

Partners in Health **update**SM

Working together for quality health care

August 2015



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*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.

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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.



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

ANNOUNCEMENTS



Discontinuation of postcard notification for *Partners in Health Update*

Starting with the August 2015 edition, we will discontinue mailing postcards to notify providers that a new edition of *Partners in Health Update* has been published.

The availability of *Partners in Health Update* is communicated through the following channels:

- **Provider News Center.** Providers can access the latest edition of *Partners in Health Update*, as well as previous editions, at www.ibx.com/pnc. A PDF version is also available for downloading and printing.
- **NaviNet® web portal.** An announcement is posted on Independence Plan Central at the beginning of each month, notifying providers that *Partners in Health Update* is available. The current edition and a link to the archive are also available in the Current Publications section.

- **Email.** An email notification is sent directly to your inbox the day that *Partners in Health Update* is published to the Provider News Center. If you do not currently receive our email notifications and wish to sign-up, complete and submit the request form at www.ibx.com/pnc/signup

To order paper copies of *Partners in Health Update*, please submit an online request at www.ibx.com/providersupplyline or call the Provider Supply Line at 1-800-858-4728. ♦

ADMINISTRATIVE



Reminder from Independence Administrators: Register on NaviNet®

All participating providers are encouraged to use the NaviNet web portal to view patient eligibility, verify high-level benefit information, and check claims status for your patients who carry an Independence Administrators ID card.

Please note the following:

- If you are already registered with NaviNet, select *Independence Administrators* from My Health Plans in the Workflows menu.
- If you are registered and cannot access the Independence Administrators Plan Central page, please contact NaviNet at 1-888-482-8057 for assistance.
- If you are not yet registered, please visit www.navinet.net to sign up.

Providers who call Independence Administrators for eligibility, benefits, or claims information on or after October 1, 2015, may be directed to use NaviNet. ♦



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

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

- *Use full member ID number when billing for service*
- *Claim requirements for air ambulance service codes*
- *Providers financially responsible for preapproval of inpatient facility services for out-of-area members*
- *Expediting medical record requests from the Host Plan*
- *Claim requirements for Medicaid members*

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. ♦



Air ambulance claim requirements

As of April 19, 2015, claims from providers of emergency and non-emergency air ambulance services provided within the U.S., U.S. Virgin Islands, and Puerto Rico are to be filed with the local Plan in whose service area the point of pick-up occurred, per a new requirement from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. This change applies to the following air ambulance service codes: A0430, A0431, A0435, A0436, S9960, S9961, and T2007.

Claims without a point of pick-up ZIP code, or claims with multiple ZIP codes, **will be rejected**.

Upon receiving the claim, the Host Plan must validate the point of pick-up ZIP code for air ambulance service on claims with dates of service on or after April 19, 2015. Validation is based on the following guidelines from the Centers for Medicare & Medicaid Services (CMS) for air ambulance claims:

- **CMS-1500 (2/12) claim form or 837P.** In item 23 of the CMS-1500 claim form, or the equivalent field of the 837 professional transaction (loop 2420G), billers shall code the five-digit ZIP code of the point of pick-up. If the ZIP code is not in the Plan's service area, the claim will be rejected.
- **UB-04 claim form or 837I.** When the UB-04 claim form is used for air ambulance service (excluding claims submitted with a facility's negotiated arrangement with an air ambulance provider), billers shall populate Form Locators 39-41 with Value Code "A0" and the five-digit ZIP code of the point of pick-up (corresponding 837I field: Loop 2300, HI01-1 = BE, HI01-2 = A0, HI01-5 = Pick-up ZIP code). The Form Locator must be populated with the approved code and value specified by the National Uniform Billing Committee in the *UB-04 Data Specifications Manual*.
- **Format.** The format for a ZIP code is five digits. If a nine-digit ZIP code is submitted, the last four digits will be ignored. If the data submitted in the required field does not match that form, the claim will be rejected.

