Partners in Health update℠

Working together for quality health care

September 2016

Independence

Inside this edition

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

(P) Professional (F) Facility (A) Ancillary

► Articles designated with a blue arrow include notice of changes or clarifications to administrative policies and procedures.

*Partners in Health Update*SM is a publication of Independence Blue Cross and its affiliates (Independence), created to provide valuable information to the Independence-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 Independence. 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

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

PFA

Required lead time when updating your provider information

Independence would like to remind you about the importance of submitting changes to your provider information in a timely manner. Keeping your provider information current and up-to-date helps to ensure prompt payment of claims, delivery of critical communications, seamless recredentialing, and accurate listings in our provider directories. Per your Independence Professional Provider Agreement and/or Hospital, Ancillary Facility, or Ancillary Provider Agreement (Agreement), you are required to notify Independence whenever key provider demographic information changes.

Professional providers

As outlined in the Administrative Procedures section of the *Provider Manual for Participating Professional Providers (Provider Manual)*, Independence requires 30 days advanced notice to process most updates, with the exceptions noted below:

- **30-day notice.** Independence requires 30 days advanced notice for the following changes/updates to your practice information:
  - updates to address, office hours, total hours, phone number, or fax number;
  - changes in selection of capitated providers (HMO primary care physicians [PCP] only);
  - addition of new providers to your group (either newly credentialed or participating);
  - changes to hospital affiliation;
  - changes that affect availability to patients (e.g., opening your panel to new patients).
- **60-day notice.** Independence requires 60 days advanced written notice for closure of a PCP practice or panel to additional patients.
- **90-day notice.** Independence requires 90 days advanced written notice for resignation and/or termination from our network.

Note: Independence ***will not*** be responsible for changes not processed due to lack of proper notice.

*Submitting updates and/or changes**

Professional providers can use the *Provider Change Form*, available at *www.ibx.com/providerforms*, to quickly and easily submit most of the changes to their basic practice information. Please be sure to print clearly, provide complete information, and attach additional documentation as necessary. Mail your completed *Provider Change Form* to:

Independence Blue Cross
Attn: Network Administration
P.O. Box 41431
Philadelphia, PA 19101-1431

You can also fax the completed form to Network Administration at 215-988-6080. Please be sure to keep a confirmation of your fax.

Note: The *Provider Change Form* cannot be used if you are closing your practice or terminating from the network. Refer to "Resignation/termination from the Independence network" in the Administrative Procedures section of the *Provider Manual* for more information regarding policies and procedures for resigning or terminating from the network.

Facility and ancillary providers

As outlined in the Administrative Procedures section of the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers*, Independence requires 30 days advanced written notice to process updates to address, phone number, or fax number, as well as change in ownership.

Note: Independence ***will not*** be responsible for changes not processed due to lack of proper notice.

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Submitting updates and/or changes

Per your Agreement, all changes must be submitted in writing to our contracting and legal departments at the following addresses:

Independence Blue Cross
Attn: Vice President,
Contracting and Remibursement
1901 Market Street, 27th Floor
Philadelphia, PA 19103

Independence Blue Cross
Attn: Deputy General Counsel, Managed Care
1901 Market Street, 43rd Floor
Philadelphia, PA 19103

Authorizing signature and W-9 Forms

Updates resulting in a change on your W-9 Form (e.g., changes to a provider's name, tax ID number, billing vendor or "pay to" address, or ownership) require the following signatures:

- **For professional providers:**
  - **Group practices:** A signature from a legally authorized representative (e.g., physician or other person who signed the professional group provider agreement or who is legally authorized to bind the group practice) of the practice is required.
  - **Solo practitioners:** A signature from the individual practitioner is required.
- **For facility and ancillary providers:** Written notification on company letterhead is required. An updated copy of your W-9 Form reflecting these changes must also be included to ensure that we provide you with a correct 1099 Form for your tax purposes. If you do not submit a copy of your new W-9 Form, your change will not be processed.

If you have any questions about updating your provider information, please contact your Network Coordinator. ◆

**To ensure appropriate setup in Independence systems, the timelines outlined above also apply to behavioral health providers contracted with Magellan Healthcare, Inc., an independent company, but they must submit any changes to their practice information to Magellan via their online Provider Data Change form at www.MagellanHealth.com/provider by selecting the "Display/Edit Practice Info" link or by contacting their Network Management Specialist at 1-800-866-4108 for assistance.*

PF

Requirements for PCPs rendering services to members in long-term care facilities

This is a reminder of the requirements for primary care physicians (PCP) when rendering services to members in long-term care (LTC) facilities. It is important to adhere to these requirements when providing such services or your claims may be denied and the member may be adversely affected.

Member must be on PCP's LTC panel

Please note the following requirements related to PCPs and their LTC panel:

- PCPs who provide services to members in an LTC/custodial setting **must have a separate LTC provider number** established in our system. This separate provider number must be used when submitting claims for services rendered to members residing in an LTC facility (custodial members).
- If you do not have a separate LTC provider number and you are seeing Independence members residing in an LTC/custodial setting, please contact your Network Coordinator to establish an LTC provider number.
- The members you provide care to in the LTC setting **must be on your LTC panel** or the claim may be denied. This could also affect normally capitated services that the member may receive while residing in the LTC/custodial setting.
- Remind your Independence LTC patients who are not included on your LTC panel that they, or their legal representatives, need to contact Customer Service to select **your LTC location**. You may also want to consult with the administrative staff of the LTC facility to assist with educating members and/or their legal representatives of the need to be on their PCP's LTC panel. Please note that LTC locations are ***not*** listed in the online Find a Doctor/Hospital tool.

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Setting up a PCP LTC panel

To set up an LTC panel, PCPs should contact their Network Coordinator.

