PROVIDER NEWSLETTER

SUMMER ISSUE • JUNE 2021

VENTURA COUNTY HEALTH CARE PLAN

Featured this issue

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 2021

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

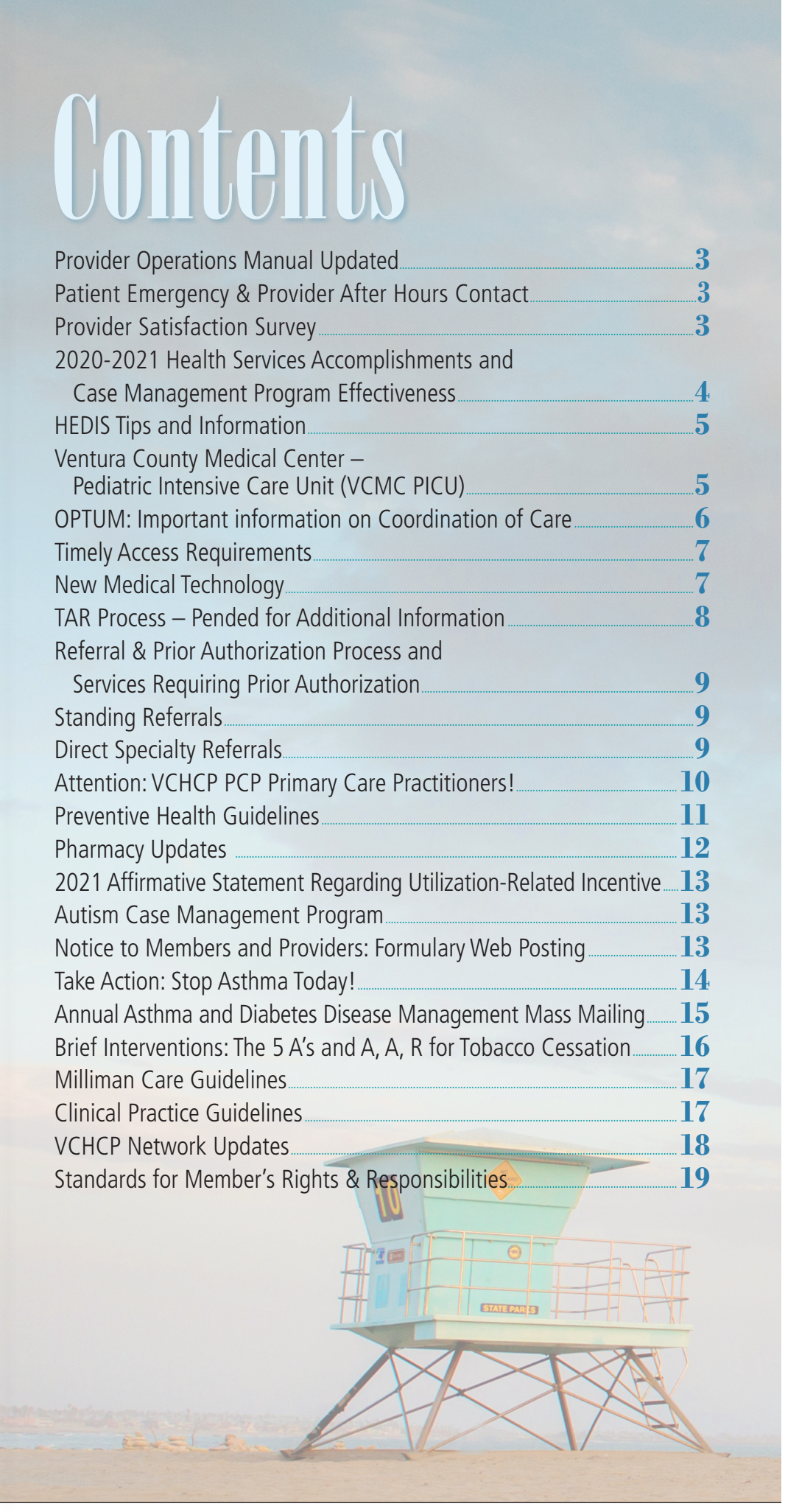
VCHCP Utilization Management Staff

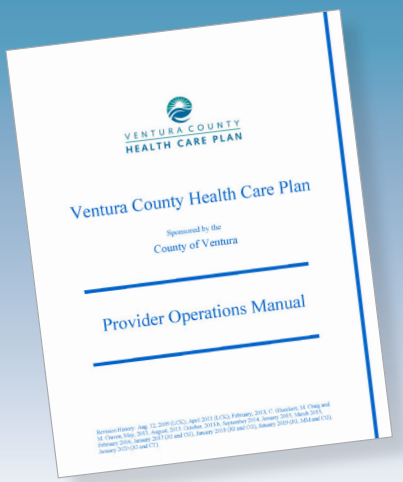
Regular Business Hours are:
Monday - Friday, 8:30 a.m. to 4:30 p.m.

