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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

Please send any changes to your information by submitting the *Provider Change Form*, which is available on the NaviNet® web portal or on our website 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.

*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.

Contact information:

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

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The Blue Cross and Blue Shield names and symbols, Baby BluePrints, BlueCard, and Blue Distinction are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

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

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

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

A new look for ibx.com

Our website, ibx.com, has a fresh, new look, providing users with an overall better experience. The biggest change our providers will see is new navigation from the Provider home page. To locate provider-specific content, place your cursor over the “Providers” tab along the top and choose from the drop-down menu that appears. Information in this menu is broken out as follows:

- Communications
- Policies and Guidelines
- Claims and Billing
- Tools and Resources
- Pharmacy Information
- Resources for Patient Management
- Contact Us

We strive to present our providers with valuable information. Please send any comments and feedback you have to provider_communications@ibx.com. If you have any questions regarding how to use the new site, please contact your Network Coordinator.

The screenshot displays the ibx.com website interface. At the top, there is a navigation bar with the Independence Blue Cross logo and the tagline "We're here for you every step of the way." The main navigation includes tabs for HOME, INDIVIDUALS, EMPLOYERS & GROUPS, PROVIDERS (highlighted), and BROKERS. A search bar and a "LOG IN OR REGISTER" button are also present. Below the navigation, a large banner reads "Equally Effective" with the text "Talk to your patients about GENERIC prescriptions." and a "Learn more" button. To the right, a dropdown menu for "PROVIDERS" is open, listing: Communications, Policies and Guidelines, Claims and Billing, Tools and Resources, Pharmacy Information, Resources for Patient Management, and Contact Us. Below the banner, there are two featured sections: "Claims and Billing" with a "Learn More" button, and "Policies & ..." with a "Learn More" button. A "Partners in Health Update" section is also visible at the bottom right.

AIM changes its company name

Please note that American Imaging Management, Inc. is now called AIM Specialty HealthSM (AIM). Their website address has also been updated to www.aimspecialtyhealth.com.

For more information about this change, please refer to the March 2012 issue of the AIM monthly newsletter, *Insider*, at www.aimspecialtyhealth.com/Resources/documents/2012/AIMInsiderMar2012.pdf.

AIM is an independent company contracted with IBC to perform precertification for select diagnostic imaging services for most managed care members.





Independence Administrators offers free electronic claims payments and remittances with Integrated ERA/EFT™

Providers and facilities of any size now have the option to receive fully reconciled electronic remittance advice (ERA) and claims settlement payments through electronic funds transfer (EFT) with Integrated ERA/EFT. Powered by an industry-leading health care payments network, this convenient and secure solution is now available for claims for services you provide to your patients who carry an Independence Administrators ID card.

Providers can now:

- **Get paid faster.** Receive claim payments electronically deposited into your practice's bank account.
- **Eliminate paper checks and Explanation of Benefits.** Receive remittances electronically.
- **Keep details organized and secure.** Access a secure portal to view remittances and transaction details.

There's no cost or fee for this solution. Using Integrated ERA/EFT will result in quicker payments, less paper clutter, and help reduce administrative costs. You will begin to see electronic correspondence within two weeks of the approval of your signed, authorized application.

To apply, download the application at www.ibxtpa.com/providers and follow the submission instructions on the form, or fax your application to 215-789-3690. You can also apply by calling 215-789-3682.

Register pregnant IBC members for Baby BluePrints® to ensure early outreach



Our award-winning Baby BluePrints maternity program is designed to complement the care that our pregnant members receive from their maternity care provider. All mothers-to-be who are registered in the program receive important information to help them start and maintain a healthy pregnancy lifestyle.

Registering our maternity members into Baby BluePrints is imperative for early outreach, particularly for high-risk pregnancies. Our goal is to reach out to members identified as having risk factors within their first trimester of pregnancy. Therefore, all IBC maternity members should complete the *Initial Maternity Patient Questionnaire* form at their first prenatal visit. Please mail the registration questionnaires to us *immediately* following this visit to ensure timely registration into this program. Member registration into the program and prenotification for delivery will be completed at the same time.

The program offers many benefits to members, including case management by our obstetric nurses for members with such diagnoses as:

- gestational diabetes mellitus
- pregnancy-induced hypertension
- preterm labor
- hyperemesis gravidarum

Pregnant members enrolled in Baby BluePrints also receive educational materials and information about reimbursements for parenting classes, lactation consultations, and the purchase of a breast pump.

Initial Maternity Patient Questionnaire forms and postage-paid return envelopes can be ordered by submitting an online request at www.ibx.com/providersupplyline or by calling the Provider Supply Line at 1-800-858-4728.

