

# PROVIDER NEWSLETTER

WINTER ISSUE • DECEMBER 2019



VENTURA COUNTY  
HEALTH CARE PLAN

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

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





## VENTURA COUNTY HEALTH CARE PLAN

**WINTER ISSUE • DECEMBER 2019**

### Contact Information

#### Provider Services Email:

VCHCP.ProviderServices@ventura.org

(Email is responded to Monday - Friday,  
8:30 a.m. - 4:30 p.m.)

#### Ventura County Health Care Plan

24-hour Administrator access

for emergency provider at:

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

#### REGULAR BUSINESS HOURS ARE:

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

- [www.vchealthcareplan.org](http://www.vchealthcareplan.org)
- Phone: (805) 981-5050
- Toll-free: (800) 600-8247
- FAX: (805) 981-5051
- Language Line Services:  
Phone: (805) 981-5050  
Toll-free: (800) 600-8247
- TDD to Voice: (800) 735-2929
- Voice to TDD: (800) 735-2922
- Pharmacy Help: (800) 811-0293 or  
[www.express-scripts.com](http://www.express-scripts.com)
- Behavioral Health/Life Strategies:  
(24-hour assistance)  
(800) 851-7407 or  
[www.liveandworkwell.com](http://www.liveandworkwell.com)
- Nurse Advice Line: (800) 334-9023

#### VCHCP Utilization Management Staff

Regular Business Hours are:

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

- Phone: (805) 981-5060

#### GRAPHIC DESIGN & PRINTING:

GSA Business Support/Graphics

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# 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 10<sup>th</sup> 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](http://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](mailto:VCHCP.Provider.Services@ventura.org) or visit the Plan's website at: [www.vchealthcareplan.org](http://www.vchealthcareplan.org).

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



## WHAT CONSTITUTES An Urgent Request?

PER 2019 VCHCP EVIDENCE OF COVERAGE (EOC) PG. 14 IS:  
*Requests are considered to be urgent when your condition is such that you face an imminent and serious threat to your health including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal time frame for the decision-making process, would be detrimental to your life or health or could jeopardize your ability to regain maximum function.*

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

## Did you know?

### DIRECT SPECIALTY REFERRAL

- **Did you know** that the direct specialty referral allows contracted Primary Care Physicians to directly refer members to certain contracted specialty providers for an initial consult and appropriate follow up visits without requiring a Treatment Authorization Request (TAR) submission and prior authorization from the Health Plan?
- **Did you know** that specialists can perform certain procedures during the initial consultation and follow up visits without prior authorization from the Health Plan? Also, any follow up visits will not require prior authorization as long as the member has seen the specialist within a rolling year and the visit is for the original problem.

### 45 DAY PEND PROCESS

- **Did you know** that Utilization Management Department's RN Intake sends pend notes to requestor via Cerner (if VCMC provider) or place phone calls to requestor (if Non-VCMC provider)?
- **Did you know** that the Plan's Medical Director reviews all pend and denial letters/ determinations for appropriateness prior to sending to providers?

### MEDICAL POLICIES

- **Did you know** that the Plan's Medical Director continues to review existing medical policies and create new medical policies, if needed?

### YOUR ACTION REQUIRED:

## Help your patients avoid paying full cost for their medications.

Beginning January 1, 2020, certain medications within select therapy classes will no longer be covered on Express Scripts' National Preferred Formulary. Please consider prescribing a covered alternative to help your patients avoid paying full retail price to refill their medication. Check out the VCHCP website: [vchealthcareplan.org](http://vchealthcareplan.org) on January 1, 2020 to see a complete list of excluded drugs and covered alternatives by therapy class.

### There are two ways to move a patient to a covered alternative medication:

- **CALL or ePRESCRIBE** a new prescription into your patient's retail pharmacy.
- **OR**
- **FAX or ePRESCRIBE** a 90-day prescription to the Express Scripts Pharmacy.

If you would like to request a clinical exception for your patient, please fax in a Prescription Medication Request at (805) 658-4556 or call VCHCP Utilization Management Department at (805) 981-5060 for questions or concerns.

