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Inter Valley Health Plan

For Health. Not for Profit.

HELPING SENIORS MAKE INFORMED HEALTH PLAN CHOICES



The vast array of health plan choices—including the recent proliferation of Special Needs Plans (SNPs)—makes it more difficult than ever for seniors to decipher how a given health plan can meet their health care needs. Further complicating the situation are those plans that are now offering a \$0 doctor office visit copay. While the potential for reducing out-of-pocket costs can be particularly enticing to seniors, it’s significantly more important that they look beyond that initial appeal to determine if the plan offers the kind of comprehensive coverage that will truly cover their medical needs in the short and long term. In many cases, the coverage turns out to be inadequate when the need arises for urgently needed or catastrophic care.

With Inter Valley Health Plan, members pay a \$5 copay when visiting their primary care physician. But that’s a small price to pay for the peace of mind in knowing that they’re protected against catastrophic financial losses should they become seriously ill. Our members have the assurance of a \$1,000 stop-loss for radiation therapy, and a \$1,500 stop loss for expensive Part B drugs. Plus Inter Valley members pay only 10 percent co-insurance in comparison to the 20-25 percent co-insurance required by many other plans. In addition, Inter Valley continues to offer a generous prescription plan with coverage up to \$3,200. That’s \$700 over the Medicare Part D allowance—and higher than most other Medicare Advantage Plans. The higher prescription drug limit also helps ensure our members can get the prescriptions they need without falling into the coverage gap.

The complexity of comparing health plan benefits can often be so daunting and confusing that many seniors refrain from “doing their homework” where choosing a health plan is concerned. If your senior patients should ask your advice about health plan choices, we encourage you to advise them to do their research and exercise caution when it comes to tempting offers such as saving a few dollars for the doctor office visit. Most times, the real costs for health care occur as the result of a serious illness, which is when comprehensive coverage really counts. You can also refer Inter Valley members to our Member Services Department at 800-251-8191 (TTY/TDD 800-505-7150) if they are confused about offers they’re receiving in the mail or need clarification about our coverage.

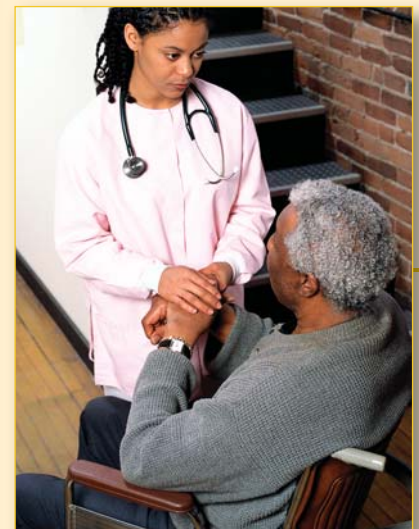
INTER VALLEY LAUNCHES TWO NEW PLANS

Inter Valley Health Plan is excited to announce the launch of two new healthcare plans serving Medicare beneficiaries with special needs. The Special Needs Plans (SNPs) are a new type of managed care plan established by the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. Created to encourage more opportunities for individuals with special needs to access managed care, the SNP option allows Inter Valley to tailor the benefits and create drug formularies that best meet the specific needs of eligible beneficiaries. SNPs must cover all of the services covered under Medicare Part A and Part B, and all services that Medicare considers medically necessary. Inter Valley Health Plan's new SNPs are offered as of January 1, 2008. They are called "Healthy Focus" and "Value Care".

The **Healthy Focus** SNP is designed for people with diabetes. This Plan is available in the Los Angeles and San Bernardino Counties. One of the enhanced benefits of the Healthy Focus SNP is the addition of Tier 3 (Other Special Needs Drugs), which provides members with most of the Blood Glucose Regulator medications, including brand name drugs, at generic-cost. Other benefits include diabetes supplies with no copay, a home visit program and non-emergent transportation services. The Home Visit program includes a one-time initial assessment with comprehensive medical history and physical exam by a physician. Transportation service is available with no copay for up to 20 one-way trips per calendar year to plan-approved locations.

