



Precertification requirement changes and updated lists available in July [page 4](#)

Inside this edition

ADMINISTRATIVE

- ▶ Webinar coming in September: Understanding the QIPS Professional & Outpatient Cost Management report
- Reminder: Upcoming provider self-service requirements

BILLING

- ▶ Updated payer ID grids now available

HIPAA 5010

- ▶ Are you ready?: HIPAA 5010 transition

MEDICAL

- ▶ Precertification requirement changes and updated lists available in July
- ▶ Policy notifications posted as of June 21, 2011
- ▶ Important information about the upcoming Clinical Care Report

PHARMACY

- ▶ Prescription mail order service transition

HEALTH AND WELLNESS

- Case management: Help for your patients when they need it
- SilverSneakers®: Helping Baby Boomers stay active

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



Reminder...



Get important information delivered through email

If you would like to receive email updates providing you with the latest information, including *Partners in Health Update* and news alerts, simply complete our email address submission form at www.ibx.com/providers/email.

Please allow up to two weeks for us to process your request. Remember to add IBC (provider_communications@ibx.com) to your email address book. We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to www.ibx.com/privacy.



Subscribe today!

*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

John Shermer
Managing Editor

Charleen Baselice
Production Coordinator

Models are used for illustrative purposes only. Some illustrations in this publication copyright 2011 www.dreamstime.com. All rights reserved.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

The Blue Cross and Blue Shield names and symbols, Baby BluePrints, and BlueCard 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.

NaviNet[®] is a registered trademark of NaviNet, Inc.

An affiliate of IBC holds a minority ownership interest in NaviNet, Inc., an independent company.

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



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

- P** Professional
- F** Facility
- A** Ancillary

Webinar coming in September: Understanding the QIPS Professional & Outpatient Cost Management report

IBC will present a new webinar on September 14, 2011, from 12:30 to 1:30 p.m., about its Quality Incentive Payment System (QIPS) program with a special focus on the Professional & Outpatient Cost Management report. The webinar will include a detailed review of how to interpret the data provided as well as consider suggestions for improvement. The QIPS program offers incentives for high-quality, accessible, and cost-effective care. The Professional & Outpatient Cost Management measure rewards those practices that are active in the coordinated care of their patients, our members.

To register for the webinar, please send an email to Dayna.Bersh@ibx.com and include the following:

- practice name
- individual physician name
- email address of each person attending

Registration emails will be accepted through Friday, September 2, 2011.

If you have any questions, please call Dayna Bersh at 215-241-2079.

Reminder: Upcoming provider self-service requirements



In our continuing efforts to provide the most current and reliable information to our network providers, we will soon begin to enforce our policy that requires providers to use the NaviNet® web portal or the Provider Automated System when requesting member eligibility. In addition, providers will be directed to use NaviNet or the Provider Automated System when calling for 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

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

Providers can also obtain this information through the Provider Automated System by calling 1-800-ASK-BLUE and following the voice prompts.

Look for additional information on the effective date and how to use these tools in upcoming editions of *Partners in Health Update*.

BILLING



Updated payer ID grids now available

The professional payer ID grid was recently updated with the following changes:

- Payer information was updated for BlueCard®.
- Payer information was added for Medicare Advantage PPO out of area.
- Electronic and paper claims billing provider information was corrected.

In addition, both the professional and facility payer ID grids were recently updated to include new alpha prefixes for account-specific National BlueCard® PPO.

Please be sure to use the most current version of the payer ID grids, which are available on our website at www.ibx.com/edi.

Are you ready?: HIPAA 5010 transition

Beginning January 1, 2012, any health care entity that submits electronic standard transactions to IBC must comply with HIPAA 5010 (errata version). After this date, version 4010A will no longer be valid.

IBC is preparing for the transition to 5010 by testing directly with our trading partners. We ask that you speak with your trading partner (or to whomever you submit your claims) in order to ensure that your trading partner is compliant and ready to electronically submit standard transactions using version 5010 by January 1, 2012. Providers should take an active role in ensuring that their trading partners are on track with 5010 compliance.

Important billing change

A new 5010 billing requirement stipulates that providers can no longer submit a PO Box or lockbox in the Billing Provider area on professional and institutional claims. A physical street address must be listed for the Billing Provider and the Service Facility location.