## Dedicated Provider Services Team

Please reach out to us if you need assistance with:

### UPDATING OFFICE INFORMATION

- Adding/terminating a provider or location
- Open/Closed to new members
- Contact information
- Address change
- Tax ID change
- NPI change

### PROVIDER DISPUTES

### PROVIDER MATERIALS

### Questions?

**CALL**  
(805) 981-5050  
**OR EMAIL:**  
[VCHCP.Provider.Services@ventura.org](mailto:VCHCP.Provider.Services@ventura.org)

# Timely Access Requirements

STANDARDS INCLUDE:

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

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



# Pharmacy Updates

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

*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/pharmacy.aspx>



## Formulary Additions: Q2-2019

### New Generics:

LETAIRIS  
TRACLEER  
SUPRAX  
LORZONE  
EXJADE  
TARCEVA  
FASLODEX  
LOTEMAX  
DELZICOL  
MIFEPREX  
NAFTIN  
NIACOR  
PALONOSETRON HCL  
CUPRIMINE  
REVATIO  
VESICARE  
VALSTAR

### New and Existing Brands/Chemicals:

"BALVERSA 3 MG TABLET	HEMOFIL M 500 UNIT NOMINAL
BALVERSA 4 MG TABLET	HEMOFIL M 250 UNIT NOMINAL"
BALVERSA 5 MG TABLET"	INBRIJA 42 MG INHALATION CAP
BIKTARVY 50-200-25 MG TABLET	JULUCA 50-25 MG TABLET
CABLIVI 11 MG KIT	"LUPRON DEPOT-PED 11.25 MG 3MO
"COMETRIQ 60 MG DAILY-DOSE PACK	LUPRON DEPOT-PED 11.25 MG KIT
COMETRIQ 100 MG DAILY-DOSE PK	LUPRON DEPOT-PED 15 MG KIT
COMETRIQ 140 MG DAILY-DOSE PK"	LUPRON DEPOT-PED 30 MG 3MO KIT
DDAVP 10 MCG/0.1 ML SOLUTION	LUPRON DEPOT-PED 7.5 MG KIT"
"DIACOMIT 250 MG CAPSULE	"ORILISSA 150 MG TABLET
DIACOMIT 250 MG POWDER PACKET	ORILISSA 200 MG TABLET"
DIACOMIT 500 MG CAPSULE	"PRALUENT 75 MG/ML PEN
DIACOMIT 500 MG POWDER PACKET"	PRALUENT 150 MG/ML PEN (NDCs starting
DOVATO 50-300 MG TABLET	with 72733)"
ELZONRIS 1,000 MCG/ML VIAL	PRIMAQUINE 26.3 MG TABLET
"HEMOFIL M 1,700 UNIT NOMINAL	SKYRIZI 150 MG DOSE KIT-2 SYRN
HEMOFIL M 1,000 UNIT NOMINAL	

### Line Extensions - New Dosage Forms/Strengths

KALYDECO 25 MG GRANULES PACKET	PROGRAF 0.2 MG GRANULE PACKET	ZYKADIA 150 MG TABLET
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### Formulary Removals/Deletions: Q2-2019

"EXJADE 125 MG TABLET  
EXJADE 250 MG TABLET  
EXJADE 500 MG TABLET"  
"GABLOFEN 10,000 MCG/20 ML VIAL  
GABLOFEN 20,000 MCG/20 ML VIAL  
GABLOFEN 40,000 MCG/20 ML VIAL"  
MESTINON 60 MG/5 ML SYRUP  
"TARCEVA 25 MG TABLET  
TARCEVA 100 MG TABLET  
TARCEVA 150 MG TABLET"  
ZOMETA 4 MG/100 ML INJECTION

### Updated VCHCP Custom Drug Policies

Isentress Drug Policy	Truvada Drug Policy
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### New VCHCP High Level Drug Policy

New to Market Medical and Pharmacy Benefit Products

### New ESI Drug Policies:

Inflammatory Conditions – Skyrizi PA Policy	Multiple Sclerosis – Mayzent PA Policy
Multiple Sclerosis – Mavenclad PA Policy	

### Existing ESI Drug Policies

Inflammatory Conditions Care Value Policy	Cystic Fibrosis – Kalydeco PA Policy
Multiple Sclerosis Care Value Policy	Oncology – Revlimid PA Policy
Inflammatory Conditions – Cimzia PA Policy	Oncology – Jakafi PA Policy
Oncology – Ibrance PA Policy	
PCKS9 Inhibitors - Praluent – Not on Formulary – for exception review only	
Muscular Dystrophy – Emflaza PA Policy – Not on Formulary – for exception review only	

*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.*

# The 2019 Provider Satisfaction Survey was completed:

## THANK YOU to the 119 respondents!

We at VCHCP heard your feedback and we 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.