If you have any questions about this requirement, please contact Customer Service at 1-800-ASK-BLUE. ♦



Reminder: Important billing information for modifier 25 and modifiers –X{EPSU} and 59

This is a reminder that as of January 1, 2015, the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) edits are applicable to claims submitted on the CMS-1500 claim form or through the 837P transaction. Please refer to our Commercial and Medicare Advantage claim payment policies on NCCI edits, which are available at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- **Commercial:** #00.01.56a: National Correct Coding Initiative (NCCI) Code Pair Edits;
- **Medicare Advantage:** #MA00.041: National Correct Coding Initiative (NCCI) Code Pair Edits.

The CMS NCCI tables (Column 1/Column 2) are composed of code pair edits. These code pair edits identify services that are a component of a more comprehensive code or two codes that should not be reported together. Procedure code pairs designated by CMS with an NCCI modifier indicator of 0 (zero) are not eligible to be reimbursed separately when reported on the same date of service for the same member when performed by the same provider. The NCCI edit identified in the CMS NCCI file for these procedure code pairs will be applied by Independence regardless of the presence of a modifier.

Modifier 25 and modifiers –X{EPSU} and 59

Procedure code pairs designated by CMS with an NCCI modifier indicator of 1, when clinically appropriate, are eligible to be reported with an appropriate modifier for separate reimbursement. The most frequently used modifiers are 25 and –X{EPSU} and 59.

- **Modifier 25:** Modifier 25 is required when a significant, separately identifiable Evaluation and Management (E&M) service is performed by the same physician on the same day of a procedure or other service. For example, if an E&M service was also performed on the same day as an administration of an immunization, the E&M service should be billed with the modifier 25.
- **Modifiers –X{EPSU} and 59:** Modifiers –X{EPSU} and 59 are required to indicate that a procedure or service is separate, distinct, or independent from other non-E&M services performed on the same day by the same individual.

Appropriate use of modifiers

For more detailed information regarding the appropriate use of these modifiers, please visit our Medical Policy Portal at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- **Modifier 25:**
 - **Commercial:** #03.00.06l: Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service;
 - **Medicare Advantage:** #MA03.003a: Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service.
- **Modifiers –X{EPSU} and 59:**
 - **Commercial:** #03.00.08d: Modifiers XE, XS, XP, XU, 59;
 - **Medicare Advantage:** #MA03.005a: Modifiers XE, XS, XP, XU, 59.

Note: As communicated in the July 2015 edition of *Partners in Health Update*, providers should use the more specific –X{EPSU} modifiers to accurately represent the circumstances that render non-E&M services as separate, distinct, or independent. However, modifier 59 can still be reported if the service cannot be more accurately reported with one of the four specific modifiers. Providers cannot append more than one of these modifiers (i.e., XE, XP, XS, XU, or 59) to a single procedure code. Claims submitted with any of these modifiers may be subject to retrospective review and audit if it is determined that providers are not using them in accordance with the billing requirements in our claim payment policies.

Please refer to the CMS NCCI file for procedure code pair edits and the associated modifier indicators: www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html. ♦



Select standard fee schedules available on NaviNet®

For your convenience, we recently published the following standard fee schedules (effective September 1, 2015, unless otherwise noted) on Independence NaviNet Plan Central:

- Ambulatory Surgical Center (effective July 1, 2015)
- Capitation – Certified Registered Nurse Practitioner
- Capitation – Primary Care Physician
- Chiropractic
- Drug (effective July 1, 2015)
- Podiatrist
- Registered Dietitian
- Retail-Based Clinic
- Standard Physician Fee Schedule

To access these documents, select *Independence Blue Cross* from the Workflows menu, and then go to the Fee Schedules section.

Allowance Inquiry transaction

To look up the rate for a specific code, use the Allowance Inquiry transaction on the NaviNet web portal. To do so, go to Independence NaviNet Plan Central, select *Claim Inquiry and Maintenance* from the Independence Workflows menu, and then select *Allowance Inquiry*. For step-by-step instructions on how to use this transaction, refer to the user guide available in the NaviNet Resources section of our Provider News Center at www.ibx.com/pnc/navinet.

