

PUBLISHED FOR INTER VALLEY HEALTH PLAN PHYSICIANS

Info-Link

Fall 2011

 **Inter Valley Health Plan**
For health. Not for profit.

CAN YOU NAME THIS DISEASE



ELONGATED HEAD • HEADACHE • HEARING LOSS

See page 4 for X-ray results and treatment.

Be the first to call with the correct diagnosis and receive free movie tickets!



New Service: *Portal to the Stars.*

Inter Valley Health Plan's HEDIS results for 2011 are reported on the next page. HEDIS scores are an important part of pay-for-performance programs including the Medicare Star Ratings. Medicare HCC diagnosis risk scores are another important revenue source. All Inter Valley PCP's now have a direct link into this information in the Inter Valley database of patient clinical data.

PHYSICIAN PORTAL FEATURES:

- *Who are your Inter Valley Health Plan patients that need mammograms, colorectal cancer screening, diabetes eye exams and many of the other HEDIS services?*
- *Which of your Inter Valley patients have already had it done?*
- *What are their HCC scores this year? And in previous years?*
- *What medications are they filling?*
- *Which patients became new members this month?*

Answers to these and many other questions are available on the Internet through Inter Valley's physician portal. If you haven't already been contacted please call us at **800-251-8191 ext 404** for access.

You control whomever in your office can enter the portal as well as what they can access while there. Once you have granted them rights they simply go to the Inter Valley website at **www.ivhp.com** and log in. Member eligibility is updated daily. Other results are updated monthly.

Primary Care Physicians can have access now. Specialist portals and even member portals are anticipated. Take a look and tell us what you think!



Register on the Physician Portal and see how you compare against the overall Plan and the doctors in your group.

INTER VALLEY HEALTH PLAN HEDIS SCORES FOR 2011

| Measure | Percentage |
|---|------------|
| ABA Adult BMI Assessment | 38.93 |
| BCS Breast Cancer Screening | 73.18 |
| COL Colorectal Cancer Screening | 55.72 |
| GSO Glaucoma Screening Older Adults | 74.22 |
| SPR Spirometry Test Assess & Diag COPD | 16.96 |
| PCE Medication Mngmt of COPD Bronchodilator | 75 |
| PCE Medication Mngmt of COPD Systemic corticosteroid | 34.62 |
| CMC LDL-C Screening | 90.02 |
| CMC LDL-C Level <100 | 62.53 |
| CBP Controlling High Blood Pressure | 72.52 |
| PBH Persistence of Beta Blocker | 86.49 |
| CDC HbA1c Testing | 88.81 |
| CDC Poor HbA1c Control | 20.68 |
| CDC HbA1c Control (<8.0%) | 66.42 |
| CDC Eye Exams | 61.56 |
| CDC LDL-C Screening | 88.81 |
| CDC LDL-C Level <100 | 62.77 |
| CDC Med Att Diabetic Neph. | 90.02 |
| CDC Blood Press Cont <140/90 | 71.78 |
| ART Disease Mod Drug Therapy in RA | 70 |
| OMW Osteoporosis Mgt.in Women w/Fracture | 12.26 |
| AMM Effect.Acute Phase Treatment | 63.95 |
| AMM Effect.Continuation Phase Treat. | 54.07 |
| FUH F/U Post Hosp for MI 7 Days | 3.28 |
| FUH F/U Post Hosp for MI 30 Days | 3.28 |
| MPM ACE inhibitors or ARBs | 83.34 |
| MPM Mgmt of Persistent Meds - Digoxin | 85.42 |
| MPM Mgmt of Persistent Meds - Diuretics | 84.44 |
| MPM Mgmt of Persistent Meds - Anticonvulsants | 54.74 |
| MPM Mgmt of Persistent Meds - Total | 83.46 |
| DDE Drug-Disease Interactions Chr Renal Failure + NSAIDs/Cox-2 | 12.26 |
| DDE Drug-Disease Interactions Dementia + TADs/nticholl | 31.56 |
| DDE Drug-Disease Interactions Falls + TADs/Antipsych | 16.56 |
| DDE Drug-Disease Interactions Total | 23.22 |
| DAE Drugs to be Avoided in the Elderly one prescription | 30.86 |
| DAE Drugs to be Avoided in the Elderly at least 2 prescriptions | 8.16 |

