



VENTURA COUNTY
HEALTH CARE PLAN

Member NEWSLETTER

FALL ISSUE • SEPTEMBER 2018

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Member Access Survey 2018

Help us make a difference to your health care access needs and identify areas needing improvement by completing the 2018 Member Access Survey online at:
<https://www.surveymonkey.com/r/VCHCPMemberSurvey2018>

You may also complete the survey by visiting our website at www.vchealthcareplan.org and click on "For Members".

The Survey will
be available from
October 1st –
December 31st

For assistance contact our Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 Monday – Friday between 8:30 a.m. – 4:30 p.m.

Complete the 2018 Member Access Survey today – Your Input Matters!



VENTURA COUNTY HEALTH CARE PLAN

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CONTACT INFORMATION

Ventura County Health Care Plan

Regular Business Hours are:

Monday - Friday, 8:30 a.m. to 4:30 p.m.

- www.vchealthcareplan.org
- VCHCP.Memberservices@ventura.org
- Phone: (805) 981-5050
- Toll-free: (800) 600-8247
- FAX: (805) 981-5051
- Language Line Services:
Phone: (805) 981-5050
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
- Nurse Advice Line: (800) 334-9023

VCHCP Utilization Management Staff

Regular Business Hours are:

Monday - Friday,
8:30 a.m. to 4:30 p.m.

- (805) 981-5060

GRAPHIC DESIGN & PRINTING

GSA Business Support/Graphics

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3 ACTIONS TO Fight Flu THIS SEASON

Flu is a serious contagious disease that can lead to hospitalization and even death. You have the power to protect yourself and your family this season with these three actions to fight flu.

1

Get a flu vaccine. Everyone 6 months of age and older should get a flu vaccine by the end of October, if possible. A yearly flu vaccine is the first and most important step in protecting against the flu.

2

Take everyday actions to stop the spread of germs. Try to avoid close contact with sick people, and if you become sick, limit your contact with others. When possible, stay home for at least 24 hours after your fever is gone. Cover your nose and mouth with a tissue when you cough or sneeze, and wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

3

Take flu antiviral drugs if your doctor prescribes them. If you get the flu, prescription medicine called antiviral drugs can be used to treat flu illness. Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications. Learn more about how you can fight flu this season. Go to: www.cdc.gov/fightflu

Patient Emergency & Provider After Hours Contact

Ventura County Medical Center Emergency Room

300 Hillmont Ave.
Ventura, CA 93003
(805) 652-6165 or (805) 652-6000

Santa Paula Hospital

A CAMPUS OF VENTURA COUNTY MEDICAL CENTER
825 N 10th St.
Santa Paula, CA 93060
(805) 933-8632 or (805) 933-8600

Ventura County Health Care Plan

on call Administrator available
24 hours per day for
Emergency Providers
(805) 981-5050 or (800) 600-8247

THE NURSE ADVICE LINE



THE NURSE ADVICE LINE IS AVAILABLE AT:

1-800-334-9023, 24 hours a day, 7 days a week for Member questions regarding their medical status, about the health plan processes, or just general medical information.

THERE IS ALSO A LINK ON THE MEMBER WEBSITE:

www.vchealthcareplan.org/members/memberIndex.aspx that will take Members to a secured email where they may send an email directly to the advice line. The nurse advice line will respond within 24 hours.

To speak with VCHCP UM Staff, please call

The Ventura County Health Care Plan at the numbers below:

QUESTIONS? CONTACT US: MONDAY - FRIDAY, 8:30 a.m. to 4:30 p.m.

Phone: (805) 981-5060 or toll-free (800) 600-8247, FAX (805) 981-5051

TDD to Voice: (800) 735-2929 Voice to TDD: (800) 735-2922

Ventura County Health Care Plan 24-hour Administrator access for emergency providers:

(805) 981-5050 or (800) 600-8247

Language Assistance - Language Line Services: Phone (805) 981-5050 or toll-free (800) 600-8247

2018 HEDIS

Results and Interventions

VCHCP continues to maintain high standards in Healthcare Effectiveness Data Information Set (HEDIS) Measures. Examples of some of the measures include: preventive screening for breast cancer, colorectal cancer, and cervical cancer; appropriate childhood immunizations; as well as decreasing or preventing complications in diseases such as diabetes and asthma. When these measures are met by members, disease and complications decrease.



2018 Accomplishments

- Improvement in scores such as Cervical Cancer Screening, Comprehensive Diabetes Care – HgbA1c testing, HbA1c Control, Colorectal Cancer Screening and Immunizations for Adolescents.
- Improvement in Comprehensive Diabetes Care attributed to effective Health Coaching by the Plan's Health Coach Nurses and Case Manager.
- VCHCP has a Diabetes Disease Management Program where our nurses perform health coaching calls when member risk is moderate and high. This means that your HgbA1c lab result is 8.0% and above. This program has been effective because of the following:

Successful Health Coaching Calls:

- We have a 50% success rate in contacting you, our member, and performing health coaching.

HgbA1c Testing:

- Higher percentage of members who had health coaching (79%) had their A1c done within six months following the health coaching call, compared to those members who did NOT have health coaching (60%).
- For those who accepted case management, 89% of these members had their A1c done within six months following the health coaching call.

A1C Movement:

- Higher percentage of members who had successful health coaching had decreased A1c (78%), compared to those members who did NOT have health coaching (59%).
- For those members who accepted CM, 88% of these members decreased their A1c level.

Risk Stratification

- Higher percentage of members who had successful health coaching decreased their risk level (57.3%), compared to those members who did NOT have successful health coaching (43.8%).
- From those members who accepted CM and had their A1c done, 75% of these members decreased their risk level, no member had an increased risk level and 25% had no risk level change.

Risk Stratification Summary:

- The percent of members with high A1c decreased after successful health coaching calls (from 32.9% to 13.4%) and the percent of members with high A1c who accepted case management decreased even more (from 83.3% to 16.7%) compared to those members who did not have successful calls.

Our goal is to improve your health and it is important to call us back when our Health Coaching Nurse calls you because it is making a significant impact in your compliance with getting your HgbA1c testing done and decreasing your HgbA1c level and risk.

