about Blue Cross Blue Shield Medicare Advantage PPO, please contact your Network Coordinator.

## Reminder: Authorization submission requirements through NaviNet start October 1

As previously communicated in the July and August editions, **effective October 1, 2010**, all NaviNet-enabled provider sites will be required to submit their initial authorization requests through NaviNet.

The following authorization types *must* be requested through NaviNet:

- medical/surgical procedures
- cardiac rehab
- chemotherapy/infusion
- durable medical equipment
- emergency hospital admission notification
- home health (effective June 1, 2010)\*
  - dietitian
  - home health aide
  - occupational therapy
  - physical therapy
  - skilled nursing
  - social work
  - speech therapy
- home infusion
- outpatient speech therapy
- pulmonary rehab
- sleep studies

Please note that the representatives at the Health Resource Center will no longer be able to process the authorizations listed above as of October 1.

### *Tips for submitting authorizations*

NaviNet submissions that result in a pended status can take up to two business days to be completed. These may include requests for additional clinical information as well as requests that may result in a duplication of services. If the authorization remains pended beyond two business days, providers should call **1-800-ASK-BLUE** for assistance.

Requests for medical/surgical procedures can be made up to six months in advance on NaviNet, and in most cases, requests for medically necessary care are authorized immediately.

In some instances, providers can modify the date of service previously approved by selecting *Authorizations* from the Plan Transactions menu and then *Authorization Status Inquiry*.

### *Authorization requirements for non-enabled sites*

All provider groups will be required to have all site locations enabled by December 31, 2010. To register for NaviNet, go to [www.navinet.net](http://www.navinet.net) and select *Sign up* from the top right. Register no later than November 1, 2010, to obtain access by December 31, 2010.

Once provider sites become enabled, they will be required to submit their initial authorization requests through NaviNet.

### *About NaviNet*

For your convenience, NaviNet is available to all participating providers Monday through Saturday, 5 a.m. to 10 p.m., and Sunday, 9 a.m. to 9 p.m. If your office location has not yet registered for NaviNet, please sign up at [www.navinet.net](http://www.navinet.net). If your office is currently NaviNet-enabled but would like training on how to submit authorizations, please call the eBusiness Provider Hotline at **215-640-7410**.

*Note: This information does not apply to providers contracted with Magellan Behavioral Health, Inc. Magellan-contracted providers should contact their Magellan Network Coordinator at 1-800-866-4108 for authorizations.*

*\*Please refer to the April edition of Partners in Health Update for additional information on the home health authorization request changes.*

## Policy notifications posted as of August 18, 2010

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of August 18, 2010.

Policy effective date	Notification title	Notification issue date
March 23, 2010 Retroactive	<b>05.00.62a</b> Sculptra® (Injectable Poly-L-Lactic Acid), Radiesse® (Calcium Hydroxylapatite)	August 2, 2010
August 20, 2010	<b>09.00.11b</b> Echocardiography Contrast Agents	July 21, 2010
August 20, 2010	<b>09.00.31c</b> Low Osmolar Contrast Agents	July 21, 2010
August 20, 2010	<b>07.02.13b</b> Thermography	July 21, 2010
September 8, 2010	<b>11.08.04f</b> Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)	June 10, 2010
September 22, 2010	<b>11.02.01g</b> Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence	June 24, 2010
October 19, 2010	<b>11.08.25d</b> Scar Revision	July 21, 2010

To view these notifications, as well as the policies in full, go to [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy), select *Accept and Go to Medical Policies*, and then select *Policy Notifications*. Be sure to check back often, as the site is updated frequently.

## Choosing the most appropriate site of service

As a reminder, as part of our utilization review program, IBC evaluates the appropriateness of the setting (e.g., office, inpatient, outpatient) for Covered Services requested by a member's health care provider that may be provided in alternate settings or sites.

When a Covered Service can be administered in various settings, providers should request preapproval, as required by the applicable Benefit Program, to provide the Covered Services in the most appropriate and cost-effective setting for the member's current medical needs and condition including any required monitoring. IBC review for preapproval will be based on the clinical documentation from the requesting health care provider supporting the requested setting.