SHOOT FOR THE STARS

Medicare has over fifty measures in their Star Rating program and Medicare plans to add more every year. Inter Valley Health Plan does well on some measures such as documenting and controlling hypertension. Some other areas need improving:

Bladder control: Over 50% of our members report having incontinence but 2/3 of them tell Medicare that their doctor doesn't know and hasn't done anything about it. Please check to see if your patients have incontinence. Not every case of leakage is amenable to treatment but asking about it and offering a few simple suggestions such as timing of medications, Kegel exercises or even just caring and understanding will contribute to patient satisfaction and improved quality ratings.

Falls: A quarter of our members told Medicare they had fallen. How many of your patients have fallen? Please ask. Suggestions regarding "fall-proofing" the home, medication management and maintaining good vision may be helpful.

Physical Activity: Check with your patients about how they stay physically active. Walking is a common activity. Those who don't get out can do in-home exercises to maintain strength and balance. This will help prevent falls as well.

Monitor Medications: Do you have patients on ACEs or ARBs? ...Diuretics? ...Digoxin? Did you get an annual blood test for potassium, BUN and creatinine? Inter Valley Health Plan members rank near the bottom across the nation for getting these blood tests done.



CAN YOU NAME THIS DISEASE?

SYMPTOMS: BIG HEAD • HEADACHE • HEARING LOSS

X-RAYS: DENSE, DEFORMED BONES

TREATMENT: ALENDRONATE

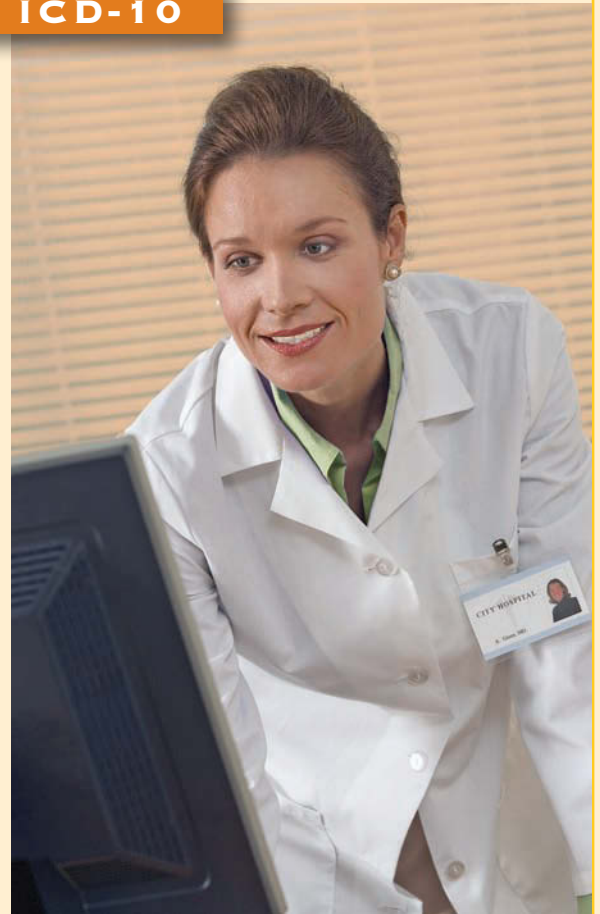
Be the first to call 800-251-8191 x 269 with the correct diagnosis and receive free movie tickets!

A CHANGE IS GONNA COME: THE ICD-10

The International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) diagnosis code set will be replaced by the International Classification of Diseases, 10th Edition, Procedure Coding System/Clinical Modification (ICD-10-PCS/CM) in 2013. This will affect diagnosis reporting with dates of service or discharge for inpatients that happen on and after October 1, 2013.

