

# Info-Link

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## ENHANCED COVERAGE FOR 2006

As we approach 2006 and the launch of the Medicare Prescription Program through Medicare, there will be much confusion in the Medicare population about what to do about the new Prescription PartD Program offered through Medicare and if they need to enroll in a Part D Plan. If they are an Inter Valley Health Plan member, the straight answer is no—they do not need to enroll.

All Inter Valley members will be automatically enrolled in Part D since Inter Valley Health Plan is offering prescription coverage. Your Inter Valley patients will get more drug coverage through the health plan with additional benefits and lower copays. On straight Medicare, patients will have to pay a monthly premium up to \$32 and pay a \$250 deductible before they can receive any prescription coverage. With Inter Valley, their prescription coverage begins January 1, 2006 and there are no premiums or deductibles.

### **Special Needs - including low income**

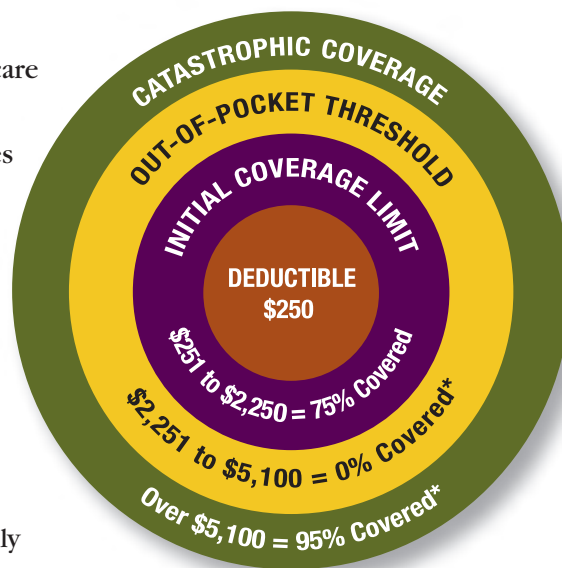
The Medicare changes also mean good news for people on Medicare who are chronically ill or eligible for Medicare and Medicaid. These individuals will receive extra help to pay their premiums, deductibles and copayments under the prescription drug program. (As an Inter Valley member, there are no deductibles or premiums, but these people can still receive assistance with copayments.) People who qualify for extra help paying for prescription costs will have small out-of-pocket costs depending on their income and resources. These individuals can apply for this extra help through the Social Security Administration or State Medical Assistance Office.

### **Enrollment Limit**

As earlier mentioned, all Inter Valley Members will be automatically enrolled in the health plan's PartD Prescription Drug Program, but open enrollment begins November 15 and ends June 30, 2006 for those individuals who want to make a change.

### **When in Doubt.... Call Member Services**

These next several months will be very confusing for people on Medicare as they will be inundated with facts and information that can be daunting and a bit confusing at times. We encourage you to refer all Inter Valley members to our (800) 251-8191 number to answer questions if they are confused about what they are receiving in the mail or need clarification about their coverage.



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## DIABETES SELF-MANAGEMENT EDUCATION

Diabetes self-management education is an integral component of Disease Management for diabetics. Inter Valley Health Plan's Diabetes Disease Management Program provides members with educational materials, resources and support programs to improve their knowledge and skills to manage their disease. Case managers focus is shifted from simply providing knowledge to assisting members in developing strategies for behavior change and empowerment to improve health outcomes.

Members in the Diabetes Disease Management Program are provided with the handbook, *Taking Control of Your Diabetes*, which discusses the following areas:

- Routine Self-Care
- Tests needed to Monitor Diabetes
- Emergency Care

Inter Valley Health Plan also promotes education through their affiliated Provider Groups - Diabetic Education Programs that are driven by direct referrals from the member's Primary Care Physician. At right is a list of Diabetic Education Programs available for diabetic members. Contact persons and their telephone numbers are included.



