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This just in...



New car safety seat guidelines from the AAP

The American Academy of Pediatrics (AAP) has issued new guidelines for child car safety seats. Visit www.aap.org/advocacy/releases/carseat2011.htm to read the recently published article in *Pediatrics*. The AAP car seat guide for parents, which includes answers to common questions and general guidelines on how to properly install and use various types of car seats, is available at www.healthychildren.org/carseatguide.



Request your office supplies online

As a reminder, we have an online request form to streamline the ordering of your office supplies, such as provider manuals, directories, and maternity/patient questionnaires. Orders are normally shipped within 24 hours and should arrive within 3 – 5 business days.

The Provider Supply Line online request form is available on our website at www.ibx.com/providersupplyline.

Please note that the Provider Supply Line *cannot* assist with claims-related questions, including supplying claim forms, authorization or eligibility requests, issues using the NaviNet® web portal, or credentialing information. For assistance with these types of inquiries, please call Customer Service at 1-800-ASK-BLUE or contact your Network Coordinator.

*Partners in Health Update*SM 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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For articles specific to your area of interest, look for the appropriate icon:



Hospital/physician pay-for-performance webinar

Join us for a webinar on June 8, 2011, to learn about IBC's new hospital/physician pay-for-performance program.

IBC will present a webinar on June 8, 2011, from 12:30 to 1:30 p.m., to inform providers about our new Integrated Provider Performance Incentive Plan (IPPIP). IPPIP is a hospital/physician pay-for-performance program designed to provide a balanced rewards model for the delivery of high-quality and cost-effective care. IPPIP was created to incent and encourage provider collaboration and care coordination across the health care delivery system (e.g., hospital, specialists, and primary care physicians) and to encourage formal integration of a hospital and its medical staff through integrated delivery organizations (e.g., physician-hospital organizations or similar physician entities).

To register for the webinar, please send an email to Dayna.Bersh@ibx.com and include your practice name, individual physician name, and telephone number. Registration emails will be accepted through Friday, May 20, 2011.

If you have any questions, please call Dayna Bersh at 215-241-2079.



Changes in notification of approved peer-to-peer determination letters for NaviNet-enabled providers

We are changing the way we notify you of peer-to-peer authorization approvals related to Emergency Hospital Admissions.* **Effective May 1, 2011**, separate letters confirming an approval following a peer-to-peer discussion related to emergency admission will no longer be sent through the mail for most providers. Instead, the status regarding authorization requests will be available through the NaviNet® web portal and the Provider Automated System. Written confirmation is also available through NaviNet.

*Please refer to your Hospital Agreement for the definition of an Emergency Hospital Admission.

NaviNet-enabled providers

Providers with NaviNet access can obtain written confirmation when viewing the request through the *Authorization Status Inquiry* transaction.

The screenshot shows the NaviNet Plan Central interface. At the top, there are navigation tabs for Plan Central, Office Central, NaviNet Central, Action Items, and Customer Support. A toolbar includes links for 'Go To Admin Messages', 'Go To Action Items', and 'Log Off'. The left sidebar lists various transactions under 'Plan Transactions', with 'Authorization Status Inquiry' highlighted in red and a blue arrow pointing to it. The main content area features a 'Welcome to NaviNet Plan Central' banner with operating hours (Monday - Saturday 5 a.m. - 10 p.m. EST / Sunday 9 a.m. - 9 p.m.) and a note to refer to the Customer Support option in the toolbar. Below the banner, there are several update notifications, including one about reimbursement for immunizations and another about maternity members for Baby BluePrints.

continued on the next page

Changes in notification of approved peer-to-peer determination letters for NaviNet-enabled providers (continued)

Providers will select their group/facility name from the provided drop-down menu. Selecting the individual provider name is optional. Next, providers need to select the appropriate provider type.

When searching for a specific authorization request, the member identification number or authorization number (if known) is required. The member's date of birth is optional.

The data entered for the Service Date From/To fields can be modified as needed. When data entry is complete, select **Search**.