2018 Goals

- Breast cancer screening: All women age 50-74 should receive a screening mammogram every two years (except for those with a history of mastectomy).
- Colorectal cancer screening: All men and women age 50-75 should receive colorectal cancer screening. The frequency of the screening depends on the type of screening performed. For example, a colonoscopy every 10 years, or a sigmoidoscopy every 5 years, or a Fecal Occult Blood Test (stool test) annually.
- Postpartum Care: A new mom should have a postpartum visit within 21-56 days of delivery.
- Controlling High Blood Pressure: All members who have been diagnosed with hypertension should strive to have their blood pressure remain below 140/90.
- Weight, nutrition, and physical activity assessment/counseling in children: At least annually, each child 3 years old and older should have their weight, nutrition, and physical activity assessed by their health care provider.

2018 Areas for Improvement

- Breast Cancer Screening
- Prenatal and Postpartum Care
- Weight Assessment and Counseling – BMI Percentile, Nutrition & Physical Activity

2018 Planned Interventions

- VCHCP will continue to reach out to you and to your doctor when you need many of the above preventive health screenings.
- Postcards are sent to members in need of breast cancer screenings.
- Diabetics will continue to receive health coaching, mailed information and resources annually, and have access to Health Coach Nurses.
- All women who deliver babies will continue to receive follow up care reminder letters.
- We will send Birthday Card Care Gap reminders to you on your birthday month.

This is just a glance at the interventions continuously being performed by the VCHCP HEDIS team. When members fulfill these HEDIS measures, they are partnering with their Primary Care Physicians to improve their health or maintain good health. If you have any questions about the services you may be in need of, please contact your primary care physician. If you have questions about HEDIS, please contact VCHCP at (805) 981-5060.

Disease / Case Management Programs SURVEY

*Have your
say about your
experience
with Disease
Management
and Case
Management*

All VCHCP members who are in our Disease Management or Case Management Programs will receive a survey to evaluate the program they are enrolled in. These surveys are to measure how useful our programs are to the members, and to evaluate where we need to improve. Programs being surveyed include, Diabetes Disease Management, Asthma Disease Management, and Autism Case Management. When you receive the survey, simply complete the questions and return it in the pre-paid envelope. Your responses are completely anonymous. As a special thank you for completing our survey, you have the option to receive a free Goody Bag (includes recipe books) from Champions for Change: Network for a Healthy California. Please click on the link listed on your survey so we know where to send your bag. Thank you in advance for helping us evaluate our programs, and making them even better!

If you have questions regarding surveys or any of our Disease Management or Case Management programs, call Utilization Management at (805) 981-5060.

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Quality Improvement Program Evaluation

Highlights of Plan Accomplishments for 2017 include:

IMPROVED ACCESS AND AVAILABILITY:

- 68% reduction of access issues from the commencement of the Access to Care Task Force in August of 2015.
- Executed 8 new provider contracts including Dermatology, Endocrinology, Anesthesiology, Stroke and Neurovascular and Ancillary.
- Hiring of providers for many primary care providers and specialists, which include Pediatric Neurologist, Pediatric Gastroenterologist, Pediatric Surgeon, Neurologist, Plastic Surgeon, General Surgeon and Dermatology.

EFFECTIVENESS OF CASE MANAGEMENT (CM) PROGRAM:

- Increased CM acceptance rate from 12% in 2016 to 51% in 2017.
- 83% reduction in inpatient admissions for members enrolled in complex case management at least 60 days.
- 25% reduction in Emergency Room visits for members enrolled in complex case management program at least 60 days.
- 100%-member experience/satisfaction with CM.

IMPROVED DISEASE MANAGEMENT PROGRAM:

- Increased A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- Placed all disease management activities in the VCHCP Quality Application System (Quality App) creating a more organized data management tool.
- Improved risk stratification of members with diabetes by obtaining the laboratory A1c result, thereby, stratifying more members as moderate and high. These members received health coaching and CM screening interventions.

EFFICIENCY IN UTILIZATION MANAGEMENT:

- Reduction in prior authorization of those services (medical and pharmacy) that are seldom denied (<5%) with little or no return on investment (ROI). This resulted in decreased work volume and efficiency which allowed the program resources to meet the needs of the UM program despite reassignment of UM staff in November 2016.
- Aggressive queue/workload monitoring, distribution and management ensured timely completion of workload and efficiency.

Each year, the Health Plan evaluates its success in accomplishing identified goals for the prior year, including, but not limited to, its ability to meet regulatory standards specified by the Department of Managed Health Care (DMHC). For 2017, the Plan is pleased to share that it succeeded in achieving multiple identified goals.

System Enhancements:

- UM and CM module QNXT (Medical management computer system) upgrade.
- Developed an in-house registry/data management tool (Quality Application) that allows us to manage Disease Management master registry, view member care gaps, manage risk stratification, record member opt outs, as well as document special conditions. This resulted in improvement in the Disease Management program.
- Implemented a desktop eligibility application to confirm eligibility in real time. This resulted in significant reduction of eligibility calls from VCMC providers. The eligibility app was instrumental in helping us continue to deliver a high level of service, with a reduced work force.

Services:

- Maintained level of customer service with reduction in staff positions.
- Rolled out customer service training to all departments of VCHCP.
- More members enrolled in the Disease Management program received health coaching intervention, as the risk stratification of members was improved.
- Created efficiencies in the case

management screening process, improving case management acceptance rate.

Surveys:

- After hours survey conducted and resulted in 100% compliance of our providers.
- Completed a Provider Access Survey, which was conducted by Healthy People on behalf of the Plan.
- Conducted a member appointment availability survey relative to Access.
- Conducted the annual member Consumer Assessment of Health-care Providers and systems (CAHPS) survey, evaluated its findings, and identified opportunities for improvement particularly surrounding timely access to care.
- Completed a provider satisfaction survey conducted by SPH Analytics.
- Secret shopper calls performed on two of our Physical Therapy clinics due to access issues.