- Phone: (805) 981-5060

GRAPHIC DESIGN & PRINTING:
GSA Business Support/Graphics
COVER PHOTO BY JULIE CAMPBELL PHOTOGRAPHY

Contents





PROVIDER OPERATIONS MANUAL *Updated*

The 2021 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 Relations
- **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**
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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 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.

2020-2021 Health Services Accomplishments and Case Management Program Effectiveness

Health Services Accomplishments for 2020-2021

- Utilization Management Staff was transitioned to work at home due to the COVID-19 pandemic. Successfully utilized "Skype" and Zoom technology for communication.
- Annual evaluation and reduction of services requiring prior authorization resulted in efficiencies in the Utilization Management (UM) Department. This resulted in meeting the program resource needs of the UM program. In addition, the reduction in prior authorization of services in UM reduced unnecessary barriers for members getting timely care.
- Reduced the 45-day denial for lack of medical information due to implementation of process improvement in the Utilization Management (UM) department (Calling/communicating on all pended cases for clinical information & Medical Director's intervention by checking all pends and denials for appropriateness).
- Continued all Medical-Medical and Medical-Behavioral Health Coordination of Care Activities to ensure member continuity of care.
- Continued all CM and Disease Management (DM) activities with reporting and monitoring.
- The case management (CM) program maintained its acceptance rate above the 20% goal. In addition, the overall member satisfaction with the CM program was 100%.
- Successful health coaching calls to members with diabetes and asthma under the Disease Management Program.
- With the Diabetes Disease Management program, successful health coaching and case management resulted in resulted in higher member compliance with A1c testing and decreased risk stratification.
- Health Effectiveness Data Information Set (HEDIS) birthday card re-design to include preventive services care gaps and case management referral information.
- Systems Enhancements: Updated the QNXT UM Module, Healthx member and provider portal, Quality App was updated to include episodic CM, VCHCP Website enhancements.

Effectiveness of Case Management Program

- Inpatient admissions decreased overall for the members enrolled in the program at least 60 days by 36% in 2020, compared to 27% in 2019.
- The number of members with inpatient admissions decreased by 22% in 2020, compared to 33% in 2019.
- ER visits decreased overall for the members enrolled in the program at least 60 days by 54% in 2020, compared to 65% in 2019.
- The number of members with ER visits decreased by 56% in 2020, compared to 62% in 2019.

HEDIS TIPS & INFORMATION

Improving Quality of Care

HEDIS rates are scored based on administrative billing data. Use the below tips to help improve your HEDIS performance scores:

- Ensure patients are accurately diagnosed and services are rendered appropriately based on medical necessity and clinical practice guidelines.
- Follow the American Academy of Pediatrics/ Bright Futures Periodicity Schedule and U.S. Preventive Services Task Force preventive and clinical practice guidelines for rendering health services to patients during wellness visits.
- Schedule appointments and review patient charts prior to patient visits to close care gaps.
- Ensure patients are accurately diagnosed with persistent asthma.
- Ensure that asthma medication, especially controller medication, is being dispensed to the patient in accordance with the proper medication schedule or need.
- Document date of mammogram along with proof of completion and develop standing orders along with automated referrals (if applicable) for patients ages 50–74, who need screening.
- For ages 21–64: a cervical cytology is performed every three years. For ages 30–64: a cervical cytology and human papillomavirus co-testing is performed every five years, (use five-year time frame only if HPV co-testing was completed on the same day and includes results Reflex testing will not count), or for ages 30–64: a cervical high-risk human papillomavirus (hrHPV) testing is performed every five years.
- Order a chlamydia screening and provide follow-up for patients who are pregnant, taking contraceptives or identified themselves as sexually active.
- Instruct staff to take a repeat reading if abnormal BP is obtained.
- Schedule appointments and complete services for patients ages 18–75 with diagnosis of diabetes on an annual basis to assist with health maintenance of the disease processes. The following services are required:
  - o Order at least one HbA1c screening annually. Repeat test if A1c is greater than 7.9%.
  - o Collect A1c data completed during inpatient visits or elsewhere in order to evaluate if a repeat test is required.
- Schedule patient's postpartum care visit with an OB/GYN practitioner, midwife, family practitioner, or other PCP on or between 7–84 days after delivery.
- Ensure accurate action, follow-up, documentation, and billing of services.
- Submit claims correctly and in a timely manner.
- Correct encounters/claims with erroneous diagnoses.

