IEHP Formulary relieves administrative burden

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Since our formulary has thousands of pre-approved brand-name and generic medicines, your IEHP patients receive the medicine they need. If you are unfamiliar with our list of pre-approved medications, refer to the IEHP Formulary booklet, which IEHP sends to your office each year, and it’s also available at www.iehp.org/formulary.

When you prescribe medicine that is not in our Formulary, you must submit a Pharmacy Exception Request (PER). This requires medical justification, approval and one business day to process. As a result, your office staff incurs administrative burden and delays.

On the other hand, the Formulary saves time and even fosters safety. To compile the Formulary, the IEHP Pharmacy and Therapeutics (P&T) Subcommittee, composed of IEHP physicians and pharmacists, reviews the efficacy and safety of drugs based on credible literature and the latest clinical trials.

To reduce delays when prescribing medicine, here is a top 5 list of commonly requested non-formulary medicines and the Formulary alternative.

**Top 5 Pharmacy Exception Requests**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Prior Authorization Criteria</th>
<th>Formulary Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diabetic Test Strips</td>
<td>After 7/30/12, ordered for Prefilled IEHP Diabetic Disease Management Program Pharmacy/Nursing. Members can set up and continue to receive test strips through their pharmacy.</td>
<td>Frey Waha Test Strips</td>
</tr>
<tr>
<td>2. Spironolactone (potassium)</td>
<td>(Available after failure of formulary alternative)</td>
<td>Atevan (a/f)</td>
</tr>
<tr>
<td>3. Advair (fluticasone; salmeterol)</td>
<td>Available after failure of at least 2 inhaled doses for 2 months each and more severe asthma or COPD</td>
<td>Atrovent (a/f) or Bicist Disposable Nebulizer QVAR</td>
</tr>
<tr>
<td>4. Pediatric/Pediatric Nutritional Supplementation</td>
<td>For invertebrate members below 50th percentile on growth chart with documented medical condition(s) (e.g., tube feedings; severe weight loss)</td>
<td>QVAR discussing the benefits of these medications.</td>
</tr>
<tr>
<td>5. Cholest (ursodeoxycholic)</td>
<td>Approved limited to a 12-week course. If the physician determines the patient has quit smoking, a 12-week extension for new enrollments and a 12-week extension for renewals is allowed.</td>
<td>QVAR</td>
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**Physician Newsletter**

**New program updates you on patients with chronic kidney disease**

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**How it works**

Once your patients enroll in the program, they receive help and support from an IEHP care manager (the amount of support given will depend on the stage of CKD). In addition, all members enrolled in the program will receive educational materials on CKD.

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For each of your patients, you get more details and updates on their progress and health conditions. When one of your IEHP patients enroll in the program, we send you a copy of their personal care plan to review. You can also view their care plan on the IEHP provider secure website.

To refer an IEHP patient to the Chronic Kidney Disease Program, call the IEHP Health Management Team at 1-866-224-4347, Monday-Friday, 8 a.m. to 5 p.m.

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**As of August 2012**

| Medicare | 502,165 |
| Healthy Families | 55,999 |
| Healthy Kids | 3,933 |
| Medi-Cal (HMO SNP) | 8,122 |
| Total | 570,219 |

**IEMP Enrollment领导小组**

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Yet as you see more IEHP patients, many with diverse backgrounds and health issues, communication skills will be crucial to better patient service and better care.

**How can you improve your communication skills?**

Set the right stage by using words and body language that build rapport with your patient. This, in turn, can move your patient to trust you, keep seeing you—and comply with your treatment plan.

At IEHP, one of the key pillars of our working philosophy includes “Continuous Improvement.” As we encounter more changes in healthcare and growing enrollment, this core value will play an even bigger role.

In our cover story, we offer clear tips on better serving patients by polishing your communication skills. We appreciate your cooperation. Dr. William Henning, Chief Medical Officer
California forges ahead with key healthcare changes

Recent changes at the state level will directly impact healthcare in the Inland Empire. Here is a preview of two that will impact you and your patients.

Transition of Healthy Families Program Members into Medi-Cal
Starting January 1, 2013, the state will begin transitioning members of the Healthy Families Program to Medi-Cal. This shift – impacting 137,000 children in the Inland Empire – will occur in four phases.