Inquiries

If you have specific questions about the transition to 5010, please refer to the HIPAA 5010 Frequently Asked Questions (FAQ) found on our website at www.ibx.com/hipaa5010. The FAQ contains the most current information available. We will continue to update the FAQ as we receive new information.

Please continue to check *Partners in Health Update*, the NaviNet® web portal, and www.ibx.com/providers for important updates and information regarding the conversion to 5010.

MEDICAL

Precertification requirement changes and updated lists available in July

As announced last month, we will implement important changes to the list of services and drugs that require precertification effective for dates of service on or after September 1, 2011. The updated precertification requirement lists will be available in July at www.ibx.com/providers/preapproval.

The following precertification requirements will be added for all commercial products in all settings:

- potentially cosmetic procedures (please refer to the June edition of *Partners in Health Update* for the complete list);
- pain management procedures (paravertebral facet joint injections, transforaminal epidural injections, epidural injections);
- hyperbaric oxygen treatments;
- additional medical infusion/injectable drugs (please refer to the June edition of *Partners in Health Update* for the complete list);
- cataract surgery;
- cochlear implant surgery;
- uvulopalatopharyngoplasty (UPPP or UP3).

The following precertification requirements will be removed for all commercial products in all settings:

- sleep studies
- cardiac rehabilitation
- pulmonary rehabilitation

As we proceed through this transition, it is very important for providers to continue to refer to the most current precertification requirements list or to use NaviNet® to verify member-specific requirements. Failure to obtain precertification for any of the services or drugs that require it may result in a reduction in payment or nonpayment for the services not precertified.

Please call 1-800-ASK-BLUE if you have any questions about these upcoming changes.

Note: These new precertification requirements will apply to all commercial products for dates of service on or after September 1, 2011; Medicare Advantage HMO and PPO members will transition for dates of service on or after January 1, 2012.

Policy notifications posted as of June 21, 2011

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of June 21, 2011.

Policy effective date	Notification title	Notification issue date
June 22, 2011	00.01.51 Reporting of Healthcare Common Procedure Coding System (HCPCS) C Series Codes	May 23, 2011
June 24, 2011	08.00.75b Erythropoiesis Stimulating Agents (ESAs)	May 25, 2011
June 24, 2011	08.00.13i Immune Globulin: Intravenous (IVIG), Subcutaneous (SCIG)	May 25, 2011
July 1, 2011	00.01.25I PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services	April 1, 2011
July 1, 2011	00.01.14i Reporting and Documentation Requirements for Anesthesia Services	April 1, 2011
July 6, 2011	05.00.62c Injectable Dermal Fillers	June 6, 2011
July 6, 2011	05.00.38c Negative Pressure Wound Therapy (NPWT) Systems	June 6, 2011
July 8, 2011	08.00.98 Eribulin Mesylate (Halaven™)	June 8, 2011
July 8, 2011	05.00.67e Wheelchair Options and Accessories	June 8, 2011
July 20, 2011	12.04.03 Air or Sea Ambulance Transport Services	June 20, 2011
July 27, 2011	05.00.70 Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures	April 28, 2011
August 24, 2011	09.00.36f First-Trimester Prenatal Screening for Fetal Aneuploidy	May 26, 2011
August 31, 2011	11.01.06 Bone-Anchored (Osseointegrated) Hearing Aids, Implantable Bone-Conduction Hearing Aids, and Semi-Implantable Hearing Aids	June 1, 2011
September 1, 2011	00.01.52 Always Bundled Procedure Codes	June 3, 2011
September 1, 2011	11.05.02f Blepharoplasty, Repair of Blepharoptosis, Repair of Brow Ptosis, and Canthoplasty/Canthopexy	June 3, 2011
September 1, 2011	10.02.02e Chiropractic Spinal and Extraspinal Manipulation Therapy	June 1, 2011
September 1, 2011	10.03.01b Physical Medicine and Rehabilitation Services	June 1, 2011
September 1, 2011	11.02.01h Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence	June 8, 2011

To view the policy notifications, go to www.ibx.com/medpolicy, select *Accept and Go to Medical Policy Online*, and click on the *Policy Notifications* box. You can also view policy notifications using the NaviNet® web portal by selecting *Reference Materials and Reports* from the Plan Transactions menu, then *Medical Policy*. Once these policies are in effect, they will be available by using the Search box on the Medical Policy homepage. Be sure to check back often, as the site is updated frequently.