### **PROMED**

Inland Valley Disease Management Clinic  
**Betty Licciardo**, RD, CDE, MPH  
**(909) 469-1823**  
1904 N. Orange Grove  
Pomona, CA 91767

### **RIVERSIDE MEDICAL CLINIC**

Health Education Department  
Comprehensive Diabetes Center  
**Mavis Ohara**, Disease Management RN  
**(951) 782-6236**  
3660 Arlington Avenue  
Riverside, CA 92506

### **COMBINED MEDICAL MGMT - WCMC, EMG, CVP**

Health Education Department  
**Carolyn Mc Kinley**, Director of Education  
**(626) 856-2220**  
1135 S. Sunset Avenue, Suite 100  
West Covina, CA 91790

### **DESERT VALLEY MEDICAL GROUP**

Charitable Foundation  
**Alma Gepford**, Registered Dietitian, Certified  
Diabetes Educator  
**(760) 241-8000 x 8533**  
16850 Bear Valley Road, Education Building  
Victorville, CA 92395

### **ST. MARY CHOICE MEDICAL GROUP**

Health Education Department  
**Linda Iddings**, Department Manager  
**(760) 242-7777 x 224**  
**Denise Ryan**, CDE x 223  
18564 Highway 18, Suite 105  
Apple Valley, CA 92307

### **HEMET COMMUNITY MEDICAL GROUP**

Health Education Department  
**Rhonda Shaw**, Department Manager  
**(951) 791-1111 x 280**  
41885 E. Florida Avenue  
Hemet, CA 92543

### **HERITAGE VICTOR VALLEY MEDICAL GROUP**

Health Education Department  
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## HEDIS STUDY FOR TREATMENT AND FOLLOW-UP OF DEPRESSION

Patient compliance with medication therapy for depression has proven to be vital in achieving optimal therapeutic outcomes and recurrences of depression.

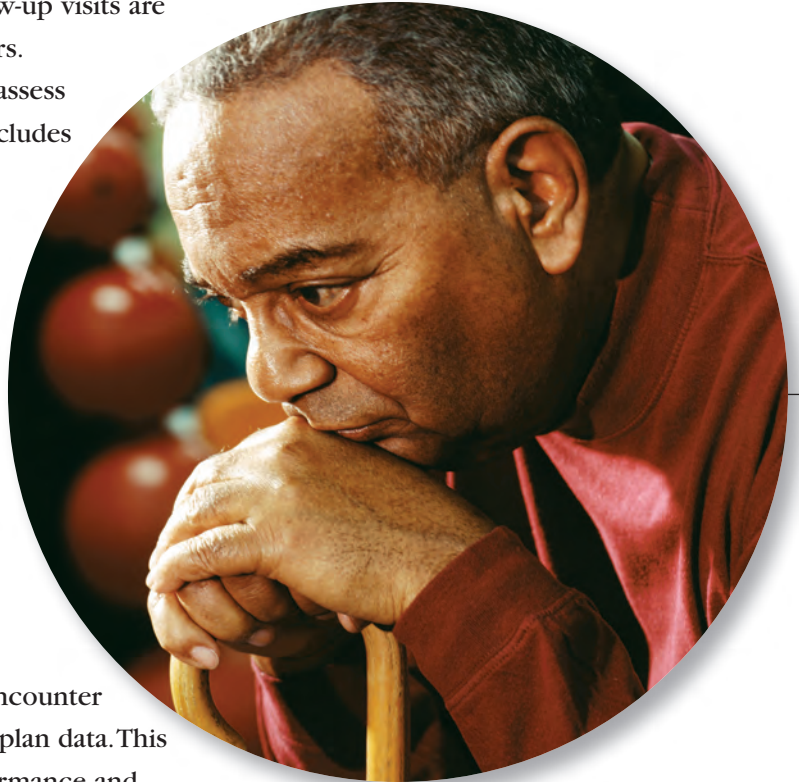
To achieve the best possible patient adherence to therapy, the Agency for Healthcare Research and Quality (AHRQ) recommends at least 3 follow-up visits with the practitioner over the 12-week (180 day) acute treatment period. Just as important is ensuring that the follow-up visits are correctly documented and submitted as encounters.

The National Committee for Quality Assurance assess Healthcare Providers in several domains, which includes the practitioner's ability to achieve patient medication therapy compliance through the recommended patient follow-ups in the treatment of depression. Physician office visits usually address multiple problems, especially in the Senior population. For the depression encounters to be considered as a follow-up visit for depression, a code for depression needs to be included in the encounter submission.

Listed below are the appropriate diagnosis codes for depression:

■ 290      ■ 293-302      ■ 306-316

Appropriate coding and timely submission of encounter information contributes to the accuracy of health plan data. This can be used in studies to measure physician performance and compliance with practice guidelines. It is used to compare performance among managed care plans and their ability to provide quality care to their members.



### EXPANDING OUR SERVICE AREA

Inter Valley recently expanded our service area to include all of San Bernardino County. If you have patients that are moving out of the area to the east part of San Bernardino County or the High Desert, they can stay with Inter Valley Health Plan and still receive their great coverage and services with the health plan.

