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## Reminders....

### Provider Supply Line: For office supplies and resources



To replenish office supplies such as provider manuals and directories and maternity questionnaires, please call the toll-free Provider Supply Line at **1-800-858-4728**. For prompt processing, please make sure to have your NPI ready, along with your current office name and address. If you are unsure of your NPI, contact your Network Coordinator.

Calls to the Provider Supply Line should be related to supply requests only. All other provider inquiries should be directed to Customer Service at **1-800-ASK-BLUE**. Supply orders will *not* be taken through Customer Service.

#### Coming soon: Order your supplies online

We are in the process of creating an electronic request form to order supplies for your office. Stay tuned to *Partners in Health Update* for details.

### Updated payer ID grids now available



The professional and facility payer ID grids were recently updated with a new prefix that was added for National BlueCard® PPO products. 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).

*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.

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

Magellan Behavioral Health, Inc. is an independent company contracted by IBC to manage and provide a provider network for behavioral health (mental health/substance abuse) benefits for the majority of benefits plans offered and administered by IBC.



Keystone Health Plan East, Personal Choice®, 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:

- Professional**
- Facility**
- Ancillary**

## Enhanced Personal Health Record allows members to track claims and lab data online

As health care reform puts the spotlight on the relationship between health care costs and healthy living, it is more important than ever that we provide access to information that helps our members. Last fall we announced the redesign of our consumer website, [ibxpress.com](http://ibxpress.com). Enhancements to the site included several tools that give our members the ability to:

- learn about symptoms of certain conditions with the popular WebMD® Symptom Checker;
- obtain quality information about network providers;
- track their prescription drugs.

This summer we've enhanced an important feature on [ibxpress.com](http://ibxpress.com) — the Personal Health Record. With this tool, members can view and track medical visits, prescriptions, and lab tests\* from data that comes from claims or encounters sent to IBC. Lab tests that are available to members include the following:

- total serum cholesterol
- LDL and HDL
- triglycerides
- hemoglobin A1C
- Pap test

Each member's Personal Health Record is initially populated with up to the previous four years of claims data submitted by his or her provider. Any new claims data is then uploaded by WebMD as claims are submitted to IBC.

We hope that you will encourage your IBC patients to take advantage of the Personal Health Record and print a copy to bring to their appointments with your practice. It may show a more comprehensive medical history as well as list the medications they are currently taking.

Our members can register for [ibxpress.com](http://ibxpress.com) using information from their ID card. If members are already registered, their login and password will not change.

A list of frequently asked questions about the Personal Health Record is available on our website at [www.ibx.com/providers/resources/consumer\\_website.html](http://www.ibx.com/providers/resources/consumer_website.html) and on the NaviNet® web portal in the Administrative Tools & Resources section.

*Note: The Personal Health Record is not a complete medical record and does not include all services, tests, products, or medical advice that a member has received, or constitute the official record of such services, test, products, or medical advice. Nothing contained in the Personal Health Record is intended to be medical advice or instructional for medical diagnosis or to suggest or recommend a course of treatment or intended to replace personal consultation with a quality health care professional.*

*WebMD is an independent company offering online health information and wellness education to IBC members.*

*\*Labs that perform tests consider the report they send to the ordering doctor to be the only "official" results. The lab tests viewed through [ibxpress.com](http://ibxpress.com) come from select data sent to IBC from certain major labs and are thus "unofficial." The report that we recommend our members to use for treatment decisions is the official version contained in their medical record.*





## Reminder: Timely submission of Medicare Advantage HMO and PPO members' medical records

As part of the federally mandated Medicare Advantage Appeals and Grievances process, IBC is required to obtain a member's medical record in order to make a determination of coverage. Should we uphold our determination, we are required to forward the member's appeal file, which includes medical records, to an independent review entity (IRE). An IRE is contracted with the Centers for Medicare & Medicaid Services (CMS) to perform second-level independent reviews of Medicare Advantage HMO and PPO members' appeals. Medical records must be submitted to us in a timely manner. Receiving timely medical records enables us to submit them to an IRE and ensure compliance with mandated appeal deadlines.

CMS also requires that both IBC and an IRE make their determinations within 72 hours for an expedited appeal and within 30 calendar days for a standard appeal. If a member requests an expedited review, we will immediately send a request to the provider for medical records. We must receive the records within 24 hours for an expedited appeal and within ten calendar days for a standard appeal. If an appeal is sent to an IRE, the IRE may request additional records, which are required to be sent under the same time frames.

