

# PROVIDER NEWSLETTER

SUMMER ISSUE • JUNE 2019



VENTURA COUNTY  
HEALTH CARE PLAN

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## We're Here for You 24/7!

The Ventura County Health Care Plan (VCHCP) understands that providers often need to contact the Health Plan outside of regular business hours. VCHCP always has someone on-call to speak with you. For urgent prior authorizations, information on contracted tertiary hospitals, coordination of hospital-to-hospital transfers (including air transports) or other urgent Health Plan related matters, please contact VCHCP 24 hours per day, 7 days a week at (805) 981-5050 or toll free at (800) 600-8247 and our answering service will contact an on-call clinical staff member to help you.

*View from  
Channel Islands  
National Park*



VENTURA COUNTY  
HEALTH CARE PLAN

SUMMER ISSUE • JUNE 2019

## Contact Information

### Provider Services Email:

VCHCP.ProviderServices@ventura.org  
(Email is responded to Monday - Friday,  
8:30 a.m. - 4:30 p.m.)

### Ventura County Health Care Plan

24-hour Administrator access  
for emergency provider at:  
(805) 981-5050 or (800) 600-8247

### REGULAR BUSINESS HOURS ARE:

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

- [www.vchealthcareplan.org](http://www.vchealthcareplan.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](http://www.express-scripts.com)
- Behavioral Health/Life Strategies:  
(24 hour assistance)  
(800) 851-7407 or  
[www.liveandworkwell.com](http://www.liveandworkwell.com)
- Nurse Advice Line: (800) 334-9023

### VCHCP Utilization Management Staff

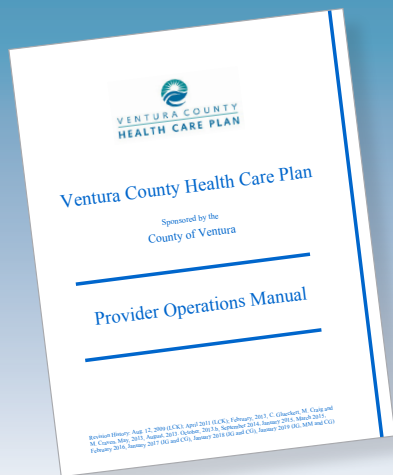
Regular Business Hours are:  
Monday - Friday, 8:30 a.m. to 4:30 p.m.  
• Phone: (805) 981-5060

### GRAPHIC DESIGN & PRINTING:

GSA Business Support/Graphics

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## PROVIDER OPERATIONS MANUAL Now Updated

The 2019 version of the Provider Operations Manual is now available on the Plan's website.

To request a copy of the Provider Operations Manual, please email Provider Services at VCHCP. [ProviderServices@ventura.org](mailto:ProviderServices@ventura.org) or visit the Plan's website at: [www.vhealthcareplan.org](http://www.vhealthcareplan.org).

- **CLICK ON:** Provider Connection
- **CLICK ON:** Provider Operations Manual

# 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 Street  
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 1-800-334-9023



Available 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.vhealthcareplan.org/members/memberIndex.aspx](http://www.vhealthcareplan.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) 981-5050 or toll-free (800) 600-8247  
FAX (805) 981-5051, [www.vhealthcareplan.org](http://www.vhealthcareplan.org)  
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

# PROVIDER SATISFACTION SURVEY



## Currently Underway...

The Provider Satisfaction Survey, administered by SPH Analytics, is designed to measure your satisfaction with the Ventura County Health Care Plan (VCHCP), as well as your satisfaction with other plans you may participate in.

VCHCP values the opinion of our providers. Your continued participation and feedback helps us determine which areas of service have the greatest effect on the overall satisfaction with our plan. In addition, it helps us identify and target areas in need of improvement.

We will continue to evaluate this information on an annual basis, and improve your experience with the plan, as well as the quality of care provided to our members.

We encourage you to complete and return the survey ASAP and thank you for your time.



## Telemental Health / virtual visits

### Patients can access behavioral health services with a psychiatrist or therapist online through private and secure video-conferencing.

Ventura County Health Care Plan Members that access behavioral health care services through Life Strategies (Optum Behavioral Health) now have the ability to meet with a doctor or therapist virtually. They will make an appointment just as if they were scheduling with a mental health clinician at their office. Telemental health clinicians treat general mental health conditions, such as depression and anxiety. Services include both therapy and medication management.

### How do Telemental Health/virtual visits work?

- Treatment is provided by doctors and therapists contracted with Optum Behavioral Health to provide therapy and medication management services
- Services are confidential
- Insurance covers this treatment with the same cost share (co-pay or co-insurance after deductible) as applies to face-to-face visits
- Prescriptions can be written and picked up at a local pharmacy
- Appointments can be scheduled by contacting a virtual visit clinician found on liveandworkwell.com

### Telemental Health effectiveness:

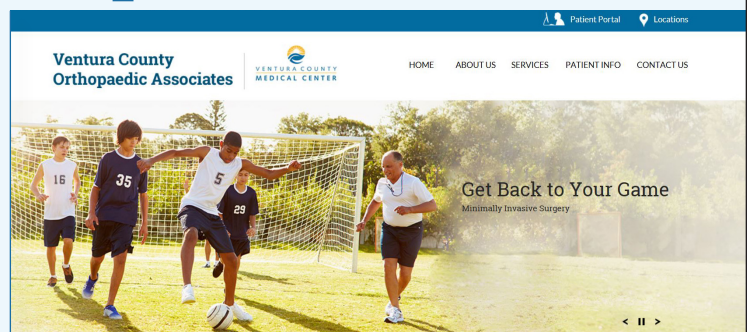
In general, telemental health, such as that delivered through virtual visits, has been shown to successfully impact issues of access, quality, engagement, coordination of care, and cost effectiveness. Along with other aspects of telemedicine, telemental health is predicted to grow rapidly over the next few years with more customers and health care consumers requesting the technology.

# Ventura County Orthopaedic Associates

## Newly launched website!

This newly launched website offers several useful links for patients to register for and access the patient portal, apply for Medi-cal or EDD as well as appointment and pre-op instructions. This is a tool and resource for patients and referring physicians to learn more about the providers, services, and locations.

Visit [www.venturacountyortho.com](http://www.venturacountyortho.com) today!



### Improving Joint Function and Ensuring Your Comfort is our Priority

Ventura County Orthopaedic Associates is committed to helping people lead active lives, whether it is through treating a sports or work-related injury, treating fractures, replacing a joint or relieving chronic or acute pain.



# HEALTH SERVICES

# Accomplishments

**THE HEALTH SERVICES DEPARTMENT** is most proud of its accomplishment in a successful Diabetes Disease Management (Health Coaching) Program. The Plan has over 750 members enrolled in its Diabetes Disease Management Program. A robust health coaching program in 2018 was made possible as the Plan obtained hgbA1c laboratory result. Consequently, members' risks were appropriately stratified allowing for health coaching and case management intervention for members who are at moderate and high risk.

## THE EFFECTIVENESS OF THE PLAN'S DISEASE MANAGEMENT (HEALTH COACHING) PROGRAM IS AS FOLLOWS:

### a. Successful Health Coaching Calls:

66% successful health coaching calls.

**b. A1c Testing:** (1) Higher percentage of members who had successful health coaching had their A1c done (73.4%) within six (6) months following health coaching call, compared to members who did not have successful health coaching (61.3%). Of the 26 members who accepted Case Management (CM), 19 (73.1%) members had their A1c testing done within six (6) months following health coaching calls.

**c. A1c Movement:** Higher percentage of members who had successful coaching had decreased A1c (72.8%), compared to those members who did not have successful coaching (57.1%). From the 26 members who accepted CM, of the 19 members who had their A1c done, 18 members (94.7%) had A1c decreased.

