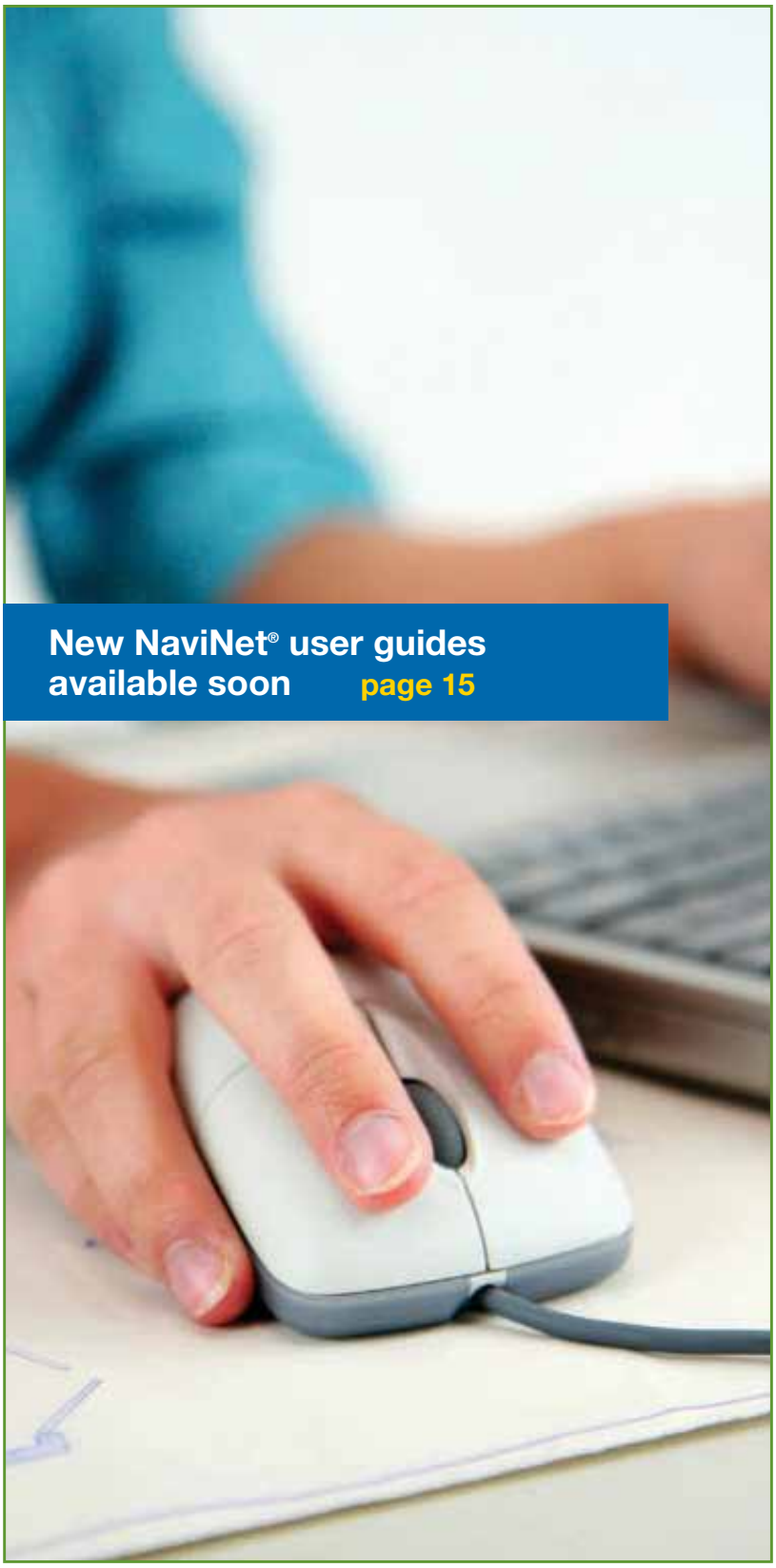
Independence Partners in Health
UPDATE℠



Inside this edition

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

Independence

Update your provider information with us

P F A

Have you made any changes to your key provider 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 notify us of any changes in one of the following ways:

- Complete the *Provider Change Form*, available at *www.ibx.com/providerforms*, and fax or mail it to us using the instructions at the bottom of the form.
- Contact your Network Coordinator.

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, Contracting and Provider Networks
1901 Market Street, 27th 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℠ 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
27th Floor
Philadelphia, PA 19103
provider_communications@ibx.com

Personal Choice®, Keystone 65 HMO, and Personal Choice 65℠ 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**

Administrative

P F A

Reminder: Retirement of the Provider Automated System

As announced in a letter to your practice about our claims processing system transformation (dated May 22), IBC is making changes to the functionality available through the Provider Automated System. Please read this notice carefully if you currently use the Provider Automated System, as your day-to-day operations may be affected.

The retirement of the Provider Automated System will happen in a phased approach:

- **Effective September 27, 2013:** As of this date, you will no longer be able to submit or retrieve referrals or submit encounters using the Provider Automated System. Primary care physicians should use the NaviNet® web portal (or their current electronic data interchange [EDI] solution) to submit encounter data to IBC. *Note:* Paper referrals and encounters are not permitted by IBC.
- **Beginning in November 2013:** Beginning in November 2013 and continuing through mid-2015, IBC will be migrating membership to a new operating platform in stages, generally based on when the customer/member's contract renews. Once a member has been migrated to the new platform, you will no longer be able to use the Provider Automated System for that member. This includes *all additional functionality*, such as eligibility and claims status. You must use NaviNet to retrieve this information.

