



### *Inside this edition*

#### **ADMINISTRATIVE**

- ▶ Jefferson Health System joins IBC's new Keystone 65 Select network
- ▶ Provider self-service requirements now in effect
- ▶ Upcoming changes to the Provider Automated System

#### **PRODUCTS**

- ▶ Introducing Keystone 65 Select HMO

#### **CONSUMERISM**

- Introducing IBX Mobile and IBX Healthy Steps, our free smartphone applications for members

#### **MEDICAL**

- ▶ Policy on Modifier 52
- ▶ Policy notifications posted as of September 23, 2011
- Policy reminder regarding utilization review decisions
- ▶ Precertification requirement changes for Medicare Advantage HMO and PPO members

#### **NAVINET<sup>®</sup>**

- Updates made to the *NaviNet Chemotherapy/Infusion and Home Infusion Authorizations Guide*
- How the Clinical Care Report can help with pre-visit planning

#### **HEALTH AND WELLNESS**

- Seasonal flu vaccine recommendations and labeling changes for Tamiflu<sup>®</sup>
- New tip sheets available for attention deficit/hyperactivity and adult bipolar disorders
- Connections<sup>SM</sup> Program Provider Satisfaction Survey coming in November
- October is breast cancer awareness month

October is breast cancer  
awareness month **page 12**

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



## Reminder...



### Get important information delivered through email

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



*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:

Provider Communications  
Independence Blue Cross  
1901 Market Street  
35th Floor  
Philadelphia, PA 19103  
[provider\\_communications@ibx.com](mailto:provider_communications@ibx.com)

John Shermer  
Managing Editor

Charleen Baselice  
Production Coordinator

Models are used for illustrative purposes only. Some illustrations in this publication copyright 2011 [www.dreamstime.com](http://www.dreamstime.com). All rights reserved.

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

The Blue Cross and Blue Shield names and symbols and Baby BluePrints are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services for the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number on their ID card.

The third-party websites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs are presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

NaviNet<sup>®</sup> is a registered trademark of NaviNet, Inc.

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:

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

## Jefferson Health System joins IBC's new Keystone 65 Select network

Jefferson Health System (JHS), including all of its hospitals, ancillary services, and owned physician practices and their employed physicians, has joined IBC's new Keystone 65 Select network (formerly known as the "Medicare Limited Network").

Beginning on January 1, 2012, IBC will begin offering a new Medicare Advantage HMO product, called Keystone 65 Select HMO, that will have a smaller, limited network of providers. The new Keystone 65 Select network will not include all hospitals participating in our current Medicare Advantage HMO network. Instead, the Keystone 65 Select network will be a subset of the existing IBC-contracted network and will consist of hospitals located in Philadelphia, Delaware, Montgomery, Bucks, and Chester counties. Below is an updated list of hospitals that are participating in the Keystone 65 Select network.

Please note that if a participating IBC hospital does not appear on this list, it means the hospital is not participating in the Keystone 65 Select network and members who enroll in the Keystone 65 Select HMO should not be referred to these hospitals for non-emergency services. Please visit [www.ibx.com/providers/k65select](http://www.ibx.com/providers/k65select) for a list of the eligibility requirements for the new Keystone 65 Select network.

*Note: For mental health/substance abuse services, please contact Magellan Behavioral Health, Inc. at 1-800-688-1911 for the Behavioral Health Network. Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most IBC members.*

### Keystone 65 Select network participating hospitals\*

All hospitals are located in the following Pennsylvania counties: Philadelphia, Delaware, Montgomery, Bucks, and Chester.

Participating hospital	County
Abington Memorial Hospital	Montgomery
Aria Health: Bucks County Campus	Bucks
Aria Health: Frankford Campus	Philadelphia
Aria Health: Torresdale Campus	Philadelphia
Brandywine Hospital	Chester
Chester County Hospital and Health System	Chester
Chestnut Hill Hospital	Philadelphia
Children's Hospital of Philadelphia	Philadelphia
Crozer-Chester Medical Center	Delaware
Crozer-Chester: Springfield Campus	Delaware
Delaware County Memorial Hospital	Delaware
Doylestown Hospital	Bucks
Episcopal Hospital	Philadelphia
Fox Chase Cancer Center	Philadelphia
Grand View Hospital	Bucks
Holy Redeemer Hospital and Medical Center	Montgomery
Hospital of the University of Pennsylvania	Philadelphia
Jeanes Hospital	Philadelphia
Jennersville Regional Hospital	Chester
Lansdale Hospital	Montgomery
Lower Bucks Hospital	Bucks