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

## New custom allergy testing panel

In conjunction with Quest Diagnostics®, we have created a new custom allergy testing panel for immunocap allergy testing.

Effective immediately, participating physicians can order panel number 95071QHO = INDEPENDENCE BLUE CROSS RESPIRATORY ALLERGY EVALUATION, which includes 18 common environmental allergens.

Please note that Medical Policy #06.02.26b: In Vitro Allergy Testing limits the total number of allergens that can be tested to 30 per year. To read the policy in its entirety, go to [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) and enter the policy number in the search field.

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

## Request your office supplies online

We have created a new online request form to streamline the ordering of your office supplies, such as provider manuals and directories, and maternity questionnaires. Orders are normally shipped within 24 hours and should arrive to you within 3 – 5 business days.

To ensure that your request is sent to the proper location, you will need to provide some basic office information including your NPI, mailing address, and office phone number. You also have the option to sign-up to receive email notifications that provide you with the latest information, including *Partners in Health Update* and news alerts.

The Provider Supply Line order form is available on our website at [www.ibx.com/providersupplyline](http://www.ibx.com/providersupplyline).



## Formulary changes for basal insulin

Starting October 1, 2010, Lantus<sup>®</sup> insulin will be removed from the Select Drug Program<sup>®</sup> Formulary, and all new prescriptions for Lantus will require prior authorization. Prior authorization requests will be reviewed in accordance with our established criteria, and, if approved, non-preferred insulin will be covered at the highest level of cost-sharing. If denied, non-preferred insulin will not be a covered benefit.

Levemir<sup>®</sup> will remain on the formulary as the preferred brand-name insulin and will continue to be available at the brand formulary level of cost-sharing.

Before making these changes, FutureScripts<sup>®</sup>, our pharmacy benefits manager, reviewed the available clinical data, including data provided by both insulin manufacturers. Upon full review of the literature, FutureScripts found no clinically relevant studies that indicated a significant difference in outcome or glycated hemoglobin control between Levemir (insulin detemir) and Lantus. In fact, the larger controlled trials indicate that these products maintain the same control between groups.

In addition, the more recent clinical trials published in peer-reviewed journals demonstrate the efficacy of Levemir as a once-daily dosing product at similar rates to Lantus. Please note that, even in cross-over trials, there was no significant difference in control measures in groups that were switched from Lantus to Levemir.

### *Why we made this change*

Controlling overall health care costs for everyone — our members, employer groups, and community — and improving the lives of those affected by diabetes is a priority. By selecting preferred insulin agents for the Select Drug Program Formulary, we are better positioned to control costs while still providing members with access to effective medications.

If you have any questions about these changes, please contact FutureScripts at 1-888-678-7012. To learn more about our pharmacy policy and prior authorization criteria for insulin, visit the Pharmacy Policy section of our website at [www.ibx.com/rxpolicy](http://www.ibx.com/rxpolicy).

## Select Drug Program® Formulary updates

The Select Drug Program Formulary is a list of medications approved by the U.S. Food and Drug Administration that were chosen for formulary coverage based on 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 most recent changes are listed below.

### Generic additions

The generic drugs below recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
adapalene gel	Differin®	5. Skin Medications	June 3, 2010
amoxicillin-clavulanate extended-release	Augmentin XR®	1. Antibiotics & Other Drugs Used for Infection	May 3, 2010
anastrozole	Arimidex®	2. Cancer & Organ Transplant Drugs	June 30, 2010
azelastine	Astelin® Nasal Spray	13. Allergy, Cough & Cold, Lung Meds	June 23, 2010
enoxaparin	Lovenox®	9. Biotechnology	July 30, 2010
famotidine suspension	Pepcid® suspension	8. Stomach, Ulcer, & Bowel Meds	May 27, 2010
Gianvi™	Yaz®	11. Female, Hormone Replacement, Birth Control	June 1, 2010
naratriptan	Amerge®	3. Pain, Nervous System, Psych	July 7, 2010
omeprazole-sodium bicarbonate	Zegerid®	8. Stomach, Ulcer, & Bowel Meds	July 1, 2010
rivastigmine	Exelon®	3. Pain, Nervous System, Psych	July 1, 2010
trandolapril-verapamil extended-release	Tarka®	4. Heart, Blood Pressure, & Cholesterol	June 9, 2010
venlafaxine extended-release	Effexor XR®	3. Pain, Nervous System, Psych	July 1, 2010

