

# MEMBER NEWSLETTER

FALL ISSUE • SEPTEMBER 2017



VENTURA COUNTY  
HEALTH CARE PLAN

## Featured this issue



ER Copays & Follow-up .....	3
New VCMC North Tower .....	3
New Pediatric Urology Services .....	5
Member Access Survey .....	5





VENTURA COUNTY  
**HEALTH CARE PLAN**  
 FALL ISSUE • SEPTEMBER 2017

**CONTACT INFORMATION**

**Ventura County Health Care Plan**

Regular Business Hours are:

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

- [www.vchealthcareplan.org](http://www.vchealthcareplan.org)
- [VCHCP.Memberservices@ventura.org](mailto:VCHCP.Memberservices@ventura.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  
[www.liveandworkwell.com](http://www.liveandworkwell.com)

**VCHCP Utilization Management Staff**

Regular Business Hours are:

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

- (805) 981-5060

**GRAPHIC DESIGN  
 & PRINTING**

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# contents

Emergency Room Visit Copays and Follow Up.....	<b>3</b>
Patient Emergency & Provider After Hours Contact .....	<b>3</b>
New VCMC North Tower .....	<b>3</b>
New Law Protects Consumers from Surprise Medical Bills .....	<b>4</b>
New Pediatric Urology Services Now Available! .....	<b>5</b>
Complete the 2017 Member Access Survey Today! .....	<b>5</b>
OptumHealth Quality Program.....	<b>5</b>
VCHCP Contracts With OptumHeath Behavioral Solutions .....	<b>6</b>
Autism Screening for All Children, Autism Spectrum Disorders.....	<b>7</b>
2016 Quality Improvement Program Evaluation .....	<b>8</b>
Childhood and Adolescent Immunizations .....	<b>10</b>
Timely Access Requirements.....	<b>10</b>
Flu Season is Coming!.....	<b>11</b>
FAQ's for Members About Specialty Medications.....	<b>11</b>
Be a Quitter!.....	<b>12</b>
2017 Affirmative Statement Re: Utilization-Related Incentive .....	<b>12</b>
Standing Referrals, Direct Specialty Referrals .....	<b>13</b>
Case Management & Disease Management Services .....	<b>14</b>
Request Case Management or Disease Management .....	<b>15</b>
Availability of an Independent Review .....	<b>15</b>
VCHCP's Referral & Prior Authorization Process & Services .....	<b>15</b>
Survey Results: Member Satisfaction with Utilization Management.....	<b>16</b>
Medical Policy Updates, Ventura County Call 2•1•1, Coast2Coast Rx .....	<b>17</b>
Follow-Up for Depression.....	<b>18</b>
Depression Education Materials.....	<b>18</b>
Express Scripts Prescription Drug Plan .....	<b>18</b>
Pharmacy Updates .....	<b>19</b>
2016 HEDIS Results and Interventions.....	<b>20</b>
VCHCP Network Updates .....	<b>21</b>
Standards for Member's Rights & Responsibilities.....	<b>23</b>

## Emergency Room Visit Copays and Follow Up

No one likes Emergency Room (ER) visits, nor how pricey they can become. Avoid having to pay multiple ER copays by ensuring that you see your Primary Care Provider (PCP) for any follow-up care. Just a reminder... Additional ER copays will be applied when returning for follow-up care at the ER.

A sudden trip to the ER can be difficult and often times results in a change in medication or treatment. After a visit to the ER, it is very important that you make an appointment to see your PCP and specialist when applicable, as soon as possible, or within 30 days. This visit is to update your PCP on what occurred that required you to seek emergency treatment, update your medication routine, and to be referred for additional care if needed. Establishing and keeping a good relationship with your PCP is vital to your health and your PCP's ability to provide care to you.

If you find that making an appointment with your PCP or specialist after an ER visit is difficult and you can't be seen within 30 days, or if your ER visit was due to your inability to be seen by your PCP, please notify your Ventura County Health Care Plan Member Services Department at (805) 981-5050. Your ability to access health care is important to us.

# Patient Emergency & Provider AFTER HOURS CONTACT

## Ventura County Medical Center Emergency Room

3291 Loma Vista Road,  
Ventura, CA 93003  
**(805) 652-6165 or  
(805) 652-6000**

## Santa Paula Hospital

A Campus of Ventura  
County Medical Center  
825 N Tenth Street  
Santa Paula, CA 93060  
**(805) 933-8632 or  
(805) 933-8600**

## Ventura County Health Care Plan

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

## THE NURSE ADVICE LINE 1-800-334-9023

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

THERE IS ALSO A LINK ON THE MEMBER WEBSITE: [www.vchealthcareplan.org/members/memberIndex.aspx](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) 981-5050** or toll-free **(800) 600-8247**

FAX: **(805) 981-5051**, [www.vchealthcareplan.org](http://www.vchealthcareplan.org)

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**

# New VCMC North Tower

Approximately 300 people gathered at the entrance of the Ventura County Medical Center on June 9, 2017 for the ribbon-cutting ceremony to open the North Tower, the newly completed replacement wing of the hospital. A community open house was held on June 10th, and after much anticipation, August 20th was set as the move in date for the North Tower. August 20, 2017 was an incredibly important and exciting day for VCMC!



