

Info-Link

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MEDICARE ADVANTAGE CONSUMER ASSESSMENT SURVEY

The results were recently announced for the seventh annual Consumer Assessment of Health Plans Survey (CAHPS), a comprehensive poll of health plan member satisfaction. This survey, funded by the federal government was designed by the Centers for Medicare & Medicaid Services (CMS) to determine how Medicare Advantage beneficiaries assess their HMO services in a number of categories. As with the past years' versions of the survey, members of Inter Valley rated their HMO with impressive marks.

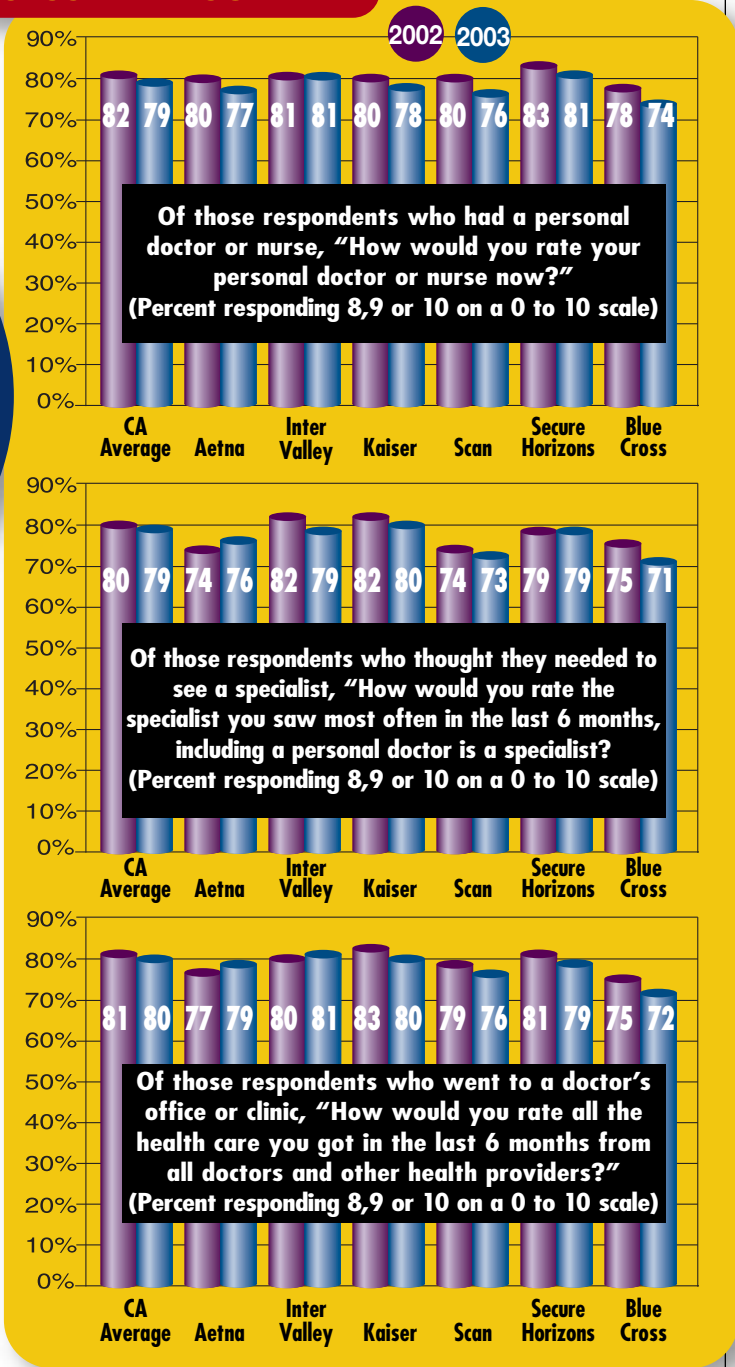
Inter Valley Health Plan once again outscored most other health plans, including much larger, for-profit HMOs. The Plan received among the highest marks overall in a majority of categories in the member satisfaction survey when compared with other California Health Plans.

In this year's survey, Inter Valley is ranked at or near the top in virtually every category, including an impressive top-two ranking in the "Overall Rating of Health Plan" score, for which more than three quarters of all respondents rated Inter Valley an 8, 9 or 10 on a scale from 1-10.

