

PROVIDER NEWSLETTER

WINTER ISSUE • DECEMBER 2018



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

WINTER ISSUE • DECEMBER 2018

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

VCHCP Utilization Management Staff

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

GRAPHIC DESIGN & PRINTING:

GSA Business Support/Graphics

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Patient Emergency & Provider After Hours Contact

Ventura County Medical Center Emergency Room

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

Santa Paula Hospital

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

Ventura County Health Care Plan

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

THE NURSE ADVICE LINE



THE NURSE ADVICE LINE IS AVAILABLE AT:

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

THERE IS ALSO A LINK ON THE MEMBER WEBSITE:

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

To speak with VCHCP UM Staff, please call

The Ventura County Health Care Plan at the numbers below:

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

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

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

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

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

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



Provider Directory UPDATED

The quarterly printed Provider Directory update is available on our website.

Please keep in mind that the Provider Search Engine is still your best option as it
is updated on a weekly basis.

*To request a copy of the Provider Directory, please email Provider Services at VCHCP.
Provider Services@ventura.org or visit the Plan's website at: www.vchealthcareplan.org.*

- **CLICK ON:** Find a Provider
- **CLICK ON:** View the Complete Provider Directory

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:

<http://www.vchealthcareplan.org/providers/hsApprovalProcess.asp>



QUESTIONS? Call Member Services at (805) 981-5050

Breast / Colorectal Cancer Screenings

Early detection is the best practice against cancer, especially colorectal and breast cancer. In an effort to increase awareness, VCHCP has sent postcards to all members who are due for their breast cancer or colorectal cancer screenings. The postcards were mailed in October. Our goal is to provide education to our members and encourage them to complete these important screenings. As a provider, you may receive telephone calls or have members bringing these postcards to their office visit. Please use this postcard as a tool to provide education and support.

If you have any questions or concerns, please contact Utilization Management at (805) 981-5060.

EARLY DETECTION IS YOUR BEST PROTECTION AGAINST BREAST CANCER

IF YOU ARE DUE FOR YOUR SCREENING MAMMOGRAM (every two years between the ages of 50 and 74):

You can now go directly to any VCHCP contracted radiology facility without a doctor's prescription or order. There is no copay for screening mammogram at any of these contracted facilities.

Note: If you are having a diagnostic mammogram, copayment applies.

GET YOUR SCREENING MAMMOGRAM DONE WHEN RECOMMENDED.

VCHCP and the U.S. Preventive Services Task Force recommends a screening mammogram every two years between the ages of 50 and 74.

Bring this card with you to your mammogram appointment and give it to the radiology office. Remember to ask the radiology office to send the result of your mammogram to your primary care physician.

LIST OF VCHCP Network Radiology Facilities

VENTURA COUNTY MEDICAL CENTER RADIOLOGY (VCMC) (805) 652-6080 M-F 8AM - 4:15PM

GROSSMAN IMAGING CENTERS (805) 988-0616

Ventura Location W 9AM - 4:30PM; F 9AM - 4:30PM

Oxnard Location M 9AM - 4:30PM; THU 9AM - 4:30PM

ROLLING OAKS RADIOLOGY (805) 357-0067

Ventura Location M-F 8AM - 5PM DEPT

Camarillo Location 8:15AM - 5PM

Oxnard Location M-F 8AM - 5PM

Thousand Oaks Location M-F 7:30AM - 5PM

ST. JOHN'S REGIONAL IMAGING CENTER (805) 983-0883

M-F 8AM - 3:30PM

Open every other Saturday

PALMS IMAGING (805-604-9500)

MWF 7AM - 5PM; TH 7 - 8PM

Open every other Saturday 8:15AM - 2:15PM

NANCY REAGAN BREAST CENTER (805-955-6122)

M-F 8AM - 4:30PM

PLEASE CALL TO SCHEDULE YOUR APPOINTMENT AT ONE OF THE RADIOLOGY FACILITIES LISTED ABOVE.

10/2018

VCHCP AND THE U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDS:

Colorectal Cancer Screening 50

For both men & women, starting at age 50

Discuss with your doctor which test is right for you. SOME PEOPLE AT HIGH RISK MAY NEED TO BE SCREENED SOONER.

Colonoscopy: Allows the physician to look inside the entire large intestine to view the tissue and look for any abnormalities. Preparation is required, and a sedative is used so you will need a ride home from the procedure. In most cases, this procedure only needs to be done once every 10 years.

Sigmoidoscopy: Allows the physician to look inside the rectum and lower colon. The procedure is similar to the colonoscopy, and usually only needs to be done once every 5 years.

