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



*This just in...*

## Expanded infant sleep guidelines from the AAP



The American Academy of Pediatrics (AAP) has expanded the guidelines for infant sleep safety and sudden infant death syndrome (SIDS) risk reduction. The expanded recommendations include a series of 18 guidelines for parents, health care providers, and other caregivers to create a safe sleep environment for infants.

The complete list of recommended guidelines is available at [www.healthychildren.org/safesleep](http://www.healthychildren.org/safesleep).

## New ACIP guidelines for pertussis vaccine



The Advisory Committee on Immunization Practices (ACIP) has recently changed its recommendation for Tdap and pregnancy. The ACIP recommendations now include administering Tdap after 20 weeks gestation instead of postpartum, since pregnancy registries have determined that there is no adverse effect and that fewer newborns contract pertussis if their mothers are vaccinated antepartum.

The complete list of recommended guidelines is available at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s\\_cid=mm6041a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s_cid=mm6041a4_w).

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

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

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



**Professional**



**Facility**



**Ancillary**

## IBC network medical directors launch physician-to-physician email platform

Many participating providers have expressed an interest in receiving direct physician-to-physician communications on behalf of IBC. Based on this feedback, we are excited to announce that the IBC Network Medical Directors (Ronald Brooks, M.D., Steven Brown, M.D., and Dale Mandel, M.D.) have recently launched a new physician-to-physician email platform.

This new platform will provide direct, clear, and succinct messaging that will assist physicians in providing quality care to our members. Email topics may include policy and billing changes, important upcoming mailings (e.g., QIPS), notifications regarding future fee schedule updates, details about our Quality Performance Measure score program, and more. In addition, emails will also include useful resources, including important IBC contact information, links to the NaviNet® web portal, and the most recent editions of *Partners in Health Update*.

The Network Medical Directors will only send an email when there is significant information of value to IBC-participating physicians. The physician-to-physician emails serve to highlight recent mailings/postings or changes that are pertinent to our participating providers.

The process for joining the IBC Network Medical Directors email list is quick and easy. All participating providers are welcome to join, and providers can opt out at any time. We encourage you to pass this information along to all interested IBC-participating colleagues.



Visit <http://tinyurl.com/ibc-email> to join the Network Medical Directors Physician-to-Physician Email list or simply click the image to the left and enter the required information.

Please note: The Network Medical Directors email platform is intended for IBC-participating physicians. IBC maintains a broader email distribution list for *both* providers and office staff for general IBC-related news and announcements. Participating providers and office staff can sign up for this separate email list by going to the Contact Information page at [www.ibx.com/providers](http://www.ibx.com/providers).

*Note:* IBC respects your privacy and will not make your email address available to third parties.

## Change to mass adjustments for outpatient fee schedule changes for IBC member claims

In accordance with direction from the Blue Cross and Blue Shield Association (BCBSA), mass adjustments for outpatient fee schedule changes for IBC member claims will no longer directly crossover from the Centers for Medicare & Medicaid Services to IBC.

When you receive the remittance advice from Medicare, you will be able to confirm whether the claim has been automatically forwarded (crossed over) to IBC. If the remittance indicates that the claim was not crossed over, submit the claim to IBC electronically with Frequency Code 7 to indicate the claim is a replacement of a prior claim.

The following are additional frequency codes that you may need when submitting a claim:

- Frequency Code 5: For late charges only
- Frequency Code 8: Void/cancel a prior claim

Please contact your Network Coordinator if you have any questions about this change.

## ClaimCheck® upgrade and edit clarification

ClaimCheck® is a comprehensive code-auditing tool that we use to evaluate the relationships between procedure codes submitted on the CMS-1500 claim form (or equivalent electronic format). Claims are edited by ClaimCheck® to ensure that correct coding rules and guidelines are used. Please note the following information.

### Recent upgrade

In an effort to maintain an enhanced level of transparency, the ClaimCheck® software was upgraded from version 9.0.47 to 9.0.48 effective November 14, 2011. This upgrade applies to all contracted providers who deliver professional services to members and bill by way of the CMS-1500 claim form or equivalent electronic format. Upgrades to ClaimCheck® are scheduled twice yearly, typically in the spring and fall. Edits are based on recommendations (sourced) by various nationally accepted authorities, including the American Medical Association, CPT® (Current Procedure Terminology), Centers for Medicare & Medicaid Services, and national specialty societies.