Visit our Business Transformation website at *www.ibx.com/pnc/businesstransformation* frequently for the most up-to-date information about our transition to the new operating platform for our core processing activities. The letter that was sent to your practice and a Frequently Asked Questions document are available on this site for your reference throughout the migration.

Note: All participating providers were required to register for NaviNet by April 1, 2013. If you have not yet done so, go to *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 or retrieve a referral or submit an encounter, please contact our eBusiness Provider Hotline at 215-640-7410.

Billing

A

Bill Type 33X to be discontinued

Effective October 1, 2013, providers should no longer submit original claims for home health services using Bill Type 33X. Providers should use **Bill Type 32X** instead. Bill Type 33X will be discontinued per the Centers for Medicare & Medicaid Services and the National Uniform Billing Committee.

If a claim is received with Bill Type 33X after October 1, 2013, it will be returned to you with an error message that the Bill Type was invalid.

P F A

Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2013

Effective October 1, 2013, 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.

If you have any questions about the updates or where to view them, please contact your Network Coordinator.

Putting ICD-10 into Practice: Coding exercises and scenarios

The coding exercises and scenario in this section are designed to help you put the new ICD-10 guidelines and conventions into practice. An answer key is provided below so you can verify if your answers are correct. In addition, code narratives are included on the next page to describe each ICD-10 code used in the exercises and scenario.

If needed, use the *ICD-10 Spotlight: Know the codes* booklet for assistance with these exercises. It is available at *www.ibx.com/icd10*.

Specialty focus: Mental and Behavioral Health Disorders

Coding exercises

Code the following conditions according to ICD-10 coding conventions and guidelines:

1. Paranoid schizophrenia
2. Tourette's syndrome
3. Affective personality disorder
4. Claustrophobia
5. Anxiety disorder due to alcohol abuse
6. Senile dementia
7. Compulsive gambling
8. Attention deficit hyperactivity disorder
9. Depressive disorder
10. Bulimia
11. Obsessive compulsive neurosis
12. Bipolar disorder with current severe manic episodes and psychotic symptoms
13. Psychogenic impotence
14. PCP dependence with intoxication and delirium
15. Pathological stealing
16. Autistic disorder
17. Stuttering — adult

Coding scenario

Code the following scenario according to ICD-10 coding conventions and guidelines:

Mary and Jack take a family vacation every year. However, due to Jack's fear of flying, they typically drive and therefore have never vacationed out of the country. This year Mary wanted to do something different, but it would require them to fly instead of drive. Jack reluctantly agreed, as this trip would require him to face many of his fears. In addition to a fear of flying, Jack also had a fear of hospitals. And due to the area where they were traveling, it was essential that they get certain vaccines at the hospital.

On the morning of the flight, it was raining and thunderstorming. All Jack could think about were the tight quarters he would have to deal with for such a long flight. Jack hates thunderstorms and tight spaces. Before the flight took off, Jack had a panic attack in the airport. Mary always believed Jack was a hypochondriac, but she finally realized that his fears were real.

Answers to coding exercises:
1) F20.0 **2)** F95.2 **3)** F34.0 **4)** F40.240 **5)** F10.180 **6)** F03.90 **7)** F63.0 **8)** F90.9 **9)** F32.9 **10)** F50.2 **11)** F42 **12)** F31.2 **13)** F52.21 **14)** F16.221 **15)** F63.2 **16)** F84.0 **17)** F98.5

Answer to coding scenario:
F40.243, F40.232, F40.220, F40.240, F45.21, F41.0

continued on the next page

Putting ICD-10 into Practice: Coding exercises and scenarios (continued)

Narratives

The following are the corresponding code narratives for each of the codes in the answer key:

ICD-10 code	Code narrative
Exercises	
F20.0	Paranoid schizophrenia
F95.2	Tourette's disorder
F34.0	Cyclothymic disorder
F40.240	Claustrophobia
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F03.90	Unspecified dementia without behavioral disturbance
F63.0	Pathological gambling
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F32.9	Major depressive disorder, single episode, unspecified
F50.2	Bulimia nervosa
F42	Obsessive compulsive disorder
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F52.21	Male erectile disorder
F16.221	Hallucinogen dependence with intoxication with delirium
F63.2	Kleptomania
F84.0	Autistic disorder
F98.5	Adult onset fluency disorder
Scenario	
F40.243	Fear of flying
F40.232	Fear of other medical care
F40.220	Fear of thunderstorms
F40.240	Claustrophobia
F45.21	Hypochondriasis
F41.0	Panic disorder [episodic paroxysmal anxiety] without agoraphobia

Please visit the ICD-10 section of our website at *www.ibx.com/icd10*. On this site you will find additional information related to the transition to ICD-10, including frequently asked questions, examples of how ICD-9 codes will translate to ICD-10 codes in the *ICD-10 Spotlight: Know the codes* booklet, and examples of ICD-10 coding exercises and scenarios in the *Putting ICD-10 into Practice: Coding exercises and scenarios* booklet.