Important information about the upcoming Clinical Care Report

To promote better coordination of health care for our members and physicians, we will soon introduce the Clinical Care Report. Unless a member chooses to opt out, this tool will be accessible through the NaviNet® web portal and offers participating physicians a snapshot view of care that their patients have received based on IBC-paid medical and prescription drug claims. The Clinical Care Report is part of a larger strategy to utilize our member claims data and expand the use of health information technology to improve care.

The Clinical Care Report is intended for viewing by the following participating health care providers:

- a member's personal or primary care physician;
- physicians who have treated a member in the past year;
- a new physician with whom a member has an upcoming scheduled appointment;
- a physician who is addressing a current emergency medical need.

Information available in the Clinical Care Report

The information populated in our members' Clinical Care Report is derived from member claims data and includes:

- disease conditions reported in the past two years;
- visits to the emergency room in the past year;
- hospital admissions in the past four years;
- outpatient procedures in the past two years;
- specialists seen in the past two years;
- prescriptions filled in the past six months;
- alerts by condition (i.e., gaps in care), if any;
- lab tests with results (when available);
- diagnostic imaging in the past two years;
- immunizations in the past four years.

This report is not a complete medical record of all services, tests, or products that a member may have received. It does not include data for sensitive health conditions such as mental/behavioral health, substance abuse, HIV/AIDS, sexually transmitted diseases, genetic testing, or for services for which IBC did not pay a claim.

How to grant or remove access to the Clinical Care Report

Beginning August 22, 2011, only the designated Security Officer(s) in each provider office will have access to the Clinical Care Report, and he or she will be able to control user access through the *User Management* transaction on NaviNet. *Note:* In order for providers to access the Clinical Care Report, a designated Security Officer must enable individual users or all users.

JANE Q SAMPLE CLINICAL CARE REPORT **DOB 01/02/1934**

GENDER: F
 ADDRESS: 123 ANY STREET, ANY TOWN, PA 19000
 PHONE: 215-555-1234
 PRIMARY PHYSICIAN: ABC PHYSICIANS, 345 ANY STREET, ANYTOWN, PA. PHONE: 215-555-5678, FAX: 215-555-9010

MEMBERSHIP INFORMATION
 MEMBER ID: 123456789
 PRODUCT: SAMPLE PRODUCT
 MEMBER SINCE: 01/02/2011

IMPORTANT INFORMATION ABOUT THIS CLINICAL CARE RECORD
 This Clinical Care Report contains medical, pharmacy and certain lab tests and results based on paid claims data ("Claims Data") submitted to IBC over the past 4 years except for claims data relating to: "sensitive health conditions", "sensitive health conditions" Claims Data or Claims Data concerning mental or behavioral health, HIV/AIDS, sexually transmitted diseases, substance abuse, or genetic testing.

The Clinical Care Report contains confidential member protected health information. Only the primary care provider ("PCP") of the individual to whom the Claims Data relate ("Member") or provider with a medically necessary reason is authorized to access this information. Medically necessary reasons for a non-PCP accessing a Member's Clinical Care Report are limited to the following facts or circumstances: (a) the provider is addressing a Member's current emergency medical need; (b) the Member has an agreement with the Member. An "existing medical relationship" means that you have treated the Member within the prior 2 years.

The information contained in this Clinical Care Report must be handled in a manner that protects it at all times from any unauthorized use, access or disclosure and in compliance with HIPAA Privacy and Security Regulations and any other applicable state or federal laws. You agree to use all Clinical Care Report information and related materials solely for the purposes of identifying opportunities for improving clinical quality and outcomes in your medical practice for the Member whose information is included herein. A Clinical Care Report does not, and is not intended to, replace your professional clinical judgment. Please note that any information gaps in the Clinical Care Report may be the result of a number of factors, including, but not limited to: the Member receiving treatment from a provider who is not participating with IBC; the Member not submitting a claim to IBC for the identified service; or the Member having changed health plans thereby precluding IBC access to claims data from the other health plan. Please confer with the Member if you have questions about any information gaps.