We have an extensive network of physicians in San Bernardino County and will continue to add more in the coming months.

## KUDOS CORNER

Inter Valley Health Plan would like to recognize the following Provider Groups and/or Hospitals for successfully passing their audits of delegated functions with a score of 95% or above:

- ProMed Health Care Administrator (MSO for ProMed Health Network of Pomona and Upland Medical Group) - Claims Processing Audit
- Combined Management Services (MSO for Citrus Valley Physicians Group, Eastland Medical Group and West Covina Medical Clinic) - Claims Processing Audit
- St. Mary Choice Medical Group - Claims Processing Audit
- St. Mary Medical Center - Claims Processing Audit
- Riverside Medical Clinic - Utilization Management, Quality Management and Credentialing Audit



*Congratulations to all and keep up the good work.*

Jeanne Lauppe, R.N. Health Services  
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PRESORTED STD  
U.S. POSTAGE PAID  
DUAL GRAPHICS

# pharmacy

U P D A T E

## FULL PHARMACY BENEFIT FOR ALL MEDICARE BENEFICIARIES IN 2006

### **Part-Two**

Effective January 1, 2006, Medicare will provide a full pharmacy benefit for its beneficiaries. As outlined in the previous newsletters, Medicare requires that all PartD formularies contain at a minimum 2 drugs representing the 146 therapeutic classes.

■ **The two drug minimum rule will not apply in cases where only one drug is available, for example, Cox-IIs.**

■ **The two-drug rule will not suffice if a specific disease state will not be effectively treated with two drugs. In these cases the arsenal of drugs necessary to effectively treat the disease will dictate the number of drugs available in a specific class. An example is HIV/AIDS. Due to viral drug resistance in a drug regimen for HIV/AIDS, it is necessary to have a large selection to effectively treat this condition. Based on this reality, all HIV/AIDS drugs are covered under the PartD formulary.**



Medicare will require coverage of most, if not all, of the medications available in the following therapeutic categories; antidepressants, antipsychotics, anticonvulsants, anticancer, immunosuppressants, and HIV/AIDS. Although these drugs may be covered, they may be subject to certain edits like step-therapy or prior authorization. These will be defined by Inter Valley with the approval of Medicare.

Transition therapy process is also mandated by PartD to insure that beneficiaries do not have lapse in therapy when transitioning from one plan to another or from a level of care to another level of care, e.g., hospital to home; hospital to SNF; LTC to home; etc. Since different plans may have distinct formularies, all PartD providers must accommodate transitioning beneficiaries on "non-formulary" drugs. This coverage can be temporary until Inter Valley has sufficient time to inform the member and prescriber(s) of equivalent drugs available on the Plan's formulary.

## FULL PHARMACY BENEFIT...CONTINUED

The changes to Medicare in 2006 mandate that all new FDA approved drugs that are commercially available will be reviewed within 30 days of their release or at a maximum a determination for coverage is done within 90 days. Inter Valley is not required to cover all new drugs if they do not add a significant dimension to treatment of a disease. If these drugs are truly unique and offer improved outcomes to a specific clinical condition, it is almost certain that Medicare will require the addition of the new drug to the formulary as long as it meets the definition of what is covered under PartD. In cases where a new drug is accepted to the formulary and a similar drug is moved to a higher co-payment tier, Inter Valley must notify the utilizing member, the prescriber, and the dispensing pharmacy of such change 60 days in advance of the change.

Under PartD pharmacy benefits, any willing provider (pharmacy) may participate in the network. The mail order benefit will continue with Inter Valley, but the same benefit must also be available through network retail pharmacies. These network retail pharmacies must be willing to accept the mail order reimbursement rate in order to participate as a 90-day supply dispenser. Since the reimbursement rate for mail order can be significantly lower than that of retail pharmacy dispensing, pharmacies can participate as a 30-day supply dispenser only, and they are not obligated to participate as a 90-day supply dispenser. The pharmacy is able to participate as a 30- and 90-day dispenser if Inter Valley's reimbursement rates are accepted.

PartD pharmacy benefit is very complex, but we will continue to inform you of the many changes. It is our commitment to keep our partners and members informed of the revolutionary changes with the Medicare benefits in 2006.