Participating hospital	County
Main Line Health: Bryn Mawr Hospital	Montgomery
Main Line Health: Lankenau Medical Center	Montgomery
Main Line Health: Paoli Hospital	Chester
Main Line Health: Riddle Hospital	Delaware
Mercy Fitzgerald Hospital	Delaware
Mercy Philadelphia Hospital	Philadelphia
Mercy Suburban Hospital	Montgomery
Nazareth Hospital	Philadelphia
Penn Presbyterian Medical Center	Philadelphia
Pennsylvania Hospital	Philadelphia
Phoenixville Hospital	Chester
Pottstown Memorial Medical Center	Montgomery
Roxborough Memorial Hospital	Philadelphia
St. Luke's Quakertown Hospital	Bucks
St. Mary Medical Center	Bucks
Taylor Hospital	Delaware
Temple University Hospital	Philadelphia
Thomas Jefferson University Hospital (including Wills Eye Hospital)	Philadelphia
Thomas Jefferson University Hospital: Methodist Hospital	Philadelphia

*\*This list is current as of October 4, 2011, but is subject to change. Please visit [www.ibx.com/providers/k65select](http://www.ibx.com/providers/k65select) for any updates or changes to this list.*

## Provider self-service requirements now in effect

In our continuing efforts to provide the most current and reliable information to our network providers, as of September 15, 2011, we began enforcing our policy that requires providers to use the NaviNet® web portal or the Provider Automated System when requesting member eligibility.

In addition, providers must use NaviNet or call the Provider Automated System to check claims status information. The claim detail provided through either system includes specific information, such as:

- check date
- check number
- service codes
- paid amount
- member responsibility

Providers can view a webinar at [www.navinet.net/intro\\_pss\\_ibc](http://www.navinet.net/intro_pss_ibc) for more information on these requirements. The presentation offers guidance on where to obtain member eligibility and claims status information through NaviNet.

If your office location is not yet registered for NaviNet, please visit [www.navinet.net](http://www.navinet.net) and select *Sign up* from the top right. If your office is currently NaviNet-enabled but would like assistance with accessing member or claims information, please call the eBusiness Provider Hotline at 215-640-7410.

Providers without access to NaviNet must obtain eligibility and claims status information through the Provider Automated System by calling 1-800-ASK-BLUE and following the voice prompts.

## Upcoming changes to the Provider Automated System

In the coming months we will be updating our interactive Provider Automated System, available through 1-800-ASK-BLUE, to make it easier for you to obtain the information you need quickly and efficiently. In addition to speaking with a live customer service representative during regular business hours, you now have the option to “speak” with our automated service 24 hours a day, 7 days a week, through enhanced voice-recognition capability.

Through the enhanced Provider Automated System, the following self-service capabilities will be available:

- **Provider authorization inquiry.** The following can be done for authorization inquiries:
  - search for existing authorizations by date or reference number
  - search by single date or entire month
  - search 60 days in the past and 180 days in the future

Please note that authorizations may be retrieved only by the provider associated with the authorization. Also, behavioral health inquiries should continue to be directed to Magellan Behavioral Health, Inc.
- **Claims.** Search member claims within two years from current date.
- **Member eligibility and benefits.** The phone service continues to offer this information.
- **Referral and encounter submissions.** Submit referrals and encounters using the member ID number located on the member ID card.
- **Referral inquiry.** Search for existing referrals within 90 days from the current date.

Please be sure to have your NPI, corporate ID number, and last four digits of your tax ID number ready before you call to complete the listed transactions.

Look for more information about this change in future editions of *Partners in Health Update*.

*Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most IBC members.*



## Introducing Keystone 65 Select HMO

New for 2012, we are introducing a new Medicare Advantage plan — Keystone 65 Select HMO. This new plan will be offered in addition to Keystone 65 Preferred HMO and Personal Choice 65<sup>SM</sup> PPO (in Philadelphia and Bucks counties only). However, Keystone 65 Advantage HMO will no longer be offered after December 31, 2011.