# AB 72

## New Law PROTECTS CONSUMERS from Surprise Medical Bills

A new law created by Assembly Bill (AB) 72<sup>1</sup> (Bonta, Chapter 492, Statutes of 2016) protects consumers from surprise medical bills when they go to in-network facilities such as hospitals, labs or imaging centers. This new consumer protection started July 1, 2017, and makes sure consumers only have to pay their in-network cost sharing. Providers now cannot send consumers out-of-network bills when the consumer did everything right and went to an in-network facility.

### Consumer Quick Facts:

#### NO SURPRISE MEDICAL BILLS:

Health care consumers are no longer put in the middle of billing disputes between health plans and out-of-network providers. Consumers can only be billed for their in-network cost-sharing, when they use an in-network facility.

**PREVENTS COLLECTIONS:** Protects consumers from having their credit hurt, wages garnished, or liens placed on their primary residence.

**HELPS CONTROL HEALTH CARE COSTS:** Health plan payments for out-of-network services are no longer based on sticker price.

### FREQUENTLY ASKED QUESTIONS:

#### What is a surprise bill, and why would I get one?

Here are some examples of when consumers have gotten surprise bills:

- A consumer had a surgery at a hospital or outpatient surgery center in their health plan network, but the anesthesiologist was not in their health plan network. Even though the consumer did not have a choice in who their anesthesiologist was, that provider sends a bill to the consumer after the surgery. This is a surprise bill.
- A consumer goes to a lab or imaging center in their health plan network for tests and the doctor who reads the results is not in their health plan network. That doctor then bills the consumer for their services creating a surprise bill for the consumer.

Under AB 72, consumers should no longer receive these surprise bills. This means when you go to a health care facility like a hospital or a lab in your health plan network, and end up with a doctor who is not in your health plan network, they cannot charge you more than you would have to pay for an in-network doctor.

#### What should I pay?

Consumers who go to an in-network facility only have to pay for in-network cost-sharing (co-pays,

co-insurance, or deductibles).

Consumers should contact their health plan if they have questions about their in-network cost-sharing.

#### What is a Health Plan Network?

A health plan network is the group of doctors, hospitals and other health care providers a health plan contracts with to provide health care services to its members. These providers are called “network providers,” “contracted providers” or “in-network providers.” A provider who does not contract with your health plan is called an “out-of-network provider” or “non-contracted provider.”

Examples of health care facilities that are in a health plan network include hospitals, ambulatory surgery centers or other outpatient settings, laboratories, and radiology or imaging centers.

#### What If I Received a Surprise Bill? And what if I Already Paid?

If you received a surprise bill and already paid more than your in-network cost share (co-pay, co-insurance or deductible) file a grievance/complaint with your health plan with a copy of the bill.

To file a grievance/complaint with the Ventura County Health Care

Plan (VCHCP or “the Plan”), please call us at (805) 981-5050 or (800) 600-8247, or submit the complaint online by visiting <http://www.vchealthcareplan.org/>, or by writing to the Plan at:  
Ventura County Health Care Plan  
2220 E. Gonzales Rd #210-B  
Oxnard, CA 93036

VCHCP will review your grievance and should tell the provider to stop billing you. If you do not agree with VCHCP’s response or if VCHCP takes more than 30 days to fix the problem, you can file a complaint with the Department of Managed Health Care, the state regulator of health plans. You can file a complaint by visiting [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov) or calling 1 (888) 466-2219.

### Does the New Law Apply to Everyone?

The law applies to people in health plans regulated by the Department of Managed Health Care or the California Department of Insurance. It does not apply to Medi-Cal plans, Medicare plans or “self-insured plans.” If you do not know what kind of plan you are in you can call the Help Center at 1 (888) 466-2219 for help.

<sup>i</sup> AB 72 protects consumers receiving non-emergency services at in-network facilities from being balanced billed by an out-of-network provider. California law already protects most consumers from balance billing for emergency services.

## New Pediatric Urology Services Now Available!

The Health Care Agency is proud to announce that pediatric urology services are now being offered two ½ days per month out of the Mandalay Bay Women & Children’s Clinic, at 2000 Outlet Center Drive, Ste. 110, in Oxnard.

As with their pediatric oncology services, introduced in 2009, these much-needed services ensures busy families will be able to get care close to home.

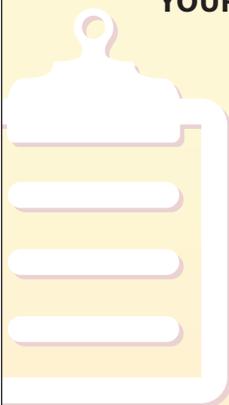
Dr. Paul Silverman, a urologist with Anacapa Surgical Associates, will oversee the program. “I am happy that we’re going to be offering these services here in Ventura County,” says Dr. Silverman. “Parents with children needing these services no longer have to drive out of the county to receive care.”

ADDITIONAL INFORMATION CAN BE PROVIDED BY CALLING:

Anacapa Surgical Associates at **(805) 652-6210** or  
Mandalay Bay Women & Children’s Clinic at **(805) 604-4588**.

