Partners in Health update℠

Working together for quality health care

February 2015

Independence

Inside this edition

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

P Professional F Facility A Ancillary

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

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

Contact information:

Provider Communications
Independence Blue Cross
1901 Market Street
27th Floor
Philadelphia, PA 19103

provider_communications@ibx.com

Keystone Health Plan East, Personal Choice®, Keystone 65 HMO, and Personal Choice 65SM PPO have an accreditation status of *Commendable* from NCQA.

ADMINISTRATIVE

P

Updated time frame for processing PCP changes

Effective February 6, 2015, Independence will change the processing time frame and criteria when members choose a new primary care physician (PCP).

Beginning in February, the PCP change process, for both commercial and Medicare Advantage members, will be as follows:

- When members request a PCP change, they will need to provide a reason for the change. The change will take effect 14 calendar days later **or** the 1st of the following month, whichever comes first.
- *Note:* The two exceptions to this timing are if 1) the change is due to *No Initial PCP Selection*, or 2) *Current PCP no Longer in Network*, in which case the change takes effect the 1st of the current month.

Members can change their PCP through our secure member website, *www.ibxpress.com*, by using the IBX App, or by calling Customer Service. Providers cannot make a change to a member's PCP on the member's behalf. ◆

BUSINESS TRANSFORMATION

P F A

Stay informed during our transition to a new platform

Independence has nearly completed the process of transitioning its membership to the new operating platform. Almost all commercial members have been migrated to the new platform, with this process being completed by March 2015. In addition, all Medicare Advantage HMO and PPO members were migrated to the new platform on January 1, 2015.

We are committed to working closely with our entire provider network as we complete this Business Transformation. We will continue to provide comprehensive communications and resources to support our members and provider network, both during and after the transition to the new platform. Visit our Business Transformation site at *www.ibx.com/pnc/businesstransformation* where you will find several resources, including a communication archive and frequently asked questions. If you still have questions after reviewing these resources, email us at *provider_communications@ibx.com*. ◆

PFA

ICD-10: Join us for the next *What's Up Wednesday* call

As a reminder, the U.S. Department of Health and Human Services has confirmed in a final rule that **October 1, 2015,** will be the compliance deadline for the implementation of ICD-10. The final rule requires the continued use of ICD-9 through September 30, 2015.

What's Up Wednesday

What's Up Wednesday is a monthly teleconference hosted by Pennsylvania's Blue Plans to help prepare health care professionals for the ICD-10 transition on October 1, 2015. *What's Up Wednesday* will feature special guest speakers and ICD-10 experts who will lead discussions to help you get ready for the compliance date. All providers, clearinghouses, information trading partners, and information networks are encouraged to participate.

How to participate

- No registration is required. Prior to the call, visit the *What's Up Wednesday* web page at *www.ibx.com/providers/claims_and_billing/icd_10/whatsupweds.html* to access and download the presentation materials.
- On the day of the call, dial 1-800-882-3610 and enter pass code 5411307 when prompted. Please dial in five minutes prior to the start of the call.
- If you have specific ICD-10-related questions during the call, please email them to *ICD10PC@CapBlueCross.com*.

Call details

Date: Wednesday, February 18, 2015
Time: 2 – 3 p.m. ET
Phone number: 1-800-882-3610
Pass code: 5411307

External testing

Independence is currently in the process of reassessing and communicating our external testing plan and schedule. In the coming months, we will resume testing with our pre-established testing partners and share our successes and challenges with our provider network.