DISEASE CONDITIONS IN PAST 2 YEARS

Completed Pregnancy With Complications
 Estrop: Pregnancy
 Major Symptoms, Allergies/Intestines
 Microbiology/OT: Neuro/Conduct
 Other: Endocrine/Metabolic/Nutritional
 Other: Infect/OT: Spec: Fam: Genital
 Pres-Surgical: States/Referrals/Elective
 Screening/Cleanings/Special Exams
 Minor Symptoms, Signs, Findings
 Other: Female: Genital: Disorders
 Mismanagement/Abortion
 Other: Gastrointestinal: Disorders
 Other: Infectious: Diseases

ER VISITS IN PAST 1 YEAR

PRIMARY ICD CODE	ICD DESCRIPTION	DATE	FACILITY NAME
462	ACUTE PHARYNGITIS	01/01/2011	ABINGTON MEMORIAL HOSPITAL
780.04	ABDOMINAL PAIN, LEFT LOWER QUADRANT	11/16/2010	ROXBOROUGH MEMORIAL HOSPITAL

HOSPITAL ADMISSIONS IN PAST 4 YEARS

PRIMARY ICD CODE	ICD DESCRIPTION	DATE	FACILITY NAME
647.83	OTH SPEC: MATERNAL INF:PARASITIC DISEASE	01/17/2011	ALBERT EINSTEIN MEDICAL CENTER
864.81	OTHER SPECIFIED TRAUMA: FERNEL:MS:VALVA	09/23/2010	ABINGTON MEMORIAL HOSPITAL

OUTPATIENT PROCEDURES IN PAST 2 YEARS

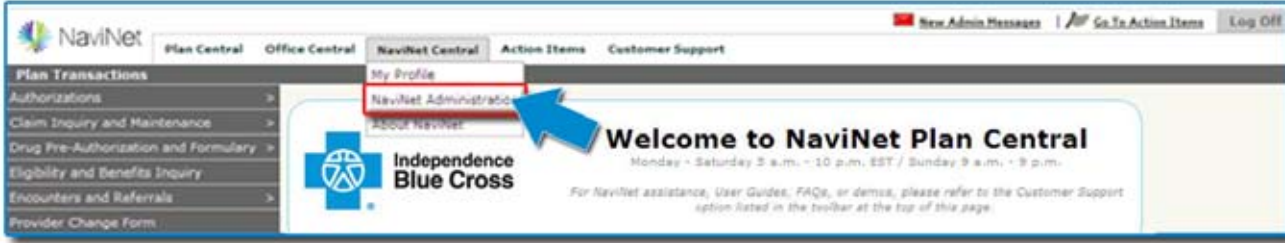
04/22/2011 11:00 AM Page 1

continued on the next page

Important information about the upcoming Clinical Care Report (continued)

Granting access to all users within an office

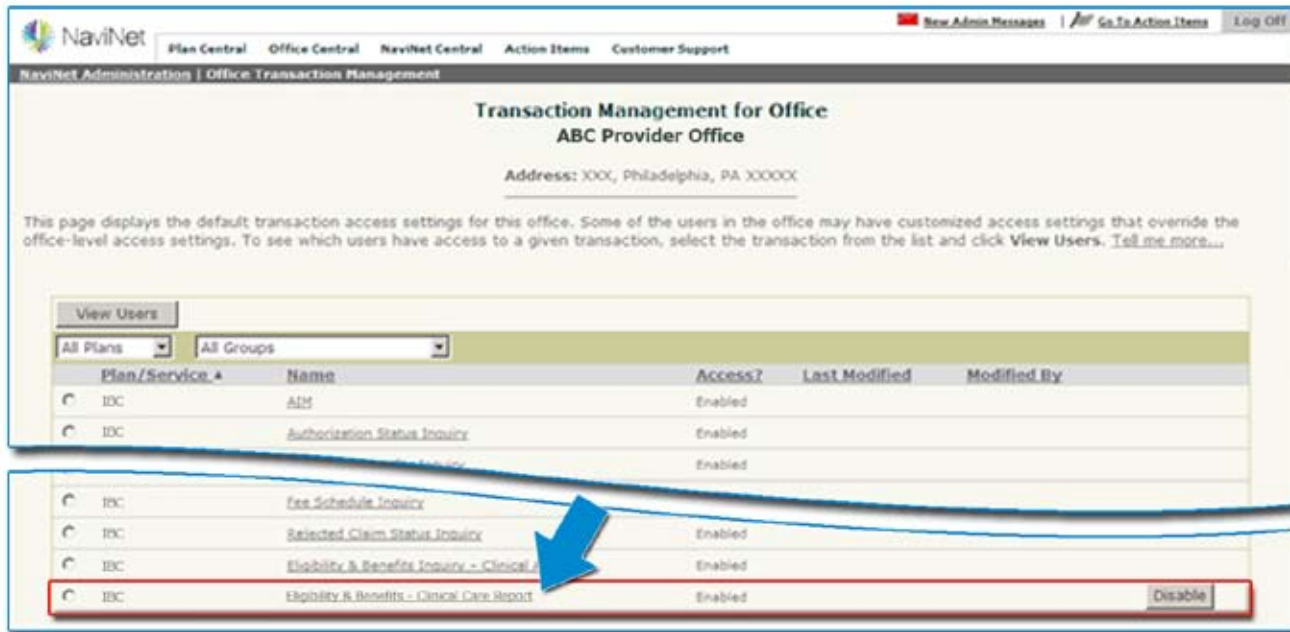
To update the settings to allow all users within an office access to the Clinical Care Report, the designated Security Officer must first select *NaviNet Administration* from the *NaviNet Central* menu.