A PCP's LTC panel uses the same NPI and address as the PCP's office. However, he or she is assigned the Continuing Care Retirement Center taxonomy code of 311Z00000X to distinguish the LTC setting from the office setting.

Following the creation of this new provider record, PCPs will need to register it on the NaviNet® web portal and set up electronic funds transfer (EFT) — *even if they already use these tools at their current practice location*.

Billing requirements for members in an LTC facility

Services for members in an LTC facility are to be billed with Place of Service code 32. Taxonomy code 311Z00000X should be used by providers to identify that they are billing for their LTC panel.

PCP LTC panels are reimbursed on a fee-for-service basis.

Failure to submit claims for services performed in the office or LTC facility with the applicable NPI and correct correlating taxonomy code may result in incorrect claims processing.

Referral requirements for members in LTC

PCPs with an LTC panel must issue a referral to an in-network provider for any professional service or consultation for an LTC panel member in LTC. This requirement includes:

- podiatry, physical therapy, and radiology services
- consultation or follow-up with a specialist
- ancillary services

Note: LTC panel members do not have capitation requirements for laboratory, physical therapy, or radiology services. However, members who remain on the PCP office panel will be held to the capitation requirements of their benefits plan. PCPs should submit referrals for LTC panel members in advance of the service being provided. Referrals should be submitted through NaviNet, and they should be submitted in a timely manner to allow for appropriate claims processing. Claims ***will not*** be authorized for payment without a referral on file. In addition, consultants and ancillary providers are encouraged to provide the referral information with the claim to assist in processing.

If you have any questions about LTC services or setting up a PCP LTC panel, please contact your Network Coordinator. ◆

ADMINISTRATIVE

PFA

Upcoming address change for paper claims submissions

Effective December 1, 2016, providers who submit paper claims will need to send them to a new address. The current P.O. Boxes are being retired and a new single P.O. Box will be used for Keystone Health Plan East, Personal Choice®, National PPO, and Independence BlueCard® claims.

Current:

Keystone Health Plan East
P.O. Box 69353
Harrisburg, PA 17106-9353

Personal Choice
P.O. Box 69352
Harrisburg, PA 17106-9352

New:

Claims Receipt Center
P.O. Box 211184
Eagan, MN 55121

We ask that you update any internal claims submission procedures and encourage you to start using the new address as soon as possible to avoid any potential delays in claims processing. If you have any questions, please contact Customer Service at 1-800-ASK-BLUE. *Note:* The Payer ID grids will be updated to reflect this change in address. ◆

BILLING

PFA

Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2016

Effective October 1, 2016, we will implement a quarterly update to our Professional Injectable and Vaccine Fee Schedule for all contracted providers. These updates reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables.

Allowance Inquiry transaction

To look up the rate for a specific code, use the Allowance Inquiry transaction on the NaviNet® web portal. To do so, go to Independence NaviNet Plan Central, select *Claim Inquiry and Maintenance* from the Independence Workflows menu, and then select *Allowance Inquiry*. For step-by-step instructions on how to use this transaction, refer to the user guide available in the NaviNet Resources section of our Provider News Center at *www.ibx.com/pnc/navinet*.

Note: The Allowance Inquiry transaction returns current rates for professional providers only. The reimbursement rates that go into effect October 1, 2016, will be available through this transaction on or after this effective date. Provider payment allowances are for informational purposes only and are not a guarantee of payment.

If you have any questions about the updates, please contact your Network Coordinator. ◆

PFA

Electronic claim resubmission requirements

As a reminder, there are specific guidelines in the *Independence Blue Cross HIPAA Transaction Standard Companion Guide* that providers must follow when resubmitting a claim for an adjustment. In order for the adjustment to occur, the following Loop ID/Reference segments must be populated accordingly:

- Loop ID: 2300, Reference: CLM05-3 (Claim Frequency Type Code);
- If CLM05-3 contains 5, 7, or 8, prior claim information is required in the following Segments are required in Loop 2300:
  - REF – Payer Claim Control Number (REF01 = F8 and Independence Claim Number in REF02)
  - NTE – Billing Note (NTE01 = ADD and detailed description regarding the adjustment in NTE02)

Claims resubmission

Claim Frequency Type Codes that tie to a "prior claim" or "finalized claim" refer to a previous claim that has completed processing in the payer's system and has produced a final paper/electronic Provider Explanation of Benefits (professional) or Provider Remittance (facility).

Please note the following:

- Previous claims that are pending due to a request from the payer for additional information are not considered a "prior claim" or "finalized claim."
- An 837 professional claim transaction is not an appropriate response to a payer's request for additional information. Rather, providers must follow the instructions within the request for returning the additional information. At this time, there is no EDI transaction available to return the requested information.

For more information

For more information about electronic claim submission guidelines, refer to the *Independence Blue Cross HIPAA Transaction Standard Companion Guide*, available on the Trading Partner Business Center at *www.highmark.com/edi-ibc/resources/index.shtml*.

If you have questions about the requirements for resubmitting electronic claims, please contact your Network Coordinator. ◆

NAVINET®

PFA

New transactions on NaviNet® and user guides available

In recent months, we have communicated information about several new transactions being introduced to Independence-participating providers on the NaviNet web portal, including NaviNet Claim Investigation, Eligibility and Benefits Inquiry, and Document Exchange. New user guides are now available for these transactions, and we strongly encourage you to review them to become more familiar with the updates.

NaviNet Claim Investigation

The Claim Investigation transaction offered through the NaviNet provider portal allows you to submit a request for claim review for claims that have been finalized by the health plan. You can then view responses to your questions using the Claim Investigation Inquiry transaction. As a reminder, as of May 2013, participating providers are required to use the Claim Investigation transaction to submit claim inquiries. *Note:* Providers can continue to submit corrected claims electronically or manually through paper.

