Independence Blue Cross

Partners in Health UPDATE℠

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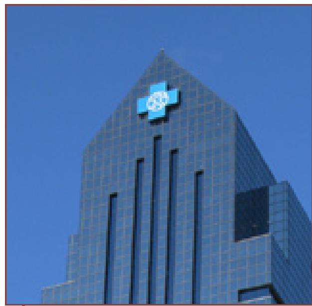

Reminder...

Sign up to receive IBC news and announcements via email

If you and your office staff would like to receive email providing you with the latest information of interest to participating IBC providers, including *Partners in Health Update* and breaking news alerts, simply complete the sign-up form located on our website.

Email sign-up: *www.ibx.com/providers/email*

All requests are processed within 48 hours. To prevent your firewall from marking our email messages as spam, please add IBC (*provider_communications@ibx.com*) to your email address book and provide your information services or information technology contacts with the domains and IP addresses listed on our website.

For professional providers only

Additionally, the IBC Network Medical Directors offer a physician-to-physician email platform, intended to provide direct and succinct messaging to assist physicians in providing quality care to our members. Email topics have included information on the Quality Performance Measure (QPM) score program, announcements of new initiatives, fee schedule reminders, and more.

Participating professional providers are encouraged to join the Network Medical Directors Physician-to-Physician email list.

Physician-to-Physician email sign-up: *www.ibx.com/providers/physician_email*

We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to *www.ibx.com/privacy*.

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Keystone Health Plan East has an accreditation status of *Commendable* from NCQA.

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

P **Professional**

F **Facility**

A **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.

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Emergency room follow-up care reminder

IBC has identified an increase in claims for follow-up care provided in an emergency room (ER) setting. Generally, follow-up care after an ER visit is considered routine care. Members should not be referred back to the ER for follow-up services when they can be referred to their primary physician or specialty care physician without medically harmful consequences.

For commercial members, routine (nonemergent) follow-up care provided in the ER setting by a participating provider is not a covered service. Examples of routine follow-up care in the ER include the following:

- patient returns to have a prescription extended that was written in the ER;
- patient returns to the ER for reapplication of bandages, splints, or wraps;
- patient who had a laceration repaired with sutures returns to the ER to have the sutures removed.

When follow-up care provided in the ER setting is denied as a noncovered service, commercial members may be billed for such noncovered services subject to the terms of your participating provider agreement. This requires, in relevant part, that you provide the member with prior written notice indicating that follow-up care in the ER setting is not covered and the member will be financially responsible.

Reminder: Provider self-service requirements

As previously communicated, providers must use the NaviNet® web portal or the Provider Automated System when requesting member eligibility.

In addition, providers must use NaviNet or call the Provider Automated System to check claims status information. The claim detail provided through either system includes specific information, such as check date, check number, service codes, paid amount, and member responsibility.

Providers can view a webinar at *www.navinet.net/intro_pss_ibc* for more information on these requirements. The presentation offers guidance on where to obtain member eligibility and claims status information through NaviNet.

If your office location is not yet registered for NaviNet, please visit *www.navinet.net* and select *Sign up* from the top right. If your office is currently NaviNet-enabled but would like assistance with accessing member or claims information, please call the eBusiness Provider Hotline at 215-640-7410.

Providers without access to NaviNet must obtain eligibility and claims status information through the Provider Automated System by calling 1-800-ASK-BLUE and following the voice prompts.

Request your office supplies through the Provider Supply Line

To replenish office supplies such as provider manuals and directories and maternity questionnaires, please submit your request through our online order form at *www.ibx.com/providersupplyline*.

In order to properly fulfill your request, you will need to provide some basic office information, including your NPI, mailing address, and office phone number. Orders are usually shipped within 24 hours and should arrive to you within 3 – 5 business days.

While filling out your request, you also have the option to sign up to receive provider email notifications from IBC. These notifications provide you with the latest information, including when a new edition of *Partners in Health Update* is available, and news alerts.

For providers without Internet access, call 1-800-858-4728 to place your order. *Note:* Calls to the Provider Supply Line should be related to supply requests only. All other provider inquiries, such as member eligibility or claims status, should be directed to Customer Service at 1-800-ASK-BLUE.

P F A

Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2012

Effective July 1, 2012, we will implement a quarterly update to our Professional Injectable and Vaccine Fee Schedule for all Pennsylvania, New Jersey, and Delaware providers.

