

PROVIDER NEWSLETTER

SUMMER ISSUE • JUNE 2020



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.



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
- 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 or
www.liveandworkwell.com
- Nurse Advice Line: (800) 334-9023
- Teladoc: (800) 835-2362

VCHCP Utilization Management Staff

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

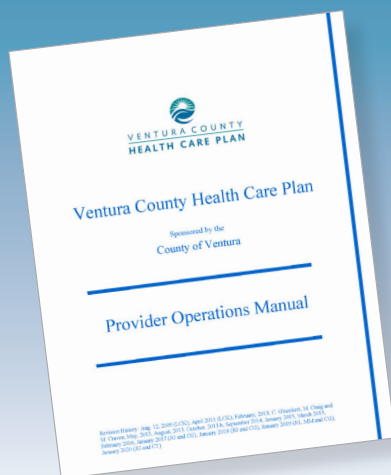
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PROVIDER OPERATIONS MANUAL *Now Updated*

The 2020 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 or visit the Plan's website at: www.vchealthcareplan.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.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) 981-5050 or toll-free (800) 600-8247
FAX (805) 981-5051, www.vchealthcareplan.org
TDD to Voice: (800) 735-2929 Voice to TDD: (800) 735-2922
Ventura County Health Care Plan 24-hour Administrator access
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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
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 experi-
ence 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.



Lab Work

Before referring your patients to an ancillary provider, or sending out a lab specimen, please make sure that the provider/facility is within the VCHCP network. Out of network claims will be denied unless previously authorized by the Plan.

Also, as a reminder, all genetic lab tests require a prior authorization. When submitting an authorization request for genetic testing, please refer to one of the following VCHCP contracted labs:

Esoterix Laboratory

TEST MENU WEBSITE:

<https://www.esoterix.com/test-menu>

Phone Number: **(800) 444-9111**

Quest Diagnostics

TEST MENU WEBSITE:

<https://testdirectory.questdiagnostics.com/test/home>

Phone Number: **(866) 436-3463**

Natera

WOMEN'S HEALTH TEST MENU WEBSITE:

<https://www.natera.com/womens-health>

Phone Number: **(650) 249-9090**

VENTURA COUNTY MEDICAL CENTER – Pediatric Intensive Care Unit (VCMC PICU)

The VCMC PICU has created an outpatient sedation service. They currently have time set aside on Tuesdays for outpatient sedations, primarily sedated MRIs. The wait time is typically 2 weeks but emergent needs can be met. They sedate all Pediatric patients and provide deep sedation with Propofol drips. They do not require general anesthesia and endotracheal intubation. To inquire about the service please call (805) 652-6004 and scheduling and criteria will be discussed. Prior authorization must be obtained. The patients are admitted to the PICU under observation, where they have their IVs placed and are recovered post procedure. Most patients go home in less than one hour post procedure.

HEDIS

TIPS & INFORMATION

Improving Quality of Care

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:

- Always recheck blood pressure if initial reading is 140/90 or greater
- FOBT test performed in an office setting or performed on a sample collected via a digital rectal exam (DRE) does not meet criteria
- Women should have a postpartum visit within 7-84 days after 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 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 are provided for
- Check out Optum's Behavioral Health Toolkit for Behavioral Health HEDIS Measures Summary for Primary Care by visiting this link: <https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/pcp-tool-kit/BHHEDISMSPC.pdf>

As physicians, you can help improve quality of care by:

- Encouraging your patients to schedule preventive exams
- Reminding your patients to follow up with ordered tests and procedures
- Making sure necessary services are being performed in a timely manner
- Submitting claims with proper HEDIS codes
- Accurately documenting all services and results (if appropriate) in the patient's medical chart

We need to work together to improve and maintain higher quality of care. When our members are healthy, everyone benefits!

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.

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.

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.