**d. Risk Stratification:** Higher percentage of members who had successful coaching had risk level decreased (56.6%), compared to those members who

did not have successful coaching (36.7%). From the 26 members who accepted CM, of the 19 members who had their A1c done, 17 (89.5%) had risk level decreased; 0 (0%) member had risk level increased and 2 (10.5%) members had no risk level change.

**e. Risk Stratification Summary:** The percent of members with high A1c decreased more, after successful calls (from 33.6% to 10.6%) and CM acceptance (from 89.5% to 5.3%) compared to those members who did not have successful calls (from 26.5% to 16.3%).

In summary, it is crucial that the Plan increase the rate of successful health coaching calls as this is making a significant impact on member compliance in getting their A1c testing done, decreasing member A1c level and decreasing risk stratification. It is also important to increase the case management acceptance rate as case management has a significant impact on members in getting their A1c testing done, decreasing member A1c and decreasing risk stratification.

## Timely Access Requirements STANDARDS INCLUDE:

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.

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

# Provider Progress Report Cards

**THE VENTURA COUNTY HEALTH CARE PLAN** is continually working on ways to help improve the health and well-being of our members. Every quarter, we mail Provider "Report Cards" to the office manager and medical director, which contains packets of updated information regarding your clinic's and providers' statistics concerning the meeting of required preventive screening measures based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) rates.

Included is a summary of all providers in the clinic. The list includes the number of VCHCP members who have selected the provider as their PCP along with the provider's score in four categories of preventive screenings: Breast Cancer, Cervical Cancer, Colorectal Cancer, and Chlamydia. At the bottom of the list is the clinic's overall score and ranking against the NCQA National Benchmarks.

**New for 2019: The list now shows last service dates and the type of service performed for the screenings.**

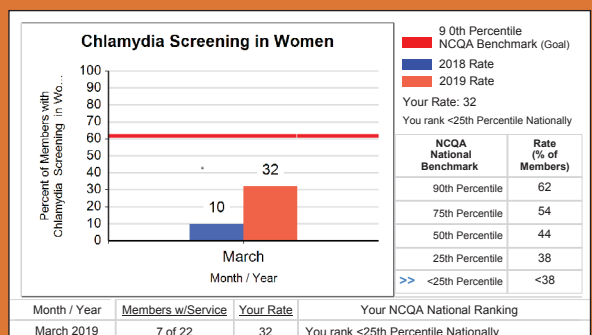
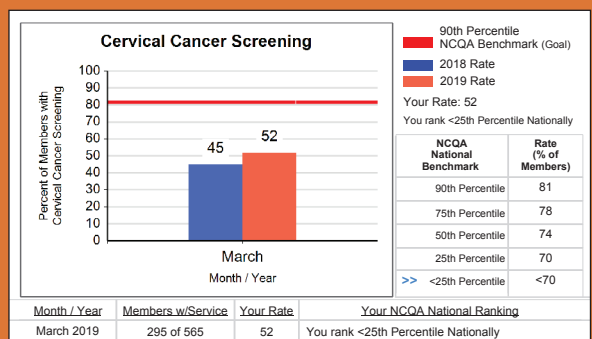
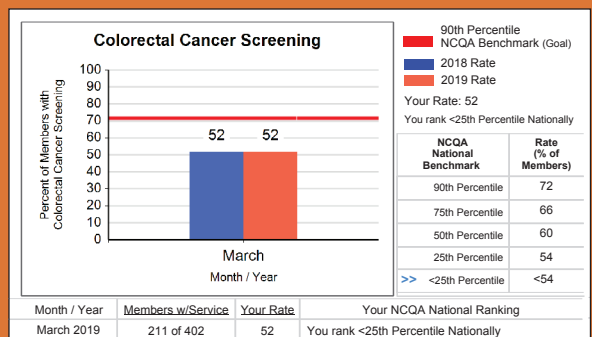
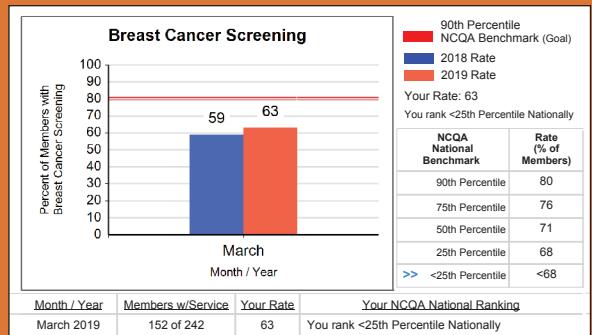
There is also a packet for each clinic provider which includes a HEDIS Preventive Care Progress Report for the four screening measures. This report demonstrates how the provider ranked per quarter against the NCQA National benchmark. This data is a snap shot of progress at the end of the quarter. We also included the previous year quarterly scores to trend clinic progress and highlight areas of opportunity for improvement. To assist the provider in improving the scores, we have also included a list of each member that requires any of the above screenings. Diabetes care gaps (A1C testing, nephropathy screening and retinal eye screening for diabetic retinal disease) were added to the list.

We accept supplemental data if providers feel that members already received care for the listed care gap. **Please fax supporting medical records to (805) 981-5061.**

**If you have any questions or comments about our ongoing interventions, or if providers feel the specific rates/scores are incorrect, please do not hesitate to contact Medical Management Department at (805) 981-5060.**

*Thank you for being our partners in health.*

## Provider Progress Report Card Example





## New Medical Technology

**DID YOU KNOW** that VCHCP has a policy in place to evaluate any new technology or new applications of existing technology on a case by case basis? There are four categories we look at –medical procedures, behavioral health procedures, pharmaceuticals (medications) and medical devices.

VCHCP's Medical Director, or designee, evaluates new technology that has been approved by the appropriate regulatory body, such as the Food and Drug Administration (FDA) or the National Institutes of Health (NIH). Scientific evidence from many sources, specialists with expertise related to the technology and outside consultants when applicable are used for the evaluation. The technology must demonstrate improvement in health outcomes or health risks, the benefit must outweigh any potential harm and it must be as beneficial as any established alternative. The technology must also be generally accepted as safe and effective by the medical community and not investigational.

For help with new medication evaluations, the Plan looks to our Pharmacy Benefit Manager, Express Scripts, for their expertise. For new behavioral health procedures, the Plan uses evaluations done by our Behavioral Health delegate, OptumHealth Behavioral Solutions of California (also known as Life Strategies).

Once new technology is evaluated by the Plan, the appropriate VCHCP committee reviews and discusses the evaluation and makes a final decision on whether to approve or deny the new technology. This final decision may also determine if any new technology is appropriate for inclusion in the plan's benefit package in the future.

**For any questions, please contact the VCHCP Utilization Management Department at (805) 981-5060.**

## MILLIMAN CARE Guidelines

VCHCP Utilization Management uses Milliman Care Guidelines (currently 23rd Edition), VCHCP Medical Policies, Express Scripts (ESI) Prior Authorization Drug Guidelines and custom VCHCP Prior Authorization Drug Guidelines as criteria in performing medical necessity reviews. Due to proprietary reasons, we are unable to post the Milliman Care Guidelines on our website, but a hard copy of an individual guideline can be provided as requested.

A complete listing of VCHCP medical policies and prescription drug policies can be found at:

<http://www.vchealthcareplan.org/providers/providerIndex.aspx>

To obtain printed copies of any of our VCHCP Medical/Drug Policies or Milliman Care Guidelines, please contact Member Services at **(805) 981-5050** or **(800) 600-8247**.

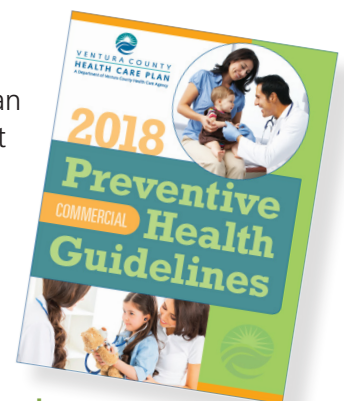
### Medical Policy Updates

New and updated medical policies are posted on The Plan's website at [www.vchealthcareplan.org/providers/medicalPolicies.aspx](http://www.vchealthcareplan.org/providers/medicalPolicies.aspx).