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 July 1, 2012, through the NaviNet® web portal. To do so, select *Claim Inquiry and Maintenance* from the Plan Transactions menu, and then select *Fee Schedule Inquiry*.

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

Medical

P F A

Updated InterQual® guidelines for 2012

McKesson Health Solutions, an independent company, has made significant changes to the InterQual Level of Care Criteria for 2012. Starting in mid-July, we will implement the revised InterQual guidelines.

The InterQual Level of Care Acute Criteria are continuing to move towards a condition-specific focus and transition away from body-system subsets. This year, there are 17 new condition-specific subsets:

- Anemia/Bleeding
- Arrythmia
- Chronic Obstructive Pulmonary Disease (COPD)
- Deep Vein Thrombosis
- General Subsets:
  - Antepartum/Postparturm
  - General Medical
  - General Surgical
  - General Transplant
  - General Trauma
- Gastrointestinal Surgery
- Infections
  - Central Nervous System
  - Endocarditis
  - Gastrointestinal/Genito-urinary/Gynecological
  - Musculoskeletal
  - Skin
- Inflammatory Bowel Disease
- Pulmonary Embolism

This represents a significant change from the previous InterQual Level of Care intensity of service and severity of illness approach. Providers should note that the new guidelines will require the provision of more detailed information on treatment plans, including medication administration, diagnostic testing results, and laboratory values.

For more information on the condition-specific subsets in the 2012 Acute Criteria, please visit *www.McKesson.com*.

Policy notifications posted as of May 21, 2012

PFA

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 May 21, 2012.

Policy effective date	Policy No.	Notification title	Notification issue date
June 6, 2012	11.06.09a	Labiaplasty	May 7, 2012
June 8, 2012	02.01.02a	Private Duty Nursing	May 9, 2012
August 8, 2012	11.02.01i	Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence	May 10, 2012

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 Tools* 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.

Changes to approved drug dose, frequency, or regimen must be resubmitted for precertification

PFA

Since January 1, 2011, IBC has reviewed the dose and frequency of administration for eight drugs as part of the precertification process. By reviewing this information, IBC can confirm that requested coverage is being authorized for the dose and at a frequency generally accepted by the medical community as appropriate for the condition being treated. These eight drugs are:

- bevacizumab (Avastin®)*
- cetuximab (Erbitux®)
- immune globulin, intravenous (IVIG)
- infliximab (Remicade®)
- onabotulinumtoxinA (Botox®)
- oxaliplatin (Eloxatin®)
- rituximab (Rituxan®)
- trastuzumab (Herceptin®)

As a reminder, if, during the course of therapy for which precertification is issued, the member's dose, frequency, or regimen changes (based on factors such as changes in member weight or incomplete therapeutic response), an amended coverage request must be submitted to IBC for a new approval as part of the precertification process.

IBC reserves the right to conduct post-payment review and audit of claims submitted for these eight drugs and may recover payments made in excess of the amount approved through the precertification process.

Please refer to the medical policies for each of these eight drugs for more information on the Dosing and Frequency Guidelines associated with each one. To do so, go to *www.ibx.com/medpolicy*, select *Accept and Go to Medical Policy Online*, and type the name of the drug into the Search box. You can also access medical policies through the NaviNet® web portal by selecting *Reference Tools* from the Plan Transactions menu and then *Medical Policy*.

Please call 1-800-ASK-BLUE if you have any questions about the precertification process for these drugs.

**Requests for intravitreal injection of bevacizumab (Avastin®) to treat the ophthalmologic conditions listed in this drug's medical policy do not require precertification. Only oncology requests for bevacizumab (Avastin®) require precertification approval for dose and frequency.*

ICD-10 Spotlight:
Know the codes

ICD | 10

More codes • More detail • Improved accuracy℠

Each month, this section will feature an example of how ICD-9 codes will translate to ICD-10 codes. We will present coding examples from different specialties and popular disease categories to demonstrate the granularity that the new ICD-10 code set will provide.

CODING CONVENTION: FRACTURES

The use of the "seventh character extension" in ICD-10 codes is one example of how the new code set will provide greater specificity and clinical detail.

Similar to injuries, poisonings, other consequences of external causes, and conditions that affect a fetus (see the April edition of *Partners in Health Update* for coding examples), the seventh character is designated to document the episode of care for fractures as well. However, when documenting fractures, the assignment of the seventh character is more complicated because it is designated for additional information about the fracture, including whether the fracture is open or closed and whether healing is routine or has complications (i.e., delayed, nonunion, malunion).