New Admin Messages | New Action Items | Log Off

Plan Central | Office Central | NaviNet Central | Action Items | Customer Support

Plan Transactions | Authorization Status Inquiry

Authorization Status Inquiry

Specialty physician offices must include individual provider information when conducting search

Group/Facility:

Provider:

Provider Type: Member ID:

Authorization Number: Member DOB:

Service Date From: Service Date To:

Member ID	Member Name	Member DOB	Product Name
<i>Please use search options above.</i>			

To view the transaction detail, click the appropriate *Select* button offered for the specific authorization request.

Go To Admin Messages | Go To Action Items | Log Off

Plan Central | Services | Office Central | NaviNet Central | Action Items | Customer Support

Plan Transactions | Authorization Status Inquiry

Authorization Status Inquiry

Specialty physician offices must include individual provider information when conducting search

Group/Facility:

Provider:

Provider Type: Member ID:

Authorization Number: Member DOB:

Service Date From: Service Date To:

Records 1-1 of 1, page: 1

Member Name	Date of Service	Servicing Provider	Setting	Procedure/Type of Service	
DOE, JANE	10/26/2009	JOHN Q. SAMPLE HOSP OF THE UNIV	Inpatient	27447	<input type="button" value="Select"/>

Records 1-1 of 1, page: 1

continued on the next page

Changes in notification of approved peer-to-peer determination letters for NaviNet-enabled providers (continued)

The Transaction Detail screen will provide the status, bed type, and a link for important information about the specific notice.

NaviNet | Plan Central | Office Central | NaviNet Central | Action Items | Customer Support

Go To Admin Messages | Go To Action Items | Log Off

Plan Transactions | Authorization Status Inquiry

Transaction Detail

Member Name: DOE, JANE
 Member ID #: 9999999999
 Date of Birth: 10/02/1953

Date of Inquiry: 03/15/2011
 Transaction Number: 6342816

Attending/Ordering Physician:	JOHN Q. SAMPLE, 123 ANY STREET, ANYTOWN, ST, 55555
Servicing Provider:	HOSP OF THE UNM., 5TH AND SAMPLE STREET, ANYTOWN, ST, 44444-5555
Setting:	Inpatient
Diagnosis Code 1:	560.9 - UNSPECIFIED INTESTINAL OBSTRUCTION
Diagnosis Code 2:	
Diagnosis Code 3:	
Admission Date:	12/12/2010
Date of Discharge:	12/27/2010
Transaction Status:	CERTIFIED

Detailed Calendar of Inpatient Stay:

Date(s)	Status	Bed Type
12/12/2010-12/26/2010	CERTIFIED	Medical/Surgical

Please note that this Notice of Coverage Approval is not a guarantee of payment. For the provider to be eligible for payment by the plan, the patient must be covered under the plan effective on the date of service. Any reimbursement will be payable in accordance with the plan provisions including all limitations, exclusions, co-payments, co-insurance, deductibles, restrictions and payments for use of in-network or out-of-network providers, as well as Medical Management provisions, including pre-certification and medical necessity/appropriateness.

Please click on this link for [Important Information about this Notice of Coverage Approval](#).

Print / Save | Go Back | Exit

Providers who are not NaviNet-enabled

Although we strongly encourage our providers to become NaviNet-enabled, there will be no change in process for providers who are not. You will continue to receive letters through the mail confirming the authorization approval.

All providers can still obtain the status of an authorization request through the Provider Automated System. Call 1-800-ASK-BLUE and follow the voice prompts.

If you would like to get direct access to NaviNet at your office location, you can register by going to www.navinet.net and selecting *Sign up* from the top right.



Updated payer ID grids now available

The professional and facility payer ID grids were recently updated with new alpha prefixes for Independence Administrators. 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.

