

PUBLISHED FOR INTER VALLEY HEALTH PLAN PHYSICIANS

Info-Link

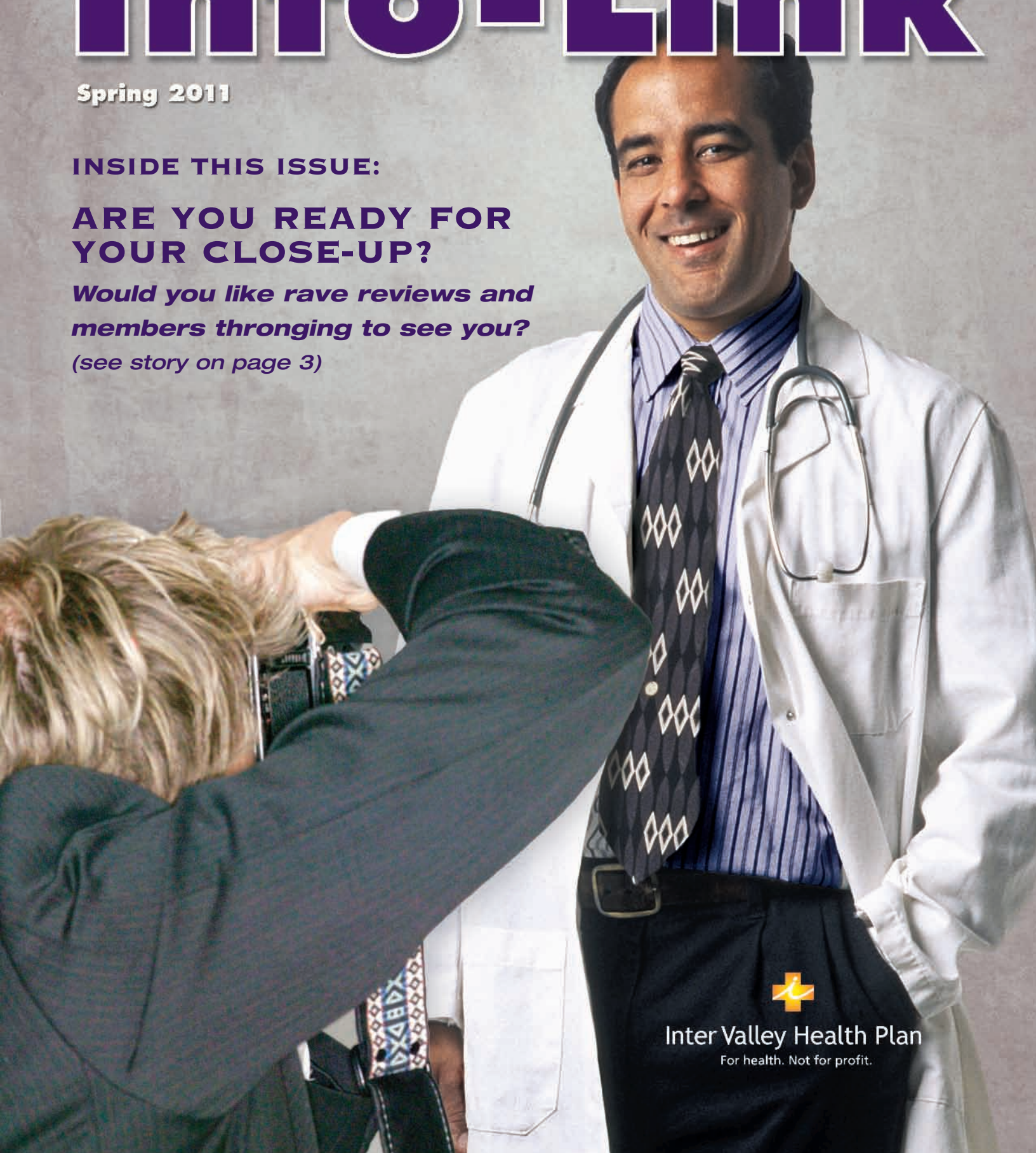
Spring 2011

INSIDE THIS ISSUE:

**ARE YOU READY FOR
YOUR CLOSE-UP?**

*Would you like rave reviews and
members thronging to see you?*

(see story on page 3)



Inter Valley Health Plan

For health. Not for profit.