Note: The Allowance Inquiry transaction returns current rates for professional providers only. The reimbursement rates that go into effect September 1, 2015, will be available through this transaction on or after this effective date. Provider payment allowances are for informational purposes only and are not a guarantee of payment. ♦



Updated CMS-1500 claim form resources now available

As previously communicated, Independence only accepts the updated version of the 1500 Health Insurance Claim Form (CMS-1500 claim form). The current version (02/12), which went into effect in January 2014, accommodates reporting needs for ICD-10 and aligns with data captured on electronic 837 transactions.

Updates were recently made to our *Claims Submission Toolkit for Proper Electronic and Paper Claims Submissions*, which is available at www.ibx.com/providers/claims_and_billing/claims_resources_guides.html. This toolkit was created to assist you in submitting claims using the CMS-1500 (02/12) claim form and contains the latest information on electronic and paper claims submissions, a sample CMS-1500 (02/12) claim form, key fields, loop and data elements, and resources for finding additional information.

In addition, the National Uniform Claim Committee (NUCC) recently released an updated *1500 Health Insurance Claim Form Reference Instruction Manual*. To request more information, send an email to info@nucc.org.

Note: CMS-1500 (02/12) claim forms can be purchased through office supply stores, local printing companies, or by calling the U.S. Government Printing Office at [1-866-512-1800](tel:1-866-512-1800). ♦

BILLING



Use the full member ID number when billing for service

When billing for local and out-of-area claims, please remember to include both the alpha prefix and complete member ID number as it appears on the member's ID card. Independence rejects claims not billed with the complete member ID number and date of birth. For timely and accurate claim payment, the full member ID must be billed as it appears on the member ID card. Also, be sure that you are using the most recent ID card for the member, as the number may have changed recently during our transition to a new operating platform. ♦

Independence		Keystone HEALTH PLAN EAST	
SAMPLE MEMBER UMI123456789101		DR BEN FRANKLIN MD 215-555-1212 LAB L	
Rx BIN	015814	PLAN	FLEX HMO
Rx PCN	06090000	POP	\$5
		SPEC	\$10
		ER	\$25
		DED	\$1000
		PREV	\$0
		VISION	Rx

ICD-10



Join us for the next *What's Up Wednesday* on August 19, 2015

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* features 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.

Questions

If you have specific ICD-10-related questions during the call, please email them to ICD10ProviderCommunication@capbluecross.com. ♦

Call details

Date: Wednesday, August 19, 2015

Time: 2 – 3 p.m. ET

Phone number: 1-800-882-3610

Pass code: 5411307



ICD-10 is fast approaching – Are you ready?

The **October 1, 2015, ICD-10 compliance date** is only two months away. Now is the time to make sure your office is ICD-10 ready. The transition will go much more smoothly for organizations that plan ahead. A successful transition to ICD-10 will be vital to transforming our nation's health care system and ensuring uninterrupted operations.

As previously communicated, for referrals, authorizations, or claims with a date of service on or after October 1, 2015, Independence will only accept ICD-10 codes. We will not accept ICD-9 codes on claims with a date of service on or after October 1, 2015.

Understanding claims that span the compliance date

Depending on the type of claim, there are different rules for how to code a claim with dates of service that span the ICD-10 compliance date. Please refer to MLN Matters® Number: SE1408, a news flash published by the Centers for Medicare & Medicaid Services (CMS) with detailed information based on facility type/service, at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf.

Facility/Institutional inpatient claims

Facility/Institutional inpatient claims with a **date of discharge** on or before September 30, 2015, must be billed with ICD-9 codes. Facility/Institutional inpatient claims with a **date of discharge** on or after October 1, 2015, must be billed with ICD-10 codes. Do not split inpatient claims by date of service, and do not include both ICD-9 and ICD-10 codes on a single claim.