What's Up Wednesday

When: Wednesday, September 18
2:00 - 3:00 p.m. ET

What's Up Wednesday is a monthly teleconference hosted by Pennsylvania's Blue Plans to help prepare health care professionals for the ICD-10 transition on October 1, 2014. *What's Up Wednesday* will feature special guests and ICD-10 experts who will lead discussions to help you get ready for the October 1, 2014, compliance date. All providers, clearinghouses, information trading partners, and information networks are encouraged to participate.

How do you participate?

- Prior to the call, visit *www.ibx.com/icd10* and select the *What's Up Wednesday* link to access the presentation materials.
- Then dial 1-800-882-3610 and enter pass code 5411307 when prompted. Be sure to dial in five minutes early and have a copy of any presentation materials with you for reference.

Questions can be emailed prior to or during the teleconference to *ICD10PC@CapBlueCross.com*.

Reminder: Please be sure to secure a copy of the presentation *prior* to the teleconference. Presentations cannot be emailed during the teleconference.

What's Up Wednesday

- Participation is free.
- No registration required.
- Simply call toll-free.

ICD | 10
More codes • More detail • Improved accuracy

Business Transformation

Stay informed during our transition to a new operating platform

In May, we mailed a letter to our provider network regarding our transition to a new operating platform for our core processing activities, which will help us gain efficiencies and lower operating costs. This letter is posted on our Business Transformation website at *www.ibx.com/pnc/businesstransformation*. In addition, we have posted a Frequently Asked Questions document, which includes answers to questions that we have received from participating providers about the transition.

We encourage you to visit this site frequently to stay informed of the upcoming changes and to learn how they may affect you.

Go to www.ibx.com/pnc/businesstransformation

PFA

Policy notifications posted as of August 29, 2013

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 August 29, 2013.

Policy effective date	Policy No.	Notification title	Notification issue date
September 1, 2013	07.03.05o	Sleep Disorder Testing	June 3, 2013
September 13, 2013	08.00.77b	Human Papillomavirus (HPV) Vaccine(s)	August 14, 2013
September 27, 2013	08.01.12	Repository corticotropin (H.P. Acthar® Gel Injection)	August 28, 2013
September 27, 2013	09.00.15f	Mammography and Computer-Aided Detection (CAD) System for Mammography	August 28, 2013
September 27, 2013	11.08.08f	Chemical Peels	August 28, 2013
October 1, 2013	05.00.38f	Negative-Pressure Wound Therapy (NPWT) Systems	July 3, 2013
October 1, 2013	05.00.70a	Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures	August 29, 2013
October 1, 2013	06.02.10k	Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)	August 20, 2013
October 1, 2013	06.02.35e	Genetic Testing	August 20, 2013
October 1, 2013	07.03.07i	Evaluation and Management of Autism Spectrum Disorders (ASD)	August 12, 2013
October 1, 2013	07.03.14i	Intraoperative Neurophysiological Monitoring (INM)	July 3, 2013
October 1, 2013	07.03.22	Repetitive Transcranial Magnetic Stimulation (rTMS)	August 29, 2013
October 1, 2013	07.13.12c	Instrument-based Vision Screening	August 29, 2013
October 1, 2013	11.14.22b	Lumbar Interspinous Process Decompression	August 29, 2013
October 1, 2013	11.17.01e	Bulking Agents for the Treatment of Stress Urinary Incontinence due to Intrinsic Sphincter Deficiency (ISD) and for the Treatment of Vesicoureteral Reflux (VUR)	August 29, 2013
November 1, 2013	11.00.10o	Multiple Surgical Reduction Guidelines	August 2, 2013
November 27, 2013	07.10.05a	Noncontraceptive Use of the Levonorgestrel-Releasing Intrauterine System	August 28, 2013

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.

PFA

Changes to sleep study precertification requirements now in effect

Effective for dates of service on or after September 1, 2013, **precertification is required for commercial members for sleep studies and continuous positive airway pressure (CPAP) titration in the facility setting** (i.e., free standing sleep study center or hospital sleep study lab). This change will also be implemented for Medicare Advantage HMO and PPO members effective January 1, 2014.

IBC has delegated the responsibility for precertification of sleep studies and CPAP titration studies in the facility setting to AIM Specialty Health℠ (AIM), an independent company. AIM uses their Sleep Disorder Management Diagnostic & Treatment Guidelines, adopted by IBC and available on their website at *www.aimspecialtyhealth.com*, to guide the utilization of these services for our members. The guidelines involve integration of medical information from multiple sources to support the use of high-quality advanced sleep management services. The process for criteria development is based on technology assessment and peer-reviewed medical literature, including clinical outcomes research and consensus opinion in medical practice. It takes into consideration recommendations from:

- American Academy of Sleep Medicine (AASM)
- American Thoracic Society (ATS)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare & Medicaid Services (CMS)

IBC covers sleep studies and CPAP titration conducted in the home and facility setting based on the medical necessity criteria outlined in our Medical Policy #07.03.05o: Sleep Disorder Testing. **Precertification is not required for sleep studies that are conducted in the home setting.** CPAP titration in the home setting continues to require precertification through IBC based on the standard rules for rental of durable medical equipment.

Members should obtain sleep studies and CPAP titration in the setting that is most appropriate for their condition, based on factors such as:

- 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;
- current standards in medical practice.