WHAT'S IN THE STARS

DOCTORS PLAY A KEY ROLE IN OUR PERFORMANCE

The Centers for Medicare and Medicaid Services (CMS) rates the quality of the plans that are offered to Medicare beneficiaries through the Medicare Advantage program. CMS rates Medicare Advantage plans (like Inter Valley Health Plan) on a one to five-star scale, with five stars representing the highest quality. The summary score provides an overall measure of a plan's quality, and is an indicator for quality of care and access to care.

These Ratings are posted on the Medicare website to provide people who are Medicare eligible with additional information to help them choose among the Medicare Advantage plans offered in their area.

Every year the Center for Medicare and Medicaid Services posts the new Star ratings so people can make an educated decision.

This year Inter Valley Health Plan was rated a four star plan, but it is our goal to be a five star plan. Quality, access and member satisfaction have always been in our spotlight, but with the Star Rating we want to make sure our performance produces great reviews.

The Medicare Advantage Plans are measured on thirty six Part C measures which include categories such as: Staying Healthy, Managing Chronic Conditions, Ratings of Health Plan Responsiveness and Health Plan Customer Service. You play a leading role in achieving these stars.

Inter Valley Health Plan's emphasis on our Five Star Program will improve patient health as we work together with physicians to improve patient satisfaction and outcomes. We are implementing key programs and tools to help us ALL succeed.

Some of our programs making their debut this year include: Personal Care Advocate, Physician Portal, enhanced Physician Directory and ongoing member mailings. Every issue of Info-Link will feature a different aspect of our five star program. We hope we can work together with you to improve patient health and satisfaction—a win-win for everyone!



MEDICAL RECORD REVIEW FACILITATES 5 STAR GOAL

As spring approaches, so too does the annual HEDIS data collection project. Medicare Advantage Contracts like Inter Valley Health Plan are required to report performance rates for over 100 measures this year. As in previous projects, six of those measures involve medical record review.

The Medical Record Review process is a critical part of the HEDIS project. While electronic claims and encounter data are more than sufficient to assess IVHP's performance in most measures, there are elements of a patient's care that can only be found in the patient's medical record. For example, collecting documentation of the physician review of the patient's medication list after a discharge from the hospital.

In the last month, many provider offices have been contacted, and site visits to review medical records have been scheduled and completed. The plan's HEDIS data collection team sends their gratitude to the practitioners and office staff who accommodated the team during the medical record review process. Thanks are also in order for practitioners who sent back medical records.

Inter Valley Health Plan's foremost objectives are to ensure provision and coordination of high-quality health care services to enrollees and to be acknowledged as the five-star plan that you are part of. Successful recognition as a five-star organization rests in large part on our physician's performance in the HEDIS measures. Efficient and accurate collection of data brings the plan much closer to that goal.



ARE YOU READY FOR YOUR CLOSE-UP?

Would you like rave reviews and members thronging to see you?

Inter Valley Health Plan has upgraded the physician directory located on our website. Many of our physicians now have their picture and a "personal statement" displayed. Further enhancements of the information and search capabilities are planned.

This directory is an important part of the selection process for our members when choosing a physician. It is also used by our Sales and Member Services staffs when assisting members.

If you would like to have your page updated in the directory, please contact the Provider Services Department at 909-623-6333.

Alternatively, you may wish to complete a Physician Information Form. It is located under the Provider tab on the Inter Valley Health Plan website. It may be printed out and faxed to us at 909-623-8973.

We're looking forward to seeing you on our website at www.ivhp.com!

BROKEN BONE? CHECK FOR OSTEOPOROSIS.



If a patient presents with a broken bone, it could be due to osteoporosis, a disease that weakens bones, thereby increasing the risk of fractures from falls and other accidents.

Your patient could have the disease without knowing it. Because it causes no pain, a broken bone is often how osteoporosis is discovered.