<table>
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<tr>
<th>Phase</th>
<th>Transition Details</th>
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<td>Phase I: January 1, 2013</td>
<td>Members of Healthy Families and IEHP's Healthy Families Program will stay with their current health plan but will move to Medi-Cal.</td>
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<tr>
<td>Phase II: April 1, 2013</td>
<td>Members of Kaiser's Healthy Families Program will transition into IEHP's Medi-Cal plan and will keep Kaiser.</td>
</tr>
<tr>
<td>Phase III: August 1, 2013</td>
<td>Healthy Families Program members (who are enrolled in Blue Cross or Community Health Group) must choose either IEHP or Molina for their Medi-Cal.</td>
</tr>
<tr>
<td>Phase IV: September 1, 2013</td>
<td>Members of the Healthy Families Program (who live in a county without Medi-Cal managed care) will move into the Medi-Cal fee-for-service system.</td>
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In addition, Medi-Cal coverage and passive enrollment for their Medicare coverage (for both their Medi-Cal and Medicare) will begin. Medi-Medis who fail to enroll will not receive their Medicare benefits and some will be assessed�differently.

CCI Implementation Timelines
June 2012: THE ALERT* mnemonic was developed.

JUNE 2013: Mandatory enrollment for Medi-Cal will start (based on the beneficiary's birth month).

JUNE 2014: Medi-Medis can choose to enroll in a Medicare plan in a managed care plan or a fee-for-service plan prior to their enrollment date. Medi-Medis who fail to choose a plan will be passively enrolled in a plan.

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<th>How it impacts your IEP patient</th>
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<td>Once your Medi-Cal patient choose IEHP (for both their Medi-Cal and Medicare) you must have a Medicare contract to continue seeing them.</td>
<td>Monthly premiums – Most of your patients will pay no additional premiums. A few will pay a premium for their healthcare.</td>
</tr>
<tr>
<td>Information on enrolling in a Medicare DualChoice contract.</td>
<td>Capaigns – Instead of the current Healthy Families Program requirement, patients will have Medi-Cal copayments (on a sliding scale).</td>
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<td>To receive RAs online, complete the Consent to Access Form.</td>
<td>Benefit change – Your patients will have Medi-Cal benefits, and some will be assessed differently.</td>
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<td>IEHP will no longer mail your RAs. You'll just go online.</td>
<td>Here are some examples:</td>
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<td>• Vision – Accessed directly through Denti-Cal (instead of vision plans)</td>
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<td>Why wait to get your remittance advices (RAs) by mail? View them on the IEHP website.</td>
<td>• Behavioral Health – Accessed through managed care behavioral health departments (instead of the IEPH Behavioral Health network).</td>
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<td>Check out the IEHP secure provider website, allowing you to better manage your billing (RAs are stored in one secure place.) Only contracted providers with upgraded web security can access</td>
<td>• Dental – Accessed through Denti-Cal (instead of dental plans)</td>
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<tr>
<td>How to receive remittance advices faster</td>
<td>• Immunizations – Now available through the VNC</td>
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Care Coordination Initiative (CCI)
In June 2012, the state officially passed the CCI, which will integrate Medicare and Medi-Cal benefits and long-term care services by requiring Medi-Medis to enroll in a managed care plan (with mandatory enrollment for their Medi-Cal coverage and passive enrollment for their Medicare coverage). The state also expanded the number of participating counties, from four to eight. Final participating counties include: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

Care Coordination Initiative (CCI) previously called Duals Demonstration Program

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<td>Medicare and Medi-Cal beneficiaries who join IEPH (for both their Medi-Cal and Medicare) will receive better coordinated care.</td>
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Reducing hospital re-admission rates

IEHP is teaming up with local hospitals in a new pilot program to keep patients discharged from a hospital from being re-admitted for avoidable medical reasons.

What:
Hospital Readmission Prevention Pilot.

When:
Implementation starts fall 2012.

Snapshot:
Based on refinements from multiple care transition models, the pilot helps support the care you give and the treatment plans you provide by using nurses and social workers who will act as “coaches” to conduct in-home visits with IEHP patients (within 72 hours of discharge). These coaches will help patients transition from a hospital setting to caring for themselves at home.

Patients learn how to:
• Create a patient-centered record (PCR)
• Manage their medications
• Recognize warning signs for their health condition
• Follow-up with their PCP or specialist after discharge

How it impacts you:
Soon after discharge from the hospital, some of your IEHP patients may need a follow-up visit with you. On behalf of your IEHP patient, an IEHP representative may call your office to schedule a visit.