Member cost-sharing (deductible, coinsurance, and/or copayments) applies in accordance with the terms of the member's benefit contract.

Obtaining precertification for sleep studies in the facility setting

Providers who request coverage for administration of a sleep study in a facility setting are required to provide details about the member's medical history to support the request.

All precertification requests for sleep studies and CPAP titration in a facility setting should be submitted through the AIM ProviderPortal℠, which can be accessed through the NaviNet® web portal by selecting *Authorizations* from the Plan Transactions menu, then *AIM*.

It is very important that providers use NaviNet to verify member-specific requirements or refer to the most current precertification requirement lists on our website at *www.ibx.com/preapproval*. Failure to obtain precertification for any of the services that require it may result in a reduction in payment or nonpayment for the services not precertified. If you have any questions about these changes to place of service options for sleep studies, please call Customer Service at 1-800-ASK-BLUE.

PFA

Provide Medicare Advantage HMO and PPO members notice of noncovered/excluded services and member payment responsibility

As a reminder, before providing noncovered/excluded services, providers must furnish Keystone 65 HMO or Personal Choice 65℠ PPO members with written notice that the services are not covered and the members will be responsible for payment. Examples of noncovered/excluded services include, but are not limited to:

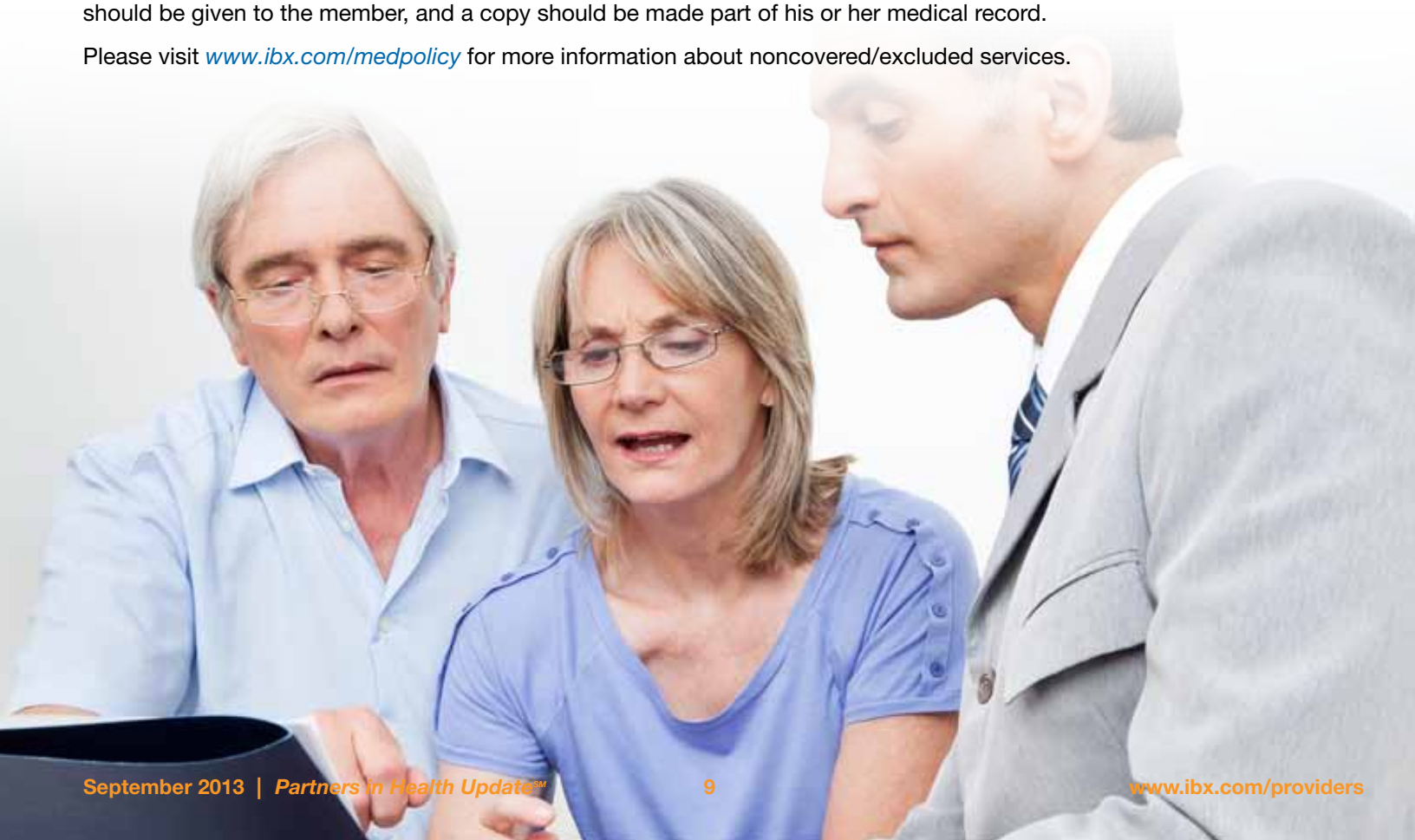
- comfort and convenience items, such as a total electric hospital bed;
- equipment inappropriate for home use, such as a standing frame system;
- equipment that is not primarily medical in nature, such as some power wheelchair accessories (e.g., power seat elevation system, power standing feature, remote operation);
- equipment with features of a medical nature that are not required by the individual's condition, such as a water-circulating cold pad with pump;
- other examples, including non-elastic binders and gradient compression stockings (HCPCS codes A6530; A6533-A6549).