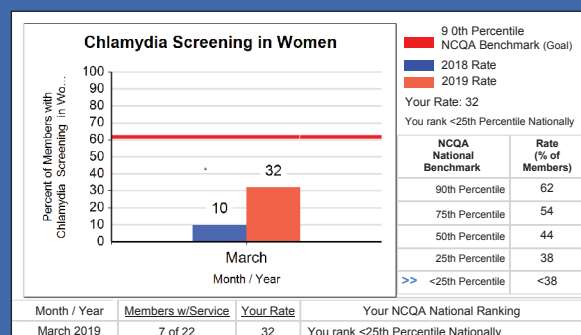
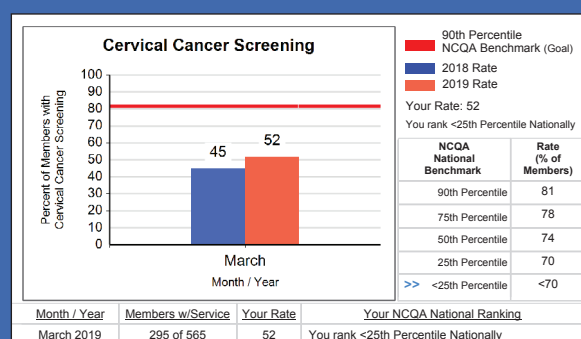
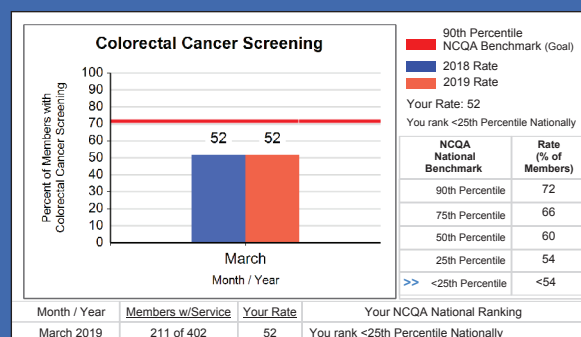
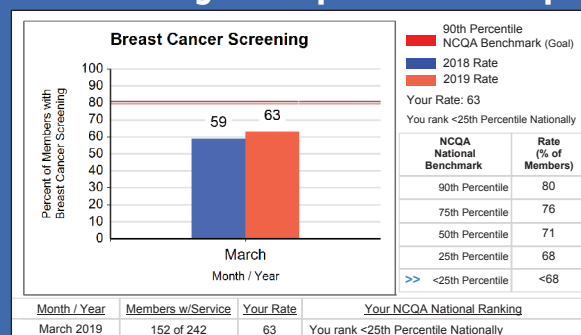
We accept supplemental data if providers feel that members already received care for the listed care gap.

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



Important Information about Coordinating Care

Optum requires contracted behavioral health practitioners and providers to communicate relevant treatment information and coordinate treatment with other behavioral health practitioners and providers, primary care physicians (PCPs), and other appropriate medical practitioners involved in a member's care.

WHY?

Coordination of care among practitioners (behavioral and medical) benefits your practice because it:

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

Coordination of care improves patients' quality of care by:

- Avoiding potential adverse medication interactions
- Providing better management of treatment and follow-up for patients

WHEN?

Coordination of care may be most effective:

- After the initial assessment
- At the start or change of medication
- Upon discharge
- Upon transfer to another provider or level of care
- When significant changes occur (diagnosis, symptoms, compliance with treatment)

RESOURCES FOR COORDINATING CARE

Our practitioner website, **providerexpress.com**, includes tools and resources to support you in coordinating care. Select the "*Clinical Resources*" tab at the top of the main page, select "*Clinical Tools and Quality Initiatives*" and then download the needed form under "Coordination of Care".

Use the "**Exchange of Information Form**" to communicate relevant treatment information with other treating practitioners. This template may be signed by the patient to show their consent and then completed by you.

Use the "**Coordination of Care Checklist**" to document your efforts to coordinate care with patients' other practitioners.

Nothing herein is intended to modify the Provider Agreement or otherwise dictate MH/SA services provided by a provider or otherwise diminish a provider's obligation to provide services to members in accordance with the applicable standard of care.

GUIDELINES TO FACILITATE EFFECTIVE COMMUNICATION

When scheduling appointments for new patients, request that they bring names and contact information (address, phone number, etc.) for their other treating practitioners.

Within a week of your initial assessment and annually thereafter provide other treating practitioners with the following information:

- A brief summary of the patient's assessment and treatment plan recommendations
- Diagnosis (medical and behavioral)
- Medications prescribed (brand or generic name, strength and dosage)
- Your contact information (name, telephone, fax number, and the best time you may be reached by phone, if needed)

This information is provided by Optum Quality Management Department. If you have any questions or feedback please contact us at: qmi_emailblast_mail@optum.com.