Upon our request, and in accordance with your Agreement, you must provide copies of a Medicare Advantage HMO or PPO member's medical records to us as requested.

Other reasons that we may require the timely submission of medical records include:

- facilitating the delivery of appropriate health care services to Medicare Advantage HMO and PPO members;
- assisting with utilization review decisions, including those related to disease management programs, quality management, grievances (as discussed above), claims adjudication, and other administrative programs;
- complying with applicable state and federal laws and accrediting body (e.g., National Committee for Quality Assurance) requirements;
- facilitating the sharing of such records among health care providers directly involved with the member's care.

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

## BILLING

## Options for submitting claims overpayment requests

If you identify an erroneous overpayment when reviewing your Statement of Remittance (SOR) and reconciling it against a patient account, please do one of the following:

- If you are a NaviNet-enabled provider, select *Claim Inquiry and Maintenance* from the Plan Transactions menu and then *Claim INFO Adjustment Submission* to request a claim retraction through the claims adjudication process. Through this preferred and expedited process, credits and/or retractions will automatically appear on a future SOR.
- If you do not have access to the NaviNet® web portal, call Customer Service at 1-800-ASK-BLUE. You can also complete an *Overpayment/Refund Form* and return it to the address listed on the form. Please include a copy of the SOR and overpayment with your submission so we can quickly identify it and accurately credit your account. You can find the form on our website [www.ibx.com/providerforms](http://www.ibx.com/providerforms).

Occasionally we identify erroneous overpayments, in which case you will receive instructions either in a letter highlighting the specific overpayment or listed on your A/R statement. Please follow the specific instructions noted in the letter and/or statement.

### Sign up for NaviNet

To register for NaviNet, go to [www.navinet.net](http://www.navinet.net) and select *Sign up* from the top right. You may also obtain access to NaviNet by calling the eBusiness Provider Hotline at 215-640-7410 and leaving a detailed message. A member of the eBusiness staff will contact you.

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

## New credentialing procedure went into effect January 1, 2010

As of January 1, 2010, IBC mandated the use of the Council for Affordable Quality Healthcare (CAQH) electronic credentialing application for new providers. The mandate was initially announced in the October 2009 edition of *Partners in Health Update*, with reminders in the November 2009, December 2009, and January 2010 editions. The CAQH electronic credentialing application is free to providers and available on the CAQH website at <https://upd.caqh.org/oas>. Only those providers without Internet access are exempt from using the electronic CAQH application.

Providers interested in participating in our network should call the Network Credentialing Support Services Hotline at 215-241-4120. A credentialing packet that includes a contract and a Billing Registration Form will then be sent to the provider. These forms must be signed and returned to IBC. It is the provider's responsibility to notify IBC upon completion of the CAQH form. Any provider who does not have Internet access may request a Pennsylvania standard credentialing application, which will be included as part of the credentialing packet.

The credentialing process will not continue unless all necessary documents are received. For more information regarding our credentialing process, please call Customer Service at 1-800-ASK-BLUE.

*Note: This information does not apply to providers contracted with Magellan Behavioral Health, Inc. Magellan-contracted providers with any questions should contact their Magellan Network Coordinator at 1-800-866-4108.*

## PRODUCTS

## Reminder about MedigapSecurity, our new Medicare Supplement product

As of June 1, 2010, MedigapSecurity is our new Medicare Supplement product for group and individual plans. IBC no longer offers Security 65®.

MedigapSecurity has all the benefits of Security 65, plus additional coverage for Part A hospice services in accordance with the Medicare Improvements for Patients and Providers Act. This new hospice coverage 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.

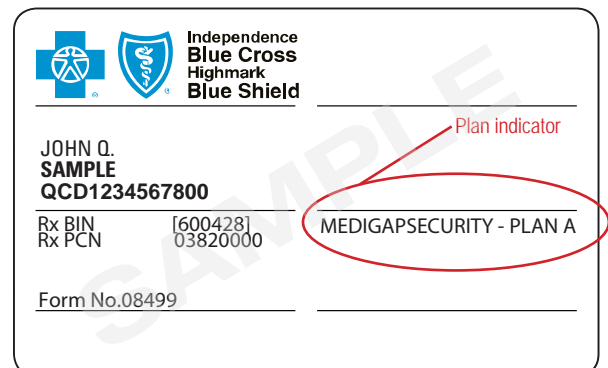
Individuals can enroll in plans A, B, C, F, and N, and employer and union groups can enroll their members in plans A, B, and C.

