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Reminder....

Update your provider information with us

Have you made any changes to your key practice information, such as your mailing address or the name of your practice? If so, please be sure to notify us.

We value your help in keeping our data files current. Accurate data files allow us to continue to provide you with important information on billing, claims, changes or additions to policies, and announcements of administrative processes.

Professional providers

You may send this information to us by submitting the *Provider Change Form*, which is available on the NaviNet® web portal or on our webiste at *www.ibx.com/providerforms*. You may also call your Network Coordinator to report changes.

Facility and ancillary providers

You are required to submit any changes to your information in writing. This request should be sent directly to the senior vice president of contracting and the legal department at the addresses below:

Independence Blue Cross
Attn: Senior Vice President of Contracting
1901 Market Street, 35th Floor
Philadelphia, PA 19103

Independence Blue Cross
Attn: Legal Department
1901 Market Street, 36th Floor
Philadelphia, PA 19103

Note: Thirty days' advance notice is required for processing.

Keystone Health Plan East, Personal Choice®, Keystone 65 HMO, and Personal Choice 65℠ 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:

Professional

Facility

Ancillary

Partners in Health Update℠ 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.

Contact Information:

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

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

Professional Injectable and Vaccine Fee Schedule updates, effective April 1, 2011

Effective April 1, 2011, we will implement a quarterly update to our Professional Injectable and Vaccine Fee Schedule for all Pennsylvania and New Jersey providers and Delaware primary care physicians only.

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 April 1, 2011, 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.

Claims submission procedures for participating home health care providers with Medicare Advantage PPO host claims

As of January 1, 2011, Medicare Advantage PPO host claims submitted as Request for Payment, or RAP, claims for home health services are no longer accepted from participating providers. Participating home health providers should submit host claims for services using the same procedure they use for local claims. Please refer to Section 9.10: Billing and Reimbursement for Ancillary Services of the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers*, for instructions on how to submit a claim for home health services.

The Hospital Manual is available on the NaviNet® web portal under the Current Publications section. 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.

NAVINET®

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

The prerequisites above 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.

NaviNet®

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 patient's individual health history.

In the near future, physicians may access the Clinical Care Report by selecting *Eligibility and Benefits Inquiry* from the Plan Transactions menu to the extent a member does not opt out of this tool. 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 enable and 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 enhancement, 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*.

Medical

Policy notifications posted as of February 21, 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 February 21, 2011.

Policy effective date	Notification title		Notification issue date
March 1, 2011	**00.03.01i**	Podiatry Services Included in Capitation for Pennsylvania Based Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products	November 23, 2010
March 2, 2011	**00.06.02a**	Preventive Care Services	January 31, 2011
March 18, 2011	**11.03.12j**	Colorectal Cancer Screening	February 16, 2011
March 18, 2011	**11.14.25**	Total Ankle Arthroplasty/Replacement	February 16, 2011
March 22, 2011	**11.01.07**	Cataract Surgery	December 22, 2010
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 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 19, 2011	**11.02.16i**	Ventricular Assist Devices (VADs)	January 19, 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.

PFA

Reminder: The new Blue Cross® Blue Shield® Medicare Advantage PPO Network Sharing program is now available

Effective for dates of service beginning January 1, 2011, IBC is now 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 PPO 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 are 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., hospitals, 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*.

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*.

All providers

The ID cards for these Blue Cross Blue Shield Medicare Advantage PPO enrollees contains "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 select IBC 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.

All claims for Blue Cross Blue Shield Medicare Advantage PPO enrollees submitted to IBC as the Host Plan, must be completed in accordance with Personal Choice 65℠ PPO guidelines.

Resources

Visit *www.ibx.com/medpolicy* for more detailed information regarding NCDs and LCDs or to view a list of the applicable IBC Reimbursement Policy documents. Be sure to visit the site often, as it is updated regularly.

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

Note: Behavioral health providers can expect to receive communications regarding this initiative directly from Magellan Behavioral Health, Inc., an independent company; however, all other aspects of this product apply.

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 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
donepezil hydrochloride	Aricept®	3. Pain, Nervous System, & Psych	December 3, 2010
lansoprazole ODT	Prevacid® SoluTab℠	8. Stomach, Ulcer, & Bowel Meds	October 22, 2010
levocetirizine dihydrochloride	Xyzal®	13. Allergy, Cough & Cold, Lung Meds	December 3, 2010
pramipexole dihydrochloride	Mirapex®	3. Pain, Nervous System, & Psych	October 15, 2010
zafirlukast	Accolate®	13. Allergy, Cough & Cold, Lung Meds	November 26, 2010
zolpidem tartrate controlled release	Ambien CR®	3. Pain, Nervous System, & Psych	October 15, 2010

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
Colchrys®	10. Bones, Joints, & Muscles	February 1, 2011
Kombiglyze™ XR	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2011
Tribenzor™	4. Heart, Blood Pressure, & Cholesterol	December 1, 2010

Brand deletions

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

Effective April 1, 2011.