Note: The Baby BluePrints maternity program is offered only to IBC members. Therefore, please remind your staff to verify member eligibility *prior* to giving a patient the questionnaire to complete.

Emergency hospital admission notification submission changes for Independence Administrators beginning June 1, 2012

Independence Administrators values the service and care that hospitals, physicians, and other health care professionals provide to our clients' plan members. Our online tools enhance convenience for health care professionals and help eliminate avoidable administrative costs. With iEXCHANGE[®] you can easily submit requests for precertification and prenotification of care online through a secure sign-on at no cost.

Effective June 1, 2012, all provider offices and admitting facilities must use iEXCHANGE to submit notification of emergency hospital admission. Starting June 1, 2012, calls to the Patient Care Management (PCM) department to make these notifications will be referred to iEXCHANGE for submission.

This online service is offered through AmeriHealth Administrators, an independent company that provides medical management services for Independence Administrators.

iEXCHANGE will automatically provide notification of the admission to the PCM team. A medical review will need to be communicated before a determination of medical necessity can be rendered. Please continue to communicate to your facility's utilization management/case management staff.

A notification submitted through iEXCHANGE may take up to one business day to be completed. If an authorization remains pending for more than one business day, please contact the AmeriHealth Administrators PCM department for assistance.

You can submit requests for services and scheduled admissions through iEXCHANGE. For your convenience, iEXCHANGE is available seven days a week. (Maintenance takes place on the third Sunday of every month.)

Visit <https://iexchange.meddecision.com/IEApp/ProviderLogon.do> to sign up for iEXCHANGE. For more information, visit www.ibxtpa.com/providers or contact the iEXCHANGE help line at 1-888-444-4617.

Policy notifications posted as of April 23, 2012

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 April 23, 2012.

Policy effective date	Policy No.	Notification title	Notification issue date
May 11, 2012	00.10.39c	Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus	April 11, 2012
May 16, 2012	07.13.13	Prescription Lenses and Vision Devices	April 16, 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.

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: SEVENTH CHARACTER EXTENSION

One example of how ICD-10 codes differ from ICD-9 codes is the addition of a seventh character extension in the coding structure. The seventh character extension in ICD-10 codes is primarily used to document the episode of care for fractures, injuries, poisonings, other consequences of external causes, and conditions that affect a fetus at multiple gestations. The designation of the seventh character extension in ICD-10 conveys greater specificity and clinical detail.

For injuries, poisonings, and other consequences of external causes, the seventh character designates the episode of care as:

- A = Initial Encounter
- D = Subsequent Encounter
- S = Sequela

Condition	Clinical documentation	ICD-10 code
Injury	Superficial foreign body of unspecified shoulder, initial encounter	S40.259A
Poisoning	Poisoning by penicillins, accidental (unintentional), subsequent encounter	T36.0x1D*
Consequences of external causes	Adverse effect of benzodiazepines, sequela	T42.4x5S*

Note: Fractures are not included in these examples due to the complexity of assigning seventh characters for episode of care.

For conditions that affect a fetus, the seventh character designates certain complications of pregnancy at multiple gestations to denote which fetus is affected:

- 0 = not applicable or unspecified
- 1 = fetus 1
- 2 = fetus 2
- 3 = fetus 3
- 4 = fetus 4
- 5 = fetus 5
- 9 = other fetus

Condition	Clinical documentation	ICD-10 code
Complication of pregnancy affecting fetus	Maternal care for breech presentation, fetus 1	O32.1xx1*
	Maternal care for (suspected) central nervous system malformation in fetus, fetus 2	O35.0xx2*
	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3	O36.0123
	Polyhydramnios, third trimester, fetus 4	O40.3xx4*
	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5	O41.1025
	Labor and delivery complicated by cord around neck, with compression, other fetus	O69.1xx9*

**For codes that include only three to five characters, "x" is used to fill in empty character fields.*

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

ICD-10 implementation update: IBC continues to move forward

On February 16, 2012, the U.S. Department of Health & Human Services (HHS) announced that they would initiate a process to delay the date by which certain health care entities have to comply with ICD-10.

After working through the rulemaking process to re-examine the pace at which HHS and the country will implement the ICD-10 coding system, HHS has proposed a one-year delay of the implementation date. At this time, the proposed new ICD-10 compliance date is October 1, 2014.

We will continue to publish articles in *Partners in Health Update* that focus on various transition-related requirements, including our new “ICD-10 Spotlight: Know the codes” section, which features examples of how ICD-9 codes will translate to ICD-10 codes.