Professional and outpatient claims

Professional and outpatient claims with a **date of service** on or before September 30, 2015, must be billed using ICD-9 codes. Professional and outpatient claims with a **date of service** on or after October 1, 2015, must be billed using ICD-10 codes. We will not accept claims containing both ICD-9 and ICD-10 codes – as is consistent with CMS billing guidelines.

Billing tip

When claims span the compliance date:

- Use the date of *discharge* for facility/institutional inpatient claims.
 - Use the date of *service* for professional and outpatient claims.
-

Independence is ready for ICD-10

Independence has conducted thorough testing of our system both internally and externally. Our testing efforts focused on minimizing potential business disruptions for our providers, aligning medical policies to ensure no changes in current policy-based outcomes, and verifying that services covered under ICD-9 will be covered under ICD-10.

Independence is confident with the outcome of our testing results so far, which show that both internal and external validation has been successful. We continue to encourage our providers to take time to train coders and concentrate on clean coding practices to make the transition to ICD-10 as successful as possible.

ICD-10 resources

Independence maintains a dedicated ICD-10 web page at www.ibx.com/icd10 where you can find up-to-date information, including updated frequently asked questions and dial-in information for the monthly *What's Up Wednesday* teleconference series.

The CMS ICD-10 web page at www.cms.gov/Medicare/Coding/ICD10 offers numerous resources, including the following:

- Latest News
- Road to 10 (an online resource built for small practices)
- CMS ICD-10 Quick Start Guide

We encourage you to use these resources as you prepare for the upcoming compliance date. ♦



View up-to-date medical and claim payment policy activity on the Medical Policy Portal

Changes to our medical and claim payment policies for our commercial and Medicare Advantage Benefits Programs occur frequently in response to industry, medical, and regulatory changes. In order to keep you up to date with changes to our policies, we have enhanced the information available in the Site Activity section of our Medical Policy Portal, as previously communicated.

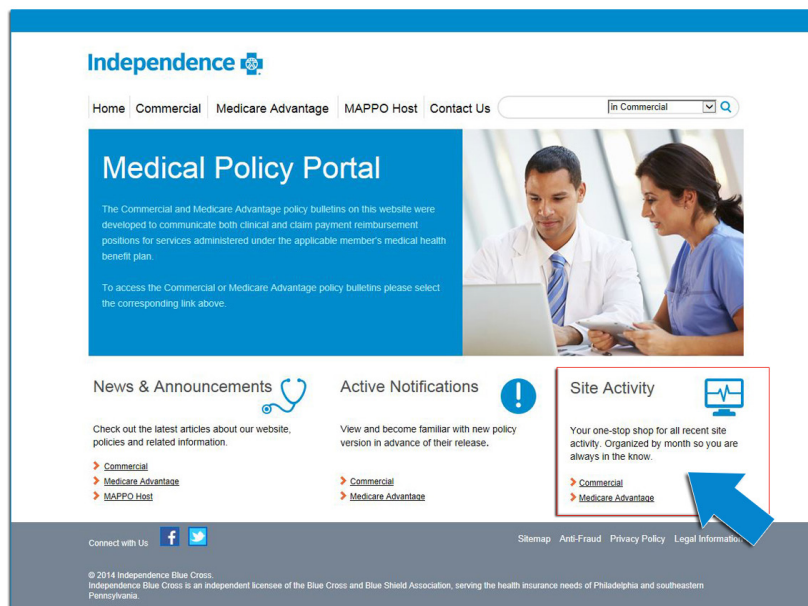
Site Activity section

The Site Activity section includes a snapshot of all activity that occurred within a given month, including:

- Notifications
- New Policies
- Updated Policies
- Reissued Policies
- Coding Updates
- Archived Policies

The Site Activity section is updated in real time as changes are made to the Medical Policy Portal.

For your convenience, the information provided in Site Activity can be printed to keep a copy on hand as a reference.