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## Select Drug Program® Formulary updates (continued)

### Brand additions

These brand drugs were previously added to the formulary and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Abilify Discmelt®	3. Pain, Nervous System, & Psych	June 1, 2010
Cymbalta®	3. Pain, Nervous System, & Psych	July 15, 2010
Janumet®	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones	July 1, 2010
Januvia®	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones	July 1, 2010
Mirapex ER®	3. Pain, Nervous System, & Psych	August 1, 2010
Onglyza™	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones	July 1, 2010
Treximet®	3. Pain, Nervous System, & Psych	July 1, 2010
Valturna®	4. Heart, Blood Pressure, & Cholesterol	August 1, 2010

### Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

*Effective October 1, 2010.*

Brand drug	Generic drug	Formulary chapter
Astelin® Nasal Spray	azelastine	13. Allergy, Cough & Cold, Lung Meds
Augmentin XR®	amoxicillin-clavulanate extended-release	1. Antibiotics & Other Drugs Used For Infection
Lovenox®	enoxaparin	9. Biotechnology
Yaz®	Gianvi™	11. Female, Hormone Replacement, Birth Control

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

Brand drug	Formulary therapeutic alternatives	Formulary chapter
ACTOplus met®	metformin	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Actos®	metformin	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Avandamet®	metformin	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Avandaryl®	glimepiride	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Avandia®	metformin	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Lantus®	Levemir®	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Zomig®	sumatriptan	3. Pain, Nervous System, & Psych

There are no generic equivalents available for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing.

## Prescription drug updates

For members enrolled in an IBC prescription drug program, there are additional drugs requiring prior authorization. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. These updates are below.

### Drugs requiring prior authorization

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

Brand drug	Generic drug	Drug category	Effective date
Livalo <sup>®</sup>	Not available	Heart, Blood Pressure, & Cholesterol	May 21, 2010
Rybix <sup>™</sup> ODT	Not available	Pain & Nervous System Meds	April 30, 2010
Vimovo <sup>™</sup>	Not available	Bones, Joints, & Muscles	May 14, 2010
Xifaxan <sup>®</sup> 550mg	Not available	Stomach, Ulcer, & Bowel Meds	April 30, 2010

The following non-formulary drugs require prior authorization for new prescriptions. Members taking these drugs immediately prior to the effective date are not affected:

*Effective October 1, 2010.*

Brand drug	Generic drug	Drug category
Amerge <sup>®</sup>	Not available	Pain & Nervous System Meds
Axert <sup>®</sup>	Not available	Pain & Nervous System Meds
Frova <sup>®</sup>	Not available	Pain & Nervous System Meds
Imitrex <sup>®</sup>	Not available	Pain & Nervous System Meds
Lantus <sup>®</sup>	Not available	Diabetes
Maxalt <sup>®</sup>	Not available	Pain & Nervous System Meds
Relpax <sup>®</sup>	Not available	Pain & Nervous System Meds
Zomig <sup>®</sup>	Not available	Pain & Nervous System Meds



## Annual Synagis® (palivizumab) distribution program

We are pleased to announce the Synagis® (palivizumab) distribution program for the 2010-2011 respiratory syncytial virus (RSV) season, which is November through April in the United States. According to the Centers for Disease Control and Prevention, RSV is the most common cause of bronchiolitis and pneumonia among children younger than 1.

During the RSV season, we will approve the monthly administration of Synagis® (palivizumab) for at-risk children younger than 2. Synagis® (palivizumab) is a humanized monoclonal antibody that provides passive immunity against RSV. It is intended to decrease the morbidity and mortality associated with RSV lower respiratory tract disease in at-risk children, which includes children with one of the following conditions or risk factors:

- chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia);
- history of preterm birth (< 35 weeks 0 days gestation);
- congenital heart disease;
- severe neuromuscular disease;
- congenital abnormalities of the airway.