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 2019 was made possible as the Plan continued to obtain 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 Plan's Health Coaching Program was effective:

- a.** Higher percentage of members who had successful health coaching had their A1c testing completed compared to those members who did not have successful health coaching.
- b.** Higher percentage of members who had successful health coaching had decreased A1c level compared to those members who did not have successful health coaching.
- c.** Members who had successful health coaching had a higher decrease in risk stratification level compared to those members who did not have successful health coaching.

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.



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, Optum-Health 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.

TAR Process

"PENDED FOR ADDITIONAL INFORMATION"

- 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 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

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:**

submitted and may be denied by the VCHCP Medical Director.

- 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.
- 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 provider of pended request and clinical information needed by the Plan to make a medical necessity decision. For Non-VCMC providers, a phone call is placed to the requesting provider of the pended request and clinical information needed by the Plan.
- 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.vchealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf

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, 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>



THE COST OF smoking

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

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

You 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 at left with members.

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.

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 timeframes 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.

ATTENTION: VCHCP Primary Care Practitioners!

The following is important information regarding appropriate

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

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.

Antidepressant Medication Management

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.

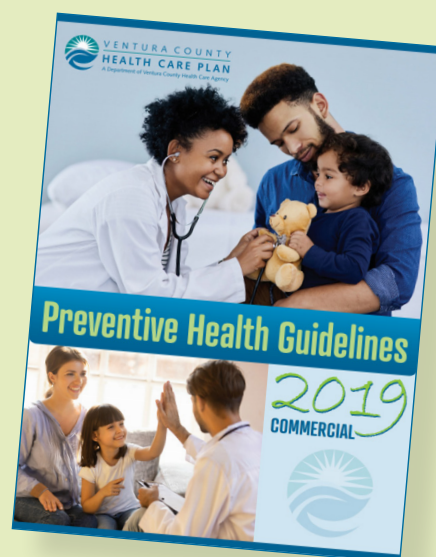
Information for Non-Prescribing Clinicians

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.

THE FOLLOWING Resources

May Be Helpful To You and Your Patients

- **depressionprimarycare.org**
Includes helpful resources for practitioners, including the PHQ-9 tool to assist in diagnosing depression and monitoring treatment
- **DBSAlliance.org**
Depression & Bipolar Support Alliance
http://www.dbsalliance.org/site/PageServer?pagename=clinicians_landing
- **nami.org**
National Alliance on Mental Illness
- **psychiatryonline.org**
American Psychiatric Association
Major Depression Best Practice Guideline
- **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**



Preventive Health Guidelines

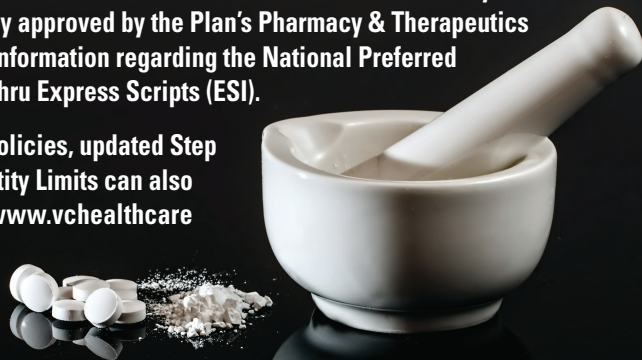
The 2019 Preventive Health Guidelines is an excellent resource where Providers can find immunization schedules, preventive health screening information, and an adult preventive care timeline. The Preventive Health Guidelines include information from VCHCP, US Preventive Services Task Force (USPSTF), 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/healthEducation-Info.aspx>.

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

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 National Preferred 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/pharmacy.aspx>



2020 NATIONAL PREFERRED FORMULARY

ADDITIONS

FREESTYLE FREEDOM KIT	FREESTYLE TEST STRIPS
FREESTYLE FREEDOM LITE METER	FREESTYLE TEST STRIPS NFRS
FREESTYLE FREEDOM LITE NFRS	NIVESTYM 300 MCG/0.5 ML SYRING
FREESTYLE INSULINX GLUCOSE SYS	NIVESTYM 300 MCG/ML VIAL
FREESTYLE INSULINX STRIP NFRS	NIVESTYM 480 MCG/0.8 ML SYRING
FREESTYLE INSULINX TEST STRIP	NIVESTYM 480 MCG/1.6 ML VIAL
FREESTYLE INSULINX TEST STRIPS	ORALAIR 300 IR SUBLINGUAL TAB
FREESTYLE LITE METER	PRALUENT 150 MG/ML PEN
FREESTYLE LITE METER NFRS	PRALUENT 75 MG/ML PEN
FREESTYLE LITE TEST STRIP	PRECISION XTRA TEST STRIPS
FREESTYLE LITE TEST STRIP NFRS	REPATHA 420 MG/3.5ML PUSHTRONX
FREESTYLE LITE TEST STRIP	REPATHA 140 MG/ML SURECLICK