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.

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.

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.

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)

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.

This information is provided by Optum Quality Management Department. If you would like to be removed from this distribution or if you have any questions or feedback please contact us at: qmi_emailblast_mail@optum.com (email). Please include the email address you would like to have removed when contacting us.

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Timely Access Requirements

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

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

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.

TAR Process

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 provider 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.
- 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.

"PENDED FOR ADDITIONAL INFORMATION"

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.

LINK TO THE HEALTH SERVICES APPROVAL PROCESS: www.vchealthcareplan.org/providers/hsApprovalProcess.asp

Standing Referrals

A standing referral allow members to see a specialist or obtain ancillary services, such as lab, without needing new referrals from their primary care physician for each visit. Members may request a standing referral for a chronic condition requiring stabilized care. The Primary Care Physician will decide if a standing referral is needed when the request meets the following guidelines:

A standing referral is limited to 6 months, but can be reviewed for medical necessity as needed, to cover the duration of the condition. If members change primary care physicians or clinics, member will need to discuss their standing referral with their new physician. Additional information regarding Standing Referrals is located on our website: www.vchealthcareplan.org/providers/providerIndex.aspx or by calling Member Services a (805) 981-5050 or (800) 600-8247.

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

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

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

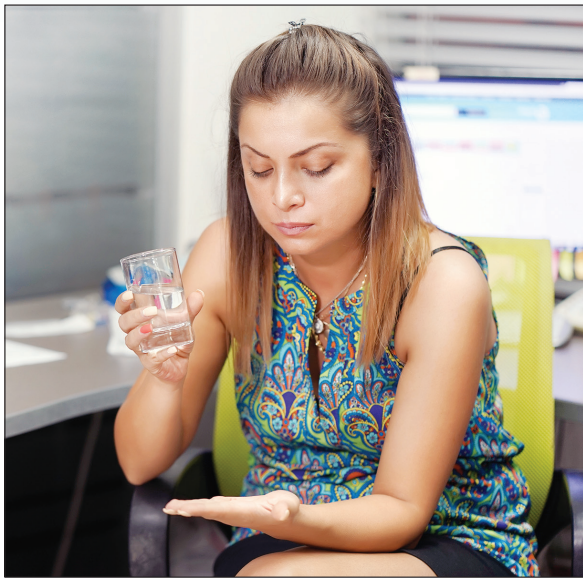
To request to have a printed copy of the policy mailed to you, please call Member Services at the numbers listed above.

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 throughouttheir 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.

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

- 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.

Information for Non-Prescribing Clinicians

1. Ask your patient(s) how their medications are working.
2. Provide education on how anti-depressants work and how long they should be used.
3. Explain the benefits of anti-depressant 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

- **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.

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.

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 2020 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

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: www.vchealthcareplan.org/members/programs/countyEmployees.aspx

4Q-2020 ESI NATIONAL PREFERRED FORMULARY CHANGES

Formulary Additions: 4Q-2020

NEW GENERICS - BRAND NAME FOR FIRST GENERIC

APTENSIO XR	KERYDIN	TAYTULLA
ATRIPLA	KUVAN	TECFIDERA
BANZEL	MONUROL	TIMOPTIC
BETHKIS	MOVIPREP	TRUVADA
EMTRIVA	SKLICE	TYKERB
ENTEREG	SYMFI	VASCEPA
FERRIPROX	SYMFI LO	

LINE EXTENSIONS - NEW DOSAGE FORMS/STRENGTHS

EPCLUSA 200 MG-50 MG TABLET
RETACRIT 20,000 UNIT/2 ML VIAL
RETACRIT 20,000 UNIT/ML VIAL
TRELEGY ELLIPTA 200-62.5-25
TRULICITY 3 MG/0.5 ML PEN
TRULICITY 4.5 MG/0.5 ML PEN