HIPAA 5010 go-live date change



The Health Insurance Portability and Accountability Act (HIPAA) requires providers to adopt specific standards for electronic health care transactions (e.g., claims, eligibility inquiries, claims status requests, and responses). The current version is 4010A, but federal regulation mandates that this version be replaced with the new 5010 version by January 1, 2012. Beginning January 1, 2012, providers and vendors must use the HIPAA 5010 electronic format to submit information to IBC and other payers.

There will be a transitional period of time when IBC will accept claims in both 4010A and 5010 formats. As stated in our HIPAA 5010 Frequently Asked Questions (FAQ) posted on www.ibx.com/icd10, our initial target date for being dually compliant (accepting both 4010A and 5010

claims) was August 1, 2011. **Please note our new target date is August 22, 2011.** Therefore, from August 22, 2011, through December 31, 2011, you can submit claims using either version 4010A or 5010. Starting January 1, 2012, version 4010A will no longer be accepted. We have updated our FAQ with the new go-live date. Visit our website at www.ibx.com/icd10 to view the HIPAA 5010 FAQ.

IBC will continue to communicate to providers during the ongoing transition to 5010. Please check *Partners in Health Update*, the NaviNet® web portal, and www.ibx.com/providers periodically for information regarding the conversion to 5010.



Reminder: Capitation guidelines and the importance of specialty subcontractor arrangements

When ordering services for HMO and POS members and Direct POS members (to receive the highest level of benefits), the ordering provider (including specialists) must utilize the designated (capitated) site selected by the member's primary care physician (PCP) for these services:

- diagnostic radiology
- laboratory
- podiatry
- short-term rehabilitation (physical/occupational therapy)

As outlined in the *Provider Manual for Participating Professional Providers (Provider Manual)*, PCPs must refer members to their designated site for capitated services. Referring members to a site other than their PCP's designated site for these services is not permitted. Please refer to the *Provider Manual* for more information.

If you are a provider who is contracted for specialty capitation for one of the above services, you are required

to either provide that service or arrange for the service through a subcontractor arrangement. Therefore, it is imperative that you seek out an arrangement with a participating subcontractor and maintain that arrangement in order to serve your IBC HMO, POS, and Direct POS patients. If you do not already have participating subcontractors in place, please take steps to establish an arrangement.

Read more about capitation requirements by viewing the claim payment policies on capitation for each of the services listed. To do so, go to www.ibx.com/medpolicy and type the name of the service in the Search box.

For more information about subcontractor arrangements, please contact your Network Coordinator. If your IBC patients have questions about capitated services, please have them call Customer Service at 1-800-ASK-BLUE.

Policy notifications posted as of March 24, 2011

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of March 24, 2011.

Policy effective date	Notification title	Notification issue date
April 1, 2011	00.03.06 Physical Medicine and Rehabilitation Services Eligible for Reimbursement Above Capitation to Physical and Occupational Therapy (PT/OT) Providers for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products	December 30, 2010
April 1, 2011	00.01.24d Obsolete or Unreliable Diagnostic Tests and Medical Services	March 2, 2011
April 6, 2011	07.05.06c Transcatheter Arterial Chemoembolization (TACE) of Hepatic Malignancies	January 6, 2011
April 6, 2011	11.14.10h Vertebroplasty and Kyphoplasty	January 6, 2011
April 11, 2011	07.05.03b Intestinal Rehabilitation Program	March 11, 2011
April 15, 2011	07.02.12e Cardiac Event Detection Monitoring (External Loop Monitoring)	March 16, 2011
April 15, 2011	05.00.46d External Breast Prostheses, Mastectomy Bras, and Post-Mastectomy Camisoles	March 16, 2011
April 15, 2011	08.00.18h Medical Foods, Low-Protein Modified Food Products, Enteral Nutrition, and Nutritional Formulas	March 16, 2011
April 15, 2011	11.08.19i Prophylactic Mastectomy	March 16, 2011
April 19, 2011	11.02.16i Ventricular Assist Devices (VADs)	January 19, 2011
June 14, 2011	08.00.65e Pamidronate Disodium (Aredia [®]) for Intravenous Infusion	March 16, 2011