## Preventive Health Guidelines

The 2018 Preventive Health Guidelines is an excellent resource where Providers can find immunization schedules, preventive health screening information, and an adult preventive care timeline. The Preventive Health Guidelines include information from VCHCP, US Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC), and the Agency for Healthcare Research and Quality (AHRQ) and are updated annually. Providers and members are given access to the Preventive Health Guidelines online at <http://www.vchealthcareplan.org/members/healthEducationInfo.aspx>, or by contacting VCHCP Member Services at (805) 981-5050 for a printed copy.

**Please contact Member Services at (805) 981-5050 if you need assistance or hard copies.**



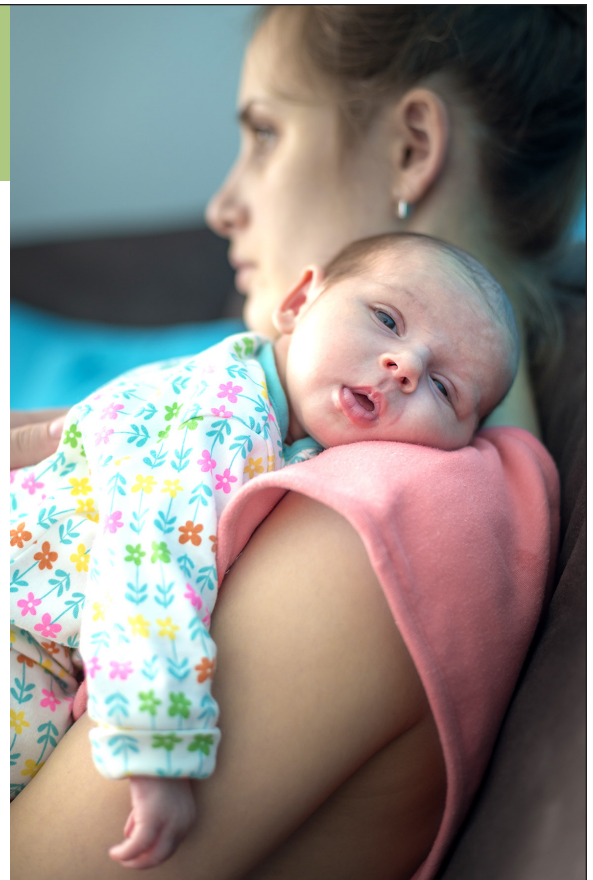
# Caring for Maternal Patients

**ASSEMBLY BILL NO. 2193** requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a *maternal mental health* program designed to promote quality and cost-effective outcomes. The program guidelines and criteria shall be made available upon request to medical providers, including a contracting obstetric provider.

**Maternal mental health** means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

To comply with this Assembly Bill, Ventura County Health Care Plan (VCHCP) developed the Policy on Screening for Maternal Mental Health to ensure that maternal members are screened for mental health conditions such as depression during and after pregnancy to improve diagnosis and treatment of such conditions. VCHCP contracted providers (PCPs caring for maternal patients and OB-GYN) are to adhere to the Assembly Bill 2193. This includes:

- By July 1, 2019, a licensed health care practitioner who provides prenatal or post-partum care for a patient shall ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.
- Administration of a standardized depression screening tool such as PHQ-2 and/or the PHQ-9.
- Results are to be recorded in the medical chart of the patient.
- If the depression screening result is negative but the maternal member and/or PCP or OB-GYN remains concerned, the PCP or OB-GYN should schedule a follow up visit and make the proper referral to Optum Behavioral Health.
- If the depression screening result is positive, refer for an appropriate comprehensive mental health evaluation.



For VCHCP members, the comprehensive evaluation is done by Optum Behavioral Health. PCPs, OB-GYN providers or parents can call directly to Optum Behavioral Health at **(800) 851-7407** (24-hour assistance)

To ensure compliance with this Assembly Bill, VCHCP will incorporate the maternal mental health screening in the Plan's existing medical records audit. This audit will start on October 1, 2019.

*Please feel free to contact the Plan's Medical Management Department, Monday – Friday from 8:30 am to 4:30 pm, if you have any questions.*





# Important Information on Coordination of Care

Coordination of care among behavioral health clinicians and medical care providers improves the quality of care for your patients

## How Does Coordination of Care Impact Your Patient?

- Minimizing potential adverse medication interactions for patients prescribed psychotropic medication
- Allowing better management of treatment and follow-up for patients with co-existing behavioral and medical disorders
- Confirming for a primary physician that the patient followed through on the primary care physician's referral to a behavioral health professional

## When Should Coordination Take Place?

- During the initial session, talk with your patient about the importance of your interaction with his/her treating clinicians, including their medical care providers
- At the beginning and at periodic intervals during treatment, especially when a medication has been initiated or changed or a patient's condition has altered
- When a patient is discharged from treatment, transferred to a higher level of care or referred elsewhere

## Guidelines to Facilitate Effective Communication:

Within a week of the initial assessment, provide other treating professionals with the following information:

- ❖ A brief summary of the patient's assessment and treatment plan recommendations
- ❖ Diagnosis (Axis 1-5)
- ❖ Medications prescribed, including name, strength and dosage
- ❖ Your name, contact information and the best time to reach you by phone

You can also obtain our easy to use Confidential Exchange of Information form at: [providerexpress.com](http://providerexpress.com)

# PRIMARY CARE PHYSICIANS CAN NOW PRESCRIBE

# PrEP

For those of you who are interested in prescribing the Pre-Exposure Prophylaxis (PrEP) for HIV, please see the important information below.

Our Ventura County Health Care Plan (VCHCP) Pharmacy and Therapeutics Committee with input from our community physicians, changed our prior authorization requirement by removing the requirement that PrEP (Truvada) can only be prescribed by an Immunology Clinic physician with current American Academy of HIV Medicine (AAHIVM) certification or a physician boarded in Infectious Disease.

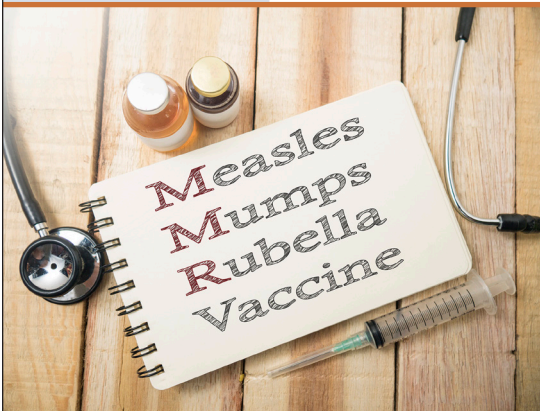
PLEASE VISIT OUR PROVIDER WEBSITE AT: <http://www.vchealthcareplan.org/providers/providerIndex.aspx> for more information.

