

PROVIDER NEWSLETTER

WINTER ISSUE • DECEMBER 2020



VENTURA COUNTY
HEALTH CARE PLAN

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Program Evaluation

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 2020

Contact Information

Provider Services Email:

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

Ventura County Health Care Plan

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

REGULAR BUSINESS HOURS ARE:

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

- www.vchealthcareplan.org
- Phone: (805) 981-5050
- Toll-free: (800) 600-8247
- FAX: (805) 981-5051
- Language Line Services:
Phone: (805) 981-5050
Toll-free: (800) 600-8247
- TDD to Voice: (800) 735-2929
- Voice to TDD: (800) 735-2922
- Pharmacy Help: (800) 811-0293 or
www.express-scripts.com
- Behavioral Health/Life Strategies:
(24-hour assistance)
(800) 851-7407 or
www.liveandworkwell.com
- Nurse Advice Line: (800) 334-9023
- Teladoc: (800) 835-2362

VCHCP Utilization Management Staff

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

- Phone: (805) 981-5060

GRAPHIC DESIGN & PRINTING:

GSA Business Support/Graphics

COVER PHOTO BY DONNA SCHMIDT

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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

Language Assistance Services

Good communication between patients and providers is important, and VCHCP has processes in place to ensure language assistance services are available to all VCHCP members.

Providers are expected to make sure that patient needs are met pertaining to language interpretation for non-English proficient patients. If the doctor and/or staff members are not medically fluent in the patient's preferred language, the physician's office should contact VCHCP in advance of such members' appointments to ensure that an interpreter is arranged for such members. VCHCP will then schedule an interpreter for the appointment.

For complete details on VCHCP's language assistant services, please refer to the Provider Operations Manual and the Language Assistance Program Description, which are available on the VCHCP website:

<http://www.vchealthcareplan.org>

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



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

ER Room VISIT FOLLOW UP & APPROPRIATE ER USE



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 (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 (Cambridge), and Adventist Health Simi Valley.
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TELADOC: Another option for those times when you are not able to see your primary care physician (PCP). Teladoc allows you to connect with a physician via your phone or computer and is available 24/7 by calling (800) 835-2362.

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

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.

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.*

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.

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

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.



Early Detection Is Your Best Protection Against

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. Covid-19 pandemic may affect office hours and capacity, please make sure to call ahead and make an appointment.

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.



BREAST CANCER

VCHCP NETWORK RADIOLOGY FACILITIES

Ventura County Medical Center Radiology (VCMC)	(805) 652-6080 M-F 8am - 4:30pm
Grossman Imaging Centers	(805) 988-0616 VENTURA LOCATION: M 8am - 4pm; F 8am - 4pm OXNARD LOCATION: M 8am - 4:30pm; Tu 8am - 4:30pm
Rolling Oaks Radiology	(805) 357-0067 [PRESS OPTION 1] OXNARD LOCATION: M-F 8am - 5pm THOUSAND OAKS LOCATION: M-F 8am - 5pm SIMI VALLEY LOCATION: M-F 8am - 4:30pm
Palms Imaging	M-F 8am - 4pm (805) 604-9500
Nancy Reagan Breast Center	(805) 955-6122 Mondays by appointment only

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.

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?

CLINICAL PRACTICE Guidelines

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

Recommended Clinical Practice Guidelines and the Link for providers:

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

LINK: <http://www.vchealthcareplan.org/providers/medicalPolicies.aspx>

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

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



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, and 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 HgbA1c lab result is 8.0% and above. This program, which includes health coaching, has been effective as evidenced by the following:
 - a. Higher percentage of members had their A1c testing completed.
 - b. Higher percentage of members had decreased A1c levels.
 - c. Member decreased in risk stratification level.

2020 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.
- **Comprehensive Diabetes Care:** Continued improvement.

2020 AREAS FOR IMPROVEMENT:

- **Prenatal and Postpartum Care**
- **Comprehensive Diabetes Care**

2020 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.

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.

Overuse/ Appropriateness of HEDIS Measures

URI - Appropriate Treatment for Upper Respiratory Infection

HEDIS MEASURE DEFINITION: Members age 3 months and older with a diagnosis of upper respiratory infection (URI) and that did NOT result in an antibiotic dispensing event.

What You Can Do: Do not prescribe antibiotics for URI treatment. Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member.

CWP - Appropriate Testing for Pharyngitis

HEDIS MEASURE DEFINITION: Members age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

This measure used to be for adults only and now includes everyone ages 3 months and older.

What You Can Do: Before prescribing an antibiotic for a diagnosis of pharyngitis, perform a group A strep test. Document and submit claims for all appropriate diagnoses established at the visit. Submit claim for in-office rapid strep test. There are numerous comorbid conditions and competing diagnoses exclusions for this measure.

AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

HEDIS MEASURE DEFINITION: Members age 3 years and older where the member was diagnosed with pharyngitis, dispense an antibiotic and received a group A strep test for the episode.

This measure used to be for children only and now includes everyone age 3 years and older.