A few items to note:

- Ensure that you have access to the portal and understand how to utilize the transaction.
- We will continue to redirect those providers who submit paper claim review requests to the portal to initiate the claim review.
- Please be specific when describing the reason for the claim review. *Note:* A number of providers are submitting claim review requests for lack of referral or authorization. If a claim denied for lack of referral or authorization and one was required, you must submit a valid referral or authorization number in order for the claim to be reconsidered. The submission of medical records as a replacement for a required authorization or referral is not valid.
- For claims processed on our legacy system (pre-migration), you can edit the claim and submit late charges.
- For claims processed on our new system (post-migration), you ***cannot*** edit the claim or submit late charges.

If you have a large volume of claim review requests to submit for the same issue, please contact your Network Coordinator to discuss *before* submitting multiple claim review requests through the portal.

A user guide for the Claim Investigation transaction is available in the NaviNet Resources section of our Provider News Center at *www.ibx.com/pnc/navinet*. If you have questions about submitting a claim investigation or inquiry about a previously submitted investigation, please contact the eBusiness Hotline at 215-640-7410.

Eligibility and Benefits Inquiry

As previously communicated, the new Eligibility and Benefits Inquiry transaction was released last month. The new transaction allows you to search for a member's eligibility and benefits record for up to two years preceding the current date. However, please remember that initially you can only retroactively search for dates of service on or after July 1, 2015. Eligibility and benefits information for Independence members ***will not*** be available through NaviNet for dates of service prior to July 1, 2015.

We have identified some gaps in benefit information with the new transaction. Should you require information on these benefits, please contact Customer Service at 1-800-ASK-BLUE. A user guide for the new Eligibility and Benefits Inquiry transaction is available in the NaviNet Resources section of our Provider News Center at *www.ibx.com/pnc/navinet*. For additional information, please review the webinar for this new transaction.

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Document Exchange

On August 19, 2016, Document Exchange was introduced to providers on NaviNet. This new feature allows us to share more information electronically with our provider network.

Your designated NaviNet Security Officer controls which end users, including himself or herself, associated with your NaviNet office will be given access to the following five unique Practice Document Categories:

- Billing/Financial Report
- Patient Roster Report
- Patient Transition Report
- Pharmacy Report
- Program Enrollment Report

Once end users are granted permission to access a specific Practice Document Category, they will be able to view and download any documents associated with that category. For example, if a NaviNet Security Officer grants an associate access to the Billing/Financial Reports category, all reports made available by Independence under that category will be available to the associate to view or download.

It is important for your NaviNet Security Officer to manage permissions appropriately for each document category to ensure reports are accessed in a manner that is compliant with role-based access requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Note: Third-party vendors that have access to NaviNet ***will not*** have the ability to access Document Exchange.

Initial report

The *High Risk Hospitalization Predictor* report from August 2016 is available for targeted primary care physician practices under Document Exchange in the Patient Roster Report category. Based on a predictive model, this report identifies members you have treated who are at high risk of acute hospitalization in the next six months and who have one or more of the following chronic conditions:

- chronic obstructive pulmonary disease (COPD)
- congestive heart failure (CHF)
- coronary artery disease (CAD)
- diabetes

If you have questions or suggestions that relate to the *High Risk Hospitalization Predictor* report, please contact your network medical director.

For detailed instructions on how to use Document Exchange, review the user guide, which is available in the NaviNet Resources section of our Provider News Center at *www.ibx.com/pnc/navinet*. If you have any questions about Document Exchange, call the eBusiness Hotline at 215-640-7410. ◆

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Injectable hyaluronate acid products removed from the Direct Ship Drug Program

As a reminder, injectable hyaluronate acid products to treat osteoarthritis of the knee are no longer available through the Independence Direct Ship Drug Program. This includes Euflexxa™, Gel-One®, Gel-Syn™, GenVisc 850®, Hyalgan®, Hymovis®, Monovisc®, Orthovisc®, Supartz®, Synvisc®, Synvisc-One™, and VISCO-3™, as well as any new hyaluronate acid product that receives approval from the U.S. Food and Drug Administration (FDA).

These drugs will continue to be covered under the medical benefit for members who meet the medical necessity criteria listed in the applicable medical policy:

- **Commercial:** #11.14.07o: Intra-Articular Injection of Hyaluronan for the Treatment of Osteoarthritis
- **Medicare Advantage:** #MA11.023c: Hyaluronan Acid Therapies for Osteoarthritis of the Knee

To view these policies, visit our Medical Policy Portal at *www.ibx.com/medpolicy*. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you would like to view. Then type the policy name or number in the Search field.

How this change affects providers

Providers who prescribe hyaluronate acid products must purchase these drugs from the manufacturer or a specialty pharmacy vendor and stock them in their office. In order to receive reimbursement for the cost of the pharmaceutical, the provider will need to submit a claim to Independence.

In January 2015, letters were sent to physicians who prescribe and administer hyaluronate acid products to notify them of this change and to provide more information about the process for purchasing these drugs.

Precertification requirements

Also in January 2015, precertification requirements were removed for Orthovisc®, Synvisc®, and Synvisc-One™, our three preferred products. All other drugs in this class including, but not limited to, Euflexxa™, Gel-One®, Gel-Syn™, GenVisc 850®, Hyalgan®, Hymovis®, Monovisc®, Supartz®, and VISCO-3™ still require precertification from Independence. Providers who administer nonpreferred hyaluronate acid products without precertification approval will not be reimbursed. ◆

P F A

Annual Synagis® (palivizumab) distribution program approaching

The northeastern part of the United States is approaching the annual respiratory syncytial virus (RSV) season, which is November 2016 through March 2017. RSV is the most common cause of bronchiolitis and pneumonia among children younger than one year. During RSV season, Independence will approve the monthly administration of Synagis® for children in accordance with the most recent recommendations from the American Academy of Pediatrics (AAP).