Learn more

Detailed information about ICD-10 and the road to compliance will continue to be communicated in future editions of *Partners in Health Update* and within the ICD-10 section of our website at *www.ibx.com/icd10*. ◆

FA

Additional HIPPS code requirements for certain SNF claims/encounters

As previously communicated, the Centers for Medicare & Medicaid Services (CMS) requires that all Medicare Advantage Organizations (MAO) submit Health Insurance Prospective Payment System (HIPPS) codes on all Skilled Nursing Facility (SNF) and Home Health Agency (HHA) claims/encounters with a "from" date on or after July 1, 2014. The original communication from CMS indicated that the HIPPS codes should come from the initial Omnibus Budget Reconciliation Act (OBRA)-required comprehensive assessment (Admission assessment) and Outcome and Assessment Information Set (Start of Care assessment), respectively.

SNF claims/encounters

Recently, Independence received further guidance from CMS regarding this requirement for SNF encounters when no Admission assessment was completed during the Medicare Advantage (MA)-covered stay. The requirements previously communicated, as well as this new guidance from CMS, extended through 2015 dates of service. The following rules apply if there was no Admission assessment completed during the MA-covered part of the stay:

- **Stays of more than 14 days.** If the Admission assessment for a stay in the facility was completed prior to the MA-covered portion of the stay, MAOs must submit to CMS a HIPPS code by following the guidance in the order they are listed below:
  - **Submit the HIPPS code from another assessment completed during the MA-covered portion of the stay.** If the OBRA Admission assessment was completed for the current stay prior to the MA-covered portion of the stay, and another assessment (e.g., Quarterly Assessment or any Prospective Payment System assessment required by the MAO) was completed during the MA-covered portion of the stay, the MAO shall submit the HIPPS code generated from that other assessment on their encounter submissions to CMS.[1]
  - **Submit the HIPPS code from the most recent assessment that was completed prior to the MA-covered portion of the stay.** If no assessment was completed during the MA-covered portion of the stay from which a HIPPS code could be generated, the MAO shall submit to CMS the HIPPS code from the most recent OBRA or other assessment that was completed prior to the MA-covered portion of the stay (which may be the Admission assessment).[1]
- **Stays of 14 days or less.** If there was no Admission assessment completed before discharge for a stay of less than 14 days, MAOs must submit to CMS a HIPPS code by following the guidance in the order they are listed below:
  - **Submit the HIPPS code from another assessment from the stay.** If no OBRA Admission assessment was completed for a SNF stay of less than 14 days, the MAO shall submit to CMS the HIPPS code from any other assessment that was completed during the stay that produces a HIPPS code.[1]
  - **Submit a default HIPPS code of "AAA00."** MAOs may submit a default HIPPS code for SNF encounter submissions to CMS only if: 1) the SNF stay was less than 14 days within a spell of illness, 2) the beneficiary has been discharged prior to the completion of the initial OBRA Admission assessment, and 3) no other assessment was completed during the stay.[2] To submit a default HIPPS code to the Encounter Data System, MAOs should use the default Resource Utilization Group code of "AAA" and Assessment Indicator "00" on encounter data submissions starting with "from" dates of service July 1, 2014.

    MAOs may not use this default code in other situations, such as to avoid collecting the proper HIPPS code, or when the MAO's systems are not prepared to submit the HIPPS code to CMS.

As a reminder, all SNF and HHA claims/encounters must be submitted on the 837-Institutional format.

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

[1]CMS understands that some MAOs require providers to conduct assessments similar to those used under traditional Medicare Part A Prospective Payment System (PPS) rules. Providers may submit to MAOs, and MAOs can submit to the Encounter Data System, HIPPS codes derived from the same item set and data specifications as those used under the SNF PPS. We note that, in such cases, providers must not submit these assessments through the traditional PPS assessment system.

[2]Per the Assessment Management Requirements and Tips for Comprehensive Assessments (RAI Manual, pg. 2-17): "If a resident is discharged prior to the completion deadline for the assessment, completion of the assessment is not required." Federal statute and regulations require that SNFs and Nursing Facilities promptly assess residents upon admission but no later than the 14th calendar day of the resident's admission (admission date + 13 calendar days).

