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**INSIDE THIS ISSUE:
MAKING AN IMPACT:
HEALTH CARE REFORM
AND MEDICARE**



Inter Valley Health Plan
For health. Not for profit.

There are still a lot of unknowns about the impact of health care reform on hospitals, physicians, and patients. Some of the strongest concerns are not about how to deliver care, but about who would deliver it to the expected millions of newly insured patients who are likely to be flooding the system. Also, it is estimated that California's senior population will double from 3.3 million in 1993 to more than 6.6 million in 2020. The demand on our health care system will be great.

Remembering the two initial major goals of health reform may help us understand its potential impact on the delivery of care.

- 1** Improve access to health benefits by expanding insurance coverage.
- 2** Reduce the cost of care while improving quality and efficiency.



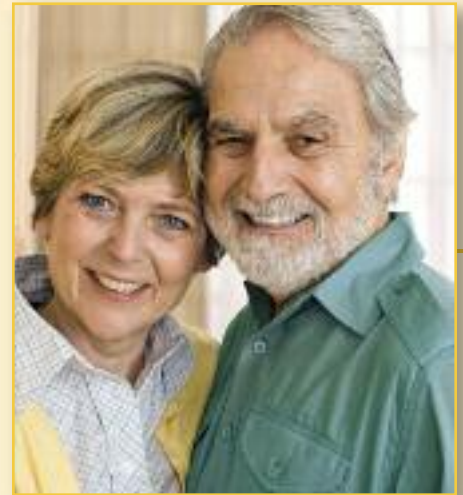
HEALTH CARE REFORM AND MEDICARE FACTS

- The health care overhaul includes about \$455 billion in spending cuts for Medicare and other federal health programs over the next 10 years (Reuters).
- Government payments to Medicare Advantage plans run by private insurers as an alternative to traditional Medicare will be cut by \$132 billion over 10 years (Wall Street Journal). This money had allowed private insurers to offer additional benefits such as dental and vision care. There are approximately 1.5 million Californians currently enrolled in the Medicare Advantage program (USA Today).
- The bill addresses the existing Medicare prescription-drug "doughnut hole" problem. Currently, people fall into this so-called doughnut hole after a total of \$2,830 is spent on drugs. It is called a doughnut hole because coverage then stops until the total drug costs reach \$6,440. In 2010, people who fall into the doughnut hole will get a \$250 rebate and in 2011, they will get a 50 percent discount on brand-name drugs (Senior Citizen Journal).

HEALTH PLAN BENEFIT CHANGES IN 2011

Inter Valley Health Plan is excited to offer our members a comprehensive benefit package for 2011. With all the news of big reductions to Medicare Advantage Plans, Inter Valley Health Plan is pleased to announce minimal changes for our members. In fact, we are going to maintain our low prescription copays and still offer alternative benefits like dental, vision and chiropractic coverage.

If your patients are worried about their health care coverage for 2011, encourage them to call our Member Service Department at 800-251-8191. During this time of year, seniors are inundated with mail from all the health plans, enticing them to switch. It's very important for your patient to make an informed decision. Knowledge is power and an informed patient makes informed decisions.



This year as a consequence of health care reform, there is only one election period so senior patients should do their homework. Below are highlights for our 2011 comprehensive benefits. For more information and a detailed benefit summary call our Provider Services Department at **800-251-8191**.

| BENEFIT | SERVICE TO SENIORS | TOTAL FIT | DESERT PREFERRED CHOICE (RIVERSIDE COUNTY ONLY) | FOCUS SNP |
|--------------------------------|---|---|---|---|
| PCP/Specialist Visit | \$0/\$10 | \$0/\$10 | \$0/\$0 | \$0/\$10 |
| Urgent Care (In Area) | \$0 | \$0 | \$0 | \$0 |
| Emergency Care Copay Per Visit | \$50 | \$50 | \$50 | \$50 |
| Inpatient Hospital | \$200/Stay | Maximum of \$450/Stay | \$0/Day | Maximum of \$450/Stay |
| Routine Dental | INCLUDED In Plan Benefit \$0 | INCLUDED In Plan Benefit \$0 | INCLUDED In Plan Benefit \$0 | OPTIONAL Enrollment required \$6.25 per mo |
| Routine Vision | \$0 copay (every 12 mos) | \$0 copay (every 12 mos) | \$0 copay (every 24 mos) | \$0 copay (every 12 mos) |
| PART D DRUGS | | | | |
| Initial Coverage Limit | \$3400 | \$2840 | \$2840 | \$2840 |

CARE TRANSITION: CONTINUITY OF CARE

Poor communication, conflicting information and medication errors during transitions in care all contribute to unnecessary and avoidable re-hospitalizations for Medicare beneficiaries. Coordinated planning of a patient's care following a hospital or nursing home stay can affect health outcomes as well as assuring the likelihood of readmission and emergency room visits. Providers can minimize care disruptions by:

- **Patient-centered discharge planning**
- **Effective patient education**
- **Accurate medication reconciliation**
- **Post-acute follow-up care and interventions**
- **Clear understanding of treatment plans, self care management and clinical prognosis by patients and care givers**
- **Proactive end-of-life planning**

Inter Valley Health Plan's Care Management and Disease Management Programs offer assistance by providing members, families and providers with telephone access to a dedicated nurse-led care management team and a social worker. Our team can help with complex medical care needs and coordination, self-management education, and accessing community resources. The programs also support members by educating them on how to make responsible decisions about their healthcare and reinforcing the treatment plans developed by their healthcare

providers. Care coordination is a collaborative process with a focus on ensuring that members receive the right care in the right place at the right time. Inter Valley Health Plan's nurses and social worker serve as member advocates in the health care system by anticipating and providing problem resolution, providing education and tools for self-management skills, and overall, helping members navigate through the system effectively.

Inter Valley Health Plan's Care Management and Disease Management team can be reached at **909-623-6333 x249** for any care management referrals or assistance with care coordination and the discharge planning process.



DEPRESSION TREATMENT

Sadness and grief are normal parts of life. Occasional bad feelings caused by the general ups and downs of life are to be expected. On the other hand the disease depression can be marked by severe symptoms of despair, apathy, hopelessness and feelings of worthlessness. Depression is a condition of the brain and modern medicine has the tools to treat it.

Medications that treat depression often provide significant relief with relatively few side effects. Encourage your patients to talk honestly with you about their condition and discuss what types of treatment may be right for them.

If you and your patient decide that medication is the right path, remember that the most common reason for a medicine not to work is if the person stops taking it prematurely. There may be side effects to depression medications such as mild anxiety, sleepiness, dry mouth, or decreased sexual performance. These often occur soon after starting the medication and should decrease with time. If your patient is experiencing side effects offer them the information and counsel they need to prevent them from giving up on the treatment.

Many patients also stop taking their depression medication because they feel better. Often the patient believes they have been cured or maybe were just experiencing normal unhappiness and never really had the disease of depression. Again, please encourage your patients to speak with you before discontinuing the medication. Most people who take their depression medication for less than six months find their symptoms returning within a few days or weeks of stopping the medicine.

Coping with depression is not easy, that's why you as a doctor are here to help. Work closely with your patients and help them on their road to recovery.



PREVENTION: A CRUCIAL ELEMENT OF HEALTHCARE

Don't let your patients procrastinate when it comes to their health. Help them take the steps today that could possibly save their lives tomorrow.

Prevention can be one of the most crucial elements of healthcare. Keeping an eye on bad cholesterol, monitoring blood sugar, or performing breast or colon exams now is much preferable to dealing with the heart attack or cancer that may otherwise come later.

Inter Valley Health Plan is making it easier for you and your patients to make sure they get the preventive services

they need. Early next year we will send out letters to inform your patients which services our records indicate they may need in 2011. We encourage them to schedule a visit with you to discuss it. You will have more current and thorough information regarding your patient's healthcare needs and will be able to update the list if needed.

Once you and your patient have agreed upon what is needed, you can work together to get it done. We hope it will be an important step in helping to prevent illness and insuring a happy and healthy future for your patients.

GENERIC VS BRAND: HELPING SENIORS SAVE ON MEDICATIONS

Prescription drugs can be a huge expense for many senior members of Inter Valley Health Plan.

Brand name drugs are significantly more expensive than their generic alternatives, so most members take advantage of generic drug options. The average brand name prescription is at least



ten times more expensive than its generic counterpart.

Prescribing choices are continuously changing with the release of innovative new drugs, generic versions of existing brand name drugs, and duplicates of existing drugs with minor modifications that cause them to be categorized as “new.” The latter, sometimes referred to as “Me-Too” drugs, have little or no advantage over similar generic drugs. These “Me-Too” drugs are developed by pharmaceutical companies to continue making a profit after the original brand drug becomes generic.

Inter Valley Health Plan is promoting the use of generic drugs to its members as a way for them to purchase the best drugs at the lowest possible cost.

There are many generic alternatives available and we want to begin promoting these by focusing on those drugs that deal with specific therapeutic needs such as cholesterol, osteoporosis and more.

Although many popular brand drugs are available in generic form only you as a physician can determine whether these alternatives are appropriate for your patients. Please talk to your patients and determine whether generic alternatives are available to meet their needs.

WHOOPING COUGH PROTECTION

Cases of Pertussis, commonly known as Whooping Cough, have increased from 349 in 2009 to over 2,000 in 2010, according to the California Department of Public Health (CDPH). The CDPH encourages people to decrease the chances of contracting Whooping Cough by getting the “Tdap,” a version of the tetanus and diphtheria immunization that includes protection against Whooping Cough as well. The immunization is good for ten years.