NEW AND EXISTING BRANDS/CHEMICALS

BAFIERTAM DR 95 MG CAPSULE
BREZTRI AEROSPHERE INHALER
CLINIMIX 8%-14% SOLUTIONCLINIMIX 6%-5% SOLUTIONCLINIMIX 8%-10% SOLUTION
CLINIMIX E 8%-10% SOLUTION
CLINIMIX E 8%-14% SOLUTION
ENSPRYNG 120 MG/ML SYRINGE
GAVRETO 100 MG CAPSULE
KESIMPTA 20 MG/0.4 ML PEN
KYNMOBI 10 MG SL FILM
KYNMOBI 15 MG SL FILM
KYNMOBI 20 MG SL FILM
KYNMOBI 25 MG SL FILM
KYNMOBI 30 MG SL FILM
MODERNA COVID19 VACC(UNAPPROV)
ORIAHNN 300-1-0.5MG/300MG CAPS
PFIZER COVID19 VACC (UNAPPROV)
TAKHZYRO 300 MG/2 ML VIAL
XYWAV 0.5 GM/ML ORAL SOLUTION

Formulary Removals: 4Q-2020

MULTISOURCE BRAND REMOVALS

BANZEL 40 MG/ML SUSPENSION
BETHKIS 300 MG/4 ML AMPULE
EMTRIVA 200 MG CAPSULE
KUVAN 100 MG POWDER PACKET
KUVAN 500 MG POWDER PACKET
KUVAN 100 MG TABLET
MYCAMINE 50 MG VIAL
MYCAMINE 100 MG VIAL

Formulary Removals: 4Q-2020

TECFIDERA STARTER PACK
TECFIDERA DR 120 MG CAPSULE
TECFIDERA DR 240 MG CAPSULE
TRUVADA 200MG-300MG
TYKERB 250 MG TABLET

EXCLUSION LIST ADDITIONS: 4Q-2020

AIRDUO DIGIHALER 55-14 MCG
AIRDUO DIGIHALER 113-14 MCG
AIRDUO DIGIHALER 232-14 MCG
ARMONAIR DIGIHALER 55 MCG
ARMONAIR DIGIHALER 113 MCG
ARMONAIR DIGIHALER 232 MCG
BLENREP 100 MG VIAL
CYSTADROPS 0.37% EYE DROPS
DICLOFENAC 35 MG CAPSULE
INQOVI 35 MG-100 MG TABLET
MONOFERRIC 1,000 MG/10 ML VIAL
MYCAPSSA DR 20 MG CAPSULE
ONGENTYS 50 MG CAPSULE
PHESGO 1,200-600MG-30,000 UNIT
PHESGO 600-600 MG-20,000 UNIT
PHEXXI 1.8-1-0.4% VAGINAL GEL
RUKOBIA ER 600 MG TABLET
SEMGLEE 100 UNIT/ML PEN
SEMGLEE 100 UNIT/ML VIAL
TWIRLA 120-30 MCG/DAY PATCH
UPLIZNA 100 MG/10 ML VIAL
UPNEEQ 0.1% EYE DROP
VILTEPSO 250 MG/5 ML VIAL

EXCLUSION LIST REMOVALS: 4Q-2020

CETRAXAL 0.2% EAR SOLUTION
EMBEDA ER 100-4 MG CAPSULE
EMBEDA ER 20-0.8 MG CAPSULE
EMBEDA ER 30-1.2 MG CAPSULE
EMBEDA ER 50-2 MG CAPSULE
EMBEDA ER 60-2.4 MG CAPSULE
EMBEDA ER 80-3.2 MG CAPSULE
JATENZO 158 MG CAPSULE
JATENZO 198 MG CAPSULE
JATENZO 237 MG CAPSULE
ORTHO TRI-CYCLEN 28 TABLET
ORTHO TRI-CYCLEN LO TABLET
SIMVASTATIN 20 MG/5 ML SUSP

For questions, concerns, or if you would like a copy mailed to your home address please call Ventura County Health Care Plan at (805) 981-5050 or (800) 600-8247. You may also contact Express Scripts directly at (800) 811-0293.

VCHCP 2021 Affirmative Statement Regarding

Utilization Related to Incentive*

- 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

About 1 in 54 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC'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:

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 treatment (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: 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.