The fracture seventh character extensions are:

- A = Initial encounter for closed fracture
- B = Initial encounter for open fracture
- D = Subsequent encounter for fracture with routine healing
- G = Subsequent encounter for fracture with delayed healing
- K = Subsequent encounter for fracture with nonunion
- P = Subsequent encounter for fracture with malunion
- S = Sequela

CODING EXAMPLE

Condition	Clinical documentation	ICD-10 code
Fracture	Fracture of unspecified part of right clavicle, initial encounter for closed fracture	S42.001A
	Anterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture	S42.011B
	Posterior displaced fracture of sternal end of right clavicle, subsequent encounter for fracture with routine healing	S42.014D
	Nondisplaced fracture of sternal end of right clavicle, subsequent encounter for fracture with delayed healing	S42.017G
	3-part fracture of surgical neck of left humerus, subsequent encounter for fracture with nonunion	S42.232K
	Torus fracture of upper end of left humerus, subsequent encounter for fracture with malunion	S42.272P
	Greenstick fracture of shaft of humerus, unspecified arm, sequela	S42.319S

In addition to the encounters above, there are seventh character extensions for some types of open fractures that are grouped into the "Gustilo Open Fracture Classification."

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ICD-10 Spotlight:
Know the codes

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CODING CONVENTION: FRACTURES *(continued)*

Open fractures (where bone pierces the skin) contain a much higher level of specificity in ICD-10. Therefore, further classification is needed for open fractures using the Gustilo Open Fracture Classification system. This classification system groups open fractures into three main categories designated as Type I, Type II, and Type III. Type III injuries are further divided into Type IIIA, Type IIIB, and Type IIIC. The categories are defined by three characteristics: mechanism of injury, extent of soft tissue damage, and degree of bone injury or involvement.

The Gustilo classification groups are:

- Type I – Low energy, wound less than 1 cm
- Type II – Wound greater than 1 cm with moderate soft tissue damage
- Type III – High energy wound greater than 1 cm with extensive soft tissue damage
  - Type IIIA – Adequate soft tissue cover
  - Type IIIB – Inadequate soft tissue cover
  - Type IIIC – Associated with arterial injury

CODING EXAMPLE

Condition	Clinical documentation	ICD-10 code
Open fracture	Galeazzi's fracture of left radius, initial encounter for open fracture Type IIIA, IIIB, or IIIC	S52.372C
	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture Type I or II	S52.252B
	Monteggia's fracture of left ulna, subsequent encounter for open fracture Type I or II with routine healing	S52.272E
	Bent bone of right ulna, subsequent encounter for open fracture Type IIIA, IIIB, or IIIC with delayed healing	S52.281J

For additional information about IBC's transition to ICD-10, please visit *www.ibx.com/icd10*.

Reminder: Authorization submission requirements through NaviNet

As previously communicated, provider groups must use the NaviNet® web portal in order to initiate the following authorization types:

- medical/surgical procedures
- chemotherapy/infusion therapy
- durable medical equipment
- emergency hospital admission notification
- home health
  - dietitian
  - home health aide
  - occupational therapy
  - physical therapy
  - skilled nursing
  - social work
  - speech therapy
- home infusion
- outpatient speech therapy

Please note that the representatives at the Health Resource Center are no longer able to initiate the authorizations listed above.

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, or if the authorization request is urgent, 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*.

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, go to *www.navinet.net* and select *Sign up* from the top right. If your office is currently NaviNet-enabled and 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.

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

Pharmacy

Prescription drug updates

For members enrolled in an IBC prescription drug program, prior authorization requirements will be applied to certain drugs. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. 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	Drug category	Effective date
Edarbyclor™	Not available	Heart, Blood Pressure, & Cholesterol	February 13, 2012
Erivedge™	Not available	Cancer & Organ Transplant	February 13, 2012
Inlyta®	Not available	Cancer & Organ Transplant	February 13, 2012
Jentadueto™	Not available	Diabetes, Thyroid, Steroids, & Other Misc Hormones	February 17, 2012
Kalydeco™	Not available	Diagnostic & Miscellanous Agents	February 24, 2012
Picato®	Not available	Skin Medication	March 9, 2012