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

Patient-Centered Medical Home[™] resource section added to NaviNet[®] Plan Central



IBC has introduced a new section on the NaviNet web portal for providers interested in the Physician Practice Connections[®] — Patient-Centered Medical Home (PPC-PCMH) program offered by the National Committee for Quality Assurance (NCQA). Located on our Plan Central page, this section provides IBC news and announcements related to PCMH, as well as links to resources that will help you learn more about the program. As previously communicated, IBC is recognized by NCQA

as a sponsor for PPC-PCMH. As a program sponsor, NCQA offers a 20 percent discount on the Full Survey price to practices with a PPC-PCMH designation that are participating with IBC.

For detailed information on this program, visit NCQA's website at www.ncqa.org/tabid/631/default.aspx.

Be sure to visit the PCMH resource section often to get the latest news and announcements.

Administering injectable/infusion therapy drugs in the office and home settings

We want to ensure that our members receive their medication in the setting that is most appropriate for their needs. Although some injectable/infusion therapy drugs must be given in a high level-of-care setting, such as an outpatient facility, many others can be administered in either the provider's office or in the member's home by a home infusion provider.

The most appropriate setting to receive drug therapy is based on factors such as, but not limited to:

- recommendations from the drug manufacturer;
- current standards in medical practice;
- the level of care required by the patient based on his or her medical history and current health status;
- the setting that has been determined to be both cost-effective and safe for the member.

Typically, drugs like infliximab (Remicade®), alglucerase (Ceredase®), imiglucerase (Cerezyme®), velaglucerase alfa (VPRIV®), eculizumab (Soliris®), pegfilgrastim (Neulasta®), and intravenous immunoglobulin (IVIG) require a high level-of-care setting only for patients who are starting a new treatment regimen or who have a history of treatment-related adverse effects that require monitoring. Aside from these exceptions, many patients can receive these drugs in either a provider's office or in their own home.

Administering drugs in the office or at home

The following options are available for administering injectable/infusion therapy drugs in the office or in the member's home:

- **Buy and bill.** Providers can buy the drug and bill the health plan for reimbursement once the drug has been given to the member.
- **Direct Ship Injectables Program.** Providers can order injectable drugs through the IBC Direct Ship Injectables Program to be shipped to their office or to the member's home. *Note:* Infusion therapy drugs are not available through this program.

- **Home infusion therapy.** Many patients prefer the convenience of receiving infusion therapy drugs in their home through an IBC-participating home infusion provider. Providers should discuss this option with their patients, when appropriate.

For more information about the IBC Direct Ship Injectables Program, visit www.ibx.com/directship or call Customer Service at 1-800-ASK-BLUE. Customer Service can also assist you with home infusion options.

How to request a high level-of-care setting

Providers who request coverage for administration of injectable/infusion therapy drugs in high level-of-care settings for our members may be asked during precertification to provide details about the patient's medical history to support the request. A team of IBC medical directors and nurses will review the submitted documentation and determine whether coverage in a high level-of-care setting is approved.

Impacts to coverage

IBC will continue to cover injectable/infusion therapy drugs and all services associated with the administration of these drugs so long as the following requirements are met:

- The member meets the medical necessity criteria outlined in the applicable medical policy.
- The drug is given in the setting that has been determined by IBC as most appropriate for the member.

Please call Customer Service if you have any questions about injectable/infusion therapy drug setting options.



Coming soon: The new Clinical Care Report

In our continuing commitment to provide better clinical care coordination for our members and physicians, we are introducing the Clinical Care Report — an online tool available through the NaviNet® web portal that offers participating physicians a snapshot of their patients' individual health based on paid claims data history.

In the near future, physicians will be able to view the Clinical Care Report — to the extent a member does not opt out of this tool — by selecting *Eligibility and Benefits Inquiry* from the Plan Transactions menu. The Clinical Care Report provides a global view of a patient's IBC claims history, including information on drug utilization, certain test results, health conditions, and previous surgeries.