Processes:

- 96.1% overall call quality in Member Services.
- Achieved 99% to 100% compliance with UM review turnaround time.
- UM physicians and nurses met the passing score of 80% or better on inter-rater testing.
- Clinical rationale 8th grade reading level met 100% compliance at the end of 2017.

Communications:

- Distributed member and provider newsletters twice a year, highlighting services offered by the Plan, as well as education about these services, benefits and guidelines.
- Continued to utilize email/fax-blasts to providers to relay important updates to practitioners on a timely basis; for example, the VCHCP drug

formulary update (additions and deletions).

- Mailed postcard reminders to members re: needed mammograms, colorectal screenings and reminder on appropriate use of the Emergency Room.

Collaborations:

- Continued regular Access to Care Task Force meetings to identify and track access to care barriers and collaborate with County partners to identify and implement potential solutions.

- Continued successful collaboration with Optum Behavioral Health which has resulted in robust, productive quarterly meetings to promote continuity and coordination between medical and behavioral healthcare.
- Continued quarterly Joint Operations Committee meetings with each of the Plan's delegates to ensure a venue of robust oversight of delegate activities with resultant quality services offered to Plan members.

While the Plan realized multiple accomplishments throughout 2017, there were Key Challenges for the Plan in 2018 that came to light:

- Identification of barriers and interventions that will improve Health Effectiveness Data Information Set (HEDIS) scores overall, with the emphasis on the following measures:
 - Comprehensive Diabetes Care (CDC)
 - Colorectal Cancer Screening (COL)
 - Postpartum Care (PPC)
 - Plan All-Cause Readmission (PCR)
- Consistent timeliness of follow up care:
 - After Emergency Room visits
 - After Inpatient hospital admissions
 - Postpartum
- Timely exchange of information, in particular the timeliness of initial consultation reports sent from Specialist to primary care providers (PCP).
- Timely communication of feedback from behavioral health providers to PCPs through increased collaboration between Optum Behavioral Health and VCHCP.
- Increase rates of member participation in the Case Management program.
- Increased A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- Maintain volume of members stratified as moderate and high risk to allow health coaching and case management screening and intervention to more members.

SURVEY RESULTS:

Member Satisfaction with Utilization

As part of our continuing commitment to serve our members, VCHCP conducted a 2017 Consumer Assessment of Healthcare Providers and System (CAHPS) survey. The purpose of this survey is to measure how well the Health Plan meets members' expectations and goals. SPH Analytics was selected by VCHCP to randomly select eligible members to participate in the survey using a combination of mail and telephone outreach.

We would like to thank the 257 members who responded to our survey, yielding a 23.7% response rate. Based on your responses, specifically with regards to your "experience with our Utilization Management" (UM), the Plan is committed to improving member survey results and experiences. The specific questions in the survey that pertain to your experience with our Utilization Management are:

Q14: *In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?*

Q25: *In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?*

We heard your feedback and recognize we have opportunities for improvement. We have implemented actions to improve your experience with our Utilization Management such as:

- VCHCP continues to utilize our Direct Specialty Referral Program for our VCHCP health plan members. The Primary Care Physicians can directly refer members to certain in network/contracted specialty providers without requiring prior authorization. This program was updated to include expanded specialties, along with adding procedures available under the direct referral.
 - In addition to expanding the specialists in the direct specialty referral program, the Plan's Utilization Management (UM) removed prior authorization on services that the Plan generally approves, reducing the barrier of having to obtain prior authorization. The intent is to make it easy for members to get these services.
 - We are working with our Provider Network to address the issue of getting timely appointments with specialists for our members.
 - Executed 8 new provider contracts including Dermatology, Endocrinology, Anesthesiology, Stroke and Neurovascular and Ancillary.
 - The Ventura County Medical Center (VCMC) Ambulatory Clinic (AC) hired providers for many primary care providers and specialists, which include Pediatric Neurologist, Pediatric Gastroenterologist, Pediatric Surgeon, Neurologist, Plastic Surgeon, General Surgeon and Dermatology.
 - Continued success and availability of the VCHCP member only clinic. This clinic was opened to assist members with timely access to Primary Care Physicians.
 - Sixty-Eight percent (68%) reduction of access issues from the commencement of the Access to Care Task Force in August of 2015. The Plan created an Access to Care Task Force under the Plan's Network Relations to address and resolve access issues with VCMC Ambulatory Care. If you or your family member are having trouble in getting timely appointments, please contact us at (805) 981-5050.
 - Our UM department continues to utilize an electronic prior authorization referral process at the Ventura County Medical Center (VCMC) through the Cerner system. VCHCP continues to work with VCMC to improve access to timely appointments by improving the VCMC referral center process.
 - The Plan's Member Services department measures/monitors access issues through Plan complaint and grievance data. The Plan assists members to get appointments or may arrange case agreements with providers. Access issues are addressed for continued improvement with collaboration between the Plan and providers.
 - The Plan has made concerted efforts to contract with needed specialists in geographic areas of need.
- Our UM department continues to monitor the timeliness of our UM prior authorization processing on a daily basis

Management

to ensure timely review. Certain benefits require prior authorization from the VCHCP in order to be covered. This means that visits to certain specialists, specific tests, and some prescription medications require the requesting physician to submit a Treatment Authorization Request (TAR) to VCHCP. VCHCP UM Department reviews the request and it is either approved or denied based on medical necessity. For more information about the TAR review process please see your plan's Evidence of Coverage (EOC) Booklet available at www.vchealthcareplan.org. VCHCP must approve the request in order for the Plan to pay for the cost of the service(s). Generally, routine authorization requests are processed within 5 business days.

Additionally, did you know that our UM department tracks how long it takes to respond to each request it receives? This is reported to our Utilization Management Commit-

tee on a quarterly basis as the UM Turn-Around-Time. There are strict regulatory requirements for the time UM takes to respond to requests that are received by the Plan. When turn-around-times do not meet specified goals, a Corrective Action Plan (CAP) is activated to ensure improvement occurs. So far in 2018, over 99% of requests received have been completed within the specified regulatory requirement.