### Clarifying edits for reprocessed or adjusted claims

ClaimCheck® and Clear Claim Connection™ are updated regularly for consistency with medical and claim payment policy, new procedure codes, current health care trends, and/or medical and technological advances. ClaimCheck® clinical relationship logic is applied based on the date a claim is processed, reprocessed, or adjusted in our claims processing system. This logic is not applied based on the date the service was performed. Therefore, claims that are reprocessed or adjusted for any reason may receive a different editing outcome from ClaimCheck® based on the clinical relationship logic that is in effect at the time the claim adjustment occurs. Notwithstanding the foregoing, it is understood that a specific claim payment policy may supersede the terms of ClaimCheck® with respect to the subject of that claim payment policy.

Detailed disclosures of all ClaimCheck® code edits are available through Clear Claim Connection™, which is accessible through the NaviNet® web portal Monday through Saturday from 5 a.m. to 10 p.m. and Sunday from 9 a.m. to 9 p.m. If you have any questions about ClaimCheck® or Clear Claim Connection™, please contact your Network Coordinator.

## Reminder: Provider self-service requirements now in effect



As of September 15, 2011, we began enforcing our policy that requires providers to 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
- member responsibility

Providers can view a webinar at [www.navinet.net/intro\\_pss\\_ibc](http://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](http://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.



## Information about Keystone 65 Select HMO available online

Resources are available online for providers with questions about the new Keystone 65 Select network.

IBC is now offering Keystone 65 Select HMO to Medicare Advantage members. The Keystone 65 Select HMO product, which is effective January 1, 2012, does *not* include all hospitals or providers participating in our current Medicare Advantage HMO network.

For more information on the Keystone 65 Select network, visit [www.ibx.com/providers/k65select](http://www.ibx.com/providers/k65select). This website includes information on the new network, including:

- eligibility requirements for participation in the Keystone 65 Select network;
- a list of the Keystone 65 Select participating hospitals;
- a list of the Keystone 65 Select capitation sites;
- a link to the *Keystone 65 Select Network Hospital Privileges Attestation* form.

For more specific information about the Keystone 65 Select HMO product, visit [www.ibxmedicare.com](http://www.ibxmedicare.com).

## Attention: Changes to the Provider Automated System postponed until mid-December

In the November edition of *Partners in Health Update*, we announced that we would be updating our interactive Provider Automated System, available through 1-800-ASK-BLUE.

Please note that these updates have been delayed until mid-December due to the need for further testing. We will update you on our progress in the IBC News & Announcements section on the NaviNet® web portal as well as in the next edition of *Partners in Health Update*.

Rest assured that we're working hard towards the finalization of the updated system, which will help you to obtain the information you need quickly and efficiently. Thank you for your understanding during this transition.

## BILLING

## Professional Injectable and Vaccine Fee Schedule updates effective January 1, 2012

**Effective January 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 January 1, 2012, through NaviNet®. 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.

## Reminder: Authorization submission requirements through NaviNet

As previously communicated in *Partners in Health Update*, all provider groups were to have all site locations NaviNet-enabled by January 1, 2011, in order to initiate the following authorization types through the NaviNet® web portal:

- medical/surgical procedures
- cardiac rehabilitation\*
- chemotherapy/infusion
- 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
- pulmonary rehabilitation\*
- sleep studies\*

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](http://www.navinet.net) and select *Sign up* from the top right. If your office is currently NaviNet-enabled but would like training on how to submit authorizations, please call the eBusiness Provider Hotline at **215-640-7410**.

*\*As of January 1, 2012, these services will no longer require authorization.*

*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.*



## ICD-10 readiness for IBC-participating facilities

IBC is keeping providers informed about our transition to the new ICD-10 code sets and is actively looking to obtain feedback from facilities and providers about their plans to comply with the mandate.

On October 5 and October 11, 2011, IBC hosted focus groups to discuss the ICD-10 transition. ICD-10 representatives from IBC-participating facilities were invited to participate in a lunchtime discussion where they shared their plans and challenges while preparing for the transition.