This requirement for written notification of noncovered/excluded services and payment responsibility is contained in your Independence professional provider agreement, which states that in the event the Provider provides Non-covered or Excluded services to the Beneficiary, the Provider must inform the Beneficiary in advance in writing: (i) of the service(s) to be provided; (ii) that Independence [Blue Cross] will not pay for or be financially liable for said services; and (iii) that the Member will be financially liable for such services.

If the provider does not give written notice of noncovered/excluded services to the member, he or she is required to hold the member harmless.

Our *Member Consent for Financial Responsibility for Unreferred/Non-covered Services* form may be used when members request service(s) that are not covered under their Medicare benefits. This easy-to-use form, which is available at *www.ibx.com/providerforms*, requires the provider to list the type of service that is not covered. A copy of the form should be given to the member, and a copy should be made part of his or her medical record.

Please visit *www.ibx.com/medpolicy* for more information about noncovered/excluded services.



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
acyclovir ointment	Zovirax® ointment	5. Skin Medications	April 5, 2013
buprenorphine hcl/naloxone hcl	Suboxone®	3. Pain, Nervous System, & Psych	March 8, 2013
dihydroergotamine mesylate	Migranal®	3. Pain, Nervous System, & Psych	April 12, 2013
fenofibrate	Antara®	4. Heart, Blood Pressure, & Cholesterol	March 1, 2013
fluvoxamine	Luvox CR®	3. Pain, Nervous System, & Psych	March 15, 2013
mafenide acetate	Sulfamylon®	5. Skin Medications	February 22, 2013
mupirocin calcium cream	Bactroban® cream	5. Skin Medications	February 1, 2013
travoprost	Travatan®	12. Eye Medications	April 19, 2013
tretinoin gel	Retin-A Micro®	5. Skin Medications	March 22, 2013

Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing: *Effective October 1, 2013.*

Brand drug	Generic drug	Formulary chapter
Augmentin® suspension	amoxicillin/potassium clavulanate	1. Antibiotics & Other Drugs Used for Infection
Bactroban® cream	mupirocin calcium cream	5. Skin Medications
Suboxone®	buprenorphine hcl/naloxone hcl	3. Pain, Nervous System, & Psych
Zovirax® ointment	acyclovir 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.

Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing: *Effective October 1, 2013.*

Brand drug	Formulary therapeutic alternatives	Formulary chapter
Actoplus Met XR®	pioglitazone/metformin	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Ceftin® suspension	cefprozil suspension, cefaclor suspension	1. Antibiotics & Other Drugs Used for Infection
Mepron®	tinidazole tablets	1. Antibiotics & Other Drugs Used for Infection
Proventil® HFA	ProAir® HFA	13. Allergy, Cough & Cold, Lung Meds
Rebetol® solution	ribasphere, ribavirin capsules	1. Antibiotics & Other Drugs Used for Infection

There is no generic equivalent for the above brand drugs; however, there are therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing.

PFA

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	Generic drug	Drug category	Effective date
Invokana™	Not available	Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	April 5, 2013
Kazano®	Not available	Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2013
Kynamro®	Not available	Heart, Blood Pressure, & Cholesterol	March 1, 2013
Nesina®	Not available	Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2013
Oseni®	Not available	Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2013
Pomalyst®	Not available	Cancer & Organ Transplant Drugs	February 14, 2013
Signifor®	Not available	Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 15, 2013
Sirturo™	Not available	Antibiotics & Other Drugs Used for Infection	April 26, 2013
Tecfidera™	Not available	Bone, Joint, & Muscle	April 5, 2013

The following non-formulary drugs have been added to the list of drugs requiring prior authorization. Members taking these drugs prior to the effective date are not affected: *Effective October 1, 2013.*

Brand drug	Generic drug	Drug category
Cystaran™	Not available	Eye Medications
Fulyzaq™	Not available	Stomach, Ulcer, & Bowel Meds
Procysbi®	Not available	Urinary & Prostate Meds
Ravicti™	Not available	Stomach, Ulcer, & Bowel Meds

The following non-formulary drugs have been added to the list of drugs requiring prior authorization: *Effective October 1, 2013.*

Brand drug	Generic drug	Drug category
Proventil® HFA	Not available	Allergy, Cough & Cold, Lung Meds
Ventolin® HFA	Not available	Allergy, Cough & Cold, Lung Meds
Xoponex® HFA	Not available	Allergy, Cough & Cold, Lung Meds

continued on the next page

Prescription Drug updates (continued)

Drugs requiring prior authorization

The following drugs have been added to the list of drugs requiring prior authorization and apply to all members: *Effective October 1, 2013.*

Chantix®
Compound products containing any of the following bulk powders: cholestyramine, cyclobenzaprine, gabapentin, or ketamine
Compound products with total ingredient cost equal to or greater than $300 per prescription
Nicotine patches, nicotine gums, nicotine lozenges, nicotine inhalers, nicotine sprays
Zyban®, buproprion hcl