BLUECARD®

F A

The Winter 2015 edition of *Inside IPP* is now available

The Winter 2015 edition of *Inside IPP*, an inter-plan programs publication, is now available and features the following articles:

- *Precertification requirements for FEP members for BRCA testing and outpatient services*
- *Reminder: Delinquent payment indicator on NaviNet® for APTC members*
- *Providers financially responsible for preapproval/precertification of inpatient facility services for out-of-area members*
- *Expediting medical record requests from the Host Plan*
- *Use the Medical Policy/Precertification Router for out-of-area members*
- *Ask out-of-area members to complete the* COB Questionnaire *with other registration forms*

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

Inside IPP is a newsletter intended to increase awareness of and satisfaction with the BlueCard® Program. It highlights BlueCard-specific initiatives and plans for improvement. ◆

NAVINET®

P F A

NaviNet changes delayed until March

In the January edition of *Partners in Health Update*, we communicated the following significant upcoming changes to the NaviNet web portal:

- NaviNet office conversion
- new Allowance Inquiry transaction
- tiering information enhancements

Please be aware that these changes have been delayed until March. Look for more information in the next edition of *Partners in Health Update*.

For more information about changes to NaviNet, we strongly encourage you to review the NaviNet Transaction Changes section of our Business Transformation site at *www.ibx.com/pnc/businesstransformation*. If you have any questions, please call the eBusiness Hotline at 215-640-7410. ◆

PFA

Precertification and compliance monitoring for PAP machines and supplies

In an effort to help our members receive appropriate, safe, and affordable care for obstructive sleep apnea (OSA) and other sleep disorders, Independence has partnered with AIM Specialty Health® (AIM), an independent company. The goal is to streamline the precertification process for sleep studies, APAP, BPAP, and CPAP (PAP) machines and supplies (e.g., tubing, water chambers, masks) and enhance member compliance with prescribed usage.

Precertification requirements

As of January 1, 2015, in addition to obtaining precertification for PAP machines, durable medical equipment (DME) providers are also required to obtain precertification for all related supplies. This requirement applies to all new and existing patients on PAP therapy.

Currently, ordering providers request precertification of sleep studies and CPAP titration studies in the facility setting through AIM. **Beginning on February 16, 2015,** DME providers will be required to submit precertification requests for PAP machines and all related supplies (e.g., tubing, water chambers, masks) through AIM.

We are making enhancements to the NaviNet® web portal to accommodate the submission of precertification requests through the AIM Provider Portal℠ using the AIM transaction. Once implemented, providers must obtain precertification through AIM.

Note: Until the enhancements are completed, providers should continue to submit precertification requests for PAP machines and supplies using the Authorizations transaction in NaviNet. We will post a notification on NaviNet Plan Central once the AIM Provider Portal℠ is updated.

Compliance monitoring requirements

To ensure that our members are using their PAP machines as prescribed by the ordering provider, AIM incorporates a compliance element to their precertification process, which will begin on February 16, 2015. Usage data will be collected for all members using PAP therapy. This data will be analyzed by AIM to determine if the member has been compliant in using their PAP machine and if a request for precertification of continued rental and/or supplies will be approved or denied.

For members who are new to PAP therapy, DME providers must contact AIM to request approval for the initial PAP set-up, prior to dispensing equipment and supplies. For those members currently on PAP therapy, the DME provider must also contact AIM to request approval for on-going treatment. DME providers will need to submit the date upon which the member initiated PAP therapy on the current device – regardless of payer. The AIM system will then calculate where the member is in the rental cycle, if applicable.

Please note the following when requesting precertification through AIM:

- **Rentals.** During the rental period, the precertification will cover the PAP machine, humidifier, and all supplies. The precertification will be good for 90 days.
- **Owned.** Once the rental period ends, the precertification will only cover supplies (A-codes). The precertification will be good for one year.

If AIM denies a precertification request after analyzing the compliance data, a denial letter will be mailed to the DME provider, the ordering provider, and the member. This notification encourages the ordering provider to contact the member and determine the appropriate next steps.