Keystone 65 Select HMO features many of the same benefits as Keystone 65 Advantage HMO. The main difference between the plans is that Keystone 65 Select HMO features a select network of providers, which has allowed us to sharply reduce premiums for this product.

Members currently enrolled in the discontinued Keystone 65 Advantage HMO plan were recently sent an Annual Notice of Change/Evidence of Coverage (ANOC/EOC) explaining that they will be moved into the Keystone 65 Preferred HMO plan starting January 1, 2012. These members, like all Medicare beneficiaries, can enroll in a new plan for 2012 any time between October 15 and December 7. We encourage these Keystone 65 Advantage HMO members to consider the new lower-cost Keystone 65 Select HMO for their 2012 health care needs.

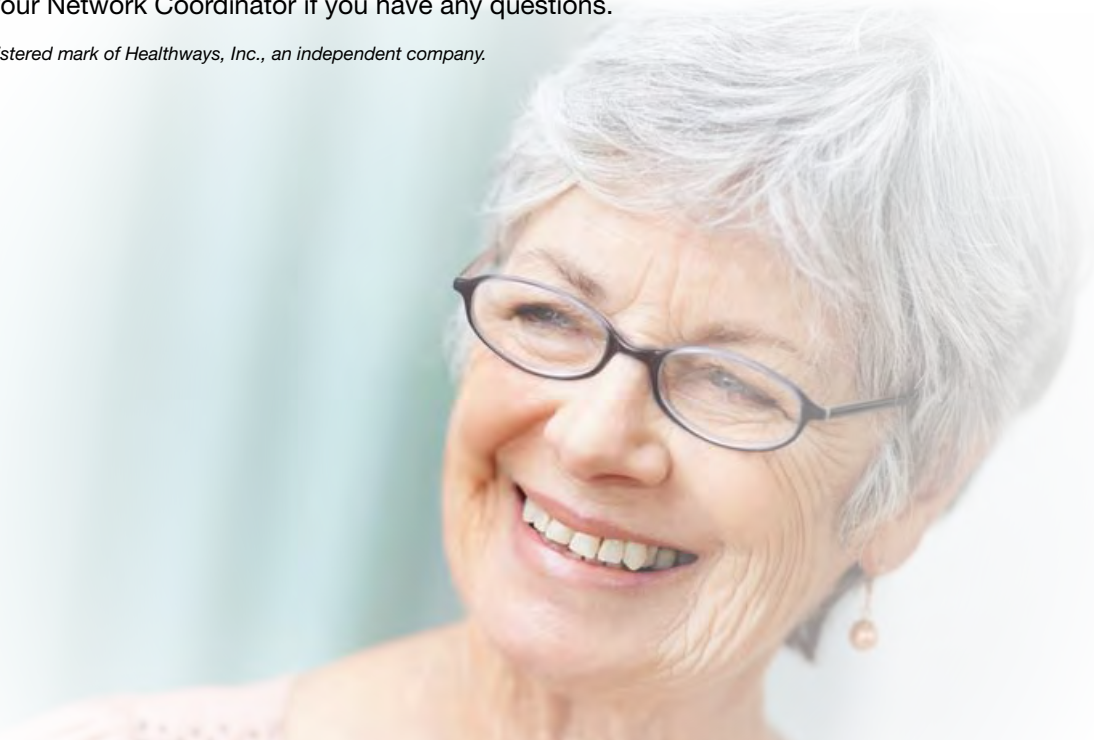
### Keystone 65 Select HMO Benefit Highlights

Service	Cost to member
Primary Care Physician (PCP)	\$20 copay
Specialist	\$45 copay
Emergency Room	\$50 copay (not waived if admitted)
Outpatient Surgery (performed in an Ambulatory Surgical Center)	\$100 copayment (per date of service)
Outpatient Surgery (performed in a hospital setting)	\$350 copayment (per date of service)
Inpatient Hospital	\$215 per day for days 1-8 (\$1,720 per stay maximum); \$0 copay/day for 9+ days; unlimited days each benefit period
Hearing, Dental, Vision	Benefits available for additional \$10 per month in plan premiums

*Note:* All Keystone 65 HMO and Personal Choice 65 PPO plans will include the SilverSneakers<sup>®</sup> fitness benefit in 2012.

Please contact your Network Coordinator if you have any questions.