It is *mandatory* for all participating providers to obtain Synagis® through ACRO Pharmaceutical Services, an independent company.

The October 2016 edition of *Partners in Health Update* will include detailed information about how to order Synagis®, as well as the complete list of recommendations for Synagis® from the AAP. If you have questions about the Synagis® distribution program, please contact Customer Service at 1-800-ASK-BLUE. ◆

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 use the NaviNet® web portal to view the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

P F

Updated *Radiation Therapy Clinical Guidelines*

Effective September 2, 2016, updated Independence *Radiation Therapy Clinical Guidelines* will be used by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company.

Independence requires precertification/preapproval through eviCore to manage requests for select outpatient, non-emergent radiation therapy services for members enrolled in its commercial and Medicare Advantage plans. eviCore will use the updated *Radiation Therapy Clinical Guidelines* to determine the medical necessity for the delegated radiation therapy services. To access the updated guidelines, go to *www.carecorenational.com/benefits-management/radiation-therapy/radiation-therapy-tools-and-criteria.aspx* and scroll down to "Independence Blue Cross."

Requesting precertification

You can initiate precertification for non-emergent outpatient radiation therapy in one of the following ways:

- **NaviNet® web portal.** Select *CareCore* from the Authorizations option in the Independence Workflows menu.
- **Telephone.** Call eviCore directly at 1-866-686-2649.

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

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Changes to our ePASS® incentive opportunity for professional providers

Effective September 5, 2016, Independence will implement changes to the ePASS® incentive program for 2016. These changes are based on a more than three-year analysis of the program. Because there was little evidence to show that care gaps were closed when multiple visits occurred within a short time frame, we will no longer offer an incentive for ePASS® submissions for a second visit. The incentive payment will be limited to **one** electronic SOAP (Subjective, Objective, Assessment, and Plan) Progress Note submission per practice for each eligible member, per calendar year. In addition, please note that we are no longer offering a bonus payment for SOAP submissions that happen within 30 days of the face-to-face encounter.

The new incentive payment will be effective for all ePASS® SOAP Progress Note submissions received on or after September 5, 2016. Submissions received *prior* to September 5, 2016, will be paid at the previously communicated incentive levels. The eligible dates of service for this program will remain January 1, 2016, through December 31, 2016.

If you have any questions regarding SOAP Progress Notes or using ePASS®, please contact Inovalon at 1-877-448-8125. For any questions about the ePASS® incentive or payment, please email us at *incentive4chartsepass@ibx.com*. ◆

Why health plans partner with vendors for Personal Health Visits

A Personal Health Visit (PHV) is a detailed, comprehensive clinical visit between a member and a clinician. During the visit, the nurse practitioner will review the member's medications with them, discuss the importance of medication adherence, do a physical exam, and provide a summary of every diagnosis related to their entire medical history. As a health insurance provider, Independence does not directly provide hands-on care to members; therefore, Independence contracts with third-party entities to perform this service.

Background

The Centers for Medicare & Medicaid Services (CMS) requires all health plans to conduct health risk assessments on new Medicare Advantage members within 90 days of the member's effective date. Independence performs outreach to new members through the PHV program, asking them questions that capture the health profile of the new member.

In addition, CMS rates health plans on a number of quality metrics through a measurement system called Star Ratings. A health plan's rating is based on the following five categories:

(1) staying healthy: screenings, tests, and vaccines;

(2) managing chronic (long-term) conditions;

(3) member experience with the health plan;

(4) member complaints, problems getting services, and improvement in the health plan's performance;

(5) health plan customer service experience.

As a result, health plans conduct PHVs to address the first category by performing assessments, which can include measuring body mass index (BMI), glycated hemoglobin (HbA1c) and microalbumin biometric tests, and dexa scans to address osteoporosis management in women. In addition, a PHV can indirectly impact other measures, such as screening measures and medication adherence. Please note that these gap closures will be credited to the provider office for Independence-participating providers in a pay-for-performance incentive program. PHVs will not limit a provider's bonus payments.

The PHV is ***not*** meant to replace the member-physician relationship. In fact, it is meant to complement the relationship. All results are faxed to the primary care physician (PCP) for follow-up care, and members are called 3 – 5 days after completing the PHV to assist them in scheduling an appointment with their PCP, if needed. In addition, the PHV does ***not*** replace the annual wellness visit or ePASS® submissions, which physicians are still encouraged to do and for which they will receive reimbursement.

If an issue is identified with the member, the vendor will notify Independence's Case Management area for follow-up services.

Benefits of a PHV

For members:

- a chance for members to discuss their health in detail with a clinician;
- a convenient and accessible avenue for members to receive health care services;
- an opportunity for Medicare Advantage members to receive a $50 gift card for completing a PHV (commercial members are ineligible for the incentive at this time);
- ability for members to be transferred to Independence Customer Service at 1-800-ASK-BLUE to assist in answering benefit-related questions;
- members can receive timely referrals to Case Management for health coaching or their PCP and/or 911 in emergency situations.

For providers:

- provides PCPs with a snap-shot of the member's health through a fax summarizing what occurred during the visit, allowing them to focus attention on members with pressing needs;
- offers assistance in educating members on preventive services and the importance of taking control of one's health;
- helps providers close Star Ratings gaps.

For more information on PHVs and Star Ratings, email *starsinitiative@ibx.com*. ◆

P

Changes to the seasonal influenza vaccine recommendations for 2016-2017

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has updated its recommendations for the 2016-2017 influenza season. As stated in the August 26, 2016, *Morbidity and Mortality Weekly Report* (*MMWR*), the nasal spray live attenuated influenza vaccine (LAIV) should not be used during the upcoming influenza season, as recent data demonstrates relatively lower effectiveness than injectable influenza vaccines. Consequently, Independence ***will not*** cover LAIV, marketed as FluMist® Quadrivalent, for our members during the 2016-2017 season.