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

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.

*Note:* Members who were enrolled in Security 65 before June 1 have the option of remaining in the plan with no benefits changes.



## Preauthorization submission requirements through NaviNet start October 1

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. **Effective October 1, 2010**, all NaviNet-enabled provider sites will be required to submit their initial authorization requests through NaviNet.

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: This information does not apply to providers contracted with Magellan Behavioral Health, Inc. Magellan-contracted providers should contact their Magellan Network Coordinator at 1-800-866-4108 for authorizations.*

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

## Policy notifications posted as of July 19, 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 July 19, 2010.

Policy effective date	Notification title	Notification issue date
July 21, 2010; Retroactive to January 1, 2010	<b>03.00.05g</b> Modifier 50: Bilateral Procedure	June 18, 2010
July 21, 2010	<b>11.00.03f</b> Fetal Surgery	June 21, 2010
July 23, 2010	<b>11.02.10f</b> Endovascular Grafts for Abdominal Aortic Aneurysms (AAA), Aortic-Iliac Aneurysms, and Infraarenal Aortic Aneurysms	June 23, 2010
July 23, 2010	<b>08.00.22i</b> Immune Prophylaxis for Respiratory Syncytial Virus (RSV)	June 23, 2010
July 23, 2010	<b>11.00.14b</b> Treatment of Twin-Twin Transfusion Syndrome (TTTS)	June 23, 2010
July 23, 2010	<b>07.07.02d</b> Ultraviolet Light Therapy for the Treatment of Dermatological Conditions	June 23, 2010
August 6, 2010	<b>05.00.29e</b> Automatic External and Wearable Cardioverter Defibrillators	July 7, 2010
August 6, 2010	<b>08.00.73c</b> Bortezomib (Velcade®)	July 7, 2010
August 6, 2010	<b>07.00.03g</b> Full-Body Monoplace or Multiplace Chamber Hyperbaric Oxygen Therapy	July 7, 2010
August 6, 2010	<b>05.00.38b</b> Negative Pressure Wound Therapy (NPWT) Pump	July 7, 2010
September 8, 2010	<b>11.08.04f</b> Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)	June 10, 2010
September 22, 2010	<b>11.02.01g</b> Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence	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.

## PSA testing to detect prostate cancer: A patient's decision

Last March, the *New England Journal of Medicine* published two much-awaited randomized trials examining the mortality effects of prostate cancer screening using prostate-specific antigen (PSA) testing. These studies, clinicians hoped, would clear up the controversy surrounding the utility of PSA testing in primary practice. Now, more than a year later, the controversy continues. But professional societies do seem to agree on one thing: The decision to use PSA testing must involve the patient and be informed by his values and preferences.

### Why the controversy?

Prostate cancer is the most common (non-dermatologic) cancer in American men,<sup>1</sup> but it is generally slow-growing and only about three percent of those affected will die of the cancer.<sup>2</sup> Still, prostate cancer is the second leading cause of cancer death in men in the U.S.<sup>3</sup>; therefore, clinicians need a screening test that can help reduce prostate cancer mortality.

Although simple PSA screenings can help detect prostate cancer, the test cannot distinguish between so-called indolent cancers, which will never threaten the lives of their hosts (or even cause symptoms), and more aggressive, potentially fatal cancers.

For years, proponents of PSA testing have argued that the test, though imperfect, could reduce prostate cancer mortality, but the research has been inconclusive. Unfortunately the *New England Journal of Medicine* studies were also inconclusive.

### Research findings

The first study, which used data from the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial, found no evidence of a mortality benefit of PSA testing.<sup>4</sup> The second study, which used data from the European Randomized Study of Screening for Prostate Cancer, found that PSA testing reduced the rate of prostate cancer death by 20 percent.<sup>5</sup>

Which study is “right” is tough to say because both had limitations. But even if you believe the European study — the larger and longer-lasting of the two — there is still good reason to be cautious of PSA testing. According to that study, 48 men would need to be treated for prostate cancer to avert a single death caused by the disease. In other words, the other 47 men would undergo surgery and/or radiation and risk of resultant sexual dysfunction and urinary incontinence without definite mortality benefit.

