



Changes to our specialty  
pharmacy network

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## Independence Healthcare Management certified as a Credentials Verification Organization

Independence Healthcare Management (IHM) has been certified as a Credentials Verification Organization (CVO) by the National Committee for Quality Assurance (NCQA). IHM is a separate Pennsylvania business corporation that provides managed care services to Independence Blue Cross and its corporate subsidiaries.

The two-year certification is valid through 2012 and means that IHM meets NCQA's rigorous standards for verifying that physicians and other health care providers have the proper credentials to care for patients. These credentials include education, licenses, board certifications, malpractice coverage, claims history, hospital affiliations, work history, references, and state and federal drug enforcement registrations.

The CVO certification also provides IHM with an opportunity to market its credentialing verification services to other health care organizations, avoiding the need to conduct frequent and redundant reviews of individual provider files.

NCQA is a nationally recognized, independent organization that accredits and certifies a wide range of health care organizations. NCQA's CVO certification is available to organizations that conduct credentials verification, report the credentialing information to clients, and can protect the confidentiality and integrity of the information. The certification was awarded after a rigorous onsite and offsite evaluation.

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

### Contact Information:

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Independence Blue Cross  
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35th Floor  
Philadelphia, PA 19103  
[provider\\_communications@ibx.com](mailto:provider_communications@ibx.com)

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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.

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

FutureScripts<sup>®</sup> and FutureScripts<sup>®</sup> Secure are independent companies that provide pharmacy benefits management services.



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

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



## CMS compliance training no longer required

Since 2009, the Centers for Medicare & Medicaid Services (CMS) has required all providers who treat Medicare Advantage HMO and PPO members to complete annual Medicare Advantage and Part D compliance training in an effort to combat fraud, waste, and abuse. Effective June 7, 2010, this training is no longer required by CMS.

Under the new provision, entities that have met certification requirements through enrollment into Medicare or accreditation as durable medical equipment, prosthetic, orthotic, and supply providers are deemed to have met the training and educational requirements for fraud, waste, and abuse. Therefore, an independent training is no longer necessary.

## Reminder: Requirements for submitting changes to your office information



It is extremely important that you submit timely and accurate updates of your office information to IBC. This helps ensure prompt payment of claims, delivery of critical communications, seamless recredentialing, and accurate listings in our provider directories.

In fact, you are contractually obligated to notify us in a timely manner when changing key elements of your practice information. Please note the following requirements:

- **30-day** prior written notice for all updates of provider information;
- **60-day** prior written notice for closure of a primary care physician (PCP) practice to additional patients;
- **90-day** prior written notice for resignation/termination from our network.

Many updates may be submitted electronically through the *Provider Change Form* transaction on the NaviNet® web portal. Please note that the specific change requests available to you on NaviNet vary depending on your provider type as well as on the lines of business in which you participate.\*

To submit a change, select *Provider Change Form* from the Plan Transactions menu on NaviNet.

*Physicians can:*

- change address, office hours, total hours, and phone or fax numbers;
- change selection of capitated providers (for HMO PCPs only);
- add newly credentialed providers or participating providers to a participating group (applicable to group practices only);
- add hospital affiliation.

You may also download copies of the form from our website at [www.ibx.com/providerforms](http://www.ibx.com/providerforms), and fax the form and accompanying documents to Network Administration at 215-988-6080. Be sure to retain the transmission confirmation from your fax machine.

Forms may also be mailed to:

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

*Note:* If a change also represents a change to your W-9 form (e.g., new name, new tax ID number, new billing vendor, new “pay to” address, or new ownership), the provider’s signature and the W-9 form *must* be provided. An office manager’s signature will suffice for any other changes.

For more information, please refer to the *Administrative Procedures* section of the *Provider Manual for Participating Professional Providers*. Please call your Network Coordinator with any questions.

\*Providers contracted with Magellan Behavioral Health, Inc. should continue to contact their Magellan Network Coordinators at 1-800-866-4108.

## Updates to inpatient facility condition code change for Federal Employee Program claims

In the June edition of *Partners in Health Update*, we announced that as of July 1, 2010, a new condition code, P7, must be submitted for Federal Employee Program (FEP) claims when a patient is transferred and/or admitted to an inpatient facility from an emergency room (ER). Previously, condition code 7 was used to identify patients who are admitted as inpatient from an ER on facility claims.

The new condition code, P7, should be reflected on your UB-04 claim form or in your electronic claim submission. This change will affect inpatient facility claims for FEP members with both the Standard and Basic options.