Further, Inter Valley received the overall highest "Customer Service" composite scores among all HMOs whose members were surveyed. Inter Valley also led all California HMOs in the customer service subcategory "Getting Help When Needed," dramatically outscoring all other HMOs.

Where the doctors ranked

Inter Valley placed among the top two HMOs in a number of additional categories, including "Rating of Personal Doctors," "Rating of Specialists," and "Getting an Appointment When Wanted."



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CHF DISEASE MANAGEMENT PROGRAM: At Home with Heart Failure

In the last issue we announced that this program started in July 2004. The following is a 6-month update:

- 1,326 members are in the CHF registry
- 631 have been identified as high-risk
- 335 introductory packets were mailed out, which included an introductory letter, a pamphlet "A Stronger Pump", and a Health Outcomes Survey.
- 116 responded by submitting their survey and received a \$10.00 Walgreen's certificate.
- 222 are voluntarily participating in case management

DIABETES DISEASE MANAGEMENT PROGRAM

The *Zoning in on Diabetes Program* provides a focused approach to improving the health of Inter Valley Health Plan members with diabetes. The program can effectively coordinate the health care needs of diabetics, using, but not limited to, the following tools:

- **Diabetes Registry** - list of members with diagnosis of diabetes mellitus, based on claims encounters from the hospital, physician offices and pharmacy
- **Physician outreach** - physicians will continue to provide treatment and an overall health care plan. They are notified of their patients' participation in the program and will receive status reports. Forums sponsored by the Plan will enhance physician expertise in diabetic care.

■ **Member Education** - diabetic members will initially receive educational pamphlets, a Health Outcomes survey, which also gives them an option to participate or not. Diabetic members will receive additional educational materials and various tools for self-management.

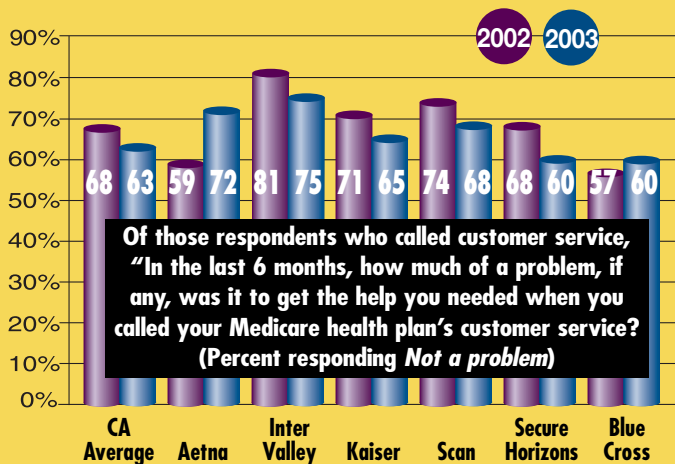
■ **Case Management** - Nurse case managers conduct a telephonic health assessment of program participants to determine individual need for case management. Accordingly case managers will determine patient compliance with their treatment plan, coordinate care and services, and work directly with members and their respective physicians.

■ **Measurement** - In order to track the program's effectiveness, Inter Valley Health Plan will conduct measures for comprehensive diabetic care such as HbA1c, LDL Cholesterol, Urine Microalbuminuria, and Annual Retinal Eye Exams. Utilization measures such as admissions, readmissions, and ER visits will be tracked. Health outcomes surveys before and 12 months after the program are compared to measure changes in health status and quality of life.

The voluntary and free *Zoning in on Diabetes Program* is offered as an added value to Inter Valley Health Plan members. With physician support and member participation, Inter Valley Health Plan looks forward to a successful program. We hope members will invest in their health by utilizing the Disease Management Programs. We are here to help!

For details on the Diabetes Disease Management Program, call Ray Whitt, R.N. at (909) 623-6333, ext 448.

MEDICARE ADVANTAGE CONSUMER ASSESSMENT SURVEY...continued



Also, a remarkable 90% of respondents reported they had no problems getting their prescription medicine through Inter Valley.

As a further testament to Inter Valley's member satisfaction performance, the Plan also had an 82% membership response rate to the CAHPS survey, exceeding both state and national averages.

Member satisfaction is always a primary goal at Inter Valley, so it's gratifying when the Plan's scores are high several years in a row in a broad range of categories.

MEDICARE CRITERIA FOR POVs AND SEAT LIFT MECHANISMS

Many advertisements are on television regarding power-operated vehicles (POVs) for Seniors. Our Senior members have seen these ads and then request that you order a POV for them.