You should be aware that the ICD-10 coding system is more complex than its predecessor. The length and types of codes you can reference will be expanded and more specific. This should help to improve auto-adjudication of claims, standardize reimbursement, decrease denials and expand performance measurements.

With this change the U.S. healthcare system will be able to match diagnosis and treatment codes to current medical information. The change will also aid in tracking the outcomes of care, severity of diseases and conditions, and provide a platform for deeper analysis and management of risk and health. The U.S. will be in a position to speak the global language of healthcare and will be able to provide accurate data on disease and mortality.



COMPARE AND CONTRAST

| ICD-9-CM DIAGNOSIS CODES | ICD-10-CM DIAGNOSIS CODES |
|---|---|
| 3-5 characters in length | 3-7 characters in length |
| Approximately 13,000 codes | Approximately 68,000 available codes |
| Limited space for adding new codes | Flexible for adding new codes |
| Lacks detail | Very specific |
| Lacks laterality | Has laterality |
| Difficult to analyze data due to non-specific codes | Specificity improves coding accuracy and richness of data for analysis |
| Codes do not adequately define diagnoses needed for medical research | Detail improves the accuracy of data used for medical research |
| Does not support interoperability because it is not used by other countries | Supports the exchange of health data between other countries and the U.S. |

GETTING TO THE HEART OF DIABETES:

For people with diabetes, problems with the heart and blood vessels can prove fatal. The two main conditions that are putting your diabetes patients at risk are high blood pressure and high cholesterol. As a health care provider, it is your responsibility to do everything you can to help your patients gain control of these potentially life threatening conditions.

How can you help patients who need to control their blood pressure?

■ If you have patients with diabetes who are taking medicine for blood pressure but are not on an **ACE** or an **ARB**, consider why not and determine if they should be. ACEs and ARBs can uniquely benefit the heart and kidneys in people with diabetes.

■ Remind your patients that no matter what medication they may be taking, their blood pressure needs to be controlled to

140/90 or lower.

■ Advise them to check their potassium and creatinine levels every year.

How can you help patients who need to control their cholesterol?

■ If you have any diabetes patients that are not on a **Statin** medication, determine if it would be beneficial for them to be.

■ Advise your patients that keeping a low level of LDL, or “bad cholesterol,” can be crucial in preventing heart attacks.

■ Remind your patients to get their LDL checked every year.