*SilverSneakers<sup>®</sup> is a registered mark of Healthways, Inc., an independent company.*



## Introducing IBX Mobile and IBX Healthy Steps, our free smartphone applications for members

IBC is excited to introduce two new smartphone applications specifically designed for our members: IBX Mobile and the IBX Healthy Steps pedometer.

IBX Mobile offers members a convenient, fast, and secure way to access important health information when they need it most. IBX Mobile shows members a streamlined view of [ibxpress.com](http://ibxpress.com), our consumer website, and takes them directly to the most popular online member tools.

Members can use IBX Mobile to do the following:

- **Find a doctor.** If you refer one of our members to a specialist, he or she can see whether the specialist is in our provider network and view the address and phone number for the specialist's office.
- **Check their FSA/HRA account balance.** Members can check their account balance anytime, anywhere.
- **View their member ID card.** If members forget their member ID card when they're at an office or facility to receive services, they can use IBX Mobile to show the front and back views of their member ID card.
- **Estimate the cost of prescription drugs.** If you write a new prescription for an IBC patient and he or she wants to know how much it will cost them, that information can be found using IBX Mobile.
- **Review their Personal Health Record (PHR).** Members who have completed their PHR can look up their family health history and recent health information, providing valuable information for their appointments.

With the IBX Healthy Steps pedometer, members can:

- customize the application with their gender, height, and weight and learn how many calories they have burned based on how far they travel;
- save their workouts to see how they've improved over time;
- share their time, distance, and pace with friends and family through Facebook, Twitter, or text messages;
- calculate their BMI and daily hydration needs.

The IBX Mobile and IBX Healthy Steps applications are available at no cost for IBC members at Apple's App Store or on the Android Market. Members can also type "ibxpress.com" into their mobile Internet browser to use IBX Mobile.

We hope you'll encourage your IBC patients to use these resources to make good decisions about their health, no matter where they are.



## Policy on Modifier 52

**Effective November 16, 2011**, services appended with Modifier 52 will be reimbursed at 50 percent of the provider's applicable contracted rate. Modifier 52 is used to describe circumstances in which services provided are reduced, performed at a lesser level, or the provider has elected to eliminate the procedure altogether.

This information will be reflected in Claim Payment Policy #03.00.32: Modifier 52 Reduced Services. The policy notification has been available on our website for review by providers and their office staff since it was posted on August 18, 2011. This version of the policy will become effective November 16, 2011. Policy notifications are available on our medical policy website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) by entering the policy number in the Search box. If you have questions regarding this policy, please contact your Network Coordinator.

## Policy notifications posted as of September 23, 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 September 23, 2011.

Policy effective date	Notification title	Notification issue date
September 1, 2011	<b>08.01.03</b> Belatacept (Nulojix®)	September 14, 2011
September 30, 2011	<b>06.02.10g</b> Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)	August 31, 2011
September 30, 2011	<b>07.07.04b</b> Noncontact Normothermic Wound Therapy	August 31, 2011
October 1, 2011	<b>00.03.07</b> Laboratory Services for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products	July 1, 2011
October 1, 2011	<b>11.08.20h</b> Wound Care: Bioengineered Skin Substitutes	July 1, 2011
October 3, 2011	<b>09.00.46d</b> High Technology Diagnostic Radiology Services	September 2, 2011
October 3, 2011	<b>09.00.47</b> Magnetic Resonance Angiography (MRA) of the Spine	September 2, 2011
October 3, 2011	<b>09.00.51</b> Positron Emission Mammography (PEM)	September 2, 2011
October 4, 2011	<b>08.00.44i</b> Zoledronic Acid (Zometa®, Reclast®)	July 6, 2011
October 5, 2011	<b>11.08.06f</b> Abdominoplasty and/or Panniculectomy	July 7, 2011
October 14, 2011	<b>07.13.05e</b> Photodynamic Therapy (PDT) Using Verteporfin (Visudyne®)	September 14, 2011
October 27, 2011	<b>00.10.18g</b> Modifiers for Assistant-at-Surgery Services: 80, 81, 82, and AS	July 29, 2011
November 16, 2011	<b>03.00.32</b> Modifier 52 Reduced Services	August 18, 2011

To view the policy notifications, go to [www.ibx.com/medpolicy](http://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.



## Policy reminder regarding utilization review decisions

In accordance with the benefits available under the member's health plan and our definition of medical necessity, it is our policy that all utilization review decisions are based on the appropriateness of health care services and supplies.