Optum BH worked with VCHCP to create BH educational materials for providers and members. Optum shared the availability of their Medical-BH Toolkit website which contains screening tools and resources to help medical providers identify tools that best fit their practice and patients. 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.*

## 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.

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

**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.



**EARLY DETECTION IS YOUR BEST PROTECTION AGAINST BREAST CANCER**

**VCHCP NETWORK RADIOLOGY FACILITIES**

You can now set an appointment for a screening mammogram directly with 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.

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.

**Ventura County Medical Center Radiology (VCHC)**  
(805) 652-6080  
M-F 8AM - 4:15PM

**Grossman Imaging Centers**  
(805) 988-0616  
VENTURA LOCATION  
W 8AM - 4PM  
F 8AM - 4PM  
OXNARD LOCATION  
M 9AM - 4:30PM  
THU 9AM - 4:30PM

**Rolling Oaks Radiology**  
(805) 357-0067  
PRESS OPTION 2  
VENTURA LOCATION  
M-F 8AM - 5PM  
CAMARILLO LOCATION  
M-F 8AM - 5PM  
OXNARD LOCATION  
M-F 8AM - 5PM  
THOUSAND OAKS LOCATION  
M-F 7:30AM - 5PM

**Rolling Oaks St. Johns Imaging Center**  
(805) 983-0883  
M-F 8AM - 5PM

**Palms Imaging**  
(805) 604-9500  
MWF 8AM - 5PM  
TTH 7:30AM - 7:30PM  
Open 3 Saturdays each Month  
8AM - 2PM

**Nancy Reagan Breast Center**  
(805) 955-6122  
M-F 8AM - 4PM

**Alamo Imaging Center**  
(805) 357-0067  
M-F 8AM - 4:30PM

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

## BREAST AND 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.**

VCHCP and the U.S. Preventive Services Task Force **RECOMMENDS:**

**COLORECTAL CANCER SCREENING**

For both men and women, starting at age **50**

SOME PEOPLE AT HIGH RISK MAY NEED TO BE SCREENED SOONER.

**DISCUSS WITH YOUR DOCTOR WHICH TEST IS RIGHT FOR YOU:**

**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**.

**SIEMOIOSCOPY:** 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**



**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>

- 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.

## Optum Behavioral Health Toolkit for Medical Providers

These are one-page documents that provide best practice information in support of Optum's HEDIS® measures. These pages contain lots of information about treating behavioral health conditions in a primary care setting.

#### EXAMPLE OF MATERIALS AVAILABLE INCLUDES:

- Alcohol and Other Drug Dependence: Initiation and Engagement in Treatment
- Antidepressant Medication Management
- Best Practices for Children and Adolescents on Antipsychotic Medications
- Follow-Up Care for Children Prescribed ADHD Medications
- Metabolic Screening for Children and Adolescents on Antipsychotic
- Use of Multiple Concurrent Antipsychotic Medications in Children and Adolescents

Resources are available via this link:

<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit.html>



## ATTENTION: Optum Behavioral Network Practitioners and Clinical Staff

### Treatment for individuals with substance use disorder (SUD):

- When newly diagnosing individuals with a SUD, initiate follow up treatment within 14 days of the diagnosis
- Those same individuals should have two or more additional services within the next thirty (30) days

Source: National Committee for Quality Assurance 2019 HEDIS Specifications, see NQF-Endorsed Measures at [www.ncqa.org](http://www.ncqa.org)

### To help your patients with substance use disorder, we recommend the following actions:

- As soon as patient is diagnosed, encourage your patients to schedule routine follow-up visits
  - Contact your patients if they fail to attend their appointments
- Obtain releases of information (ROI) and involve patient's family and support system in treatment
- Listen for and work with existing motivation for change in your patients

Click on the below links to access educational information and screening tools about Substance Use Disorders:

### Treating Individuals Who Have Co-Occurring Disorders

- Optum suggests that individual(s) with an active **primary or secondary diagnosis** indicating abuse of alcohol or other drugs **receive formal services** in addition to community-based recovery support services or mutual aid groups
- Have a **discussion with these individual(s) about the need for continued treatment in order to prevent relapse**
- Communicate relevant treatment information and **coordinate treatment** with other behavioral health practitioners, primary care physicians (PCPs), and other appropriate medical practitioners involved in their care

- Our practitioner website, [providerexpress.com](http://providerexpress.com), includes educational materials, member resources and screening tools.
  - **Clinical Resources Page** provides access to screening tools and assessments, as well as a link to Live and Work Well clinician center.
  - *Clinical Resources* also includes a **Recovery and Resiliency Toolkit** for addressing personal strengths and recovery & wellness planning.
  - **Medication Assisted Treatment Resources**.
- **Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator**

Source: American Psychiatric Association (2006). *Practice Guideline for the Treatment of Patients with Substance Use Disorders, Second Edition*.

