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This just in...

The Provider Satisfaction Survey is in the mail



We are currently conducting our annual Provider Satisfaction Survey. This survey takes approximately five minutes to complete and is your opportunity to tell us about your experiences with us over the past year with regard to:

- claims processing
- reimbursement
- communications
- provider relations and network services
- prior authorization
- technology
- the physician peer-to-peer process

We look forward to learning about your experiences with us and hope you will complete our survey. Your response helps us to evaluate our performance and improve the way we do business with you.

Surveys were mailed to select participating physicians and office staff the week of July 25. Please note that the survey collection period will end the first week of September 2011.

If you have questions regarding the survey, contact your Network Coordinator.

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

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



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

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



Professional



Facility



Ancillary

STEP OUT | WALK TO STOP DIABETESSM

American Diabetes Association.

PRESENTED BY



Get involved this year and help us stop diabetes

We don't simply want to *fight* diabetes. We want to *stop* diabetes.

With more than 25.8 million people living with the disease, and another 79 million at risk, your job as a health care professional grows more important every day. You play a significant role in the lives of your patients who have diabetes, and it's only natural that you might want to do more.

Get involved in this year's **Step Out[®]: Walk to Stop DiabetesSM**, the fourth annual family-friendly 5K fundraising walk of the American Diabetes Association (ADA). IBC is proud to once again be the presenting sponsor of the walk on Saturday, October 1, 2011. Participation shows your patients how much you care, promotes diabetes awareness and the benefits of living a healthy, active lifestyle, and helps provide needed funding for the ADA.

Walk with Your Doc

Walk with Your Doc is a program that encourages health care providers and their office staff to create a walking team for Step Out and to recruit their patients to join the team. Get started today — create a team by following these simple steps:

1. Go online to www.diabetes.org/stepoutphilly to register your team.
2. Name your team. The name should begin with "Walk with Your Doc" (e.g., *Walk with Your Doc – Diabetes and Endocrinology Associates*).
3. Once your team is registered, you can begin recruiting patients and staff to your team. This is when the fundraising begins! Materials are available on the website listed above.

Not just for doctors

Walk with Your Doc isn't just for doctors. We want to encourage all concerned members of the health care community to form teams — nurses, physician assistants, diabetes educators, and support staff too. Everyone should join in the fight to stop diabetes.

All funds raised through Step Out are used to support the ADA's ongoing research, education, and advocacy efforts. This includes the ADA's investment of \$300 million dollars in diabetes research aimed at preventing and curing diabetes and helping people with diabetes live longer and healthier lives. In addition, the ADA offers education and other informative materials such as annual scientific sessions, medical care guidelines and recommendations, diabetes patient education program accreditation, and a Provider Recognition Program. Find out more at www.diabetes.org.

We'll see you there!

So gather up your colleagues, patients, family, and friends; grab your walking shoes; and head for the Philadelphia Museum of Art on October 1. By raising awareness of diabetes and helping to raise diabetes research funds, together we can strive towards eliminating diabetes. Don't forget to register at www.diabetes.org/stepoutphilly or by calling 1-888-DIABETES.



IBC to introduce new Medicare Advantage HMO product

IBC is planning to introduce a new Medicare Advantage HMO product (“New Medicare Product”) beginning January 1, 2012, that will have a smaller, limited network of providers (the “Medicare Limited Network”). The New Medicare Product, which is pending approval from the Centers for Medicare & Medicaid Services, was developed in response to our members’ requests for more affordable product options.

One of the distinguishing characteristics of the New Medicare Product will be the size and scope of its provider network. This will allow IBC to offer a value-based alternative to our standard, large network product offerings. The Medicare Limited Network will *not include* all hospitals participating in our current Medicare Advantage HMO network. Instead, the Medicare Limited 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. To the right is a list of the hospitals that are participating in the Medicare Limited Network. Please note that if a participating IBC hospital does not appear on this list, it means the hospital is *not* participating in the Medicare Limited Network, and members who purchase the New Medicare Product should not be referred to these hospitals for non-emergency services. This hospital list is subject to change. Please visit www.ibx.com/providers/mln for any updates or changes to this hospital list.