There were a number of common challenges discussed among the focus group attendees that each facility is facing while preparing for the transition to the new code sets. A few of those challenges include:

- assessment and implementation of staff resources needed for various ICD-10 work streams;
- assessment of the financial impact involved with upgrading systems and processes;
- physician education and adoption of increased specificity for clinical documentation;
- coder retention, training, and certification in ICD-10.

Feedback received from the focus groups determined that IBC facilities are in various stages of ICD-10 readiness, ranging from assessing the impact of ICD-10 to systems and processes (e.g., working with a vendor to perform gap analyses), to beginning work on the required changes (e.g., working with a practice management software vendor to ensure systems are ICD-10 compliant).

IBC plans to host follow-up ICD-10 focus groups in early 2012 to monitor the progress of facility ICD-10 readiness and to continue to share information that may be helpful for overcoming additional challenges.

### *ICD-10 cash flow tips by Wells Fargo*

The financial impact of ICD-10 is one of the many shared concerns of facilities and providers. In an effort to address some of the financial impacts of the transition, Wells Fargo created ICD-10 cash flow tips for the Healthcare Information and Management Systems Society (HIMSS). Visit [www.himss.org](http://www.himss.org) and search “Wells Fargo” for a PDF of the tip sheet.

### *Countdown to ICD-10*

Begin the countdown to the ICD-10 implementation date of October 1, 2013, by downloading an ICD-10 countdown clock to your facility or provider office website. Visit [www.aapc.com/ICD-10/widgets/add-countdown-widget.aspx](http://www.aapc.com/ICD-10/widgets/add-countdown-widget.aspx) to download the free ICD-10 countdown clock created by the American Association of Professional Coders (AAPC). You can also download an ICD-10 timeline widget by visiting [www.cms.gov/ICD10/03\\_ICD-10andVersion5010ComplianceTimelines.asp](http://www.cms.gov/ICD10/03_ICD-10andVersion5010ComplianceTimelines.asp). The timeline widget, created by the Centers for Medicare & Medicaid Services, is available for free download to your desktop or mobile device. The timeline widget also can be shared by email, social media channels, and/or embedded on your office website.

For more information about IBC’s transition to ICD-10, visit [www.ibx.com/icd10](http://www.ibx.com/icd10).

## IBC follows CMS lead with HIPAA 5010 90-day enforcement grace period

Consistent with the recent statement issued by the Centers for Medicare & Medicaid Services (CMS), IBC will be observing a 90-day grace period for enforcement of the new HIPAA 5010 transaction standards.

The original rule from the United States Department of Health and Human Services (HHS) stipulated that any health care entity that submits electronic standard transactions must comply with HIPAA 5010 (errata version) by January 1, 2012. IBC will comply with the HHS rule to move to 5010 standards. However, IBC will continue to accept and remit 4010A transactions past the original compliance date of January 1, 2012, through the recommended 90-day enforcement grace period. This grace period will expire on March 31, 2012. In addition, we will accept HIPAA 5010 (errata version) transactions beginning with the original compliance date of January 1, 2012.

If you are not prepared to issue and accept HIPAA 5010 compliant transactions by March 31, 2012, you may be adversely affected by conversion activities initiated by IBC and/or your trading partners. We encourage you to continue working with your trading partners to ensure your preparedness and to avoid any negative outcomes during this transition.

If you have any questions concerning your preparedness for the transition to 5010, please contact your trading partners.

## Policy notifications posted as of November 23, 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 November 23, 2011.

Policy effective date	Policy No.	Notification title	Notification issue date
November 16, 2011	<b>03.00.32</b>	Modifier 52 Reduced Services	August 18, 2011
December 9, 2011	<b>00.01.47a</b>	Inpatient Hospital Readmission	November 9, 2011
December 9, 2011	<b>05.00.43d</b>	Seat Lift Mechanisms	November 9, 2011
December 22, 2011	<b>05.00.14f</b>	High Frequency Chest Wall Oscillation Devices	November 22, 2011
December 23, 2011	<b>00.01.25m</b>	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services	November 23, 2011
January 1, 2012	<b>07.03.14e</b>	Intraoperative Neurophysiological Monitoring (INM)	October 3, 2011
January 10, 2012	<b>05.00.56e</b>	Hospital Beds and Accessories	October 14, 2011
January 11, 2012	<b>08.01.04</b>	Preventive Immunization	October 13, 2011
January 24, 2012	<b>08.00.62d</b>	Abatacept (Orencia <sup>®</sup> ) for injection for intravenous use	October 26, 2011
January 24, 2012	<b>11.08.15m</b>	Reconstructive Breast Surgery	October 26, 2011

To view the policy notifications, go to [www.ibx.com/medpolicy](http://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<sup>®</sup> 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.