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](mailto:qmi_emailblast_mail@optum.com) (email). Please include the email address you would like to have removed when contacting us.



## Important Information about Coordinating Care

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

### WHY?

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

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

Coordination of care improves patients' quality of care by:

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

### WHEN?

Coordination of care may be most effective:

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

### RESOURCES FOR COORDINATING CARE

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

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

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

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

### GUIDELINES TO FACILITATE EFFECTIVE COMMUNICATION

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

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

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

*This information is provided by Optum Quality Management Department. If you 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](mailto:qmi_emailblast_mail@optum.com) (email). Please include the email address you would like to have removed when contacting us.*



# 2019 HEDIS

## Results and Interventions

VCHCP continues to maintain high standards in Healthcare Effectiveness Data Information Set (HEDIS) Measures. Examples of some of the measures include: preventive screening for breast cancer, colorectal cancer, 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.

### 2019 ACCOMPLISHMENTS

- Several scores improved over the past three years.
- Improvement in Comprehensive Diabetes Care attributed to effective Health Coaching by the Plan's Health Coach Nurses and Case Manager.
- VCHCP has a Diabetes Disease Management Program where our nurses perform health coaching calls when member risk is moderate and high. This means that your patient's HgbA1c lab result is 8.0% and above. This program has been effective because of the following:

#### Successful Health Coaching Calls:

- We have a 66% success rate in contacting our members and performing health coaching.

#### HGBA1C TESTING:

- Higher percentage of members who had health coaching (74%) had their A1c done within six months following the health coaching call, compared to those members who did NOT have health coaching (61%).
- For those who accepted case management, 73% of these members had their A1c done within six months following the health coaching call.

#### A1C MOVEMENT:

- Higher percentage of members who had successful health coaching had decreased A1c (73%), compared to those members who did NOT have health coaching (57%).
- For those members who accepted CM, 95% of these members decreased their A1c level.

#### RISK STRATIFICATION:

- Higher percentage of members who had successful health coaching decreased their risk level (57%), compared to those members who did NOT have successful health coaching (36%).
- From those members who accepted CM and had their A1c done, 90% of these members decreased their risk level.

#### RISK STRATIFICATION SUMMARY:

- Percent of members with high A1c decreased after successful health coaching calls (from 34% to 11%) and the percent of members with high A1c's who accepted case management decreased even more (from 27% to 16%) compared those members who did not have successful calls.

*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.*



## 2019 GOALS

- **Breast cancer screening:** All women age 50-74 should receive a screening mammogram every two years (except for those with a history of mastectomy).
- **Colorectal cancer screening:** All men and women age 50-75 should receive colorectal cancer screening. The frequency of the screening depends on the type of screening performed. For example, a colonoscopy every 10 years, or a sigmoidoscopy every 5 years, or a Fecal Occult Blood Test (stool test) annually.
- **Postpartum Care:** A new mom should have a postpartum visit within 7-84 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.

## 2019 AREAS FOR IMPROVEMENT:

- **Breast Cancer Screening**
- **Prenatal and Postpartum Care**
- **Comprehensive Diabetes Care**

## 2019 PLANNED INTERVENTIONS:

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

# HEDIS Tips *for* Over & Under UTILIZATION MEASURES

## Appropriate Testing for Children with Pharyngitis (CWP)

**PERFORMANCE MEASURE:** For children age 3-18 diagnosed with pharyngitis and dispensed an antibiotic after receiving group A strep test.

- ✓ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics.
- ✓ Never treat "red throats" empirically, as they are viral even in children with a long history of strep. Clinical findings alone do not adequately distinguish Strep vs. no Strep pharyngitis. The patient's strep may have become resistant and needs a culture.
- ✓ Educate parents/caregivers that an antibiotic is not necessary for viral infections if rapid strep test and/or throat culture is negative.
- ✓ Additional resources for clinicians and parents/givers about pharyngitis can be found here: <http://www.cdc.gov/getsmart/index.html>

## Use of Imaging Studies for Low Back Pain (LBP)

**PERFORMANCE MEASURE:** For members 18 to 64 years old with a primary diagnosis of low back pain who did NOT have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

- ✓ Hold off on ordering imaging studies in the first 4 weeks of care for low back pain unless some of the following examples are present: recent trauma, history of cancer, or loss of feeling/ weakness/ numbness in the lower limbs, IV drug use, fever, weight loss, or incontinence.
- ✓ Educate patients that imaging studies can increase exposure to radiation; offer alternative treatments such as:
  - NSAIDS and muscle relaxers.
  - Exercise to strengthen the core and low back.
  - Massage or physical therapy.
  - Be active to limit muscle stiffening.
  - Place a pillow between legs when sleeping on side or under knees when sleeping on their back to reduce back discomfort.