Accessing policy information

To access the updated Site Activity section, go to our Medical Policy Portal at www.ibx.com/medpolicy and select *Accept and Go to Medical Policy Online*. From here you can select *Commercial* or *Medicare Advantage* under Site Activity to view the monthly changes. To search for active policies, select either the *Commercial* or *Medicare Advantage* tab from the top of the page. You can also get to our Medical Policy Portal through the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*.

We hope these changes allow you to stay better informed of our medical and claim payment policy activity. ♦



Highlighting HEDIS®: Weight assessment and counseling for nutrition and physical activity for children/adolescents

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

Weight assessment and counseling for nutrition and physical activity for children/adolescents:

The percentage of members ages 3-17 who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of the following during the measurement year:

- Body Mass Index (BMI) percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Why this measure is important

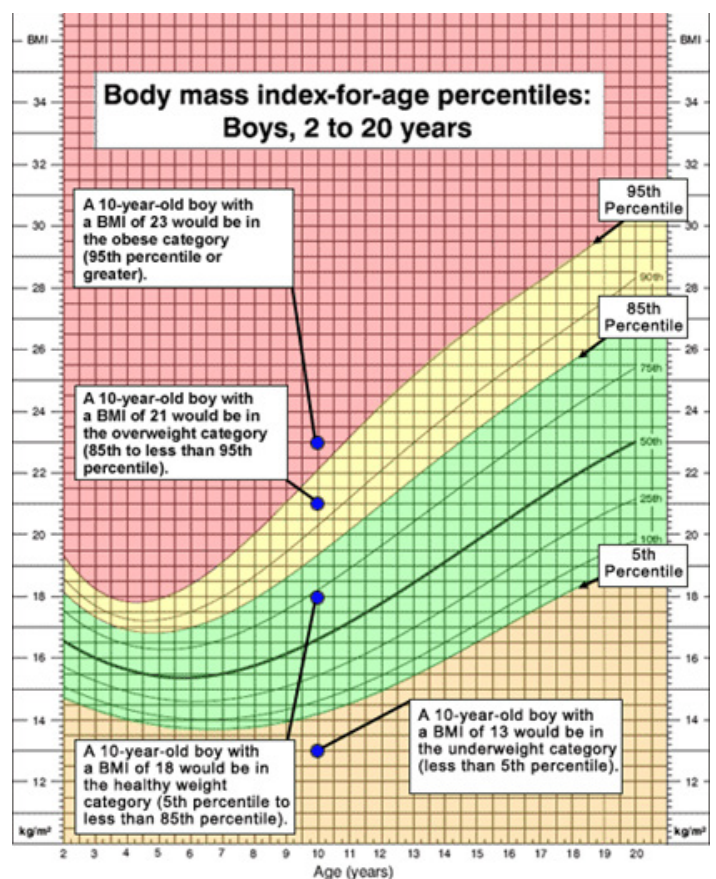
One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians. The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese adults. For example, one study found that approximately 80 percent of children who were overweight at 10-15 years of age were obese adults at age 25. Another study found that 25 percent of obese adults were overweight as children and that if overweight begins before age 8, obesity in adulthood is likely to be more severe.

— 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.

Body mass index-for-age percentiles



The chart above, which was developed by the CDC, shows an example for a 10-year-old boy. BMI Percentile is the percentile ranking based on the CDC's BMI-for-age growth charts, which indicate the relative position of the patients BMI number among others of the same gender and age.

The boys and girls growth charts from the CDC can be found at: www.cdc.gov/growthcharts/clinical_charts.htm.

HEALTH AND WELLNESS

P

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](tel: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](tel: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](tel:1-800-ASK-BLUE). ♦

Postpartum office visits

As a reminder, postpartum visits should be scheduled 21 to 56 days after delivery, or earlier if medically necessary. 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.

