

The Heartbeat

Fall 2006



Dr. Brad Gilbert
Chief Medical Officer

This marks our eighth year of collecting HEDIS® data for NCQA submissions. Overall, the 2005 results demonstrate that together we are continuing to improve the quality of care for our Members, your patients.

Data was collected for 20 HEDIS® measures in areas of Effectiveness of Care, Access/Availability of Care, and Use of Services. We're happy to announce that with your help there was significant improvement in all areas (except Diabetic Nephropathy Screening). And we surpassed our performance goals for *Chlamydia Screening in Women*, *Diabetic Eye Exams*, and *Controlling High Blood Pressure*. Thank you for your diligent work and service to your patients! The implementation of the "IPA Pay For Performance" program made an impact on improving HEDIS target scores. The efforts of you and your staff did improve performance.

This issue also contains helpful information on orthopedic referrals, legislation updates on *Patient Language Assistance Programs*, and

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2005 IEHP HEDIS® Results Are In HEDIS® - What Is It...

The Health Plan Employer Data and Information Set (HEDIS®) is the most widely used set of performance measures in the managed care industry.

Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS® is part of an integrated system to establish accountability in managed care.

IEHP follows strict HEDIS® guidelines in creating a sample population for each study conducted. Eligibility and/or encounter data is used to create a population of Members who meet the eligibility and age requirements. A statistically valid sample is then selected from this population.

Data collection begins with queries of the encounter data submitted by your IPA or obtained through P4P ("Pay For Performance") claims. If the encounter data does not contain evidence of the required visit, test, or prescription during the specified time frame, IEHP staff then reviews the Member's medical record to determine if care was provided.

According to DHS recommendations for improving performance on HEDIS® measures, IEHP will work towards a 10% decrease in non-compliance for each measure during the next reporting year. IEHP's Quality Management Committee has developed Corrective Action Plans (CAPs) to improve the quality of care Members receive as reflected by these HEDIS® rates.

HEDIS® Results Soar! *You and Your Colleagues Should Be Very Proud!*

This year we collected data for 23 HEDIS® measures in the areas of Effectiveness of Care, Access/Availability of Care, and Use of
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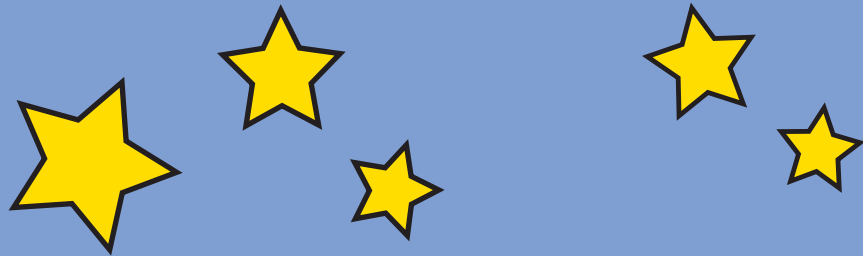
2005 IEHP HEDIS®

	2004	2005	Percentile ¹	2005 Target
Effectiveness of Care				
Adolescent Immunization Status				
Combination 2	40.6%	43.3%	75th	46.5%
Appropriate Treatment for Children with Upper Respiratory Infection		58.7%	<25th	N/A
Breast Cancer Screening	51.4%	52.1%	50th	56.3%
Cervical Cancer Screening	69.7%	74.5%	90th	72.7%
Chlamydia Screening in Women				
Ages 16 - 20	40.7%	51.1%	50th	46.6%
Ages 21 - 26	44.0%	54.8%	50th	49.6%
Childhood Immunization Status				
Combination 2	74.9%	77.4%	90th	77.4%
Combination 3		49.5%		N/A
Cholesterol Management for Patients With Cardiovascular Conditions				
LDL-C Screening*		66.4%	90th	N/A
LDL-C Level <130 mg/dL*		48.2%	75th	N/A
LDL-C Level <100 mg/dL*		32.1%	50th	N/A
Comprehensive Diabetes Care				
HbA1c Testing	76.9%	79.1%	90th	76.2%
Poor HbA1c Control	47.6%	44.3%	50th	48.6%
Eye Exams	50.7%	64.7%	90th	61.7%
LDL-C Screening	86.7%	88.8%	90th	85.8%
LDL-C Level <130 mg/dL	52.4%	61.6%	90th	51.1%
LDL-C Level <100 mg/dL	24.0%	35.3%	90th	31.4%
Monitoring for Diabetic Nephropathy	70.9%	84.1%	90th	80.5%
Controlling High Blood Pressure	64.5%	78.4%	90th	66.1%
Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis		35.6%		N/A
Use of Appropriate Medications for People with Asthma				
Ages 5 - 9*		90.3%	90th	65.3%
Ages 10 - 17*		86.7%	90th	66.6%
Ages 18 - 56*		85.2%	90th	69.3%
Combined		87.0%	90th	67.3%
Access/Availability of Care				
Post-Partum Care	65.7%	68.0%	90th	69.1%
Timeliness of Prenatal Care	85.9%	87.3%	90th	87.3%
Use of Services				
Adolescent Well-Care Visits	52.2%	59.3%	90th	57.0%
Well-Child Visits in the First 15 Months of Life	74.3%	81.8%	90th	76.9%
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	77.8%	81.8%	90th	80.0%