The **Value Care** SNP is designed for people who are Medicare and Medi-Cal beneficiaries. This Plan is available in the Los Angeles, Riverside, and San Bernardino Counties. There is \$0 copay for all Value Care benefits except for urgent care and emergency care. The emergency care copay is waived if the member is admitted to a hospital within the United States. Cost sharing for the Part D Prescription Drug benefit is based on the Member's level of Medi-cal eligibility. Other benefits include a home visit program, non-emergent transportation services, respite care, and oral nutrition supplementation (based on a qualifying documented diagnosis.) Respite care is available to Members with a chronic condition for the relief of a full-time unpaid caregiver. Respite care offers up to two (2) monthly visits in four (4) hour increments with a maximum of 96 hours per calendar year.

Inter Valley Health Plan's Special Needs Plans maintain the Plan's standard commitment to a model of care that emphasizes preventive medicine and education to support healthcare providers in patient care and management. Qualified nurse care managers provide the same services available in the Service To Seniors Health Plan such as education and training in self-care methods and health interventions. In addition to services currently offered to Service To Seniors plan members, qualified nurse care managers help SNP members to follow physician-directed treatment plans and to schedule appointments with their doctors. SNP members also receive assistance from care managers to access community resources and coordinate many of their Medicare and Medi-Cal services.



For more information on Inter Valley Health Plan's Special Needs Plans, please contact Special Needs Plan Program Manager, Rey Whitt, R.N., at 909.623.6333 ext. 485.

DIABETES SUPPLIES, SIMPLIFIED

Many of Inter Valley Health Plan's senior members are diabetic and thus rely on a variety of supplies that are vital to controlling blood sugar levels and maintaining their health, ultimately reducing or preventing long-term complications of the disease. Yet, because our members need to use two sources for obtaining their diabetes supplies—from their pharmacy, as part of the pharmacy benefit, and additional disposable supplies from a diabetes supply company—they sometimes get confused about how and where the various types of supplies are obtained. To that end, we want to make certain you and your office staff are aware of the way in which our senior members must obtain their diabetes supplies—and how you can help ensure they are able to get their supplies without confusion or delays.

The best way to make sure our members with diabetes get the supplies they need when they need them is to write two separate prior authorization/prescription forms, one for the pharmacy and one for the diabetes supply company.

DIABETES SUPPLIES MEMBERS PURCHASE FROM THEIR PHARMACY

- Insulin
- Syringes
- Alcohol swabs

DIABETES SUPPLIES MEMBERS HAVE DELIVERED FROM THEIR DIABETES SUPPLY COMPANY

- Blood or urine glucose strips
- Control solutions for blood glucose monitors
- Lancet holder devices and lancets
- Blood glucose monitor

NOTE: Medicare Part B covers the same type of blood sugar testing supplies for diabetes regardless of whether or not patients use insulin, but the amount of covered supplies varies. Insulin-dependent members may be able to get up to 100 test strips and lancets every month, and one (1) lancet device every six months; non-insulin dependent members who are not using insulin may be able to get 100 strips and lancets every three (3) months and one (1) lancet device every six (6) months. However, if you document a medical necessity for your patient, Medicare will allow additional test strips and lancets.

In addition to writing the two prior authorization/prescription forms, a new/updated referral will be needed any time changes are made to a member's testing frequency. Also, Medicare covers outpatient training for people with recently diagnosed or complicated diabetes. If you have patients who can benefit from this opportunity, simply complete and forward a referral to your group's Diabetes Education program or department.

We hope these guidelines are helpful in ensuring your diabetes patients control their blood sugar, avoid the complications of diabetes and enjoy optimal health.



HEALTHY AT HEART PROGRAM UPDATES

In June 2007, Inter Valley Health Plan's Health Services Department launched the **Healthy at Heart**, a cardiovascular health education and risk management program. This program, offered at no cost to Inter Valley members, teaches members how to manage their risks for heart disease such as high cholesterol, high blood pressure and diabetes. The program empowers members to work with their doctors to improve and maintain their health. For one year, members get monthly health tips and information by mail.