Only physicians may make denials of coverage of health care services and supplies based on lack of medical necessity. The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for us are not compensated or given incentives based

on their coverage decisions. Medical directors and nurses are salaried employees, and contracted external physicians and other professional consultants are compensated on a per-case reviewed basis, regardless of the coverage determination. We do not reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals that would encourage utilization review decisions that result in underutilization.

## Precertification requirement changes for Medicare Advantage HMO and PPO members



Effective for dates of service on or after January 1, 2012, we will implement important changes to the list of services and drugs that require precertification for Medicare Advantage HMO and PPO members.

The following precertification requirements *will be added* for Medicare Advantage products in all settings:

- potentially cosmetic procedures (please refer to the complete list on the next page);
- pain management procedures (i.e., paravertebral facet joint injections, transforaminal epidural injections, epidural injections);
- hyperbaric oxygen treatments;
- additional medical infusion/injectable drugs (please refer to the complete list on the next page);
- cataract surgery;
- cochlear implant surgery;
- uvulopalatopharyngoplasty (UPPP or UP3).

The following precertification requirements *will be removed* for Medicare Advantage products in all settings:

- sleep studies
- cardiac rehabilitation
- pulmonary rehabilitation

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

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

Note: These changes were originally announced in the June edition of Partners in Health Update and went into effect for commercial products for dates of service on or after September 1, 2011.

*continued on the next page*



## Precertification requirement changes for Medicare Advantage HMO and PPO members (continued)

Potentially cosmetic procedures that will require precertification		
Blepharoplasty/ptosis repair	Hair transplant	Rhinoplasty
Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion, and removal of breast implants	Injectable dermal fillers	Rhytidectomy
Canthopexy/canthoplasty	Keloid removal	Scar revision
Cervicoplasty	Labioplasty	Skin closures including: skin grafts, skin flaps, and tissue grafts
Chemical peels	Lipectomy, liposuction, or any other excess fat removal procedure	Sex reassignment surgery
Dermabrasion	Orthognathic surgery procedures including, but not limited to: bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies	Surgical treatment of gynecomastia
Excision of excessive skin and/or subcutaneous tissue	Otoplasty	Surgery for varicose veins, including perforators and sclerotherapy
Genetically and bio-engineered skin substitutes for wound care		

Additional infusion drugs that will require precertification		
Abraxane®	Enzyme replacement (Lumizyme®, Replagal®*, Uplyso®*, VPRIV®)	Istodax®
Alimta®	Folan®	Jevtana®
Alpha 1 inhibitors (Aralast NP™, Glassia™, Prolastin® C, Zemaira®)	Foloty®	Provenge®
Arzerra™	Gammalex® (IVIG)	Psoriasis/rheumatoid arthritis (Actemra®)
Belatacept	Halaven™	Remodulin®
Benlysta®	Hemophilia factors	Soliris®
C1 esterase inhibitors (Berinert®, Cinryze®)	Herceptin® DM1*	Yervoy™
Corifact™ (factor drug)		

Additional injectable drugs that will require precertification		
Kalbitor®	Makena™	Stelara®
Lucentis®	Omapro™*	Xgeva™
Macugen®	Prolia®	Xolair®

\*This drug is pending approval from the U.S. Food and Drug Administration.

## Updates made to the *NaviNet Chemotherapy/ Infusion and Home Infusion Authorizations Guide*

In January 2011, IBC published the *NaviNet Chemotherapy/Infusion and Home Infusion Authorizations Guide*, an online resource to educate providers and their office staff about obtaining authorizations for certain chemotherapy and home infusion therapies.

This guide included the clinical question sets that providers must answer when requesting precertification for the following drugs:

- bevacizumab (Avastin®)\*
- cetuximab (Erbix®)
- infliximab (Remicade®)
- intravenous immune globulin (IVIG)
- oxaliplatin (Eloxatin®)
- rituximab (Rituxan®)
- trastuzumab (Herceptin®)

As of September 2011, these clinical question sets will no longer be included in the user guide. However, they will continue to be available online as an attachment within

the medical policy for each drug, making the medical policy a comprehensive resource for all medical necessity criteria, dosing and frequency requirements, coding guidelines, and clinical question sets.