For FEP claims with Service Begin and Service End dates *prior* to July 1, 2010, please submit with source of admission/point of origin code 7 for admission to an inpatient facility when a patient is admitted through the ER. FEP claims with Service Begin and Service End dates *on or after* July 1, 2010, should be submitted with the new condition code P7. For FEP claims spanning the month on a continuous admission thru July 1, 2010, please follow the example below:

1. Admission date (Statement Begin Date) on an ER transfer to the inpatient facility hospital is June 28, 2010.
2. Discharge date (Statement End Date) is July 2, 2010.
3. Claim should be submitted with the new condition code P7.

If you have any questions about this condition code change, please contact your Network Coordinator.

## Updated payer ID grids now available

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

- New prefixes were added for National BlueCard® PPO products.
- Emdeon payer information was updated.

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

## EFT registration requirement for QIPS-eligible PCPs

As part of the new Quality Incentive Payment System (QIPS), eligible primary care physicians (PCPs) located in Pennsylvania are required to register for electronic funds transfer (EFT) for non-capitated reimbursement.

Registration for EFT can be completed through the NaviNet web portal. Setting up an EFT account allows you to receive faster payments and reduce your office's administrative costs. Your NaviNet security officer sets the appropriate level of security in order to determine who has the ability to register, view, and update your EFT account.

For detailed information and instructions on how to set up and administer an EFT account, download the *NaviNet Electronic Funds Transfer Guide*, available on our Plan Central page in the Administrative Tools & Resources section.

If you have any questions, please contact NaviNet Customer Care at 1-888-482-8057.

## Preauthorization submission requirements through NaviNet

Physicians, hospitals, and other health care providers play a vital role in our members' health. We offer administrative, clinical, and financial self-service tools through the NaviNet web portal to support the delivery of quality care to your patients, our members. These tools help drive unnecessary costs out of the health care system, improve patient safety, and streamline administrative processes. Using electronic tools through NaviNet has numerous benefits including:

- access from any computer with Internet access;
- little or no cost or fees;
- single, secure login;
- systematic response in seconds.

In an effort to manage the cost of health care and to more effectively process authorizations, we are continuing to implement enhanced electronic tools and resources for our network providers. In preparation, all NaviNet-enabled provider sites will be required to submit their initial authorization requests through NaviNet, **effective October 1, 2010**.

The following authorization types *must* be requested through NaviNet:

- medical/surgical procedures
- cardiac rehab
- chemotherapy/infusion
- durable medical equipment
- emergency hospital admission notification
- home health (effective June 1, 2010\*)
  - dietitian
  - home health aide
  - occupational therapy
  - physical therapy
  - skilled nursing
  - social work
  - speech therapy
- home infusion
- outpatient speech therapy
- pulmonary rehab
- sleep studies

### *Tips for submitting authorizations*

NaviNet submissions that result in a pended status can take up to two business days to be completed. These may include requests for additional clinical information as well as requests that may result in a duplication of services. If the authorization remains pended beyond two business days, providers should call **1-800-ASK-BLUE** for assistance.

Requests for medical/surgical procedures can be made up to six months in advance on NaviNet, and in most cases, requests for medically necessary care are authorized immediately.

In some instances, providers can modify the date of service previously approved by selecting *Authorizations* from the Plan Transactions menu and then selecting *Authorization Status Inquiry*.

### *Authorization requirements for non-enabled sites*

All provider groups will be required to have all site locations enabled by December 31, 2010. To register for NaviNet, go to [www.navinet.net](http://www.navinet.net) and select *Sign up* from the top right. Register no later than November 1, 2010, to obtain access by December 31, 2010.

As provider sites become enabled, they will be required to submit their initial authorization requests through NaviNet.

### *About NaviNet*

For your convenience, NaviNet is available to all participating providers Monday through Saturday, 5 a.m. to 10 p.m., and Sunday, 9 a.m. to 9 p.m. If your office location has not yet registered for NaviNet, please sign up at [www.navinet.net](http://www.navinet.net). If your office is currently NaviNet enabled but would like training on how to submit authorizations, please call the eBusiness Provider Hotline at **215-640-7410**.