In order to meet the steps of prior authorization, the prescribing physician must submit the TAR. Without the TAR, the Plan is not aware that you are in need of services. Some members call the Plan with concerns that they have not received authorization for the service requested, and it is found that the physician has not submitted the request yet, or the request has not been processed through the physician's office referral system. This delay in the process can lead to increased time it takes to get the services needed. The Plan is working closely with physician offices to ensure that the offices submit the TARs to the Plan's UM Department as soon as possible. This will help prevent delays in the process.

If you would like the ability to know if VCHCP has received your TAR, you may call the Plan's Utilization Management Department at (805) 981-5060 from 8:30 am to 4:30 pm. Your continued participation in our annual member satisfaction surveys and other feedback will help us identify areas of opportunity for improvement, which in turn aids us in increasing the quality of care you receive.

Timely Access REQUIREMENTS

VCHCP adheres to patient care access and availability standards as required by the Department of Managed Health Care (DMHC). The DMHC implemented these standards to ensure that members can get an appointment for care on a timely basis, can reach a provider over the phone and can access interpreter services, if needed. Contracted providers are expected to comply with these appointments, telephone access, practitioner availability and linguistic service standards. Standards include:

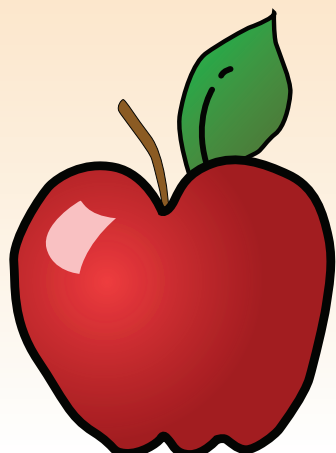


TYPE OF CARE	WAIT TIME OR AVAILABILITY
Emergency Services	Immediately, 24 hours a day, seven days a week
Urgent Need – No Prior Authorization Required	Within 48 hours
Urgent Need – Requires Prior Authorization	Within 96 hours
Primary Care	Within 10 business days
Specialty Care	Within 15 business days
Ancillary services for diagnosis or treatment	Within 15 business days
Mental Health	Within 10 business days

Send Your Kids Back to School with Their Vaccines UP TO DATE



Back-to-school season is here. It's a time for parents to gather school supplies and backpacks. It's also the perfect time to make sure your kids are up-to-date on their vaccines.



Getting children all of the vaccines recommended by Centers for Disease Control and Prevention (CDC) is one of the most important things parents can do to help protect their children's health—and that of their classmates and their community. Most schools require children to be current on vaccinations before enrolling to protect the health of all students.

Today's childhood vaccines protect against serious and potentially life-threatening diseases, including polio, measles, whooping cough, and chickenpox.

"Thanks to vaccines, most of these diseases have become rare in the United States," said Dr. Nancy Messonnier, Director of the National Center for Immunization and Respiratory Diseases, CDC. "But many still exist here, and they can make children very sick, leading to many days of missed school, missed work for parents, and even hospitalization and death."

Since 2010, we see between 10,000 and 50,000 cases of whooping cough and up to 20 babies die each year in the United States. Most whooping cough deaths are among babies who are too young to be protected by their own vaccination.

"Without vaccines, these numbers would be much, much higher," Dr. Messonnier said. "That's why kids still need vaccines."

When children are not vaccinated, they are at increased risk of disease and can spread diseases to others in their classrooms and community—including babies who are too young to be fully vaccinated, and people with weakened immune systems due to cancer and other health conditions.

School age children need vaccines. For example, kids who are 4 to 6 years old are due for boosters of four vaccines: DTaP (diphtheria, tetanus, and pertussis, also called whooping cough), chickenpox, MMR (measles, mumps, and rubella), and polio. Older children, like pre-teens and teens, need Tdap (tetanus, diphtheria, and pertussis), HPV (human papillomavirus), and MenACWY (meningococcal conjugate virus) vaccines. In addition, yearly flu vaccines are recommended for all children 6 months and older.

Check with your child's doctor to find out what vaccines they need this year.

Parents can find out more about the recommended immunization schedule at www.cdc.gov/vaccines/parents/protecting-children/index.html.

Direct Specialty REFERRALS



A "Direct Specialty Referral" is a referral that your Primary Care Physician (PCP) can give to you so that you can be seen by a specialist physician or receive certain specialized services. Direct Specialty Referrals do not need to be pre-authorized by the Plan. All VCHCP contracted specialists can be directly referred by the PCPs using the direct referral form [EXCLUDING TERTIARY REFERRALS, (e.g. UCLA AND CHLA), PERINATOLOGY and NON VCMC PAIN MANAGEMENT SPECIALISTS]. Referrals to Physical Therapy and Occupational Therapy also use this form.

Note that this direct specialty referral does not apply to any tertiary care or non-contracted provider referrals. All tertiary care referrals and referrals to non-contracted providers continue to require approval by the Health Plan through the treatment authorization request (TAR) procedure.

Appointments to specialists when you receive a direct referral from your PCP should be made either by you or by your referring doctor. Make sure to check with your referring doctor about who is responsible for making the appointment.

Appointments are required to be offered within a specific time frame, unless your doctor has indicated on the referral form that a longer wait time would not have a detrimental impact on your health. Those timeframes are: Non-urgent within 15 business days, Urgent within 48-96 hours.

If you feel that you are not able to get an appointment within an acceptable timeframe, please contact the Plan's Member Services Department at (805) 981-5050 or (800) 600-8247 so that we can make the appropriate arrangements for timeliness of your care.

UPDATE TO THE DIRECT SPECIALTY REFERRAL:

Podiatry & Perinatology

We recently updated our Direct Specialty Referral Process. Along with the current Direct Referral access to Podiatry, the Plan has added the ability for Podiatrists to perform local injections with anesthetic and/or steroid medications, paring/cutting of lesions and aspiration and injection of joints/bursa, all without requiring prior authorization.

This is aimed at allowing these procedures to be done on the same visit as the consultation thereby eliminating the need for the member to return solely for the injection or procedure. We previously had allowed, and continue to allow toenail removal without prior authorization.