In July, providers who are currently participating in our Medicare Advantage HMO network received letters notifying them of the New Medicare Product and whether they are eligible to participate in the Medicare Limited Network. For a list of the eligibility requirements for the Medicare Limited Network, please visit www.ibx.com/providers/mln.

If you have any questions, please contact your Network Coordinator. If you need assistance identifying your Network Coordinator, please use the locator tool found on the NaviNet® web portal or on www.ibx.com/providers under *Contact Information*. You may also call Customer Service at 1-800-ASK-BLUE.

Note: For mental health/substance abuse services, please contact Magellan Behavioral Health, Inc. at 1-800-688-1911 for the Behavioral Health Network.

Medicare Limited 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 |
| Fox Chase Cancer Center | Philadelphia |
| Good Shephard Penn Partners | 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 |
| Kindred Hospital | Delaware |
| Kindred Hospital | Philadelphia |
| Kindred Hospital: Havertown | Delaware |
| Lansdale Hospital | Montgomery |
| LifeCare Hospital of Chester County | Chester |
| Lower Bucks Hospital | Bucks |
| 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 |

*This list is current as of July 25, 2011, but is subject to change. Please visit www.ibx.com/providers/mln for any updates or changes to this list.

Reminder: Understanding the QIPS Professional & Outpatient Cost Management Report webinar coming in September

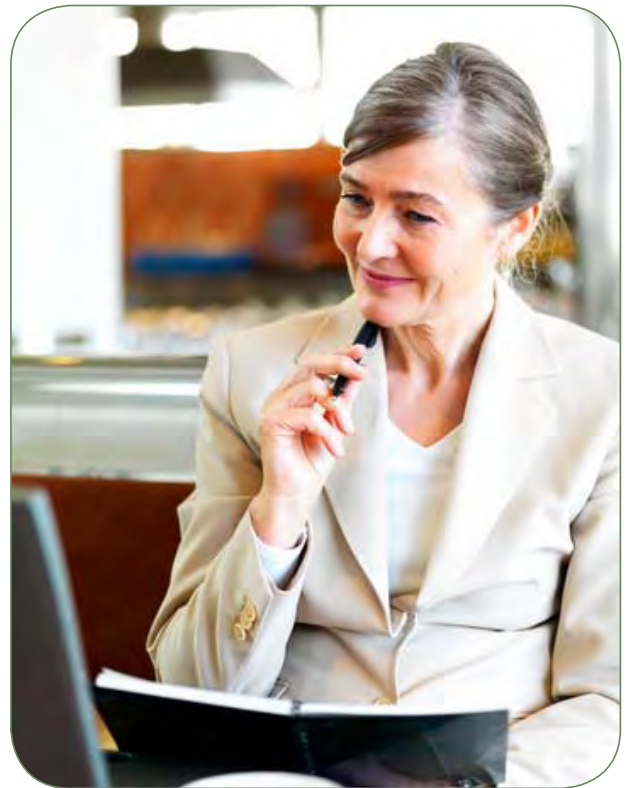
IBC will present a new webinar on September 14, 2011, from 12:30 to 1:30 p.m., about its Quality Incentive Payment System (QIPS) program with a special focus on the Professional & Outpatient Cost Management report. The webinar will include a detailed review of how to interpret the data provided as well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

To register for the webinar, please send an email to Dayna.Bersh@ibx.com that includes the following information:

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

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

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



Provider self-service requirements effective September 15, 2011

In our continuing efforts to provide the most current and reliable information to our network providers, **effective September 15, 2011**, we will enforce our policy that requires providers to use the NaviNet® web portal or the Provider Automated System when requesting member eligibility. In addition, providers will be directed to use NaviNet or call the Provider Automated System when checking 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

New user guides to assist you in using these transactions in NaviNet were recently posted in the *Administrative Tools & Resources* section of IBC Plan Central.

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

Providers 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.



Procedures for billing multiple services

IBC requires that professional claims be billed on *one* CMS-1500 claim form or electronic 837P transaction as it relates to two or more services performed for the same patient, by the same performing provider, and on the same date of service. The only exception would be when we specifically require services to be billed on separate claims based on an IBC policy (i.e., assistant or co-surgery claims).