The Clinical Care Report is another example of our latest efforts to leverage and expand the use of health information technology to improve the quality of care. We strongly support investing in tools and resources that assist our physicians in identifying opportunities to provide high-quality and more efficient health care for our members.

If you are not NaviNet-enabled and would like to take advantage of this new tool, you can register for NaviNet access by going to www.navinet.net and selecting *Sign up* from the top right.

Look for additional information on how to use this tool in upcoming editions of *Partners in Health Update*.

Reminder: Electronic connectivity requirements and transaction prerequisites for QIPS

As previously communicated, eligible Pennsylvania primary care physicians must be NaviNet-enabled at each practice site and use the NaviNet® web portal as the primary mechanism for claims status inquiries, adjustment requests, referrals, and initiation of applicable preauthorizations to participate in the Quality Incentive Payment System (QIPS) program.

Practices must also register for electronic funds transfer (EFT) for non-capitated reimbursement and complete the following transactions electronically:

- member eligibility
- claims submissions
- encounters

These prerequisites must be met to be eligible for QIPS payments beginning July 2011.

Please review the QIPS Program Manual, which is available on NaviNet, for additional information about these new requirements for measurement year 2010. If you do not have access to NaviNet, you can submit an online request at www.ibx.com/providersupplyline or call the Provider Supply Line at 1-800-858-4728 to request a printed copy.

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

Spring 2011 edition of *Inside IPP* now available

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

- *Misrouted claims from providers*
- *Blue Distinction® Center designations*
- *Medical policy and precertification requirements for out-of-area members*
- *Glossary of BlueCard® Program terms*
- *Mental health and substance abuse benefits changes for FEP members*

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

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

Help is available for your patients with prostate cancer

This article was prepared by and reprinted with permission of Health Dialog and the Foundation for Informed Medical Decision Making, based in Boston. The Foundation provides evidence-based decision-support content to the IBC ConnectionsSM Health Management Program. To find out more about shared decision-making and the Foundation, visit www.informedmedicaldecisions.org.

Clinicians who treat men with early-stage prostate cancer face a difficult paradox. On the one hand, it's best to find and eradicate cancer early, before it spreads or causes symptoms. On the other hand, clinicians are guided by the principle *primum non nocere* — first, do no harm. The issue with early-stage prostate cancer is that, while treatment may prevent advancement in the disease, the interventions are not benign and may result in variable amounts of harm. The flip side is that while many early-stage prostate cancers will not cause symptoms or harm within the patient's lifetime and, therefore, do not require treatment, some will progress resulting in symptoms or death. The conundrum for the clinician is how to advise patients.

Risks of prostate cancer vs. risks of treatment

Why would a patient opt to delay treatment? While prostate cancer is the most common (nonskin) cancer in American men,¹ it is commonly slow-growing and kills only about 3 percent of all men.² The problem is that modern medicine does not yet have a reliable way to distinguish the men whose prostate cancer will remain indolent throughout their lifetime from those whose cancer will become aggressive or even fatal. According to a recent large, randomized trial published in the *New England Journal of Medicine* in which more than 162,000 men participated with a median follow-up of nine years, 1,410 men would need to be screened and an additional 48 men would need to be treated for prostate cancer to avert a single death caused by the disease.³

The various treatment options for prostate cancer, meanwhile, all involve risks of impotence and incontinence, as well as other short- and long-term complications. For example, almost 80 percent of men who undergo prostatectomy and about 64 percent of men who undergo external beam radiation have erectile dysfunction five years after being treated.⁴ Given the risks of treatment compared with the risks of the disease, it's not surprising that some men might favor delaying and possibly avoiding active treatment. But to make this choice, the patient must be thoroughly informed.

How do you ensure that your patients are thoroughly informed?

Given how common prostate cancer is, you, the clinician, may need to spend time talking with your patients to properly prepare them to make a treatment choice. That is a difficult thing to do, particularly if you want to present all the available options and their outcome probabilities in lay terms. Luckily, you have help.