As a reminder, Independence covers influenza vaccines in accordance with the published recommendations from the ACIP. The updated ACIP guidelines are available at *http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm*.

Independence will continue to cover **injectable** influenza vaccines for managed care members during the 2016-2017 influenza season. The CDC recommends annual influenza vaccination for all individuals six months of age and older.

More information on the coverage of the influenza vaccine for Independence members will be available in the News and Announcements section of our Medical Policy Portal at *www.ibx.com/medpolicy*. ◆

P F A

View up-to-date policy activity on our Medical Policy Portal

Changes to Independence medical and claim payment policies for our commercial and Medicare Advantage Benefit Programs occur frequently in response to industry, medical, and regulatory changes. We encourage you to view the Site Activity section of our Medical Policy Portal in order to keep up to date with changes to our policies.

The Site Activity section is updated in real time as changes are made to the medical and claim payment policies. Topics include:

- Notifications
- New Policies
- Updated Policies
- Reissued Policies
- Coding Updates
- Archived Policies

For your convenience, the information provided in Site Activity can be printed to keep a copy on hand as a reference.

News & Announcements

In addition to the information posted in our Site Activity section, articles related to our website and medical and claim payment policies are periodically posted within the News & Announcements section. Simply select the appropriate link (Commercial, Medicare Advantage, or MAPPO Host) under the News & Announcements header on the Medical Policy Portal homepage to stay informed of the latest information.

To access the Site Activity section, go to our Medical Policy Portal at *www.ibx.com/medpolicy* and select *Accept and Go to Medical Policy Online*. From here you can select *Commercial* or *Medicare Advantage* under Site Activity to view the monthly changes. To search for active policies, select either the *Commercial* or *Medicare Advantage* tab from the top of the page. To access medical policies from Independence NaviNet® Plan Central, select *Medical Policy Portal* under Provider Tools in the right hand column. ◆

PFA

Select Drug Program® Formulary updates

The Select Drug Program Formulary, which is available for commercial members, 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
alogliptin benz/metformin hcl	Kazano®	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 28, 2016
alogliptin benz/pioglitazone	Oseni®	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 28, 2016
alogliptin benzoate	Nesina®	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 28, 2016
carbamazepine	Tegretol®-XR	3. Pain, Nervous System, & Psych	March 28, 2016
cyclopentolate hcl	Cyclogyl®	11. Eye Medications	February 22, 2016
darifenacin er	Enablex®	13. Urinary & Prostate Medications	March 21, 2016
diclofenac sodium gel	Voltaren® Gel	5. Skin Medications	March 28, 2016
doxepin hcl	Zonalon®	5. Skin Medications	March 14, 2016
flurandrenolide	Cordran®	5. Skin Medications	April 25, 2016
frovatriptan succinate	Frova®	3. Pain, Nervous System, & Psych	April 4, 2016
metformin hcl er	Glumetza®	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 8, 2016
mometasone furoate*	Nasonex®	6. Ear, Nose, Throat Medications	March 28, 2016
naftifine hcl	Naftin®	5. Skin Medications	February 8, 2016
oxiconazole nitrate	Oxistat®	5. Skin Medications	March 14, 2016
oxycodone hcl er 15 mg, 30 mg*, 60 mg*	Oxycontin® 15 mg, 30 mg, 60 mg	3. Pain, Nervous System, & Psych	March 21, 2016
rosuvastatin	Crestor®	4. Heart, Blood Pressure, & Cholesterol	May 9, 2016
zolpidem tartrate	Intermezzo®	3. Pain, Nervous System, & Psych	March 28, 2016

**Generic requires prior authorization.*

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Brand additions

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

Brand drug	Formulary chapter	Effective date
Letairis®	4. Heart, Blood Pressure, & Cholesterol	October 1, 2016
Linzess®	8. Stomach, Ulcer, & Bowel Meds	September 1, 2016
Movantik™	8. Stomach, Ulcer, & Bowel Meds	September 1, 2016
Praluent®	4. Heart, Blood Pressure, & Cholesterol	August 1, 2016

Brand deletions

Effective October 1, 2016, these brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

Brand drug	Generic drug	Formulary chapter
Enablex®	darifenacin er	13. Urinary & Prostate Meds
Crestor®	rosuvastatin	4. Heart, Blood Pressure, & Cholesterol

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

Effective October 1, 2016, these brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

Brand drug	Formulary therapeutic alternative	Formulary chapter
Alphanine®	BeneFIX®	4. Heart, Blood Pressure, & Cholesterol
Emcyt®	bicalutamide, flutamide	2. Cancer & Organ Transplant Drugs
Feiba®	BeneFIX®, Mononine®	4. Heart, Blood Pressure, & Cholesterol
Fuzeon®	Selzentry®	1. Antibiotics & Other Drugs Used for Infection
Lysodren®	etoposide	2. Cancer & Organ Transplant Drugs
Pegasys®	Not available	1. Antibiotics & Other Drugs Used for Infection
Pegintron™	Not available	1. Antibiotics & Other Drugs Used for Infection
Tamiflu®	amantadine, rimantadine	1. Antibiotics & Other Drugs Used for Infection
Vascepa™	omega-3 acid ethyl esters	4. Heart, Blood Pressure, & Cholesterol
Xifaxan®	ciprofloxacin, neomycin	1. Antibiotics & Other Drugs Used for Infection

There are no generic equivalents for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing. We encourage you to discuss formulary alternatives with your patients. ◆

PFA

Prescription drug updates

For commercial members enrolled in an Independence prescription drug program, prior authorization and quantity limit requirements will be applied to certain drugs. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. Quantity limits are designed to allow a sufficient supply of medication based upon the maximum daily dose and length of therapy approved by the U.S. Food and Drug Administration for a particular drug. The most recent updates are reflected below.