¹ Based on NCQA Standard Scoring Adjustments

* Change in denominator criteria from previous year

Results



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Services. IEHP scored in the 75th percentile or above in 18 measures with 15 of those measures reaching the 90th percentile based on NCQA standard scoring adjustments. The results reflect the high quality of care you are providing to your patients and the success of our Health Management and physician incentive programs. Remember, the IEHP "Pay For Performance" (P4P) physician incentive program focuses on the various HEDIS® requirements in an effort to move all of our scores into the 90th percentile.

Why is HEDIS® Important? *Achieving A Higher Quality Of Healthcare*

HEDIS® results are becoming an increasingly important measure of health plan performance. DHS, MRMIB, and NCQA all require IEHP to submit HEDIS® results annually. HEDIS® results account for 33% of NCQA accreditation scores and DHS has developed a plan to use HEDIS® results in the default membership assignment program. DHS is also working on a report card that would be sent to all Medi-Cal Members comparing health plan performances.

HEDIS® and Pay For Performance (P4P) *Aiming For The Stars!*

IEHP implemented its "IPA Pay For Performance" program in July 2005, in order to increase the focus on improving HEDIS® results in five key areas. The program was a success and will be continued in 2006. Each IPA will receive payments based upon their achievement of assigned individual HEDIS® thresholds and/or HEDIS® targets.

HEDIS® Measures for Year 2 Include:

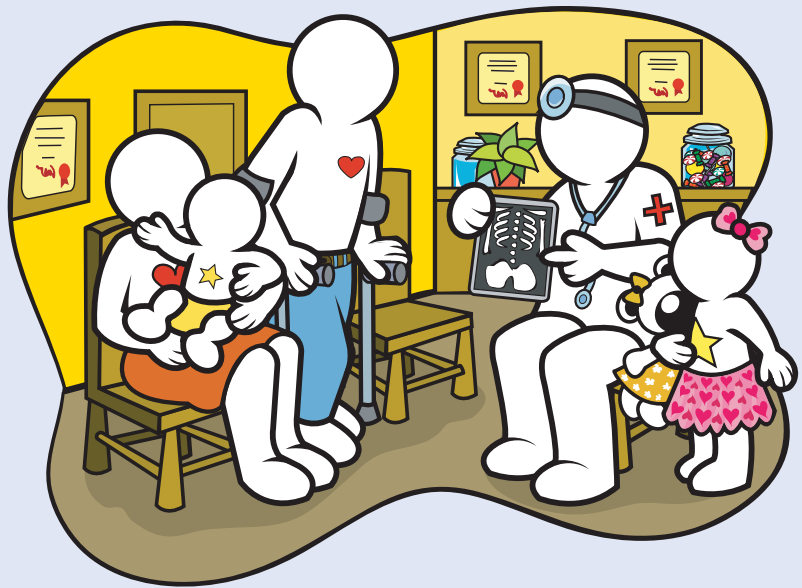
- Asthma
- Adolescent Well Care Visits
- Breast Cancer Screening
- Childhood Immunizations (Combo 2)
- Diabetes (HbA1c Testing)

*Stay tuned, your IPA will be working with you in these areas!

