

Info-Link

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ACCURATE CODING LEADS TO HIGHER REIMBURSEMENT

Prior to January 2000, CMS (Centers for Medicaid and Medicare Services), reimbursed health plans based solely on a members demographic information, (i.e. age, sex, location...). In January of 2000, CMS began transitioning reimbursement to health plans according to a beneficiaries health status.

To accomplish this, CMS has implemented HCC, (Hierarchical Condition Category), a new risk adjustment program. HCC consists of 61 disease groupings based on inpatient and outpatient encounters. The HCC assigned to a disease is determined by the ICD-9-CM diagnosis codes that the Plan receives from the medical groups encounter data. The complete HCC list and pricing is available by calling the Plan's Provider Services Department.

To assure that Inter Valley Health Plan is receiving the appropriate reimbursement from CMS to pass onto the medical groups, we need your help:

- Physician offices need to submit accurate and timely encounter data to their medical group.
- Physicians should submit ALL diagnoses documented in the medical record to their highest level of specificity.

The graph below shows how incomplete or inaccurate ICD-9 reporting can impact reimbursement from CMS.

HCC#	ICD-9 Code	Description	Annual Reimbursement
19	250.00	Diabetes without complications	\$1,616
18	250.5x	Diabetes with ophthalmic manifestations	\$2,770
17	250.1-3x	Diabetes with acute complications	\$3,160
16	250.6x	Diabetes with neurological manifestations	\$4,460
15	250.4x	Diabetes with renal or peripheral circulatory manifestations	\$6,173

BENEFIT ENHANCEMENTS FOR INTER VALLEY HEALTH PLAN MEMBERS

There's been a lot of talk about "Medicare Reform," specifically in relation to how the Medicare Prescription Drug Improvement and Modernization Act of 2003 will provide better health care benefits for Medicare recipients. Thanks to the recent legislation, Inter Valley implemented a number of positive changes for our members that will improve health care coverage and lower member costs in 2004.

Effective March 1, 2004:

- Plan Premiums for San Bernardino and Riverside Counties were eliminated.
- Prescription drug coverage was broadened to include a number of drugs that were previously excluded.
- Copayments for Prescription drugs were reduced to the 2003 copay levels.
- Copayments for complex x-ray and radiation therapy now have a ceiling per treatment - \$50 for complex x-ray and \$15 for radiation therapy.

Effective May 1, 2004

Physician office visit copayments were reduced:

- \$5.00 for PCP
- \$10 for Specialist.

Effective June 1, 2004

The Medicare-approved Drug Discount Card Program goes into effect. Inter Valley's Drug Discount Card will not replace any prescription drug benefit the member receives through the Plan. This program will enhance their existing benefit by providing discounts for drugs that are not covered by Inter Valley Health Plan's drug benefit. Using their Membership Card with the Medicare-approved logo on it will entitle the member to Inter Valley Health Plan's negotiated low rate or the pharmacy's usual and customary price, whichever is lower.

In addition, members may be eligible to receive an additional \$600 credit for prescriptions if their income is \$12,569 or less if they are single and \$16,862 or less if married.



pharmacy

U P D A T E

TABLET SPLITTING SAVES MONEY

Inflation cost of prescription medications has been double digits for many years and it is becoming more difficult to afford these therapies. With fixed or limited incomes, it is important to make every dollar count for our members. Since generally most medications are not flat priced for all strengths, one way of saving money is by splitting tablets. Tablet splitting is a topic discussed in the previous newsletter sent to our members and you may expect questions regarding this issue.

What is tablet splitting?

Tablet splitting is when a higher strength tablet is cut in half to provide your prescribed dose of medication. For example, if Lipitor 10 mg tablets is the desired therapeutic dose, a prescription for Lipitor 20 mg may be written with instructions to take a half tablet daily for a 10 mg dose. This allows the member to purchase fewer tablets for a month supply and thereby saves money.

Tablet splitting programs have been successfully used in many healthcare plans across the country.