### Recommendations for premature infants

Specific recommendations have been made to reduce the risk of RSV hospitalization for infants who are born at 32 through less than 35 weeks gestation (defined as 32 weeks 0 days through 34 weeks 6 days). Synagis® (palivizumab) prophylaxis should be limited to these infants who are at greatest risk of hospitalization due to RSV. This includes at-risk infants who are younger than 3 months and 0 days (less than 90 days) at the start of the RSV season, as well as those who are born during the RSV season and are likely to have an increased risk of exposure to RSV.

Epidemiologic data suggests that RSV infection is more likely to occur and lead to hospitalization for infants in this gestational age group when at least one of the following risk factors is present:

- The infant attends child care (defined as a home or facility where care is also provided for any number of infants or young toddlers in the same facility).
- The infant has a sibling younger than 5.

Prophylaxis may be considered for infants born at 32 through less than 35 weeks gestation whose chronological age is less than 3 months before the onset or during RSV season and for whom at least one of the aforementioned factors is present.

Infants in this gestational age category should receive prophylaxis only until they reach 3 months of age. In addition, these infants should receive a maximum of three monthly doses; many will receive only one or two doses until they reach 3 months of age.

Once an infant has passed 3 months of age (older than 90 days), the risk of hospitalization attributable to RSV lower respiratory tract disease is reduced. Administration of Synagis® (palivizumab) is not recommended after 3 months of age. This criteria for premature infants is based on updated guidelines published in the 2009 American Academy of Pediatrics *Red Book*® and is a change from the 2008-2009 RSV season recommendations for infants.

### How to obtain Synagis® for use in your office

Synagis® (palivizumab) is a medical benefit managed by the FutureScripts® Direct Ship Specialty Pharmacy Program and facilitated by ACRO Pharmaceutical Services, an independent company. ACRO Pharmaceutical Services will provide Synagis® (palivizumab) exclusively for IBC during the 2010-2011 RSV season, and it is mandatory that all participating providers obtain Synagis® (palivizumab) through the FutureScripts Direct Ship Specialty Pharmacy Program. ACRO Pharmaceutical Services will ship the agent directly to your office.

If you have questions about the Synagis® (palivizumab) distribution program, please contact Customer Service at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE). Look for more information regarding the shipment and facilitation of Synagis® (palivizumab) in next month's edition of *Partners in Health Update*.

*Note: Synagis® (palivizumab) is not effective in the treatment of RSV disease, and it is not approved for this indication.*

*This is not a statement of benefits. Benefits may vary according to state requirements, product line (HMO, PPO, etc.), and/or employer groups. Member coverage can be verified by calling Customer Service at 1-800-ASK-BLUE.*



## New fall prevention and chronic pain programs

Fall prevention and chronic pain are the latest programs to be added to our already robust Connections<sup>SM</sup> Health Management Program, which includes asthma, diabetes, COPD, coronary heart disease, heart failure, migraine, hypertension, gastroesophageal reflux disease, peptic ulcer disease, cardiometabolic risk, and medication persistence.

### Fall prevention program

Launched in May, the fall prevention program is designed to increase awareness among members 55 and older of measures they can take to reduce their risk of falls, including appropriate lifestyle changes. Members are identified through medical and pharmacy claims data that includes:

- previous falls and/or fall-related injuries;
- certain medications and prescription history;
- specific medical diagnoses, procedures, and admissions.

Members receive automated telephone outreach, and they may also request additional fall prevention information. Through the program, members are encouraged to improve balance and gait through simple exercises, make their homes safer, and work with their physician to manage their medications. The program aims to increase

awareness of how to reduce avoidable injuries from falling and improve the member's quality of life.

### Chronic pain program

The chronic pain program identifies members in need of support for managing their pain. The program aims to improve the member's productivity and quality of life and offers Health Coach support for the treatment options available. The program empowers members to set appropriate goals, use coping skills, and apply mind-body techniques to manage pain and symptoms.

Members with chronic pain claims within the past 12 months and/or claims for specific medications will receive outreach.

### To refer a member

If you have a member who would benefit from health coaching for chronic pain and/or fall prevention, call the Connections Provider Support Line at 1-866-866-4694. You can also complete the referral form at [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections). This site also has additional information and handouts for the Connections Program.