Drugs requiring prior authorization

The prior authorization requirement for the following non-formulary drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Formulary chapter	Effective date
Alprolix® 250 mg, Vial	Not available	4. Heart, Blood Pressure, & Cholesterol	March 28, 2016
Idelvion®	Not available	15. Diagnostics & Miscellaneous Agents	March 14, 2016
Onzetra Xsail™	Not available	3. Pain, Nervous System, & Psych	April 25, 2016
Sernivo™	Not available	5. Skin Medications	April 4, 2016
Taltz Autoinjector®	Not available	5. Skin Medications	April 4, 2016
Venclexta®	Not available	2. Cancer & Organ Transplant Drugs	April 18, 2016
Vraylar™	Not available	3. Pain, Nervous System, & Psych	February 22, 2016
Wilate® 500 Unit - 500 Unit, 1,000 Unit - 1,000 Unit, Vial	Not available	4. Heart, Blood Pressure, & Cholesterol	April 18, 2016
Xuriden™	Not available	15. Diagnostics & Miscellaneous Agents	February 8, 2016
Zembrace Symtouch™	Not available	3. Pain, Nervous System, & Psych	March 28, 2016
Zepatier™	Not available	1. Antibiotics & Other Drugs Used for Infection	February 8, 2016

Effective October 1, 2016, the following non-formulary drugs will be added to the list of drugs requiring prior authorization:

Brand drug	Generic drug	Formulary chapter
Amitiza®	Not available	8. Stomach, Ulcer, & Bowel Meds
Butrans™ 15 mcg/hr and 20 mcg/hr patch	Not available	3. Pain, Nervous System, & Psych
Elmiron®	Not available	13. Urinary & Prostate Meds
Kadian® 50 mg	morphine sulfate er 50 mg*	3. Pain, Nervous System, & Psych
Not available	morphine sulfate er 90 mg*	3. Pain, Nervous System, & Psych
Nascobal®	Not available	14. Vitamins & Electrolytes
Relistor®	Not available	8. Stomach, Ulcer, & Bowel Meds
Tracleer®	Not available	4. Heart, Blood Pressure, & Cholesterol
Viberzi™	Not available	8. Stomach, Ulcer, & Bowel Meds
Xifaxan® 550 mg	Not available	1. Antibiotics & Other Drugs Used for Infection

**Generic requires prior authorization.*

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Drugs with quantity limits

Quantity limits were/will be added or updated for the following drugs as of the date indicated below:

Brand drug	Generic drug	Quantity limit	Effective date
Adzenys™ XR-ODT	Not available	30 tablets per 30 days	March 28, 2016
Brand Bowel Prep Agents (PEG 3350/Electrolytes and PEG Prep Kits)	Generic Bowel Prep Agents (PEG 3350/Electrolytes and PEG Prep Kits)	2 units per 365 days	October 1, 2016
Impavido®	Not available	84 capsules per 28 days	October 1, 2016
Narcan® Nasal Spray	Not available	6 sprays per 30 days	October 1, 2016
Onzetra Xsail™	Not available	16 capsules per 30 days	April 25, 2016
Quillichew ER™ 20 mg and 30 mg	Not available	60 tablets per 30 days	February 1, 2016
Quillichew ER™ 40 mg	Not available	30 tablets per 30 days	February 1, 2016
Xifaxan® 200 mg	Not available	9 tablets per 90 days	October 1, 2016
Zembrace Symtouch™	Not available	8 pens per 30 days	March 28, 2016

Drugs no longer requiring prior authorization

Effective September 1, 2016, the prior authorization requirement was removed for the following drugs:

Brand drug	Generic drug	Formulary chapter
Not available	clonidine	3. Pain, Nervous System, & Psych
Not available	guanfacine	3. Pain, Nervous System, & Psych

For additional information on pharmacy policies and programs, please visit *www.ibx.com/rx*. ◆

Quality ranking for primary care offices

We want to recognize offices that have demonstrated a dedication to high-quality patient care by achieving the highest rank in quality of care in the Quality Measure Score for measurement year 2015. The score is a comprehensive ranking system of quality measures for primary care offices with 150 or more commercial HMO/POS and Medicare Advantage HMO members. We congratulate the offices listed on the following pages for achieving excellence in aggregate in the following areas of preventive care:

- childhood and adolescent immunizations;
- childhood and adolescent well visits;
- cancer prevention in the areas of breast, cervical, and colorectal cancer screenings;
- heart care (beta-blocker treatment after a heart attack);
- asthma care (use of preferred medications for patients with chronic persistent asthma);
- diabetic care (HbA1c testing, HbA1c control, LDL-C screening, eye exam rates, and nephropathy screening);
- chronic obstructive pulmonary disease care (use of spirometry testing in assessing and diagnosing);
- rheumatoid arthritis care (disease-modifying anti-rheumatic drug therapy);
- fracture care (osteoporosis management in women);
- avoidance of antibiotic treatment in adults with acute bronchitis;
- appropriate testing for children with pharyngitis;
- appropriate treatment for children with upper respiratory infection.

Note: Offices are listed alphabetically by group name or provider first name.