*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 2018, the Plan is pleased to share that it succeeded in achieving multiple identified goals.*

## 2018 QUALITY IMPROVEMENT

# PROGRAM Evaluation

*Highlights of Plan Accomplishments for 2018 include:*

### Improved Access and Availability:

- 67% reduction of access issues from the commencement of the Access to Care Task Force in August of 2015.
- Executed 12 new provider contracts including Dermatology, Pain Management, Nutritional Consulting, Podiatry, and Taxonomy Pathology, Ancillary and Primary Care.
- Hiring of providers for many Primary Care Providers and Specialist, which include Pediatric Neurologist, Pediatric Gastroenterologist, Cardiologists, Neurological Surgeons, Pulmonologist, General Surgeon, Internal Medicine/ Nephrologist, Hem/Oncologist and, OB/GYN.

### Effectiveness of Case Management (CM) Program:

- CM acceptance rate was 37% which is above the 20% goal.
- 100% reduction in inpatient admissions for members enrolled in complex case management at least 60 days.
- 33% 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:

- The VCHCP Quality Application System (Quality App) disease management tool was enhanced to include the last service date of care gaps which includes A1c, retinal eye exam and nephrology. This helped the Disease Manager/Case Manager to access up to date information on missing services including last service date and helped with health coaching.

- Continued to identify members in the moderate and high risk with the availability of Diabetes A1c results, allowing health coaching and case management.
- Increase A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- 100% overall satisfaction with Asthma and Diabetes Disease Management programs.
- Implemented survey monkey and offered “goodie bags”.

### Efficiency in Utilization Management:

- Two (2) DMHC onsite audits/surveys were successfully completed with follow up on the Mental Health Parity review and the 2018 routine Medical Survey.
- With the 2018 Routine Medical Survey, feedback from the surveyors resulted in tracking of opportunities for improvement in the UM Department. This would allow interventions to ensure efficiency and compliance with the DMHC requirements.
- Reduction in prior authorization of those services (medical and pharmacy) that are seldom denied (<5%) with no or little 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.
- Aggressive queue/workload monitoring, distribution and management ensured timely completion of workload and efficiency.
- Continued collaboration with Ventura County Health Care Agency Clinics (VCHCA) providers and administration to ensure timely receipt of treatment authorization requests from the clinics, improve care coordination, specialist access and increasing efficiencies.



## System Enhancements:

- UM and CM module QNXT (medical management computer system) upgrade.
- The Quality App for the Disease Management (DM) program was enhanced to add the last service date of preventive services. This was created by the Health Information Analyst, creating a more efficient process for the DM program and health coaching.

## Services:

- Maintained level of customer service with reduction in staff positions.
- More members enrolled in the Disease Management program received health coaching intervention, as the risk stratification of members was improved.

## Surveys:

- Member Appointment Availability Survey conducted by VCHCP specific to Access (10/1/18 – 12/31/18).
- After Hours Survey conducted by VCHCP was started in March 2018 and concluded on May 15, 2018 with the result being 100% of the providers complied.
- Provider Satisfaction Survey conducted by SPH Analytics (May 2018 – July 2018).
- Provider Access Survey was conducted by Healthy People (July 2018).
- Member Appointment Availability Survey conducted by VCHCP specific to Access (10/1/18 – 12/31/18).
- 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 (11/27/18).

## Processes:

- The VCHCP Member Services Department exceeded the call quality goal of 92% and the email quality goal of 95%.
- 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 2018.

## 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 2018 there were Key Challenges for the Plan in 2019 that came to light:***

- Identification of barriers and interventions that will improve Health Effectiveness Data Information Set (HEDIS) scores overall, with the emphasis on the following measures:
  - Comprehensive Diabetes Care (CDC)
  - Breast Cancer Screening (BCS)
  - 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 2019 survey was performed by SPH Analytics (SPHA). VCHCP would like to thank the 119 providers who completed the survey, producing a response rate of 17.6%. 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.