PFA

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

These generic drugs 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
calcitriol ointment	Vectical® ointment	5. Skin Medications	March 2, 2012
clobetasol propionate shampoo, lotion	Clobex® shampoo, lotion	5. Skin Medications	January 6, 2012
escitalopram oxalate	Lexapro®	3. Pain, Nervous System, & Psych	March 1, 2012
fluticasone propionate lotion	Cutivate® lotion	5. Skin Medications	March 30, 2012
ibandronate	Boniva®	10. Bone, Joint, & Muscle	March 22, 2012
quetiapine fumarate	Seroquel®	3. Pain, Nervous System, & Psych	March 30, 2012
ziprasidone	Geodon®	3. Pain, Nervous System, & Psych	March 6, 2012

Brand additions

These brand drugs were added to the formulary as of the date indicated below and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Bydureon™	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones	February 2, 2012
Janumet XR®	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones	February 10, 2012

Brand deletions

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

Effective July 1, 2012.

Brand drug	Generic drug	Formulary chapter
Clobex® shampoo, lotion	clobetasol propionate shampoo, lotion	5. Skin Medications
Geodon®	ziprasidone	3. Pain, Nervous System, & Psych
Lexapro®	escitalopram oxalate	3. Pain, Nervous System, & Psych
Seroquel®	quetiapine fumarate	3. Pain, Nervous System, & Psych
Vectical® ointment	calcitriol ointment	5. Skin Medications

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

P

Highlights of the June 2012 release of the SMART® Registry from the Connections℠ Program

The next release of the SMART Registry will be mailed to providers' offices in June 2012. This is the second release of the SMART Registry to include reports created using the Healthcare Effectiveness Data and Information Set (HEDIS®).

The SMART Registry is sent to providers annually on password-protected CDs. Separate letters that include password information will be mailed to practices a few days prior to mailing the SMART Registry CD. Practices may also look up their password on the NaviNet® web portal by selecting *Reference Tools* from the Plan Transactions menu.

Introducing the Connections Provider Portal

Along with this year's SMART Registry, we are introducing the Connections Provider Portal, a website for network clinicians. The Connections Provider Portal is designed to make it easy for you and your office staff to view patient reports, refer an eligible patient to a Health Coach, and link to patient education materials and physician support information.

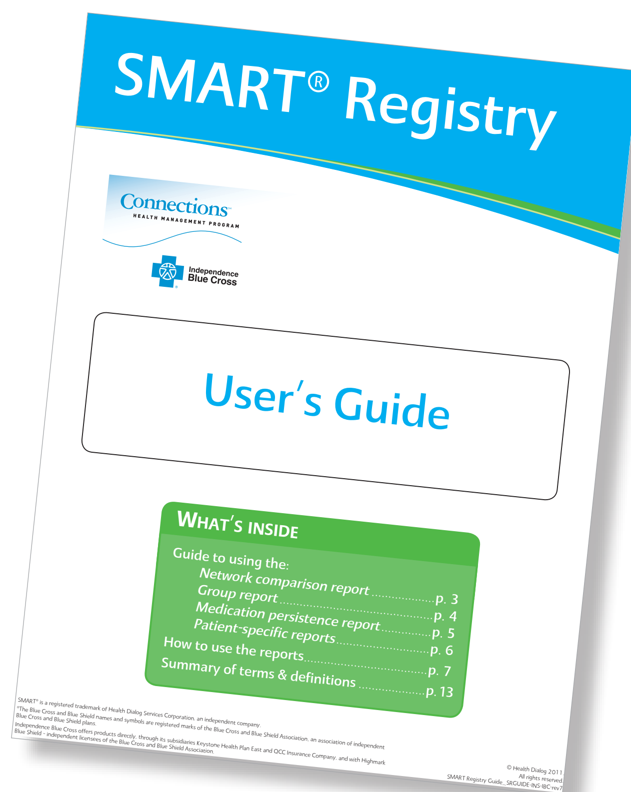
For access to the new Connections Provider Portal, call the Connections Program Provider Support Line at 1-866-866-4694. There will also be information on how to register for the new portal in your SMART Registry mailing.

The Member Campaign Report

As a reminder, physicians can still request monthly reports from Connections Provider Specialists (CPS). The Member Campaign Report is a tool physicians can use to identify patients included in the Connections Program's outreach campaigns. This monthly report includes the following information:

- patient's name;
- date of birth;
- chronic conditions;
- effective care measures for chronic conditions;
- most recent dates of service for tests or exams;
- medication lists, fill dates, and persistence rates.