A power wheelchair is covered when all of the following criteria are met:

- The patient's condition is such that without the use of a wheelchair, the patient would otherwise be bed or chair confined, and;
- The patient is unable to operate a manual wheelchair; and
- The patient is capable of safely operating the controls for the POV; and
- The patient can transfer safely in and out of the POV and has adequate trunk stability to be able to safely ride in the POV; and
- It is ordered by a physician who is one of the following specialties: Physical Medicine, Orthopedic Surgery, Neurology or Rheumatology. Exceptions: When such a specialist is not reasonably accessible (e.g. more than one day's round trip from the beneficiary's home or the patient's condition precludes such travel), an order from the beneficiary's physician may be acceptable.

A POV will be denied as not medically necessary when it is needed only for use outside the home. A POV that is beneficial primarily in allowing the patient to perform leisure or recreational activities will be denied as not medically necessary.

A seat lift mechanism is covered if all of the following criteria are met:*

- The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
- The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition.
- The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift



mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)

- Once standing, the patient must have the ability to ambulate.
- The physician's record must document that all appropriate therapeutic modalities (e.g. medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.

Accurate and detailed medical record documentation should be kept in order to help simplify the process of determining the necessity of the above two items. A Certificate of Medical Necessity has to be completed for both the POV and the seat lift mechanism. You, as the primary care physician, can fill out the certificate for the seat lift and the physician who is doing the neurologic examination completes the certificate for the POV.

Inter Valley Health Plan hopes that these guidelines will assist you the next time a patient requests either a POV or a seat lift mechanism.

**This does not include the seat, only the mechanism.*

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:

- Pomona Valley Hospital Medical Center — Claims Processing Audit
- ProMed Health Network of Pomona Valley — Claims Processing and Credentialing Audit
- Riverside Medical Clinic — Claims Processing Audit
- Hemet Community Medical Group — Credentialing, Utilization Management and Quality Management Audits
- St. Mary Choice Medical Group — Utilization Management and Quality Management Audits
- Regal Medical Group — Utilization Management and Quality Management Audits
- Desert Valley Medical Group — Credentialing, Utilization Management and Quality Management Audits
- Upland Medical Group — Credentialing, Utilization Management and Quality Management Audits
- High Desert Primary Care Medical Group — Credentialing Audit



Additionally, the following groups were recognized for scoring above average or excellent in several HEDIS 2004 measures.

The service they provided to Inter Valley's members that

earned these HEDIS results afforded quality care to our members.

- ProMed Health Network of Pomona Valley
- St. Mary Choice Medical Group
- Desert Valley Medical Group
- Riverside Medical Clinic

Congratulations to all and keep up the good work.

PRESORTED STD
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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.

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Inter Valley Health Plan
SERVICE TO SENIORS



pharmacy

U P D A T E

IS NON-COMPLIANCE YOUR PATIENT'S TRUE DIAGNOSIS?

The question of medication efficacy is complex with many variables difficult to control.

The literature reveals that one of the most common problems with medication efficacy is medication compliance. For our discussion we will define compliance as how well the patient adheres to the direction of the physician in respect to dose frequency over an observed period of time. The difficulty encountered by physicians in their day-to-day practice is the inability to reconcile a patient's report with factual information, such as prescription refill history. Many times the patient's reports are erroneous and this may persuade a physician to inappropriately increase doses, increase dosing frequency, and/or change the therapy. These changes may result in medication adverse reactions if the patient suddenly chooses to comply with the physician's directions.

Within various chronic diseases (e.g., hypertension, diabetes, etc.), some literature reports non-compliance at or above 50% within the first 12 months after initiating therapy. These non-compliance rates are extremely high and irrespective of pharmaceutical agents and formulary availability of these medications, patients are not effectively treated. Under these circumstances therapeutic goals are difficult to achieve and place the physicians between a rock and a hard place.