Fecal Occult Blood Test/Fecal Immunochemical Test (FIT): A lab test to check stool samples for hidden blood that cannot be seen without the use of this test. This is a noninvasive way to complete the test and simply requires a stool sample to be taken to the lab. The test is done yearly.

Screening is the key to prevention or early detection of colorectal cancer. Please take the time to discuss this life saving screening with your physician.

If you have any questions, please contact VCHCP's Utilization Management Team at (805) 981-5060

10/2018

Vaccines EXPANSION

Members can get vaccinated at retail pharmacies!



To help members stay healthy, they can now receive vaccinations conveniently administered at some of our participating retail pharmacies through the member's prescription plan.

Here's an easy way to locate a participating pharmacy:

Log in at express-scripts.com and click Prescriptions, then Find a Pharmacy.

Make sure the pharmacy is part of our participating pharmacy network. (If member is a first-time visitor to the Express Scripts' website, they will need to register using their member ID number.) Please contact the network pharmacy in advance to inquire about vaccine availability, age restrictions, and current vaccination schedules. Remind members to present their member ID card to the pharmacist at the time of service!

Please note: your pharmacy can provide vaccines for Ventura County Health Plan members. You will need to register with the California Immunization Registry prior to providing vaccination services, please click this link for more information: <http://cairweb.org>

A list of covered vaccines is included on the Ventura County Health Plan website: www.vchealthcareplan.org. All vaccines including flu, hepatitis, HPV, meningitis, pneumonia, shingles, tetanus/diphtheria/pertussis, travel, and childhood vaccines are covered.



HEDIS

Results and Interventions

2017 PROGRESS

- **Breast cancer screening:** All women age 50-74 should receive a screening mammogram every two years (except for those with a history of mastectomy).
- **Colorectal cancer screening:** All men and women age 50-75 should receive colorectal cancer screening. The frequency of the screening depends on the type of screening performed. For example, a colonoscopy every 10 years, **or** a sigmoidoscopy every 5 years, **or** a Fecal Occult Blood Test (stool test) annually.
- **Postpartum Care:** A new mom should have a postpartum visit within 21-56 days of delivery.
- **Controlling High Blood Pressure:** All members who have been diagnosed with hypertension should strive to have their blood pressure remain below 140/90.
- **Weight, nutrition, and physical activity assessment/ counseling in children:** At least annually, each child 3 years old and older should have their weight, nutrition, and physical activity assessed by their health care provider.
- **Antidepressant Medication Management:** Members diagnosed with depression and prescribed an antidepressant should remain on the medication for at least 6 months. Antidepressant medications take time to become fully effective.

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

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

2017 AREAS FOR IMPROVEMENT

- **Diabetic screenings:** These screenings include timely HbA1c, retinal eye exams, and monitoring for kidney disease. Uncontrolled diabetes can lead to severe complications that can be life threatening; therefore VCHCP is continuously providing education and resources to members with diabetes to help decrease this risk.
- **Breast cancer screening:** All women age 50-74 should receive a screening mammogram every two years (except for those with a history of mastectomy).

INTERVENTIONS:

- **VCHCP will continue to reach out** to members when they are in need of many of the above preventive health screenings.
- **Postcards are sent for members** in need of breast and colorectal cancer screenings.
- **Diabetics receive health coaching**, mailed information and resources annually, and have access to Disease Management Nurses.
- **Birthday cards are sent to members** on their birthday month which reminds them of their care gaps.

Important information regarding appropriate Antidepressant Medication Management

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, and have been field-tested in office practice. The screeners are quick and user-friendly, improving the recognition rate of depression

and anxiety and facilitating diagnosis and treatment.

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

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

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

Treating Patients Who Have Depression Disorder

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

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

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

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

patients must remain on an antidepressant drug for at least 180 days (6 months).

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

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

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.

TREATING PATIENTS WHO HAVE Depression or Bipolar Disorder

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

- Medication
- Therapy
- Self-empowerment/recovery tools

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

THE FOLLOWING RESOURCES May Be Helpful To You and Your Patients

- **depressionprimarycare.org** 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/html/guidelines/preferredPracticeGuidelines/pdf/2012Supplemental-GuidelineMajorDepression.pdf>
 - (415) 547-5433 Optum Physician Consultation Line

Clinical Practice GUIDELINES

VCHCP encourages providers to practice evidence-based medicine. VCHCP has links to our adopted clinical practice guidelines addressing frequently seen conditions. All guidelines have been reviewed and approved by the VCHCP Quality Assurance Committee.

