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Reminder...



Updated payer ID grids now available

The professional and facility payer ID grids were recently updated with the following changes:

- New alpha prefixes were added for account-specific National BlueCard® PPO.
- New alpha prefixes were added for Independence Administrators.

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.



Get important information delivered by 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.



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

*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.

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Reminder: IBC Pay-for-Performance webinar

Join us for a webinar on June 8, 2011, to learn about IBC's new hospital/physician pay-for-performance program.

IBC will present a webinar on June 8, 2011, from 12:30 to 1:30 p.m. ET, to inform providers about our new Integrated Provider Performance Incentive Plan (IPPIP). IPPIP is a hospital/physician pay-for-performance program designed to provide a balanced rewards model for the delivery of high-quality and cost-effective care. IPPIP was created to incent and encourage provider collaboration and care coordination across the health care delivery system (e.g., hospital, specialists, and primary care physicians) and to encourage formal integration of a hospital and its medical staff through integrated delivery organizations (e.g., physician-hospital organizations and/or independent organized physician entities).

To register for the webinar, please send an email to dayna.bersh@ibx.com that includes your practice name, individual physician names, and telephone numbers. Registration emails will be accepted through May 20, 2011.

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

Upcoming webinar: Electronically request precertification for your Independence Administrators patients

You are invited to join us for a live webinar to learn about iEXCHANGE®. With iEXCHANGE, you can obtain online precertification for your patients who carry an Independence Administrators ID card.

Why should you get started with iEXCHANGE?

- Reduce the time and expense associated with paper, telephone, and fax processes
- Increase patient satisfaction by streamlining communication with health care payers
- Implement more efficient processes, freeing up additional time to focus on patient care
- iEXCHANGE is offered FREE to Independence Administrators participating providers

Who should attend the webinar?

- Health care providers or their office professionals who request precertification for your patients
- Those who haven't signed up for iEXCHANGE yet
- New members of your office team who will use iEXCHANGE
- Those who want to learn more about iEXCHANGE

At the webinar, you will:

- Learn about the advantages of using iEXCHANGE
- See its key features and benefits
- Preview a step-by-step demo of iEXCHANGE
- Have an opportunity to ask your questions and share your feedback

Registration

Please choose the link below to register for the webinar you want to attend.

Physicians and Group Practices

Thursday, May 12, 2011 • 9 – 10 a.m. ET

<https://meddecision.webex.com/meddecision/j.php?ED=155277492&RG=1&UID=0&RT=MiMxMQ%3D%3D>

Hospitals and Health Systems

Thursday, May 26, 2011 • 2 – 3 p.m. ET

<https://meddecision.webex.com/meddecision/j.php?ED=155277607&RG=1&UID=0&RT=MiMxMQ%3D%3D>

This webinar is presented by AmeriHealth Administrators, an independent company that performs medical management services for Independence Administrators.

Health Risk Partners — A new vendor for Medicare Advantage HMO and PPO member medical chart review

Beginning in May 2011, IBC will use Health Risk Partners, an independent health care consulting service, to scan and review medical charts of certain Medicare Advantage HMO and PPO members for dates of service between January 1, 2010, and December 31, 2010. The goal of this initiative is to accurately document correct and complete coding of claims that reflect the health status of all beneficiaries. The release of this information to Health Risk Partners is permissible under HIPAA (the Health Insurance Portability and Accountability Act).

If you are selected to participate in this review, a Health Risk Partners representative will contact your office to share further details about this project and to determine the most appropriate method of retrieving Medicare Advantage HMO and PPO members' medical charts from your practice. A patient list will also be provided at that time.

We are requesting that you allow Health Risk Partners into your office to scan medical charts. To offset any administrative expense you may incur due to your participation in this effort, we will reimburse your office \$10 per medical chart scanned.



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 has been upgraded from version 9.0.46 to 9.0.47 effective April 18, 2011. This upgrade applies to all contracted providers who deliver professional services to members 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. The release schedule for ClaimCheck® upgrades is subject to modification for business reasons. Edits are sourced to 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. Clinical relationship 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 this policy with respect to the subject of that Claim Payment Policy only.

Detailed disclosures of all ClaimCheck® code edits are available through Clear Claim Connection™, which is accessible through the NaviNet® web portal 24 hours a day, 7 days a week. If you have any questions about ClaimCheck® or Clear Claim Connection™, please contact your Network Coordinator.