## Complete the 2017 Member Access Survey today!!!

### YOUR INPUT MATTERS!



Help us make a difference to your health care access needs and identify areas needing improvement by completing the 2017 Member Access Survey online at:

<https://www.surveymonkey.com/r/VCHCPMemberSurvey2017>

You may also complete the survey by visiting our website at [www.vchealthcareplan.org](http://www.vchealthcareplan.org) and click on “For Members”.

The Survey will be available from **September 1st – November 30th**

For assistance contact our Member Services Department at **(805) 981-5050** or toll free at **(800) 600-8247**

Monday – Friday between 8:30 a.m. – 4:30 p.m.

## 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.



## VENTURA COUNTY HEALTH CARE PLAN CONTRACTS WITH



# OptumHealth Behavioral Solutions (LIFE STRATEGIES)

## FOR MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES

Optum's Live and Work Well website is packed with valuable information for healthy living. For easy access to this information, look for Optum's icon on the VCHCP website – click on it and you are on your way to learning more about healthy living! You can also access it through <https://www.liveandworkwell.com/member>.

*Following are two examples of articles available for members to help with common behavioral health issues.*

## Attention Deficit Hyperactivity Disorder (ADHD)

### ***What is attention deficit hyperactivity disorder?***

Attention deficit hyperactivity disorder (ADHD) is a condition in which a person has trouble paying attention and focusing on tasks, tends to act without thinking, and has trouble sitting still. It may begin in early childhood and can continue into adulthood. Without treatment, ADHD can cause problems at home, at school, at work, and with relationships. In the past, ADHD was called attention deficit disorder (ADD).

### ***What causes ADHD?***

The exact cause is not clear, but ADHD tends to run in families.

### ***What are the symptoms?***

The three types of ADHD symptoms include:

- **Trouble paying attention.** People with ADHD are easily distracted. They have a hard time focusing on any one task.
- **Trouble sitting still for even a short time.** This is called hyperactivity. Children with ADHD may squirm, fidget, or run around at the wrong times. Teens and adults often feel restless and fidgety. They aren't able to enjoy reading or other quiet activities.
- **Acting before thinking.** People with ADHD may talk too loud, laugh too loud, or become angrier than the situation calls for. Children may not be able to wait for their turn or to share. This makes it hard for them to play with other children. Teens and adults may make quick decisions that have a long-term impact on their lives. They may spend too much money or change jobs often.

### ***How does ADHD affect adults?***

Many adults don't realize that they have ADHD until their children are diagnosed. Then they begin to notice their own symptoms. Adults with ADHD may find it hard to focus, organize, and finish tasks. They often forget things. But they also often are very creative and curious. They love to ask questions and keep learning. Some adults with ADHD learn to manage their lives and find careers that let them use those strengths.

## The Basics: Autism Facts

### ***What is Autism?***

Autism is a developmental disorder. The disorder makes it hard to understand the world. Communication is especially challenging. It is hard for people with autism to attach meaning to words and facial expressions. Individuals with the disorder have trouble interacting with others. They may seem as if they are in their own world. People with autism tend to engage in repetitive or obsessive behavior. They often do self-harming things. They may bang their heads on the wall or do things like repeatedly pinch themselves.

### ***What are the Symptoms?***

Autism is usually noticed in the first three years. Sometimes the symptoms are apparent when comparing the development of your child to others their age. Other times the symptoms may come on all at once. Some signs to look for are:

### **Communication symptoms:**

- Talks late or not at all; speaks loudly or with flat tones
- Points or uses other motions to indicate needs
- Repeats words or phrases without understanding the meaning
- May talk at length about something even if no one is listening



### Social interaction symptoms:

- Likes to be alone
- Dislikes being held or touched
- Does not know how to interact; poor listener
- May stare at something for a long time, ignoring the rest of the world
- Poor eye contact
- Does not understand the feelings of others

### Behavior symptoms:

- Likes routine; is upset by change
- Does not pretend or use his or her imagination
- May have tantrums or show aggression
- May become very attached
- May engage in repetitive movements like rocking
- May bang his or her head or hurt self
- May be sensitive to noises that others tolerate
- May have an unusual reaction to the way things smell, taste, look, feel or sound

Not everyone experiences autism in the same way. Some may have severe trouble with some things and not be as challenged by others. If you suspect that your child may have autism, trust your instincts. Take your child to a doctor and have them examined.

*Additionally, VCHCP has a Case Management Program specific to the needs of those with Autism. Contact the VCHCP Case Management Department for more information (805) 981-5060 or visit [www.vchealthcareplan.org](http://www.vchealthcareplan.org) and click on "Request Case Management or Disease Management".*

# Autism Screening FOR ALL CHILDREN

Autism Spectrum Disorder (ASD) is the name for a group of developmental disorders. Studies show that when children with ASD are diagnosed early and receive early intervention, they have improved long-term outcomes. With this in mind, VCHCP has in place a Screening for Autism Policy that all Family Practitioners and Pediatricians caring for children age 2 and younger are to follow. Your child's provider will administer a standardized screening and surveillance of risk factors at age 18 and 24 months. Also, your provider will perform a general observation at every well-child visit. Please understand that these screenings are to be provided for all children at age 18 and 24 months. If you have concerns about the screening or the results, contact your child's provider.