ACCESS THE VCHCP WEBSITE:

<http://www.vchealthcareplan.org/providers/medicalPolicies.aspx> to view VCHCP's policy on clinical practice guidelines and the following specific guidelines.

- Clinical Guidelines for treatment of adults with Diabetes adopted from guidelines published by the Joslin Diabetic Center, Joslin Clinic, and the American Diabetes Association. These guidelines can be found at www.joslin.org/info/joslin-clinical-guidelines.html, click on Clinical Guidelines for Adults and at www.diabetes.org, click on Practice Resources at the bottom of the page.
- Guidelines for the Diagnosis and Management of Asthma recommended by the National Asthma Education and Prevention Program Expert Panel. Guidelines can be found at <http://www.nhlbi.nih.gov/health-pro/guidelines/index.htm> and click on Asthma, Expert Panel Report 3.
- Guideline for treatment of Major Depressive Disorder adopted by Optum and developed by the American Psychiatric Association. <http://psychiatryonline.org/guidelines.aspx> and click on Major Depressive Disorder.
- Attention Deficit Hyperactivity Disorder Guidelines adopted by Optum from the American Academy of Child and Adolescent Psychiatry. [http://www.jaacap.com/article/S0890-8567\(09\)62182-1/pdf](http://www.jaacap.com/article/S0890-8567(09)62182-1/pdf)
- Preventative Clinical Practice Guidelines for perinatal care, children birth-24 months, children 2-19 years old, adults ages 20-64, and adults 65 years and older. These include our adopted guidelines recommended by the Institute for Clinical Systems Improvement, the Advisory Committee on Immunization Practices of the CDC, and the U.S. Preventive Services Task Force.

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

ER Room VISIT

Follow Up & Appropriate ER Use

A SUDDEN TRIP TO THE EMERGENCY ROOM (ER)

can be difficult and often times results in a change in medication or treatment for your patients. After a visit to the ER, it is very important that members make an appointment to see their Primary Care Provider (PCP) and/or specialist when applicable, as soon as possible, or within 30 days. This visit is to update the PCP on what occurred that required the member to seek emergency treatment, update their medication routine, and to be referred for additional care if needed. Establishing and keeping a good relationship between the PCP and patient is vital to their health and your ability to provide care to patients. If members find that making an appointment with their PCP or specialist after an ER visit is difficult and they can't be seen within 30 days, or if their ER visit was due to the inability to be seen by their PCP, they are asked to notify the Ventura County Health Care Plan Member Services Department at (805) 981-5050. Members are mailed Postcard reminders regarding appropriate use of ER services and the importance of following up with their PCP after the ER visit for continuity of care. The members' ability to access health care is important to us.

The Ventura County Health Care Plan (VCHCP) wants members to get the best care available for their health care needs. Sometimes it can be difficult to decide what level of care to obtain. Here are some resources VCHCP has available.

NURSE ADVICE LINE: Great resource for discussing symptoms, illnesses, or to get professional health care advice including where and when you should be seen if necessary and home care information. Nurse Advice Line number 1-800-334-9023, available 24 hours a day, 7 days a week

PRIMARY CARE PHYSICIAN (PCP): Your PCP knows your medical history and should be your first resource when confronted with an illness or injury. The PCP can either make an appointment to see you, or refer you to the appropriate level of care. Establishing a good relationship with your PCP can help you when a health event occurs. It is important that you follow up with your Primary Care Physician within 30 days of your emergency room visit to ensure that you get all the necessary care that you need.

URGENT CARE: Urgent Care offices are useful for medical situations that require immediate attention but are not life threatening or that occur after hours. Sprains, fractures, cuts, fever or flu, eye irritation, and skin rashes are examples of reasons to utilize an Urgent Care.

EMERGENCY ROOM: The Emergency Room should be used for the most severe illness and injuries, for example; chest pain, difficulty breathing, signs of heart attack or stroke, and trauma. A visit to the ER without an actual emergency can be costly and inefficient. In addition, continued care by your Primary Care Physician (PCP) for any medical condition is very important. While emergency services are covered at any emergency room, if the emergency room visit results in an admission to the hospital, this may only be covered at one of these

VCHCP CONTRACTED HOSPITALS: Ventura County Medical Center, Santa Paula Hospital, St. John's Regional Medical Center (Oxnard), St. John's Pleasant Valley Hospital (Camarillo), and Adventist Health Simi Valley.

If you feel a medical problem is life-threatening, call 911 immediately.

05/2018



OPTUM
PROVIDER
EXPRESS

Optum QI Summary

Optum Provider Express – Clinical Resources

Medical Behavioral Integration:

What's new?