REMOVAL

ABSORICA 10 MG CAPSULE	LARTRUVO 500 MG/50 ML VIAL
ABSORICA 20 MG CAPSULE	LETAIRIS 10 MG TABLET
ABSORICA 25 MG CAPSULE	LETAIRIS 5 MG TABLET
ABSORICA 30 MG CAPSULE	MOXEZA 0.5% EYE DROPS
ABSORICA 35 MG CAPSULE	RELENZA 5 MG DISKHALER
ABSORICA 40 MG CAPSULE	SABRIL 500 MG POWDER PACKET
ADAGEN 250 UNIT/ML VIAL	SABRIL 500 MG TABLET
AMITIZA 24 MCG CAPSULES	SANCUSO 3.1 MG/24 HR PATCH
AMITIZA 8 MCG CAPSULE	TABLOID 40 MG TABLET
ARCAPTA NEOHALER 75 MCG CAP	TEKTURN 150 MG TABLET
ARZERRA 1,000 MG/50 ML VIAL	TEKTURN 300 MG TABLET
ARZERRA 100 MG/5 ML VIAL	TRACLEER 125 MG TABLET
ATROVENT 17 MCG HFA INHALER	TRACLEER 62.5 MG TABLET
BYVALSON 5 MG-80 MG TABLET	VARUBI 166.5 MG/92.5 ML VIAL
FIRDAPSE 10 MG TABLET	VESICARE 10 MG TABLET
FULPHILA 6 MG/0.6 ML SYRINGE	VESICARE 5 MG TABLET
GRALISE 30-DAY STARTER PACK	XOFLUZA 20 MG TAB (40 MG DOSE)
GRALISE ER 300 MG TABLET	XOFLUZA 40 MG TAB (80 MG DOSE)
GRALISE ER 600 MG TABLET	ZONTIVITY 2.08 MG TABLET
HEXALEN 50 MG CAPSULE	ZOVIRAX 5% CREAM
LARTRUVO 190 MG/19 ML VIAL	

UNEXCLUSION

BROVANA 15 MCG/2 ML SOLUTION	ZYPITAMAG 2 MG TABLET
ZYPITAMAG 1 MG TABLET	ZYPITAMAG 4 MG TABLET

EXCLUSIONS

AKYNZEO 300-0.5 MG CAPSULE
 AMBIEN 10 MG TABLET
 AMBIEN 5 MG TABLET
 AMBIEN CR 12.5 MG TABLET
 AMBIEN CR 6.25 MG TABLET
 AMRIX ER 15 MG CAPSULE
 AMRIX ER 30 MG CAPSULE
 AUBAGIO 14 MG TABLET
 AUBAGIO 7 MG TABLET
 CIALIS 10 MG TABLET
 CIALIS 2.5 MG TABLET
 CIALIS 20 MG TABLET
 CIALIS 5 MG TABLET
 COMPLERA TABLET
 CUPRIMINE 250 MG CAPSULE
 ELIDEL 1% CREAM
 EMEND 125 MG CAPSULE
 EMEND 125 MG POWDER PACKET
 EMEND 40 MG CAPSULE
 EMEND 80 MG CAPSULE
 EMEND TRIPACK
 EPANED 1 MG/ML ORAL SOLUTION
 EPANED 1 MG/ML SOLUTION
 EXJADE 125 MG TABLET
 EXJADE 250 MG TABLET
 EXJADE 500 MG TABLET
 FOCALIN 10 MG TABLET
 FOCALIN 2.5 MG TABLET
 FOCALIN 5 MG TABLET
 FOCALIN XR 10 MG CAPSULE
 FOCALIN XR 15 MG CAPSULE
 FOCALIN XR 20 MG CAPSULE
 FOCALIN XR 25 MG CAPSULE
 FOCALIN XR 30 MG CAPSULE
 FOCALIN XR 35 MG CAPSULE
 FOCALIN XR 40 MG CAPSULE
 FOCALIN XR 5 MG CAPSULE
 GRANIX 300 MCG/0.5 ML SAFE SYR
 GRANIX 300 MCG/0.5 ML SYRINGE
 GRANIX 300 MCG/ML VIAL
 GRANIX 480 MCG/0.8 ML SAFE SYR
 GRANIX 480 MCG/0.8 ML SYRINGE
 GRANIX 480 MCG/1.6 ML VIAL
 JADENU 180 MG TABLET
 JADENU 360 MG TABLET
 JADENU 90 MG TABLET
 JADENU SPRINKLE 180 MG GRANULE
 JADENU SPRINKLE 360 MG GRANULE
 JADENU SPRINKLE 90 MG GRANULE
 LYRICA 100 MG CAPSULE
 LYRICA 150 MG CAPSULE
 LYRICA 20 MG/ML ORAL SOLUTION
 LYRICA 200 MG CAPSULE
 LYRICA 225 MG CAPSULE
 LYRICA 25 MG CAPSULE
 LYRICA 300 MG CAPSULE