**QUESTION 3A: Access to knowledgeable UM Staff**

**QUESTION 3B: Procedures for obtaining pre-certification/referral/ authorization information**

**QUESTION 3C: Timeliness of obtaining pre-certification/referral/authorization information**

**QUESTION 3D: The health Plan's facilitation/ support of appropriate clinical care for patients**

**QUESTION 3E: Access to Case/Care Managers from this health plan**

*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.*

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

- Collaborate/work with VCMC Ambulatory Clinics through the VCHCP Ops Triad Meeting to ensure timely receipt of requests from the clinics.
- Email blast to providers reminding them to send in treatment authorization requests (TARs) early in the week or earlier in the day for those TARs to prevent TARs from being received by the Plan after 4:30 pm on Fridays, which could cause delays for urgent requests.
- For those calls received for status of authorization and treatment authorization requests (TARs) were not received by the Plan:
  - The Plan's member services continue to educate members to remind provider to send TARs to our UM;
  - The Plan's UM intakes continue to educate and call providers to submit the TARs.
- Plan's Medical Director reviewed all pend and denial letters/determinations for appropriateness prior to sending to providers.
- RN Intake sends pend notes to requestor via Cerner (if VCMC provider) or place phone calls to requestor (if Non-VCMC provider).
- Annual preauthorization evaluation study ongoing for medical and pharmacy services.
- Provider and Member Portal implementation in process.
- Plan's member services staff continues to handle calls for status of authorization.
- Throughout 2019, voicemails received in the UM phone line are returned as soon as possible, within 1 business day.
- Updated the Direct Referral to add services/removing prior authorization.

***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.***



## VCHCP 2019 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.

## 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.



## 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](http://www.officeally.com)**

You can also reach out to us at [VCHCP.ProviderServices@ventura.org](mailto:VCHCP.ProviderServices@ventura.org) for a copy of the Provider Welcome Packet.

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

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

**LINK TO THE HEALTH SERVICES APPROVAL PROCESS:**

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



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

# Case Management & Disease Management

*VCHCP has two programs for your patients with severe illnesses and chronic diseases to help them plan their care 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.*

**The Case Management Program** is to help our members who have complex needs by ensuring that our members work closely with you, their doctors to plan their care. The goals of Case Management are to help members get to their best health possible in the right setting; coordinate and manage healthcare resources; support the treatment plan ordered by 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.

**The 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. 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.

**You may refer patients to VCHCP Case Management and Disease Management Programs by calling (805) 981-5060. Members may also self refer online by visiting our website at [www.vchealthcareplan.org](http://www.vchealthcareplan.org) and clicking on "Request Case Management or Disease Management" link. If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.**

## 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](http://www.joslin.org/info/joslin-clinical-guidelines.html), click on Clinical Guidelines for Adults and at [www.diabetes.org](http://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.**



## NEW TO THE NETWORK!

**Ahn Nguyen, D.P.M.**, a podiatrist at Fillmore Orthopedic Clinic (VCMC) in Fillmore and Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective September 2019.

**Alexa Castellano, M.D.**, an otolaryngology (ENT) physician at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective September 2019.

**Arthur Peters, M.D.**, an ENT physician at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective May 2019.

**Bradley Pace, P.A.-C.**, at Clinicas Del Camino Real in Santa Paula has been added, effective September 2019.

**Brittini Vogel, P.A.-C.**, at Clinicas Del Camino Real in Ojai has been added, effective September 2019.

**Carmen Cotsis, P.A.-C.**, at Clinicas Del Camino Real in Ventura has been added, effective August 2019.

**Charles Pankratz, M.D.**, a hospice and palliative medicine physician at Ventura Care Partners APC in Ventura has been added, effective April 2019.

**Christina Matts, M.D.**, a hospice and palliative medicine physician at Ventura Care Partners APC in Ventura has been added, effective April 2019.

**Colin Scibetta, M.D.**, a hospice and palliative medicine physician at Ventura Care Partners APC in Ventura has been added, effective April 2019.

**Dipti Sagar, M.D.**, a gastroenterologist at Magnolia Family Medical Center (VCMC) in Oxnard, Medicine Specialty Center West (VCMC) and West Ventura Medical Clinic (VCMC) both in Ventura has been added, effective September 2019.

**Eeman Hasan, P.A.-C.**, at Clinicas Del Camino Real in Oceanview has been added, effective August 2019.

**Hang Tran, M.D.**, a pediatrician at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula and Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard has been added, effective June 2019.