**If you have any questions about the Autism Screening Policy, please contact VCHCP Utilization Management department at (805) 981-5060.**

## Autism Spectrum Disorders

**REQUEST  
Case Management or  
Disease Management**

Members now have an opportunity to seek assistance for Autism Spectrum Disorders (ASD). VCHCP recommends all members with ASD or parents of children with ASD participate in our Autism Case Management Program. Visit <http://www.vchealthcareplan.org/members/memberIndex.aspx>, and on the right side of the site, click "Request Case Management or Disease Management". You will be prompted to enter member specific information. You will then submit this form to a secure email. A nurse will evaluate your request and call you within 2 business days.

**If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.**

# 2016 Quality Improvement Program Evaluation

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 2016, the Plan is pleased to share that it succeeded in achieving multiple identified goals.

## Highlights of Plan Accomplishments for 2016 include:

### Improved Access and Availability:

- 48% reduction of access issues from the commencement of the Access to Care Task Force in August of 2015.
- Executed 18 new provider contracts including Orthopedics, Pulmonary, Rheumatology, Endocrinology, Anesthesia, Ancillary and Primary Care.
- Hiring of providers for many specialties, which include Orthopedics, Neurology, Cardiology, Immunology, Internal Medicine, and Dermatology.

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

- Increased CM acceptance rate from 8% in 2015 to 12% in 2016.
- 50% reduction in inpatient admissions for members enrolled in complex case management at least 60 days.
- 60% reduction in Emergency Room visits for members enrolled in complex case management program at least 60 days.
- 95% member experience/satisfaction with CM.

### Improved Disease Management Program:

- Improved risk stratification of members with diabetes by obtaining the laboratory A1C result, thereby, stratifying more members as moderate and high. These members received health coaching and CM screening interventions.

### Efficiency in Utilization Management:

- Reduction in prior authorization of those services that are seldom denied (<5%) with no or little return on investment (ROI). This resulted in decreased work volume offsetting the staff reduction that transpired in November of 2016.

## SYSTEM ENHANCEMENTS:

- Developed an in-house registry/data management tool (Quality Application) that allows better use of the Disease Management master registry, ability to view member care gaps, manage risk stratification, record member opt outs, as well as document special conditions. This resulted in improvement in the Disease Management program.
- Implemented a desktop eligibility application to confirm eligibility in real time. This resulted in reduction of phone calls to member services, offsetting the staff reduction that transpired in November 2016.
- Updated the Provider Directory with an enhancement of on-line search functionality.

## SERVICES:

- Maintained level of customer service with reduction in staff positions.
- Continued success and availability of the three (3) Member-only clinic. These clinics were opened to assist members with timely access to Primary Care Physicians.
- Rolled out customer service training to all departments of VCHCP.
- More members enrolled in the Disease Management program received health coaching intervention, as the risk stratification of members was improved.
- Created efficiencies in the case management screening process, improving case management acceptance rate in spite of reduction in staff position.

## SURVEYS:

- After hours survey conducted and resulted in 100% compliance of our providers.
- Completed a Provider Access Survey, which was conducted by the Industry Collaboration Effort (ICE) on behalf of the Plan.

- Conducted a member appointment availability survey relative to Access.
- Conducted the annual member Consumer Assessment of Healthcare Providers and systems (CAHPS) survey, evaluated its findings, and identified opportunities for improvement particularly surrounding timely access to care.
- Completed a provider satisfaction survey conducted by SPH Analytics.
- Secret shopper calls performed on “high impact” specialties which included cardiology and oncology; and on those clinics with highest volume of access issues.

## PROCESSES:

- 95.6% overall call quality in Member Services.
- Achieved 97% to 100% compliance with UM review turnaround time.
- UM physicians and nurses achieved 100% on inter-rater audits.

## 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.
- Used EverBridge (telephonic) Messaging as a means to relay important announcements to members.
- 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 appropriate use of the Emergency Room.

## COLLABORATIONS:

- Continued monthly meetings (NCQA Steering Committee) with Health Care Agency (HCA) partners as a venue to discuss concerns impacting services to Plan members, as well as to identify viable solutions and provide accountability to ensure concerns are remediated.
- 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 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 2016, there were Key Challenges for the Plan in 2017 that came to light:

- Timely Access to Care – the Plan needs to better identify and track access to care barriers and collaborate with County partners, VCHCP delegates, Access to Care Taskforce members and non-County partners to identify and implement potential solutions.
- 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)
  - Postpartum Care (PPC)
  - Plan All-Cause Readmission (PCR)
- Consistent timeliness of follow up care:
  - Emergency Room visits
  - 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.
- Increase volume of members stratified as moderate and high risk to allow health coaching and case management screening and intervention to more members.



# Childhood & Adolescent IMMUNIZATIONS

Immunizations help to protect our children from life-threatening illnesses

Immunizing our children also helps to protect people who cannot receive them, such as the very old, people with vaccine allergies, and people with weakened immune systems.