What You Can Do: Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral). Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting. A diagnosis of pharyngitis on the same day or in the 3 days after also exclude this member. Educate patients about overuse of antibiotics and resistance.

LBP - Use of Imaging Studies for Low Back Pain

HEDIS MEASURE DEFINITION: Adults age 18-64 years old with a primary diagnosis of low back pain, who did not have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis.

What You Can Do: Occasional uncomplicated low back pain in adults often resolves within the first 28 days. Imaging before 28 days is usually unnecessary. Exclusions to this measure—a diagnosis of HIV, major organ transplant or cancer any time in the patient's history - Diagnosis of trauma during the 3 months prior to dx of back pain - IV drug use, spinal infection or neurological impairment during the 12 months prior to the low back pain diagnosis. Above includes through 28 days after LBP DX 90 consecutive days of corticosteroid treatment any time 12 months prior to the dx of low back pain.

HEDIS Cheat Sheet

& Behavioral
Health HEDIS
Measures for
Primary Care

As a way of measuring our quality as required by our regulatory agency, the Department of Managed Health Care (DMHC), the Plan Measures Health Effectiveness Data Information Set (HEDIS) rates.

VCHCP continues to work diligently with members and providers to improve care and subsequent HEDIS rates. The HEDIS Cheat Sheet is a tool you can use throughout 2020 to help you navigate the HEDIS requirements, which can change on an annual basis. This document includes HEDIS measure descriptions, appropriate codes, available exclusions, and applicable tips. Please take a look at all measures on this document for the 2020-year changes. You can access this tool by visiting:

<http://www.vhealthcareplan.org/providers/docs/HEDISCheatSheet.pdf>

In addition, HEDIS measures related to behavioral health disorders commonly identified in primary care are posted on our website can be accessed by visiting: <http://www.vhealthcareplan.org/providers/docs/HEDISMeasuresSummaryForPrimaryCare.pdf>

If you have any questions or would like more of this tool, please do not hesitate to contact the **VCHCP QA Department: 805-981-5060.**

HEDIS Measure HIGHLIGHT

Controlling High Blood Pressure

Patients 18-85 years of age who had a diagnosis of hypertension (HTN) should have their BP adequately controlled.

Adequate control is <140/90 mm Hg.

Measure and record BP at each visit. If BP is high (>139/89), recheck at the end of the visit. (NOTE: Systolic BP of 140 and diastolic BP of 90 is a miss. Must be below 140/90.)

Note: Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings. Please record reading and/or submit CPT Category II code (3074F, 3075F, 3077F, 3078F, 3079F, 3080F).

Best and Promising Practices

- BP check on each visit (with manual recheck if elevated prior to end of visit).
- Establish a designated medical assistant to perform manual BP checks.
- Schedule BP follow-up appointment in real time.
- Reassess every three months or sooner depending on other risk factors / comorbidities.
- Establish a standard practice to reassess lifestyle, compliance to medications and adjust plan of care accordingly at each visit.
- Reinforce the importance of BP control and self-management.
- Designate a team member to outreach to members due for monitoring (e.g., phone call, post card, letter signed by provider, text).
- Phone call to member within one week if appointment missed to reschedule.
- Reassess member's knowledge of BP control; assess barriers to adequate control (e.g., cultural, financial, social support, health beliefs).
- Ensure member is informed of BP results and next steps.
- Submit claims and encounter data within 90 days of service.

References: National Committee on Quality Assurance (NCQA) HEDIS ® MY 2020

Disease Management & Case Management Programs

VCHCP continues to offer free, comprehensive disease management and case management programs for your patients.

VCHCP makes a continuous effort to improve the quality of services that we deliver.

One of the ways we strive to accomplish this is through our case management programs, into which members are enrolled free of charge. The **Case Management (CM) 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.

We also offer a **Disease Management (DM) Program** to benefit members with diabetes and asthma. The Disease Management Program coordinates health care interventions and communications for members with conditions where member self-care can really improve their conditions. 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 diseases.

Both valuable programs are coordinated by highly skilled, compassionate registered nurses who personalize and tailor their services to benefit each individual person. Our nurses work in tandem with the physician to reinforce and strengthen the member's understanding and management of their medical condition(s).

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.vhealthcareplan.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.

REDUCE OVERDOSE. PRESCRIBE RESPONSIBLY.

OVERPRESCRIBING LEADS TO MORE ABUSE AND MORE OVERDOSE DEATHS.

4x

increase in sales of
prescription opioids
since 1999.



**SAFER
PRESCRIBING
AT YOUR
FINGERTIPS.**

DOWNLOAD THE
OPIOID GUIDE
APP TODAY

www.cdc.gov

In that same
time more than

165,000

people have died

from overdose related to
prescription opioids.

REFER TO THE *CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN* FOR RESPONSIBLE PRESCRIBING OF THESE DRUGS¹.

1 USE NONOPIOID THERAPIES

Don't use opioids routinely for chronic pain. Use nonopioid therapies alone or in combination with opioids. Only consider opioid therapy if you expect benefits for pain and function to outweigh risks.