## Reminder: Change to anesthesia claims payment methodology calculation



As previously communicated, for claims processed on or after July 1, 2011, anesthesia time units reported in minutes are divided by fifteen minutes and rounded to one decimal place (e.g., 16 minutes = 1.1 units), replacing the previous process of rounding to the next whole number (e.g., 16 minutes = 2 units).

This change is reflected in Claim Payment Policy #00.01.14i: Reporting and Documentation Requirements for Anesthesia Services. This policy has been available for review by providers and their office staff since it was posted on our website as a notification on April 1, 2011, and became effective on July 1, 2011. The claim payment policy for reporting and documentation requirements for anesthesia services is available at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).



## Precertification process change for certain infusion therapy drugs

As part of our continuing efforts to improve the quality and affordability of health care, we are making important changes to the precertification process for our members who receive the following infusion therapy drugs:

- alglucerase (Ceredase®)
- imiglucerase (Cerezyme®)
- velaglucerase alfa (VPRIV®)
- eculizumab (Soliris®)

**Effective January 1, 2012**, all precertification requests for these drugs will be reviewed to determine if members are receiving them in the setting that is cost-effective, safe, and clinically appropriate for their medical needs. This decision is based on factors such as, but not limited to:

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

Typically, administration of the infusion therapy drugs listed above should only occur in an outpatient facility or hospital when patients are receiving an initial dose of one of these drugs, or for those who have a history of treatment-related adverse effects that require monitoring. Aside from these exceptions, most patients can safely receive these drugs in either a provider's office or in their home through a home infusion provider.

### *Administering drugs in the office or at home*

The following options are available for administering these drugs in a provider's 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.
- **Home infusion therapy.** Many members prefer the convenience of receiving infusion therapy drugs in their home through a home infusion provider. Providers should discuss this option with their IBC patients, when appropriate.

### *Requesting administration in an outpatient facility or hospital*

Providers who request coverage for administration of these drugs in an outpatient facility or hospital will be asked during precertification to provide details about the member'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 these settings is approved.

### *Impacts to coverage*

IBC will continue to cover these drugs and all services associated with their administration when *both* of 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 approved by IBC as part of the precertification review process.

Please call Customer Service at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE) if you have any questions about setting options for these infusion therapy drugs. Customer Service can also assist you with home infusion options.

## Upcoming benefits change for progesterone in oil

Progesterone in oil, a standard injectable medication, is currently covered for our members under their pharmacy benefit. **Effective January 1, 2012**, progesterone in oil will no longer be covered under the pharmacy benefit and will only be covered under the medical benefit. This change is being made because this medication is not considered a self-injectable and therefore should not be covered under the pharmacy benefit.

Our Pharmacy Services department will work with providers who have prescribed this injectable to a member to obtain a new prescription and start the member in the

Direct Ship Injectables Program. This voluntary program is available for your patients who have their medical benefits through an IBC managed care program. It facilitates the shipment of injectable medications like progesterone in oil to your office or the member's home (members may continue to self-administer at your discretion). Providers may also opt to supply the drug and bill the plan directly.

For more information about the direct ship option, go to [www.ibx.com/directship](http://www.ibx.com/directship). Please call Customer Service at 1-800-ASK-BLUE if you have any questions about this change.

## Brand Lipitor® available to members through May 2012

On November 30, 2011, the generic form of Lipitor, called atorvastatin, became available. Through a special program with Lipitor's manufacturer, IBC commercial members can continue to obtain brand Lipitor at the same level of cost-sharing they pay for generic drugs. This limited time program is in place for a six-month period, from November 30, 2011, to May 31, 2012.

Members who are currently taking Lipitor received a letter in early November that informed them of the program details. These members will also receive a letter in May as the program concludes to remind them of the program's end date.

### *Once the program ends*

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

As of June 1, 2012, members who are filling prescriptions for Lipitor should be given generic atorvastatin at their pharmacy to continue paying the lowest formulary level of cost-sharing.