Help us keep health care costs down

Insurance fraud, waste, and abuse are major factors in the rising cost of health care in America today — costing consumers as much as \$1 out of every \$7 spent on health care. The Corporate and Financial Investigations Department (CFID) at IBC is doing its part to address this problem by identifying, investigating, and reporting suspicious cases of abusive practices to law enforcement authorities. In addition, recovery of overpaid claim dollars is pursued, regardless of the reasons.

2010 in review

Last year the CFID received 689 allegations of fraud, waste, abuse, or aberrant billing practices, with 105 of these allegations coming from providers or members. Because of these allegations, 98 fraud and abuse investigations were initiated. Additionally, audits of 93,347 hospital claims and 354 professional providers were conducted, as well as 8,436 pharmacy desk audits and 311 pharmacy retail site audits.

Evidence gathered in 2010 resulted in 32 referrals to law enforcement or regulatory authorities. Of this number, six pertained to members, 12 to doctors, and five related to identity theft.

Trends and results

Through the use of sophisticated data mining software tools, the CFID analyzes all claims submitted by medical providers, facilities, and pharmacies and compares them against member enrollment data and overall provider information. Trends, patterns, and aberrant billing practices are selected for in-depth audits or investigations.

The most often used fraud schemes were:

- billing for services not rendered;
- “up-coding” procedure codes on claims submitted in order to receive a higher reimbursement;
- prescription fraud.

Because of the investigations and audits performed by the CFID, over \$59.8 million was recovered with an additional \$10.8 million in overpaid claims identified but not yet recovered.

Grand jury indictments and criminal informations filings were brought against 15 individuals last year. Seven individuals pled guilty or were convicted of health care fraud violations and received probation or incarceration ranging from six to 120 months.

We need your help

Although the CFID continues its efforts to ensure that health care costs are appropriate, we still need your help. The data mining software tools and fraud hotline both provide valuable leads, but there is no substitute for your own vigilance.

Allegations received from our provider community are extremely valuable, and we ask you to contact the CFID if you are suspicious of any health care activity. To do so, please call our toll-free Fraud and Compliance Hotline at 1-866-282-2707 or go to our website at www.ibx.com/antifraud.

Reminder: Sign up for Electronic Funds Transfer

The NaviNet® web portal offers you the opportunity to receive payments electronically by registering for an Electronic Funds Transfer (EFT) account. An EFT account will result in faster payments and reduced administrative costs for your office. Registering for an EFT account is also a requirement for Pennsylvania primary care physicians participating in the Quality Incentive Payment System (QIPS) program.

Your NaviNet security officer sets the appropriate level of security in order to determine who has the ability to register, view, and update the provider’s EFT account information. These settings are accessible by selecting *User Permissions Manager* from the Plan Transactions menu on NaviNet.

Once an account has been registered, payments to your office can begin in less than two weeks.

Detailed information and instructions on how to set up and administer an EFT account are available through a downloadable EFT guide located in the *Administrative Tools & Resources* section of NaviNet Plan Central. You may also call NaviNet Customer Care at 1-888-482-8057 for assistance.

Note: EFT is not available for capitated payment.

Policy notifications posted as of April 25, 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 April 25, 2011.

Policy effective date	Notification title	Notification issue date
April 1, 2011	11.11.06c Saturation Needle Biopsy of the Prostate	March 28, 2011
April 25, 2011	08.00.94a Denosumab (Prolia™, Xgeva™)	March 25, 2011
April 27, 2011	03.00.15h Modifier 24: Unrelated Evaluation and Management Service by the Same Physician during a Postoperative Period	March 28, 2011
April 27, 2011	03.00.06h Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service	March 28, 2011
April 27, 2011	03.00.16h Modifier 57: Decision for Surgery	March 20, 2011
May 11, 2011	00.10.36h Radiologic Guidance of a Procedure	April 11, 2011
June 14, 2011	08.00.65e Pamidronate Disodium (Aredia®) for Intravenous Infusion	March 16, 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

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.

Verify copayment amounts for preventive services



As of June 1, 2011, certain preventive care services will be covered at 100 percent (i.e., \$0 copayment) for all fully insured groups. As always, please continue to check the NaviNet® web portal for members' eligibility and copayment amounts. Due to recent NaviNet enhancements, you can now find additional information on eligible members' copayment amounts for preventive services.