As a health care provider, you can offer your patients treatment to reduce the risk of future broken bones. Talk with your patients about getting a DEXA scan to measure their bone density. This will help you determine if the break was due to osteoporosis or if the patient is at risk for the disease.

Tell your patients about the steps they can take to prevent the disease such as enjoying a healthy diet and exercising regularly.

The bottom line: If your patient sustains a broken bone and isn't already taking osteoporosis medication, ask them to get a DEXA scan to check for osteoporosis.

Be sure to let them know that a "heel test," sometimes offered at health fairs and drug stores, is not an adequate test to check for osteoporosis.

IF YOUR PATIENT HAS OR IS AT RISK FOR OSTEOPOROSIS

- Help them devise an exercise program to build muscle strength and improve balance.
- Encourage them to eat a healthy diet.
- Advise them to have a DEXA scan to determine if they have osteoporosis or are at risk.
- Prescribe needed medications.

May is National Osteoporosis Month. Make sure to inform your patients about osteoporosis and broken bones!

PERSONAL CARE ADVOCATE PROGRAM

The new year brings new and exciting challenges: the continuing impact of health care reform, tighter regulations, and a growing demand for personalized care and services just to name a few.

That said, Inter Valley Health Plan has shown time and time again, its ability to move with the changing times. As we welcome new enrollees in 2011, we do so with a new program that brings personalized care services and coordination much closer to them. Inter Valley Health Plan proudly announces the Patient Care Advocate Program's implementation!

The Personal Care Advocate (PCA) program is a service available to new enrollees.

Inter Valley's Vice President of

Health Services, Susan Tenorio, BSN, RN, says, "There isn't a way to comprehensively describe the book of services offered by the PCA program because we don't want to limit the types of services offered to what's on a list. We're in the infancy stage of program implementation and we've given a lot of thought and planning to how the program will function; but I also know that there's a lot we will learn from our members."

Simply put, Inter Valley Health Plan's PCA program is similar to a concierge service. The Personal Care Advocates, or PCAs work closely with members and physicians and act as facilitators when the need arises. The PCAs also are the plan's main contact with the members. Establishing one personal contact with whom the member can interact fosters communication, promotes care compliance, increases satisfaction and ultimately, improves member health and quality of care. In 2011 the program is being piloted only to new enrollees but plans to expand its scope to all members are being strategized.



MODEL OF CARE TRAINING FOR SPECIAL NEEDS PLAN

Keeping up with the ever changing health care landscape is especially critical for Inter Valley Health Plan's (IVHP) Special Needs Plan (SNP) called FOCUS SNP.

FOCUS provides a unique set of benefits designed around the needs of Medicare beneficiaries with Diabetes or Congestive Heart Failure (CHF). The Model of Care for this program emphasizes supporting each member and physician with an Interdisciplinary Care Team overseeing a care manager for the member.

Annual training about how this Model of Care functions is required by Medicare for every practitioner contracted to be part of our network.

How can you quickly and easily complete this mandatory training?

■ Many of our contracted physician groups will be providing training at their practitioner meetings. Simply attend and sign off that you received the training.

■ The IVHP website (www.ivhp.com)

- Go to (Providers)
- Click on (Provider Tools/Update)
- Under (Provider Tools/Update) you will find the (Special Needs Plan Model of Care Training) and the (Attestation Form).

After completing the training, sign the Attestation Form and then fax it to 909-620-8092.

■ Alternatively, you may call Rey Whitt, the SNP program manager, at 800-251-8191

ext. 485 to request that printed training materials and an Attestation Form be mailed to you.

Please help our members, your Diabetes and CHF patients, have access to the best benefits for their conditions.



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.