Important Reminder for Orthopedic Referrals

When a Member goes to an Urgent Care or Emergency Room and is diagnosed with a severe sprain or fracture that requires a referral to an orthopedist:

- Make sure that you see the Member in your office within 1-2 days.
- Mark the referral as a STAT so that it may be processed within 24 hours.
- Remind your office staff to follow up on the referral status.
- Have your office staff coordinate an orthopedic appointment for the Member to prevent any delay in care.
- Any DME (crutches, wheelchair, etc.) must be ordered through the IPA on a referral form. DME is an IPA responsibility. A prescription slip is not appropriate for DME or medical supplies.



Dr. Brad Gilbert's Message

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news about submitting your PERs online.

Thanks, again, for your commitment to providing excellent care to our Members, and we look forward to another year of working together to provide quality care.

Dr. Bradley Gilbert, Chief Medical Officer

IEHP Enrollment As of August 2006

Medi-Cal.....	244,565
Healthy Families.....	38,741
Healthy Kids.....	10,676
Commercial Group Plan.....	1,207
TOTAL.....	295,189

Legislation Updates

Senate Bill 853 -

Patient Language Assistance Programs

SB 853 effective July 1, 2007, mandates that managed care health plan members must have access to language assistance services. This includes face-to-face interpretation and telephonic interpretation at all points of contact with no expense to the members. This pertains to all appointments where medical information is discussed with the members.

In addition, the legislation discourages the use of family members, friends or minors as interpreters except in the case of a medical emergency when no qualified interpreter is available. Another exception is during a non-emergency situation; the patient is informed of the availability of a qualified interpreter at no charge and the patient refused the service. Health care providers must document in the medical record the offer of a qualified interpreter and the patient's refusal.

Assembly Bill 800 -

Medical Records - Patient's Spoken Language

Effective January 1, 2006, this legislation requires that a patient's primary language be clearly documented in the patient's medical record. This would assist providers and office staff to respond to the language needs of the patient appropriately, and to provide interpretation services when necessary.

IEHP Interpretation Services

IEHP offers interpretation services at no charge to you and your patients during medical appointments. You or Members must call IEHP at 1-800-440-4347 at least five working days prior to the appointment to request face-to-face interpretation services.

You and your patients may also access the telephonic interpretation services during business hours by calling IEHP at 1-800-440-4347. An IEHP Member Services Representative will connect you to the language line.

Telephonic interpretation service is also available for members who call the 24-hour Nurse Advice Line at 1-888-244-IEHP (4347) or TTY 1-888-880-0833.

A REMINDER...

IEHP's "Physician Pay For Performance" program offers incentives for:

- ✓ Immunizations
- ✓ Well Child Visits
- ✓ Pap Tests
- ✓ Chlamydia Screening Tests
- ✓ Perinatal Services
- ✓ Postpartum Services
- ✓ Diabetes
- ✓ Asthma (NEW!)



It's So Easy to Submit Your PERs Online

A few simple clicks of your mouse is all it takes for Pharmaceutical Exception Requests (PERs).

It's convenient; just send your electronic submissions directly from your computer. The

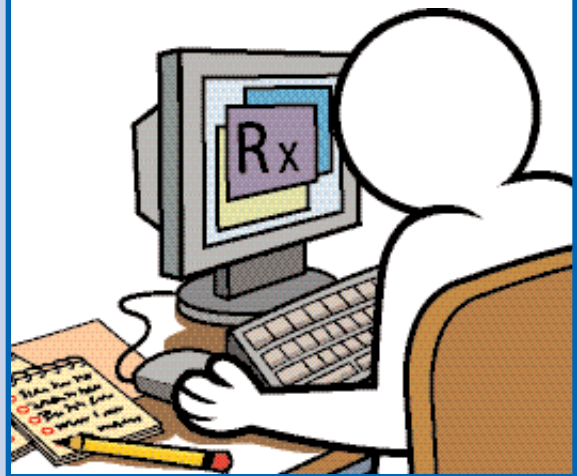
"error-proofing" fields make it easy, plus it can save time from unnecessary telephone calls with mistakes or unreadable handwriting. No more faxing or filing.

You can check PER status easily from your PC, and print determinations as you need them. Most PERs are still processed in just one business day.

Just log on to www.iehp.org, and Click <Providers>, or call the IEHP Pharmaceutical Services Department at (909) 890-2049 for further information.

Just a Reminder About Submitting PM160s Online...

It's much faster and more accurate to submit PM160s online for Immunizations and Well Child visits. Log on to www.iehp.org, and Click <Providers> for easy step-by-step instruction.



A Public Entity

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PO Box 19026
San Bernardino, CA 92423-9026

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