2 START LOW AND GO SLOW

When opioids are used, start with the lowest effective dosage and short-acting opioids instead of extended-release/long-acting opioids.

3 FOLLOW-UP

Regularly assess whether opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper opioids.



**GUIDELINE FOR PRESCRIBING
OPIOIDS FOR CHRONIC PAIN**

¹Recommendations do not apply to pain management in the context of active cancer treatment, palliative care, and end-of-life care

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

2020 PROVIDER SATISFACTION WITH Behavioral Health Providers Timeliness of Communication

The 2020 Provider Satisfaction Survey was completed, and we would like to thank the 112 respondents!

We at VCHCP heard your feedback and we have been working closely with Optum Behavioral Health (BH) to improve PCP-BH communication and coordination of care.

In collaboration with Optum Behavioral Health, we have implemented actions to improve provider satisfaction on the timeliness of feedback/reports from behavioral health providers to the Plan's Primary Care Physicians (PCPs). These actions include but not limited to the following:

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

- Optum BH continuously educated their Behavioral Health Providers regarding encouraging members to complete the Release of Information (ROI) form so that Behavioral Health medical records can be shared with primary care physicians/practitioners. In addition, the Behavioral Health Providers were provided the hyperlink to access the ROI form.
- Optum BH network relations continuously provided it's contracted inpatient psychiatric hospital (Vista Dela Mar) the list of the VCHCP's PCP contact information to ensure that when members are admitted to the psychiatric hospital, that the member's PCPs are informed of the admission. In addition, Optum BH network relations provided their high-volume behavioral health providers such as Beachside Therapy, VCHCP's PCP contact information to ensure the exchange of information.
- Optum BH network relations continuously educated their Mental Health Providers through newsletters to encourage coordination of care with PCPs/Medical Providers.
- Optum BH's Medical-BH Toolkit website remains available for Medical Providers. This website contains screening tools and resources to help medical providers identify tools that best fit their practice and patients.
- Optum BH and VCHCP collaborated on BH HEDIS measures and how to improve follow up with BH after members discharge from the ED and Hospital with Mental Health Diagnosis or Substance Abuse Disorder Diagnosis.
- VCHCP sent an email blast to its contracted providers, urgent care and emergency room facilities with information on how to access Behavioral Health and Substance Abuse Resources including Optum BH intake and referrals contact information.
- VCHCP included medical behavioral health coordination of care articles in its member and provider newsletters encouraging members to complete the release of information from mental health providers to ensure coordination with PCPs/medical providers.

Our goal is to continue to improve communication and coordination 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.



OPTUM PROVIDER EXPRESS

OPTUM QI Summary

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 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)

VCHCP Member Behavioral Health and Substance Abuse RESOURCES

Substance Use Disorder Helpline
1-855-780-5955

A 24/7 helpline for VCHCP Providers and Patients to:

- Identify local MAT and behavioral health treatment providers and provide targeted referrals for evidence-based care
- Educate members/families about substance use
- Assist in finding community support services
- Assign a care advocate to provide ongoing support for up to 6 months, when appropriate

Member Website and Provider Directory
LiveandWorkWell.com

Optum Intake and Care Management
For Intake and Referrals
(800) 851-7407

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

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, 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 (email). Please include the email address you would like to have removed when contacting us.

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BH2039_04/2019

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

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 (email). Please include the email address you would like to have removed when contacting us.

Initiating the End-of-Life Letter Conversation

Guidelines for the care team

Studies suggest that patients want their physician to initiate discussions about what matters most to them and how their values and preferences can guide care at the end of life. 1-3 Initiating a conversation with a patient about articulating their wishes to their family and care team can be intimidating for doctors. In particular, multi-ethnic patients report barriers to engaging their doctors in end-of-life conversations.

Consider using an ask-tell-ask approach when having this conversation because it will give the patient control over the exchange of information on this sometimes-sensitive topic.⁵

Here some things to consider when approaching a patient with the end of life letter.

What to do if the patient is already ill and faces an unfavorable diagnosis?

- Make sure the patient is fully aware of their health status and has had time to understand and accept their diagnosis.
- Emphasize that the letter is for the benefit of the patient and the patient's family.
- The Letter gives the patient a voice in their care and helps doctors give care that is guided by the patients' wishes and values.
- It also helps the patient's proxy decision maker gain a good insight on what the patient wants.
- Convey that it is best to think about these decisions now before the patient becomes too sick or unable to communicate their wishes.

What to do if the patient is healthy and does not have a serious illness?

- Make sure the patient understands that this is a routine precaution as it is best that all adults document their wishes and values for care at the end of life.
- Assure the patient that he or she is healthy, and this is the best time to plan for the future.
- Emphasize that the letter is a way to plan ahead so that the care team and the patient's family will know their wishes, values and preferences for care and be guided by it.
- Let the patient know that no choices made now are firm or final and that the letter can be updated if they change their mind at a later date.
- Convey that it is better to think about these decisions now before the patient is sick or unable to communicate.

