VENTURA COUNTY
HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

2020

COMMERCIAL BENEFIT PLAN

Quick Reference Guide

CONTACT INFORMATION

Ventura County Health Care Plan
2220 E. Gonzales Road, Suite 210-B, Oxnard, CA 93036

Regular Business Hours are:
Monday—Friday, 8:30 a.m. to 4:30 p.m.

- www.vchealthcareplan.org
- E-mail: VCHCP.Memberservices@ventura.org
- Phone: (805) 981-5050
- Toll-free: (800) 600-8247
- FAX: (805) 981-5051
- Language Line Services: Phone: (805) 981-5050 or Toll-free: (800) 600-8247
- TDD to Voice: (800) 735-2929
- Voice to TDD: (800) 735-2922
- Pharmacy Help: (800) 811-0293 or www.express-scripts.com
- Behavioral Health/Life Strategies: (24 hour assistance) (800) 851-7407 www.liveandworkwell.com

Hospital Admissions:

- 24-hour On-call Administrator: (805) 981-5050 or Toll-free: (800) 600-8247

MEDICAL EMERGENCIES

Call 911, or go to the nearest emergency room if you believe that an emergency medical condition exists.

Ventura County Health Care Plan
On-call Administrator available 24 hours per day for emergency Providers & Hospital Admissions
(805) 981-5050 or (800) 600-8247

Ventura County Medical Center - Emergency Room
300 Hillmont Avenue, Ventura, CA 93003
(805) 652-6165 or (805) 652-6000

Santa Paula Hospital
A Campus of Ventura County Medical Center
825 N 10th Street, Santa Paula, CA 93060
(805) 933-8632 or (805) 933-8600

This is only a summary. Your Employer's Group Agreement Evidence of Coverage (EOC) should be consulted to determine details of governing contractual provisions.

DEDUCTIBLE / OUT-OF-POCKET (OOP) COSTS

⇒ Deductible: This plan has no deductible
⇒ OOP Costs:
- Individual= $3,000
- Family= $6,000

Copayments made to providers for covered medical, pharmacy and behavioral health services apply towards the OOP maximum.

PRIMARY CARE PHYSICIAN OFFICE VISITS

⇒ $10 copayment at VCMC System Providers

⇒ $20 copayment at other contracted providers

⇒ No copayment for preventive health services

⇒ Large physician network with locations throughout Ventura County - see VCHCP Provider Directory

SPECIALIST PHYSICIAN OFFICE VISITS

⇒ $20 copayment at VCMC System Providers

⇒ $40 copayment at other contracted providers

⇒ No copayment for preventive health services

⇒ Referred by Primary Care Provider (PCP)

WELL-CHILD CARE

⇒ No copayment for these services

⇒ Primary care by a network physician

⇒ Immunizations

WOMEN'S HEALTH

⇒ No copayment for comprehensive prenatal care (Services other than from an OB/GYN may require a copay)

⇒ No copayment for preventive health services

⇒ Infertility: 50% of covered expenses; Prior Authorization required

⇒ Self-referral for OB/GYN Direct Access Services

HOSPITAL INPATIENT SERVICES

⇒ No copayment at VCMC and Santa Paula Hospital

⇒ Copayment of $150 per day - up to $600 - at other contracted facilities when preauthorized, see EOC for exceptions

OUTPATIENT SERVICES / OUTPATIENT SURGERY

⇒ Directed by PCP and approved by Plan

⇒ Outpatient Surgery Facility Fee (includes physician fee)
- No copayment at VCMC and Santa Paula Hospital
- 10% up to $250 copayment at any other contracted facility

⇒ Routine lab work: No copayment

⇒ X-Ray and Diagnostic Imaging (ultrasound, mammogram)
- No copayment at VCMC System Providers
- $20 copayment at any other contracted facility

⇒ Imaging and/or other Diagnostic Services (MRI, CT, PET, Nuclear Imaging)
- No copayment at VCMC and Santa Paula Hospital
- $125 copayment at any other contracted facility

⇒ Sterilization (Male or Female): No copayment

⇒ Renal Dialysis
- $10 copayment per outpatient dialysis
- Usual inpatient copayment applies with inpatient dialysis

⇒ Genetic Testing: 10% of cost to $500 maximum

⇒ Other Outpatient Services
- No copayment at VCMC and Santa Paula Hospital
- 10% of cost up to $250 maximum at any other contracted facility

PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, HABILITATIVE AND REHABILITATIVE SERVICES

⇒ $10 copayment at VCMC System Providers

⇒ $20 copayment at other contracted facilities

⇒ Directed by PCP or orthopedic surgeon and approved by Plan

⇒ Therapists available throughout Ventura County

URGENT CARE

- ⇒ $50 copayment
- ⇒ Out-of-area coverage for Urgent Care
- ⇒ Follow-up care must be with your PCP otherwise **Plan authorization is required**
- ⇒ See Provider Directory for locations of in-network Urgent Care centers
- ⇒ **The use of non-contracted Urgent Care facilities in Ventura County,** the Plan's licensed service area**, is not covered.**

EMERGENCY CARE

- ⇒ Covers Emergency Services only
- ⇒ $150 copayment at any ER facility
- ⇒ Copayment waived if directly admitted to hospital
- ⇒ Worldwide Coverage for emergency medical condition
- ⇒ After stabilization of emergency medical condition, Plan approval required for additional services in an out-of-network facility
- ⇒ Ambulance: $150 copayment ground transport; $150 air transport

OUTPATIENT OBSERVATION CARE

(Provided in Hospital)