Inter Valley Health Plan understands that non-compliance is a very difficult issue. Additionally, monitoring all members for all medications is a project that is unmanageable at this time for most health plans. Our approach at Inter Valley Health Plan will be to use

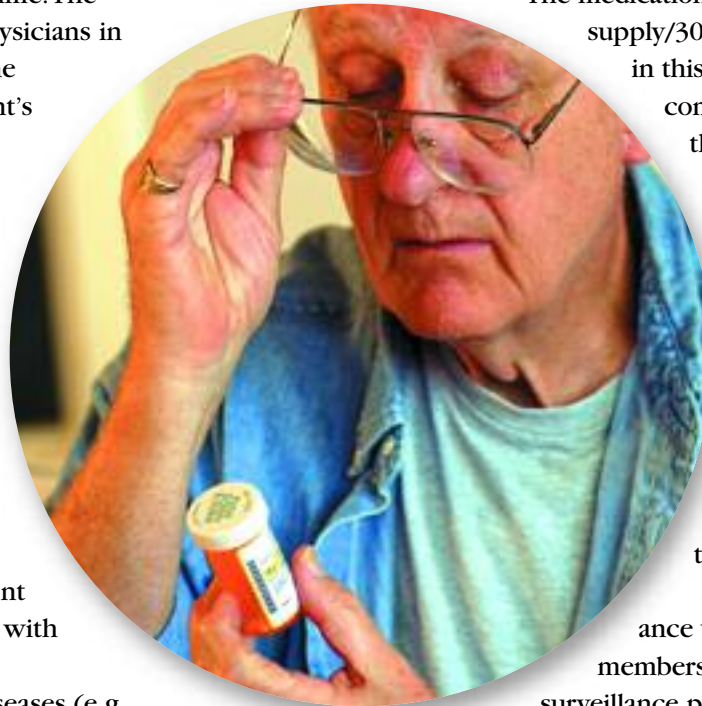
Medication Possession Ratio (MPR) as a surrogate marker for compliance. The medication possession ratio focuses on the number of medication days supply over a period of time. Example; Atenolol 50 mg (1 tablet daily) was filled on January 1st with 30 days supply. It is obvious that the patient will need an additional refill on January 31st to comply with the physician directions.

The medication possession ratio (30 days supply/30 days until the next refill) in this case is "1" or perfect compliance. If in this same case the prescription refill did not occur until February 14th, the MPR is now 0.67, which states that the patient only had possession of medication for 67% of this time frame. It is not realistic to expect 100% compliance but the tolerability threshold will be set to account for any variability that can be justified.

In an effort to improve compliance with Inter Valley Health Plan members, we will institute a MPR surveillance program on medications used in the treatment of congestive heart failure and diabetes. The MPR for these members will be reviewed and interventions will be executed in an attempt to improve medication compliance. This program will be used internally but we will be able to accommodate requests from our network physicians for specific members.

Medication compliance is an important issue within our medical system and patients could greatly improve their medical condition if these medications are taken properly.

Until medication compliance is addressed effectively the most expensive and therapeutically efficacious medications are worthless against the disease of non-compliance.



MEDICARE COVERED BENEFITS

Screening for colorectal cancer

Colorectal cancer is the second leading cause of cancer-related deaths. According to the Center of Medicare and Medicaid Services (CMS), the estimate for 2004 was that there would be 146,040 new cases of colorectal cancer diagnosed and 56,730 deaths. The risk of developing this increases with age and is one of the most preventable types of cancer.

Medicare will cover a screening colonoscopy for any member over the age of 50 if at least 119 months have passed since a previous screening colonoscopy was performed. For a member who is a high-risk patient to develop colorectal cancer i.e. family history of colorectal cancer, history of the member having colorectal cancer, then Medicare will cover a screening colonoscopy every 23 months.

Pneumonia vaccine

The CDC estimates that there are 40,000 deaths annually from Streptococcus pneumonia and 500,000 cases of pneumonia.

Pneumovac is only needed once in a lifetime if the member is over 65 when he/she receives it. Not all members remember if they have had this vaccine, so it is important to ask the member if they have ever received this vaccine and to document when the member received it.

Thank you for your continued support in providing our members with preventive care and services.

OLDER ADULT SENSITIVITY TRAINING

Inter Valley Health Plan and Pfizer Pharmaceuticals will be sponsoring an Older Adult Sensitivity training program on March 29, 2005. This very popular event will be held at the Sheraton Fairplex. The program objective provides physicians and their office staff the opportunity to understand the diverse needs of older adults and communicate more effectively with them.

The program is free and attendees will receive CME credit - 1.5 contact hours for Physicians and Pharmacists and 2.2 hours for Nurses.

Please contact Susie Terrazas at (800) 251-8191 ext 626 to obtain a program flyer .