You can find additional information about IBC's transition to ICD-10 at www.ibx.com/icd10.

BLUECARD®

Spring 2012 edition of *Inside IPP* now available

The Spring 2012 edition of *Inside IPP*, an inter-plan programs publication, is now available and features the following articles:

- *Blue plans and Lumeris complete acquisition of nation's largest real-time health care communication network*
- *Claim INFO Adjustment transactions reminder*
- *Blue Distinction®: New value-based designation*
- *Coming soon: New tool for members to provide online reviews for their network physicians*
- *Roles and responsibilities related to the BlueCard Program*

Go to www.ibx.com/insideipp to read this edition. You can also find a complete archive of past editions there. 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 provider awareness of and satisfaction with the BlueCard Program. It introduces new initiatives related to BlueCard processing and highlights plans for improvement.



Professional fee schedule changes effective July 1, 2012

On March 30, 2012, IBC mailed letters to certain professional providers notifying them that we will be adjusting reimbursement rates for certain services effective July 1, 2012. These adjustments will apply to IBC's standard professional fee schedules for Pennsylvania, Delaware, and Maryland professional providers. Providers also received an Amendment to their Professional Provider Agreements, if the fee schedule change applied to their agreement.

If you have any questions about these fee schedule changes, call [1-888-289-3039](tel:1-888-289-3039) and leave a detailed message including your name, contact number, provider number, and the best time for us to return your call.

PHARMACY

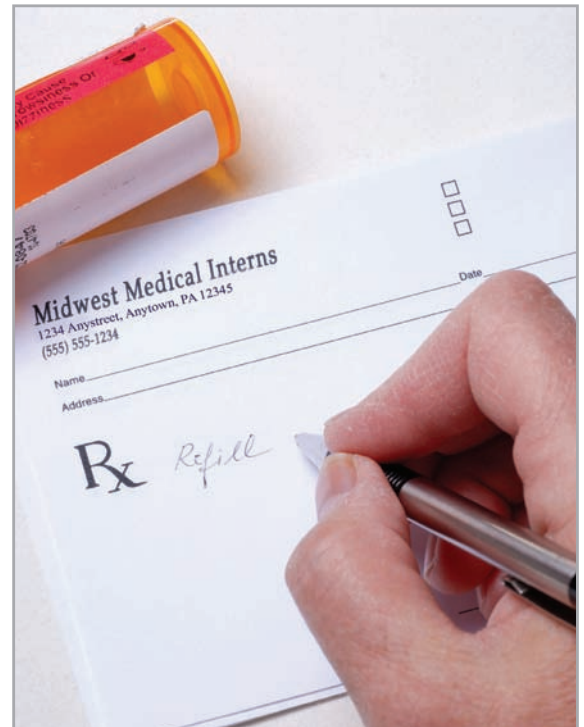
Program for brand Lipitor® ends as of June 1, 2012

As previously communicated, the generic form of Lipitor became available on November 30, 2011. Through a limited-time program with Lipitor's manufacturer, IBC commercial members could obtain brand Lipitor from November 30, 2011, to May 31, 2012, at the same level of cost-sharing they pay for generic drugs (i.e., lowest level of cost-sharing).

The program is ending

Starting June 1, 2012, members who have been prescribed brand Lipitor should make the switch to its generic form, atorvastatin. On this date, brand Lipitor will become a non-formulary brand medication and will only be available to members at the highest non-formulary level of cost-sharing.

Members who are currently taking brand Lipitor will receive a letter to remind them of the program's end date. As of June 1, 2012, members should request that their pharmacy substitute brand Lipitor with the generic equivalent, atorvastatin, if their pharmacy does not automatically do so. This will ensure that members continue to pay the lowest formulary level of cost-sharing. Going forward, the pharmacy will dispense atorvastatin unless you have indicated "dispense as written" on the prescription.



Information and resources for your Medicare-eligible patients

Medicare coverage can be a confusing and intimidating subject for patients approaching Medicare eligibility. It's important that patients are well-informed and take the right steps to get the Medicare coverage they need. When you and your patients discuss Medicare, please keep in mind that a patient who inquires about IBC coverage can be provided with information and resources related to IBC's Medicare coverage options.

Medicare information for your patients

IBC's Medicare website, www.ibxmedicare.com, is available to help patients understand Medicare and guide them through the process of enrolling in IBC's Medicare Advantage, Medicare Supplement, and prescription drug plans. The website features plan details, prescription drug information, enrollment forms, and a helpful *New to Medicare?* section that includes easy-to-understand instructional videos and general Medicare information. Patients can also call 1-877-393-6733 (for the hearing-impaired: 1-877-219-5457) for information.