### How you can help

So what are you, the physician on the front line, to do with this information? Ask your patients what they want to do. At least that is the advice of the American Cancer Society and the American Urological Association.<sup>6,7,8</sup> These two organizations urge clinicians to inform their patients about all the possible benefits and risks of PSA testing — and the attendant treatment of discovered cancers — and then help them decide whether screening is right for them.

### How IBC can help

If the task of explaining the research surrounding PSA testing to all of your male patients sounds daunting, remember that the Connections<sup>SM</sup> Health Management Program has made it easier for you to have those conversations with your patients.

Connections offers your patients access to Health Coaches who are trained in helping patients understand the risks and benefits of prostate cancer screening. Health Coaches can send your patients a Shared Decision-Making<sup>®</sup> video and booklet program titled *Is a PSA Test Right for You?* Shared Decision-Making<sup>®</sup> video and booklet programs are educational tools designed to give IBC patients the information they need to make an informed choice about screening or treatment options. The programs are based on medical evidence researched and evaluated by the Foundation for Informed Medical Decision Making, a nonprofit organization dedicated to improving the quality of medical decisions. They are regularly reviewed and updated to ensure that they contain the most current and accurate information.

To learn more about the health coaching services available to your IBC patients, call a Connections Program Specialist at 1-866-866-4694. Your patients can call 1-800-ASK-BLUE to speak with a Health Coach at any time of the day or night about PSA testing or any other health issue.

*Shared Decision-Making<sup>®</sup> is a registered trademark of the Foundation for Informed Decision Making. Used with permission.*

<sup>1</sup>[www.cancer.org/acs/groups/content/@nho/documents/document/500809webpdf.pdf](http://www.cancer.org/acs/groups/content/@nho/documents/document/500809webpdf.pdf) (see page 10)

<sup>2</sup>[UpToDate Review \(www.uptodate.com\)](http://www.uptodate.com)

<sup>3</sup>[www.cancer.org/acs/groups/content/@nho/documents/document/500809webpdf.pdf](http://www.cancer.org/acs/groups/content/@nho/documents/document/500809webpdf.pdf) (see page 10)

<sup>4</sup><http://content.nejm.org/cgi/content/abstract/360/13/1310>

<sup>5</sup><http://content.nejm.org/cgi/content/full/360/13/1320>

<sup>6</sup><http://caonline.amcancersoc.org/cgi/content/abstract/60/2/70?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=acs+guidelines+psa&searchid=1FIRSTINDEX=0&resourcetype=HWCIT>

<sup>7</sup>[www.jurology.com/article/S0022-5347\(09\)01955-7/abstract](http://www.jurology.com/article/S0022-5347(09)01955-7/abstract)

<sup>8</sup>[www.auanet.org/content/media/psa09.pdf?CFID=1623709&CFTOKEN=43569230&jsessionid=84305523f23a19fd97ab6e261913113c584d](http://www.auanet.org/content/media/psa09.pdf?CFID=1623709&CFTOKEN=43569230&jsessionid=84305523f23a19fd97ab6e261913113c584d)



## Promoting self-care for patients with heart failure

The American Heart Association (AHA) published an article in 2009 advocating the promotion of self-care for patients with heart failure. Annually, there are millions of hospitalizations and ambulatory care and emergency department visits, and the AHA suggests that some of that health care utilization is “preventable if patients engaged in consistent self-care.”<sup>1</sup>

“Self-care” refers to the decision-making process that patients use in symptom monitoring and treatment adherence in their everyday lives. It does not replace physician-directed care but rather complements it. Our Healthy Lifestyles<sup>SM</sup> and Connections<sup>SM</sup> Health Management Programs may also help support self-care.