We also added the ability to directly refer to our Ventura County Medical Center (VCMC) affiliated perinatology office (Central Coast Perinatology Medical Group) for certain procedures. These include routine pregnancy ultrasounds, nuchal translucencies and second trimester anatomy scans. However, note that provider consultations for high risk pregnancies, genetic testing, fetal echocardiograms and other studies still require prior authorization from the Plan.

THE DIRECT REFERRAL POLICY CAN ALSO BE ACCESSED AT:

www.vchealthcareplan.org/providers/providerIndex.aspx

To request to have a printed copy of the policy mailed to you, please call Member Services at the numbers listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THE POLICY OR DOCUMENTS:

Please call our Medical Management Department at (805) 981-5060 between 8:30 am and 4:30 pm.

REMINDER: Dialysis services are a covered benefit AND always require prior authorization. You must contact your doctor to ensure proper authorization.

Standing REFERRALS

A standing referral allows you to see a specialist or obtain ancillary services, such as lab, without needing new referrals from your primary care physician for each visit. You may request a standing referral for a chronic condition requiring stabilized care. Your primary care physician will decide when the request meets the following guidelines.

A standing referral may be authorized for the following conditions when it is anticipated that the care will be ongoing:

- Chronic health condition (such as diabetes, COPD etc.)
- Life-threatening mental or physical condition
- Pregnancy beyond the first trimester
- Degenerative disease or disability
- Radiation treatment
- Chemotherapy
- Allergy injections
- Defibrillator checks
- Pacemaker checks
- Dialysis/end-stage renal disease
- Other serious conditions that require treatment by a specialist

A standing referral is limited to 6 months, but can be reviewed for medical necessity as needed, to cover the duration of the condition.

If you change primary care physicians or clinics, you will need to discuss your standing referral with your new physician. Changing your primary care physician or clinic may require a change to the specialist to whom your primary care physician makes referrals.

Additional information regarding Standing Referrals is located on our website: www.vhealthcareplan.org/providers/providerIndex.aspx or by calling Member Services at (805) 981-5050 or (800) 600-8247.

FAQ's FOR MEMBERS ABOUT SPECIALTY MEDICATIONS

It is very important that you remain proactive in following up with your specialty medication. This will minimize the delay in getting timely medications.

What is a "Specialty Medication"?

Specialty Medications are high-cost medications, regardless of how they are administered (injectable, oral, transdermal, or inhalant), and are often used to treat complex clinical conditions that require close management by a physician due to their potential side effects and the need for frequent dosage adjustments.

What if my Doctor prescribes a "Specialty Medication" for me?

Most "Specialty Medications" require prior authorization from the Plan. Your doctor will need to complete a Prescription Drug Prior Authorization Request form and submit it to the Health Plan for approval.

How do I know if my medication is a "Specialty Medication"?

Contact Accredo at (866) 848-9870. Accredo is Express Scripts' specialty pharmacy provider.

How much will my specialty medication cost?

You can look up your out-of-pocket cost for any medication (whether specialty or not) by going to the Express Scripts website at www.express-scripts.com and creating an online account. Or you can call Express Scripts directly at (800) 811-0293 to find out your out-of-pocket cost for a particular medication or for help logging into their website.

How do I get my specialty medication?

Once the Health Plan approves your doctor's Treatment Authorization Request, Accredo verifies the approval and contacts the patient to coordinate shipment of the medication to the patient's address within 24 to 48 hours. Accredo cannot ship your medication without speaking with you directly to arrange shipment. If you receive a message from Accredo, you will need to call Accredo back. Accredo will also provide any equipment necessary for you to take your medication. You can call Accredo directly with any questions at (866) 848-9870.

What if I need to start taking my medicine right away?

If your doctor determines that it is medically necessary for you to begin taking the medication right away, he/she can write a prescription for a 1 time 30-day supply to be filled at a local pharmacy upon approval by the Plan.

What if my medication hasn't arrived yet?

If you are concerned about the amount of time it is taking for your medication to be shipped to you, or if you have any other questions or concerns, please call the Plan's Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 Monday through Friday between the hours of 8:30 am and 4:30 pm.

For more information about the Plan's Specialty Medication policies or Prescription Medication Benefit Program please see the Plan's website at www.vhealthcareplan.org or call the Plan's Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 between the hours of 8:30 am and 4:30 pm Monday-Friday.

Pharmacy Updates

The following is a list of additions and deletions for the Ventura County Health Care Plan's formulary recently approved by the Plan's Pharmacy & Therapeutics Committee. Additional information regarding the High Performance Formulary is available thru Express Scripts (ESI).

Note: The Plan's Drug Policies, updated Step Therapy and Drug Quantity Limits can also be accessed at: <http://www.vchealthcareplan.org/members/programs/countyemployees.aspx>



Formulary Additions: Q1-2018

New Generics:

REYATAZ
SUSTIVA
ESTRACE
LOCOID
NAMENDA XR
SOLODYN
APAP-CAFFEINE-DIHYDROCODEINE
ULTIVA
TREXIMET
VIREAD
SYPRINE

Line Extensions – New Dosage Forms/Strengths:

BOSULIF 400 MG TABLET
ELIQUIS 5 MG STARTER PACK
PROLASTIN C 1,000 MG/20 ML VL
XIGDUO XR 2.5 MG-1,000 MG TAB

New VCHCP Drug Policy

Preferred Specialty Management (PSM)
Policy for Hepatitis C Virus (HCV)
Direct-Acting Antivirals (DAAs)

New VCHCP Medication Related Policy

Length of Authorization Drug Policy

New and Existing Brands/Chemicals:

FASENRA 30 MG/ML SYRINGE
HEMLIBRA 105 MG/0.7 ML VIAL
HEMLIBRA 150 MG/ML VIAL
HEMLIBRA 30 MG/ML VIAL
HEMLIBRA 60 MG/0.4 ML VIAL
LUXTURN VIAL
MEPSEVII 10 MG/5 ML VIAL
ODACTRA 12 SQ-HDM SL TABLET
PREVYMIS 240 MG TABLET
PREVYMIS 480 MG TABLET
PREVYMIS 240 MG/12 ML VIAL
PREVYMIS 480 MG/24 ML VIAL
RENFLEXIS 100 MG VIAL
SUBLOCADE 100 MG/0.5 ML SYRING
SUBLOCADE 300 MG/1.5 ML SYRING
TAMIFLU 30 MG CAPSULE
TAMIFLU 45 MG CAPSULE
TAMIFLU 75 MG CAPSULE
TAMIFLU 6 MG/ML SUSPENSION
VERZENIO 100 MG TABLET
VERZENIO 150 MG TABLET
VERZENIO 200 MG TABLET
VERZENIO 50 MG TABLET