The Member Campaign Report allows you to sort and filter the information to find patients who may have a gap in care. For example, you can look for patients with diabetes who have not had their HbA1c test or for those with an HbA1c value greater than 7.



Contact us

To speak with a CPS about the Member Campaign Report, SMART Registry, or the new Provider Portal, call the Provider Support Line at 1-866-866-4694. A CPS can work with you and your office staff to obtain the Member Campaign Report, sort the SMART Registry CD to provide the most important information for you, and assist you in navigating the Provider Portal. CPSs can also help with making referrals to the Connections℠ Health Management Program.

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P

Counseling older adult patients about fall prevention

Physicians who treat older adult patients know how devastating a fall can be to an individual's overall health and well-being. Over 2 million people age 65 and older are treated in the emergency room (ER) for fall-related injuries each year; nearly 600,000 are admitted to the hospital.[1] The most common non-fatal fall injuries are fractures — and they are also the most costly. In addition to the direct costs of fall-related injuries, about 30 percent of patients need help with daily activities while they recover, often for an extended period of time.[2]

Falling can also take a toll on the quality of life for older adults. Many older adult patients voluntarily limit their activities for fear of another fall and never completely regain their independence. This chain of events can lead to nursing home care and early death.[1]

Falls go unreported

Despite the high rate of falls among people 65 and older (one in three falls each year), these events may not come to the primary care provider's attention unless a patient receives hospital or ER care.[3] In the 2002 Medicare Current Beneficiaries Survey (MCBS), fewer than half of the respondents reported telling their physician about a fall in the previous year.[4] Since even minor falls can signal potentially dangerous balance problems, it is important to actively collect information from your patients about their fall history at least every 12 months.[5]

Managing fall risk

To help health insurance plans and providers identify and manage patients at high risk of fall-related injury, the Medicare Health Outcomes Survey (HOS) collects data on the percentage of plan members who have falling, walking, or balancing problems and who discussed the problem with their physician and received treatment.

A health plan receives a 4-star rating from the Centers for Medicare & Medicaid Services if at least 59 percent of members seen in the last year and identified as at-risk for falling receive an intervention from their current practitioner. A positive response of 76 percent or above earns 5-stars.[6] Keystone 65 HMO (at 68 percent) and Personal Choice 65℠ PPO (at 63 percent) both currently have a 4-star rating for this measure.

Talking to your patients about falls

Including questions from the HOS in conversations with your patients is a good starting point for identifying high-risk individuals. Specifically, the HOS survey asks:[5]

- A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?
- Did you fall in the past 12 months?
- Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things he or she might do include:
  - suggest that you use a cane or walker;
  - check your blood pressure lying down or standing;
  - suggest that you do an exercise or physical therapy program;
  - suggest vision or hearing testing.

Defining falls

When talking to your patients about their fall history, it is key to arrive at a common definition of a "fall." Technically, a fall involves the body coming in contact with the ground; however, a variety of terms are used interchangeably in casual conversation.

When discussing falls with your patients, be sure to also explore events such as slips, trips, missteps, or near-falls even if they did not result in contact with the ground. These problems can be warning signs of balance or gait irregularities that could lead to injury down the road.[7]

continued on next page

Counseling older adult patients about fall prevention (continued)

Reducing falls

The *Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons (2010)* suggests a "multifactorial intervention" approach to fall prevention in community-dwelling seniors. Depending on the needs of the individual patient, components may include:[8]

- lowering doses of medications that have been linked to falls;
- designing a customized exercise program that includes cardiovascular, strengthening, flexibility, and balance activities;
- correcting vision problems;
- managing postural hypotension;
- managing heart rate and rhythm abnormalities;
- prescribing vitamin D supplementation;
- treating foot problems and recommending proper footwear;
- modifying the home environment to reduce falling hazards;
- providing education on fall prevention.

If you have patients who need additional support with fall prevention, consider referring them to a Health Coach. Health Coaches — health care professionals such as registered nurses — from the Connections[SM] Program are available to speak with your patients about preventing falls. Plus they can provide information and support for some of the most common chronic conditions.

To learn more about the health coaching services available to our members, call 1-866-866-4694. You can refer a member to the Connections Program by completing a fax referral form, which is available at *www.ibx.com/providers/resources/connections/chmp.html*.

References:

[1]Centers for Disease Control and Prevention. Cost of Falls Among Older Adults. February 10, 2011. www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html

[2]Centers for Disease Control and Prevention. Cost of Fall Injuries in Older Persons in the United States, 2005. February 10, 2011.