In order for these very important immunizations to be most effective, they must be given within certain timeframes.

Between birth and the child's second birthday they should receive immunizations for: Diphtheria, Tetanus, and Pertussis (DTaP), Polio, Measles, Mumps, Rubella (MMR), Haemophilus Influenzae Type B (HiB), Hepatitis B, Varicella (chicken pox), Pneumococcal, Hepatitis A, Rotavirus, and Influenza.

Adolescents should receive immunizations for: Tetanus, Diphtheria, Pertussis (Tdap) between their 10th and 13th birthday.

They should also receive immunization for Menin-

gococcal (Meningitis) between the 11th and 13th birthday.

Lastly, Human Papillomavirus (HPV) is a virus found to cause cancer including cervical and oropharyngeal (mouth; throat or tonsil) cancers. The HPV vaccine should be given in 3 doses between the adolescents' 9th and 13th birthdays. By having your child immunized within this specific time-frame, they are less likely to contract HPV.

If you have found that your child may have missing immunizations, speak with your child's doctor regarding a catch up schedule. If you have any questions regarding appropriate or needed immunizations for your child or adolescent, contact your PCP. You can also visit <http://www.cdc.gov/vaccines/schedules/> for the Center for Disease Control and Prevention vaccine schedules.

## 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

# FAQ's FOR MEMBERS ABOUT SPECIALTY MEDICATIONS

## What is a "Specialty Medication"?

Specialty Medications are high-cost medications, regardless of how they are administered (injectable, oral, transdermal, or inhalant), and are often used to treat complex clinical conditions that require close management by a physician due to their potential side effects and the need for frequent dosage adjustments.

## What if my Doctor prescribes a "Specialty Medication" for me?

Most "Specialty Medications" require prior authorization from the Plan. Your doctor will need to complete a Prescription Drug Prior Authorization Request form and submit it to the Health Plan for approval.

## How do I know if my medication is a "Specialty Medication"?

Contact Accredo at (866) 848-9870. Accredo is Express Scripts specialty pharmacy provider.

## How much will my specialty medication cost?

You can look up your out-of-pocket cost for any medication (whether specialty or not) by going to the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com) and creating an online account. Or you can call Express Scripts directly at (800) 811-0293 to find out your out-of-pocket cost for a particular medication or for help logging into their website.

## How do I get my specialty medication?

Once the Health Plan approves your doctor's Treatment Authorization Request, Accredo verifies the approval and contacts the patient to coordinate shipment of the medication to the patient's address within 24 to 48 hours. Accredo cannot ship your medication without contacting you first. Accredo will also provide any equipment necessary for you to take your medication. You can call Accredo directly with any questions at (866) 848-9870.

## What if I need to start taking my medicine right away?

If your doctor determines that it is medically necessary for you to begin taking the medication right away, he/she can write a prescription for a 1 time 30 day supply to be filled at a local pharmacy upon approval by the Plan.

## What if my medication hasn't arrived yet?

If you are concerned about the amount of time it is taking for your medication to be shipped to you, or if you have any other questions or concerns, please call the Plan's Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 Monday through Friday between the hours of 8:30 am and 4:30 pm.

*For more information about the Plan's Specialty Medication policies or Prescription Medication Benefit Program please see the Plan's website at [www.vhealthcareplan.org](http://www.vhealthcareplan.org) or call the Plan's Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 between the hours of 8:30 am and 4:30 pm Monday-Friday.*



## Flu Season is Coming!!!

Influenza is a contagious illness caused by flu viruses. The flu can cause mild to severe illness and in some people there is a risk of death. Common symptoms of flu are:

- Fever
- Chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

There are ways to prevent getting the flu. First, get vaccinated! According to the Center for Disease Control and Prevention (CDC), people 6 months old and older should receive the flu vaccine as soon as it becomes available (unless otherwise directed by physician), especially those at high risk including young children, pregnant women, people with chronic health conditions such as diabetes, asthma, and heart disease, people over the age of 65, and health care workers. Peak flu season is December to February, but can run from October to May.

Secondly, wash your hands and prevent the spread of infection. Use water and soap or hand sanitizer when soap and water are not available. Do not put your hands in your mouth or touch your face and teach children the same. If you or your child are feeling ill, stay home to prevent the spread of illness.

To receive your flu vaccine, visit your primary care physician.

# Be a Quitter!

How many times have you tried to quit smoking or using tobacco?

Is it more than once? If so, you are not alone! Studies show it takes a

tobacco user on average 6-10 serious attempts before they quit for good. Each time a tobacco user

attempts to quit, they learn more about themselves and the quitting process. On the bright side,

there are currently more former smokers than current smokers, proof that you, too, can be a quitter!

**N**icotine withdrawal can make quitting difficult, but there are tools to help increase your ability to succeed:

- Set a quit date and use a quit plan that works best for you
- Use resources and appropriate medication to cope with nicotine withdrawal
- Stay positive, reminding yourself why you want to quit

Speak with your primary care provider about programs and medications available to help you quit. Support programs can increase your chances for success.