Living Here | Working Here | Visiting | Doing Business | Government | Disaster Information

You are here: [HCA](#) | [VCHCP](#) | [Providers](#)

VCHCP	Home	Disclosures	Medications	Provider Resources
<p><b>Home</b></p> <p><b>For Members</b> (Current and Prospective)</p> <p><b>Find a Provider</b></p> <p><b>Provider Connection</b></p> <p><b>Seasonal Flu Information</b></p> <p><b>Plan Newsletters</b></p> <p>Nurse Advice/Health Information Line <a href="#">Click here to contact.</a></p> <p>PCPs can NOW prescribe Pre-Exposure Prophylaxis (PrEP) for HIV</p>	<p><b>For Providers</b></p> <ul style="list-style-type: none"> <li>&gt; <b>California's "Timely Access" Legislation and Requirements</b> Information for providers about the Timely Access legislation to insure that health plan enrollees have access to needed health care services in a timely manner.</li> <li>&gt; <b>Direct Specialty Referral</b> Information for providers about the expansion of direct specialty referral from primary care physicians to specialists.</li> <li>&gt; <b>Health Education Materials for Members</b> Materials for Members.</li> <li>&gt; <b>Health Services Approval Process</b> Describes the Plan's prior authorization process and makes available necessary forms.</li> <li>&gt; <b>HEDIS Information/Measures</b></li> <li>&gt; <b>Language Assistance Program</b> Language Assistance Program.</li> <li>&gt; <b>Medical Policies</b> Information about VCHCP's Medical Policies and Other Related Policies.</li> <li>&gt; <b>National Provider Identifier (NPI) Information</b> Information for providers regarding the mandatory NPI requirements</li> <li>&gt; <b>OPTUM Health Behavioral Solutions - Provider Express</b></li> <li>&gt; <b>Optum/Life Strategies Behavioral Health Release of Information</b></li> <li>&gt; <b>Preferred Medications List</b> Search for medications that are covered by the VCHCP.</li> </ul>			
			<ul style="list-style-type: none"> <li>&gt; <b>Prior Authorization Drug Guidelines</b> Information about VCHCP's Pharmacy Drug Guidelines.</li> <li>&gt; <b>Prior Authorization Template for Common Procedures</b> "Please include this with the Treatment Authorization Request (TAR) form and Clinical Information" Providers can use these templates along with the TAR and medical information. This is a good resource on what clinical information is required and this will prevent requests from getting pended for lack of clinical information.</li> <li>&gt; <b>Provider Disclosures</b> Find answers to many of your questions about fees, claims, etc.</li> <li>&gt; <b>Provider Dispute Resolution</b> Required by law, the Department of Managed Health Care has set forth regulations establishing certain claim settlement practices and the process for resolving claims disputes for managed care products, such as VCHCP's HMO benefit plans, regulated by them.  The Plan makes a Provider Dispute Resolution mechanism (PDRM) available for providers to submit disputes to the Plan.</li> <li>&gt; <b>Provider Operations Manual</b> Information for providers about plan policies, billing procedures, provider responsibilities, etc.</li> <li>&gt; <b>Provider Services Guide</b> Information for providers regarding direct access, treatment authorization requests, claims submission, and etc.</li> <li>&gt; <b>Group Practice or Individual Provider Update Process</b></li> </ul>	

For additional education and training resource on prescribing PrEP for HIV, please contact Lynn Bartosh, VCPH HIV Surveillance/Prevention Coordinator at (805) 652-3313 or email her at: [Lynn.Bartosh@ventura.org](mailto:Lynn.Bartosh@ventura.org)



## Measles Outbreak

Due to the recent measles outbreak in Los Angeles County, VCHCP made an administrative decision to cover one (1) MMR vaccine for infants below 12 months of age (as young as 6 months of age) as a preventative measure. Please note that this is the recommendation from the Advisory Committee on Immunization Practices (ACIP) as a measles outbreak control measure. This one (1) MMR vaccine for infants below 12 months of age is in addition to ACIP's recommendation for two (2) MMR vaccines between the ages of 12 months to 15 months of age and one (1) MMR vaccine between the ages of 4-6 years of age.

*This is for informational purposes only. Administration of vaccine is at the provider's discretion.*

# Clinical Practice GUIDELINES

VCHCP encourages its providers to practice evidence-based medicine. VCHCP has links to clinical practice guidelines available to address conditions frequently seen in patients at your practice. All clinical practice guidelines included have been reviewed and approved by the VCHCP Quality Assurance Committee.

## Recommended Clinical Practice Guidelines and the Link for providers:

- Clinical Practice Guidelines
- Diabetes and Asthma Clinical Practice Guidelines
- Preventive Clinical Practice Guidelines
- Behavioral Health Best Practice Guidelines
- Major Depressive Disorder

Link to be used:  
<http://www.vhealthcareplan.org/providers/medicalPolicies.aspx>

**You may obtain hard copies of the above listed Clinical Practice Guidelines by calling VCHCP at (805) 981-5050.**

# TAR process-

## "PENDED FOR ADDITIONAL INFORMATION"

WHEN A TREATMENT AUTHORIZATION REQUEST (TAR) has been "pended for additional information" it means that VCHCP needs more information from the Provider to complete the TAR review process. *The process is as follows:*

- When VCHCP clinical staff identifies that additional information is needed to complete a TAR determination, a pend letter will be sent to the requesting provider and to the member for whom the authorization is being requested. The pend letter will indicate that a) the TAR has been pended, b) what information is missing, and c) will provide for up to 45 calendar days (for routine TAR requests) for the requested additional information to be submitted to VCHCP. Per NCQA standards, a TAR can only be pended once, additional requests for information will not be sent and VCHCP will not send a reminder.
- When the information is submitted within 45 days, a final determination will be made within 5 business days for a routine TAR, and notification will be sent to the requesting provider and to the member within 24 hours of the decision\*.
- If the requested information is not submitted within 45 days, a final determination will be made based on the initial information submitted and may be denied by the VCHCP Medical Director or Physician Reviewer.
- To assist VCHCP staff with the efficient review of these requests, and to avoid delays in the review process, the following is appreciated at the time the TAR is initially submitted:
  - Please provide specific clinical information to support the TAR. For example, the History and Physical (H&P), key lab or test results, and plan of care from the most recent office visit (this is usually sufficient) if the office visit specifically relates to the TAR.
  - For providers using CERNER, please provide the exact place in CERNER where the specific clinical information can be located to support the TAR. "See Notes in CERNER" does not adequately describe what clinical information supports the TAR, and should be reviewed.
  - If written notes are submitted, please be sure they are legible.
- As of November 1, 2017, in addition to faxing pend letters for needed additional information to providers, the Plan's UM began sending messages through Cerner to inform VCMC requesting providers of pended requests and clinical information needed by the Plan to make a medical necessity decision.
- The Plan's pend letter was updated with an "Alert" to providers that clinical information is needed.

**If you have any questions, please contact VCHCP Utilization Management Department at: (805) 981-5060.**

*\* These timeframes will apply in most situations. There may be some variance with urgent and retrospective TAR requests. Please see the VCHCP TAR Form for the timeline descriptions. Link: [www.vhealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf](http://www.vhealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf)*



# THE COST OF smoking

If you are a smoker, you have probably calculated the financial cost of smoking.

**Y**ou know, you take the average cost of the pack of cigarettes, and multiply it by how many packs you smoke in a week, then multiply by a year and say, “wow, look how much money I could save if I quit smoking!” Unfortunately, this financial savings is usually not a good enough motivator for people to quit smoking. So let’s look at ways smoking costs you, not just financially but also your health:

- Premature aging/wrinkles
- Yellow teeth, gum disease
- Smaller, less effective lungs
- Early heart disease
- DNA damage that can lead to cancer

Remember, as soon as you stop smoking, your body begins to heal. It’s never too late! VCHCP offers assistance to help members quit smoking. Providers are encouraged to share resources with members. Here are some of the resources available:

- California Smoker’s Helpline **1-800-No-Butts**
- Ventura County Public Health Services Tobacco Education & Control Program **(805) 201-STOP (7867)**
- **Becomeanex.org** (Interactive quit plan)
- **Smokefree.gov**

In addition, Ventura County Health Care Plan is committed to the health of our members. In an effort to continue helping our members attain the best health possible, we provide information that may be useful in that effort. In collaboration with VCHCP’s Pharmacy Benefit Management Vendor, Express Scripts, members who are either taking medications or using some other device designed to help them quit or reduce their smoking or other tobacco use were identified with the goal of providing additional resources to these members to support our members’ goal of a tobacco free lifestyle. An annual smoking cessation letter was sent to these members in the beginning of 2019.