*Note: Providers contracted with Magellan Behavioral Health, Inc. should continue to contact their Magellan Network Coordinators at 1-800-866-4108 to request preauthorization.*

*\*Please refer to the April edition of Partners in Health Update for additional information on the home health authorization request changes.*



## New Student PPO plan available to colleges and universities

Starting in August 2010, IBC will offer a Student PPO plan to colleges and universities in the greater Philadelphia region. In response to requests from parents and college officials, this plan will provide students with quality, affordable, and comprehensive health care coverage.

Students can take advantage of IBC’s regional PPO network, including 55,000 doctors and 100 hospital systems, and coordination with their student health center, giving them access to convenient primary care right on their campus. Away from school, students have in-network coverage across the U.S. through the BlueCard® PPO network of more than 676,000 doctors and 5,500 hospitals.

Once enrolled, students will be able to manage their health care 24 hours a day, seven days a week, through the website of their college or university. By selecting the link for benefit information, they will be directed to a secure, online portal for personal account information. Students can view eligibility information, benefits summaries, claims, and Explanations of Benefits and print temporary ID cards. They can also use the health tools to find providers wherever they are and research health issues through an online health encyclopedia.

Please visit [www.ibx.com/student](http://www.ibx.com/student) to learn more about this new plan.

## Introducing MedigapSecurity, our new Medicare supplement product

We are pleased to announce MedigapSecurity, our new Medicare supplement product for group and individual plans. As of June 1, 2010, Security 65® is no longer being offered by IBC.

MedigapSecurity has all the benefits of Security 65, plus additional coverage for Part A hospice services that is in accordance with the Medicare Improvements for Patients and Providers Act. This new hospice benefit includes the following cost-sharing benefits:

- copayments that are no more than \$5 for each outpatient prescription drug;
- a five percent coinsurance of the Medicare-approved amount for inpatient respite care.

Beginning June 1, 2010, individuals can enroll in plans A, B, C, F, and N, and employer and union groups can begin to enroll their members in plans A, B, and C.

With these new plans, members also have access to our wellness programs and our discount drug program. The discount drug program allows members to receive a discount at any of our participating network pharmacies.

Members who were enrolled in Security 65 before June 1 have the option of remaining in the plan with no benefits changes. Prospective MedigapSecurity members are encouraged to visit [www.site65.com](http://www.site65.com) to learn more about all available options and to check eligibility requirements.

If you have any questions, call Customer Service at 1-800-ASK-BLUE.

JOHN Q. <b>SAMPLE</b> <b>QCD1234567800</b>	
Rx BIN	[600428]
Rx PCN	03820000
Form No.08499	
MEDIGAPSECURITY - PLAN A	

*Plan indicator* (with red circle around MEDIGAPSECURITY - PLAN A)

## Changes to our specialty pharmacy network

FutureScripts®, our independent pharmacy benefits manager, has made changes to its network that may affect your IBC patients. Effective June 15, 2010, several specialty pharmacies are no longer in our network. Your IBC patients who were receiving specialty drugs through one of these pharmacies were notified directly of this change.

To ensure that there is no disruption in receiving their specialty drugs, FutureScripts is working with those affected members to transfer their prescriptions to a specialty pharmacy in the FutureScripts network and/or the FutureScripts Direct Ship Specialty Pharmacy Program. Through the Direct Ship Specialty Pharmacy Program, your IBC patients can have their specialty drugs delivered to the location of their choice at the same in-network level of cost-sharing. Any new or refilled prescriptions must be provided through a FutureScripts-participating pharmacy or the Direct Ship Specialty Pharmacy Program.

If your IBC patients come to you with questions about this change, we encourage you to have a discussion about the advantages of using the Direct Ship Specialty Pharmacy Program. The program offers your patients the following benefits:

- free shipping;
- educational information and pharmacists available to answer their questions about therapies and possible side effects;
- proactive refill service, providing them with a phone call the week before the prescribed refill date to schedule the next delivery.

Call FutureScripts at 1-888-678-7012 if you have any questions about these changes or to enroll an IBC patient in the Direct Ship Specialty Pharmacy Program.

## Updates to Safe Prescribing Procedures for opioid withdrawal drugs



We are making updates to our Safe Prescribing Procedures regarding the prescribing of opioid withdrawal drugs, Suboxone® and Subutex® (buprenorphine). The following changes will be **effective August 1, 2010**:

- **Prior authorization.** Prior authorization will be required for Suboxone® and Subutex® (buprenorphine). In addition, approved prior authorizations will include an expiration date at the time the approval is made. If you want your patient to continue the drug therapy after the expiration date, a new request and approval will be required. Please note that prior authorization is required for both brand and generic formulations.
- **Quantity limits.** Suboxone® and Subutex® (buprenorphine) will have quantity limits. If you write your patient a prescription that exceeds the set quantity limit, the pharmacy will only fill the prescription up to the quantity limit. If you determine that your patient's therapy requires a greater quantity of medication than the set quantity limit for the drug, you may request a quantity limit exception. You must receive approval for the exception before coverage is available for the greater quantity.