The ConnectionsSM Health Management Program offers your eligible patients access to Health Coaches, who are trained in helping patients understand the risks and benefits of the available treatment options for early-stage prostate cancer. What's more, Health Coaches can send your patients a Shared Decision-Making[®] video and booklet program entitled *Treatment Choices for Prostate Cancer*.

Shared Decision-Making[®] video and booklet programs are educational tools designed to give patients all the information they need to make an informed choice about screening and treatment options. The programs are based on medical evidence researched and evaluated by the Foundation for Informed Medical Decision Making, a nonprofit organization dedicated to improving the quality of medical decisions. The programs are regularly reviewed and updated to ensure that they contain the most current and accurate information.

Learn about the health coaching services available to your eligible patients by calling the Connections Provider Support line at 1-866-866-4694 and leaving a message. A Connections Program Specialist will return your call within two business days. You can also visit www.ibx.com/providerconnections for more information about the Connections Program.

¹www.cancer.org/acs/groups/content/@nho/documents/document/500809webpdf.pdf

²UpToDate review (www.uptodate.com)

³<http://content.nejm.org/cgi/content/full/360/13/1320>

⁴*Treatment Choices for Prostate Cancer; SDM booklet: Potosky AL, Davis WW, Hoffman RM et al. JNCI (2004) 96(18): 1358-67. Five-year outcomes after prostatectomy or radiotherapy for prostate cancer: the prostate cancer outcomes study.*

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

Encourage overall fitness with yoga

As a physician, you know that exercise is critical for the health and well-being of your older adult patients, but it may be challenging to find an activity that is reasonable for all ages and fitness levels. Yoga is one form of exercise that is adaptable for all needs and abilities, and can be practiced by children, seniors, and all ages in between. Why not encourage your IBC patients to give this gentle but effective physical activity a try?

The benefits of yoga

Yoga focuses on the whole being, making the body fitter and the mind calmer and more relaxed. Yoga is also beneficial in the treatment of common health and emotional challenges that can come with advanced age. “Senior citizens can experience profound benefits through yoga posture sequences specifically designed to address the common shifts that occur with age,” says Evon Hart, CYI, a yoga instructor in Phoenix, Arizona. Hart recommends that seniors speak openly with their yoga instructor about any health concerns before beginning a class. She adds, “Almost all poses can be modified and sequences can be adjusted to suit all levels.”

Some benefits of yoga for older adults include:

- Yoga poses invite the muscles to open, which increases range of motion in the joints. This change also creates better alignment of the bones so that the joint functions are optimal and posture improves.
- Yoga poses build strength, which leads to better overall physical balance.
- Through better posture, the vessels of the body are no longer impinged or compressed, allowing blood, oxygen, lymph, and nerve messages to flow more freely.
- Yoga offers relief and management of the symptoms that accompany arthritis.
- Breathing techniques taught in yoga class enhance lung capacity and circulation and aid in addressing respiratory concerns.

According to Hart, “The most relevant benefit of the yogic breathing techniques is their ability to access the parasympathetic nervous system, which, when stimulated, calms all of the systems in the human body, including digestive, endocrine, lymphatic, muscular, and skeletal.” Additionally, yoga can begin to reverse the taxing effect of stress through physical movement, breathing techniques, and meditation.