# diagnosis

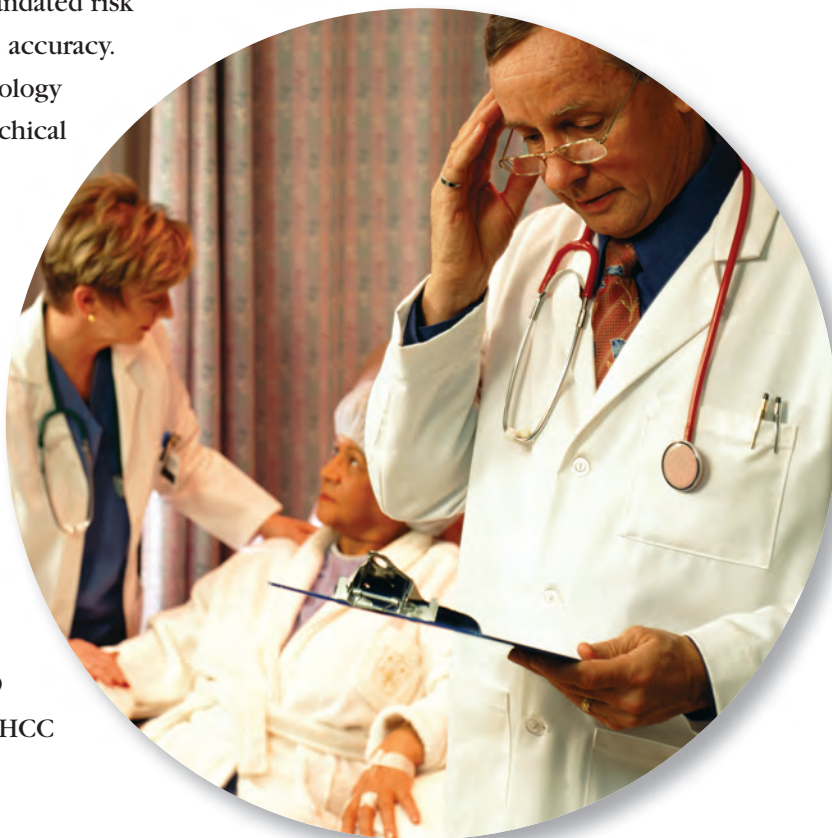
C O D E S

## MOST COMMON HCC SENIOR CONDITIONS

The Balanced Budget Act of 1997 (BBA) mandated risk adjustment methodology to improve payment accuracy. The current risk adjustment payment methodology model is known as the CMS-HCC (CMS-Hierarchical Condition Category) model. The model recognizes diagnoses from hospital inpatient, hospital outpatient and physician settings. In January 2007, risk adjustment phase-in will be complete. 100% of Inter Valley Health Plan's CMS payment will be based on risk adjustment methodology.

The risk adjustment model is an additive model and considers multiple chronic diseases. Patients can be assigned to multiple disease groups in the CMS-HCC payment model.

Below is a listing of commonly used ICD-9 diagnosis codes and the corresponding CMS-HCC disease groupings.



### **Chronic Obst Pulm Dx (COPD)**

<b>496</b> .....	Chronic Airway Obstruction, not elsewhere classified
<b>493.2</b> .....	Asthma w/ chronic COPD
<b>491.0</b> .....	Chronic Bronchitis, Simple
<b>491.1</b> .....	Chronic Bronchitis, Mucopurulent (recurrent)
<b>491.2</b> ....	Chronic Bronchitis, Obstructive (Bronchitis w/COPD)
<b>491.20</b> ...	Chronic Bronchitis, Obstructive (Bronchitis w/COPD) without mention of acute exacerbation
<b>491.21</b> ...	Chronic Bronchitis, Obstructive (Bronchitis w/COPD) with mention of acute exacerbation
<b>492.0</b> .....	Emphysematous Bleb
<b>518.2</b> .....	Emphysema, Compensatory
<b>492.8</b> .....	Emphysema, other

### **Congestive Heart Failure (CHF)**

<b>428.0</b> .....	Congestive Heart Failure, Unspecified
<b>428.1</b> .....	Left Heart Failure
<b>428.21</b> .....	Systolic Heart Failure, Acute
<b>428.22</b> .....	Systolic Heart Failure, Chronic
<b>428.20</b> .....	Systolic Heart Failure, Unspecified
<b>425.1</b> .....	Hypertrophic Obstructive Cardiomyopathy
<b>425.4</b> .....	Cardiomyopathies, Other Primary
<b>425.9</b> .....	Secondary Cardiomyopathy, Unspecified
<b>402.91</b> .....	Hypertensive Heart Disease, Unspecified w/Heart Failure
<b>428.4</b> .....	Heart Failure, combine Systolic and Diastolic
<b>428.9</b> .....	Heart Failure, Unspecified
<b>429.0</b> .....	Myocarditis, Unspecified