# VCHCP AUTISM Case Management PROGRAM



About 1 in 59 children has been identified with autism spectrum disorder (ASD) according to estimates from Centers for Disease Control and Prevention's Autism and Developmental Disabilities Monitoring (ADDM) Network.

VCHCP has an Autism Case Management Program for all members with a diagnosis of Autism. If you haven't already done so, please refer all members diagnosed with Autism, including members new to their PCP to our Autism Case Management Program.

Providers can refer members to Autism Case Management Program online at <http://www.vchealthcareplan.org/members/requestAssistance-Form.aspx>, or by calling (805) 981-5060.

While there is currently no cure for autism, early detection and intervention can result in critical improvements for many young children.

**Learn more at [www.autismspeaks.org](http://www.autismspeaks.org)**

## 2019 Affirmative Statement Regarding Utilization-Related Incentive\*

- Utilization Management (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.

\*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.

# HEDIS TIPS AND INFORMATION

**HEDIS rates demonstrate the type of care our members are receiving. Annually HEDIS changes some measures. Following are some reminders to keep your preventive care on target:**

- FOBT can no longer be obtained during a digital rectal exam for the purposes of Colorectal Cancer Screening.
- Women should have a postpartum visit within 21-56 days of delivery (specific timeframe).
- All members with diabetes should receive a HbA1c, screening for nephropathy, and retinal eye exam at least annually.
- When a member is diagnosed with depression and started on a new medication regimen, education and discussion regarding continuing the medication for at least 6 months is important for successful adherence to treatment.
- All children and adolescents ages 3-17 should have a yearly exam during which nutrition, physical activity, and BMI percentile are assessed, discussed, and education is provided.
- All adult members with a blood pressure reading over 139/89 should have a second blood pressure reading performed and documented at the end of the visit.

.....  
*The reminders above only provide a snapshot of some of the HEDIS measures. Please refer to the HEDIS Cheat Sheet you will receive in the mail. If you need additional information or assistance related to HEDIS, please call our HEDIS Program Administrator at (805) 981-5060*

# Direct Specialty Referrals

A "Direct Specialty Referral" is a referral that the Primary Care Physician (PCP) can give to members so that members 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 a member receives a direct referral from their PCP should be made either by the member or by the referring doctor. Make sure to communicate with the member about who is responsible for making the appointment.

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

If you feel that your patient is 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 care.

**THE DIRECT REFERRAL POLICY CAN ALSO BE ACCESSED AT:**  
[www.vchealthcareplan.org/providers/providerIndex.aspx](http://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.*

## NOTICE TO MEMBERS AND PROVIDERS:

### Formulary Web Posting

Ventura County Health Care Plan updates the formulary with changes on a monthly basis and re-posted monthly in VCHCP's member and provider website. Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website:  
<http://www.vchealthcareplan.org/members/programs/docs/ProviderDrugList.pdf>

## FRIENDLY REMINDER:

### Prescription Requests

Providers, please send your prescription requests earlier during the week or early during the day, if sending on a Friday. The turnaround time for prescription requests is 24 hours, and to maintain our timeliness, we ask that prescriptions requests are sent in early. Our UM department continues to educate those providers who sends prescription requests after 4:30pm on Fridays.

*Thank you for your continued cooperation.*

## Referral & Prior Authorization Process & Services Requiring Prior Authorization

Providers have the ability to review how and when to obtain referrals and authorization for specific services. They are directed to visit our website at [www.vchealthcareplan.org](http://www.vchealthcareplan.org), click on "Provider Connection", and then click on "Health Services Approval Process". This area offers links for providers to obtain specific information on the Plan's prior authorization process, what services require prior authorization, timelines, and direct referral information.

If you have any questions, please call Member Services at (805) 981-5050.

Link to the Health Services Approval Process: <http://www.vchealthcareplan.org/providers/hsApprovalProcess.aspx>



# 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: Q1-2019

### New Generics:

ZOVIRAX  
 TEKTRONA  
 AMICAR  
 SUBOXONE  
 SENSIPAR  
 AMRIX  
 EPIPEN  
 ERYPED  
 ADVAIR DISKUS  
 GANIRELIX ACETATE  
 GLYCOPYRROLATE 0.4 MG/2 ML SYR  
 MAKENA  
 CANASA  
 SOLODYN  
 PENTAM 300  
 ELIDEL  
 MESTINON  
 RANEXA  
 RENAGEL  
 RAPAMUNE  
 FARESTON  
 REMODULIN  
 SABRIL  
 ADVAIR DISKUS  
 ZOMETA

### Line Extensions

#### New Dosage Forms/Strengths:

ACTEMRA ACTPEN 162 MG/0.9 ML  
 PROMACTA 12.5 MG SUSPEN PACKET  
 TECENTRIQ 840 MG/14 ML VIAL  
 TREMFYA 100 MG/ML INJECTOR

#### New and Existing Brands/Chemicals:

D-PENAMINE 125 MG TABLET  
 DUPIXENT 200 MG/1.14 ML SYRING  
 FIRDAPSE 10 MG TABLET  
 "GAMIFANT 10 MG/2 ML VIAL  
 GAMIFANT 50 MG/10 ML VIAL"  
 "LORBRENA 100 MG TABLET  
 LORBRENA 25 MG TABLET"  
 OXERVATE 0.002% EYE DROP  
 "TALZENNA 0.25 MG CAPSULE  
 TALZENNA 1 MG CAPSULE"  
 UDENYCA 6 MG/0.6 ML SYRINGE  
 "VITRAKVI 100 MG CAPSULE  
 VITRAKVI 20 MG/ML SOLUTION  
 VITRAKVI 25 MG CAPSULE"  
 "VIZIMPRO 15 MG TABLET  
 VIZIMPRO 30 MG TABLET  
 VIZIMPRO 45 MG TABLET"  
 XOSPATA 40 MG TABLET

### New VCHCP Medical Benefit Drug Policies

Varubi IV Drug Policy  
 Trogarzo IV Drug Policy

### New VCHCP High Level Drug Policy

Hepatitis C Prescription Requirement Drug Policy

### New ESI Drug Policies:

Zytiga PA Policy  
 Esbriet PA Policy  
 Hepatitis C – Ribavirin  
 • Moderiba  
 • Rebetol Capsules  
 • Rebetol Oral  
 • Ribasphere  
 Nuplazid PA Policy  
 Oncology – Gonadotropin-Releasing Hormone Analogs  
 Injectable Products  
 • Eligard (Updated)  
 • Firmagon  
 • Trelstar

### Existing ESI Drug Policies

Growth Hormone PA Policy  
 • Genetropin  
 • Humatrope  
 • Norditropin  
 • Omnitrope  
 • Serostim  
 • Zorbtive  
 Chelating Agents –  
 Iron Chelators PA Policy  
 • Exjade  
 • Jadenu  
 • Jadenu Sprinkle  
 • Ferriprox

## Formulary Removals/Deletions: Q1-2019

"AMICAR 1,000 MG TABLET  
 AMICAR 500 MG TABLET"

FARESTON 60 MG TABLET  
 ZYTIGA 250 MG TABLET

As of 1.1.19, VCHCP adopted new and existing Express Script (ESI) Drug PA Policies as Available for Specialty and Traditional Pharmacy Benefit Drugs that Require Prior Authorization. For Pharmacy Benefit Drugs that Require Prior Authorization, and there is no Express Scripts (ESI) Drug PA Policies, VCHCP adopted the Milliman Care Guidelines (MCG) 23rd Edition for Specialty and Traditional Drug Review.

### The hierarchy for pharmacy drug reviews will be:

1. Express Scripts Drug Policy
2. MCG – use if there is no Express Scripts Drug Policy
3. Custom VCHCP Drug Policy – use if there is no Express Scripts Drug Policy and no MCG
4. Send to Physician (to use compendia – such as UpToDate or NCCN) – if there is no Express Scripts Drug Policy, no MCG, no Custom VCHCP Drug Policy.