What are the benefits of tablet splitting?

Tablet splitting may allow your members to save money on their prescription medications. Often, all strengths of one medication are not similar in price. Splitting tablets can lower the cost per day of the member's medication by 30% to 50%!

In the example provided above with Lipitor, your patient will save approximately \$25 (33%) per month by taking half of a Lipitor 20 mg tablet instead of a 10 mg tablet. Based on the medication (formulary vs nonformulary), the member will save the whole amount out of pocket or will save by posting a smaller debit against their quarterly pharmacy benefit account.

Can all medications be split in half?

No. Some medications are specially designed so that they may not work properly if they are split in half, such as capsules, medications with special coatings, and time-release products. Some tablets can be split even if they do not have a line to break the tablet in half. We have compiled a list of brand and generic medications that could potentially be split for your information.



Continued on back

TABLET SPLITTING... CONTINUED

How do members split their tablets in half?

There are many different ways to split tablets in half. One way is to purchase a tablet splitter from your local pharmacy (they usually cost less than \$5). These tablet splitters are safe and easy to use. All they need to do is place the tablet in the proper place and then when the splitter is closed, a steel blade cuts the tablet in half. Some tablets are scored and have a line dividing the dose in half and may be able to be snapped in half using their fingers. Other alternatives may be available — The local pharmacist may provide more information.

Is it safe to split tablets?

Tablet splitting is generally safe when done on appropriate medications. As previously mentioned, not all medications can be split. When tablet splitting is done correctly, members will receive their prescribed dose with no adverse effects.



MEDICATIONS IN TABLET FORM THAT MAY BE SPLIT

**ACCUPRIL
ACEON
ACTOS
AMARYL
AMBIEN
ATACAND
ATENOLOL
AVANDIA
AVAPRO
BENZAEPRI
BEXTRA
CARDURA
CELEXA
CLARINEX
CLARITIN
CLONAZEPAM
COREG
COZAAR**

**CRESTOR
DEPAKOTE
DICLOFENAC
DIOVAN HCT
DOXAZOSIN
ENALAPRIL
EVISTA
FAMOTIDINE
FOSINOPRIL
GLUCOVANCE
HYZAAR
KLONOPIN
LEXAPRO
LIPITOR
LISINOPRIL
LOTENSIN
LOVASTATIN
MEVACOR**

**MONOPRIL
NEURONTIN
NORVASC
PAROXETINE
PAXIL
PEPCID
PLAVIX
PRAVACHOL
PRINIVIL
RANITIDINE
REMERON
RISPERDAL
SEROQUEL
SERZONE
SINGULAIR
TENORMIN
TOPAMAX
TOPROL XL**

**TRAMADOL
TRICOR
ULTRAM
UNIVASC
VASOTEC
VIAGRA
VIOXX
VOLTAREN
ZANTAC
ZESTORETIC
ZESTRIL
ZOCOR
ZOLOFT
ZYPREXA
ZYRTEC**

LDL CHOLESTEROL CONTROL

Post-cardiac Event

In a past InfoLink issue, we mentioned the HEDIS measurement of LDL screening between 60 and 365 days following hospitalization for an acute cardiac event (acute myocardial infarction, CABG, or PTCA). The Plan will know the results of 2003 performance in June 2004.

Diabetes Mellitus

In addition to the above HEDIS measure, LDL levels are also monitored for diabetic members. This measure states that one LDL level be completed at least once every two years.