Select *Office Management* from the drop-down menu on the left, and then select *Office Transaction Management*.



Scroll down the *Transaction Management for Office* screen until you find the transaction called *Eligibility & Benefits – Clinical Care Report* in the Name column. Click *Enable* to turn on access to all individuals in your office.



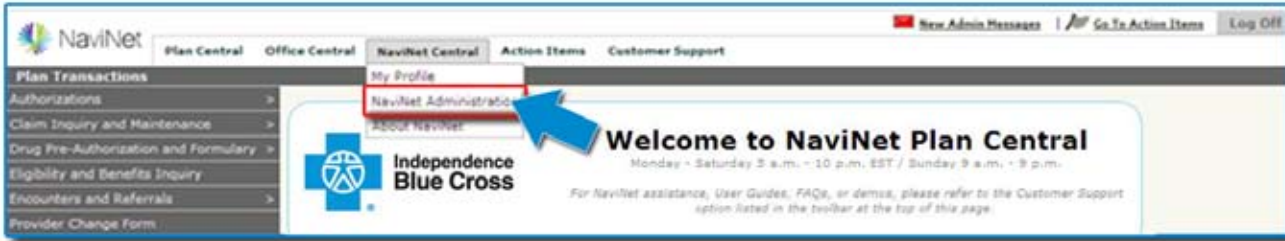
To turn off access for all users in your office, follow the same steps and click *Disable* instead.

continued on the next page

Important information about the upcoming Clinical Care Report (continued)

Granting access to only select individuals within an office

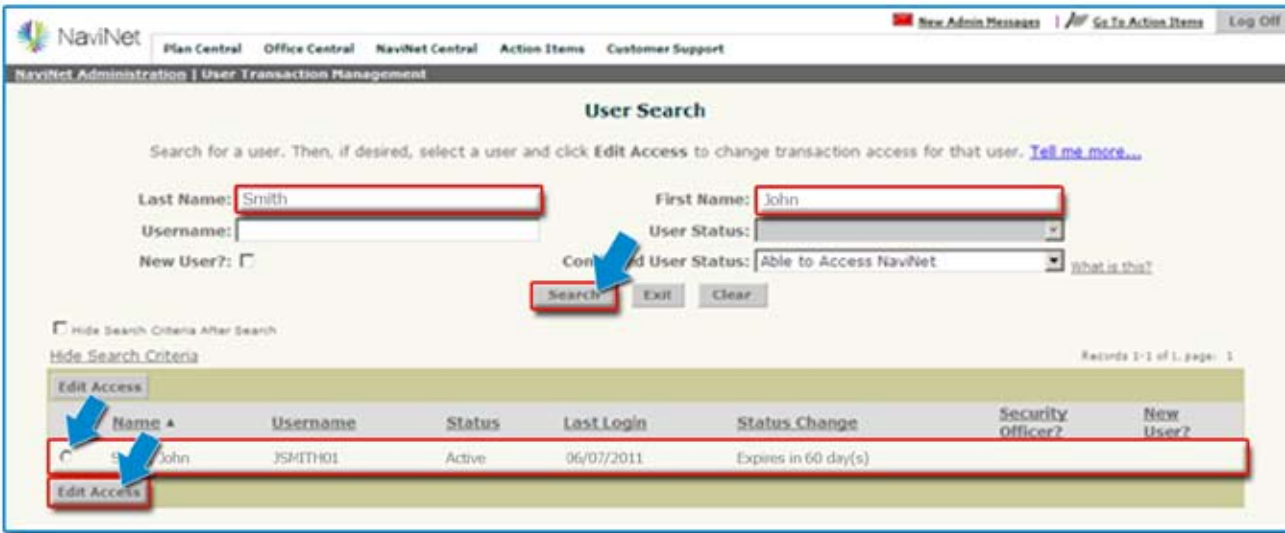
The designated Security Officer can also limit access to the Clinical Care Report to certain individuals within a provider office. To do so, first select *NaviNet Administration* from the *NaviNet Central* menu.