BEHAVIORAL HEALTH TOOLKIT FOR MEDICAL PROVIDERS

Newly launched: online Behavioral
Health Toolkit for Medical Providers:

[https://www.providerexpress.com/
content/ope-provexpr/us/en/
clinical-resources/PCP-Tool-Kit.html](https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit.html)

- Relevant, organized and easy to use
- Screening tools for: Substance Use Disorder (SUD) – Adult/Youth and Mental Health – Adult/Youth
- Resources: Assessment, Referrals, Behavioral health care guidelines
- Links to industry resources such as Screening, Brief Intervention, Referral to Treatment (SBIRT)

OPTUMHEALTH QUALITY PROGRAM

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

Electronic
Claim
Submission



PROVIDERS: You can transmit your CMS-1500 and UB-04 claims electronically to Ventura County Health Care Plan through Office Ally.

Office Ally offers the following services and benefits to Providers: No monthly fees, use your existing Practice Management Software, free set-up and training, 24/7 Customer Support, and other clearinghouse services.

Just think....no need for the "paper claim". Within 24 hours, your File Summary is ready. This report will list the status of all your claims received by Office Ally. This acts as your receipt that your claims have been entered into their system.

The File Summary reports all claims you've sent and are processed correctly; as well as keeping track of rejected claims that you may need to resubmit for processing.

Ready to make a change for the better???

CONTACT OFFICE ALLY AT:

(360) 975-7000 or www.officeally.com

You can also reach out to us at VCHCP.ProviderServices@ventura.org for a copy of the Provider Welcome Packet.

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

**PCP
&**

**Behavioral
Health**

Communication

The 2018 VCHCP Provider Satisfaction Survey revealed significant improvement with PCPs getting updates/communications from Behavioral Health (BH) providers when their patients are admitted to an inpatient psychiatric hospital and/or are being treated by behavioral health providers.

We at VCHCP, have been working closely with Optum Behavioral Health (BH) to increase PCP-BH communication. Optum and VCHCP collaborated through a provider satisfaction improvement plan with a goal of moving more clinician's satisfaction towards "somewhat average/well above average. As part of this improvement plan, Optum BH sent a Coordination of Care fax blast and email to Behavioral Health network clinicians to encourage the completion of the Release of Information (ROI) form. The communication included a hyperlink to the coordination of care form. This ROI encourages members to allow the BH providers to release their information to their PCPs. Optum BH network relations continued to coordinate with Vista Del Mar inpatient psychiatric hospital representatives informing them that the VCHCP members' ID cards have information on member's PCPs including PCP's contact information. Vista Del Mar inpatient psychiatric hospital will use this information to contact VCHCP members' PCPs to inform them of inpatient psychiatric admission. Lastly, Optum BH worked with VCHCP to create BH educational materials for providers and members. Our goal is to continue to improve communication between PCPs and Behavioral Health Providers. It is our hope that all these interventions will help to meet our goal. As a Health Plan, we are working diligently to improve PCP and BH communication for the satisfaction of providers and wellness of our members.

If you have any suggestions or comments to make this process better, please call our Medical Director at (805) 981-5060.



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

2017 QUALITY IMPROVEMENT

PROGRAM Evaluation

Highlights of Plan Accomplishments for 2017 include:

IMPROVED ACCESS AND AVAILABILITY:

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

EFFECTIVENESS OF CASE MANAGEMENT (CM) PROGRAM:

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

IMPROVED DISEASE MANAGEMENT PROGRAM:

- Increased A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- Placed all disease management activities in the VCH-CP Quality Application System (Quality App) creating a more organized data management tool.
- Improved risk stratification of members with diabetes by obtaining the laboratory A1c result, thereby, strati-

fying more members as moderate and high. These members received health coaching and CM screening interventions.

EFFICIENCY IN UTILIZATION MANAGEMENT:

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

SYSTEM ENHANCEMENTS:

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

SERVICES:

- Maintained level of customer service despite reduction in staff positions.

- Rolled out customer service training to all departments of VCHCP.
- More members enrolled in the Disease Management program received health coaching intervention, as the risk stratification of members was improved.
- Created efficiencies in the case management screening process, improving case management acceptance rate.

SURVEYS:

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

PROCESSES:

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

COMMUNICATIONS:

- Distributed member and provider newsletters twice a year, highlighting services offered by the Plan, as well as education about these services, benefits and guidelines.
- Continued to utilize email/fax-blasts to providers to relay important updates to practitioners on a timely basis; for example, the VCHCP drug formulary update (additions and deletions).
- Mailed postcard reminders to members re: needed mammograms, colorectal screenings and reminder on appropriate use of the Emergency Room.