This is particularly important for seniors because infants are the most likely to die from Whooping Cough and they can be infected by grandparents who are unaware that they are carriers of Pertussis.

Tdap is covered by Inter Valley Health Plan. If you carry and provide the vaccine for the member please bill Inter Valley Health Plan directly. Otherwise you may give the member a prescription to obtain the vaccine at the pharmacy and return with it to your office.

PHARMACY UPDATE

Inter Valley Health Plan's Pharmacy and Therapeutics Committee continually reviews all drugs for formulary inclusion or exclusion. And, as some drugs that are included in the formulary may require prior authorization, Inter Valley believes that our physicians should be kept up to date on the Committee's decisions. Physicians can stay informed through this publication, *Info-Link*.

For more information about the drugs covered by Inter Valley Health Plan, 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 909-623-6333. TTY/TDD users should call 800-523-3142.



| Covered Drug Name | Alternate Drug Name | Tier Description | Effective |
|--|----------------------------------|-----------------------|-----------|
| Service To Seniors, Total Fit and Focus SNP Update: | | | |
| HYDROCHLOROTHIAZIDE 12.5MG TAB | HYDROCHLOROTHIAZIDE | Preferred Generic | 8/1/10 |
| PANCREAZE CAP | PANCREAZE | Preferred Brand | 9/1/10 |
| VIMPAT SOL 10MG/ML | LACOSAMIDE | Non-Preferred Brand | 9/1/10 |
| MOZOBIL INJ | PLERIXAFOR | Specialty Med | 9/1/10 |
| LOSARTAN POTASSIUM TAB | COZAAR | Preferred Generic | 10/1/10 |
| LOSARTAN/HCTZ TAB | HYZAAR | Preferred Generic | 10/1/10 |
| VENLAFAXINE CAP | EFFEXOR XR | Non-Preferred Generic | 10/1/10 |
| ZORTRESS TAB | EVEROLIMUS | Non-Preferred Brand | 11/1/10 |
| Desert Preferred Choice Update: | | | |
| POTASSIUM CHLORIDE TAB ER 10MEQ | KLOR-CON | Preferred Generic | 3/25/10 |
| INVEGA TAB | PALIPERIDONE | Non-Preferred Brand | 3/26/10 |
| FANAPT TAB | ILOPERIDONE | Injectable Tier | 3/30/10 |
| TWYNSTA TAB | TELMISARTAN/AMLODIPINE | Preferred Brand | 3/30/10 |
| RISPERIDONE TAB ODT | RISPERDAL M | Non-Preferred Generic | 3/30/10 |
| VALTURNA TAB | ALISKIREN/VALSARTAN | Preferred Brand | 3/30/10 |
| ACTIVELLA TAB 1MG/0.5MG | ESTRADIOL/NORETHINDRONE | Preferred Brand | 3/30/10 |
| GLYCRON TAB 4.5MG | GLYBURIDE | Preferred Generic | 3/30/10 |
| GYNODIOL TAB 1.5MG | ESTRADIOL | Preferred Generic | 3/30/10 |
| XOPENEX NEB | LEVALBUTEROL | 20% | 3/29/10 |
| ATROVENT SOL | IPRATROPIUM | 20% | 3/29/10 |
| LANCETS | LANCETS | 0 | 4/20/10 |
| TEST STRIPS | TEST STRIPS | 0 | 4/20/10 |
| SEROQUEL TAB XR | QUETIAPINE ER | Preferred Brand | 4/20/10 |
| EFFIENT TAB | PRASUGREL | Preferred Brand | 4/27/10 |
| TEKTURNA TAB | ALISKIREN | Preferred Brand | 4/27/10 |
| TEKTURNA HCT TAB | ALISKIREN/HYDROCHLOROTHIAZIDE | Preferred Brand | 4/27/10 |
| DIOVAN TAB | VALSARTAN | Preferred Brand | 4/27/10 |
| DIOVAN HCT TAB | VALSARTAN/HYDROCHLOROTHIAZIDE | Preferred Brand | 4/27/10 |
| Formulary Deletions | | | |
| PROPOXYPHENE | PROPOXYPHENE CONTAINING PRODUCTS | N/A | 11/19/10 |
| COLCHICINE | COLCHICINE | N/A | 1/1/10 |

INTER VALLEY HEALTH PLAN
300 South Park Avenue
PO Box 6002
Pomona CA 91769-6002

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CLAREMONT CA

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CONTRIBUTING EDITORS

James Reilly, M.D.

Medical Director

Cyndie O'Brien

Communications

Emma Adarkwa

Communications

**Fidel Valenzuela,
Pharm. D.**

Health Services

**Susan Tenorio,
BSN, R.N.**

Health Services

Jonas Geronimo

Health Services

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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