Drugs with quantity limits

Quantity limits will be added for the following drugs: *Effective October 1, 2013.*

Brand drug	Generic drug	Quantity limit (per 30 days)
All applicable products	Female condoms	#15
All applicable products	diaphragms	#1/365 days
All applicable products	nicotine gum	#300
All applicable products	nicotine lozenge	#300
All applicable products	nicotine inhaler cartridges	#300
All applicable products	smoking cessation patches	#30
Chantix®	Not available	#60
Cystaran™	Not available	4 bottles
Edluar™	Not available	30 tablets
Lunesta® 1mg	Not available	60 tablets
Lunesta® 2mg and 3mg	Not available	30 tablets
Zyban®	buproprion hcl	#60

Annual Synagis® (palivizumab) distribution program

We are approaching the 2013-2014 respiratory syncytial virus (RSV) season, which is November through March in the United States. RSV is the most common cause of bronchiolitis and pneumonia among children younger than one year of age. During the RSV season, we will approve the monthly administration of Synagis® (palivizumab) for at-risk children younger than two years of age.

It is mandatory for all participating providers to obtain Synagis® (palivizumab) through ACRO Pharmaceutical Services, an independent company. IBC will coordinate with ACRO Pharmaceutical Services to facilitate delivery of Synagis® (palivizumab) to your office.

If you have questions about the Synagis® (palivizumab) distribution program, please contact Customer Service at 1-800-ASK-BLUE. Look for more information regarding the shipment and facilitation of Synagis® (palivizumab) in the October edition of *Partners in Health Update*.

Note: MedImmune, LLC, the makers of Synagis® (palivizumab), has a voluntary program called RSV Connection™; however, IBC does not participate in this program.

This is not a statement of benefits. Benefits may vary according to state requirements, product line (HMO, PPO, etc.), and/or employer groups. Member coverage can be verified by calling Customer Service at 1-800-ASK-BLUE.

Reminder: ProAir® HFA to become the only preferred brand of rescue inhaler for commercial members

Currently there are two preferred brands of rescue inhaler for commercial and Medicare Part D members, including ProAir HFA.

Effective October 1, 2013, IBC will designate ProAir HFA as our only preferred brand of rescue inhaler for commercial members. Medicare Part D members will not be affected by this change.

Commercial members who are currently prescribed a rescue inhaler were mailed a letter notifying them of this change. The letter explained that in order for other brands of rescue inhaler to be covered, prior authorization will be required and, in some cases, members will pay a higher level of cost-sharing.

Prescribing options for commercial members as of October 1, 2013:

- **Prescribe ProAir HFA.** ProAir HFA will continue to be covered at the brand formulary level of cost-sharing. Prior authorization will *not* be required.
- **Prescribe a non-preferred rescue inhaler (i.e., other than ProAir HFA).** You will need to submit to FutureScripts® a prior authorization request using the *General Pharmacy* form, which is located on the FutureScripts website at *www.futurescripts.com/FutureScripts/for_health_care_professionals/prior_authorization/prior_auth_commercial.html*. In some cases, members who are prescribed a non-preferred rescue inhaler will be responsible for the highest non-formulary level of cost-sharing.

  If ProAir HFA is not prescribed, we strongly recommend that you allow additional time for us to process the prior authorization request when writing a new prescription.

If you have any questions, please contact FutureScripts at 1-888-678-7012.

PFA

PPACA and our tiered network products

As the Patient Protection and Affordable Care Act of 2010 (PPACA) brings unprecedented change to our industry, IBC is leading the way in transforming health care and delivering what members need to meet these new challenges. This includes innovative strategies to:

- increase flexibility and efficiency in administering health care;
- provide tools for managing costs and improving outcomes;
- establish a coordinated health care system that rewards providers for providing safe, effective care.

Under PPACA, each state is required to establish a Health Insurance Marketplace by January 1, 2014. Health Insurance Marketplaces are a new way for certain consumers to buy health insurance. They will offer a choice of different health plans for those who buy their own individual and/or small group coverage, certify health plans that participate, and provide information to help consumers better understand their health coverage options.

IBC will participate in the federally facilitated Health Insurance Marketplace for Pennsylvania by providing various commercial products that are covered under your current Provider Agreement and will be reimbursed in accordance with your payment rates for commercial products. These commercial products will be available beginning January 1, 2014, and will include lower-cost tiered provider network products named Keystone HMO Proactive.

Keystone HMO Proactive

We want to help members become informed consumers of health care by making them aware that there are cost differences among providers in our network for the same service depending on the physician or facility they choose. Our tiered Keystone HMO Proactive products recognize this, assigning all hospitals, primary care physicians (PCP), specialists, and ancillary providers (including sleep study, home health, dialysis centers, and ambulatory surgical centers) in our HMO network to one of three benefits tiers:

- **Tier 1 – Preferred:** Members pay the lowest cost-sharing for most services.
- **Tier 2 – Enhanced:** Members pay a higher cost-sharing for most services compared to Tier 1 – Preferred.
- **Tier 3 – Standard:** Members pay the highest cost-sharing for most services.