IBC plans

IBC has provided Medicare coverage since its inception in 1965. Between our Medicare Advantage, Medicare Supplement, and prescription drug plans, we provide health care coverage for more than 160,000 Medicare members. We take pride in being a local plan that our members know and trust.

- **Medicare Advantage plans.** Currently, we offer two Medicare Advantage plan options: Keystone 65 HMO (consisting of both our Select and Preferred plans) and Personal Choice 65SM PPO.* With each plan, patients can choose between options that offer coverage for medical expenses only or coverage for both medical and Part D prescription drug coverage. These plans cover all of the benefits of Original Medicare, plus more.
- **Medicare Supplement plans.** Medicare Supplement (or Medigap) plans provide coverage for out-of-pocket expenses or "gaps" in Original Medicare, helping to lower out-of-pocket costs. With a Medicare Supplement plan, patients can go to any hospital and see any doctor. Medicare Supplement plans do not include prescription drug coverage, but add-on prescription drug plans are available. The Medicare Supplement plan offered by IBC is called MedigapSecurity. With MedigapSecurity, there are five standardized plans to choose from: plan A, B, C, F, or N.

Note: There are different eligibility requirements and enrollment periods for Medicare and MediGap that vary with each individual's circumstance. To determine when they are eligible to enroll, patients can call Medicare at 1-800-MEDICARE (for the hearing-impaired: 1-877-486-2048) or visit www.medicare.gov.

As per Medicare rules, patients are allowed to be enrolled in only **one** Medicare Advantage or Medicare prescription drug plan. Enrollment in a new plan will cause disenrollment from any other existing Medicare plan.

Medicare information for providers

To help you easily locate and disseminate IBC information related to our Medicare coverage, we recently added several resources for providers within the Administrative Tools & Resources section of NaviNet[®] Plan Central to assist your Medicare-eligible patients. These resources include:

- Keystone 65 HMO enrollment form;
- Personal Choice 65 PPO enrollment form;
- a link to ibxmedicare.com;
- a link to the updated Medicare Advantage Drug Formulary.

If you are not yet NaviNet-enabled at your office location, register by going to www.navinet.net and selecting *Sign up* from the top right. Providers without access to NaviNet can obtain paper copies of the Medicare enrollment forms by calling Customer Service at 1-800-ASK-BLUE.

*Personal Choice 65 PPO is available in Philadelphia and Bucks counties only.



Encourage your older adult patients to take a walk

As a physician, your older adult patients look to you for guidance about their health care. But even the most experienced medical practitioner can find it challenging to inspire an unmotivated patient to exercise. Perhaps it's just as easy as telling them to take a walk! There are many benefits of walking, and for your sedentary patients, anything is better than being a "couch potato."

If you're having trouble motivating your older patients to adopt a regular physical activity routine, try by informing them that walking is the easiest and simplest activity to do. In fact, the American Heart Association (AHA) encourages walking, citing it as the most effective form of exercise when it comes to achieving heart health. Your older adult patients might be surprised to know that a daily 30-minute stroll can actually improve their heart health. Besides, what other physical activity is easier than walking? There are no gym membership fees or start-up costs, and according to the AHA, it has the lowest dropout rate of any type of exercise.

For your older adult patients who need more convincing to spend less time sitting and more time in an upright, forward motion, share with them that walking also can help improve their memory and improves circulation, which creates better blood flow to the brain. Your older adult patients will be glad to know that walking, a basic function they learned as children, can benefit them well into their golden years.



SilverSneakers® can help

With all the benefits from a simple exercise as easy as walking, think of how your patients will benefit from other physical activities. IBC Medicare Advantage HMO and PPO members have access to the SilverSneakers Fitness Program and can explore a number of options, including group exercise classes that focus on improving balance, flexibility, endurance, range of movement, and other vital functions. Whether taking a brisk walk in the park, a stroll around the neighborhood, or timing a couple of miles on the treadmill at their local SilverSneakers-participating location, the health of your older adult patients will benefit from walking.

Note: SilverSneakers is offered to Keystone 65 HMO and Personal Choice 65SM PPO members at no cost. To enroll in the program, members can simply bring their SilverSneakers ID card to any participating SilverSneakers location. Members can visit the SilverSneakers website at www.silversneakers.com or call 1-888-423-4632 for a complete list of locations.

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

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

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)
- heart failure

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 Program 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)*
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 (275-2583)
Provider Services user guide	www.ibx.com/providerautomatedsystem
eBusiness Help Desk	215-241-2305
FutureScripts® (pharmacy benefits)	
Prescription drug prior authorization	1-888-678-7012
Fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	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