Covered Drug Name	Alternate Drug Name	Tier Description	Utilization Limits
Service To Seniors, Total Fit and Focus SNP Update:			
AFINITOR TAB 2.5MG	EVEROLIMUS	Specialty Med Tier	Prior Authorization Required QL (120 tabs per 30 days)
ANASTROZOLE TAB	ANASTROZOLE TAB	Preferred Generic	
ASACOL TAB	MESALAMINE	Non-Preferred Brand	
AZASITE SOL 1%	AZITHROMYCIN	Non-Preferred Brand	
FAZACLO TAB 150MG	CLOZAPINE	Non-Preferred Brand	QL (120 tabs per 30 days)
FAZACLO TAB 200MG	CLOZAPINE	Non-Preferred Brand	QL (90 tabs per 30 days)
IPRATROPIUM SOL INHAL	IPRATROPIUM BROMIDE	Non-Preferred Generic	Prior Authorization Required
JEVTANA INJ 60/1.5ML	CABAZITAXEL	Specialty Med Tier	Prior Authorization Required
LATANOPROST	XALATAN	Preferred Generic	QL (5ML per 30 days)
LUMIGAN SOL 0.01%	BIMATOPROST	Non-Preferred Brand	QL (8ml per 30 days)
LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL	Preferred Generic	
MENVEO INJ	MENINGOCOCCAL VACCINE	Non-Preferred Brand	Prior Authorization Required
PANTOPRAZOLE TAB	PANTOPRAZOLE	Preferred Generic	QL (30 tabs per 30 days)
PRADAXA CAP	DABIGATRAN	Non-Preferred Brand	Prior Authorization Required QL (60 caps per 30 days)
PREZISTA TAB 150MG	DARUNAVIR	Non-Preferred Brand	
PROAIR HFA AER	ALBUTEROL	Preferred Brand	
PROMACTA TAB 75MG	ELTROMBOPAG	Preferred Brand	
PROVENTIL AER HFA	ALBUTEROL	Preferred Brand	
TEKAMLO	ALISKIREN and AMLODIPINE	Non-Preferred Brand	QL (30 tabs per 30 days)
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN	Preferred Generic	
TOBRASOL SOL 0.3% OP	TOBRAMYCIN	Preferred Generic	
TWINRIX INJ	HEPATITIS A and HEPATITIS B	Non-Preferred Brand	
ZYMAXID SOL 0.5%	GATIFLOXACIN	Non-Preferred Brand	
Desert Preferred Choice Update:			
LOSARTAN	COZAAR	Preferred Generic	QL (30 tabs per 30 days)
LOSARTAN/HCT TAB	HYZAAR	Preferred Generic	QL (30 tabs per 30 days)
DONEPEZIL TAB	ARICEPT	Non-Preferred Generic	QL (30 tabs per 30 days)
OXYCONTIN TAB	OXYCODONE	Preferred Brand	
LATUDA TAB	LURASIDONE	Non-Preferred Brand	QL (30 tabs per 30 days)
DACOGEN INJ	DECITABINE	Specialty Med Tier	Prior Authorization Required
ADACEL	TETANUS TOX, DIPHTHERIA TOX, & ACELLULAR PERTUSSIS	Preferred Generic	
JEVTANA INJ	CABAZITAXEL	Specialty Med Tier	Prior Authorization Required
PREZISTA TAB 150MG	DARUNAVIR	Non-Preferred Brand	
DAUNOXOME INJ	DAUNORUBICIN	Specialty Med Tier	Prior Authorization Required
HALAVEN INJ	ERIBULIN	Specialty Med Tier	Prior Authorization Required
TOPOTECAN INJ	TOPOTECAN	Specialty Med Tier	Prior Authorization Required
DILANTIN CAP30MG	PHENYTOIN	Preferred Brand	
LATANOPROST	XALATAN	Preferred Generic	QL (5ML per 30 days)
PROMACTA TAB	ELTROMBOPAG	Specialty Med Tier	Prior Authorization Required QL (90 tabs per 30 days)
MENVEO INJ	MENINGOCOCCA OLIGOSACCHARIDE DIPHTHERIA TOX	Injectable Tier	
TAXOTERE INJ	DOCETAXEL	Specialty Med Tier	Prior Authorization Required
GEMCITABINE	GEMCITABINE	Specialty Med Tier	Prior Authorization Required
TRELSTAR	TRIPTORELIN	Specialty Med Tier	Prior Authorization Required

April 1, 2011 is 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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