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InterValley Health Plan

SERVICE TO SENIORS

For Health. Not for Profit.



RONALD BOLDING NAMED NEW CEO

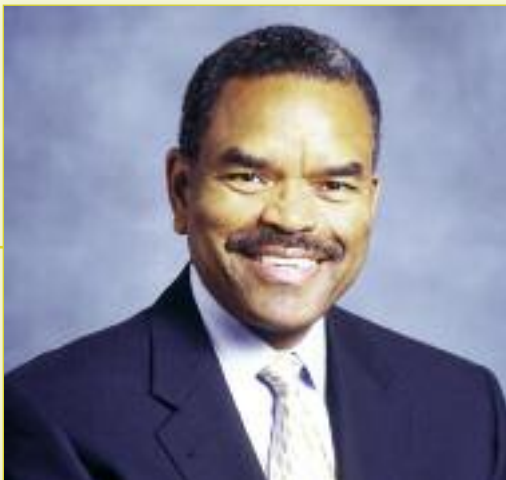
We're proud to announce that Ronald Bolding has been named Inter Valley Health Plan's new chief executive officer. Ron takes over from Mike Nelson, who has returned full time to his role as CFO at Pomona Valley Hospital Medical Center.

HIS BACKGROUND

Ron comes to Inter Valley Health Plan from UHP Healthcare and brings 27 years of management and executive experience in the HMO and health care fields as well as Naval Command experience. In his 21 year career with UHP, Ron held various executive positions, including Chief Operating Officer. Dating prior to his work in the managed care field, he also has extensive operations and management experience with Johnson & Johnson and American Hospital Supply.

Ron retired from the Navy Reserves in 1998 with the rank of Captain. His service record includes deployment during the Vietnam War and Battalion Command during Operation Desert Storm. He holds dual Bachelor Degrees in Economics and History from Ripon College in Wisconsin. He is active in community service organizations, having served as Treasurer for his local Rotary organization and as a Board member with the YMCA.

Ron and his wife of 35 years, Liza, have two sons, Ronald Jr. and Stephan.



“I BELIEVE IN THE NOT-FOR-PROFIT VISION OF INTER VALLEY HEALTH PLAN. IT IS AN HONOR TO LEAD A COMPANY THAT IS ‘FOR HEALTH’ AND NOT-FOR-PROFIT. I KNOW THE VALUE OF BEING A PART OF A LOCALLY BASED ORGANIZATION THAT IS DEDICATED TO GIVING BACK TO THE COMMUNITY IT SERVES. OVER THE YEARS, INTER VALLEY HEALTH PLAN HAS MAINTAINED REGION-LEADING MEMBER SATISFACTION RATINGS AND I AIM TO MAINTAIN THAT LEGACY AND CONTINUE TO BUILD UPON IT.”

RON BOLDING

CALL TO WIN A \$100 GIFT CERTIFICATE

Do you enjoy reading *Info-link*? You can win a \$100 gift certificate by calling and telling us your name as well as the name of the article you found most interesting in this issue. That's it! Your name will be entered in the drawing to win the certificate. Names will be drawn on April 6, 2007. Call (800) 251-8191 ext 269.





MEASURING HEALTH CARE PERFORMANCE

Every year, Inter Valley participates in HEDIS (Health Plan Employer Data and Information Set). HEDIS is a set of standardized measures to compare the performance of managed health care plans. The goal is to improve the quality of care that our members receive.

2007 HEDIS CHANGES

DIABETES CARE

For the past several years two LDL levels have been reported— below 130 and below 100. For 2007, only the LDL level below 100 will be reported.

In addition blood pressure control has now been added to the diabetes care measures. The blood pressure will be reported as below 140/90 or below 130/80.

Hemoglobin A1c was previously expected to be below nine. The new standard is below seven.

CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CV CONDITIONS

Like diabetes, the criteria of LDL below 130 will be retired and levels below 100 will be expected.

CONTROLLING HIGH BLOOD PRESSURE

Currently a blood pressure equal to or below 140/90 is acceptable but in 2007 it must be below 140/90.

BREAST CANCER SCREENING

The age range of those members who will be eligible for this measure changes from 50-69 years of age to 40-74.

NCQA reported that the overall quality of care improved from 2004 to 2005. Improvements in HbA1c control in diabetics are likely to have saved 7400-15,000 lives and \$1.35 billion to \$1.62 billion. Controlling high blood pressure may have potentially saved the greatest number of lives—10,600-29,600 in 2005 with an estimated savings of \$333 million to \$922 million.

The Plan appreciates your cooperation in ordering the appropriate tests/labs and monitoring the results to improve the health care of our members.

INTER VALLEY PHARMACY BENEFIT

Inter Valley Health Plan offers a pharmacy benefit that will satisfy the needs of most of our members. The offering is amongst the best in Southern California with an initial coverage of \$4000 and all formulary generics available to our members through the coverage gap at the regular copay. The formulary selection is very consistent with the 2006 offering and includes the five (5) tier structure. The tier designations are the same as 2006 but the copay amount has changed. The tier copays from tier 1 through tier 5 are \$5, \$24, \$37, 10%, and 25% respectively.