## RESOURCES AVAILABLE:

- California Smoker's Helpline 1-800-No-Butts
- Ventura County Public Health Services Tobacco Education & Control Program (Call it Quits Phone-line) (805) 652-3377 or (805) 201-STOP. <http://vchealthcareplan.org/members/docs/healthEducation/TobaccoFree.pdf>
- Becomeanex.org (Interactive quit plan)
- Smokefree.gov

From the first day you quit, your body starts to heal itself. Every day you do not use tobacco, you are improving your health. Start working on your plan for a healthier you today!

If you have questions about coverage, please call Member Services at (805) 981-5050.

(Source [www.CDC.gov](http://www.CDC.gov))

## 2017 Affirmative Statement Regarding Utilization-Related Incentive\*

- Utilization Management (UM) decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that may result in underutilization.
- VCHCP does not use incentives to encourage barriers to care and service.
- VCHCP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.

\*Includes the following associates: Medical and Clinical Directors, Physicians, UM Directors and Managers, licensed UM staff including Management personnel who supervise clinical staff and any associate in any working capacity that may come in contact with members during their care continuum.

# Standing Referrals

A standing referral allows members to see a specialist or obtain ancillary services, such as lab, without needing new referrals from their primary care physician for each visit.

Members may request a standing referral for a chronic condition requiring stabilized care. The member's primary care physician will decide when the request meets the following guidelines.

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

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

A standing referral is limited to 6 months, but can be reviewed for medical necessity as needed, to cover the duration of the condition.

If you change primary care physicians or clinics, you will need to discuss your standing referral with your new physician. Changing your primary care physician or clinic may require a change to the specialist to whom your primary care physician makes referrals. Additional information regarding Standing Referrals is located on our website: <http://www.vchealthcareplan.org/providers/docs/PriorAuthorizationProcess.pdf> or by calling Member Services at (805) 981-5050 or (800) 600-8247.

# Direct Specialty Referrals

A "Direct Specialty Referral" is a referral that your Primary Care Physician (PCP) can give to you so you can be seen by a specialist physician or receive certain specialized services. Direct Specialty Referrals do not need to be pre-authorized by the Plan. All VCHCP contracted specialists can be directly referred by the PCPs using the direct referral form [EXCLUDING TERTIARY REFERRALS, (e.g. UCLA AND CHLA), PERINATOLOGY and NON VCMC PAIN MANAGEMENT SPECIALISTS]. Referrals to Physical Therapy and Occupational Therapy also use this form.

Note that this direct specialty referral does not apply to any tertiary care or non-contracted provider referrals. All tertiary care referrals and referrals to non-contracted providers continue to require approval by the Health Plan through the treatment authorization request (TAR) procedure.

Appointments to specialists when you receive a direct referral from your PCP should be made either by you or by your referring doctor. Make sure to check with your referring doctor about who is responsible for making the appointment.

Appointments are required to be offered within a specific time frame, unless your doctor has indicated on the referral form that a longer wait time would not have a detrimental impact on your health. Those timeframes are: Non-urgent within 15 business days, Urgent within 48-96 hours.

If you or your doctor feel that you are not able to get an appointment within an acceptable timeframe please contact the Plan's Member Services Department at (805) 981-5050 or (800) 600-8247 so that we can make the appropriate arrangements for timeliness of care.

The Direct Referral Policy can also be accessed at: <http://www.vchealthcareplan.org/providers/providerIndex.aspx>. To request to have a printed copy of the policy mailed to you, please call Member Services at the numbers listed at left.

# Case Management & Disease Management SERVICES

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

## Participation in these programs

is free and voluntary for eligible members. Members can opt out at any time and being in these program does not affect benefits or eligibility. For more information or to submit a referral for the Disease Management or Complex Case Management Programs, please call (805) 981-5060 or discuss with your doctor. Members can also self-refer to these programs online on the Member page at [vhealthcareplan.org](http://vhealthcareplan.org) and click on the box labeled "Request Case Management or Disease Management".

## CASE MANAGEMENT

VCHCP has a Case Management Program to help our members who have complex needs by ensuring that our members work closely with their doctors to plan their care. The goals of Case Management are to help members get to their best health possible in the right setting; coordinate and manage healthcare resources; support the treatment plan ordered by the doctor; and to take action to improve member overall quality of life and health outcomes. As a member in Case Management, members with complicated health care issues and their family have a truly coordinated plan of care.

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

## DISEASE MANAGEMENT

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

## REQUEST Case Management or Disease Management

Members now have an opportunity to seek assistance for complex & or chronic medical needs such as asthma, diabetes, and coordination of challenging care online!

Visit <http://www.vchealthcareplan.org/members/memberIndex.aspx>, and on the right side of the site, click "Request Case Management or Disease Management". You will be prompted to enter member specific information. You will then submit this form to a secure email. A nurse will evaluate your request and call you within 2 business days. If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.

## Availability of an Independent Review

When a member receives a denial, modification or delay of a medical service by VCHCP, the member has the right to appeal that denial, modification or delay in service. A modification is a change made by the VCHCP to some part of the initial service request. A delay in service occurs if the decision is not made within the regulated time frame.