## MOST COMMON HCC SENIOR CONDITION...CONTINUED

### **Diabetes Mellitus (DM)**

- 250.00...Diabetes Mellitus, No Complication, Unspecified Type
- 250.02...Diabetes, Type II, Non Insulin dependent, Adult onset
- 250.92...Diabetes, w/ unspecified Complication, Adult onset
- 250.42.....DM II with Renal manifestation, uncontrolled
- 250.52.....DM II with Ophthalmic manifestation, uncontrolled
- 250.62.....DM II with Neuropathy, uncontrolled
- 250.72.....DM II with Circulatory complication, uncontrolled

### **Vascular Disease**

- 443.9.....Peripheral Vascular Disease, Unspecified
- 453.8....Venous Embolism and Thrombosis, Other Specified Veins
- 440.0.....Atherosclerosis of Aorta
- 440.1.....Atherosclerosis of Renal Artery
- 440.20.....Atherosclerosis of the Extremities, Unspecified
- 441.4.....Abdominal Aneurysm without mention of Rupture
- 451.19.....Phlebitis and Thrombophlebitis, Unspecified site

### **Specified Heart Arrhythmia**

- 426.0.....Atrioventricular Block, other and unspecified
- 427.0.....Paroxysmal supraventricular tachycardia
- 427.32.....Atrial flutter
- 427.3.....Atrial fibrillation
- 427.81.....Sinoatrial node dysfunction

### **Breast, Prostate, Colorectal & Other CA**

- 188.8.....Malignant Neoplasm of Bladder, Other Specified Site
- 188.9.....Malignant Neoplasm of Bladder, Part Unspecified or Bladder Wall NOS
- 153.8.....Malignant Neoplasm of Colon, Other Specified Sites
- 153.6.....Malignant Neoplasm of Colon, Ascending Colon
- 153.9.....Malignant Neoplasm of Colon, Unspecified
- 174.8.....Malignant Neoplasm of Female Breast, Other Specified Sites
- 174.9....Malignant Neoplasm of Female Breast, Unspecified
- 174.6....Malignant Neoplasm of Female Breast, Axillary Tail
- 185.....Malignant Neoplasm of Prostate
- 199.1.....Malignant Neoplasm, Site Unspecified, Other

### **Angina**

- 413.9.....Angina Pectoris, Other and Unspecified
- 412.....Myocardial Infarction, Old

### **Ischemic or Unspecified Stroke**

- 436.....Cerebrovascular Disease, Acute but ill define
- 434.90.....Cerebral Artery Occlusion, Unspecified, without mention of cerebral infarction
- 433.11.....Carotid Artery with Cerebral Infarction
- 434.01.....Cerebral Thrombosis with cerebral Infarction
- 434.11.....Cerebral Embolism with Cerebral Infarction

### **Rheumatoid Arthritis & Inflamm. Conn 3.85%**

- 714.0.....Rheumatoid Arthritis
- 714.9.....Inflammatory Polyarthropathy, Unspecified
- 710.0.....Systemic Lupus Erythematosus
- 725.....Polymyalgia Rheumatica
- 710.9.....Diffuse Connective Tissue/ Collagen Disease, Unspecified
- 720.2.....Sacroiliitis
- 720.89.....Spondylopathie, Inflammatory, Other
- 446.5.....Giant Cell Arteritis

### **10 Ischemic Heart Disease**

- 411.0.....Postmyocardial Infarction/Dressler's Syndrome
- 411.1....Intermediate Coronary Syndrome/Unstable Angina
- 410.91.....Acute Myocardial Infarction, Initial episode of care
- 410.92.....Acute Myocardial Infraction, Subsequent episode of care
- 410.80.....Acute Myocardial Infraction, Other Sites (incl: Atrium, Papillary Muscle, Septum)
- 410.72.....Subendocardial/Nontransmural Infraction, Subsequent episode of care

### **Other Common HCC Dx Codes**

- 308.0.....Anxiety/Stress
- 799.4.....Cachexia
- 199.0.....Cancer, Metastatic
- 263.9.....Protein, Calorie, Malnutrition, NOS
- 733.13.....Vertebral, Compression Fracture
- 296.31.....Depression, Recurrent, Mild
- 296.3.....Major Depressive Disorder, Recurrent episode