Guidelines

Independence will adopt and follow AIM's Clinical Guidelines, which are available on AIM's website at *www.aimspecialtyhealth.com*, when reviewing precertification requests for our commercial members. AIM will follow the established Medicare coverage guidance when reviewing requests for our Medicare Advantage HMO and PPO members. Policy Notifications for the following policies, which address sleep disorder testing, are available at *www.ibx.com/medpolicy*. Included within the policies are links to the guidelines that AIM will use to determine usage compliance and medical necessity for PAP machines and supplies, a complete list of codes that require precertification, and quantity limits set for the supplies.

- **Commercial:** #07.03.05r: Sleep Disorder Testing and Positive Airway Pressure Therapy
- **Medicare Advantage:** #MA07.058a: Sleep Disorder Testing and Positive Airway Pressure Therapy

Please call 1-800-ASK-BLUE (1-800-275-2583) if you have any questions. ◆

P F A

Medical and claim payment policy activity posted from December 20, 2014 – January 23, 2015

Each month, new policy activity is posted to our Medical Policy Portal. Policy activity may include new, updated, reissued, or archived policies and coding updates.

Included with this edition of *Partners in Health Update* is a supplementary listing of policy activity that occurred for our commercial and Medicare Advantage portfolios from December 20, 2014 – January 23, 2015.

For the most up-to-date information about medical and claim payment policy activity, go to *www.ibx.com/medpolicy* and select *Accept and Go to Medical Policy Online*. Then select either the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view. You can also get to our Medical Policy Portal through the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*. ◆

P

New changes to our ePASS® incentive opportunity for professional providers

Based on a two-year analysis, we are updating the requirements for submitting a SOAP (Subjective, Objective, Assessment, and Plan) Progress Note through ePASS® for Medicare Advantage HMO and PPO members, as well as certain commercial HMO, POS, and PPO members.

During the analysis, it was found that 98 percent of relevant medical information was collected in two SOAP Progress Notes submissions per year. Also, there was little evidence to show that care gaps were closed when visits occurred within a short time frame.

As of January 1, 2015, changes to the incentive payment include:

- limiting the amount of submissions to *two* per member, per calendar year;
- increasing the incentive payment for the second visit.

  Note: The submission for the second visit will be valid **only** if the second visit occurred more than four months after the first visit for which you submitted the initial SOAP Progress Note.

If you have any questions regarding SOAP Progress Notes or using ePASS®, please contact Inovalon at 1-877-448-8125. For questions about this initiative, please contact Customer Service at 1-800-ASK-BLUE. ◆

Reminder: Changes to the CAQH recredentialing process*

Independence offers our participating providers the Council for Affordable Quality Healthcare® (CAQH) Universal Provider DataSource® (UPD) for completing the recredentialing process. The CAQH UPD is a single, national process that eliminates the need for completing multiple recredentialing applications.

Beginning in **February 2015,** CAQH is making significant improvements to simplify the recredentialing process even further. Along with these improvements comes a new name: CAQH ProView™.

Benefits of using CAQH ProView

The following new features will make it easier for health care providers to make updates — reducing the time and resources necessary to submit accurate, timely data to Independence:

- complete and attest to multiple state credentialing applications in one intelligent workflow design;
- upload supporting documents directly into CAQH ProView to eliminate the need for manual submission and to improve the timeliness of completed applications;
- review and approve Practice Manager information before data is imported;
- protect against delays in data processing with more focused prompts and real-time validation;
- self-register with the system before a health plan initiates the application process.

New submission process

When CAQH ProView launches in February 2015, all providers must apply online. **Paper applications will no longer be accepted.** CAQH ProView is a completely electronic solution, allowing providers to easily submit information through a more intuitive, profile-based design. The CAQH electronic credentialing application is free to providers and available on the CAQH website at *https://upd.caqh.org/oas*. Independence may still request paper documentation, such as billing forms and contracts; however, the initial credentialing and recredentialing process with CAQH will be paperless.