*Note:* From November 30, 2011, to May 31, 2012, generic atorvastatin will not be covered under IBC prescription drug programs.

### *Our position on generic drugs*

This initiative doesn't change our position on the benefits of generic drugs. IBC remains committed to their use, as they are typically the lowest-cost option and are often prescribed as preferred alternatives to brand-name medications.

## 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
alfuzosin	Uroxatral®	14. Urinary & Prostate Meds	July 22, 2011
atovaquone/proguanil	Malarone®	1. Antibiotics & Other Drugs Used for Infection	September 20, 2011
cyclobenzaprine	Fexmid®	3. Pain, Nervous System, & Psych	August 25, 2011
felbamate	Felbatol®	3. Pain, Nervous System, & Psych	September 15, 2011
fondaparinux	Arixtra®	9. Biotechnology	July 22, 2011
isometheptene/APAP/caffeine	Prodrin®	3. Pain, Nervous System, & Psych	July 28, 2011
levetiracetam	Keppra XR®	3. Pain, Nervous System, & Psych	September 15, 2011
metformin ER	Fortamet®	7. Diabetes, Thyroid, Steroids, and Other Misc. Hormones	October 3, 2011

### 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
Azilect®	3. Pain, Nervous System, & Psych	October 1, 2011
Juvisync™	7. Diabetes, Thyroid, Steroids, and Other Misc. Hormones	November 18, 2011

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

*Effective January 1, 2012.*

Brand drug	Formulary chapter
Incivek™	1. Antibiotics & Other Drugs Used for Infection
Victrelis™	1. Antibiotics & Other Drugs Used for Infection

### Brand deletion

This brand drug will be covered at the appropriate non-formulary level of cost-sharing:

*Effective January 1, 2012.*

Brand drug	Formulary therapeutic alternatives	Formulary chapter
Comtan®	Azilect®, amantadine, selegiline	3. Pain, Nervous System, & Psych

There is no generic equivalent 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 certain 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	Drug category	Effective date
Brilinta™	Not available	Heart, Blood Pressure, & Cholesterol	October 4, 2011
Firazyr®	Not available	Heart, Blood Pressure, & Cholesterol	August 26, 2011
Gralise™	Not available	Pain, Nervous System, & Psych	August 19, 2011
Horizant™	Not available	Pain, Nervous System, & Psych	July 27, 2011
Incivek™	Not available	Antibiotics and Other Drugs Used for Infection	August 8, 2011
Lazanda®	Not available	Pain, Nervous System, & Psych	September 30, 2011
Orencia® SQ	Not available	Bones, Joints, & Muscles	October 4, 2011
Victrelis™	Not available	Antibiotics and Other Drugs Used for Infection	August 8, 2011
Xalkori®	Not available	Cancer & Organ Transplant Drugs	September 2, 2011
Xarelto®	Not available	Heart, Blood Pressure, & Cholesterol	August 29, 2011
Zelboraf®	Not available	Cancer & Organ Transplant Drugs	August 17, 2011

The following non-formulary drugs will be added to the list of drugs requiring prior authorization. Members taking these drugs immediately prior to the effective date are not affected:

*Effective December 1, 2011.*

Brand drug	Generic drug	Drug category
Nexiclon™ XR Suspension	Not available	Heart, Blood Pressure, & Cholesterol
Tradjenta™	Not available	Diabetes

### Drugs with quantity limits

Quantity limits will be added for the following drugs:

*Effective December 1, 2011.*

Brand drug	Generic drug	Quantity limit
Dificid™	Not available	20 tablets per 10 days
Sprix®	Not available	5 bottles per 30 days



## Resolution solution: The SilverSneakers® Fitness Program

The end of the year is approaching and your patients may be thinking about New Year's resolutions for 2012. Among the most common resolutions are to lose weight, get in shape, and be healthier. While these are also some of the more difficult goals to attain, IBC Medicare Advantage HMO and PPO members have an excellent benefit designed to help them keep active and healthy – the SilverSneakers Fitness Program.

SilverSneakers is helping older adults all over the country experience total well-being as they get stronger, gain better balance and coordination, and expand their social network. In fact, in 2010, 57 percent of SilverSneakers participants reported their health as “excellent” or “very good”<sup>\*</sup> compared to only 30 percent of older adults nationally who are not enrolled in SilverSneakers.