When you should initiate the conversation^{3,4}:

- While the patient is relatively healthy
- When the patient has decision-making capacity
- At a time when the patient is free from the distractions of difficult emotions, discomforts and treatment side effects
- Before the patient is hospitalized

The script at right is an example of an initial conversation introducing the what-matters-most letter.

This example assumes that Mrs. Roberts is already ill and has an unfavorable diagnosis. In this situation, the nurse practitioner is introducing the letter to Mrs. Roberts. Your practice may choose to have an MA, the doctor or another care team member can initiate and conduct the conversation.

STEP 1: Give the patient the letter handout

and give them time to review it with their family and loved ones. Tell them that this is something that you do routinely for every adult patient in your practice. Remind them that you would like to discuss this important issue at the next visit.

STEP 2: On the day of the appointment

- Make sure that the patient is not in distress and willing to discuss what matters most to them.
- Ask the patient if they prefer to be by themselves or if they want family members or others in the conversation.
- Make sure that you are in a quiet environment and turn off your beeper so you can give the patient your undivided attention.
- Make sure that everyone in the conversation is comfortably seated including you.
- Make sure that you are facing the patient and that you are at eye level.
- If you are using a medical interpreter, have the interpreter seated. Be sure to address all your questions and comments to the patient and not to the interpreter.
- Speak slowly and clearly and avoid medical jargon and terms.

STEP 3: Start the Conversation

NURSE PRACTITIONER	Would it be okay if we talk about what matters most to you and what type of care you may want at the end of life? I want to be sure that we understand your thoughts about the type of care you want / wishes?
MRS. ROBERTS	<i>Do you mean like a DNR or hospice?</i>
NURSE PRACTITIONER	Yes, those are two things, among others, that you might want to think about in case you don't get a chance to later. We call it a what-matters-most letter and it will tell your doctor and your family about what type of care you want at the end of life.
MRS. ROBERTS	<i>What is a what-matters-most letter?</i>
NURSE PRACTITIONER	An what-matters-most letter is a way to communicate, in your own words, what matters most to you about your health so that your care team and your family know what you want in the last chapter of your life.
MRS. ROBERTS	<i>Why do I need to do this?</i>
NURSE PRACTITIONER	The main purpose is to give you and your family peace of mind that your wishes regarding your medical care are being met. Many times, when people get sick, they are not able to make decision anymore. Their doctors and their family often do not know what they want. The what-matters-most letter helps you guide your doctors and family so they can make decisions for you that is based on what you want and care about and help you attend life milestone events that are important to you.
MRS. ROBERTS	<i>Ah, I think I understand. That is an important question that I actually haven't thought a lot about.</i>
NURSE PRACTITIONER	Why don't we go through the questions in the letter. You can take it home and discuss with your loved ones.
MRS. ROBERTS	<i>I'd appreciate that.</i>
NURSE PRACTITIONER	The first question asks about what matters to you most. This can be general, such as going to church or even gardening.
MRS. ROBERTS	<i>That's easy, I love watching my granddaughter play sports.</i>
NURSE PRACTITIONER	I think that's a great answer. The second question is about the importance of future personal milestones. Maybe you'd like to attend your granddaughter's high school graduation?
MRS. ROBERTS	<i>Ha, she's in college. So, I guess seeing her graduate from college. I thought this was supposed to be about end of life?</i>
NURSE PRACTITIONER	Can you tell me how you handle bad news with your family? Some families prefer to talk openly with everyone in the family. Others will discuss just with a few people they are close too.
MRS. ROBERTS	<i>Hmm. I'll have to think about that one. I definitely talk to my daughter.</i>
NURSE PRACTITIONER	The next series of questions are very important. There comes a point in all our lives where we may be too ill and not be able to make health decisions for ourselves. At that point someone we choose as the stand-in (proxy) will make all medical decisions on our behalf. Who would you like that person to be? It is good to name your first, second and third stand-in decision makers.
MRS. ROBERTS	<i>Well, I think my husband and my son should make medical decisions for me. I get the gist here, why don't I take this home and think about these questions.</i>
NURSE PRACTITIONER	Very good. Please don't hesitate to call me or Dr. Moran with any questions and we can discuss further at your next appointment.

References

1. Emanuel LL, von Gunten CF, Ferris FD. Advance care planning. Arch Fam Med 2000(9):1181-1187.
2. Aiken PV. Incorporating Advance Care Planning into Family Practice. American Family Physician 1999;February 1.
3. Periyakoil VS, Neri E, Kraemer H. No Easy Talk: A Mixed Methods Study of Doctor Reported Barriers to Conducting Effective End-of-Life Conversations with Diverse Patients. PloS one. 2015; 10(4):e0122321. PMID: 25902309 Full text link: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406531/>
4. Periyakoil VS, Neri E, Kraemer H. Patient-Reported Barriers to High-Quality, End-of-Life Care: A Multiethnic, Multilingual, Mixed-Methods Study. J Palliat Med. 2015 Nov 17. PMID: 26575114
5. Larson DG, Tobin DR. End of life conversations—evolving practice and theory. JAMA 2000; 284(12):1573-1578.
6. American Medical Association. Report of the Council on Ethical and Judicial Affairs: Advance care planning. CEJA Report 4-I-10. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2191.page?>
7. The Oncology Nurse Community. Interview with Dr. James Tulskey on the 'Ask-tell-ask' Model [video]. http://www.theonc.org/video.asp?section_id=1687&doc_id=253192. October 26, 2012. Accessed December 8, 2015.