Formulary Removals/Deletions: Q1-2018

ESTRACE 0.01% CREAM
REYATAZ 150 MG CAPSULE
REYATAZ 200 MG CAPSULE
REYATAZ 300 MG CAPSULE

SUSTIVA 200 MG CAPSULE
SUSTIVA 50 MG CAPSULE
SUSTIVA 600 MG TABLET
VIREAD 300 MG TABLET

For questions or concerns, please call Ventura County Health Care Plan at (805) 981-5050 or (800) 600-8247 or you may also contact Express Scripts directly at (800) 811-0293.



OptumHealth QUALITY PROGRAM

Ventura County Health Care Plan contracts with OptumHealth Behavioral Solutions (Life Strategies) for Mental/Behavioral health and substance abuse services. OptumHealth has a Quality Management Program (QM) that is reviewed annually. If you would like to obtain a summary of the progress OptumHealth has made in meeting program goals, please visit OptumHealth's online newsletter at <https://www.liveandworkwell.com/newsletter/ohwellness.pdf> or call OptumHealth directly at (800) 851-7407 and ask for a paper copy of the QM program description.

Coast2CoastRx

The County of Ventura is participating in a Free Discount Prescription Card program called Coast2CoastRx. This program is free to all residents of Ventura County and provides discounts on prescriptions, diabetic equipment/supplies, and other healthcare costs. To sign up for your Free Discount Prescription Card, visit www.coast2coastrx.com. If you do not have access to the internet, please call the Plan at (805) 981-5060 and ask to speak to the Quality Assurance Department.



VENTURA COUNTY HEALTH CARE PLAN CONTRACTS WITH



OptumHealth Behavioral Solutions (LIFE STRATEGIES)

FOR MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES

Optum's Live and Work Well website is packed with valuable information for healthy living. For easy access to this information, look for Optum's icon on the VCHCP website – click on it and you are on your way to learning more about healthy living! You can also access it through <https://www.liveandworkwell.com/member>.

Following are two examples of articles available for members to help with common behavioral health issues.

Attention Deficit Hyperactivity Disorder (ADHD)

What is attention deficit hyperactivity disorder?

Attention deficit hyperactivity disorder (ADHD) is a condition in which a person has trouble paying attention and focusing on tasks, tends to act without thinking, and has trouble sitting still. It may begin in early childhood and can continue into adulthood. Without treatment, ADHD can cause problems at home, at school, at work, and with relationships. In the past, ADHD was called attention deficit disorder (ADD).

What causes ADHD?

The exact cause is not clear, but ADHD tends to run in families.

What are the symptoms?

The three types of ADHD symptoms include:

- **Trouble paying attention.** People with ADHD are easily distracted. They have a hard time focusing on any one task.
- **Trouble sitting still for even a short time.** This is called hyperactivity. Children with ADHD may squirm, fidget, or run around at the wrong times. Teens and adults often feel restless and fidgety. They aren't able to enjoy reading or other quiet activities.
- **Acting before thinking.** People with ADHD may talk too loud, laugh too loud, or become angrier than the situation calls for. Children may not be able to wait for their turn or to share. This makes it hard for them to play with other children. Teens and adults may make quick decisions that have a long-term impact on their lives. They may spend too much money or change jobs often.

How does ADHD affect adults?

Many adults don't realize that they have ADHD until their children are diagnosed. Then they begin to notice their own symptoms. Adults with ADHD may find it hard to focus, organize, and finish tasks. They often forget things. But they also often are very creative and curious. They love to ask questions and keep learning. Some adults with ADHD learn to manage their lives and find careers that let them use those strengths.

The Basics: Autism Facts

What is Autism?

Autism is a developmental disorder. The disorder makes it hard to understand the world. Communication is especially challenging. It is hard for people with autism to attach meaning to words and facial expressions. Individuals with the disorder have trouble interacting with others. They may seem as if they are in their own world. People with autism tend to engage in repetitive or obsessive behavior. They often do self-harming things. They may bang their heads on the wall or do things like repeatedly pinch themselves.

What are the Symptoms?

Autism is usually noticed in the first three years. Sometimes the symptoms are apparent when comparing the development of your child to others their age. Other times the symptoms may come on all at once. Some signs to look for are:

Communication symptoms:

- Talks late or not at all; speaks loudly or with flat tones
- Points or uses other motions to indicate needs
- Repeats words or phrases without understanding the meaning
- May talk at length about something even if no one is listening



Social interaction symptoms:

- Likes to be alone
- Dislikes being held or touched
- Does not know how to interact; poor listener
- May stare at something for a long time, ignoring the rest of the world
- Poor eye contact
- Does not understand the feelings of others

Behavior symptoms:

- Likes routine; is upset by change
- Does not pretend or use his or her imagination
- May have tantrums or show aggression
- May become very attached
- May engage in repetitive movements like rocking
- May bang his or her head or hurt self
- May be sensitive to noises that others tolerate
- May have an unusual reaction to the way things smell, taste, look, feel or sound

Not everyone experiences autism in the same way. Some may have severe trouble with some things and not be as challenged by others. If you suspect that your child may have autism, trust your instincts. Take your child to a doctor and have them examined.

Additionally, VCHCP has a Case Management Program specific to the needs of those with Autism. Contact the VCHCP Case Management Department for more information (805) 981-5060 or visit www.vchealthcareplan.org and click on "Request Case Management or Disease Management".