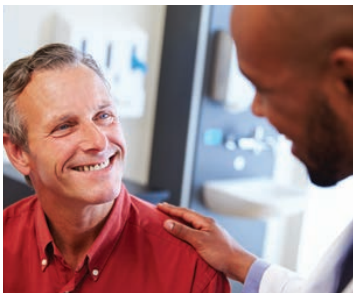
Please note that included on the list that we will be sending are patients who may be missing diabetes-related and preventive care services based on our claim records. This information is included to assist you with identifying what services the patients may need to maintain their health. We encourage 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.

BRIEF INTERVENTIONS

The 5 A's and A, A, R for Tobacco Cessation



Advising patients to stop smoking increases the chance they will successfully quit.[1] According to the *Clinical Practice Guideline*, the gold standard for tobacco use intervention is the "5 A's": Ask, Advise, Assess, Assist, and Arrange.[2] Here's a guide for this approach with sample questions and statements.

Ask: **Ask about tobacco use at every visit**

Ensure that an officewide procedure is in place where tobacco use is asked about and documented each time you see a patient.

- *Do you currently use tobacco?*
- *How often do you smoke?*

Advise: **Advise smokers to quit**

In a clear, strong, caring and personalized manner, encourage every tobacco user to quit.

- *Quitting is the single most important thing you can do to protect your health as well as your family.*
- *I care about your health and well-being. Quitting smoking is one of the best things you can do for yourself*

Assess: **Assess each smoker's willingness to quit**

Not all smokers have the same level of motivation to quit. Ask all patients about their motivation.

- *On a scale of 0-10 (with 0 being not at all important and 10 being very important), how important is it for you to quit smoking?*
- *What would it take for you to give quitting a try?*

Assist: **Assist smokers with a quit plan**

You can work with patients to create a quit plan, like identifying strategies to deal with smoking triggers and using approved medications such as nicotine patches, nicotine gum, Zyban® or Chantix®.

- *When you quit, what will be your top three triggers?*
- *What do you think you can do when you get a craving to smoke?*

Arrange: **Arrange follow-up contact**

Follow-up contact with patients helps prevent relapse. It is most effective to talk with patients, even by phone, on the quit date and a few times during the critical first week.

- *Let's talk on your quit date. We can see how things are going and if you need to make any changes to your quit plan.*
- *You can call 1-800-QUIT-NOW for free telephone support while you are quitting.*

CALIFORNIA SMOKERS' HELPLINE
1-800-NO-BUTTS

Moores UCSD Cancer Center, 9500 Gilman Drive, #0905, La Jolla CA 92093-0905, T: 858-300-1010, F: 858-300-1099, www.NoButts.org

This material made possible by funds received from the California Department of Public Health and from First 5 California.

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:

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 Links for Providers:

- Clinical Practice Guidelines
- Diabetes and Asthma Clinical Practice Guidelines
  - Joslin Diabetic Center and Joslin Clinic
  - American Diabetes Associates (ADA)
  - National Asthma Education and Prevention Program Expert Panel Report 3, Guidelines for the Diagnosis and Management of Asthma
- Preventive Clinical Practice Guidelines
  - The Institute for Clinical Systems Improvement (ICSI)
  - U.S. Preventive Services Task Force (USPSTF)
  - Advisory Committee on Immunization Practices (ACIP)
- Behavioral Health Best Practice Guidelines
  - Major Depressive Disorder - American Psychiatric Association

Link to be used:
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.

VCHCP NETWORK Update

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

NEW TO THE NETWORK!

Alejandro Garcia, M.D., a cardiovascular disease specialist at Central Coast Cardiovascular Group in Oxnard and Ventura has been added, effective October 2020.

Ardalan Nourian, M.D., an orthopedic surgeon in Moorpark and Thousand Oaks has been added, effective March 2021.

Brittany Fowler, R.D.N., at 360 Nutrition Consulting in Camarillo has been added, effective February 2021.

Chonlada Chivangkul, M.D., a nephrologist at Vista Del Mar Medical Group in Oxnard and Camarillo has been added, effective March 2020.

Cynthia Coggins, P.A.-C. at Ojai Valley Family Medical Group in Ojai has been added, effective January 2021.

David Orias, M.D., a cardiovascular disease specialist at Central Coast Cardiovascular Group in Oxnard and Ventura has been added, effective October 2020.

Ha Son Nguyen, a neurological surgeon in Oxnard and Thousand Oaks has been added, effective February 2021.

Hugh Davis, M.D., a pulmonary disease specialist at Ventura Pulmonary & Critical Care in Ventura has been added, effective March 2021.