P

F

New behavioral health resources for collaboration and care

To facilitate communication between primary care physicians (PCP) and behavioral health care providers, Independence and Magellan Healthcare, Inc., an independent company, are working together to provide resources for physicians when assessing and managing behavioral health conditions.

We recently replaced the current *PCP to Behavioral Health Provider Communication Form* and the *Clinician Communication Form* with a new *Clinician Collaboration Form*. The new form can be completed and sent electronically, or printed and mailed to the provider. In addition, a link to the *Magellan Healthcare Medical Providers' Behavioral Health Toolkit* has been added as a resource for patient management. This toolkit contains descriptions of common behavioral health concerns (including substance use), user-friendly screening tools, patient handouts, provider tip sheets, informational materials, and more.

Both the *Clinician Collaboration Form* and *Behavioral Health Toolkit* can be downloaded from our website at www.ibx.com/resources in the Worksheets, Forms, and Guides section or from the NaviNet® web portal under Health and Wellness in the Administrative Tools & Resources section of Independence Plan Central. ♦



Help your patients get healthy this summer with SilverSneakers®

Summer is upon us, and with warm, sunny weather comes longer days, vacations, and visits from friends and family. For your older patients, keeping up with this increased activity can be a challenge. Because the heat of summer can make it difficult to continue some types of exercise programs, swimming and water-based exercises are great ways to keep active throughout the hotter months.

Healthways SilverSneakers Fitness Program offers Keystone 65 Select HMO, Keystone 65 Preferred HMO, and Personal Choice 65SM PPO members the opportunity to incorporate water-based activities into their summer routines and build the strength and endurance they'll need to enjoy the many picnics, family outings, and social events that go hand-in-hand with summer.

SilverSneakers is a fitness benefit included with many Medicare plans, and your Independence Medicare Advantage patients may be eligible, but not yet taking advantage of their SilverSneakers benefit. SilverSneakers includes a fitness membership with access to more than 13,000 locations nationwide. Members have access to exercise equipment, swimming pools, and fitness classes* designed specifically for older adults. SilverSneakers Splash is taught by a certified teacher and designed to help members improve agility, range of movement, cardiovascular health, balance and coordination, and to build strength. This class is taught in shallow water so both swimmers and non-swimmers are able to participate.

Share the benefits of participating in water-based exercises with your Independence Medicare Advantage patients:

- It can decrease the risk of chronic illnesses like diabetes and heart disease.
- It helps reduce the symptoms of arthritis and osteoarthritis.
- It can lessen disabilities, relieve pain, and fight depression.
- It's easier on bones and joints than other forms of exercise.
- It can make them feel better, inside and out.

SilverSneakers is a great resource to help your patients keep active this summer and lead healthier lives all year round. In fact, 62 percent of SilverSneakers members in 2014 reported their health as “excellent” or “very good” compared to only 32 percent of older adults nationally, and 63 percent of members reported having “a lot of energy” most or all of the time.²

So whether they splash around in the pool with their grandchildren, or during a SilverSneakers Splash class, please encourage your patients to take a swim, be active, and stay cool this summer.

Refer your patients to www.silversneakers.com or 1-888-423-4632 (TTY: 711) for more information. ♦

**Amenities vary by location.*

¹Centers for Disease Control, www.cdc.gov/healthywater/swimming/health_benefits_water_exercise.html

²Healthways® SilverSneakers Annual Participation Survey, 2014

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



Health Coaches: Supporting your patients, our members

Health Coaches are available 24/7/365 through the following programs to enhance your ability to provide coordinated care for your patients and promote integration of care among members and their families, physicians, and community resources:

- **Condition management.** Condition management is available to eligible members for common chronic conditions such as asthma, diabetes, COPD, and hypertension.
- **Case management.** Case management provides support to members who are experiencing complex health issues or challenges in meeting their health care goals.

For additional information about our condition management and case management programs, visit our website at www.ibx.com/providers/resources. Members can reach their Health Coach by calling 1-800-ASK-BLUE. ♦

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	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 Drug 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