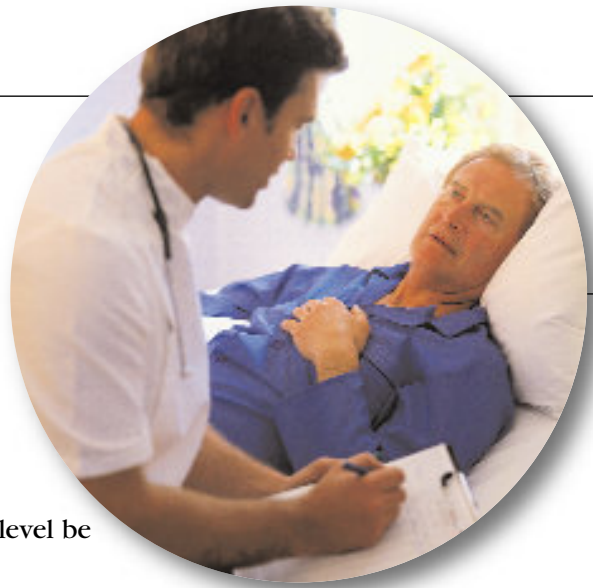
Target Values

For the 2004 HEDIS measure, for both the cholesterol management after acute cardiac event and diabetes LDL management, an LDL level below 100 mg/dl is the target.

The Plan continues to contact physicians regarding members who have been discharged after an acute cardiac event and had no evidence of having an LDL completed or controlled at 100 mg/dl or below.

A new HEDIS intervention is to track the diabetic members and send them educational materials on the importance of lowering their LDL level. They are encouraged to discuss their LDL level with their physicians and how to achieve the goal of 100 mg/dl or lower.

We continue to need physician cooperation regarding this important measure of cholesterol management in diabetics and those with acute cardiac events. Lowering the level of LDL to below 100 mg/dl has been shown to achieve secondary prevention of cardiovascular events in these high-risk patients.



COLORECTAL CANCER SCREENING

For the 2004 HEDIS measure of Colorectal Cancer Screening (CRCS), Inter Valley Health Plan is in the process of completing collection of data from chart review and administrative data for the last nine years.

Our preliminary results are very low - 36% compliance rate for having had a CRCS completed. HEDIS criteria for this measure are:

- | | |
|--|---|
| ■ Yearly fecal occult blood test (FOBT) | ■ A yearly FOBT and flexible sigmoidoscopy once in the last five years (preferred over either option alone) |
| ■ Flexible sigmoidoscopy once in the last five years | ■ Colonoscopy once every ten years |
| ■ Double-contrast barium enema | |

HEDIS does not recognize a guaiac test as being a positive outcome for this measure. The FOBT test must consist of the Hemocult Card, which requires three separate specimens.

We have found chart documentation of patients refusing to have a colonoscopy as recommended. This may be due to their not understanding the importance of a colonoscopy or fear of the preparation for this procedure. In lieu of a colonoscopy procedure, one of the other less invasive CRCS could be ordered.

In early May, all members who qualified for the HEDIS criteria, received a letter and a brochure titled "Taking Care of Your Colon." We hope that this will raise member awareness of the need for colorectal cancer screening and result in discussion of the issue with their primary care physicians.

Please discuss with your patients the need to have a colorectal cancer screening, stressing the importance of early detection and the survival rate if this cancer is found in the early stage.

Mark Your Calendar

OLDER ADULT SENSITIVITY TRAINING

Inter Valley Health Plan and Pfizer Pharmaceuticals is sponsoring an Older Adult Sensitivity Training Program in July at the Sheraton in Pomona. Physicians and their office staff are invited to attend this educational program FREE. Participants will receive a Program Kit and will be instructed on the very important facts about working with older adults. If you or your staff would like more information on this program, please contact Inter Valley Health Plan at 909-623-6333 ext 626.



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CONTRIBUTING EDITORS
Remedios L. Amirante, M.D. *Medical Director*
Cyndie O'Brien *Communications*
Fidel Valenzuela, Pharm. D. *Health Services*
Susan Tenorio, BSN, R.N. *Health Services*
Jeanmie Lauppe, R.N. *Health Services*

EDITOR'S NOTE: We value your opinion. If you have any comments on this issue of Info-Link or have a topic suggestion for future issues, please contact Cyndie O'Brien at 909/623-6333 or e-mail cobrien@ivhp.com.

Better Habits. Better Health.
300 South Park Avenue
P.O. Box 6002
Pomona, CA 91769-6002

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