For patients with heart failure, self-care involves consistently engaging in these behaviors:

- **Take medication.** Patients must obtain initial and refill prescriptions and take their medications on time. Some reasons cited for nonadherence include depression, cost, confusing or conflicting instructions, and side effects. Many patients may also take nonprescription medications (e.g., for arthritis, weight loss, anxiety) that could interact with their prescribed treatment for heart failure. Routinely asking heart failure patients about their use of prescription medications ordered by other physicians and of alternative or complementary therapies is important. Encourage your patients to bring an up-to-date list of all prescription and over-the-counter medications they are taking to each visit.
- **Monitor symptoms.** Patients should understand what symptoms are important to look for and routinely monitor for changes in their health (e.g., increased edema, weight loss or gain). Equally as important, patients must also interpret and react to any changes early and appropriately.
- **Adhere to a diet.** A low-sodium diet is important, but the article cites that most patients with heart failure have difficulty following one. Eligible members are covered for six nutrition counseling visits each year.
- **Lose excess weight.** Weight loss should be recommended for patients who are morbidly obese (i.e., BMI > 40 kg/m<sup>2</sup>) and should be carefully monitored. Patients who are overweight but not morbidly obese should watch for loss of appetite, unexpected weight loss, and muscle wasting. Our Healthy Weight, Healthy You reimbursement program can help eligible members achieve and maintain their goal weight.
- **Exercise regularly.** Exercise can have potent effects on patients with heart failure, including improving oxygen delivery and blood flow and decreasing

chronic inflammation and depression. It is important to recognize the potential barriers your patients may have to exercising and develop a sustainable plan. Through our Fitness Program, eligible members can receive up to a \$150 reimbursement towards fitness center fees for going to the gym an average of 2 to 3 times per week within a 365-day program period. Cardiac rehab is also a covered benefit for eligible members.

- **Make lifestyle changes.** Patients should be aware of limitations for alcohol and fluid intake, manage stress and high blood pressure, quit smoking, and avoid exposure to secondhand smoke. Eligible members can be reimbursed up to \$200 toward the cost of an approved tobacco cessation program. Also engaging in preventive behaviors like hand washing, dental care, and immunizations (especially for influenza) may benefit patients with heart failure.

### Promoting self-care

Patients with heart failure may need to develop and hone their skills for adequate self-care. Keep in mind they may also need to be educated on the benefits of engaging in self-care and instructed specifically on what to do. Support from family, friends, and health care providers, as well as disease management and care coordination, can also promote self-care to heart failure patients.

### Health Coaches can help

If your IBC patients need additional information and support to manage heart failure, our Connections Health Coaches are available 24 hours a day, 7 days a week, to help members with heart failure, hypertension, diabetes, and other conditions. Health Coaches can work with your patients to develop an action plan to respond to worsening symptoms, assist patients with poor medication persistence, and provide information to help your patients make important lifestyle changes.

To refer a member to a Connections Health Coach, complete the referral form available at [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections) or call the Connections Provider Support Line at 1-866-866-4694. Members may also self-refer by calling 1-800-ASK-BLUE.

For members with more complex medical issues, you may refer them to Case Management at 1-800-313-8628.

*Note: The Healthy Lifestyles and Connections Health Management Programs are available to most members. Members can call Customer Service at 1-800-ASK-BLUE to find out if they are eligible.*

<sup>1</sup>Riegel B, Moser DK, Anker SD, et al. State of the science: Promoting self-care in persons with heart failure: A scientific statement from the American Heart Association. *Circulation* 2009;120(12):1141-1163.

## 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.

## QUALITY MANAGEMENT



### IBC sponsors the NCQA Patient-Centered Medical Home<sup>TM</sup> program

**Effective January 1, 2011**, IBC's Quality Incentive Payment System (QIPS) program will reward offices that have been recognized by the National Committee for Quality Assurance (NCQA) for achieving the Physician Practice Connections<sup>®</sup> Patient-Centered Medical Home (PPC-PCMH) program standards of health care delivery. These standards, endorsed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association, require enhanced access and communication, patient tracking, care management, patient self-management support, electronic prescribing, test tracking, performance reporting and improvement, and advanced electronic communication.

We are pleased to announce that IBC is recognized by NCQA as a sponsor for PPC-PCMH. As a program sponsor, NCQA offers a 20 percent discount on the Full Survey price to primary care practices participating with IBC.

For detailed information on PPC-PCMH, visit the NCQA website at [www.ncqa.org/tabid/631/default.aspx](http://www.ncqa.org/tabid/631/default.aspx). Details on the QIPS program can be found in the *QIPS Program Manual*, which is available through the NaviNet<sup>®</sup> web portal.

*Note: This information does not apply to providers contracted with Magellan Behavioral Health, Inc. Magellan-contracted providers with any questions should contact their Magellan Network Coordinator at 1-800-866-4108.*

# 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
Credentialing Hotline	<a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
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



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