Benefit tier placement

Benefit tier placement for Keystone HMO Proactive is based upon specific criteria that vary by provider type:

- **PCPs:** Criteria include contracted fee schedule (i.e., relative cost), minimum quality criteria (where applicable), and hospital and outpatient surgical utilization (i.e., the facilities where members associated with a provider office location receive care when available).
- **Specialists:** Criteria include contracted fee schedule (i.e., relative cost) as compared to other network providers in their specialty and hospital and outpatient surgical utilization, when available.
- **Ancillary providers:** Placement is based upon their contracted fee schedule (i.e., relative cost) as compared to other network providers in their specialty.
- **Hospitals:** Placement is based on how their average costs for inpatient and outpatient services compared to the average cost for inpatient and outpatient services across our network hospitals.

Providers in our HMO network have been sent their benefit tier placement for the 2014 calendar year by mail. IBC will re-evaluate the benefit tier placements each year and will provide advance written notice of any changes that will become effective on January 1 of the following year.

For more information

If you have questions about these new products or about your benefit tier placement, please contact your Network Coordinator.

PFA

New NaviNet user guides available soon

As previously communicated, beginning September 27, 2013, you will begin to see changes to the NaviNet web portal that will affect the way you do business with IBC. These changes are being made as IBC transitions to a new operating platform, which will offer greater capabilities, increased flexibility in benefit design, and enhanced functionalities for an improved overall customer experience.

To help you better understand these changes, we will make available new user guides by mid-September that will describe the following NaviNet transactions in detail:

- Claim Status Inquiry (including Claims INVESTIGATION)
- BlueExchange® Out of Area (Eligibility and Benefits Inquiry, Claim Status Inquiry)
- Eligibility and Benefits Inquiry
- Encounter Submission

Given the significant number of changes to be implemented, we urge you to review these new user guides prior to September 27. They will be available in the NaviNet Transaction Changes section of our Business Transformation website at *www.ibx.com/pnc/businesstransformation*. Announcements will be made on NaviNet Plan Central and on our Provider News Center at *www.ibx.com/pnc* once the new guides are posted. Please check these sites frequently for updates.

Self-service webinars will also be made available in September. An announcement will be made on IBC NaviNet Plan Central when they are available.

Reminder: Interruption for some transaction functionality

As we continue our work with transitioning to the new platform, some functionality will be disabled or temporarily suspended starting September 27, 2013, including the following:

- **Clear Claim Connection™.** This transaction is a web-based reference tool designed to evaluate code combinations during the auditing of professional claims. By accessing the tool, the user can view the justifications and clinical rationale on how a professional claim processes. On September 27, 2013, this NaviNet transaction will be disabled. It will be released again in April 2014. However, this tool will remain available to all providers on our website at *www.ibx.com/providers/claims_and_billing/clear_claim_connection.html*.
- **Clinical Alerts and Clinical Care Reports.** Clinical Alerts and Clinical Care Reports will be temporarily disabled starting September 27, 2013. The Clinical Alerts feature is a clinical practice tool that alerts providers when their patients have not received a recommended service. Currently, Clinical Alerts are available to primary care physicians, cardiologists, OB/GYNs, and endocrinologists. Beginning in December, access to Clinical Alerts will be re-established and will be expanded to all provider specialties.
- **Fee Schedule Inquiry.** This transaction will be temporarily disabled starting September 27, 2013, and it is scheduled to be re-introduced in the first quarter of 2014. Until this transaction becomes available again next year, please contact your Network Coordinator for fee schedule inquiries.
- **Provider Change Form.** This transaction will be temporarily disabled starting September 27, 2013. Until it becomes available again, professional providers should complete a Provider Change Form, available at *www.ibx.com/providerforms*, or contact their Network Coordinator to make any provider record changes.

For the most up-to-date information about our transition to a new claims processing platform, we encourage you to frequently visit our Business Transformation website at *www.ibx.com/pnc/businesstransformation*. If you have any questions regarding upcoming NaviNet transaction changes, please call the eBusiness hotline at 215-640-7410.

Fractures are high-risk indicators for future fractures

People who have suffered a fragility fracture, which is a fracture resulting from any fall from a standing-height or less, are at a significant risk for future fractures. Despite the prevalence of these fractures, especially in women, there has been a dramatic lack of attention to this issue in the United States. Assessment and treatment can reduce the risk of fracture and future morbidity. Since there are no obvious symptoms of osteoporosis, a fracture is often the first indicator of a problem. By this time, the condition can be quite advanced. For example, women who suffer a hip fracture have a four times greater risk of subsequent osteoporotic fractures.[1]

Evaluation and treatment of women who have had a fragility fracture

The National Osteoporosis Foundation guidelines recommend that women ages 50 and older receive pharmacological therapy for bone loss if they have a history of hip or spine fracture or have experienced another type of fracture and show reduced bone mass (a T-score between -1.0 and -2.5) when tested using dual-energy X-ray absorptiometry (DXA).[2]

A bisphosphonate drug is the primary medication choice for most women. Multiple studies confirm the effectiveness of bisphosphonates in preventing vertebral, nonvertebral, and hip fractures. Alendronate, a drug available in generic form, has been shown to cut in half the number of hip and spine fractures over three years in women who have had a previous fracture. It is also approved by the U.S. Food and Drug Administration for use in women with early bone loss.

Additional medications including estrogens and sex hormone combinations are also available to women who experience menopausal symptoms, but the choice of drug ultimately depends on the individual patient's risk profile and preference. When possible, physicians should consider generic formulary options so members can maximize their health plan benefits. Please refer to the listing of osteoporosis therapies in the table below.