**Helena Okhotin, M.D.**, a family medicine physician at Clinicas Del Camino Real in La Colonia as been added, effective October 2019.

**Imtiaz Malik, M.D.**, a hematology/oncology physician at the Hematology-Oncology Clinic (VCMC) in Ventura has been added, effective September 2019.

**Ivonne Reyes, N.P.**, at Dignity Health Medical Group Ventura in Ventura has been added, effective October 2019.

**Jennifer Wan, M.D.**, a cardiothoracic surgeon at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective January 2019.

**Joan Storz, N.P.**, at Camarosa Springs Medical Group (VCMC) in Camarillo has been added, effective October 2019.

**John Baber, M.D.**, a vascular surgeon at West Coast Vascular in Ventura has been added, effective September 2019.

**Lauren McWhorter, F.N.P.**, at San Buenaventura Urology Center in Ventura has been added, effective October 2019.

**Lisa Solinas, M.D.**, a family medicine physician at Fillmore Family Medical Group (VCMC), Santa Paula Medical Group (VCMC) and Santa Paula West Medical Group & Pediatrics (VCMC) has been added effective August 2019.

**Nelson Fuentesbella, P.A.**, at Spanish Hill Interventional Pain Specialists in Camarillo has been added, effective September 2019.

**Nicole Sherman, N.P.**, at Magnolia Family Medical Clinic West (VCMC) in Oxnard has been added, effective May 2019.

**Nika Bagheri, M.D.**, an ophthalmologist at California Retina Consultants in Oxnard has been added, effective August 2019.

**Robert Vasko, M.D.**, a pediatrician at Pleasant Valley Pediatric Medical Group in Camarillo has been added, effective May 2019.

**Sarmen Sarkissian, M.D.**, a hematology/oncology physician at the Hematology-Oncology Clinic (VCMC) in Ventura has been added, effective May 2019.

**Summit Home Health Inc.**, a home health ancillary provider in Simi Valley has been added, effective May 2019.

**Supercare Health**, a durable equipment supplier (DME) has been added, effective September 2019.

**Ventura Care Partners APC**, a hospice and palliative medicine ancillary provider in Ventura has been added, effective April 2019.

**Victoria Care Center**, a skilled nursing facility in Ventura, has been added effective September 2019.

**William Conway II, M.D.**, a surgical oncologist at Anacapa Surgical Associates (VCMC) has been added, effective September 2019.

## LEAVING THE NETWORK

**Alexis Dougherty, M.D.**, a dermatologist at Anacapa Dermatology Clinic (VCMC) in Ventura has left, effective May 2019.

**Amy Lin, M.D.**, a family medicine physician at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective June 2019.

**Ana Flavia Alpern, M.D.**, a pediatrician at Santa Paula West Medical Group and Pediatrics (VCMC) in Santa Paula has left, effective June 2019.

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

**Beck Espiritu, N.P.**, at Pediatric Diagnostic Center (VCMC) Ventura has left, effective July 2019.

**Catherine Sundloff, P.A.-C.**, at Magnolia Family Medical Clinic West (VCMC) in Oxnard has left, effective September 2019.

**Christina Monroy-Cardenas, P.A.**, at Fillmore Family Medical Group (VCMC) in Fillmore has left, effective September 2019.

**Christopher Skillern, M.D.**, a vascular surgery physician at West Coast Vascular in Ventura and Oxnard has left, effective October 2019.

**Christy Monteith, F.N.P.**, at Pediatrics Diagnostics Center (VCMC) in Ventura has left, effective April 2019.

**Clinton McBride, M.D.**, a family medicine physician at Santa Paula Hospital Clinic (VCMC) and Santa Paula West Medical Clinic & Pediatrics (VCMC) has left, effective July 2019.

**Dana Chavolla, N.P.**, at Santa Paula Hospital Clinic (VCMC) in Santa Paula has left, effective July 2019.

**Emem Brown, P.A.-C.**, at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has left, effective July 2019.

**Evelyn Dowell, M.D.**, a family medicine physician at Dr. Wikholm's practice has left, effective March 2019.

**Habib Khan, M.D.**, a family medicine physician at Clinicas Del Camino Real Inc., Simi Valley in Simi Valley and Clinicas Del Camino Real Inc., La Colonia in Oxnard has left, effective June 2019.

**Hanna Ginther, P.A.-C.**, at Clinicas Del Camino Real Inc. Oceanview has left, effective June 2019.

**Janelle Bohl, M.D.**, a pediatrician at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has left, effective June 2019.