# TAKE ACTION: Stop Asthma Today!

## *What You Can Do, NOW*

*To help make life livable for someone with asthma*



### Summary of Priority Messages and the Underlying Clinical Recommendations by the National Heart, Lung, and Blood Institute

#### **MESSAGE:**

#### **Use Inhaled Corticosteroids**

Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma and should be used by patients and clinicians as recommended in the guidelines for control of asthma.

#### **RECOMMENDATION:**

The Expert Panel recommends that long-term control medications be taken on a long-term basis to achieve and maintain control of persistent asthma, and that inhaled corticosteroids are the most potent and consistently effective long-term control medication for asthma.

#### **MESSAGE:**

#### **Use Asthma Action Plans**

All people who have asthma should receive a written asthma action plan to guide their self-management efforts.

#### **RECOMMENDATION:**

The Expert Panel recommends that all patients who have asthma be provided a written asthma action plan that includes instructions for: (1) daily treat-

ment (including medications and environmental controls), and (2) how to recognize and handle worsening asthma.

#### **MESSAGE:**

#### **Assess Asthma Severity**

All patients should have an initial severity assessment based on measures of current impairment and future risk in order to determine type and level of initial therapy needed.

#### **RECOMMENDATION:**

The Expert Panel recommends that once a diagnosis of asthma is made, clinicians classify asthma severity using the domains of current impairment and future risk for guiding decisions in selecting initial therapy.

**NOTE:** While there is not strong evidence from clinical trials for determining therapy based on the domain of future risk, the Expert Panel considers that this is an important domain for clinicians to consider due to the strong association between history of exacerbations and the risk for future exacerbations.

#### **MESSAGE:**

#### **Assess and Monitor Asthma Control**

At planned follow-up visits, asthma patients should review their level of control with their health care provider based on multiple measures of current impairment and future risk to guide clinician decisions to either maintain or adjust therapy.

#### **RECOMMENDATION:**

The Expert Panel recommends that every patient who has asthma be taught to recognize symptom patterns and/or Peak Expiratory Flow measures that indicate inadequate asthma control and the need for additional therapy, and that control be routinely monitored to assess whether the goals of therapy are being met—that is, whether impairment and risk are reduced.

#### **MESSAGE:**

#### **Schedule Follow-up Visits**

Patients who have asthma should be scheduled for planned follow-up visits at periodic intervals to assess their asthma control and modify treatment if needed.

**For the complete publication, please go to:**

<https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/national-asthma-control-initiative-keeping-airways-0>



### RECOMMENDATION:

The Expert Panel recommends that monitoring and follow-up is essential, and that the stepwise approach to therapy—in which the dose and number of medications and frequency of administration are increased as necessary and decreased when possible—be used to achieve and maintain asthma control.

### MESSAGE:

#### Control Environmental Exposures

Clinicians should review each patient's exposure to allergens and irritants and provide a multi-pronged strategy to reduce exposure to those allergens and irritants to which a patient is sensitive and exposed, i.e., that make the patient's asthma worse.

### RECOMMENDATION:

The Expert Panel recommends that patients who have asthma at any level of severity be queried about exposure to inhalant allergens, particularly indoor inhalant allergens, tobacco smoke, and other irritants, and be advised as to their potential effect on the patient's asthma. The Expert Panel recommends that allergen avoidance requires a multifaceted, comprehensive approach that focuses on the allergens and irritants to which the patient is sensitive and exposed—individual steps alone are generally ineffective.

### RESOURCES:

Expert Panel Report 3—Guidelines for the Diagnosis and Management of Asthma:

- Implementation Panel Report: [https://www.nhlbi.nih.gov/files/docs/guidelines/gjp\\_rpt.pdf](https://www.nhlbi.nih.gov/files/docs/guidelines/gjp_rpt.pdf)
- Guidelines for the Diagnosis and Management of Asthma (EPR-): [www.nhlbi.nih.gov/guidelines/asthma/gjp\\_rpt.htm](http://www.nhlbi.nih.gov/guidelines/asthma/gjp_rpt.htm)
- NHLBI Publications and Resources for Asthma: [www.nhlbi.nih.gov/health/public/lung/index.htm](http://www.nhlbi.nih.gov/health/public/lung/index.htm)

## Annual Asthma and Diabetes Disease Management MASS MAILING

VCHCP will be sending office managers and medical directors a list of patients affiliated with your clinic or physician group who are Ventura County Health Care Plan (VCHCP) members enrolled in the Disease Management Program.

Members are eligible to participate in this program based on a review of available claims information submitted to us by one or more of their doctors or health care professionals that indicates these members have been identified as having diabetes or asthma. This is a program designed to help your patients better understand their condition, update them on new information about their condition, and provide them with assistance from health professionals to help them manage their health. The program is designed to reinforce your treatment plan with the patient.



The program components include mailed educational materials to help your patients understand and manage medications prescribed by you, how to effectively plan visits to see you, information to help support your treatment plans for the patient, telephonic education (health coaching) from our nurses and other health care staff to help them understand how to best manage their condition, and care coordination of the health care services they receive.

The program is voluntary: the members are automatically enrolled when we identify them as diabetics and/or asthmatics. Members can opt out at any time. If you would like to refer patients who are VCHCP members but are not in the program, please contact us at (805) 981-5060.

Please note that included on the list that we will be sending are patients who may be missing diabetes-related and preventive care services based on our claim records. This information is included to assist you with identifying what services the patients may need to maintain their health. We encourage you to have your staff contact the patients and work with the Primary Care Physicians to facilitate these services if the patients have not received the services at this time.

Again, if you feel that a member already received care but was still noted as a care gap, you may fax supplemental data information (medical records) to (805) 981-5061.

**If you have any questions or concerns regarding the Disease Management Program, please call us at (805) 981-5060.**

# ATTENTION: VCHCP

## Primary Care Practitioners!

The following is important information regarding appropriate Antidepressant Medication Management

### Information for Non-Prescribing Clinicians

1. Ask your patient(s) how their medications are working.
2. Provide education on how antidepressants work and how long they should be used.
3. Explain the benefits of antidepressant treatment.
4. Identify ways of coping with side effects of the medication.
5. Discuss expectations regarding the remission of symptoms.
6. Encourage your patient(s) to adhere to their medication regimens and to call their prescriber if they have any concerns or are considering stopping medication.
7. Coordinate and exchange information with all prescribers.

INFORMATION FOR PRESCRIBERS

# Depression

## SCREENING & DIAGNOSIS

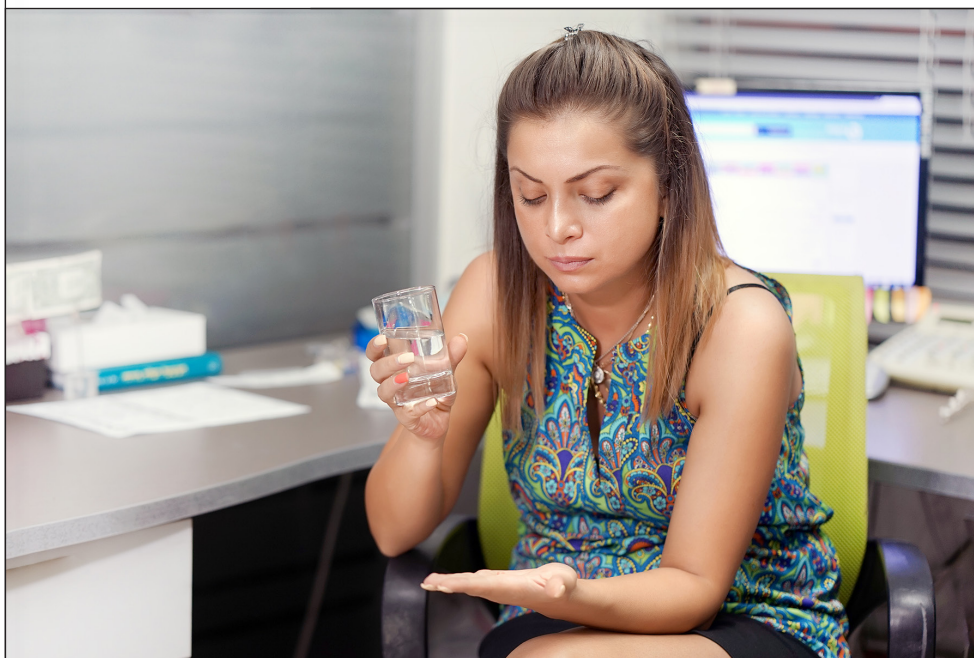
Depression screening is recommended in preventive care assessments. Simple screening questions may be performed as well as using more complex instruments. Any positive screening test result should trigger a full diagnostic interview using standard diagnostic criteria.