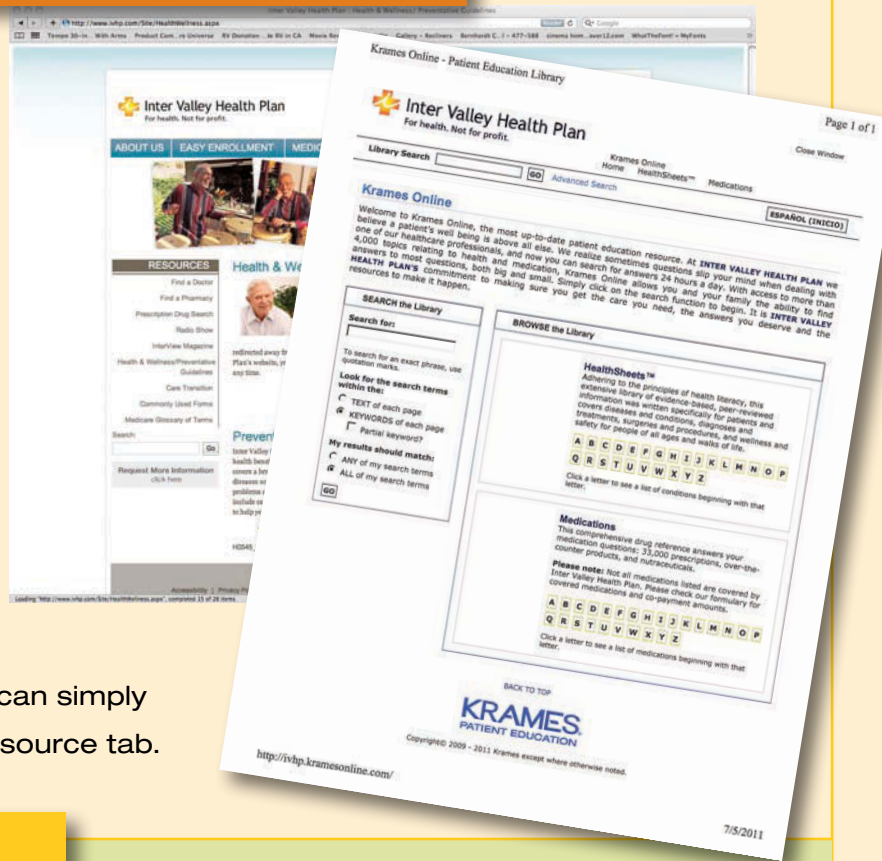


WELLNESS LIBRARY: A WEALTH OF INFORMATION

We've added a new feature to our company website and it means more health care resources for your patients. As you know, we believe that our patients' wellbeing and vitality is most important and we also realize that sometimes questions can slip their minds when they are meeting with you. Now they can research the answers 24 hours a day.

With access to more than 4,000 topics relating to health and medication, our Wellness Library allows patients to find answers to most questions big and small.

To access the Wellness Library, patients can simply log on to www.ivhp.com, and click on the Resource tab.



PHARMACY UPDATE

Inter Valley Health Plan's Pharmacy and Therapeutics Committee continually reviews all drugs for formulary inclusion or exclusion. Physicians can stay informed through this publication, Info-Link.

For more information about the drugs covered by Inter Valley Health Plan, please visit our website at www.ivhp.com/site/PrescriptionDrugSearch.aspx or call Pharmacy Services, 7:30 am to 8 pm, 7 days a week, at 800-523-3142. TTY/TDD users should call 800-505-7150.

Desert Preferred Choice Update:

| Covered Drug Name | Alternate Drug Name | Tier Description | Utilization Limits |
|---------------------------------------|--|-----------------------|--------------------------|
| VANDETANIB TAB 100MG | CAPRELSA | Specialty Tier | QL (60 tabs per 30 days) |
| VANDETANIB TAB 300MG | CAPRELSA | Specialty Tier | QL (30 tabs per 30 days) |
| LEVOFLOXACIN SOL 25MG/ML | LEVOFLOXACIN | Non-Preferred Generic | |
| LEVOFLOXACIN TAB 250MG, 500MG & 750MG | LEVOFLOXACIN | Non-Preferred Generic | QL (14 tabs per 1) |
| PAROXETINE ER TAB 37.5MG | PAXIL CR | Non-Preferred Generic | |
| EDURANT TAB 25MG | RILPIVIRINE | Specialty Tier | QL (30 tabs per 30 days) |
| VIIBRYD TAB 10, 20 & 40MG | VILAZODONE | Non-Preferred Brand | QL (30 tabs per 30 days) |
| PRADAXA CAP 150 & 75MG | DABIGATRAN | Preferred Brand | |
| BOOSTRIX INJ | TETANUS TOXOID, DIPHTHERIA TOXOID, & ACELLULAR PERTUSSIS VACCINE | Preferred Generic | |
| LETROZOLE TAB 2.5MG | LETROZOLE | Preferred Generic | |
| EXEMESTANE TAB25MG | EXEMESTANE | Non-Preferred Generic | |
| LEVOFLOXACIN SOL 0.5% | LEVOFLOXACIN | Non-Preferred Generic | |

August 18, 2011 was the effective date for all drugs listed above.

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EDITOR'S NOTE:

We value your opinion. If you have any comments on this issue or have a topic suggestion for future issues, please contact Cyndie O'Brien at 909-623-6333 or cobrien@ivhp.com.



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