Autism Screening FOR ALL CHILDREN

Autism Spectrum Disorder (ASD) is the name for a group of developmental disorders. Studies show that when children with ASD are diagnosed early and receive early intervention, they have improved long-term outcomes. With this in mind, VCHCP has in place a Screening for Autism Policy that all Family Practitioners and Pediatricians caring for children age 2 and younger are to follow. Your child's provider will administer a standardized screening and surveillance of risk factors at age 18 and 24 months. Also, your provider will perform a general observation at every well-child visit. Please understand that these screenings are to be provided for all children at age 18 and 24 months. If you have concerns about the screening or the results, contact your child's provider.

If you have any questions about the Autism Screening Policy, please contact VCHCP Utilization Management department at (805) 981-5060.

Autism Spectrum Disorders

**REQUEST
Case Management or
Disease Management**

Members now have an opportunity to seek assistance for Autism Spectrum Disorders (ASD). VCHCP recommends all members with ASD or parents of children with ASD participate in our Autism Case Management Program. Visit <http://www.vchealthcareplan.org/members/memberIndex.aspx>, and on the right side of the site, click "Request Case Management or Disease Management". You will be prompted to enter member specific information. You will then submit this form to a secure email. A nurse will evaluate your request and call you within 2 business days.

If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.



How Often Should You See Your Primary Care Physician?

Your Primary Care Provider (PCP) is responsible for treating you when you are sick or injured, and at times is the coordinator of referrals to specialists and other services. Some members rarely see their PCP, which can make care difficult, especially in an emergent situation. Children and Adults should be seen by their PCP at least yearly (more frequently for children under 2 years of age). Preventive Health Visits, or Check-ups should occur regularly to have appropriate preventive screenings, immunizations, and an overall review of your health. This is an important visit to discuss health concerns or even health goals. Staying in contact with your PCP by having annual check-ups can help with establishing a good relationship with your PCP. This relationship can make times of illness or injury run smoother and give you peace of mind for the care you receive.

If you haven't had a checkup in the last year, please call your PCP today to make an appointment. If you need assistance or have questions, please call Member Services at (805) 981-5050.

ACCESSING

Behavioral Healthcare

SERVICES

Contact
OptumHealth
Behavioral Solutions
of California "Life
Strategies" Program
at (800) 851-7407

Contact VCHCP
Member Services at
(805) 981-5050 to
request an EOC copy
or go to the Plan's
website at www.vchealthcareplan.org

Information on authorization of Plan Mental Health and Substance abuse benefits are available by calling the Plan's Behavioral Health Administrator (BHA). A Care Advocate is available twenty-four (24) hours a day, seven (7) days a week to assist you in accessing your behavioral healthcare needs. For non-emergency requests, either you or your Primary Care Provider may contact Life Strategies for the required authorization of benefits prior to seeking mental health and substance abuse care.

Further information may also be obtained by consulting your Ventura County Health Care Plan Commercial Members Combined Evidence of Coverage (EOC) Booklet and Disclosure Form.

A great resource in Ventura County...

2-1-1 can assist patients with counseling, food assistance, domestic violence services, employment resources, health care, senior services, legal assistance, substance abuse services, housing, resources for parents, and much more! 2-1-1 is available 24 hours a day, 7 days per week. You can also visit www.211ventura.org.



VCHCP NETWORK Updates

For a full list of participating providers please see our website: <http://www.vchealthcareplan.org/members/physicians.aspx> or contact Member Services at (805) 981-5050.

NEW TO THE NETWORK!

Alan Siu, M.D., a neurological surgeon at Neuroscience Center of Ventura County (VCMC) in Ventura has been added, effective July 2018.

Anita Sicolo, M.D., a pediatric gastroenterologist at Pediatric Diagnostic Center (VCMC) in Ventura has been added, effective August 2018.

Anthony Carden, M.D., a general surgeon at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective June 2018.

Bennet Lipper, M.D., a pulmonologist at Las Posas Family Medical Group (VCMC) in Camarillo, Magnolia Family Medical Center (VCMC) in Oxnard, Santa Paula Medical Clinic (VCMC) in Santa Paula and Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective August 2018.

Cory Nitzel, M.D., a cardiovascular disease/nuclear cardiology specialist at Medicine Specialty Center West (VCMC) and Cardiology Clinic (VCMC), both in Ventura, has been added, effective June 2018.

DaVita Inc., and the following treating centers have been added, effective January 2018: Camarillo Dialysis, Channel Islands Dialysis, Moorpark Dialysis, Oxnard Dialysis, Santa Paula Dialysis, Simi Valley Dialysis, Thousand Oaks Dialysis, Ventura Dialysis and Westlake Village Dialysis.

Emily Scibetta, M.D., an OB/GYN at Academic Family Medicine Center (VCMC) in Ventura and Mandalay Bay Women & Children's Med Grp (VCMC)

in Oxnard has been added, effective September 2018.

Emily Simm, P.A.-C., at Fillmore Family Medical Group (VCMC) in Fillmore has been added, effective May 2018.

Erin Johnsen, N.P., at Neuroscience Center of Ventura County (VCMC) in Ventura has been added, effective June 2018.

Hannah Ginther, P.A.-C., at Clinicas Del Camino Real in Oxnard has been added, effective August 2018.

Inga Wilder, M.D., a family medicine physician at Rose Ave Family Medical Group in Oxnard has been added, effective March 2018.

Kelsea Cregut, R.D.N., a registered dietitian nutritionist at 360 Nutrition Consulting in Camarillo has been added, effective April 2018.

Kristoff Olson, M.D., a cardiologist at Las Posas Family Medical Group (VCMC) in Camarillo, Magnolia Family Medical Center (VCMC) in Oxnard, Santa Paula Hospital Clinic (VCMC) in Santa Paula, and Sierra Vista Family Medical Clinic (VCMC) has been added, effective September 2018.

Krysta Carlson, P.A., at Clinicas Del Camino Real in Newbury Park has been added, effective May 2018.

Kyle Stephens, D.O., a family medicine physician at Identity Medical Group in Ventura has been added, effective May 2018.

Lawrence Kim, M.D., a pulmonary disease specialist at Ventura Pulmo-

nary & Critical Care in Ventura has been added, effective May 2018.

Liliana Camacho, P.A.-C., at Clinicas Del Camino Real in Moorpark has been added, effective July 2018.

Megan Leeper, P.A.-C., at Clinicas Del Camino Real in E. Simi Valley has been added, effective June 2018.