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 2019, the Plan is pleased to share that it succeeded in achieving multiple identified goals.

2019 QUALITY IMPROVEMENT

PROGRAM Evaluation

Highlights of Plan Accomplishments for 2019 include:

Improved Access and Availability:

- 65% reduction of access issues.
- Executed 9 new provider contracts including Dermatology, Vascular Surgery, and Palliative Care.
- Teladoc was implemented on 11/1/2019.
- The hiring of providers for many Primary Care Providers and Specialist, which include Pediatric Gastroenterologist, Cardiothoracic Surgeon, Oncology Surgeon, Gastroenterologist, Podiatrist, Hem/Oncologist and Otolaryngologist.

Effectiveness of Case Management (CM) Program:

- CM acceptance rate was 84% which is above the 20% goal.
- 27% reduction in inpatient admissions for members enrolled in complex case management at least 60 days.
- 65% 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 daily A1c update, a new feature in 2019. This allowed appropriate stratification of members with increased and decreased risk, enabling the Plan's case manager and QA nurse to focus their health coaching and case management on those members with increased A1c.
- Continued identification of members in the moderate and high risk with the availability of Diabetes A1c re-

sults, 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 87.5% with Diabetes Disease Management programs.
- Continued implementation of survey monkey and offered "goodie bags".

Efficiency in Utilization Management:

- To improve the member and provider experience/satisfaction with UM, the Plan collaborated with the VCHCA clinic providers and administration to improve care coordination, specialist access and increasing 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 for timely processing of authorizations.
- Implemented process improvement in Utilization Management for a more efficient and timely authorization processing.
- 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.
- Daily A1c update was implemented in the Quality App which allowed appropriate stratification of members

with increased and decreased risk, allowing the Plan's case manager and QA nurse to focus their health coaching and case management on those members with increased A1c.

Services:

- All Member Services phone and email response time goals were met.
- Continued identification of members in the moderate and high risk with the availability of Diabetes A1c results, allowing health coaching and case management.

Surveys:

- Member Appointment Availability Survey conducted by VCHCP specific to Access (10/1/19 – 12/31/19).
- After Hours Survey conducted by VCHCP was started in April 2019 and concluded on August 28, 2019 with the result being 100% of the providers complied.
- Provider Satisfaction Survey conducted by SPH Analytics (May 2019 – July 2019).
- Provider Access Survey was conducted by Healthy People (July 2019).
- 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 (11/26/19).

Processes:

- The VCHCP Member Services Department phone and email response time goals were met.
- 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.
- Continue to meet Clinical rationale 8th grade reading level met 100% compliance.

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 2019 there were Key Challenges for the Plan in 2020 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 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 2020

VCHCP performs a Provider Satisfaction with Utilization Management (UM) Survey annually. The 2020 survey was performed by SPH Analytics (SPHA). VCHCP would like to thank the 112 providers who completed the survey, producing an overall response rate of 21.2%. Based on responses specifically related to provider experience with our Utilization Management (UM), the Plan is committed to improving provider experience and survey results. At right are the specific survey questions that pertain to provider satisfaction with our Utilization Management.

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.

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 procedures for obtaining pre-certification/referral/authorization information and timeliness of obtaining pre-certification/referral/authorization information.

We have implemented actions to improve provider experience with our Utilization Management, such as but not limited to the following:

1. The Plan has continuously updated its Direct Specialty Referral process adding more services for direct referrals as well as removing prior authorization for services that are mostly approved.
2. The Plan continuously provided education to our members and providers through our newsletters. Providers were provided reminders regarding the importance of timeliness of receipt of treatment authorization requests by the Plan for timely processing. Members were educated regarding the Plan's prior authorization process and timelines.
3. The Plan's UM department has implemented processes for efficiencies to reduce the 45-day denial for lack of information. This was accomplished by calling or messaging providers to request the information needed on pended cases to complete timely prior authorization review.
4. The Plan worked with VCMC Ambulatory Clinics through the VCHCP Ops Triad Meeting to improve VCMC's Referral Center process and continued expansion of the VCMC E-Consult.
5. Plan's Medical Director continues to review all pended and denied cases for appropriateness prior to finalizing the reviews to prevent unnecessary delays in care.