In 2007 Medicare placed the sexual dysfunction medications on the exclusion list. Inter Valley however, is choosing to add most of these medications as enhancements to the formulary. Other enhancements include phenobarbital, certain benzodiazepines, some cough cold medications, Prilosec-OTC, and loratadine.

When a drug is not covered under the formulary, a member, pharmacist, or physician may start the exception process for non-formulary medications. This process begins with a call to the pharmacy help desk at Inter Valley or by faxing the exception request form. In other circumstances the medication prescribed may require a prior authorization, these medications require certain criteria to be met before Inter Valley will approve payment. In order to facilitate the transition from 2006 to 2007, Inter Valley will roll over most prior authorizations and formulary exceptions requested in 2006 if they have clinical justification. In 2007 Medicare allows health plans to designate certain medications with prior authorization for the purpose of determining whether a medication is Part-B or Part-D. Although some medications will require prior authorization it is for the sole purpose of identifying the correct copay and funding.

PRIOR AUTHORIZATION LIST

Adalimumab(Humira)	Decitabine(Dacogen)	Hepatitis B Vaccine(Engerix B)
Alefacept(Amevive)	Deferasirox(Exjade)	Human Papillomavirus Vaccine(Gardasil)
Alosetron(Lotronex)	Detemir Insulin(Levemir)	Idursulfase(Elaprase)
Alpha1-Proteinase Inhibitor, Human(Aralast, Prolastin)	Dutasteride(Avodart)	Imatinib Mesylate(Gleevec)
Anakinra(Kineret)	Enfuvirtide(Fuzeon)	Imiglucerase(Cerezyme)
Anidulafungin.....(Eraxis)	Erlotinib(Tarceva)	Immunosuppressants Mycophenolate, Sirolimus, Tacrolimus(Cellcept, Rapamune, Prograf)
Aripiprazole(Abilify)	Erythropoietin(Epogen)	Infliximab.....(Remicade)
Bicalutamide.....(Casodex)	Esomeprazole.....(Nexium)	Insulin human.....(Exubera)
Bosentan(Tracleer)	Estramustine(Emcyt)	Interferon Alfa-2a(Roferon-A)
Calcitonin.....(Miacalcin-injectable)	Etanercept(Enbrel)	Interferon alfa-2b(Intron-A)
Ceramide Trihexosidase/Alpha- Galactosidase A(Fabrazyme)	Exenatide(Byetta)	Interferon Alfa-n3.....(Alferon)
Chorionic Gonadotropin, Human(Novarel)	Filgrastim(Neupogen)	Interferon alfacon-1(Infergen)
Darbepoetin(Aranesp)	Fondaparinux(Arixtra)	Interferon beta-1a.....(Rebif)
Darunavir.....(Prezista)	Fulvestrant(Faslodex)	Interferon beta-1b(Betaseron)
Dasatinib.....(Sprycel)	Gamma Globulin(IVIG)	Interferon gamma-1b ..(Actimmune)
	Gefitinib(Iressa)	
	Glatiramer.....(Copaxone)	

PRIOR AUTHORIZATION LIST CONTINUED

Itraconazole.....(Itraconazole)	Peginterferon alfa-2a, Peginterferon alfa-2b, ribavirin/interferon afa-2b combination.....(PegIntron, Pegasys, Rebetron)	Somatropin(Genotropin)
Ketoconazole 2% Gel(Xolegel)(PegIntron, Pegasys, Rebetron)	Sunitinib(Sutent)
Lenalinomide(Revlimid)	Posaconazole(Noxafil)	Tegaserod(Zelnorm)
Leuprolide.....(Lupron Depot)	Pramipexole(Mirapex)	Telbivudine(Tyzeka)
Linezolid(Zyvox)	Pramlintide(Symlin)	Terbinafine, oral(Lamisil)
Low Molecular Weight Heparins(Fragmin, Lovenox, Innohep)	Quadrivalent HPV Vaccine.(Gardasil)	Teriparatide.....(Forteo)
Lubiprostone(Amitiza)	Ranolazine.....(Ranexa)	Toremifene(Fareston)
Octreotide.....(Sandostatin)	Ropinirole.....(Requip)	Thalidomide.....(Thalomid)
Pamidronate.....(Aredia)	Rotavirus Vaccine(RotaTeq)	Vancomycin(Vancocin)
Paracalcitol.....(Zemplar) capsules	Selegiline(Emsam)	Varenicline(Chantix)
Rasagiline(Azilect)	Selegiline.....(Zelapar)	Vorinostat.....(Zolinza)
Pegfilgrastim(Neulasta)	Sildenafil(Revatio)	Zoledronic(Zometa)
	Sorafenib.....(Nexavar)	Zoster Vaccine.....(Zostavax)

TRACKING PRESCRIPTION COSTS

As Medicare consumers become more aware of their prescription coverage, they are requesting the tools to manage those prescription costs. Inter Valley Health Plan members receive a monthly EOB which includes a printout of their drugs for that month and what each drug costs. However many members want more immediate information by going online for the cost of the drug and the amount being applied to their initial coverage limit.