Michaela Lee, M.D., a neurological surgeon at Neuroscience Center of Ventura County (VCMC) in Ventura has been added, effective July 2018.

Millennium Health LLC, a reference lab for drug testing only, to support pain management physicians, has been added, effective 4/1/2018.

New Start Home Medical Equipment, a DME supplier in Simi Valley has been added, effective March 2018.

Rod Blourtchi, P.A., at Ventura Orthopedic Medical Group in Oxnard has been added, effective April 2018.

Shiney Koshy, M.D., a pediatric neurologist at Pediatric Diagnostic Center (VCMC) in Ventura has been added, effective July 2018.

Sung Kim, M.D., an internal medicine physician at Clinicas Del Camino Real in Oceanview has been added, effective April 2018.

Susan Slater, M.D., an internal medicine physician in Ventura has been added, effective June 2018.

Valeriellih-Lih Yuan, M.D., an OB/GYN at Magnolia Family Medical Center (VCMC) in Oxnard and Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added,

VCHCP NETWORK Updates

effective September 2018.

Vikram Kanagala, M.D., a gastroenterologist at Insite Digestive Health Care in Oxnard has been added, effective August 2018.

Yousef Odeh, M.D., a cardiothoracic surgeon at Cardiovascular & Thoracic Surgeons in Oxnard has been added, effective April 2018.

LEAVING THE NETWORK

Ann Kelley, M.D., a hematology/oncology specialist at Ventura County Hematology-Oncology Specialists in Camarillo and Ventura has left, effective May 2018.

Christine Simbulan, N.P. at Moorpark Family Care Center (VCMC) in Moorpark has left, effective May 2018.

Forrest Hsu, M.D., a neurological surgeon at Neuroscience Center of Ventura County (VCMC) in Ventura has left, effective December 2017.

Jeanine Dannenbaum, N.P. at Spanish Hills Interventional Pain Specialists in Camarillo has left, effective December 2017.

Jeleena Santillana, P.A.C. at Clinicas Del Camino Real in East Simi Valley has left, effective April 2018.

Joanne Kim, M.D., a family medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula has left, effective June 2018.

John Prucha, M.D., a family medicine physician at Fillmore Medical Group (VCMC) in Fillmore and West Ventura Medical Clinic (VCMC) in Ventura has

left, effective August 2018.

Madeline Sanchez, M.D., a family medicine physician at Clinicas Del Camino Real in Newbury Park has left, effective April 2018.

Michael Datlow, M.D., a family medicine physician in Ventura has left, effective May 2018.

Michael Lager, M.D., a cardiovascular disease specialist at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective June 2018.

Michelle Levin, M.D., an endocrinologist in Oxnard has left, effective May 2018.

Naomi Neufeld, M.D., a pediatric endocrinologist at Pediatric Diagnostic Center (VCMC) in Ventura has left, effective June 2018.

Tamara Taketani, M.D., a pediatric gastroenterologist at Pediatric Diagnostic Center (VCMC) in Ventura has left, effective June 2018.

Tiffany Chan, P.A.-C., at West Ventura Medical Clinic (VCMC) in Ventura has left, effective August 2018.

CHANGES

Frank Stuhr, D.P.M., a podiatrist, is also providing services at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, effective August 2018.

Joshua Gluck, M.D., a orthopedic surgeon at the Ortho Clinic (VCMC) in Ventura has left, effective June 2018. However, he will remain with Ventura Orthopedic Group.

Kevin White, M.D., a pediatrician, has

moved his practice locations, Surfside Pediatrics, to a new address located also in Ventura.

Megan Mescher-Cox, D.O., an internal medicine physician, is no longer providing services at Identity Medical Group in Camarillo, effective March 2018. She will, however, remain in the Oxnard location.

Michele Bean, N.P. will also be providing services at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula, effective November 2018.

Piru Family Medical Center (VCMC) in Piru has permanently closed their door, effective September 2018.

Saumil Gandhi, M.D., a nephrologist, is also providing services at Santa Paula Medical Clinic (VCMC) in Santa Paula, Effective June 2018.

Scot Roberg, D.P.M., a podiatric surgeon, is also providing services at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, effective August 2018.

Steven Vines, D.P.M., a podiatrist, is also providing services at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, effective August 2018.

Steven Vines, D.P.M., Frank Stuhr, D.P.M. and Scot Roberg, D.P.M., all podiatrist, will also be providing services at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, effective August 2018.

Two Trees Physical Therapy & Wellness have added a new service location in Santa Paula, effective July 2018.

STANDARDS FOR Members' Rights and Responsibilities

Ventura County Health Care Plan (VCHCP) is committed to maintaining a mutually respectful relationship with its Members that promotes effective health care. Standards for Members Rights and Responsibilities are as follows:

- 1 Members have a right to receive information about VCHCP, its services, its Practitioners and Providers, and Members' Rights and Responsibilities.
- 2 Members have a right to be treated with respect and recognition of their dignity and right to privacy.
- 3 Members have a right to participate with Practitioners and Providers in decision making regarding their health care.
- 4 Members have a right to a candid discussion of treatment alternatives with their Practitioner and Provider regardless of the cost or benefit coverage of the Ventura County Health Care Plan.
- 5 Members have a right to make recommendations regarding VCHCP's Member Rights and Responsibility policy.
- 6 Members have a right to voice complaints or appeals about VCHCP or the care provided.
- 7 Members have a responsibility to provide, to the extent possible, information that VCHCP and its Practitioners and Providers need in order to care for them.
- 8 Members have a responsibility to follow the plans and instructions for care that they have agreed upon with their Practitioners and Providers.
- 9 Members have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For information regarding the Plan's privacy practices, please see the "HIPAA Letter and Notice of Privacy Practices" available on our website at: <http://www.vchealthcareplan.org/members/memberIndex.aspx>. Or you may call the Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 to have a printed copy of this notice mailed to you.



VENTURA COUNTY

HEALTH CARE PLAN

A Department of Ventura County Health Care Agency

2220 E. Gonzales Road, Suite 210-B
Oxnard, CA 93036