VCHCP 2020 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

You can also reach out to us at 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, 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

Pharmacy Updates

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

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



3Q-2020 ESI National Preferred Formulary Changes

Formulary Additions: 3Q-2020

NEW GENERICS

CIPROFLOX-DEXAMETH OTIC SUSP
CLOZAPINE ODT 150 MG TABLET
CLOZAPINE ODT 200 MG TABLET
METYROSINE 250 MG CAPSULE
DESONIDE 0.05% GEL
DEFERASIROX 180 MG GRANULE
DEFERASIROX 360 MG GRANULE
DEFERASIROX 90 MG GRANULE
SODIUM FLUORIDE 5000 PPM PASTE
SODIUM FLUORIDE SENSTV 5000PPM
PANTOPRAZOLE 40 MG SUSPENSION
DIMETHYL FUMARATE DR 120 MG CP
DIMETHYL FUMARATE DR 240 MG CP

LINE EXTENSIONS - New Dosage Forms/Strengths

DUPIXENT 300 MG/2 ML PEN
ENBREL 25 MG/0.5 ML VIAL
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
HARVONI 33.75-150 MG PELLET PK
HARVONI 45-200 MG PELLET PACKET
SIRTURO 20 MG TABLET
TIVICAY PD 5 MG TAB FOR SUSP

NEW AND EXISTING BRANDS/CHEMICALS

ALECENSA 150 MG CAPSULE
LICART 1.3% PATCH
LYUMJEV 100 UNIT/ML KWIKPEN
LYUMJEV 200 UNIT/ML KWIKPEN
LYUMJEV 100 UNIT/ML VIAL
NEXLIZET 180-10 MG TABLET
TRIJARDY XR 10-5-1,000 MG TAB
TRIJARDY XR 12.5-2.5-1,000 MG
TRIJARDY XR 25-5-1,000 MG TAB
TRIJARDY XR 5-2.5-1,000 MG TAB
XIFAXAN 200 MG TABLET
ZEPOSIA 0.23-0.46 MG START PCKZEPOSIA 0.23-0.46-0.92
MG KIT ZEPOSIA 0.92 MG CAPSULE

Formulary Removals: 3Q-2020

MULTISOURCE BRAND REMOVALS

CIPRODEX OTIC SUSPENSION
DEMSE 250 MG CAPSULE
SAMSCA 30 MG TABLET
TACLONEX 0.005%-0.064% SUSPENS

EXCLUSION LIST ADDITIONS: 3Q-2020

DURYSTA 10 MCG IMPLANT
FENSOLVI 45 MG SYRINGE KIT
FINTEPLA 2.2 MG/ML SOLUTION
HELIDAC THERAPY PACK
ISTURISA 1 MG TABLET
ISTURISA 5 MG TABLET
ISTURISA 10 MG TABLET
ONTRUZANT 150 MG VIAL
ONTRUZANT 420 MG VIAL
QINLOCK 50 MG TABLET
SOVALDI 150 MG PELLET PACKET
SOVALDI 200 MG PELLET PACKET
XPOVIO 40 MG ONCE WEEKLY DOSE
XPOVIO 40 MG TWICE WEEKLY DOSE
XPOVIO 60 MG TWICE WEEKLY DOSE

EXCLUSION LIST REMOVALS: 3Q-2020

ALECENSA 150 MG CAPSULE
AUBAGIO 14 MG TABLET
AUBAGIO 7 MG TABLET
NORTHERA 100 MG CAPSULE
NORTHERA 200 MG CAPSULE
NORTHERA 300 MG CAPSULE
OSMOLEX ER 129 MG TABLET
OSMOLEX ER 193 MG TABLET
OSMOLEX ER 258 MG TABLET
OSMOLEX ER 322 MG DAILY DOSE
XIFAXAN 200 MG TABLET

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

VCHCP NETWORK Updates

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

NEW TO THE NETWORK!

Arezu Haghighi, M.D., an ophthalmologist at Miramar Eye Specialists in Camarillo, Oxnard, Santa Paula, Thousand Oaks and Ventura, has been added, effective September 2020.

Benjamin Dirkx, D.O., a pain management specialist at Spanish Hills Interventional Pain Specialists in Camarillo has been added, effective August 2020.

Brenda Means, F.N.P. at Las Posas Family Medical Group (VCMC) in Camarillo has been added, effective October 2020.

Catherine Sendaydiego Arellano, M.D., a family medicine physician at Las Islas Family Medical Group North (VCMC) in Oxnard has been added, effective August 2020.

Christina Monroy-Cardenas, P.A. at Fillmore Family Medical Group (VCMC) in Fillmore has been added, effective November 2020.

College Estates Dialysis, an outpatient dialysis facility in Oxnard has been added, effective March 2020.

Connie Hwang, P.A. at Insite Digestive Health Care in Oxnard has been added, effective August 2020.

Daniel Agarwal, M.D., an ophthalmologist at Miramar Eye Specialist in Camarillo, Oxnard, Santa Paula, Thousand Oaks and Ventura has been added, effective September 2020.

Dean Smith, M.D. a family medicine physician at Channel Island Med Group in Ventura has been added, effective June 2020.

Derek Andrzejewski, P.A.-C., a physician assistant at Ventura Orthopedic Medical Group in Camarillo and Simi Valley has been added, effective August 2020.