EXCLUSIONS *continued*

LYRICA 50 MG CAPSULE
LYRICA 75 MG CAPSULE
MULPLETA 3 MG TABLET
RELION NOVOLIN 70-30 VIAL
RELION NOVOLIN N 100 UNIT/ML
RELION NOVOLIN R 100 UNIT/ML
NUWIQ 1,000 UNIT VIAL
NUWIQ 1,000 UNIT VIAL PACK
NUWIQ 2,000 UNIT VIAL
NUWIQ 2,000 UNIT VIAL PACK
NUWIQ 2,500 UNIT VIAL
NUWIQ 2,500 UNIT VIAL PACK
NUWIQ 250 UNIT VIAL
NUWIQ 250 UNIT VIAL PACK
NUWIQ 3,000 UNIT VIAL
NUWIQ 3,000 UNIT VIAL PACK
NUWIQ 4,000 UNIT VIAL
NUWIQ 4,000 UNIT VIAL PACK
NUWIQ 500 UNIT VIAL
NUWIQ 500 UNIT VIAL PACK
ONZETRA XSAIL 11 MG
ORFADIN 10 MG CAPSULE
ORFADIN 2 MG CAPSULE
ORFADIN 20 MG CAPSULE
ORFADIN 4 MG/ML SUSPENSION
ORFADIN 5 MG CAPSULE
PENNSAID 2% PUMP
QBRELIS 1MG/ML SOLUTION
RAPAFLO 4 MG CAPSULE
RAPAFLO 8 MG CAPSULE
RHOFAD 1% CREAM
SITAVIG 50 MG BUCCAL TABLET
SPIRIVA 18 MCG CP-HANDHALER
SPIRIVA RESPIMAT 1.25 MCG INH
SPIRIVA RESPIMAT 2.5 MCG INH
STIOLTO RESPIMAT INHAL SPRAY
STRIBILD TABLET
STRIVERDI RESPIMAT INHAL SPRAY
SUBSYS 1,200 MCG SPRAY
SUBSYS 1,600 MCG SPRAY
SUBSYS 100 MCG SPRAY
SUBSYS 200 MCG SPRAY
SUBSYS 400 MCG SPRAY
SUBSYS 600 MCG SPRAY
SUBSYS 800 MCG SPRAY
TIVORBEX 20 MG CAPSULE
TIVORBEX 40 MG CAPSULE
TUDORZA PRESSAIR 400 MCG INHAL
VELTASSA 16.8 GM POWDER PACKET
VELTASSA 25.2 GM POWDER PACKET
VELTASSA 8.4 GM POWDER PACKET
VIVLODEX 10 MG CAPSULE
VIVLODEX 5 MG CAPSULE
XATMEP 2.5 MG/ML ORAL SOLUTION
ZIPSOR 25 MG CAPSULE

2020 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.

Autism Case Management Program

In 2019, about 1 in 54 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 you to our Autism Case Management Program.

You can refer members to Autism Case Management Program online at <http://www.vchealthcareplan.org/members/requestAssistanceForm.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



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>

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/gip_rpt.pdf
- Guidelines for the Diagnosis and Management of Asthma (EPR-): www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm
- NHLBI Publications and Resources for Asthma: 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.