For this reason Inter Valley Health Plan recently added a new feature to our Website. Members simply enter the name of a drug, click the cost column and compare the drug costs by the pharmacies in their area. This new website feature empowers members with the ability to manage their drug costs in real time. To find this new feature, visit our website at www.ivhp.com and look under prescription drug costs in the Member Section of the website.

Members who are not comfortable with the Internet, can also contact our Pharmacy Department and have a pharmacy technician retrieve the information for them.

We want to help our members get the most from their prescription coverage in every way.

The screenshot shows the Inter Valley Health Plan website interface. At the top, there is a navigation bar with the logo and contact information. Below the navigation bar, there is a large green banner with the word "Member" in white. Underneath the banner, there is a section titled "Prescription Drug Search". The search area includes a text input field for the drug name, a "Go" button, and a dropdown menu for selecting the drug class. Below the search area, there is a link to "Search Alphabetically" and a list of letters from A to Z.

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:

- INLAND HEALTHCARE GROUP - Credentialing Audit
- SAN BERNARDINO MEDICAL GROUP - Credentialing Audit
- RIVERSIDE MEDICAL CLINIC - Credentialing Audit
- DESERT VALLEY MEDICAL GROUP - Credentialing, Utilization Management, Quality Management and Claims Processing Audits
- UPLAND MEDICAL GROUP - Credentialing, Utilization Management, Quality Management and Claims Processing Audits
- POMONA VALLEY MEDICAL GROUP - Credentialing, Utilization Management, Quality Management and Claims Processing Audits
- HEMET COMMUNITY MEDICAL GROUP - Utilization Management, Quality Management and Claims Processing Audits
- ST. MARY CHOICE MEDICAL GROUP - Utilization Management, Quality Management and Claims Processing Audits
- UNITED FAMILYCARE - Credentialing, Utilization Management, Quality Management and Claims Processing Audits
- HIGH DESERT PRIMARY CARE MEDICAL GROUP - Utilization Management and Quality Management Audits
- ALLIANCE PHYSICIANS - Utilization Management and Quality Management Audits
- ST. MARY MEDICAL CENTER - Claims Processing Audit

Congratulations!

ZOSTAVAX™ VACCINE FOR HERPES ZOSTER

On May 25, 2006, the U.S. Food and Drug Administration (FDA) approved ZOSTAVAX™ vaccine [Zoster Vaccine Live (Oka/Merck)] for prevention of herpes zoster (shingles) in individuals 60 years of age and older.

This vaccine falls into Medicare Part D prescription drug benefit. Inter Valley Health Plan has approved Zostavax for Part D (Pharmacy Benefit) coverage at Tier 4 effective October 1, 2006.

Since this vaccine is administered in the physician's office, there are two options for payment:

OPTION 1

Physician prescribes Zostavax for the member. The Member picks up vaccine on same day as appointment from the pharmacy and takes the vaccine to the primary care physician.

OPTION 2

Member receives the vaccine from the physician in office. The physician sends a request for coverage determination or a script with the following information: Member ID, Member first and last name, Member date of birth, Date of service, Charges, NDC number (either 00005-4963-41 or 00006-4963-00), NDC label name, Units (1), and Provider name and address.

The physician should collect the member's share of cost at the time the vaccination is administered. Member's share of cost may vary dependent on whether the member is within the initial coverage period, coverage gap, or catastrophic portion of the Part D benefit. This can be verified with the Health Plan's Pharmacy Department by calling (800) 523-3142. The reimbursement rate for Zostavax will be AWP - 16% minus the member's share of the cost.

If you have any questions, please contact Inter Valley Health Plan's Pharmacy Department at (800) 523-3142.

DO YOU HAVE YOUR NPI?

GET IT. SHARE IT. USE IT.

The National Provider Identifier (NPI) compliance date of May 23, 2007 is rapidly approaching! If you are a health care provider who bills for services, you probably need an NPI. If you bill Medicare for services, you definitely need an NPI! Getting an NPI is easy. Getting an NPI is free. The first step is to get your NPI. Once you obtain your NPI, it is estimated that it will take 120 days to do the remaining work to use it. This includes working on your internal billing systems, coordinating with billing services, vendors, and clearinghouses, testing with payers. As outlined in the Federal Regulation, (The Health Insurance Portability and Accountability Act of 1996 (HIPAA)) you must also share the NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes. If you delay applying for your NPI, you risk your cash flow and that of your health care partners as well.

More detailed information is available on the Medicare website at www.cms.hhs.gov.

Please remember to report your NPI to your contracted Provider Group and Inter Valley Health Plan.

GETTING AN NPI IS FREE — NOT HAVING ONE CAN BE COSTLY.

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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 e-mail cobrien@ivhp.com.



Inter Valley Health Plan

SERVICE TO SENIORS

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