When you select *Eligibility and Benefits Inquiry* from the Plan Transactions menu and enter a member's information, you will notice a new option under the

"Copays" section. By selecting *Preventive Services*, you will be taken to the IBC Medical Policy website where you can view Medical Policy #00.06.02a: Preventive Care Services, and a list of all preventive services that have a \$0 copayment and are covered at 100 percent.

If you are not NaviNet-enabled, visit the medical policy website directly at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online* and then type the policy name or number in the Search box.



Three hyaluronate acid products designated as preferred brands for treatment of osteoarthritis of the knee

Currently, there are six hyaluronate acid products that have been approved by the U.S. Food and Drug Administration to treat osteoarthritis of the knee: Euflexxa[®], Hyalgan[®], Orthovisc[®], Supartz[®], Synvisc[®], and Synvisc-One[®].

IBC has designated **Euflexxa[®]**, **Synvisc[®]**, and **Synvisc-One[®]** as our preferred hyaluronate acid products for treatment of osteoarthritis of the knee. These three preferred brands were selected based on their demonstrated cost-effectiveness to the plan. Choosing one of these preferred brands does not affect the member's cost-sharing for the drug.

IBC encourages providers to choose one of these three preferred brands when treating members with osteoarthritis of the knee.

The appropriate course of treatment would be one of the following:

- one intra-articular injection of Synvisc-One[®]
- three intra-articular injections of Synvisc[®]
- three intra-articular injections of Euflexxa[®]

IBC will continue to cover all six hyaluronate acid products in accordance with the medical necessity criteria listed in Medical Policy #11.14.07h: Intra-articular Injection of Hyaluronan for the Treatment of Osteoarthritis. All six of these hyaluronate acid products are subject to precertification requirements. One series of injections will be precertified every six months.

The medical policy for hyaluronate acid products is available at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online* and then type the policy name or number in the Search box.

Change to anesthesia claims payment methodology calculation



Effective July 1, 2011, anesthesia time units reported in minutes will be divided by fifteen minutes and rounded to one decimal place (e.g., 16 minutes = 1.1 units), replacing the current process of rounding to the next whole number (e.g., 16 minutes = 2 units).

This change will be 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. This version of the policy will become effective on July 1, 2011. Policy notifications are available on our medical policy website at www.ibx.com/medpolicy.

Revised InterQual[®] guidelines for 2011



McKesson Health Solutions has made significant changes to the Level of Care Criteria for 2011. Starting in July, we will implement the revised InterQual guidelines.

These guidelines are used to assess medical necessity for the following services:

- acute care
- long-term acute care
- home care
- subacute and skilled nursing facility
- rehabilitation

Additional information regarding these changes will be available in the June 2011 edition of *Partners in Health Update*.

BlueExtraSM – Our new freestanding supplemental plan

IBC is pleased to announce BlueExtra, our new freestanding supplemental plan that covers dental and vision services and hearing aid reimbursement not covered by our Medicare Advantage PPO Plan or Medicare Supplement Plans. BlueExtra is available starting May 1, 2011.

Regardless of their current health care plan, individuals have the option of choosing between two BlueExtra plans – Basic or Plus. Our Basic plan has a monthly premium of \$19, while the monthly premium for Plus is \$29. Our Plus plan also offers value-added health and wellness programs through Healthy LifestylesSM, which are not available with the Basic plan.

BlueExtra is a supplemental plan and does not cover any medical services. It will not affect our members' current health care plans. Individuals can enroll or disenroll at any time; however, once individuals disenroll from BlueExtra, they cannot apply for BlueExtra again until one year from the termination date.

For more information about the specific benefits offered by BlueExtra, please refer to our Basic and/or Plus *Outline of Coverage* document, which is available at www.ibxmedicare.com/plan_finder/blueextra.

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

Independence Blue Cross BlueExtraSM

Benefits Underwritten by OCC Insurance Company

JOHN Q SAMPLE
ZZZ123456779

BASIC

Form No. 16835

DENTAL VISION

Plan option: Basic or Plus

HEALTH AND WELLNESS

ConnectionsSM Health Management Program: Supporting your patients, our members



Call the Provider Support Line at 1-866-866-4694 to refer a member to a Health Coach if the member has any of the following conditions:

- asthma
- diabetes
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine headache
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including back pain, fall prevention, depression, cardiometabolic risk, weight loss surgery, breast or prostate cancer, and chronic pain.