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 2019:

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 2018.
- 100% felt more confident in handling their health care needs after CM, consistent with 2018.

We also received positive member comments:

- *It was a great help (especially emotional support). She (CM nurse) leads us to the right direction always. I think this is a very good service.*
- *CM nurse was very helpful in helping me get needed Applied Behavioral Analysis (ABA) services for my children.*
- *CM nurse was great!*
- *My case manager was fantastic! I truly appreciate this service.*
- *I have become more aware of my blood sugar levels and I am making healthier food choices.*
- *CM Nurse helped me through the hardest time of my life. She is a huge asset to the program.*

- There was no member complaint regarding the CM program
- 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 27% in 2019.
- The number of members with inpatient admissions decreased 33% in 2019.

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.

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

NEW TO THE NETWORK!

Akinwunmi Oni-Orisan, M.D., a neurological surgeon at Stroke & Neurovascular Ctr. of Central CA in Santa Barbara has been added, effective November 2019.

Andrew Mitchell, P.A.-C. at Clinicas Del Camino Real in Oxnard has been added, effective November 2019.

Aviva Bernat, M.D., an internal medicine physician at Fillmore Family Medical Group (VCMC) in Fillmore has been added, effective November 2019.

Christopher Skillern, M.D., a vascular surgeon in Ventura has been added, effective October 2019.

Emem Brown, P.A.-C. at Magnolia Family Medical Center (VCMC) in Oxnard has been added, effective March 2020.

Eric Kuo, M.D., a vascular surgeon at West Coast Vascular in Ventura has been added, effective November 2019.

Greenfield Care Center of Fillmore, a skilled nursing facility in Fillmore has been added, effective November 2019.

Hamlet Garcia Pena, M.D., a family medicine physician at Magnolia Family Medical Clinic West (VCMC) in Oxnard has been added, effective December 2019.

Jennifer Garcia, F.N.P. at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has been added, effective January 2020.

Jennifer Garcia, F.N.P. at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has been added, effective January 2020.

Jolie Macrito, D.O. at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has been added, effective January 2020.

Jonathan Guinto, P.A., at California Dermatology Institute in Thousand Oaks and Ventura has been added, effective January 2020.

Kelly Olson, P.A.-C. at Ventura Orthopedic Medical Group in Simi Valley and Thousand Oaks has been added, effective November 2019.

Larissa Larsen, M.D., a dermatologist at Pacifica Center for Dermatology in Camarillo has been added, effective November 2019.

Leah Patrick, D.O., a family medicine physician at Conejo Valley Family Medical Grp (VCMC) in Thousand Oaks has been added effective March 2020.

Sarah Roberts, F.N.P. at Fillmore Family Medical Group (VCMC) and Santa Paula Medical Clinic (VCMC) has been added, effective January 2020.

Wendy Bell, N.P. at Anacapa Neurosurgery (VCMC) in Ventura has been added, effective January 2020.

LEAVING THE NETWORK

Anna Sandstrom, M.D., a pediatric endocrinologist at Mandalay Bay Women & Children's Med Grp (VCMC) and Las Islas Family Medical Group (VCMC) both in Oxnard has left, effective December 2019.

Arthur Peters, M.D. an otolaryngologist at Anacapa Surgical Associates (VCMC) in Ventura has left, effective December 2019.

Barbara Bellfield, F.N.P. at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has left, effective December 2019.

Bryan Wong, M.D., a family medicine physician at Academic Family Medicine Center (VCMC) in Ventura has left, effective November 2019.

Carolyn Morris, M.D., a family medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula has left, effective December 2019.

Christy Huynh, M.D., a family medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has left, effective February 2020.

David Philips, M.D., an interventional cardiologist at Cardiology Associates Medical Group in Ventura has left, effective December 2019.

Dominic Tedesco, M.D. a Thoracic surgeon at California Cardiovascular & Thoracic Surgeons in Ventura has left, effective January 2019.

Emily Simm, P.A.-C., at Fillmore Family Medical Group (VCMC) at Fillmore has left, effective December 2019.

Eric Kuo, M.D., a vascular surgeon at West Coast Vascular in Ventura has left, effective March 2020.

Erik Bezema, M.D., a family medicine physician at Moorpark Family Care Center (VCMC) in Moorpark has left, effective November 2019.