Select *User Management* from the drop-down menu on the left, and then select *User Transaction Management*.



The designated Security Officer must search for the appropriate user by entering a last and first name and then clicking *Search*. Select the appropriate user from the list that populates, and then select *Edit Access* to view the list of transactions.



continued on the next page

Important information about the upcoming Clinical Care Report (continued)

Scroll down the *Transaction Management for User* screen until you find the transaction called *Eligibility & Benefits – Clinical Care Report* in the Name column. Click *Enable* to turn on access to the individual.

Transaction Management for User
John Smith
Username: JSMITH01 Security Officer? No
Office: ABC Provider Office
[Go to Office Transaction Management for this office](#)

To change this user's access to a transaction, click **Enable** or **Disable** next to that transaction. If you do not see an **Enable** or **Disable** button, you cannot manage this transaction. [Tell me more...](#)

Plan/Service	Name	Access?	Last Modified	Modified By
IDC	AJM	Enabled		
IDC	Authorization Status Inquiry	Enabled		
IDC	Fee Schedule Inquiry	Enabled		
IDC	Selected Claim Status Inquiry	Enabled		
IDC	Eligibility & Benefits Inquiry - Clinical A	Enabled		
IDC	Eligibility & Benefits - Clinical Care Report	Enabled		

To turn off access for certain individuals in your office, follow the same steps and click *Disable* instead.

How enabled users can view a member's Clinical Care Report

Once enabled, physicians can view the Clinical Care Report by selecting the *Eligibility and Benefits Inquiry* option from the Plan Transactions menu.

Welcome to NaviNet Plan Central
Monday - Saturday 9 a.m. - 10 p.m. EST / Sunday 9 a.m. - 9 p.m.
For NaviNet assistance, user Guides, FAQs, or demos, please refer to the Customer Support option listed in the toolbar at the top of this page.

WHAT'S NEW?
Check here for the latest updates to IBC Plan Central.

- NEW Get moving on National Walk/Lunch Day!... 4/20, 9:37 a.m.
- Administering injectable/infusion therapy drugs in the office and home settings... 4/19, 3:43 p.m.

continued on the next page

Important information about the upcoming Clinical Care Report (continued)

To determine if a member has a Clinical Care Report, the user should enter the member's information (either the member ID number or date of birth and last and first name) and select the *Search* button.

Member ID:

Member DOB:

Member Last Name:

Member First Name:

Date Of Service:

Search Add to List Clear All Fields Clear List

If the member has not opted out of the tool, there will be a flag in the column labeled "CCR". The blue flag in that column indicates that the member's Clinical Care Report is available for you to view once you have agreed to abide by the terms and conditions. Click the blue flag to view the report.

Eligibility as of 04/20/2011

Go to Search Screen New Search

Records 1-1 of 1, page: 1

Req ID	Member Name	Member ID	Product Name	DOB	Relationship	Status	Begin Date	End Date	Alert	CCR	R-Panel	DOS
1	SAMPLE, JANE Q			01/02/1934								01/01/2011
	SAMPLE, JANE Q	XYZ123456789	SAMPLE PRODUCT	01/02/1934	Subscriber	Active	01/01/2011				N	

We hope you'll find this tool valuable as you care for your patients, our members. If you have questions regarding this new tool, please call the eBusiness Provider Hotline at 215-640-7410.

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.