Brand drug	Generic drug	Formulary chapter
Aricept®	donepezil hydrochloride	3. Pain, Nervous System, & Psych

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

Brand drug	Generic drug	Formulary chapter
Nasacort® AQ	Not available	6. Ear, Nose, & Throat Medications

There is no generic equivalent on our formulary for the above brand drug; 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, prior authorization and quantity limit requirements will be applied to additional drugs. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. Quantity limits are designed to allow a sufficient supply of medication based upon the maximum daily dose and length of therapy approved by the U.S. Food and Drug Administration for a particular drug. The most recent updates are reflected 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	Formulary chapter	Effective date
Gilenya®	Not available	9. Biotechnology	December 15, 2010
Pradaxa®	Not available	4. Heart, Blood Pressure, & Cholesterol	January 5, 2011
Tribenzor™	Not available	4. Heart, Blood Pressure, & Cholesterol	December 1, 2010
Zolpimist™	Not available	3. Pain, Nervous System, & Psych	February 15, 2011

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 April 1, 2011.

Brand drug	Generic drug	Formulary chapter
Omnaris®	Not available	6. Ear, Nose, & Throat Medications
Veramyst™	Not available	6. Ear, Nose, & Throat Medications
Vimovo™	Not available	8. Stomach, Ulcer, & Bowel Meds
Zortress®	Not available	2. Cancer & Organ Transplant Drugs

The following non-formulary drugs will be added to the list of drugs requiring prior authorization for new prescriptions only:
Effective April 1, 2011.

Brand drug	Generic drug	Formulary chapter
Beconase AQ®	Not available	6. Ear, Nose, & Throat Medications
Flonase®	fluticasone	6. Ear, Nose, & Throat Medications
Nasacort® AQ	Not available	6. Ear, Nose, & Throat Medications

continued on the next page

Prescription drug updates (continued)

Drugs with quantity limits

Quantity limits will be applied to the following drugs:

Effective April 1, 2011.

Brand drug	Generic drug	Quantity limit (per 30 days)
Adderall® 5, 7.5, 10, 12.5, 15, and 20 mg	amphet asp/amphet/d-amphet	90 tablets
Adderall® 30 mg	amphet asp/amphet/d-amphet	60 tablets
Adderall XR®	dextroamphetamine-amphetamine	30 capsules
Concerta® 18, 27, and 54 mg	Not available	30 tablets
Daytrana®	Not available	30 patches
Desoxyn® 5 mg	methamphetamine HCl	150 tablets
Dexedrine® 5 mg	dextroamphetamine sulfate	90 tablets
Dexedrine® Spansule® 5 mg	dextroamphetamine sulfate	90 capsules
Dexedrine® Spansule® 10 mg	dextroamphetamine sulfate	180 capsules
Dexedrine® Spansule® 15 mg	dextroamphetamine sulfate	120 capsules
Dextrostat® 10 mg	dextroamphetamine sulfate	180 tablets
Focalin®	dexmethyphenidate HCl	60 tablets
Focalin XR®	Not available	30 capsules
Intuniv®	Not available	30 tablets
Liquadd™ 5 mg/5 ml Solution	dextroamphetamine sulfate	1,800 ml
Metadate® CD	Not available	30 capsules
Metadate® ER	Not available	90 tablets
Methylin® 2.5 mg Chewable	methylphenidate HCl	180 chewable tablets
Methylin® 5 mg	methylphenidate HCl	90 tablets
Methylin® 5 mg Chewable	methylphenidate HCl	90 chewable tablets
Methylin® 5 mg/5 ml Solution	methylphenidate HCl	1,800 ml
Methylin® 10 mg	methylphenidate HCl	90 tablets
Methylin® 10 mg Chewable	methylphenidate HCl	180 chewable tablets
Methylin® 10 mg/5 ml Solution	methylphenidate HCl	900 ml
Methylin® 20 mg	methylphenidate HCl	90 tablets
Ritalin LA® 10 mg	methylphenidate ER	30 capsules
Ritalin LA® 20 mg	methylphenidate ER	90 capsules
Ritalin LA® 30 mg	methylphenidate ER	60 capsules
Ritalin LA® 40 mg	methylphenidate ER	30 capsules
Strattera® 10, 18, 25, and 40 mg	Not available	60 capsules
Strattera® 60, 80, and 100 mg	Not available	30 capsules
Vyvanse®	Not available	30 capsules

Preventive drugs covered at $0 copayment

Effective October 1, 2010, under the Patient Protection and Affordable Care Act, health insurers are required to offer preventive services to commercial members at no cost-sharing.

As a result, three classes of drugs (including all strengths/dosages) that are currently covered under the IBC pharmacy benefit with a prescription are now considered preventive for certain ages and genders:

Drug class	Gender	Age
Folic acid	Women only	All ages
Iron supplements	All	Children ages 6 months through 1 year
Oral fluoride	All	Children ages 6 months through 6 years

Therefore, these drugs will be covered at a $0 copayment for the genders and ages indicated above. We will reprocess claims and reimburse members within the gender and age parameters for any copayments paid for these drugs since October 1, 2010.

Note: These changes do not apply to Special Care℠, Children's Health Insurance Program (CHIP), or Medicare Advantage HMO and PPO members.

Health and Wellness

Connections℠ Health Management Programs: 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*.

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)*
Connections℠ Health Management Programs Connections℠ Health Management Program Provider Support Line	1-866-866-4694
Connections℠ Complex Care Management Program	1-800-313-8628
Credentialing Credentialing Hotline	215-988-6534
Credentialing Violation Hotline	215-988-1413 www.ibx.com/credentials
Customer Service/Provider Services • Provider Automated System (eligibility/claims status/referrals) • Connections Health Management Programs • Precertification/maternity requests — 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 Benefits)	www.ibx.com/directship
eBusiness Help Desk	215-241-2305
FutureScripts® (Pharmacy Benefits) 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

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