To help members reach their goals of being healthy, feeling younger, and maintaining independence, SilverSneakers includes:

- a fitness membership at a local participating location with access to nearly 10,000 locations nationwide;
- use of basic amenities plus signature SilverSneakers classes designed specifically for older adults and taught by certified instructors;
- SilverSneakers Online, a secure members-only website with resources and tools for healthier living ([www.silversneakers.com/member](http://www.silversneakers.com/member)).

When new members sign up, they receive the *SilverSneakers Fitness Program Member Handbook*, which includes descriptions of some common goals

and the benefits of achieving them, plus suggested SilverSneakers classes to help meet each goal. At [www.silversneakers.com/member](http://www.silversneakers.com/member), members can create exercise and nutrition plans, watch class videos, get expert advice on fitness and nutrition, and track their progress toward goals, as well as find healthy recipes and informative articles on relevant health topics. The camaraderie among SilverSneakers members, both at the participating locations and online, also offers an excellent support system.

Help your IBC Medicare Advantage HMO and PPO patients keep their resolutions and reach their health and fitness goals. Refer them to [www.silversneakers.com](http://www.silversneakers.com) or 1-888-423-4632 today to find their closest SilverSneakers location and get more information about the program. Signing up is fast and easy, and they'll be on their way to living more healthy and active years.

*Note:* SilverSneakers is offered to Keystone 65 Preferred HMO and Personal Choice 65<sup>SM</sup> PPO members at no 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](http://www.silversneakers.com) or call 1-888-423-4632.

*\*Healthways SilverSneakers Annual Member Survey, 2010 (based on SF-12 scores)*

*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.*

## Case management Help for your patients when they need it

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](http://www.ibx.com/case_mgmt_ref_form).

## Managing bladder control problems

Approximately 13 million Americans are plagued by urinary incontinence. Although bladder control problems are not a normal part of aging, the problem is most common in older adults; in fact, one in three people age 65 and older suffers from some degree of urine leakage. Unchecked, loss of bladder control can lead to complications such as pressure ulcers and urinary tract infections. Psychological ramifications such as depression and social isolation are also common in older adults suffering from urinary incontinence. And, according to the National Quality Measures Clearinghouse, the price tag associated with the direct cost of caring for urinary incontinence is estimated to top \$15 billion yearly.<sup>1</sup>

Loss of bladder control is often easily treatable — if the physician is aware of the problem. A survey conducted by the National Association for Continence (NAFC) revealed that patients endured urinary leakage an average of 6 years before bringing the issue to the attention of a health care professional. Women in particular are reluctant to mention the subject.<sup>2</sup> This reluctance makes it extremely important for you to bring up this topic with your older adult patients during regular office visits.

Of the treatments available for bladder control problems — pelvic floor exercises (Kegels), medication, surgery, or a combination of the three — the choice of therapy should be based on the form of urinary incontinence a person has (stress, urge, or mixed), whether the patient is male or female, and the patient's preferences and abilities.<sup>3</sup>

Kegel exercises are effective for stress incontinence in both sexes. A recent trial published in the January 2011 issue of the *Journal of the American Medical Association (JAMA)* showed that men with stress incontinence following prostatectomy saw significant improvement in urinary leakage after eight weeks of combined behavioral therapy and pelvic floor exercises.<sup>4</sup> Medications such as oxybutynin (Ditropan®) and tolterodine (Detrol®) that calm strong urinary urges can be used to treat overactive bladder symptoms in both men and women. However, if a man is suffering from urinary leakage due to an enlarged prostate gland, drugs such as tamsulosin (Flomax®) and dutasteride (Avodart®) may be appropriate for this condition. Similarly, surgery to remove part of the prostate may ease urinary problems in men. Stress incontinence in women can often be alleviated with surgery (such as the “Burch” and “sling” procedures) to repair the pelvic support muscles.<sup>3</sup> Another option for women with stress incontinence who are not good candidates for surgery is the injection of a bulking agent into the wall of the urethra at the bladder outlet.<sup>5</sup> The bulking material expands the tissue around the bladder neck thus narrowing the opening and preventing urine loss. This is not a permanent solution, however, and may need to be repeated.<sup>6</sup>