Resources include the Patient Health Questionnaire (PHQ) and GAD-7 which offers clinicians concise, self-administered screening and diagnostic tools for mental health disorders, which have been field-tested in office practice. The screeners are quick and user-friendly, improving the recognition rate of depression and anxiety and facilitating diagnosis and treatment.

Be sure to include appropriate lab tests with a comprehensive medical exam which may identify metabolic underlying causes for the depression (for example thyroid disease).

Persons at increased risk for depression are considered at risk throughout their lifetime. Groups at increased risk include:

- persons with other psychiatric disorders
- substance misuse
- persons with a family history of depression
- persons with chronic medical diseases



## TREATING PATIENTS WHO HAVE DEPRESSION DISORDER

If you have determined that your patient has depression, the best practice for treating depression includes a treatment plan involving:

- Referral to Psychotherapy (such as individual, family, group, cognitive behavioral) AND
- Medication for patients who score moderate to severe depression on a screening tool

Our accepted clinical best practice guideline for Major Depression is the *American Psychiatric Association Practice Guideline: Treatment of Patients with Major Depressive Disorder*. This guideline notes that the treating clinician needs to keep in mind suicide assessment, psychotherapy, support and medication monitoring. Other depressive or mood disorders benefit from this approach.

The National Committee for Quality Assurance (NCQA) publishes health plan HEDIS (Health Effectiveness Data Information Set) rates for adult patients who are diagnosed with Major Depression and are started on an antidepressant medication. To meet the guidelines patients must remain on an antidepressant drug for at least 180 days (6 months).

To help with compliance, VCHCP suggests that you discuss with patients the length of time it may take before they see the full effect of a medication.

- Specifically, it may take 10 to 12 weeks to experience the full effect of a medication.
- Medication adherence is indicated for at least six (6) months as the risk of relapse is greatest during this time period.
- The World Health Organization recommends continuing treatment for 9-12 months.
- The Journal of Clinical Psychiatry recommends continuing treatment for 4-6 months after a response.
- The American Psychiatric Association Best Practice Guidelines recommends continuing treatment at the same dose, intensity and frequency for 4-9 months after full remission.

### Treating Patients Who Have Depression or Bipolar Disorder

The best practice for the treatment of depression and bipolar disorder includes a treatment plan involving:

- Medication
- Therapy
- Self-empowerment/recovery tools

*It is important when working with a patient to communicate with all members of the treatment team about the treatment provided, the patient's status, and any potential complicating factors. You should also reinforce with your patients that mental health issues can be successfully treated by adhering to their treatment plan.*

## THE FOLLOWING Resources

### May Be Helpful To You and Your Patients

- [depressionprimarycare.org](http://depressionprimarycare.org)  
Includes helpful resources for practitioners, including the PHQ-9 tool to assist in diagnosing depression and monitoring treatment
- [DBSAlliance.org](http://www.dbsalliance.org/site/PageServer?pagename=clinicians_landing)  
Depression & Bipolar Support Alliance  
([http://www.dbsalliance.org/site/PageServer?pagename=clinicians\\_landing](http://www.dbsalliance.org/site/PageServer?pagename=clinicians_landing))
- [nami.org](http://www.nami.org)  
National Alliance on Mental Illness
- [psychiatryonline.org](http://www.psychiatryonline.org)  
American Psychiatric Association  
Major Depression Best Practice Guideline
- [www.providerexpress.com](http://www.providerexpress.com)  
Optum Provider Express  
Optum's practitioner website refers to the American Psychiatric Association (APA) Guidelines for recognizing and treating Major Depressive Disorder; patient education materials are also available.  
  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/bpg.html>  
  
Optum's practitioner website includes a "Behavioral Health Toolkit for Medical Providers" which includes screening tools for depression as well as other behavioral health issues.  
  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit.html>  
  
Optum Physician Consultation Line  
• **(415) 547-5433**

# Case Management

## PROGRAM EFFECTIVENESS

VCHCP has a Case Management (CM) Program to help our members who have complex needs by ensuring that our members work closely with you, their doctors to plan their care. The goals of Case Management are to help members get to their best health possible in the right setting; coordinate and manage healthcare resources; support the treatment plan ordered by their doctor; and to take action to improve member overall quality of life and health outcomes.

Annually, we evaluate the effectiveness of our CM program by obtaining feedback from our members who have been enrolled in our CM program through a member satisfaction survey and evaluating inpatient and emergency room utilization of members who were case managed.

### **Member Experience with CM in 2018:**

*We thank those members who returned their member satisfaction survey form to us. The result of the survey are as follows:*

- 100% overall satisfaction with the CM program, consistent with 2017.
- 100% of members felt more confident in their ability to consistently take good care of themselves after CM, which is the same as 2017.
- We also received positive member comments:
  - Didn't know about this program. Nice to have around for the people in need.
  - Case Manager was great!!!
  - Very grateful for the feeling of support given by Case Manager. That was very comforting.
- Please continue to encourage your patients to provide their feedback as this is a very helpful tool to improve our program.

### **Inpatient Admissions Pre-Case Management and Post Case Management:**

- Inpatient admissions decreased overall for the members enrolled in the program at least 60 days by 100% in 2018 compared to 83% in 2017.
- The number of members with inpatient admissions decreased 100% in 2018 compared to 75% in 2017.

### **ER Visits Pre-Case Management and Post Case Management:**

- ER visits decreased overall for the members enrolled in the program at least 60 days by 33%.

*Overall results show that the case management activities, such as assessments and interventions, offer value to your patients who elect to participate in the Case Management Program. We highly encourage you to enroll your patients who are eligible for case management because it is making a significant impact in achieving desired outcome based on your patient's individualized needs.*

# 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.

**NEW TO THE NETWORK!**

**Alexandra McGlamery, F.N.P.**, at Cabrillo Cardiology Med Grp in Camarillo and Oxnard has been added, effective January 2019.

**Andrew Armstrong III, P.A.-C.**, at Ventura Orthopedic Medical Group Inc in Oxnard has been added, effective March 2019.

**Central Coast Center for Gynecologic Oncology**, a specialty clinic has been added, effective March 2019.

**Chantel Hinojosa, R.D.N.**, at 360 Nutrition Consulting in Camarillo has been added, effective November 2018.

**David Philips, M.D.**, a interventional cardiologist at Cardiology Associates Medical Group in Oxnard and Ventura has been added, effective March 2019.

**Donald Miller, M.D.**, a gastroenterologist at Insite Digestive Health Care in Camarillo and Oxnard has been added, effective March 2019.

**Elizabeth Worthley, P.A.-C.**, at Ventura Orthopedic Medical Group in Oxnard and Ventura has been added, effective January 2019.