Prescription mail order service transition

Effective August 1, 2011, IBC will transition its prescription mail order service vendor for all members with IBC prescription drug coverage, administered by FutureScripts®. Most active refills for mail order service prescriptions will not be affected by the transition. However, new prescriptions will be required in the following situations:

- expired prescriptions;
- prescriptions with no remaining refills;
- prescriptions for controlled substances;
- prescriptions for compound medications;
- future-fill prescriptions (prescriptions that were sent but are not yet eligible for filling).

IBC members who have medications that require a new prescription will be notified by mail about these changes and will be given instructions on how to transition those prescriptions to the new vendor.

To prepare for this transition, remember to update your PDAs and auto-fax programs with the new FutureScripts mail order fax numbers:

- FutureScripts: 1-877-228-6162
- FutureScripts Secure: 1-877-344-1318

If any of your IBC patients currently using FutureScripts mail order service ask you to write a new prescription for a non-transferring medication, the prescription should be written for up to a 90-day supply of medication (plus refills of up to one year, if appropriate). If you have any questions about this transition, please call FutureScripts Customer Service at 1-888-678-7012.

HEALTH AND WELLNESS

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 issues:

- ▶ 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)
- ▶ investigate benefits for medical equipment
- ▶ chronic condition with multiple co-morbid 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. You can also complete an online referral form at www.ibx.com/case_mgmt_ref_form.

SilverSneakers®: Helping Baby Boomers stay active

December 15, 2010, marked a historic day when the first of the “Baby Boomers” became eligible to register for Medicare. That date signaled the start of a wave of 77 million Americans who will reach the age of 65 in the next 18 years; representing the largest single generation in United States history. That’s about 8,000 men and women each day, for the next 18 years, who will turn 65.

Many of your patients who are Baby Boomers — individuals born between the years 1946 and 1964 — are coming of age, and there is no question that both the fitness-conscious members of this population, as well as those who may never have stepped foot inside a gym before, can benefit from regular physical activity. Many of your patients who fall into the boomers population have remained committed to regular physical activity over the decades.

Those boomers who have yet to discover the long-term benefits of exercise are finding more options than ever when it comes to exercising and staying fit well into their golden years. With their new Medicare-eligible status, your patients may be eligible for the Healthways SilverSneakers® Fitness Program, the nation’s leading exercise program for older adults. IBC offers the SilverSneakers program to your eligible Medicare Advantage HMO and PPO patients — giving them access to a wide variety of venues, many of which offer amenities that include fitness equipment, free weights, treadmills, and aquatic amenities. The program would provide your patients with the opportunity to make significant improvements to their health — all while having fun and making friends.

Exercise can be life-changing

Exercise at any age is important, but for those who may already be Medicare-eligible, regular physical activity could be life-changing. Exercise will do more for your patients than just make them look better; it plays a key role in protecting their hearts. A routine exercise program can lower their chance for a heart attack, cardiovascular disease, and a variety of other chronic conditions. Additionally, research has demonstrated that the SilverSneakers Fitness Program provides tangible health benefits for high-risk patients. Patients with diabetes who were active in SilverSneakers were admitted to the hospital less often, had lower inpatient care costs, and had significant reduction in overall health care costs after only a year of participation¹.

Share with your patients how regular exercise can also help improve memory and decrease memory loss:

- exercise increases levels of brain chemicals that encourage the growth of nerve cells and may explain why aerobic activity enhances memory skills;
- moderately strenuous physical activity is strongly associated with successful brain aging.

SilverSneakers make exercise enjoyable

Encouraging your patients to stay physically active is a critical part of healthy aging and the SilverSneakers program will empower them to be more active and independent. Additionally, SilverSneakers makes exercising an enjoyable and socially rewarding experience. SilverSneakers’ robust network provides your eligible patients with access to more than 11,000 participating fitness and wellness facilities throughout the country. Additional signature classes, such as YogaStretch and SilverSplash®, are available at select locations. Remind your patients that it’s never too late to incorporate fitness into their lives — no matter what their age.

For more information about the SilverSneakers Fitness Program, please visit www.silversneakers.com or call 1-888-423-4632.

Note: SilverSneakers is offered to Keystone 65 Preferred HMO and Personal Choice 65SM PPO members. 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<http://care.diabetesjournals.org/content/31/8/1562.full>

This is not a statement of benefits. Benefits may vary based on state 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.



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 authorization	1-888-678-7012
Toll-free fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	215-761-9165
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