If you have questions about CAQH ProView, please email them to *upd@caqh.org*. ◆

**This does not apply to Magellan Behavioral Health contracted providers.*

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

Highlighting HEDIS®: Pharmacotherapy management of COPD exacerbation

This article series is a monthly tool to help physicians maximize patient health outcomes in accordance with NCQA's* HEDIS®† measurements for high quality care on important dimensions of services.

Go to ***www.ibx.com/providers/resources/hedis.html*** to view previously published Highlighting HEDIS® topics. If you have feedback or would like to request a topic, email us at ***provider_communications@ibx.com***.

HEDIS® definition

Pharmacotherapy management of COPD exacerbation: The percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members ages 40 and older who had an acute inpatient discharge or emergency department visit on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event;
2. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and emergency department visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Plan performance

For this measure, the HEDIS 2014 rates‡ for all Independence plans fall below the HEDIS 90th percentile benchmark, an industry indicator of excellence and desired target for each plan. Performance compared to the HEDIS 90th percentile is broken down by line of business and plan type below.

Bronchodilator dispense rate

Source	Commercial		Medicare	
	HMO	PPO	HMO	PPO
Independence	81.4%	74.1%	74.9%	N/A
HEDIS 90th percentile	88.0%		89.0%	

Systemic corticosteriod dispense rate

Source	Commercial		Medicare	
	HMO	PPO	HMO	PPO
Independence	78.2%	70.5%	66.9%	N/A
HEDIS 90th percentile	81.0%		78.0%	

N/A = The PPO Medicare plan did not meet the minimum required sample size for reporting.

Why this measure is important

While other major causes of death have been decreasing, COPD mortality has risen, making it the fourth leading cause of death in the U.S. The disease results in both direct and indirect costs, and exacerbations of COPD account for the greatest burden on the health care system, though studies have shown that proper management of exacerbations may have the greatest potential to reduce the clinical, social, and economic impact of the disease. Pharmacotherapy is an essential component of proper management.

— NCQA, HEDIS 2015 V1 ◆

**The National Committee for Quality Assurance (NCQA) is the most widely recognized accreditation program in the U.S.*

†The Healthcare Effectiveness Data and Information Set (HEDIS) is an NCQA tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care.

‡HEDIS 2014 rates reflect data collected in 2013.

Did you know?

Independence Health Coaches can collaborate with you to support and guide patients through an acute or chronic episode to help achieve the medical treatment goals you establish. Please provide the Independence Health Coach phone number to your patients. Independence Health Coaches are available 24 hours a day, seven days a week and can support your patients as they make important decisions about their health. Ask them to call 1-800-ASK-BLUE (1-800-275-2583) and say "Health Coach" when prompted.

Stay informed!

Request to receive a Daily Hospital Census Report from Independence by emailing *PCMH@ibx.com*. Specify which office the request is for and provide the fax number or secure email address.

Independence physician quality measure rankings available on the BCBSA national provider finder

In accordance with the Blue Cross and Blue Shield Association (BCBSA) physician quality measurement mandate, during the second quarter of 2015 Independence will submit physician ratings for six quality measures to the BCBSA to be displayed within their National Doctor and Hospital Finder.

Ratings for the following measures will be displayed at *http://provider.bcbs.com*:

- **Cancer screening**
  - Breast cancer screening
- **Immunizations**
  - Chicken pox (VZV)
  - Measles, mumps, and rubella (MMR)
- **Medication monitoring**
  - Annual monitoring
- **Respiratory infections**
  - Antibiotics Avoidance for Bronchitis
- **Women's health**
  - Breast cancer screening (same measure under cancer screening)

If you would like to learn more about the mandate or wish to review your scores in advance, please contact your Network Coordinator by **March 1, 2015**. ◆

Encourage pregnant Independence members to register for Baby BluePrints®

The Baby BluePrints program supports expectant mothers and promotes a healthy pregnancy throughout each trimester. We ask that you inform pregnant Independence members about the Baby BluePrints program at their first prenatal visit and encourage them to self-enroll by calling our toll-free number, 1-800-598-BABY. Upon calling, a Health Coach will explain the program to the member and ask her a series of questions to complete the enrollment process.