*Note: The Connections Health Management Program is available to most members. Members can call Customer Service to determine eligibility.*

## Overview guides available for substance-use disorders, depression, and suicide



IBC and Magellan Behavioral Health, Inc., an independent company, provide *Substance-Use Disorders Identification Overview* and *Depression and Suicide Overview* guides. These guides are double-sided charts that include information on substance-use disorders and pharmacotherapy for substance-use disorders, depression treatment, and assessing and managing suicidal patients.

Each guide also provides resources that support clinical practices consistent with nationally recognized standards

of care. We developed these guides in collaboration with Magellan Behavioral Health, Inc., and they are consistent with our clinical practice guidelines.

Download the guides from our website at [www.ibx.com/providers/resources](http://www.ibx.com/providers/resources) in the Worksheets, Forms, and Guides section. If you do not have access to the Internet, please call the Provider Supply Line at 1-800-858-4728 for paper versions.

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

## The Connections<sup>SM</sup> Health Management Programs 2010 Annual Update is now available

Included with this edition of *Partners in Health Update* is the *Connections<sup>SM</sup> Health Management Programs 2010 Annual Update (Annual Update)*. The *Annual Update* includes information on how you and your patients can benefit from the Connections Health Management Programs. It also provides information about new initiatives, outreaches, and tools to help you provide support to your patients, our members. Health professionals from the Connections Programs work with members to encourage implementation of and adherence

to your treatment plans. The programs also help your patients by offering disease management and decision support.

The *Annual Update* also includes information about the transition of the Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program to the new Connections<sup>SM</sup> Complex Care Management Program.

To learn more about the Connections Programs, visit [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections).

## Healthy Lifestyles<sup>SM</sup> and Blue365<sup>®</sup>: Offering valuable discounts to members

Beginning October 1, eligible IBC members will have access to Blue365, a new discount program\* that's part of our Healthy Lifestyles programs. With exclusive value-added discounts and offers from leading national companies, Blue365 gives members exactly what they need — an easy-to-use, valuable resource to help them access health and wellness products and services while saving money.

Discounts are available for fitness center memberships and equipment; nutrition and weight management programs; laser vision correction; alternative medicine visits; parent and senior care; hearing aids; and healthy travel. Participants include Reebok<sup>®</sup>, LasikPlus<sup>®</sup>, and eDiets<sup>®</sup>, just to name a few.

The Blue365 discounts complement our Healthy Lifestyles programs<sup>†</sup>, which help our members establish healthy behaviors through incentives and active participation.

For example, they can receive discounts on fitness-related products and fitness center memberships through Blue365 and also enroll in our Fitness Program, which offers a reimbursement to qualifying members.

For more information about Blue365, members can log on to [ibxpress.com](http://ibxpress.com) and select the *Health & Wellness* tab at the top of the page.

*Note: Blue365 offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under member policies with IBC or any applicable federal health care program. Members can find out what is covered under their policy by calling IBC at 1-800-ASK-BLUE. The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither BCBSA nor IBC recommends, endorses, warrants, or guarantees any specific Blue365 vendor or item.*

*\*Most discounts are free; some require an annual fee to access discounts. Members can visit [www.ibxpress.com](http://www.ibxpress.com) for more details on Blue365.*

*†Healthy Lifestyles programs are available to most members. Members can call Customer Service at 1-800-ASK-BLUE to determine eligibility.*



# Pediatric obesity and diabetes prevention kit now available online

IBC and the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans, recognize the physician's critical role in motivating patients to be healthier. To support you in your efforts, we are providing a new pediatric obesity and diabetes prevention toolkit to help you confront the obesity epidemic with your pediatric patients between ages 2 and 18.

Both the American Academy of Pediatrics and the American Diabetes Association were instrumental in developing this toolkit. It is available in both English and Spanish and includes:

- materials to help you manage your pediatric patients during office visits, including physician tools and resources and color-coded BMI charts;
- educational materials for parents and patients to help them make healthier choices.