Claims submitted otherwise are considered split-billed claims when there is no policy that requires billing on separate claims. More specifically, claims are considered split billed when more than one claim is submitted for payment for two or more services performed for the same patient, by the same performing provider, and on the same date of service and there is *no* policy to support split billing. Some examples of split billing include:

- two or more procedures and/or services performed by the same performing provider, on the same date of service, on the same patient, submitted on more than one claim form;
- services considered included in the primary services and procedures as part of the expected services for the codes billed on separate claim forms.

Providers must bill for all services performed on the same day for the same patient on a single claim form. Failure to do so prohibits the application of all necessary edits and/or adjudication logic when processing the claim. As a result, claims may be under or overpaid.

Based on recent routine reviews of paid claims data, IBC has identified numerous instances of split-billed claims. Please note that IBC will adjust and reprocess split-billed claims received prior to October 1, 2011, consistent with the terms of its provider agreements, including without limitation its *Provider Manual for Participating Professional Providers* and *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers*.

For claims received on or after **October 1, 2011**, if more than *one* CMS-1500 claim form or electronic 837P transaction is received for services performed on the same patient, by the same performing provider, and on the same date of service as a previously submitted claim, and there is no policy to support split billing, we will adjust all individually submitted claims to deny. Providers will be required to submit the split-billed services as a *single, new* claim for payment consideration.

To the extent that service(s) for which there is no policy to support split billing is inadvertently omitted from a previously submitted claim, the previous claim should be corrected. To submit a corrected claim, please use the *Claim INFO Adjustment Submission* transaction on the NaviNet® web portal. Providers who are not NaviNet-enabled should use the Provider Automated System by calling 1-800-ASK-BLUE. Please do not submit a separate claim for the omitted services, as that will create a split-billed claim and all individually submitted claims will be adjusted to deny.

If you have any questions regarding these billing procedures, please contact your Network Coordinator.

HIPAA 5010



HIPAA 5010 Companion Guides now available

HIPAA 5010 Transaction Companion Guides were recently posted on www.ibx.com/ediforms. Both 4010 and 5010 guides are available.

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

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

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

Policy notifications posted as of July 20, 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 July 20, 2011.

| Policy effective date | Notification title | Notification issue date |
|-----------------------|--|-------------------------|
| July 22, 2011 | 08.00.99 Belimumab (Benlysta®) | June 22, 2011 |
| July 22, 2011 | 05.00.55g Wheelchair Cushions and Seating | June 22, 2011 |
| July 27, 2011 | 05.00.70 Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures | April 28, 2011 |
| July 27, 2011 | 05.00.15k Nebulizers | June 27, 2011 |
| August 5, 2011 | 08.01.01 Ipilimumab (Yervoy®) | July 6, 2011 |
| August 5, 2011 | 11.14.10i Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty | July 6, 2011 |
| August 19, 2011 | 08.00.92b Coagulation Factors for Hemophilia | July 20, 2011 |
| August 19, 2011 | 07.00.03i Full-Body Monoplace or Multiplace Chamber Hyperbaric Oxygen Therapy | July 20, 2011 |
| August 19, 2011 | 08.01.00 Hydroxyprogesterone Caproate Injection as a Technique to Reduce the Risk of Preterm Birth in High-Risk Pregnancies | July 20, 2011 |
| August 19, 2011 | 11.15.23 Transforaminal Epidural Nerve Block Injections | July 20, 2011 |
| August 24, 2011 | 09.00.36f First-Trimester Prenatal Screening for Fetal Aneuploidy | May 26, 2011 |
| August 31, 2011 | 11.01.06 Bone-Anchored (Osseointegrated) Hearing Aids, Implantable Bone-Conduction Hearing Aids, and Semi-Implantable Hearing Aids | June 1, 2011 |
| September 1, 2011 | 00.01.52 Always Bundled Procedure Codes | June 3, 2011 |
| September 1, 2011 | 11.05.02f Blepharoplasty, Repair of Blepharoptosis, Repair of Brow Ptosis, and Canthoplasty/Canthopexy | June 3, 2011 |
| September 1, 2011 | 10.02.02e Chiropractic Spinal and Extraspinal Manipulation Therapy | June 1, 2011 |
| September 1, 2011 | 10.03.01b Physical Medicine and Rehabilitation Services | June 1, 2011 |
| September 1, 2011 | 11.02.01h Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence | June 8, 2011 |
| October 1, 2011 | 00.03.07 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 | 11.08.20h Wound Care: Bioengineered Skin Substitutes | July 1, 2011 |
| October 4, 2011 | 08.00.44i Zoledronic Acid (Zometa®, Reclast®) | July 6, 2011 |
| October 5, 2011 | 11.08.06f Abdominoplasty and/or Panniculectomy | July 7, 2011 |