Once enrolled in the program, members will receive a welcome letter that includes information on how to access educational materials on our secure member website, ibxpress.com, and the 1-800-598-BABY phone number for questions and support during pregnancy. In addition, high-risk members eligible for condition management will be given the name and contact information for a Health Coach.

Resources available

A flyer is available upon request to place in the member's chart and distribute at the first prenatal visit to encourage her to enroll in Baby BluePrints. To order flyers, please submit an online request at *www.ibx.com/providersupplyline* or call the Provider Supply Line at 1-800-858-4728.

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

Postpartum office visits

As a reminder, postpartum visits should be scheduled 21 to 56 days after delivery. Adhering to this time frame provides the best opportunity to assess the physical healing for new mothers and to prescribe contraception, if necessary. These visits should be scheduled before members are discharged from the hospital.

Help your Medicare Advantage patients get fit in 2015

You likely have patients who have made resolutions about their health for 2015. The most common resolutions are to lose weight, get in shape, and be healthier. However, these are also some of the most difficult goals to attain. Luckily, your Independence Medicare Advantage patients have a great resource to help them keep their resolutions: Healthways SilverSneakers® Fitness program (SilverSneakers).

SilverSneakers program details

SilverSneakers is one of the nation's leading fitness programs designed exclusively for older adults and is available at **no additional cost** for our Keystone 65 Select HMO, Keystone 65 Preferred HMO, and Personal Choice 65℠ PPO members. The program offers several options for members at any fitness level, from those just starting an exercise regimen to accomplished athletes. SilverSneakers members can choose one option or use them all. The program includes:

- **A fitness membership.** SilverSneakers members have access to more than 12,000 fitness locations across the country, the membership includes: all basic amenities plus SilverSneakers group fitness classes, fun social activities, and a Program Advisor™ for guidance and assistance. Members can use any SilverSneakers location any time they are open; there are no access restrictions. Members only need to present their SilverSneakers ID number at any participating fitness location to use all basic amenities and participate in SilverSneakers classes.
- **SilverSneakers FLEX™.** FLEX offers classes and activities such as tai chi, dance, yoga, walking, and hiking groups at parks, recreation centers, and other neighborhood locations. FLEX participants can attend their favorite SilverSneakers fitness location concurrently.
- **Online support.** The SilverSneakers member website provides tools for members to assess their health, track their activity, access expert fitness advice, download meal plans and healthy recipes, and receive support from the SilverSneakers community.
- **SilverSneakers Steps®.** Members who cannot get to a SilverSneakers fitness location can order a SilverSneakers Steps kit – general fitness, strength, walking, or yoga – to use at home. As with other SilverSneakers features, there is no extra cost to the member for a Steps kit.

Getting started with SilverSneakers is simple. Members only need to take their SilverSneakers ID number to their closest location to tour the facility, sign up, and start working out. For more information on the program or to help your patients find their closest SilverSneakers location or get their ID number, visit *silversneakers.com* or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. - 8 p.m. local time.

No matter which SilverSneakers options your Independence Medicare Advantage patients choose, they can **keep their resolutions this year!** Encourage your patients to start using their SilverSneakers membership now for a healthier 2015. ◆

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

Important Resources

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

**Outside 215 area code*

†The Provider Automated System is available only for those members who have not yet been migrated to the new operating platform. For more information, go to www.ibx.com/pnc/businesstransformation.

Independence

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