To view medical policies through the NaviNet web portal, select *Reference Materials and Reports* from the Plan Transactions menu and then *Medical Policy*. Then type the drug name into the Search box on the Medical Policy homepage. You can also go to [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) and type the drug name into the Search box.

The revised guide is still available in the *Administrative Tools & Resources* section of NaviNet Plan Central.

If your office has any questions or requires training for NaviNet, please call the eBusiness Help Desk at 215-241-2305.

\*Requests for intravitreal injection of bevacizumab (Avastin®) to treat the ophthalmologic conditions listed in this drug's medical policy do not require precertification. The clinical questions associated with bevacizumab (Avastin®) only apply to oncologic requests for the drug.

## How the Clinical Care Report can help with pre-visit planning



The Clinical Care Report, now available through the NaviNet web portal, is a useful tool that provides a summary of care your patients have received, based on IBC-paid medical and prescription drug claims for each individual member. It is not a complete record of your patient's care.

The Clinical Care Report can assist the care team in delivering personalized and coordinated care to their patients. For example, it can be used in pre-visit planning\* to identify care that occurred since the patient's last visit and provide insight into gaps in care. As pre-visit planning is also a core component in the Patient-Centered Medical Home™ (PCMH) model, it can aid practices in gathering relevant information.

Information available on the Clinical Care Report includes the following:

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

For more information on how to access a member's Clinical Care Report, please refer to the July edition of *Partners in Health Update*.

\*Pre-visit planning is described in standard 3C of the 2011 National Committee for Quality Assurance PCMH standards.



## Seasonal flu vaccine recommendations and labeling changes for Tamiflu®

Each year, we encourage our members to get vaccinated against the seasonal flu and ask that you advise your patients to receive a vaccination as soon as possible.

The recommendations for the 2011-2012 flu season from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices include flu vaccination for all people 6 months and older, especially pregnant women, children younger than 5, adults 50 and older, and anyone with a chronic illness.

For more information about this year's flu vaccine, go to [www.cdc.gov/flu](http://www.cdc.gov/flu).

### Dosing changes for Tamiflu®

Tamiflu® for oral suspension is available in a lower concentration (6 mg/mL versus the former 12 mg/mL) for the 2011-2012 flu season. The U.S. Food and Drug Administration (FDA) warns that patients may potentially receive either concentration from their pharmacy this flu season.

The FDA recommends that prescribers include the new concentration (6 mg/mL) in milliliters and dose on all prescriptions for Tamiflu® for oral suspension to avoid the potential for a medication error due to confusion between the two concentrations. For more information, please visit the FDA's website at [www.fda.gov](http://www.fda.gov).

## New tip sheets available for attention deficit/hyperactivity and adult bipolar disorders



IBC and Magellan Behavioral Health, Inc., an independent company, provide Attention Deficit/Hyperactivity Disorder (ADHD) and Adult Bipolar Disorder tip sheets. These sheets include information on ADHD and adult bipolar disorders and pharmacotherapy for assessing and managing patients with these disorders. Each tip sheet provides resources that support clinical practices consistent with nationally recognized standards of care.

Download the tip sheets from our website at [www.ibx.com/providers/resources](http://www.ibx.com/providers/resources) in the Worksheets, Forms, and Guides section. If you do not have access to the Internet, please call the Provider Supply Line at 1-800-858-4728 to request paper versions.

## Connections<sup>SM</sup> Program Provider Satisfaction Survey coming in November



The Connections<sup>SM</sup> Health Management Program is pleased to announce that the annual Connections Program Provider Satisfaction Survey will be available in November.

We've updated the survey to ask your opinion of the program's impact on patients' use of services, including emergency department services, inpatient hospital services, tests and procedures, and physician visits. The annual survey gives you the opportunity to tell us what you think of Connections, which may help us improve program services in the future.

Other questions will assess:

- your overall satisfaction with access to and interactions with the Connections staff;
- how Connections affects your patients' health status relative to their target condition;
- how Connections affects your patients' health status and treatment plan adherence;
- your satisfaction with the frequency of communication from Connections.

Look for additional information about the survey in the November edition of *Partners in Health Update*.