[3]Centers for Disease Control and Prevention. Self-Reported Falls and Fall-Related Injuries Among Persons Aged ≥ 65 years – United States, 2006. MMWR Weekly. March 7, 2008; 57(09);225-229.

[4]Shumway-Cook A, et. al. Falls in the Medicare Population: Incidence, Associated Factors, and Impact on Health Care. Phys Ther. 2009 April:89(4):324-332.

[5]National Quality Measures Clearing House. Measure Summary: Fall risk management: the percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by an MAO practitioner in the past 12 months and who received fall risk intervention from their current practitioner. Updated: October 17, 2011. http://qualitymeasures.ahrq.gov/content.aspx?id=32407

[6]Centers for Medicare & Medicaid Services. Medicare Health & Drug Plan Quality and Performance Ratings 2012 Part C & Part D Technical Notes. October 11, 2011.

[7]Zecevic A, et al. Defining a Fall and Reasons for Falling: Comparisons Among the Views of Seniors, Health Care Providers, and the Research Literature. The Gerontologist. 46(03):367-376.

[8]Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons (2010). J Am Geriatr Soc 2010.

Prescribing medications for your older adult patients

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When you prescribe a new medication to adults age 65 and older, please keep in mind that many medications have a greater potential for side effects. Patients in this age group are twice as likely as those younger than age 65 to experience adverse drug events — and almost seven times as likely to be hospitalized from them.

The Centers for Medicare & Medicaid Services (CMS) has developed performance and quality measures to help Medicare beneficiaries make informed decisions regarding health and prescription drug plans. As part of this effort, CMS has developed a rating system to rank medications based on the risks of side effects in older adults. This is known as the HRM (high-risk medication) rate. Below are just a few of the more common HRMs:

- carisoprodol (Soma®)
- cyclobenzaprine (Flexeril®)
- diazepam (Valium®)
- dicyclomine (Bentyl®)
- diphenoxylate-atropine (Lomotil®)
- estrogens (Premarin®)
- hydroxyzine (Atarax® or Vistaril®)
- hyoscyamine (Levsin®)
- nitrofurantoin (Macrobid® or Macrodantin®)
- promethazine-codeine (Phenergan® with codeine)

A complete list of HRMs from the National Committee for Quality Assurance (NCQA) is available at *www.ncqa.org/Portals/0/Newsroom/SOHC/Drugs_Avoided_Elderly.pdf*. According to CMS, the drugs included on the list should be avoided or used with caution in older adults. Some of these drugs simply are not effective enough to be routinely used or are no longer recommended because newer, safer alternatives are now available. The list is based on the "Beers List," which is an internationally recognized list of drugs that may be inappropriate for use in the elderly due to the potential risk of adverse events.

There is an even greater risk when a patient is on more than one medication considered an HRM. Careful and appropriate use of drugs in the senior population is a critical quality-of-care issue. For these reasons, we suggest that you use caution when prescribing one or more drugs on the NCQA list to patients age 65 and older.

Case management Help for your patients when they need it

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Sometimes members need extra support. Registered nurse case managers and social workers from IBC are available to provide telephone support and information to your patients who are experiencing complex health issues or are facing challenges in meeting health care goals. Consider making a referral to case management if any of your patients need help with the following:

- wound care
- cancer treatment education
- complications of pregnancy
- adherence to treatment plan
- community resource information
- coordination of home care services
- complex pediatric medical conditions
- socioeconomic support (medications)
- investigation of benefits for medical equipment
- chronic condition with multiple comorbid conditions

The case manager or social worker will work with your office to find out how best to support the member in following your treatment plan.

To refer a patient to case management, call 1-800-313-8628,
or complete an online referral form at *www.ibx.com/case_mgmt_ref_form*.

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 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 (275-2583)
Provider Services user guide	www.ibx.com/providerautomatedsystem
eBusiness Help Desk	215-241-2305
FutureScripts® (pharmacy benefits) Prescription drug prior authorization Fax	1-888-678-7012 1-888-671-5285
Direct Ship Specialty Pharmacy Program Fax	1-888-678-7012 1-888-671-5285
Mail order program toll-free fax	1-877-228-6162
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
Mail order program toll-free fax	1-877-344-1318
IBC Direct Ship Injectables Program (medical benefits)	www.ibx.com/directship
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

Visit our website:
www.ibx.com/providercommunications