Tier 1 primary care offices	
Abington Bucks Internal Medicine	BMC Primary Care Physician, LLC
Abington Cedarbrook, IM	Broderman Internal Medicine Associates
Abington Plaza Medical Associates, Inc.	Brookside Family Practice & Pediatrics
Abington Primary Care Medicine	Bryn Mawr Pediatrics, LLC
Alan C. Bilsky, M.D., LLC	Bucks County Pediatrics
All Star Pediatrics	Butterwick Medical, PC
Ambler Pediatrics, PC	Buxmont Medical Associates
Andorra Pediatrics	Care Network Media
Aria Health Physician Services	Center City Pediatrics, LLC
Aria Health Physician Services – Marina Cherkassky	Cevallos and Moise Pediatric Associates, PC
Aria Health Physician Services – Sweetbriar	Cheltenham Internal Medicine
Aria Health Physician Services Central Square Medical Center	Christine Zabel, D.O.
Aria Health Physician Services Northeast Internal Medicine	Collegeville Pediatrics
Aria Medical Associates	Colonial Family Practice Associates
Aria Physician Service Commodaro	Coopersburg Center Valley Family Practice
Arthur K. Smith, M.D.	Delphi Family Health Center
Bi County Medical Associates	Drexel Family Practice Associates
Blue Bell Family Practice	Drexel Family Practice Associates – Bucks

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QUALITY MANAGEMENT

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Tier 1 primary care offices	
Drexel Internal Medicine	LPS St. Mary Family Practice – Southampton
Drexel Internal Medicine, Miller/Boselli	Main Line Family Medicine, David R. Battaglia, M.D.
E. Gary Lamsback, M.D.	Main Line Family Medicine, Susan Sandler, M.D.
Einstein – Germantown Professional Associates	Main Line Health Care Medicine for Women
Einstein – Roxborough Internal Medicine	Main Line Healthcare Family Medicine in Royersford
Einstein – Wadsworth Internal Medicine	Main Line Healthcare in Bryn Mawr
Einstein Germantown Family Medicine	Main Line Healthcare in Westtown
Elliott Internal Medicine	Main Line Internal Medicine in Lawrence Park
Ettinger and Zubkoff, M.D.	Marc M. Kress, M.D. & Associates
Family Practice Associates of Upper Dublin	Margiotti and Kroll Pediatrics, PC – Newtown
Family Practice of Honeybrook	Margiotti and Kroll Pediatrics, PC – Trevose
Founders Medical Practice, PC	Margiotti and Kroll Pediatrics, PC – Warrington
Fountain Medical Associates, PC	Meadowbrook Pediatrics, PC
G.S. Peter Gross, D.O., PC – South Eighth Street	Michael Lyons, M.D.
Gardner Medical Associates	MLHC City Line Family Medicine
Gateway Family Practice – Downingtown	Montgomery County Medical Associates
Gateway Family Practice of Newtown	Mount Airy Family Practice
HAN Crozer Internal Medicine	Murali Pediatrics, LLC
HAN Crozer Medical Associates	Myers, Squire, & Limpert
HAN Dennis W. Kropp, D.O.	Nazareth Physician Services
HAN Dr. Conroy and Associates	Nemours DuPont Pediatrics – Paoli
Horsham Pediatric Associates, PC	Ninth Street Internal Medicine Associates, LTD
Internal Medicine Associates of Abington	North Willow Grove Pediatrics, PC
Isaac Abir, M.D.	Paoli Family Medicine
J. Andrew Solis, M.D., PC	Penn Family and Internal Medicine – Lincoln
James W. Flanagan, M.D., Family Practice	Penn Medicine at Radnor Internal Medicine
Jefferson Internal Medicine Associates	Penn Primary Care and Integrative Medicine – Whiteland
Jefferson Medical Care	Penncare Adolescent Young Adult Associates
Jefferson Women's Primary Care	Penncare for Kids – Phoenixville
Jerry M. Roth, M.D., FACP	Pinnacle Physicians Group, LLC – Frankford Avenue Family Practice
Joseph W. Price, M.D.	Pinnacle Physicians Group, LLC – Stoltz and Hahn Medical Associates
Junewood Medical Practice	Pinnacle Physicians Group, LLC – Street Road
Karl Zimmerman, M.D., LLC	Pinnacle Physicians Group, LLC – Woodhaven
Keith S. Rothman, M.D.	Primecare Philadelphia, PC
Kressly Pediatrics, PC	Richard A. Strulson, D.O., PC
Lisa M. Ducker, D.O.	Rittenhouse Internal Medicine
LMG Family Practice, PC	S. Denise Hoffman, M.D., Family Medicine
Lower Bucks Pediatrics, PC	Spring Ford Family Practice
Lower Merion Family Medicine	Steven I. Cowan, D.O.

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QUALITY MANAGEMENT

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Tier 1 primary care offices	
Steven Sklar, D.O., PC	Trivalley Primary Care – Lower Salford Office
Temple Family Medicine at Fort Washington	Trivalley Primary Care – Pennsburg Office
Temple Internal Medicine	Trivalley Primary Care – Sellersville Office
Temple Internal Medicine – Burholme	Trivalley Primary Care – Souderton Office
The Pediatric and Adolescent Medicine Centers of Philadelphia	Trivalley Primary Care – Telford Office
Tohickon Internal Medicine, LLC	Vicky P. Berberian, M.D.
TPS III of Pennsylvania, LLC	Whitemarsh Temple Family Medicine
Tri County Pediatrics, Inc.	