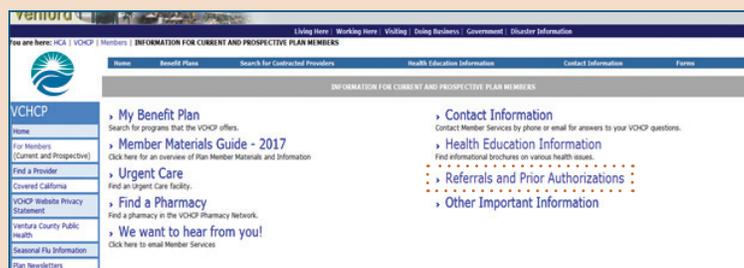
**THE 1<sup>ST</sup> STAGE OF THE APPEAL PROCESS** is with the Plan itself. The Plan will re-review the original service request. It will always be reviewed by a second doctor before a decision is made. The decision could be to uphold or keep the denial, or to approve only a part of services. Or the decision could be to overturn the original denial. This means that the request would be approved. The change in a decision most often happens when new medical information that applies to the case is given to the Plan. This new information can be used in the decision making process.

**IF THE APPEAL REQUEST CONTINUES TO BE DENIED**, then the member can also ask for an independent medical review (IMR). This is the 2nd stage of the appeal process. The request for an IMR is made to the Department of Managed Health Care (DMHC). The process for sending an appeal request to DMHC is included in the initial denial letter packet sent to the members. There is also information on the member website at <http://www.vchealthcareplan.org/members/otherInformation.aspx>. The information can also be requested through Member Services. If the appeal is for a medical reason and not a contract reason, the review will be assigned by the DMHC to an outside medical care organization for review. The decision is made within 30 days and the DMHC's decision is final.

## Ventura County Health Care Plan's Referral & Prior Authorization Process and Services Requiring Prior Authorization

Need information on how and when to obtain referrals and authorization for specific services? Please visit our website at [www.vchealthcareplan.org](http://www.vchealthcareplan.org), click on "For Members", then click on "Referrals and Prior Authorization". This area provides links for members to obtain specific information on the Plan's prior authorization process, what services require prior authorization, timelines, and direct referral information.

If you have any questions, please call member services at **(805) 981-5050**.



The screenshot shows the Ventura County Health Care Plan website. The top navigation bar includes links for Home, Benefit Plans, Search for Contracted Providers, Health Education Information, Contact Information, and Forms. Below this, there is a section titled "INFORMATION FOR CURRENT AND PROSPECTIVE PLAN MEMBERS" with a list of links: My Benefit Plan, Member Materials Guide - 2017, Urgent Care, Find a Pharmacy, We want to hear from you!, Contact Information, Health Education Information, Referrals and Prior Authorizations, and Other Important Information. The Referrals and Prior Authorizations link is highlighted with a red dotted border.

# Member Satisfaction with Utilization

As part of our continuing commitment to serve our members, VCHCP conducted a 2017 Consumer Assessment of Healthcare Providers and System (CAHPS) survey. The purpose of this survey is to measure how well the Health Plan meets members' expectations and goals. SPH Analytics was selected by VCHCP to randomly select eligible members to participate in the survey using a combination of mail and telephone outreach.

We would like to thank the 257 members who responded to our survey, yielding a 23.7% response rate. Based on your responses, specifically with regards to your "experience with our Utilization Management" (UM), the Plan is committed to improving member survey results and experiences. The specific questions in the survey that pertain to your experience with our Utilization Management are:

**Q14: In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?**

**Q25: In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?**

We heard your feedback and recognize we have opportunities for improvement. We have implemented actions to improve your experience with our Utilization Management such as:

- VCHCP continues to utilize our Direct Specialty Referral Program for our VCHCP health plan members. The Primary Care Physicians can directly refer members to certain in network/contracted specialty providers without requiring prior authorization. This program was updated to include expanded specialties, along with adding procedures available under the direct referral.
- In addition to expanding the specialists in the direct specialty referral program, the Plan's Utilization Management (UM) removed prior authorization on services that the Plan generally approve, reducing the barrier of having to obtain prior authorization. The intent is to make it easy for members to get these services.

- We are working with our Provider Network to address the issue of getting timely appointments with specialists for our members.
  - Executed 18 new provider contracts including Orthopedics, Pulmonary, Rheumatology, Endocrinology, Anesthesia, Ancillary and Primary Care.
  - The Ventura County Medical Center (VCMC) Ambulatory Clinic (AC) hired providers for many specialties, which include Orthopedics, Neurology, Cardiology, Immunology, Internal Medicine, and Dermatology.
  - Continued success and availability of the three (3) VCHCP member only clinics. These clinics were opened to assist members with timely access to Primary Care Physicians.
  - Forty-eight (48%) reduction of access issues from the commencement of the Access to Care Task Force in August of 2015. The Plan created an Access to Care Task Force under the Plan's Network Relations to address and resolve access issues with VCMC Ambulatory Care. If you or your family member are having trouble in getting timely appointments, please contact us at (805) 981-5050.
- Our UM department continues to utilize an electronic prior authorization referral process at the Ventura County Medical Center (VCMC) through the Cerner system. VCHCP continues to work with VCMC to improve access to timely appointments by improving the VCMC referral center process.
- The Plan's Member Services department measures/monitors access issues through Plan complaint and grievance data. The Plan assists members to get appointments or may arrange case agreement with providers. Access issues are addressed for continued improvement with collaboration between the Plan and providers.
- The Plan has made concerted efforts to contract with needed specialists in geographic areas of need.