COLLABORATIONS:

- Continued regular Access to Care Task Force meetings to identify and track access to care barriers and collaborate with County partners to identify and implement potential solutions.
- Continued successful collaboration with Optum Behavioral Health which has resulted in robust, productive quarterly meetings to promote continuity and coordination between medical and behavioral healthcare.
- Continued quarterly Joint Operations Committee meetings with each of the Plan's delegates to ensure a venue of robust oversight of delegate activities with resultant quality services offered to Plan members.

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

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

PROVIDER SATISFACTION WITH Utilization Management

VCHCP performs a *Provider Satisfaction with Utilization Management (UM) Survey* annually. The 2018 survey was performed by SPH Analytics (SPHA). VCHCP would like to thank the 114 providers who completed the survey, producing a response rate of 21%. Based on responses specifically related to provider experience with our Utilization Management (UM), the Plan is committed to improving provider experience and survey results. Below are the specific survey questions that pertain to provider satisfaction with our Utilization Management and scores.

QUESTION 3A

Access to knowledgeable UM Staff – Rate for “Well above average/Somewhat above average” responses in 2018 decreased from 47.2% to 41.7%, but still higher than 2018’s SPHA Book of Business Benchmark rate of 37.4%. Percentile ranking decreased from 77th percentile to 74th percentile, and slightly lower than the 75th percentile goal. The difference between VCMC (51.6%) and Non-VCMC (35.8%) “well above average/somewhat above average” is 15.8 percentage points. This increased from 2017 where the difference was 7.6 percentage points which shows that Non-VCMC providers are less satisfied than the VCMC providers, which was the opposite from last year.

QUESTION 3B

Procedures for obtaining pre-certification/referral/authorization information – Rate for “Well above average/Somewhat above average” responses in 2018 slightly decreased from 45.5% to 45.2%, but still higher than 2018’s SPHA Book of Business Benchmark rate of 38.4%. Percentile ranking decreased from 79th percentile to 75th percentile, but still meets the 75th percentile goal. The difference between VCMC (50%) and Non-VCMC (41.8%) “well above average/somewhat above average” is 8.2 percentage points. This decreased from 2017 where the difference was 11 percentage points which shows that although Non-VCMC providers are less satisfied than VCMC providers, there is not a huge difference in their satisfaction compared to last year. Non-VCMC providers are less satisfied than the VCMC providers, which was the opposite from last year.

QUESTION 3C

Timeliness of obtaining pre-certification/referral/authorization information – Rate for “Well above average/Somewhat above average” responses in 2018 decreased from 47.7% to 40.2%, but still higher than 2018’s SPHA Book of Business Benchmark rate of 38.4%. Percentile ranking decreased from 73rd percentile to 69th percentile, and less than the 75th percentile goal. The difference between VCMC (43.9%) and Non-VCMC (37.5%) “well above average/somewhat above average” is 6.4 percentage

QUESTION 3C continued

points. This decreased from 2017 where the difference was 12.6 percentage points which shows that although Non-VCMC providers are less satisfied than VCMC providers, there is not a huge difference in their satisfaction compared to last year. Non-VCMC providers are less satisfied than the VCMC providers, which was the opposite from last year.

QUESTION 3D

The health Plan’s facilitation/support of appropriate clinical care for patients

– Rate for “Well above average/Somewhat above average” responses in 2018 increased from 45.9% to 46.7%, and is higher than 2018’s SPHA Book of Business Benchmark rate of 38.4%. Percentile ranking increased from 80th percentile to 81st percentile, which is above the 75th percentile goal. The difference between VCMC (51.3%) and Non-VCMC (43.1%) “well above average/somewhat above average” is 8.2 percentage points. This slightly increased from 2017 where the difference was 7.6 percentage points. Non-VCMC providers are less satisfied than the VCMC providers, which was the opposite from last year.

QUESTION 3E

Access to Case/Care Managers from this health plan - Rate for “Well above average/Somewhat above average” responses in 2018 decreased from 41.7% to 38.7%, but still higher than 2018’s SPHA Book of Business Benchmark rate of 37.5%. Percentile ranking decreased from 64th percentile to 63rd percentile, which is below the 75th percentile goal. The difference between VCMC (45.1%) and Non-VCMC (34.1%) “well above average/somewhat above average” is 11 percentage points. This increased from 2017 where the difference was 3.7 percentage points. Non-VCMC providers are less satisfied than the VCMC providers, which was the opposite from last year.

We have heard your feedback and we recognize our providers are less satisfied with the timeliness of obtaining pre-certification/referral/authorization information; and access to case/care managers from this health plan. In addition, Non-VCMC providers are less satisfied.