Congratulations again to the primary care offices listed for demonstrating excellence in quality by achieving the highest rank in quality of care in 2016 (based on 2015 data). ◆

HEALTH AND WELLNESS

Health Coaches: Supporting your patients, our members

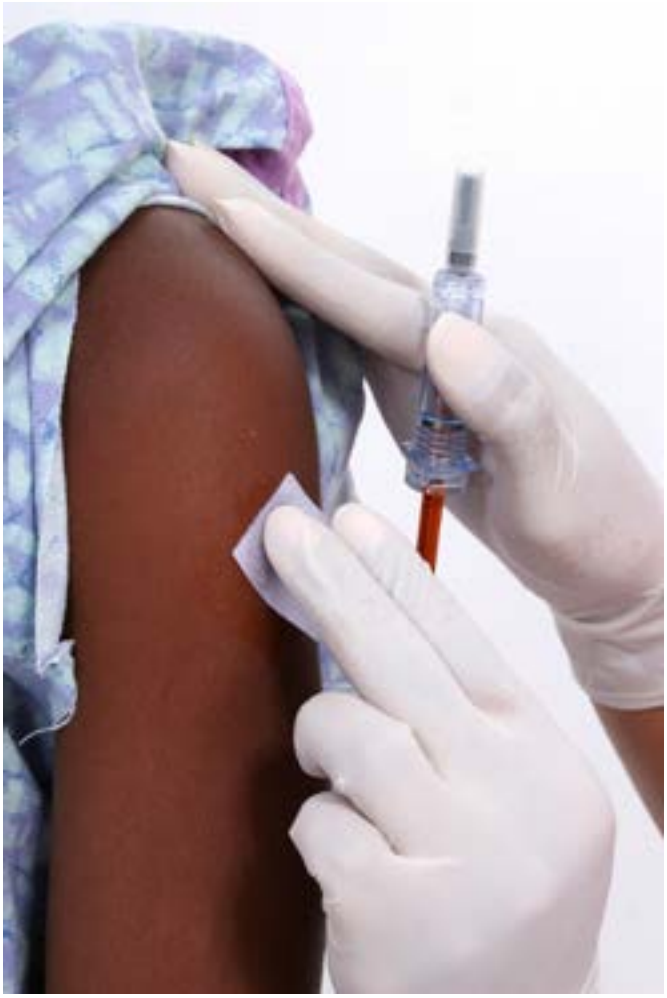
Independence recognizes that the physician-patient relationship is at the heart of patient care. Through health coaching from our Registered Nurse Health Coaches, the following programs are offered to enhance your ability to provide coordinated care for your patients and promote integration of care among members and their families, physicians, and community resources:

- **24/7 Health Information Line.** Your Independence patients can call 1-800-ASK-BLUE anytime to speak with a Registered Nurse Health Coach about general health questions and concerns.
- **Case management.** Case management provides support to members who are experiencing complex health issues or challenges in meeting their health care goals.
- **Condition management.** Condition management is available to eligible members for specific chronic conditions such as asthma, diabetes, COPD, hypertension, and congestive heart failure.
- **Baby BluePrints® maternity program.** Your expecting Independence patients can self-enroll in this free program to receive support from an experienced Registered Nurse Health Coach throughout their pregnancy. Please encourage your expecting Independence patients to enroll by calling 1-800-598-BABY (1-800-598-2229). Independence also offers obstetrical Registered Nurse Health Coach support to expecting Independence patients who have been identified as high-risk to facilitate the best possible outcome.

If you would like to refer an Independence patient to one of the programs listed above, complete the online physician referral form, available at *www.ibx.com/providerforms*, or call 1-800-313-8628. ◆

Vaccine recommendation for human papillomavirus

According to the Centers for Disease Control and Prevention (CDC), persistent infections with human papillomavirus (HPV) can cause several cancers in both men and women, including cancer of the cervix, penis, anus, oropharynx, and others. Studies have shown that receiving the HPV vaccine could help avert these types of cancer; therefore, leading cancer doctors are suggesting that pediatricians and other providers encourage their patients to receive the vaccine. The American Academy of Pediatrics has also urged its members to suggest the vaccine for their patients.



Although HPV is considered a sexually transmitted disease, intercourse is not necessary to contract HPV. The vaccine is recommended for preteens because their bodies have the most robust responses, and it works best before sexual activity begins. The most common side effects are swelling and pain at the injection site, with occasional fainting.

Knowing the use of this vaccination can potentially reduce the prevalence of HPV, we ask that you consider this information when discussing immunizations with your patients.

To read the CDC's full report on HPV and associated cancers, visit their website at *www.cdc.gov/mmwr/volumes/65/wr/mm6526a1.htm*. ◆

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 use the NaviNet® web portal to view the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

Important Resources

Anti-Fraud and Corporate Compliance	
Hotline	1-866-282-2707 or www.ibx.com/antifraud
Clinical Services	
Baby BluePrints®	215-241-2198 / 1-800-598-BABY (2229)*
Case and Condition Management	1-800-313-8628
Credentialing	
Credentialing Violation Hotline	215-988-1413 or www.ibx.com/credentials
Customer Service	
Provider Services (prompt 1)	1-800-ASK-BLUE (1-800-275-2583)
Provider Automated System User Guide	www.ibx.com/providerautomatedsystem
Electronic Data Interchange (EDI)	
Highmark EDI Operations	1-800-992-0246
FutureScripts® (commercial pharmacy benefits)	
Prescription drug prior authorization	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	www.ibx.com/rx
FutureScripts® Secure (Medicare Part D pharmacy benefits)	
FutureScripts Secure Customer Service	1-888-678-7015
Formulary updates	www.ibxmedicare.com
Mental Health/Substance Abuse Precertification	
Independence	1-800-688-1911
Independence Administrators	1-800-634-5334
CHIP	1-800-294-0800
NaviNet® web portal	
Independence eBusiness Hotline	215-640-7410
Registration	www.navinet.net
Other frequently used phone numbers and websites	
Independence Direct Ship Drug Program (medical benefits)	www.ibx.com/directship
Medical Policy	www.ibx.com/medpolicy
Provider Supply Line	1-800-858-4728 or www.ibx.com/providersupplyline

**Outside 215 area code*

Independence

Visit our Provider News Center: www.ibx.com/pnc