The kit is available for download at [www.ibx.com/providers/resources/pediatric\\_diabetes.html](http://www.ibx.com/providers/resources/pediatric_diabetes.html). For more information on childhood obesity, please visit [www.cdc.gov/obesity/childhood](http://www.cdc.gov/obesity/childhood).



# IMPORTANT RESOURCES

<b>Anti-Fraud and Corporate Compliance Hotline</b>	1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a>
<b>Care Management and Coordination</b> Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
<b>Connections<sup>SM</sup> Health Management Programs</b>	
Connections <sup>SM</sup> Health Management Program Provider Support Line	1-866-866-4694
Connections <sup>SM</sup> Complex Care Management Program	1-800-313-8628
<b>Credentialing</b>	215-988-6534
Credentialing Hotline	<a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
Credentialing Violation Hotline	215-988-1413
<b>Customer Service/Provider Services</b>	
<ul style="list-style-type: none"><li>• Provider Automated System (eligibility/claims status/referrals)</li><li>• Connections Health Management Programs</li><li>• Precertification/maternity requests<ul style="list-style-type: none"><li>– Imaging services (CT, MRI/MRA, PET, and nuclear cardiology)</li><li>– Authorizations</li></ul></li></ul>	1-800-ASK-BLUE
Provider Services user guide	<a href="http://www.ibx.com/providerautomatedsystem">www.ibx.com/providerautomatedsystem</a>
<b>eBusiness Help Desk</b>	215-241-2305
<b>FutureScripts®</b>	
Prescription drug authorization	1-888-678-7012
Toll-free fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	<a href="http://www.ibx.com/rx">www.ibx.com/rx</a>
<b>FutureScripts® Secure</b>	
Medicare Part D	1-888-678-7015
Formulary updates	<a href="http://www.site65.com">www.site65.com</a>
<b>Medical Policy website</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.navinet.net">www.navinet.net</a>
<b>Provider Supply Line</b>	1-800-858-4728 <a href="http://www.ibx.com/providersupplyline">www.ibx.com/providersupplyline</a>

\* Outside 215 area code



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

# Connections<sup>SM</sup> Health Management Programs 2010 ANNUAL UPDATE



**Independence  
Blue Cross**

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.

## Annual Update summary

The 2010 *Annual Update* provides general information on the Connections Programs as well as information about new initiatives, outreaches, and tools to help you provide support to your patients, our members.

Connections is a comprehensive disease management and decision support program. The program strives to improve the quality of health care through more informed patient-physician communication. This is accomplished by providing individually tailored health coaching and support materials to patients and actionable clinical information to physicians.

The Connections Health Management Program focuses on common, chronic diseases such as asthma, coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), heart failure (HF), and diabetes. The program covers a variety of chronic conditions and offers decision support and general health information. The Connections<sup>SM</sup> Complex Care Management Program supports members with one or more of 16 complex, chronic conditions such as seizure disorders, rheumatoid arthritis, and multiple sclerosis. Interventions include outreach telephone calls, interactive voice messaging, and/or mail campaigns. Providers with patients in the Connections Health Management Program also receive a semiannual SMART<sup>®</sup> Registry, an action-oriented clinical report that assists physicians in treating patients with specific health care gaps.

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

The Connections Health Management Program, offered in partnership with Health Dialog, an independent company, provides 24/7 disease management and decision support to eligible members through Health Coaches and online resources. For providers, it is a resource to help you manage your patients with asthma, CHD, COPD, HF, diabetes, migraine, hypertension, gastroesophageal reflux disease (GERD), peptic ulcer disease (PUD), cardiometabolic risk, poor medication persistence, chronic pain, and those at risk for falls.

### The SMART<sup>®</sup> Registry

We distributed two releases of the SMART Registry in 2010. The SMART Registry tracks important evidence-based aspects of care for patients with one or more of the following conditions:

- asthma
- CHD
- COPD
- diabetes
- HF
- comorbid hypertension

The most recent SMART Registry was sent to 3,782 participating primary care practices and provides information on 260,545 Independence Blue Cross (IBC) members. These reports offer practical, relevant information about your Connections-eligible patients in a convenient format to help you stay informed about your patients and monitor their care plans.