James Rohling, M.D., a family medicine physician at Santa Paula Hospital Clinic(VCMC) in Santa Paula has been added, effective November 2020.

Jennifer Benson, R.D.N., a registered dietician nutritionist at 360 Nutrition Consulting in Camarillo has been added, effective November 2020.

Maria Burbano Pimentle, P.A.-C., a physician assistant at Clinicas De Camino Real in Simi Valley has been added, effective January 2021.

Raymond Lopez Jr., M.D., a family medicine physician in Oxnard has been added, effective January 2021.

Nolan Mayer, M.D., a cardiovascular disease specialist at Central Coast Cardiovascular Group in Oxnard and Ventura has been added, effective October 2020.

Rachel Szatkoski, F.N.P. at Clinicas Del Camino Real in Oxnard, has been added, effective February 2021.

Robert Pereyra, M.D., a vascular surgeon at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective February 2021.

Robert Taylor, M.D., a neurologist/ vascular neurologist at Stroke and Neurovascular Center of Central California in Oxnard and Santa Barbara has been added, effective November 2020.

Sean Husted, P.A.-C., at Ventura Orthopedic Medical Group in Camarillo and Ventura has been added, effective December 2020.

LEAVING THE NETWORK

Alexander Meyer, M.D., a family medicine physician at Dignity Health Medical Group in Santa Paula has left, effective February 2021.

Ardalan Nourian, M.D., an orthopedic surgeon at Ventura Orthopedics Medical Group in Simi Valley has left, effective March 2021.

Arunima Agarwal, M.D., a pediatrician at Clinicas Del Camino Real -Newbury Park and Simi Valley has left, effective March 2021.

Bruce Nelson, M.D., a family medicine physician at Alta California Medical Group(VCMC) in Simi Valley has left, effective February 2020.

Daniel Rychlik, M.D., a reproductive endocrinologist at SCRC in Santa Barbara and Ventura has left, effective November 2020.

Ian Wallace, M.D., a family medicine physician at Academic Family Medicine Center (VCMC) in Ventura has left, effective December 2020.

Jeffrey Tubbs, M.D., a family medicine physician at Dignity Health Medical Group Ventura County in Santa Paula left, effective November 2020.

Lawrence Kim, M.D., a pulmonary disease specialist at Ventura Pulmonary & Critical Care Medical Group in Ventura has left, effective May 2020.

Margalit Kochav, M.D., a pediatrician at Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard has left, effective January 2021.

Maria Burbano Pimentle, P.A.-C. at Clinicas Del Camino Real in Simi Valley as left, effective April 2021.

Nisha Vyas, M.D., a maternal and fetal medicine specialist at Obstetrix Medical Group of Central Coast, has left effective October 2020.

Robert Taylor, M.D., a neurologist at Stroke & Neurovascular Center of Central CA in Oxnard and Santa Barbara has left, effective January 2021.

Ross Kaplan, M.D., a dermatologist at Coastal Dermatology Associates in Camarillo has left, effective May 2021.

Srimati Maiti, N.P., at Clinicas del Camino Real-Comunidad de Oxnard in Oxnard has left, effective November 2020.

Theresa Enriquez, M.D., a family medicine physician in Oxnard has left effective May 2021.

Yousef Odeh, M.D., a cardiothoracic surgeon Dignity Health Medical Group in Oxnard has left, effective November 2020.

CHANGES

Clinicas Del Camino Real Inc. has added a new service location in Oxnard, located at 1100 Gonzales Rd. This location combined three of Clinicas other Oxnard locations which were 1300 N. Ventura Rd. #3, 1300 N. Ventura Rd. #4 and 1200 N. Ventura Rd., Ste E., effective May 2021.

Dignity Health Medical Group Ventura County located at 247 March St. in Santa Paula, CA 93060 has permanently closed their doors, effective December 2020.

Matthew Bloom, M.D., a physical medicine & rehabilitation specialist at 2221 Wankel Way in Oxnard has moved to 1250 S. Victoria Ave, Ste. 250 in Ventura effective January 2021.

Foot and Ankle Concepts has added a new service location in Thousand Oaks, effective January 2021.

Two Trees Physical Therapy and Wellness has added a new service location in Camarillo, effective September 2020.

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

Yousef Odeh, M.D., a cardiac thoracic surgeon at Cardiovascular and Thoracic Surgeons in Oxnard has moved to Dignity Health Medical Group Ventura County in Oxnard effective November 2020.

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: 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