## October is breast cancer awareness month

The Centers for Disease Control and Prevention (CDC) recommend mammography screening as the best available method to detect breast cancer in its earliest, most treatable stage. However, according to 2009 data on breast cancer screening rates, the proportion of women in the United States who are 40 and older who report having a mammogram in the previous two years continued to remain below the 70 percent rate of 2000. While women 50 - 64 years of age and 65 and older are trending toward increased screening from 2005, (74.2 and 65.4 percent, respectively, up from 71.8 and 63.8 percent) statistics for women between the ages of 40 - 49 continue to decline (down from 63.5 to 61.5 percent).<sup>1</sup>

Although the number of breast cancer cases has dropped in the past few years, this decline in mammography adherence may mean that some women with early-stage disease will not be diagnosed until later.

We recognize the importance of this screening and have made mammograms more accessible to our members by:

- allowing members to go anywhere in the radiology network for screening and diagnostic mammograms\*;
- enabling HMO members who require a follow-up breast ultrasound to receive the ultrasound at any participating radiology site.

### IBC programs and resources

#### Mammography screening reminder program.

IBC supports the American Cancer Society recommendation for annual mammography starting at age 40. This year, IBC is mailing mammography screening reminders to female members turning 40 during their birth month and to female members 42 - 69 years old who have not had a mammogram within the previous 18 months.

**IBC's member website.** Our consumer website, [www.ibxpress.com](http://www.ibxpress.com), includes a wealth of information on mammograms and breast cancer.

**Decision support videos from the Connections<sup>SM</sup> Health Management Program.**<sup>†</sup> Videos are available on topics ranging from early-stage breast cancer to breast reconstruction. A complete listing of decision support videos and other Connections Health Management Program information and tools can be found at [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections).

Providers can call the Connections Program Provider Support Line at 1-866-866-4694 for information about the Connections Program or to refer members to the program.

**Oncology Case Management Program.** The Oncology Case Management Program is specially designed for members with cancer who are undergoing treatment. The program is designed to provide additional support and information to help members better understand and self-manage their condition. Trained registered nurses work with you and your patient to develop individualized care plans. The Oncology Case Management Program is a service provided by IBC to its members at no charge. Participation in the program is voluntary.

If you are interested in referring any of your IBC patients to the Case Management Department, please call 1-800-313-8628.

### Resources from the American Cancer Society

The following American Cancer Society programs are available at [www.cancer.org](http://www.cancer.org) or by calling 1-800-ACS-2345:

- “Reach to Recovery.” Helping breast cancer patients cope with breast cancer for more than 30 years, this program matches a trained volunteer breast cancer survivor with a newly diagnosed person to offer support and hope.
- “Look Good...Feel Better.” This free, community-based program teaches female cancer patients beauty techniques to help restore their appearance and self-image while they are undergoing radiation and chemotherapy treatments.
- “tlc: Tender Loving Care<sup>®</sup>.” This magazine/catalog includes informative articles as well as information on products designed for women coping with cancer, such as wigs, head coverings, and mastectomy forms.
- “I Can Cope<sup>®</sup>.” This is an educational program that offers information, support, and coping skills for those dealing with cancer themselves or as a caregiver. This program is available online and as instructor-led classes in different areas of the country.

\*All commercial and Medicare Advantage HMO members may obtain screening and/or diagnostic mammography, provided by an accredited in-network radiology provider, without obtaining a referral. HMO members must go to a participating radiology provider.

<sup>†</sup>The decision support videos are available for members eligible for the Connections Health Management Program.

<sup>1</sup>[www.cdc.gov/cancer/breast/statistics/screening.htm](http://www.cdc.gov/cancer/breast/statistics/screening.htm)



# 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> Credentialing Violation Hotline	215-988-1413 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
<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 (275-2583)
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® (pharmacy benefits)</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	1-888-671-5285
Mail order program toll-free fax	1-877-228-6162
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 (Medicare Part D)</b>	1-888-678-7015
Formulary updates	<a href="http://www.ibxmedicare.com">www.ibxmedicare.com</a>
Mail order program toll-free fax	1-877-344-1318
<b>IBC Direct Ship Injectables Program (medical benefits)</b>	<a href="http://www.ibx.com/directship">www.ibx.com/directship</a>
<b>Medical Policy</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.navinet.net">www.navinet.net</a>
<b>Provider Supply Line</b>	1-800-858-4728 <a href="http://www.ibx.com/providersupplyline">www.ibx.com/providersupplyline</a>

\* Outside 215 area code



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