- ⇒ In conjunction with ER services= ER copay applies
- ⇒ Not in conjunction with ER services (direct observation)
  - No copayment at VCMC and Santa Paula Hospital
  - 10% up to $250 maximum at any other contracted facility

NURSE ADVICE LINE

Available to you and your family 24 hours per day, 7 days per week at no additional cost

(800) 334-9023

HOME HEALTH SERVICE

- ⇒ $20 copayment per visit
- ⇒ 100 visits per Plan year

SKILLED NURSING / ACUTE REHAB

- ⇒ $50 per day copayment; $500 maximum
- ⇒ Limited to 100 combined days per plan year
- ⇒ Length of stay coverage limited to 60 consecutive days
- ⇒ Directed by PCP and approved by Plan

DURABLE MEDICAL EQUIPMENT

- ⇒ 10% copayment
- ⇒ 50% copayment for replacement when medically necessary
- ⇒ Directed by PCP and approved by Plan
- ⇒ Replacement due to damage, loss, or theft are the financial responsibility of the member

OTHER SERVICES

- ⇒ Annual Eye Refraction Exam, up to $50 reimbursement
- ⇒ Chiropractic and Acupuncture care, $20 reimbursement per visit, maximum of 15 combined visits

BEHAVIORAL HEALTH SERVICES

The following services are Administered by OptumHealth Behavioral Solutions (Life Strategies) 24-hour assistance (800) 851-7407

Member calls behavioral solutions program for provider selection and authorization if required

- ⇒ **RESIDENTIAL ALTERNATIVE TREATMENT**
- ⇒ **INPATIENT MENTAL HEALTH & SUBSTANCE USE**
- ⇒ **OUTPATIENT MENTAL HEALTH & SUBSTANCE USE**
  - $10 copayment per visit
  - No copayment for depression screening services
  - PCP referral not required

PHARMACY

www.express-scripts.com

(800) 811-0293

	Retail (up to 30 day supply)	**Mail Order or Smart 90 Pharmacy** (up to 90 day supply)
Tier 1	$9	$18
Tier 2	$30	$60
Tier 3	$45	$90
Tier 4 (Specialty)	Generic = 10% (up to $100 max/script)	
	Brand (Preferred /Non-Preferred) = 10% (up to $250 max/script)	

PURPOSE AND SCOPE OF THE UTILIZATION MANAGEMENT (UM) PROGRAM

The UM Program is designed to ensure that medically appropriate services are provided to all members of the Plan through a comprehensive framework that assures the provision of high quality, cost effective, and medically appropriate healthcare services in compliance with the patient benefit coverage and in accordance with regulatory requirements. The UM structures and processes are clearly defined and responsibility is assigned to appropriately trained individuals. The Medical Director of the Plan acts as the Medical Director of the UM Program.

PRIOR AUTHORIZATION/REFERRALS FOR HEALTH CARE SERVICES

Sometimes, you may need care that your PCP cannot provide. At such times, you will be referred to a Specialist Physician or Provider for that care. No Referrals or Authorizations are needed to access Emergency or Urgent Care needs.

The Plan has contracted with a broad range of Providers who are conveniently located to provide access to Covered Services. Your PCP must ask VCHCP for prior approval for Referrals to Covered Services including certain Specialist Physicians and certain services. The Plan processes normal/non-urgent pre-service requests for Covered Services made by your PCP or treating Provider within five (5) business days and urgent pre-service requests made by your PCP or treating Provider within seventy-two (72) hours from the Plan's receipt of request. For normal/non-urgent pre-service and urgent pre-service requests, the Plan faxes the notification of decision to your PCP or treating Provider within 24 hours of decision.

CONCURRENT REVIEW

Authorization requests received at the time the service is provided are called Concurrent Review requests. For urgent concurrent authorization requests such as initial inpatient stay, the Plan makes a determination within 24 hours of receipt of request. For non-urgent concurrent authorization requests such as extension of inpatient stay, the Plan makes a determination within seventy-two (72) hours of receipt of request. For urgent and non-urgent concurrent authorization requests, the Plan faxes the written decision to your PCP or treating Provider within twenty-four (24) hours of decision.

POST SERVICE REVIEW

Authorization requests received after the service has been provided are called Post Service Review requests. For these authorization requests, the Plan makes a determination and faxes the written decision to your PCP or treating Provider within thirty (30) calendar days of receipt of the request.

The following Affirmative Statement is posted in the UM Department and includes the following associates: medical and clinical directors, physicians, UM directors and managers, licensed UM staff including management personnel who supervise clinical staff and any associate in any working capacity that may come in contact with members during their care continuum:

- *UM decision making is based only on appropriateness of care and service and existence of coverage.*
- *The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care.*
- *Financial incentives for UM decision makers do not encourage decisions that may result in underutilization.*
- *VCHCP does not use incentives to encourage barriers to care and service.*
- *VCHCP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.*

CASE MANAGEMENT & DISEASE MANAGEMENT PROGRAMS

To ensure the effective management of complicated and costly or chronic cases, the case management and disease management staff collaborate with the members and their health care team to ensure coordination of care. Referrals to case management and disease management may be made by VCHCP staff, providers, hospital staff, employers, and members to facilitate the continuity and coordination of the member's care. The referral is made to a VCHCP case manager or disease manager who is a qualified licensed health professional and functions within the scope of his/her license to practice (e.g., RN).

VCHCP UTILIZATION MANAGEMENT STAFF

- Regular Business Hours: Monday—Friday 8:30 a.m. to 4:30 p.m.
- Phone: (805) 981-5060