Each patient is different with unique preferences, concerns, and needs. There is not one right treatment option for everyone; therefore, it is important to discuss urinary incontinence treatments with your older adult patients. When patients need to discuss these options further, they may seek information and support from a Health Coach. Health Coaches — health care professionals such as registered nurses — from the Connections<sup>SM</sup> Program are available to speak with your patients about the many options available to treat urinary incontinence. To learn more about the health coaching services available to your practice, call 1-866-866-4694. You can refer a member to the Connections Program by filling out a fax referral form available at [www.ibx.com/providers/resources/connections/chmp.html](http://www.ibx.com/providers/resources/connections/chmp.html).

### References:

<sup>1</sup>National Quality Measures Clearinghouse. Management of urinary incontinence in older adults: percentage of Medicare members 65 years of age and older who reported having a urine leakage problem in the past six months and who received treatment for their current urine leakage problem. [www.qualitymeasures.ahrq.gov/content.aspx?id=14984](http://www.qualitymeasures.ahrq.gov/content.aspx?id=14984)

<sup>2</sup>Medical Week. Bladder Control Problems Far More Common Than Generally Realized. Senior Health Report: Bladder Control. 2004. <http://seniorhealthweek.org/NewsStories/bladder-story-n1.htm>

<sup>3</sup>Health Dialog. Bladder Control Problems. Growing Older, Staying Well. 2009.

<sup>4</sup>Goode, P. et al. Behavioral Therapy With or Without Biofeedback and Pelvic Floor Electrical Stimulation for Persistent Postprostatectomy Incontinence. *Journal of the American Medical Association*. 2011; 305:151-159. <http://jama.ama-assn.org/content/305/2/151.full.pdf+html>

<sup>5</sup>FDA U.S. Food and Drug Administration. Medical Devices: URYX® Urethral Bulking Agent - P030030. Last updated. 07/08/2009. [www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm079334.htm](http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm079334.htm)

<sup>6</sup>National Quality Measures Clearinghouse. Guideline Synthesis: Assessment and Management of Urinary Incontinence in Women. Revised 2010. [www.guideline.gov/syntheses/synthesis.aspx?id=16411](http://www.guideline.gov/syntheses/synthesis.aspx?id=16411)

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# IMPORTANT RESOURCES

<b>Anti-Fraud and Corporate Compliance Hotline</b>	1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a>
<b>Care Management and Coordination</b> Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
<b>Connections<sup>SM</sup> Health Management Programs</b>	
Connections <sup>SM</sup> Health Management Program Provider Support Line	1-866-866-4694
Connections <sup>SM</sup> Complex Care Management Program	1-800-313-8628
<b>Credentialing</b> Credentialing Violation Hotline	215-988-1413 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
<b>Customer Service/Provider Services</b>	
<ul style="list-style-type: none"> <li>• Provider Automated System (eligibility/claims status/referrals)</li> <li>• Connections Health Management Programs</li> <li>• Precertification/maternity requests                             <ul style="list-style-type: none"> <li>– Imaging services (CT, MRI/MRA, PET, and nuclear cardiology)</li> <li>– Authorizations</li> </ul> </li> </ul>	1-800-ASK-BLUE (275-2583)
Provider Services user guide	<a href="http://www.ibx.com/providerautomatedsystem">www.ibx.com/providerautomatedsystem</a>
<b>eBusiness Help Desk</b>	215-241-2305
<b>FutureScripts® (pharmacy benefits)</b>	
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)	<a href="http://www.ibx.com/rx">www.ibx.com/rx</a>
<b>FutureScripts® Secure (Medicare Part D)</b>	1-888-678-7015
Formulary updates	<a href="http://www.ibxmedicare.com">www.ibxmedicare.com</a>
Mail order program toll-free fax	1-877-344-1318
<b>IBC Direct Ship Injectables Program (medical benefits)</b>	<a href="http://www.ibx.com/directship">www.ibx.com/directship</a>
<b>Medical Policy</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.navinet.net">www.navinet.net</a>
<b>Provider Supply Line</b>	1-800-858-4728 <a href="http://www.ibx.com/providersupplyline">www.ibx.com/providersupplyline</a>

\* Outside 215 area code



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