As the implementation of the pilot progresses, IEHP will keep you (and your office staff) updated.

Care Coordination Initiative (CCI)

In June 2012 the state officially passed the CCI, which will integrate Medicare and Medi-Cal benefits and long-term care services by requiring Medicare-Medicaid enrollees in a managed care plan to also maintain continuous enrollment for their Medi-Cal coverage and pastime entitlement for their Medicare coverage). The state also expanded the number of participating counties, from four to eight. Final participating counties include: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

CCI Implementation Timelines

JUNE 2013: Enrollees must choose a Medicare-Medicaid plan (through IEHP).

JUNE 2012: IEHP members can choose to enroll their Medicare coverage in a managed care plan that must maintain continuous enrollment for their Medi-Cal coverage and pastime entitlement for their Medicare coverage). The state also expanded the number of participating counties, from four to eight. Final participating counties include: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

How it impacts you
You will continue to see your IEHP members (whether they are a member of the Healthy Families Program or not) as they transition to Medi-Cal.

How it impacts your IEHP patient
Monthly premiums: Most of your patients will see no change to their monthly premium. Some patients will see a change to their premium for their healthcare.

Carriers: Instead of the current Healthy Families Program copayments, patients will have Medi-Cal copayments (commonly at 80%)

Benefit change: Your patients will have Black Card benefits, and some will be able to use their Black Card benefits.

Here are some examples:
• Vision – Accessed directly through IEHP (instead of vision plans)
• Behavioral Health – Accessed through the Healthy Families Program (instead of the IEHP Behavioral Health network)
• Dental – Accessed through Dental Care (instead of dental plans)
• Immunizations – Now available through the VFC

Medicare: National Coverage Determinations

Recently Medicare added two new National Coverage Determinations (NCDs) to its list of everyday health services:

1. Transcutaneous Electrical Nerve Stimulation for Chronic Low Back Pain
2. Autologous Blood-Derived Products for Chronic Non-Healing Wounds

For a complete overview of the NCDs including who is covered, go to www.cms.gov/medicare/ntqc/ntqcdownload.asp

Update: Community Based Adult Services

The newly created Community Based Adult Services (CBAS), which replaced Adult Day Health Care Services, will offer services through managed care plans starting October 1, 2012. In order to use CBAS, eligible Medi-Cal patients must be enrolled in a managed care plan, such as IEHP.

CBAS eligibility is determined through an assessment process involving the health plan and a CBAS facility.

CBAS will help eligible IEHP patients:
1. Maintain health
2. Avoid injury
3. Reduce their risk of depression and avoidable

How to receive remittance advices faster

Why wait to get your remittance advices (RAs) by mail? View them on the IEHP provider secure website, allowing you to better manage your billing (RAs are stored in one secure place.) Only contracted providers with upgraded web security can access RAs online. If your office’s web security requires upgrading, call the IEHP Provider Relations Team.

Postal monthly, RAs are stored online for up to 12 months (for P4P) and four months (for claims). To receive RAs online, complete the Consent to Access Remittance Advices application. For IEHP Provider secure website only, then fax file (909) 890-3945, attention IEHP Provider Relations. Access the form at http://www.iehp.org/IEHP/Provider/Forms/GoPaperless. After you sign up, IEHP will no longer mail your RAs. You’ll get them online.

Better Patient Service, page 1

To assist physicians in recalling the key points of their communication skills, the ALERT* mnemonic was developed.

*A Clinical Communication Strategy to Enhance Effectiveness and CAHPS Scores

Snapshot:
If a test is needed, explain why.

Discuss your patient’s beliefs about his or her illness, even if you disagree with those beliefs.

Time should be managed wisely.

Never look at your watch or the clock.

Give your patient time to express this or her thoughts.

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- A plan
- Be consistent.
- When your patient speaks, make eye contact.
- Display open-minded body posture (lean slightly forward, nod head).
- Use simple words when you can.
- If a test is needed, explain why.
- Discuss your patient’s beliefs about his or her illness, even if you disagree with those beliefs.
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3. Reduce their risk of depression and avoidable visits to a PCP or ER
4. Foster coordination of care and integration of care

*"A Clinical Communication Strategy to Enhance Effectiveness and CAHPS Scores: THE ALERT MODEL. Hands, J., & Kasper, I."*
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