Information about our Connections Health Management Programs is available at www.ibx.com/providerconnections.

Avoid scheduling elective inductions and repeat cesarean sections before 39 weeks gestation

There has been a rising trend in preterm births, defined as fewer than 37 completed weeks of gestation. Even infants in the “late” preterm range of 34 – 36 completed weeks of gestation have demonstrated more newborn complications and longer stays in the neonatal intensive care unit (NICU), leading to potential long-term physical and cognitive problems.

Although most of these preterm deliveries stem from maternal or fetal complications, appreciable percentages are the result of elective deliveries prior to term. It is these deliveries for which the March of Dimes® and its partner organizations, including the American College of Obstetricians and Gynecologists, have expressed significant concern.

The following information is based on published literature and surveys:

- From 1990 – 2006, national singleton preterm birth rates rose 20 percent. Regardless of maternal race or age, the rate rose 25 percent in Delaware, 12 percent in Pennsylvania, and 10 percent in New Jersey.¹
- Recent data from the National Center for Health Statistics (NCHS) confirms that infants born in the late preterm range are more likely to suffer complications such as respiratory distress and prolonged hospitalization compared with infants born later in pregnancy. According to the same NCHS data, births from inductions in this gestational age band have more than doubled nationally; those by cesarean also increased sharply.¹
- A 2008 Drexel University survey published in the *American Journal of Obstetrics and Gynecology* indicated that 25 percent of insured mothers believe that full term is 34 – 36 weeks gestation.²
- Research has shown that the most effective method for affecting this growing trend of preterm deliveries is through policy that prohibits scheduling elective inductions or repeat cesarean sections before 39 weeks gestation — known as a “hard stop” policy.³

Because of the awareness of these trends, and with the support from leadership of national organizations, the rates for both preterm and late preterm deliveries decreased nationally in 2007 and again in 2008. We know that the growing awareness of increased morbidity before 37 weeks has led many network obstetric units to tighten their restrictions on elective scheduling of deliveries before 39 weeks. So far this change has resulted in preterm/late preterm decreases in New Jersey, but not in Pennsylvania or Delaware.⁴ We continue to monitor birth outcomes in part through our NICU review.

In an effort to ensure that our members are receiving the most appropriate delivery care, we encourage our network hospitals who have not already implemented a hard stop policy prohibiting scheduling elective inductions or repeat cesarean sections before 39 weeks gestation to consider implementing such a policy.

Help is available for our maternity members

If your pregnant IBC patients have questions or would like to work with a maternity case manager, they can call **1-800-598-BABY**.

¹Martin, J.A., Kirmeyer, S., Osterman, M., Shepherd, R.A. (2009). *Born a bit too early: Recent trends in late preterm births*. NCHS Data Brief, (24). Hyattsville, MD: National Center for Health Statistics.

²Goldenberg, R.L., McClure, E.M., Bhattacharya, A., Groat, T.D., Stahl, P.J. (2009). *Women's Perceptions Regarding the Safety of Births at Various Gestational Ages*. *Obstetrics & Gynecology*, 114(6), 1254-1258.

³Clark, S.L., Frye, D.R., Meyers, J.A., et al. (2010). *Reduction in elective delivery at <39 weeks of gestation: Comparative effectiveness of 3 approaches to change and the impact on neonatal intensive care admission and stillbirth*. *American Journal of Obstetrics and Gynecology*, 203.

⁴Martin, J.A., Osterman, M.J.K., Sutton, P.D. (2010). *Are Preterm Births on the Decline in the United States? Recent Data from the National Vital Statistics System*. NCHS Data Brief, (39).



Don't miss opportunities to administer recommended vaccines

Earlier this year, the Advisory Committee on Immunization Practices (ACIP) published its revision of the General Recommendations on Immunization, updating its 2006 recommendations. Included in the new recommendations is an extensive list of vaccines and the conditions that are commonly misperceived as contraindications for these vaccines.

Clinicians and other health care providers might misperceive certain conditions or circumstances as valid contraindications to vaccination when they actually do not preclude vaccination. These misperceptions result in missed opportunities to administer recommended vaccines.

Below are some common conditions mistaken as contraindications, excerpted from the ACIP recommendations. To view the complete list, go to www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e#Tab7.