**Hashim Mapara, M.D.**, a nephrologist at Renal Consultants of Ventura County in Camarillo, Oxnard and Ventura has been added, effective January 2019.

**Hashim Mapara, M.D.**, an internal medicine physician at Medicine Specialty Center West (VCMC) in Ventura and Magnolia Family Medical Center (VCMC) in Oxnard has been added, effective November 2018.

**Heider Arjomand-Fard** an interventional cardiology physician at Ventura Cardiology Consultants in Camarillo, Oxnard and Ventura has been added, effective April 2019.

**Integrated Home Health**, a home health agency in Ventura has been added, effective September 2018.

**Jennifer Gros, P.A.**, at Ventura Orthopedic Medical Group in Simi Valley has been added, effective April 2019.

**Jennifer Wan, M.D.**, a cardiothoracic surgeon at California Cardiovascular & Thoracic Surgeons in Ventura has been added, effective January 2019.

**Jenny Yu, N.P.**, at West Ventura Urgent Care Center (VCMC) in Ventura has been added, effective January 2019.

**Karlos Oregel, M.D.**, a hematology/oncology physician at Hematology-Oncology Clinic (VCMC) in Ventura has been added, effective December 2018.

**Kelly Hines-Stellisch, F.N.P.**, at Magnolia Family Medical Clinic West (VCMC) in Oxnard has been added, effective April 2019.

**Kristen Anderson, M.D.**, a family medicine physician at Rose Avenue Family Medical Group in Oxnard has been added, effective December 2018.

**Kristin Nurre, N.P.**, at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective January 2019.

**Kristin Nurre, N.P.**, at Dignity Health Medical Group Ventura County in Ventura has been added, effective March 2019.

**Linda Davila, N.P.**, at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective February 2019.

**Lori Sikorra, F.N.P.**, at Dignity Health Medical Group Ventura County in Oxnard has been added, effective April 2019.

**Matthew Bloom, M.D.**, a physical medicine & rehabilitation specialist at

Raymond Pierson, MD Inc. in Oxnard, effective January 2019.

**Minesh Patel, D.O.**, a pediatric gastroenterologist at Pediatric Diagnostics Center (VCMC) in Ventura has been added, effective April 2019.

**Nicholas Campbell, P.A.-C.**, at Ventura Orthopedic Medical Group in Ventura and Oxnard has been added, effective November 2018.

**Padmapriya Senthivelan, M.D.**, an OB/GYN at Clinicas Del Camino Real Maravilla in Oxnard has been added, effective November 2018.

**Peter Robilio, M.D.**, a maternal & fetal medicine physician at Central Coast Perinatal Med Grp in Santa Barbara has been added, effective December 2018.

**Quynh-Chau Hoang, P.A.-C.**, at Ventura Orthopedic Medical Group in Simi Valley has been added, effective January 2019.

**Ramsey Ulrich, M.D.**, an internal medicine physician at Dignity Health Medical Group Ventura County in Ventura has been added, effective March 2019.

**Stephanie Culver, M.D.**, an otolaryngologist (ENT) physician at Ventura Ear, Nose & Throat Medical Group in Ventura has been added, effective November 2018.

**Sunita Sujanani, M.D.**, a family medicine physician at Dignity Health Medical Group in Ventura has been added, effective March 2019.

**Trish Reyes, F.N.P.**, at Clinicas Del Camino Real, Inc. in Santa Paula has been added, effective January 2019.

**LEAVING THE NETWORK**

**Adam Catevenis, P.A.**, at Ventura Orthopedic Medical Group in Simi Valley

has left, effective October 2018.

**Anita Sicolo, M.D.**, a pediatric gastroenterologist at Pediatric Diagnostics Center (VCMC) in Ventura has left, effective April 2019.

**Anne Rodriguez, M.D.**, a gynecological oncology specialist at Gynecologic Oncology Associates in Ventura has left, effective December 2018.

**Brian Lai, M.D.**, a pain management provider at Advanced Pain Medical Group in Oxnard have closed this location, effective December 2018.

**Claudio Bonometti, M.D.**, a cardiac electrophysiologist location in Santa Barbara has left, effective February 2019.

**Daniel Lee, M.D.**, a physical medicine & rehabilitation provider at Neuroscience Center of Ventura County-West (VCMC) in Ventura, will be leaving, effective July 2019.

**Drew Kelts, M.D.**, a pediatric gastroenterologist at Pediatric Diagnostics Center (VCMC) in Ventura has left, effective April 2019.

**Evan Slater, M.D.**, a medical oncologist at Hematology-Oncology Clinic (VCMC) in Ventura has left, effective December 2018.

**Goonjan Shah, M.D.**, a pain management provider at Advanced Pain Medical Group in Oxnard have closed this location, effective December 2018.

**Gray Swanson, M.D.**, an OB/GYN has left effective November 2018.

**Integrated Home Health** located in Ventura has closed, effective January 2019.

**John Huebner, P.A.**, at Anacapa Surgical Associates (VCMC) in Ventura has left, effective January 2019.

**Josefina Arrigoni, F.N.P.**, at Santa Paula

Hospital Clinic (VCMC) in Santa Paula has left, effective March 2019

**Katherine Edwards, M.D.**, an OB/GYN at Magnolia Family Medical Center (VCMC) in Oxnard and Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective December 2018.

**Kristin Nurre, N.P.**, at Anacapa Surgical Associates (VCMC) in Ventura has left, effective February 2019.

**Milcah Larks, M.D.**, a medical oncologist at the Hematology-Oncology Medical Clinic (VCMC) in Ventura has left, effective January 2019.

**Nicholas De La Motte Hurst, P.A.**, at Ventura Orthopedics Medical Group in Simi Valley has left, effective March 2019.

**Ramsey Ulrich, M.D.**, an internal medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has left, effective February 2019.

**Rishi Patel, M.D.**, an interventional cardiologist at Cardiology Associates Medical Group in Oxnard and Ventura has left, effective December 2018.

**Robert Hesselgesser, M.D.**, a radiation oncologist at North Oaks Radiation Oncology Center in Thousand Oaks and Westlake Radiation Center in Westlake Village has retired, effective March 2018.

**Robert Ouwendijk, M.D.**, an oncologist/hematologist at the Oncology-Hematology Clinic in Ventura has left, effective December 2018.

**Rod Blourtchi, P.A.**, at Ventura Orthopedic Medical Group Inc. in Oxnard has left, effective February 2019.

**Seth Alkire, M.D.**, a family medicine physician at Santa Paula Hospital Clinic (VCMC) in Santa Paula has left,

effective August 2018.

**Sunita Sujanani, M.D.**, a family medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has left, effective February 2019.

**Trish Reyes, N.P.**, at Clinicas Del Camino Real Inc. in Santa Paula has left, effective April 2019.

**William Hogan, M.D.**, a gynecological oncology specialist at Gynecologic Oncology Associates in Ventura has left, effective December 2018.

## CHANGES

**Clinicas Del Camino Real Inc.**, has opened a new service location in Camarillo, effective April 2019.

**Dignity Health Medical Group Ventura County** has added a new service location in Ventura on Main St., effective March 2019.

**Dr. James Sands** has moved his practice location, however, he will remain in the city of Ventura, effective February 2019.

**Dr. Paul Nazemi**, an ophthalmologist, has opened a new service location, Access Eye Institute in Oxnard, effective November 2018.

**Two Trees Physical Therapy & Wellness** has opened a new service location in South Oxnard, effective June 2019.

**West Coast Hearing and Balance Center** has opened a new service location in Ojai, effective March 2019.

**West Coast Vascular** has opened a new service location in Thousand Oaks, effective January 2019.

**West Coast Vascular** service location at 2100 Solar Dr., Ste 202 in Oxnard has moved to 2000 Outlet Center Dr., Ste. 225 in Oxnard, effective July 2018.



VENTURA COUNTY  
**HEALTH CARE PLAN**

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