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

Updated procedures for requesting precertification for pain management, DME, and home health providers

Effective September 1, 2011, the following procedures will apply when requesting precertification through the NaviNet® web portal or the Provider Automated System through **1-800-ASK-BLUE**:

- **Pain management providers.** For precertification requests for pain management procedures (i.e., paravertebral facet joint, transforaminal epidural, and epidural injections), new clinical questions will be added to evaluate medical necessity based on medical policy.
- **Durable medical equipment (DME) providers.** For precertification requests for CPAP and BiPAP machines, new clinical questions will be added to evaluate medical necessity based on medical policy.
- **Home health providers.** We will begin reviewing all precertification requests for occupational and physical therapy services in the home beyond the initial 60 days by applying InterQual® criteria. In addition, we will begin reviewing precertified speech therapy services in the home beyond 60 days based on medical necessity.

We strongly advise reviewing applicable medical policies in advance of requesting precertification so you are prepared to provide the necessary information. Medical policies are available on our website at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online*, and type the name or number of a policy into the Search box.

If you have any questions about these updated procedures, call **1-800-ASK-BLUE**.

Reminder: Changes to precertification requirements effective September 1

As previously communicated, we will implement important changes to the list of services and drugs that require precertification effective for dates of service on or after September 1, 2011. Please refer to the article in the June edition of *Partners in Health Update* for a complete list of changes to precertification requirements.

As we proceed through this transition, it is very important for providers to use NaviNet or the most current precertification requirements lists to verify member-specific requirements. The updated lists are available online at www.ibx.com/providers/preapproval.

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.

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

Annual Synagis® (palivizumab) distribution program

We are pleased to announce that IBC will coordinate with our Pharmacy Services department to facilitate Synagis® (palivizumab) for the 2011-2012 respiratory syncytial virus (RSV) season, which is November through April in the United States. RSV is the most common cause of bronchiolitis and pneumonia among children younger than one year of age. During the RSV season, we will approve the monthly administration of Synagis® (palivizumab) for at-risk children younger than two years of age.

It is mandatory for all participating providers to obtain Synagis® (palivizumab) through ACRO Pharmaceutical Services, an independent company. IBC will coordinate with ACRO Pharmaceutical Services to facilitate delivery of Synagis® (palivizumab) to your office.

If you have questions about the Synagis® (palivizumab) distribution program, please contact Customer Service at **1-800-ASK-BLUE**. Look for more information regarding the shipment and facilitation of Synagis® (palivizumab) in next month's edition of *Partners in Health Update*.

Note: MedImmune, LLC, the makers of Synagis® (palivizumab), has a voluntary program called RSV Connection™. However, IBC does not participate in this program. All requests for Synagis® (palivizumab) should be sent directly to ACRO Pharmaceutical Services.

This is not a statement of benefits. Benefits may vary according to state requirements, product line (HMO, PPO, etc.), and/or employer groups. Member coverage can be verified by calling Customer Service at 1-800-ASK-BLUE.

New user guides now available on NaviNet

New user guides were recently posted on the NaviNet web portal in the *Administrative Tools & Resources* section of IBC Plan Central. The user guides cover four frequently used NaviNet transactions:

- how to check the status of accepted claims;
- how to check the status of rejected claims;
- how to check member eligibility and benefits;
- how to reset your NaviNet password.