### *Prescribing opioid withdrawal drugs in a practice setting*

As a result of the Drug Addiction Treatment Act of 2000 (DATA 2000), the clinical context of medication-assisted opioid addiction treatment was expanded by allowing qualified physicians to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications for the treatment of opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e., methadone clinic).

Physicians *must* have the applicable DATA 2000 waivers in order to prescribe Suboxone® and Subutex® (buprenorphine) for opioid addiction in a practice setting (e.g., office, hospital). Please include your waiver ID number assigned by the Drug Enforcement Administration on all prescriptions and requests for Suboxone® and Subutex® (buprenorphine). For more information about DATA 2000, go to [www.buprenorphine.samhsa.gov/waiver\\_qualifications.html](http://www.buprenorphine.samhsa.gov/waiver_qualifications.html).

If you have any questions concerning the updates to our Safe Prescribing Procedures, please contact Customer Service at 1-800-ASK-BLUE.

## Policy notifications posted as of June 17, 2010

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 17, 2010.

Policy effective date	Notification title	Notification issue date
July 9, 2010	<b>07.00.03g</b> Full-Body Monoplace or Multiplace Chamber Hyperbaric Oxygen Therapy	June 9, 2010
July 13, 2010	<b>05.00.30d</b> Noninvasive Respiratory Assist Devices (RADs): Continuous Positive Airway Pressure (CPAP) Devices and Bi-Level Devices	April 16, 2010
July 16, 2010	<b>07.06.03</b> Bioimpedance for the Detection of Lymphedema	June 16, 2010
July 27, 2010	<b>11.08.08e</b> Chemical Peels	April 28, 2010
September 8, 2010	<b>11.08.04f</b> Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)	June 10, 2010

To view these notifications, as well as the policies in their entirety, follow these instructions:

1. Visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).
2. Select *Accept and Go to Medical Policy Online*.
3. Select *Policy Notifications*.

Be sure to check back often, as the site is updated frequently.

## HEALTH AND WELLNESS

### Connections<sup>SM</sup> Health Management Programs: 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
- cardiometabolic risk
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- issues with medication persistence
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including chronic pain, weight loss surgery, depression, breast or prostate cancer, and end-of-life decisions.

Visit [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections) for more information about the Connections Health Management Programs.



# IMPORTANT RESOURCES

<b>Anti-Fraud and Corporate Compliance Hotline</b>	1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a>
<b>Care Management and Coordination</b> Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
<b>Connections<sup>SM</sup> Health Management Programs</b>	
Connections <sup>SM</sup> Health Management Program Provider Support Line	1-866-866-4694
Connections <sup>SM</sup> Complex Care Management Program	1-800-313-8628
<b>Credentialing</b>	215-988-6534 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
Credentialing Hotline	
Credentialing Violation Hotline	215-988-1413
<b>Customer Service/Provider Services</b>	
<ul style="list-style-type: none"> <li>• Provider Automated System (eligibility/claims status/referrals)</li> <li>• Connections Health Management Programs</li> <li>• Precertification/maternity requests                             <ul style="list-style-type: none"> <li>– Imaging services (CT, MRI/MRA, PET, and nuclear cardiology)</li> <li>– Authorizations</li> </ul> </li> </ul>	1-800-ASK-BLUE
Provider Services user guide	<a href="http://www.ibx.com/providerautomatedsystem">www.ibx.com/providerautomatedsystem</a>
<b>eBusiness Help Desk</b>	215-241-2305
<b>FutureScripts®</b>	
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)	<a href="http://www.ibx.com/rx">www.ibx.com/rx</a>
<b>FutureScripts® Secure</b>	
Medicare Part D	1-888-678-7015
Formulary updates	<a href="http://www.site65.com">www.site65.com</a>
<b>Medical Policy website</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.ibx.com/navinet">www.ibx.com/navinet</a>
<b>Provider Supply Line</b>	1-800-858-4728

\* Outside 215 area code



Visit our website:  
[www.ibx.com/providercommunications](http://www.ibx.com/providercommunications)