The Health Plan team met and discussed the possible causes of the trend with Non-VCMC providers being less satisfied with the Plan’s UM, than the VCMC providers.

The following barriers were identified by the Health Plan Team:

- The intake staffing gap in UM resulted in lack of resources to manage the processing of treatment authorization requests and handling phone calls.
- Difficulty navigating the Plan’s provider connection website to obtain information on UM pre-authorization processes.
- Services that continuously get approved by the Plan’s UM but continue to require prior authorization are delaying services.
- Lack of automated/online treatment authorization request process for providers to request referrals from the Plan.
- Provider lack of understanding of the direct referral process.
- Receipt of late treatment authorization requests from the clinics/doctor’s offices resulted in provider and member perception that the Plan’s UM is delaying their authorization requests.
- Delay in the VCMC referral center processing resulted in Non-VCMC provider perception that the Plan is delaying their authorization requests.
- Resignation of the Plan’s one case manager in October of 2017 impacted the access to a case manager until the backfill was hired in December 2017.

We have implemented actions to improve provider experience with our Utilization Management, such as:

- A staff to handle intake processing of TARs was hired to backfill for the UM Manager.
- The Plan’s interactive voice messaging was updated to direct callers to call Member Services for status of authorization requests. In addition, urgent calls/UM decision issues calls to Member Services regarding UM issues are directed to a live UM staff.
- In addition, as Member Services started handling the calls for status of

authorization, the UM intake could manage the lower volume of voicemails and could return the voicemail messages within 24 hours.

- Plan to organize/update the documents on procedure for obtaining authorization in the Plan’s provider connection website.
- Pre-authorization reduction of medical and pharmacy services implemented annually.
- Updated the Direct Referral to add services/removing prior authorization.
- The Plan is in the process of obtaining an automated system for providers to request authorization of services from the Plan.
- Continue to educate providers on the direct referral process.
- Timeliness of authorization requests to the Plan and delay in submitting the authorization requests in the clinics are being addressed by Provider Services Program Administrator in the Plan’s Access to Care Task Force Meeting.
- Hired Case Manager.
- Creation of a VCMC Referral Center module in the CERNER Electronic Health Record. This will improve access and communication between the HCA Ambulatory clinics and the VCMC referral center reducing delays of referral from clinics and delays of processing in the VCMC referral center.
- VCMC E-Consult Project will decrease the referrals to the VCMC Referral Center.
- The Plan continues to collaborate with its providers to discuss improvement plans and ideas to meet provider expectations.

Your continued participation and feedback help us identify areas of opportunity for improvement. We hope to continue to meet and exceed your expectation of VCHCP.

OVER & UNDER Utilization

Appropriate Testing of Children with Pharyngitis

It is important that our members get the rapid strep test or culture prior to prescribing antibiotic for pharyngitis. According to the Centers for Disease Control (CDC), clinical findings by themselves do not sufficiently differentiate Strep vs. Non-Strep pharyngitis. Although there have been several scoring systems devised to predict the likelihood of a positive throat culture or rapid Strep test, none have sufficient sensitivity and specificity to eliminate the need for microbiologic testing. Therefore, a Strep test is needed in combination with clinical findings. If the Strep test is negative, a throat culture may also be performed.

Without a definitive diagnosis, providers are more likely to over treat with antibiotics rather than properly diagnose and treat group A streptococcus pharyngitis. Appropriate diagnosis by testing for and therefore appropriate antibiotic treatment of group A streptococcal infections is then reserved for patients at risk for conditions such as peritonsillar or retropharyngeal abscess, mastoiditis, otitis media, sinusitis and more severe conditions such as acute rheumatic fever and glomerulonephritis.

If you are treating another condition with antibiotics, such as sinusitis or otitis media, please document this with appropriate coding during the visit.

Appropriate Treatment for Children with Upper Respiratory Infection and Avoidance of Antibiotic Treatment in Adults with Bronchitis

It is important that our members are not prescribed antibiotics for Upper Respiratory Infections (URI) and for Bronchitis. The Centers for Disease Control and Prevention (CDC) approximates that more than 100 million antibiotic prescriptions are written each year in the

ambulatory care setting. Most Upper Respiratory Infections are viral. Antibiotic use for a non-bacterial infection will promote resistance. Patients frequently expect an antibiotic for an acute respiratory infection. Because health care professionals strive for patient satisfaction, they may feel pressured to prescribe unnecessary antibiotics.