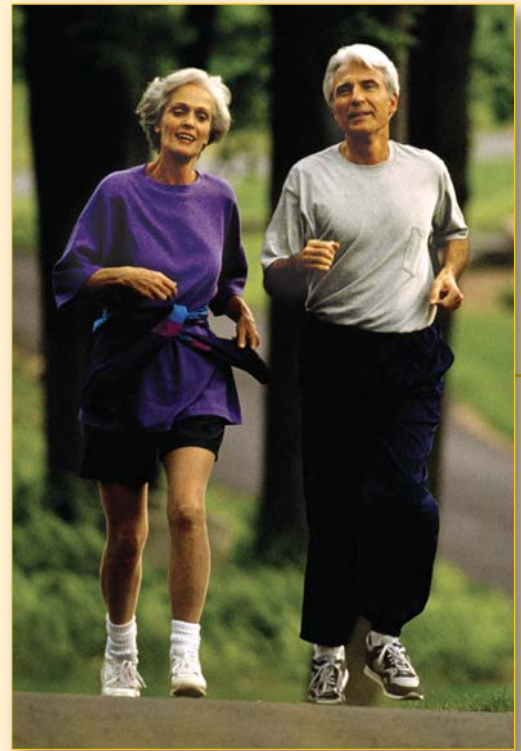
Since its implementation as a component of Inter Valley Health Plan's Disease Management Program, **Healthy at Heart** has provided education and information to many patients. Case managers inform their patients about the importance of a heart-healthy lifestyle which includes exercise, a healthful diet and effective as well as open communication with their physician. Doctors of members who opted to enroll in the program are also kept up to date on how to treat patients with risks for heart disease by way of bi-monthly mailings. The updates include the latest treatment guidelines and study results.

A health risk assessment survey was sent to members upon enrollment into the program in order to establish a baseline health status. A follow-up survey was sent in January 2008 to assess improvements in the members' health status. A majority of the respondents indicated that their overall perception of health and quality of life has improved due in great part to the small changes they've made to their lifestyle. Approximately 94% further indicated that they have increased their knowledge about how to manage their condition.

The **Healthy at Heart** program participants will continue to receive monthly mailings throughout their enrollment. In addition to the informative newsletters, motivational rewards such as attractive laminated tip cards and useful gifts are also sent to participants.

"We are happy to offer this program. It is valuable to our members because they learn about risk factors for heart disease and what they can do about them. It also gives our healthcare providers relevant clinical data and current treatment recommendations," said James Reilly, MD, Medical Director. "We expect **Healthy at Heart** to help improve the health of our members.

Inter Valley Health Plan encourages all members with diabetes or cardiovascular disease to consider participating in this program. Several studies have shown that individuals who are more involved in the management of their care are also more likely to have positive health outcomes. The **Healthy at Heart** program provides the right amount of encouragement members need to take a more active role in their care. To learn more about the program, or if you have a patient that it would benefit, please call Inter Valley Health Plan's Health Services Department at 909 623 6333 extension 249. Enrollment is simple, the education is vital.



2008 HEDIS COLLECTION PROJECT

The New Year heralds many changes in how we provide care and services to patients, and it brings familiar things back as well. January 2008 marked the initiation of this year's Health Plan Employer Data and Information Set (HEDIS) data collection project.

HEDIS MEASURES UPDATE

Changes to the data collection project include a reduced set of measures for which medical records will be collected. In 2008, only four measures that require medical record review are mandated for Medicare submission. The measures are Colorectal Cancer Screening, Cholesterol Management, Controlling High Blood Pressure and Comprehensive Diabetes Care.

DATA COLLECTION PROJECT

In the months ahead, a member of Inter Valley Health Plan's HEDIS Project Team will work with individual physicians and their office staff to schedule a site visit to review medical records for patients who were identified in the pursuit sample. Typically, these onsite visits take one to two hours depending on the amount of medical records that need to be reviewed. The HEDIS Project Team needs only a small space to conduct the review and a power outlet to make copies. In all cases, before the reviewers come, the provider office will receive a list of the patients whose medical records will be reviewed. This allows the office staff ample time to prepare the records and doing so will ensure a quick and smooth review process, with minimal impact to the practice.

HEDIS 2008 HYBRID MEASURES

COLORECTAL CANCER SCREENING (COL)

Eligible population

All patients ages 51-80 years as of December 31, 2007

A compliant patient needs

One or more of the following screenings done:

- FOBT in 2007
- DCBE or Air Contrast Barium Enema between 2003-2007
- Flex. Sigmoidoscopy between 2003 - 2007
- Colonoscopy between 1998 - 2007

CHOLESTEROL MANAGEMENT IN PATIENTS WITH CARDIOVASCULAR CONDITIONS (CMC)

Eligible population

All members ages 18-75 years as of December 31, 2007 with a diagnosis of IVD on or before December 2007 or with a diagnosis of AMI, CABG or PTCA between January and November 2006