SilverSneakers® program can help

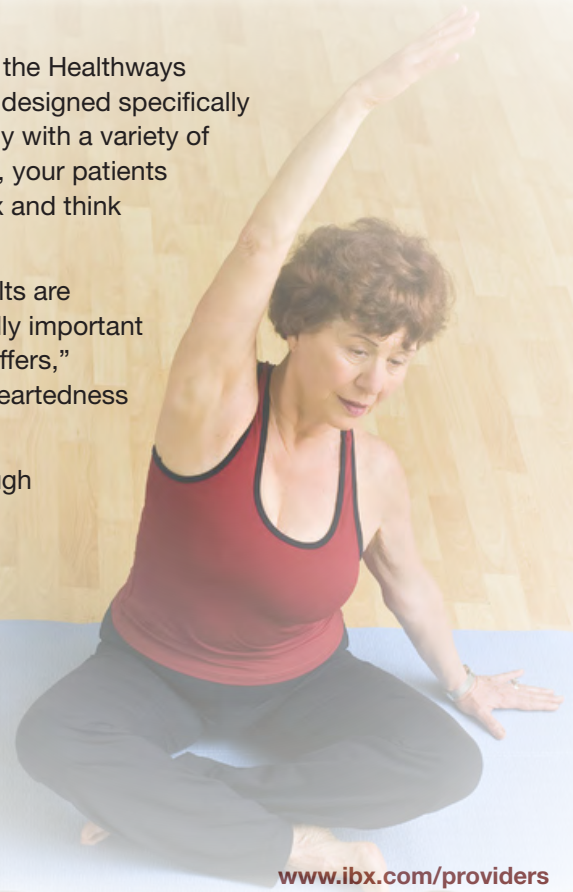
Your eligible IBC Medicare Advantage HMO and PPO patients have access to the Healthways SilverSneakers® Fitness Program, which features YogaStretch — a yoga class designed specifically for older adults. YogaStretch engages participants both physically and mentally with a variety of safe and fun yoga postures and breathing exercises. Using a chair for support, your patients work at their own pace to build flexibility and endurance while learning to relax and think more clearly.

Hart can attest to the fact that the overall health benefits of yoga for older adults are far-reaching. “Beyond all of the physical benefits of yoga, it is also exceptionally important for seniors to experience a connection to community, which yoga absolutely offers,” states Hart. “Further, the willingness to try and learn new things invokes lightheartedness and openness to life. These qualities also contribute to overall wellness.”

Encourage your older adult patients to strive for overall fitness with yoga through the SilverSneakers Fitness Program. To learn more about SilverSneakers and YogaStretch, visit www.silversneakers.com.

Note: SilverSneakers is offered to Keystone 65 Preferred HMO and Personal Choice 65SM PPO members at no additional cost. To enroll in the program, members can simply bring their health plan ID card to any participating SilverSneakers location. For a complete list of locations, members can visit the SilverSneakers website at www.silversneakers.com or call 1-866-584-7685.

SilverSneakers is a registered mark of Healthways, Inc., an independent company.





Essential tools for atypical antipsychotics monitoring

To assist you in monitoring your patients who are prescribed atypical, or second-generation, antipsychotics (SGAs), Magellan has developed a tip sheet and monitoring log pertaining to SGAs, which briefly describe the benefits, issues, and side effects of these medications.

Magellan also created an informational sheet for member use, *Medication Safety and Second-Generation Antipsychotics*, which you may find helpful when treating patients taking atypical antipsychotics. These documents are available on our website at www.ibx.com/resources.

ConnectionsSM Health Management Program: Supporting your patients, our members



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

- asthma
- diabetes
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine headache
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- peptic ulcer disease (PUD)

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

Information about our Connections Health Management Programs is available at www.ibx.com/providerconnections.



Get moving on National Walk@Lunch Day[®]

It's springtime — and time to get walking to better health! Plan to lace up your sneakers with your colleagues and take a walk at lunch on Wednesday, April 27. For the

fourth year, IBC will sponsor National Walk@Lunch Day and encourage companies throughout the region to start a lunchtime walking routine.

National Walk@Lunch Day is spearheaded annually by the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans, to encourage employers across the country to hold lunchtime walks and promote the health benefits of physical activity during the work day.

So gather up your colleagues and venture out for a walk on April 27 for this year's National Walk@Lunch Day. In doing so, you will be joining walkers across all 50 states who get moving during their lunch break for better health.

Get involved!

Want to host a 2011 National Walk@Lunch Day event at your workplace? Go to www.ibx.com/news_events/events/walk_at_lunch for the materials necessary to plan a successful program.

IMPORTANT RESOURCES

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

* Outside 215 area code



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