Erin Johnsen, N.P. at Anacapa Neurosurgery (VCMC) in Ventura has left, effective November 2019.

Greta Green, F.N.P. at Conejo Valley Family Med Grp (VCMC) in Thousand Oaks has left, effective March 2020.

Hiroki Nariai, M.D., a pediatric neurologist at Pediatric Diagnostic Center (VCMC) in Ventura has left, effective February 2020.

Iлона Sylvester, M.D., an internal medicine physician at Clinicas Del Camino Real in N. Oxnard and Simi Valley has left, effective November 2019.

Isaac Lowe, M.D., a general surgeon at Magnolia Family Medical Center (VCMC) in Oxnard and at Santa Paula Hospital Clinic (VCMC) in Santa Paula has left, effective November 2019.

Janet Hiatt, N.P. at Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard has left, effective March 2020.

John Billesdon, M.D., a gastroenterologist at Insite Digestive Health Care in Camarillo and Oxnard has left, effective November 2019.

John Pang, M.D., an interventional cardiologist at Ventura Cardiology Consultants Medical Group in Camarillo and Ventura has left, effective July 2019.

Kelly Hines-Stellisch, F.N.P. at Magnolia Family Medical Clinic (VCMC) in Oxnard has left, effective February 2020.

Linda Lundeen, M.D., a family medicine physician at Rosa Avenue Family Medical Group in Oxnard has left, effective January 2020.

Michaela Lee, D.O. a neurological surgeon at Anacapa Neurosurgery (VCMC) in Ventura has left, effective November 2019.

Mitch Calmer, P.A. at West Ventura Orthopedics and Podiatry Clinic (VCMC) in Ventura has left, effective February 2020.

Quynh-Chau Hoang, P.A.-C., at Ventura Orthopedics Medical Group in Simi Valley has left, effective March 2020.

Ray Ruiz, P.A.-C. at Las Posas Family Medical Group (VCMC) in Camarillo has left, effective November 2019.

Samuel Lee, M.D., a physical medicine & rehabilitation physician at West Ventura Medical Clinic (VCMC) in Ventura has left, effective January 2020.

Sarah Dinkler, C.N.M., at Clinicas Del Camino Real at Ojai Valley Community Health Ctr and Women's Health Center in Oxnard, has left effective January 2020.

Smita Mehta, P.A.-C. at Alta California Medical Group in Simi Valley has left, effective November 2019.

Teresa Sheahan, D.O., a pediatrician at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective November 2019.

Urvi Vyas, M.D., an internal medicine physician at Clinicas Del Camino Real in Newbury Park has left, effective February 2020.

Victoria Seib, P.A.-C. at Ventura Orthopedic Medical Group in Simi Valley has left, effective November 2019.

Vikram Kanagala, M.D., a gastroenterologist at Insite Digestive Health Care in Oxnard has left, effective November 2019.

Wanda Hu, M.D., an Ophthalmologist at Miramar Eye Specialist Medical Group in Camarillo, Oxnard, Thousand Oaks and Ventura has left, effective May 2020.

CHANGES

Andrew Mitchell, P.A.-C. at Clinicas Del Camino Real is no longer providing services at Clinicas- Comunidad De Oxnard. He is now at Clinicas- Ocean View, effective November 2019.

Both the **Cardiology Clinic (VCMC)** and **Immunology Clinic (VCMC)** in Ventura have changed their names and has moved to the same suite number as Medicine Specialty Center West (VCMC) also in Ventura, effective March 2020.

Camarosa Springs Medical Group (VCMC) in Camarillo has permanently closed their doors, effective January 2020.

Eeman Hasan, P.A.-C. at Clinicas Del Camino Real is no longer providing services at Clinicas- Ocean View. He is now at Clinicas- Comunidad De Oxnard, effective November 2019.

Miramar Eye Specialists have added a new service location at 2230 Lynn Rd. Ste. 102, in Thousand Oaks, effective August 2019.

Ventura Orthopedic Medical Group has added a new service location for physical therapy in Thousand Oaks, effective March 2020.

West Coast Hearing & Balance has added a new service location in Ventura, effective February 2020.

MILLIMAN CARE Guidelines

VCHCP Utilization Management uses Milliman Care Guidelines (currently 24th 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.

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.vchealthcareplan.org/providers/medicalPolicies.aspx>

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

STANDARDS FOR

MEMBERS' Rights & 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

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