Please refer to your most recent SMART Registry to update the clinical care your patients have received and to refer your patients who may benefit from health coaching to the Connections Program.



### *Connections Program Specialists support provider offices*

Connections Program Specialists (CPS)\* are local clinical professionals who provide support and offer information about the Connections Health Management Program. Your CPS 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.

Please call the Provider Support Line at **1-866-866-4694** for more information about how a CPS can help you or to schedule a visit from a CPS.

\*Connections Program Specialists were previously known as Provider Service Specialists or PSSs.

### *Tools and resources for providers who treat patients with chronic conditions*

Multiple tools and resources are available to your office to help manage your patients with chronic conditions. Visit [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections) to find tools such as the beta blocker and COPD brochure; action plans for HF, COPD, and diabetes; a patient medication tracker; a list of Shared Decision-Making<sup>®</sup> videos; and more. Additional quantities of print materials are available by contacting your CPS at **1-866-866-4694**.

### *Provider satisfaction survey*

The annual provider satisfaction survey for the Connections Health Management Program was conducted by an independent research company in the third quarter of 2009. As in 2008, a select number of physicians were invited to participate in a structured phone interview, which evaluated their experiences and solicited ideas for future improvements to the Connections Program. As a result of this feedback, we are increasing face-to-face (or in-person) contact and increasing program awareness by changing the name of Provider Service Specialists (PSS) to Connections Program Specialists (CPS). In addition, a one-page handout was created to give providers an overview of the roles that Health Coaches and CPSs play in the Connections Health Management Program.

### *Member satisfaction survey*

Each year, we survey a sample of members to determine their levels of awareness, use, and satisfaction with the Connections Health Management Program. The survey is conducted by telephone by an outside company at the end of the year.

The 2009 survey sample population included members identified with and without one of the five managed common chronic conditions (asthma, CHD, HF, diabetes, and COPD), members who had telephone contact with a Health Coach, and members who had never spoken to a Health Coach. The survey showed that of all the respondents:

- Eighty-four percent indicated that their impression of IBC was positively affected because of the Connections Program.
- Ninety-one percent would recommend Connections to family and friends.
- Seventy-one percent indicated that it is important that IBC continue to offer the Connections Program.

The most frequently cited reasons for using Connections are:

- to obtain information about an illness or condition;
- to understand treatment options and choose among them;
- to help manage a chronic illness.

We encourage you to use the Connections Program to help you support your patients by calling **1-866-866-4694**.

## Connections<sup>SM</sup> Complex Care Management Program

Since 2005 the Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program has been offered through a partnership with Accordant Health Services, an independent company, which is a specialized health management organization. The program provided resources to assist you and your eligible IBC patients who live with one or more of the 16 complex chronic conditions that the program supports.

Throughout 2010, IBC is transitioning the Connections AccordantCare Program services and support for members to an internal program. Care management support for high-risk members with these complex conditions will be provided by the Connections<sup>SM</sup> Complex Care Management Program. Commercial insured groups transitioned May 1, 2010, and self-funded members with Connections will transition January 1, 2011.

*Note:* The AccordantCare Program was discontinued for Medicare Advantage HMO and PPO members on January 1, 2010.

Members in the Connections Complex Care Management Program have access to a care management nurse who can work with them by telephone to help them with their health care needs. As with the Connections AccordantCare Program, the nurse's role is to offer support through education, guidance, and assistance in monitoring the member's health and to work with the physician to support the member's care plan.

### Program conditions

The conditions covered by this program are:

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

If you think a patient with one of the complex, chronic conditions listed above could benefit from care coordination assistance from a care manager, we encourage you to electronically complete the Case Management Physician Referral Form at [www.ibx.com/case\\_mgmt\\_ref\\_form](http://www.ibx.com/case_mgmt_ref_form). You can also contact the Connections Complex Care Management Program by calling 1-800-313-8628 or 215-567-3570.

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

*Shared Decision-Making<sup>®</sup> is a registered trademark of the Foundation for Informed Medical Decision Making. Used with permission.*

*The Blue Cross words and symbols are registered marks of the Blue Cross and Blue Shield association, an association of independent Blue Cross and Blue Shield Plans.*