**Janice Holden, F.N.P.**, at Island View Gastroenterology Associates in Ventura has left, effective November 2018.

**Julie Morantz, P.A.**, at the Cardiology Clinic (VCMC) in Ventura, Las Posas Family Medical Group (VCMC) in Camarillo, and Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective September 2019.

**Justin Fawell, P.A.-C.**, at Clinicas Del Camino Inc. La Colonia in Oxnard has left, effective July 2019.

**Kenneth Parola, D.O.**, a family medicine physician at Magnolia Family Medical Clinic West (VCMC) in Oxnard has left, effective September 2019.

**Kevin Casey, M.D.**, a vascular surgery physician at West Coast Vascular in Ventura has left, effective October 2019.

**Lisa Solinas, M.D.**, a family medicine physician at Santa Paula Hospital Clinic (VCMC) and at Santa Paula West Medical Group & Pediatrics (VCMC) has left, effective May 2019.

**Lori Howell, M.D.**, a plastic surgeon at Anacapa Plastics and Hand Reconstruction (VCMC) in Ventura has left, effective August 2019.

**Marie Brock, M.D.**, a family medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has left, effective May 2019.

**Michael Gold, M.D.**, a pediatrician at Pleasant Valley Pediatric Medical Group in Camarillo has retired, effective June 2019.

**Michele Bean, F.N.P.**, at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula has left, effective August 2019.

**Nicole Kehoe, M.D.**, a family medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula has left, effective September 2019.

**Niloofer Farmani, M.D.**, a rheumatologist at Conejo Valley Family Med Grp (VCMC) in Thousand Oaks has left, effective August 2019.

**Peter Robilio, M.D.**, a maternal & fetal medicine physician at Central Coast Perinatal Medical Group in Santa Barbara has left, effective April 2019.

**Rachel Mory, M.D.**, a rheumatologist at Medicine Specialty Center West (VCMC) in Ventura and at Las Posas Family Medical Group (VCMC) in Camarillo has left, effective May 2019.

**Rajinder Maan, M.D.**, a family medicine physician at Clinicas Del Camino Real Inc., Comunidad De Oxnard in Oxnard has left, effective July 2019.

**Shiney Koshy, M.D.**, a pediatric neurologist at Pediatric Diagnostic Center (VCMC) in Ventura has left, effective July 2019.

Stephanie Culver, M.D., an ENT physician at Ventura Ear, Nose & Throat Medical Group in Ventura has left, effective April 2019.

**Stephanie D'Augustine, M.D.**, a pediatrician at Santa Paula West Medical Group and Pediatrics (VCMC) in Santa Paula has left, effective June 2019.

**Susan Slater, M.D.**, an internal medicine physician in Ventura has left, effective September 2019.

**William Klope, M.D.**, a urologist in Ventura has left, effective June 2019.

**Yelena Gimelberg, P.A.-C.**, at Clinicas Del Camino Real Inc., Ojai Valley Community Health Ctr in Ojai has left, effective June 2019.

## CHANGES

All the neurosurgeons from the **Neuroscience Center of Ventura County (VCMC)** in Ventura have been relocated to a different location and name, **Anacapa Neurosurgery (VCMC)** at 300 Hillmont Ave., Bldg. 340, Ste. 401, in Ventura, effective June 2019.

**Anacapa Dermatology (VCMC)** name has been removed. All the providers have moved to **Medicine Specialty Center West (VCMC)** at 300 Hillmont Ave., Bldg. 340, Ste. 502, in Ventura, effective May 2019.

**Anacapa Plastic, Reconstructive and Hand Surgery (VCMC)** in Ventura has moved to 300 Hillmont Ave., Bldg. 340, Ste. 401 in Ventura and has changed their name to **Anacapa Plastics and Hand Reconstruction**, effective May 2019.

**Charles Stolar, M.D.**, a pediatric surgeon is also providing services at Pediatric Diagnostic Center (VCMC) in Ventura, effective May 2019.

Most of the neurologist, pain management and physical med. & rehab from **Neuroscience Center of Ventura County (VCMC)** in Ventura have been relocated to **West Ventura Medical Clinic (VCMC)** in Ventura, effective June 2019.

**Rolling Oaks Radiology** has a new location in Oxnard. They are also now at 1700 N. Rose Ave., #110, Oxnard, CA, 93030. They have replaced what used to be St. John's Regional Imaging Center, effective March 2019.




## 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