If your office has additional questions or requires training for NaviNet, please call the eBusiness Provider Hotline at 215-640-7410.



Reminder: The Clinical Care Report will be available this month

To promote better coordination of health care for our members and physicians, we will soon introduce the Clinical Care Report. Unless a member chooses to opt out, this tool will be accessible through the NaviNet web portal and offers participating physicians a snapshot view of care that their patients have received based on IBC-paid medical and prescription drug claims as explained below.

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

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

Information available in the Clinical Care Report

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

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

- lab tests with results (when available);
- diagnostic imaging in the past two years;
- immunizations in the past four years.

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

How to grant or remove access to the Clinical Care Report

Beginning August 22, 2011, only the designated Security Officer(s) in each provider office will have access to the Clinical Care Report, and he or she will be able to control user access through the *User Management* transaction on NaviNet.

Note: In order for providers to access the Clinical Care Report, a designated Security Officer must enable all or individual users, as needed.

For detailed instructions on how the designated Security Officer(s) in each provider office can grant or remove individual or group access to the Clinical Care Report, please refer to the article in the July edition of *Partners in Health Update*.

Responsibilities of a NaviNet Security Officer

As we continue to enhance the NaviNet web portal and expand upon the information available to our providers, the role of your designated Security Officer is more important than ever. The NaviNet Security Officer is responsible for controlling which individuals are allowed to access the portal on behalf of their office, facility, or department. He or she must be knowledgeable concerning statutory and regulatory requirements, including HIPAA and any state medical privacy mandates.

Specific responsibilities of a Security Officer include:

- adding or terminating an individual's access to the provider portal;
- managing the individual's access to specific functions offered within the portal;
- ensuring that information accessed through the provider portal is used only for legitimate business purposes;
- ensuring that every authorized user will have his or her own unique password;
- ensuring that these unique passwords are not shared with anyone;
- regenerating a user password, if the authorized individual forgets his or her password and challenge response answers and needs it to be regenerated;

- regenerating a user password, if an individual's username or password has been shared or compromised;
- maintaining tax IDs and provider IDs within NaviNet, if authorized by the provider office, facility, or department;
- setting the amount of time before the portal automatically logs off inactive sessions.

It is acceptable to have more than one NaviNet Security Officer per office, facility, or department. To identify your NaviNet Security Officer, select *NaviNet Central* and then *My Profile*.

Additional information regarding NaviNet Security Officers, including training documents and self-guided demonstrations on how to perform all Security Officer functions, can be found on NaviNet by selecting *Customer Support*.

If you have any questions regarding the NaviNet Security Officer services, please contact NaviNet Customer Care at 1-888-482-8057 or call our eBusiness Provider Hotline at 215-640-7410.

Summer 2011 edition of *Inside IPP* now available

The Summer 2011 edition of *Inside IPP*, an inter-plan programs publication, is now available and features the following articles:

- *Inside IPP turns three*
- *Billing for outpatient pharmacy/injectable claims*
- *Changes to invoices for certain implantable devices*
- *Updated payer ID grids available*
- *BlueExchange®: Enhancing the BlueCard business process*
- *Medical record requests and resolving BlueCard claims issues*
- *Distinguishing an outpatient stay from an inpatient visit for FEP members*

Go to www.ibx.com/insideipp to read this edition of *Inside IPP*. There you also will find a complete archive of past editions. Printed copies are available by submitting an online request at www.ibx.com/providerupplyline or by calling the Provider Supply Line at 1-800-858-4728.

Inside IPP is a newsletter intended to increase provider awareness of and satisfaction with the BlueCard Program. It introduces new initiatives related to BlueCard processing and highlights plans for improvement.



Major changes included in the August 2011 release of the SMART[®] Registry from the ConnectionsSM Program

Since May 2004, the SMART[®] Registry has been mailed to our providers twice a year to provide information on doctors' Connections-eligible patients with asthma, diabetes, heart failure, coronary heart disease, and chronic obstructive pulmonary disease. Along the way, changes have been made to make the SMART Registry more user-friendly and more secure, as well as to provide additional levels of details, such as lab values and dates of service for blood work.