There are several useful strategies for decreasing inappropriate antibiotic use. If the diagnosis is a viral illness, the physician and staff should have a contingency plan to clarify to the patient why an antibiotic will not be prescribed. Patients should be taught the difference between bacterial and viral infections and why antibiotics are ineffective for a viral illness. Symptomatic relief can be provided with antipyretics and antitussives. Having prescription pads with a preprinted checklist of medications for symptomatic relief and patient education is helpful.

For patients prescribed antibiotics for an appropriate indication, consider documenting this condition with a code other than URI, cold or bronchitis as these codes assume a viral etiology.

Use of Imaging Studies in Low Back Pain

It is important that our members diagnosed with acute, non-traumatic low back pain do not get an imaging study within the first month of the diagnosis.

The recommendation from the National Committee for Quality Assurance (NCQA), through this HEDIS (Health-care Effectiveness Data and Information Set) measure, is to avoid any imaging studies, including plain films, CT and MRI, for non-traumatic back pain during the month after the diagnosis of back pain. Within this time frame, imaging is unlikely to change specific patient management strategies or improve patient outcomes. According to UpToDate, for patients with simple back pain under the age of 50 with no signs or symptoms of systemic disease and no history of cancer, the likelihood of a musculoskeletal cause is approximately 99%. Diagnostic testing performed without clear indication in a population with low pre-test probability of the condition being tested for, can lead to further unnecessary testing to evaluate false positive results and unnecessary interventions, leading to avoidable patient anxiety and medical expense.

There are certain instances when imaging is appropriate soon after a low back pain diagnosis. These include cases of trauma, cancer, IV drug use or neurological impairment.



VCHCP

Medical Policy

Policy for Outpatient Monitored Anesthesia Care

POLICY: The routine assistance of an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for average risk adult patients undergoing standard upper and/or lower gastro-intestinal endoscopic procedures or pain management procedures is considered NOT MEDICALLY NECESSARY.

For a copy of the policy, please visit:
<http://www.vchealthcareplan.org/providers/docs/medpolicies/PolicyForOutpatientMonitoredAnesthesiaCare.pdf>

POST HOSPITAL DISCHARGE Continuity of Care

When members are discharged from an inpatient hospital stay, they should follow up with their PCP or specialist within 30 days of discharge, or sooner depending on their condition. This follow up appointment is important for continuity of care, patient safety, and to reduce preventable readmissions. VCHCP will send all members discharged from an inpatient stay a targeted letter instructing them to follow up with the specific time frame noted. Letters will also be sent to Providers to notify of a members discharge from the hospital.



Pharmacy Updates

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

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



New Generics:

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

Line Extensions – New Dosage Forms/Strengths:

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

New and Existing Brands/Chemicals:

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

Formulary Removals/Deletions: Q1-2018

ESTRACE 0.01% CREAM	SUSTIVA 200 MG CAPSULE
REYATAZ 150 MG CAPSULE	SUSTIVA 50 MG CAPSULE
REYATAZ 200 MG CAPSULE	SUSTIVA 600 MG TABLET
REYATAZ 300 MG CAPSULE	VIREAD 300 MG TABLET

Case Management & Disease Management [SERVICES]

VCHCP has two programs for members with severe illnesses and chronic diseases to help them plan their care with their primary doctor and learn more about self-care. These programs have nurses who work with members over the phone to guide them towards the best possible health for their conditions.

PARTICIPATION IN THESE PROGRAMS IS FREE AND VOLUNTARY

for eligible members. Members can opt out at any time and being in these programs does not affect benefits or eligibility. For more information or to submit a referral for the Disease Management or Case Management Programs, please call (805) 981-5060 or discuss with your doctor. Members can also self-refer to these programs online on the Member page at vchealthcareplan.org and click on the box labeled “Request Case Management or Disease Management”.

Case Management

VCHCP has a Case Management Program to help our members who have complex needs by ensuring that our members work closely with 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 the doctor; and to take action to improve member overall quality of life and health outcomes. As a member in Case Management, members with complicated health care issues and their family have a truly coordinated plan of care.

VCHCP identifies members for Case Management through a number of referral sources, including health care provider referrals and member self-referrals. Some examples of eligible medical conditions or events include multiple hospital admissions or re-admissions, multiple chronic conditions, major organ transplant candidates, and major trauma. After a nurse Case Manager evaluates a member, the Case Manager creates a care plan with member and healthcare team input. The care plan is shared with the member's doctor for his/her input and review. The care plan is monitored by the Case Manager and coordinated with the member and doctor.