Donald Thomas II, M.D. a cardiothoracic surgeon at Dignity Health Medical Group Ventura County in Oxnard has been added, effective July 2020.

Dylan Roberg, D.P.M., a podiatrist at Fillmore Orthopedic Clinic (VCMC) in Fillmore has been added, effective August 2020.

Elizabeth McIntyre, P.A. at Conejo Valley Family Med Grp (VCMC) in Thousand Oaks and West Ventura Orthopedic and Podiatry Clinic (VCMC) in Ventura has been added, effective May 2020.

Gabriel Gluck, M.D., an orthopedic surgeon at Ventura Orthopedic Medical Group in Oxnard has been added, effective September 2020.

Gary Winston, M.D., a pediatrician at Surfside Pediatrics has been added, effective July 2020.

Grace Hunter, M.D., an internal medicine physician at Las Islas Family Medical Group(VCMC), and Las Islas Family Medical Group North(VCMC) both in Oxnard has been added, effective July 2020.

Guan Xin, M.D., an OB/Gyn at Academic Family Medicine Center (VCMC) in Ventura, Magnolia Family Medical Center (VCMC) and Mandalay Bay Women & Children's Med Grp (VCMC) both in Oxnard has been added, effective August 2020.

Helen Ashton, M.D., a family medicine physician at Rose Avenue Family Medical Group in Oxnard has been added, effective October 2020.

Ian Joel, M.D., a pulmonary disease specialist at Ventura Pulmonary and Critical Care Medical Group in Ventura has been added, effective August 2020.

Jessica Fennewald, N.P., a nurse practitioner at Insite Digestive Health Care in Camarillo and Oxnard has been added, effective July 2020.

Jodi Watson, C.N.M., a certified midwife at Academic Family Medicine Center (VCMC), Pediatric Diagnostic Center (VCMC), West Ventura Medical Clinic (VCMC), all in Ventura and Santa Paula Hospital Clinic (VCMC) in Santa Paula has been added, effective September 2020.

John Quinn, M.D., an orthopedic surgeon at Ventura Orthopedic Medical Group in Oxnard and Camarillo has been added, effective September 2020.

Jonathan Sukumar, D.O. a physical medicine & rehabilitation physician at West Ventura Medical Clinic (VCMC) in Ventura has been added, effective September 2020.

Joseph Amis, P.A.-C. at Ventura Orthopedic Medical Group in Oxnard and Ventura has been added, effective September 2020.

Justin Marasigan, D.O. a gastroenterologist at Insite Digestive Health Care in Oxnard and been added, effective September 2020.

Kathleen Kolstad, M.D., a rheumatologist 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 2020.

Laura Murphy, D.O. a family medicine physician at Santa Paula Medical Clinic (VCMC) at Santa Paula has been added, effective September 2020.

Lily Mallare, M.D., an OB/GYN at Dignity Health Medical Group Ventura County in Oxnard has been added, effective May 2020.

Lydia Suryakumar, M.D., a family medicine physician at Clinicas Del Camino Real in North Oxnard has been added, effective September 2020.

Maria Choudhary, M.D., an ophthalmologist at Miramar Eye Specialist in Thousand Oaks has been added, effective April 2020.

Melissa Ambrosio, P.A.-C. at Medicine Specialty Center West (VCMC) in Ventura has been added, effective August 2020.

Mini Pharmacy, a diabetic medical equipment and supplies provider has been added, effective July 2020.

Nabeed Hameed, M.D., a family medicine physician at Moorpark Family Care Center (VCMC) in Moorpark has been added, effective August 2020.

Nationwide Medical Inc., a durable medical equipment provider has been added, effective November 2020.

Nisha Vyas, M.D., an OB/Gyn and maternal & fetal specialist at Obstetrix Medical Group of Central Coast in Santa Barbara has been added, effective October 2020.

Paul Rehder, M.D. a pediatric dermatologist at Pediatric Diagnostic Center (VCMC) in Ventura has been added, effective September 2020.

Ramona Bahnam, M.D., a family medicine physician at Clinicas del Camino Real in Oxnard has been added, effective September 2020.

Robin Evans, M.D., a plastic surgeon at Pediatrics Diagnostic Center(VCMC) and Anacapa Plastic and Hand Reconstruction(VCMC) both in Ventura has been added, effective May 2020.

Sally Smith, M.D., a pediatrician at Channel Island Med Group in Ventura has been added, effective June 2020.

Savannah Harris, N.P., a nurse practitioner at Ventura Cardiology Consultants Medical Group in Ventura has been added, effective March 2020.

Sherwin Nikamal, D.P.M., a podiatry physician at Foot & Ankle Concepts Inc. in Oxnard has been added, effective May 2020.

Sleep Disorders Center, a sleep diagnostics providers in Oxnard and Ventura has been added, effective September 2020.

Tamra Travers, M.D., a family medicine physician at Academic Family Medicine Center (VCMC) in Ventura has been added, effective April 2020.