Beginning with the August 2011 release, the SMART Registry will include reports created using the Healthcare Effectiveness Data and Information Set (HEDIS[®]). Previously, the reports used internally developed quality indicators. By changing to HEDIS, Connections will adopt a larger, more universally accepted and benchmarked program around clinical quality.

The SMART Registry will now only be sent to providers annually on password-protected CDs. For the 2011 SMART Registry release, password letters will be mailed to practices a few days before the CD is mailed. Practices may also look up their password on the NaviNet[®] web portal by selecting *Reference Material and Reports* from the Plan Transactions menu and then *SMART Registry Password*.

As a reminder, doctors can still request monthly reports from a Connections Provider Specialist (CPS). The Member Campaign Report is a tool physicians can use to identify patients included in the Connections Program's outreach campaigns.

This monthly report contains the following information:

- patient's name
- date of birth
- chronic conditions
- effective care measures for chronic conditions
- most recent dates of service for tests or exams
- medication lists, fill dates, and persistence rates

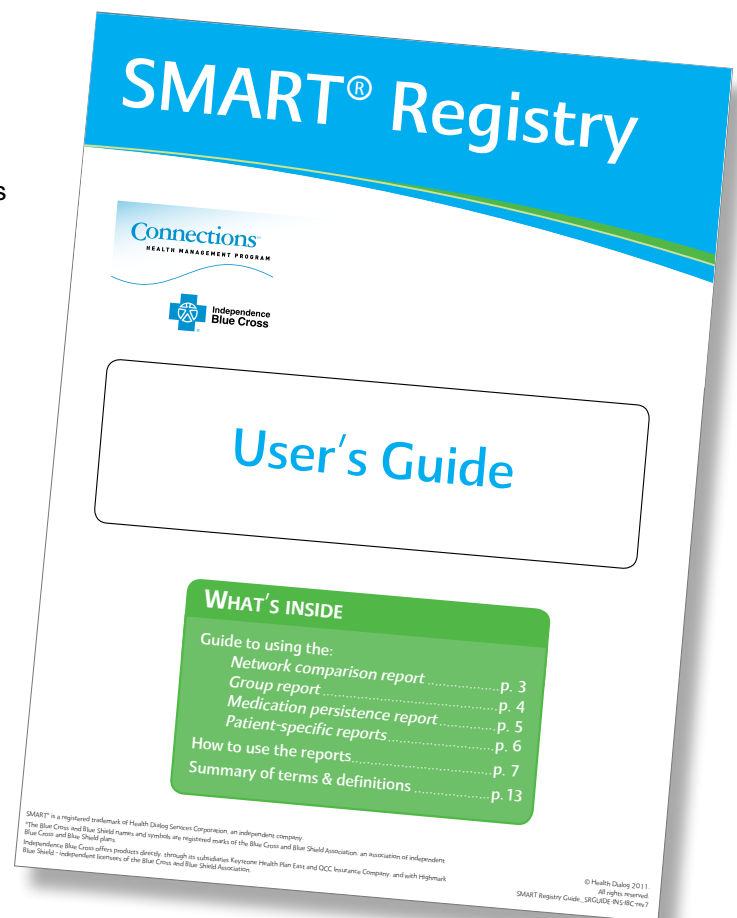
The Member Campaign Report allows you to sort and filter the report to find patients who may have a gap in care. For example, you can look for patients with diabetes who have not had their HbA1c test or for those with an HbA1c value greater than 7.

To speak with a CPS about the SMART Registry, call the Provider Support Line at 1-866-866-4694. A CPS can work with you and your office staff to sort the SMART Registry CD data to provide the most important information for you. CPSs can also help with making referrals to the ConnectionsSM Health Management Program.

You can also call the Provider Support Line at 1-866-866-4694 to request a Member Campaign Report.

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On the road with SilverSneakers®



If your Medicare Advantage HMO and PPO patients are planning a trip, encourage them to pack their SilverSneakers membership with them. Thanks to national

reciprocity, your patients can take advantage of their membership in the Healthways SilverSneakers® Fitness Program while they travel, so they can maintain their regular physical activity routine while away from home.