Disease Management

The VCHCP Disease Management Program coordinates health care interventions and communications for members with conditions where member self-care can really improve their conditions. VCHCP has two Disease Management programs: Asthma and Diabetes. Members with these chronic conditions are identified from referrals from a number of sources: VCHCP staff, practitioners, facility staff, vendors, claims data or self-referral by a Member or caregiver. The Disease Management team works with doctors and licensed professionals to improve these chronic conditions so members obtain the best possible quality of life and functioning. Included in the Disease Management Program are mailed educational materials, provider education on evidence-based clinical guidelines, member education over the phone, and care coordination. VCHCP has a variety of materials about diabetes and asthma that they give to members to help members better understand their condition and manage their chronic disease.

**Request
Case Management or
Disease Management**

Members now have an opportunity to seek assistance for complex and or chronic medical needs such as asthma, diabetes, and coordination of challenging care online! Visit <http://www.vchealthcareplan.org/members/memberIndex.aspx>, and on the right side of the site, click “Request Case Management or Disease Management”. You will be prompted to enter member specific information. You will then submit this form to a secure email. A nurse will evaluate your request and call you within 2 business days. If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.

NEW TO THE NETWORK!

Abby Lamon, P.A., at Santa Paula Hospital Clinic (VCMC) and at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has been added, effective September 2018.

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

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

Annapurna Karra, M.D., a family physician at Moorpark Family Care Center (VCMC) in Moorpark has been added, effective August 2018.

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

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

Carmen Ramirez, M.D., a family medicine physician at Las Islas Family Medical Group North (VCMC) and Las Islas Family Medical Group (VCMC) in Oxnard has been added, effective September 2018.

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

Emelia Perez, M.D., a family medicine physician at Alta California Medical Group in Simi Valley has been added, effective October 2018.

Emily Scibetta, M.D., an OB/GYN at Academic Family Medicine Center (VCMC)

in Ventura and Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard has been added, effective September 2018.

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

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

Farid Kia, M.D., a pain medicine specialist at Spanish Hills Interventional Pain Specialists in Camarillo has been added, effective September 2018.

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

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

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

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

Lawrence Kim, M.D., a pulmonary disease specialist at Ventura Pulmonary & Critical Care in Ventura has been added, effective May 2018.

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

Manvir Sohal, M.D., a family medicine physician at Clinicas Del Camino Real in Simi Valley has been added, effective September 2018.

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

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

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

Nandinidevi Ramaswamy, M.D., an internal medicine physician at Clinicas Del Camino Real in Fillmore has been added, effective August 2018.

Phillip Aleksijuk, M.D., an internal medicine physician at Clinicas Del Camino Real in Oxnard has been added, effective September 2018.

Ross Kaplan, M.D., a dermatologist at Coastal Dermatology Associates in Camarillo has been added, effective August 2018.

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

Steven Lau, M.D., a radiation oncologist at North Oaks Radiation Oncology Center in Thousand Oaks and Westlake Radiation Center in Westlake Village has been added, effective August 2018.

Valeriellih-Lih Yuan, M.D., an OB/GYN at Magnolia Family Medical Center (VCMC) in Oxnard and Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective September 2018.

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

LEAVING THE NETWORK

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

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

VCHCP NETWORK Updates

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

John Prucha, M.D., a family medicine physician at Fillmore Medical Group (VCMC) in Fillmore and West Ventura Medical Clinic (VCMC) in Ventura has left, effective August 2018.

Kathryn Sharma, M.D., a maternal and fetal medicine specialist at Santa Barbara Perinatal Medical Group in Ventura and Santa Barbara has left, effective September 2018.

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

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

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

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

CHANGES

Carlos Leal, P.A., will no longer be providing services as a PCP at West Ventura Medical Clinic (VCMC). He will be joining the Urgent Cares, effective September 2018.

Clinicas Del Camino Real Inc. has added a new clinic location in Oxnard. The clinic name is Clinicas- La Colonia. It's effective August 2018.

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

Heritage Valley Therapy Services (VCMC) in Santa Paula has closed their doors, effective September 2018.

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

Kevin White, M.D., a pediatrician, has moved his practice locations, Surfside Pediatrics, to a new address located also in Ventura.

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

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

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

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

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

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

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

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

VCHCP 2018 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.*

A Great Resource in Ventura County:



Assisting patients with counseling, food assistance, domestic violence services, employment resources, health care, senior services, legal assistance, substance abuse services, housing, resources for parents, and much more! 2•1•1 is available 24 hours a day, 7 days per week.


YOU CAN ALSO VISIT
www.211ventura.org

STANDARDS FOR

Members' Rights and Responsibilities

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

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



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



VENTURA COUNTY
HEALTH CARE PLAN

2220 E. Gonzales Road, Suite 210-B
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