Vaccine	Conditions commonly misperceived as contraindications (i.e., vaccination may be administered under these conditions)
<p>General for all vaccines, including DTaP, pediatric DT, adult Td, adolescent-adult Tdap, IPV, MMR, HiB, hepatitis A, hepatitis B, varicella, rotavirus, PCV, TIV, LAIV, PPSV, MCV4, MPSV4, HPV, and herpes zoster</p>	<ul style="list-style-type: none"> • Mild acute illness with or without fever • Mild-to-moderate local reaction (i.e., swelling, redness, soreness); low-grade or moderate fever after previous dose • Lack of previous physical examination in well-appearing person • Current antimicrobial therapy* • Convalescent phase of illness • Preterm birth (hepatitis B vaccine is an exception in certain circumstances)* • Recent exposure to an infectious disease • History of penicillin allergy, other nonvaccine allergies, relatives with allergies, or receiving allergen extract immunotherapy
<p>DTaP</p>	<ul style="list-style-type: none"> • Fever of 105°F or lower (<40.5°C), fussiness or mild drowsiness after a previous dose of DTP/DTaP • Family history of seizures • Family history of sudden infant death syndrome • Family history of an adverse event after DTP or DTaP administration • Stable neurologic conditions (e.g., cerebral palsy, well-controlled seizures, or developmental delay)
<p>Hepatitis B</p>	<ul style="list-style-type: none"> • Pregnancy • Autoimmune disease (e.g., systemic lupus erythematosus or rheumatoid arthritis)
<p>IPV</p>	<ul style="list-style-type: none"> • Previous receipt of 1 or more doses of oral polio vaccine

continued on the next page

Don't miss opportunities to administer recommended vaccines (continued)

Vaccine	Conditions commonly misperceived as contraindications (i.e., vaccination may be administered under these conditions)
Tdap	<ul style="list-style-type: none"> • Fever of 105°F or higher (≥40.5°C) within 48 hours after vaccination with a previous dose of DTP or DTaP • Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP • Seizure within 3 days after receiving a previous dose of DTP/DTaP • Persistent, inconsolable crying lasting more than 3 hours within 48 hours after receiving a previous dose of DTP/DTaP • History of extensive limb swelling after DTP/DTaP/Td that is not an arthus-type reaction • Stable neurologic disorder • History of brachial neuritis • Latex allergy that is not anaphylactic • Breastfeeding • Immunosuppression
MMR*	<ul style="list-style-type: none"> • Positive tuberculin skin test • Simultaneous tuberculin skin testing* • Breastfeeding • Pregnancy of recipient's mother or other close or household contact • Recipient is female of child-bearing age • Immunodeficient family member or household contact • Asymptomatic or mildly symptomatic HIV infection • Allergy to eggs

*Please visit the website listed on the previous page to review the footnotes published with the ACIP recommendations.

Abbreviations: DT = diphtheria and tetanus toxoids; DTP = diphtheria toxoid, tetanus toxoid, and pertussis; DTaP = diphtheria and tetanus toxoids and acellular pertussis; HiB = Haemophilus influenzae type B; HPV = human papillomavirus; IPV = inactivated poliovirus; LAIV = live, attenuated influenza vaccine; MCV4 = quadrivalent meningococcal conjugate vaccine; MMR = measles, mumps, and rubella; MPSV4 = quadrivalent meningococcal polysaccharide vaccine; PCV = pneumococcal conjugate vaccine; PPSV = pneumococcal polysaccharide vaccine; Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis; TIV = trivalent inactivated influenza vaccine.

Encourage your older adult patients to take a walk

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

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

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

With all the benefits of an exercise as easy and simple as walking, think of how your patients will benefit from other physical activities. As members of IBC, your patients may have access to the Healthways SilverSneakers® Fitness Program and can explore numerous options, including group exercise classes that focus on improving balance, flexibility, endurance, range of movement, and other vital functions. Whether taking a brisk walk in the park, a stroll around the neighborhood, or clocking a couple miles on the treadmill at their local SilverSneakers-participating location, your older adult patients will benefit from you telling them to take a walk.

Encourage your older adult patients to get out and exercise more through the SilverSneakers Fitness Program. The program is available to eligible IBC members at no additional cost. To learn more about SilverSneakers, visit www.silversneakers.com.

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.

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 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.

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
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
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/providerupplyline

* Outside 215 area code



Visit our website:
www.ibx.com/providercommunications