SilverSneakers is the leading social support and fitness program in the nation for Medicare Advantage HMO and PPO members and is designed to keep them active and healthy no matter where they are. Once enrolled in the program at a participating site, members have access to more than 11,000 SilverSneakers locations nationwide. Many sites offer fitness equipment, including treadmills, free weights, aquatic amenities, and the program's signature group exercise classes. The program is available at no additional cost to our Medicare Advantage HMO and PPO members. Your eligible patients simply need to present their health plan ID card and SilverSneakers ID card at any location they visit.

Remind your Medicare Advantage HMO and PPO patients of the health benefits associated with maintaining their physical activity routine while on vacation, such as managing chronic conditions, maintaining their balance, strength, and flexibility, and keeping their overall health in check. While on vacation, your patients will still have access to SilverSneakers and the program's innovative mix of physical activity, lifestyle direction, and social opportunities.

Note: SilverSneakers is offered to Keystone 65 Preferred HMO and Personal Choice 65SM PPO members. To enroll in the program, members can simply bring their health plan ID card to any participating SilverSneakers location. For a complete list of locations, members can visit the SilverSneakers website at www.silversneakers.com or call 1-888-423-4632.

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

SilverSneakers is a registered mark of Healthways, Inc., an independent company.



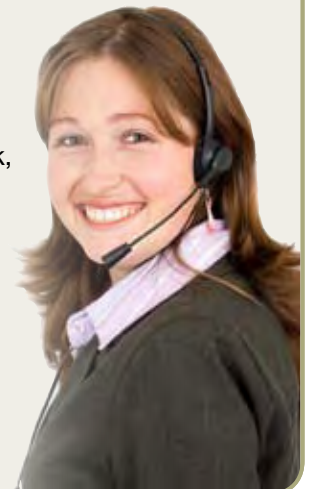
ConnectionsSM Health Management Program: Supporting your patients, our members

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

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

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

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



IMPORTANT RESOURCES

| | |
|---|--|
| Anti-Fraud and Corporate Compliance Hotline | 1-866-282-2707 www.ibx.com/antifraud |
| Care Management and Coordination Case Management | 215-567-3570 1-800-313-8628* |
| Baby BluePrints® | 215-241-2198 1-800-598-BABY (2229)* |
| ConnectionsSM Health Management Programs | |
| Connections SM Health Management Program Provider Support Line | 1-866-866-4694 |
| Connections SM Complex Care Management Program | 1-800-313-8628 |
| Credentialing Credentialing Violation Hotline | 215-988-1413 www.ibx.com/credentials |
| Customer Service/Provider Services | |
| <ul style="list-style-type: none"> • Provider Automated System (eligibility/claims status/referrals) • Connections Health Management Programs • Precertification/maternity requests <ul style="list-style-type: none"> – Imaging services (CT, MRI/MRA, PET, and nuclear cardiology) – Authorizations | 1-800-ASK-BLUE (275-2583) |
| Provider Services user guide | www.ibx.com/providerautomatedsystem |
| eBusiness Help Desk | 215-241-2305 |
| FutureScripts® (pharmacy benefits) | |
| Prescription drug authorization | 1-888-678-7012 |
| Toll-free fax | 1-888-671-5285 |
| Direct Ship Specialty Pharmacy Program | 1-888-678-7012 |
| Fax | 215-761-9165 |
| Mail order program toll-free fax | 1-877-228-6162 |
| Blood Glucose Meter Hotline | 1-888-678-7012 |
| Pharmacy website (formulary updates, prior authorization) | www.ibx.com/rx |
| FutureScripts® Secure (Medicare Part D) | 1-888-678-7015 |
| Formulary updates | www.ibxmedicare.com |
| Mail order program toll-free fax | 1-877-344-1318 |
| IBC Direct Ship Injectables Program (medical benefits) | www.ibx.com/directship |
| Medical Policy | www.ibx.com/medpolicy |
| NaviNet® portal registration | www.navinet.net |
| Provider Supply Line | 1-800-858-4728 www.ibx.com/providersupplyline |

* Outside 215 area code



Visit our website:
www.ibx.com/providercommunications