A compliant patient needs

- An LDL Cholesterol test performed in 2007 and most recent LDL level is less than 100 mg/dL

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Eligible population

All members 18-85 years as of December 31, 2007 with a diagnosis of Hypertension on the medical record dated on or before June 30, 2007

A compliant patient needs

- Most recent systolic reading is less than 140 mm Hg and most recent diastolic reading is less than 90 mm Hg

COMPREHENSIVE DIABETES CARE (CDC)

Eligible population

All members ages 18-75 years as of December 31, 2007, with a diagnosis of Diabetes

A compliant patient needs

- An HbA1c test performed in 2007 and most recent A1c level is less than 7%
- A Diabetes Retinal Eye Exam performed by an optometrist or ophthalmologist in 2007 or a negative retinal eye exam in 2006
- An LDL Cholesterol test performed in 2007 and most recent LDL level is less than 100 mg/dL
- A nephropathy screening or evidence of nephropathy on the medical record
- Most recent systolic reading is less than 130 mm Hg and most recent diastolic reading is less than 80 mm Hg

PHARMACY UPDATE

Inter Valley Health Plan's Pharmacy and Therapeutics Committee reviews medications for formulary inclusion. Some drugs that are included in the formulary may require prior authorization because there may be alternative treatments available that must be tried first. Another reason may be that there are other risks involved with taking the medication; and it is important to determine if the drug is being used appropriately.

Another aspect of the Pharmacy and Therapeutics Committee's function is to remove a drug from the formulary if the manufacturer discontinues the drug or if the Food and Drug Administration (FDA) has determined the drug to be dangerous for use. Inter Valley Health Plan considers these formulary changes to be vital in the members' care continuum. Such changes are and will continue to be communicated to all network providers through Info-Link articles like this.

Change Feb 2008	Brand Name (CMS)	Generic Name (CMS)	Strength (CMS)	Dosage Form (CMS)	Route	Generic Flag	NDC (CMS)
TIER 4-WITH PA	ENDOMETRIN	PROGESTERONE	100 MG	INST		N	55566650002
TIER 6 WITH PA	SOMATULINE DEPOT	LANREOTIDE ACETATE	90 MG/0.3ML	SOLN	SC	N	15054009001
TIER 6 WITH PA	SOMATULINE DEPOT	LANREOTIDE ACETATE	120 MG/0.5ML	SOLN	SC	N	15054012002
TIER 6 WITH PA	TASIGNA	NILOTINIB	200 MG	CAPS	ORAL	N	00078052687

WALGREENS SPECIALTY PHARMACY PREFERRED PROVIDER

Dependable service is what we want for you and our members who use healthcare coverage for self-administered injectables. That is why Inter Valley Health Plan selected Walgreens Specialty Pharmacy as the preferred provider of specialty medications.

When you write a new prescription for one of our members, please contact Walgreens Specialty Pharmacy. The medication coverage will be processed through a prescription drug benefit. To refer your Inter Valley patient:

- **Call Walgreens Specialty Pharmacy toll free: 888-782-8443.**
- **Fax the patient's prescription to 866-617-6685. Please include the diagnosis code on each prescription.**

Walgreens Specialty Pharmacy excels at providing personalized, dependable, and supportive care for your patients. Their Customer Care Center is available to provide your patients with counseling, monitoring for compliance and drug interactions, educational materials, and assistance with any medication side effects.

It may be necessary for a representative from Walgreens Specialty Pharmacy to contact you to verify current prescription information. Your patients have already been notified that Walgreens Specialty is our preferred provider for specialty medications.

If you have any questions about coverage of your patient's medication, please contact Inter Valley Health Plan Pharmacy Service toll free number 800-523-3142.

REPORT SUSPECTED FRAUD, WASTE AND ABUSE



1-888-FRAUD-ALERT

If you suspect someone is committing health care fraud, you have a safe place to go with Fraud Alert. Your anonymous alert could save thousands of health care dollars. Fraud Alert is simple to use. When you call in your alert you do not have to leave your name or otherwise identify yourself. However, please be prepared to leave as much detailed information as possible, so that your information can be properly investigated. All alerts are submitted to an outside third party who is a fraud investigation expert. Remember that fraudulent activities deprive your community of quality services, supplies, and equipment, so please report any suspected irregularities promptly.

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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.



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