Wendy Cohen, M.D., a family medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula has been added, effective August 2020.

William Cusick, D.O., a family medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has been added, effective July 2020.

Zade Batarseh, P.A.-C., a physician assistant at Ventura Orthopedic Medical Group in Simi Valley has been added, effective August 2020.

LEAVING THE NETWORK

Adam Martidis, M.D. an ophthalmologist at Miramar Eye Specialist in Camarillo, Thousand Oaks, and Ventura has left, effective May 2020.

Alejandro Garcia, M.D., a cardiovascular disease specialist at Ventura Cardiology Consultants in Camarillo, Ojai, Oxnard and Ventura has left, effective September 2020.

Ananda Ananda, M.D., an internal medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula has left, effective June 2020.

Aviva Bernat, M.D., an internal medicine physician at Fillmore Family Medical Group (VCMC) in Fillmore has left, effective July 2020.

Brenda Means, F.N.P. at Las Posas Family Medical Group (VCMC) in Camarillo has left, effective June 2020.

Carl Gross, M.D., a family medicine physician at Ojai Valley Family Medicine Group in Ojai will be leaving, effective January 2021.

Charles Stolar, M.D., a pediatric surgeon at Anacapa Surgical Associates (VCMC) in Ventura has left, effective August 2020.

David Orias, M.D., a cardiovascular disease specialist at Ventura Cardiology Consultant in Oxnard and Ventura has left, effective September 2020.

Dominic Muzsnai, M.D., a family medicine physician at Alta California Medical Group in Simi Valley has left, effective July 2020.

Donald Frambrach, M.D. an ophthalmologist at Miramar Eye Specialists in Camarillo, Oxnard and Ventura, has left effective June 2020.

Elizabeth Worthley, P.A.-C., at Ventura Orthopedic in Ventura and Oxnard has left, effective June 2020.

Geoffrey Loman, M.D., a family medicine physician at Dignity Health Medical Group Ventura County in Ventura has left, effective August 2020.

Isabel Gonzalez Diaz, M.D., a family medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has left effective July 2020.

Ishu Rao, M.D. a cardiac electrophysiologist at Ventura Cardiology Consultants in Ventura has left, effective March 2020.

Jennifer Gros, P.A. at Ventura Orthopedics Medical Group in Simi Valley has left, effective May 2020.

Lawrence Borelli, M.D., an orthopedic surgeon at Conejo Valley Family Med Grp (VCMC) in Thousand Oaks has left, effective July 2020

Louisa Munger, P.A. at Ventura Orthopedic Medical Group in Camarillo and Ventura has left, effective September 2020.

Miriam Parsa, M.D., a pediatric rheumatologist at Pediatric Diagnostic Center (VCMC) in Ventura has left, effective January 2020

Nicholas Bednarski, M.D., a nephrologist at Vista Del Mar in Camarillo and Oxnard has left, effective December 2019.

Nolan Mayer, M.D., a cardiovascular disease specialist at Ventura Cardiology Consultant in Ventura has left, effective September 2020.

Patricia Wade, F.N.P. at Las Islas Women's Health Clinic (VCMC) in Oxnard has left, effective April 2020.

Robert Vasko, M.D., a pediatrician at Pleasant Valley Pediatric Medical Group in Camarillo has left, effective June 2020.

Sandra Young, F.N.P. at Las Islas Family Medical Group North (VCMC) in Oxnard has left, effective August 2020.

Tesu Lin, M.D., a gastroenterologist at Island View Gastroenterology Associates in Oxnard and Ventura, has left effective April 2020.

CHANGES

Alexander Meyer, M.D. a family medicine physician at Dignity Health Medical Group Ventura County is no longer providing services at the location on 247 March St. in Santa Paula. He is now available at 243 March St.

Dignity Health Medical Group in Oxnard has moved locations from 1700 N. Rose Ave., Ste. 350 in Oxnard to 2901 Ventura Rd. Ste. 120, also in Oxnard, effective August 2020.

Emily Scibetta, M.D., a OB/Gyn & maternal & fetal medicine physician, is no longer with Obstetrix Med Grp of the Central Coast, effective June 2020. However, will remain at Academic Family Medicine (VCMC) and Mandalay Bay Women and Children's Med Grp (VCMC).

Seaside Therapy, a Pediatric Physical, Occupational and Speech Therapy facility as moved from their location at 4562 Westinghouse St., Ste A to 4253 Transport St., Unit 1. Still located in Ventura.

Spanish Hills Surgery Center has moved locations from 261 Mobil Ave in Camarillo to 4542 Las Posas Rd., Ste. C, also in Camarillo, effective July 2020.

Ventura Cardiology Consultants Medical Group has closed their doors, effective September 2020.


Ventura Surgery Center in Ventura as closed their doors, effective September 2020.

STANDARDS FOR

Members' Rights and Responsibilities

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

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



For information regarding the Plan's privacy practices, please see the "HIPAA Letter and Notice of Privacy Practices" available on our website at: <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.



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