Osteoporosis medications*

Description	Prescription
Bisphosphonates	Alendronate
	Alendronate-cholecalciferol
	Calcium carbonate-risedronate
	Ibandronate
	Risedronate
	Zoledronic acid
Estrogens	Conjugated estrogens
	Conjugated estrogens synthetic
	Esterified estrogens
	Estradiol
	Estradiol acetate
	Estradiol cypionate
	Estradiol valerate
	Estropipate
Other agents	Calcitonin
	Denosumab
	Raloxifene
	Teriparatide
Sex hormone combinations	Conjugated estrogens – medroxy-progesterone
	Estradiol-levonorgestrel
	Estradiol-norethindrone
	Estradiol-norgestimate
	Ethinyl estradiol-norethindrone

**2013 HEDIS Table OMW-C: FDA- Approved Osteoporosis Therapies*

continued on the next page

Fractures are high-risk indicators for future fractures (continued)

For more information about coverage and precertification requirements for treatment options, review our medical policies for osteoporosis treatments. Go to *www.ibx.com/medpolicy*, select *Accept and Go to Medical Policy Online*, and then type "osteoporosis" in the Search box.

Physicians may also wish to review the patient's current medication list to see if they can eliminate drugs that increase the risk of osteoporosis, such as corticosteroids, heparin, aromatase inhibitors, and some anti-epilepsy medications. The patient should also be evaluated for conditions that exacerbate bone loss, including hyperparathyroidism, hyperthyroidism, malnutrition, malabsorption, and liver disease. *Note:* The question of whether to perform routine DXA testing on patients taking bisphosphonate medications has been the subject of controversy. Analysis from the Fracture Intervention Trial indicates that there is no benefit to repeating scans within the first three years of treatment.[3]

It is important for physicians to follow up after therapy is initiated to ensure that patients continue their treatment regimen. One of the major obstacles to osteoporosis treatment is patients' failure to take their medication due to restrictive dosing schedules or unpleasant side effects. Medication adherence can be markedly improved by regular phone calls or direct contact with the patient to address these problems.[4] Patients may also benefit from health coaching to support healthful diet, exercise, and lifestyle choices and assess ongoing fracture risk.

References

[1]National Osteoporosis Foundation. Fast Facts. 2011. *www.nof.org/node/40*

[2]Health Dialog. Information for the healthcare provider: Osteoporosis testing after fractures. 2011.

[3]Bell KJ, et al. Value of routine monitoring of bone mineral density after starting bisphosphonate treatment: secondary analysis of trial data. *BMJ*. 2009; 338:b2266.

[4]Waalen J, et al. A telephone-based intervention for increasing the use of osteoporosis medication: a randomized controlled trial. *American Journal of Managed Care* 2009 August; 15(8):e60-e70.

Improve your patients' well-being with SilverSneakers®

As your patients get older, it becomes more important than ever for them to take steps to improve their health and well-being. One of the first ways you can improve your patients' health is by suggesting that they increase their physical activity. Many older adults start a workout routine when following their health care provider's advice. In fact, 45 percent of IBC members surveyed in 2012 indicated that their health care provider had recommended they use their SilverSneakers benefit.

Regular participation can help your patients increase strength, improve balance, and prevent and manage chronic conditions, including depression, diabetes, and heart disease. As IBC members, your Medicare-eligible patients have access to the Healthways SilverSneakers Fitness Program at no additional cost. SilverSneakers includes a basic fitness membership to more than 11,000 locations nationwide. It also includes a variety of fitness classes, including SilverSneakers Yoga and SilverSneakers Splash, a low-impact pool workout.

Well-being tip: *It's easier for your patients to become physically active when they find a class or activity they enjoy.*

By encouraging your patients to become active in exercise programs such as SilverSneakers, you can help them to continue to live healthy, independent lives. Medicare Advantage HMO and PPO members can enroll today by visiting *www.silversneakers.com* or by calling 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. EST.

Note: SilverSneakers is offered to Keystone 65 Select HMO, Keystone 65 Preferred HMO, and Personal Choice 65℠ 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* or call 1-888-423-4632.

[1]*www.cdc.gov/primarycare/materials/medication/docs/medication-adherence-01ccd.pdf*. Accessed July 2, 2013.

Important Resources

Anti-Fraud and Corporate Compliance	
Hotline	1-866-282-2707 www.ibx.com/antifraud
Care Management and Coordination	
Baby BluePrints®	215-241-2198 / 1-800-598-BABY (2229)*
Case Management	1-800-ASK-BLUE
Connections℠ Health Management Program	1-800-ASK-BLUE
Credentialing	
Credentialing Violation Hotline	215-988-1413 www.ibx.com/credentials
Customer Service/Provider Services	
Provider Automated System† (eligibility/claims status/referrals/precertification)	1-800-ASK-BLUE
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
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)	
FutureScripts Secure Customer Service	1-888-678-7015
Formulary updates	www.ibxmedicare.com
Mail order program toll-free fax	1-877-344-1318
Other frequently used phone numbers and websites	
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*

†The Provider Automated System will be phased out as members are migrated to our new operating platform.

Independence

Visit our website:
www.ibx.com/pnc