Our UM department continues to monitor the timeliness of our UM prior authorization processing on a daily basis to ensure timely review. Certain benefits require prior authorization from the VCHCP in order to be covered. This means that visits to certain specialists, specific tests, and some

# Management

prescription medications require the requesting physician to submit a Treatment Authorization Request (TAR) to VCHCP. VCHCP UM Department reviews the request and it is either approved or denied based on medical necessity. For more information about the TAR review process please see your plan's Evidence of Coverage (EOC) Booklet available at [www.vchealthcareplan.org](http://www.vchealthcareplan.org). VCHCP must approve the request in order for the Plan to pay for the cost of the service(s). Generally, routine authorization requests are processed within 5 business days.

Additionally, did you know that our UM department tracks how long it takes to respond to each request it receives? This is reported to our Utilization Management Committee on a quarterly basis as the UM Turn-Around-Time. There are strict regulatory requirements for the time UM takes to respond to requests that are received by the Plan. When turn-around-times do not meet specified goals, a Corrective Action Plan (CAP) is activated to ensure improvement occurs. So far in 2017, over 99% of requests received have been completed within the specified regulatory requirement.

In order to meet the steps of prior authorization, the prescribing physician must submit the TAR. Without the TAR, the Plan is not aware that you are in need of services. Some members call the Plan with concerns that they have not received authorization for the service requested, and it is found that the physician has not submitted the request yet, or the request has not been processed through the physician's office referral system. This delay in the process can lead to increased time it takes to get the services needed. The Plan is working closely with physician offices to ensure that the offices submit the TARs to the Plan's UM Department as soon as possible. This will help prevent delays in the process.

**If you would like the ability to know if VCHCP has received your TAR, you may call the Plan's Utilization Management Department at (805) 981-5060 from 8:30 am to 4:30 pm. Your continued participation in our annual member satisfaction surveys and other feedback will help us identify areas of opportunity for improvement, which in turn aids us in increasing the quality of care you receive.**

## Medical Policy UPDATES

New and Updated Medical Policies are posted on The Plan's website at [www.vchealthcareplan.org/providers/medicalPolicies.aspx](http://www.vchealthcareplan.org/providers/medicalPolicies.aspx) and include the following:

### NEW

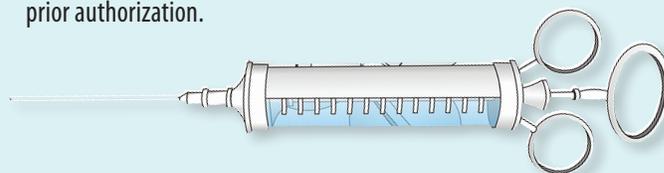
#### POLICY FOR PAIN MANAGEMENT PROCEDURES

Ventura County Health Care Plan (VCHCP) has adopted the Milliman Care Guidelines for the initial Pain Management procedures of epidural steroid injections, diagnostic facet blocks/medial branch blocks and therapeutic rhizotomy. Requests for follow-up procedures will require specific criteria to be met prior to authorization.

### UPDATED

#### INJECTABLE MEDICATION COVERAGE POLICY

Updated to reflect addition of epinephrine, headache medications and medroxyprogesterone acetate as exceptions to injectables requiring prior authorization.



## A great resource in Ventura County...

2•1•1 can assist patients with counseling, food assistance, domestic violence services, employment resources, health care, senior services, legal assistance, substance abuse services, housing, resources for parents, and much more! 2•1•1 is available 24 hours a day, 7 days per week. You can also visit [www.211ventura.org](http://www.211ventura.org).



## Coast2CoastRx



The County of Ventura is participating in a Free Discount Prescription Card program called Coast2CoastRx. This program is free to all residents of Ventura County and provides discounts on prescriptions, diabetic equipment/supplies, and other healthcare costs. To sign up for your Free Discount Prescription Card, visit [www.coast2coastrx.com](http://www.coast2coastrx.com). If you do not have access to the internet, please call the Plan at (805) 981-5060 and ask to speak to the Quality Assurance Department.

# Follow-up FOR Depression

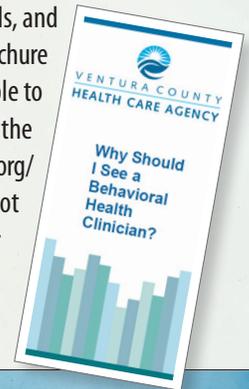
*Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest.*

Also called major depression, major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living. More than just a bout of the blues, depression isn't a weakness, nor is it something that you can simply "snap out" of. Depression may require long-term treatment, but don't get discouraged. Most people with depression feel better with medication, psychological counseling or both. Other treatments may also help. Regular follow-up with your Primary Care Provider (PCP) and Behavior Health Provider after starting medications to treat depression is crucial in finding the right treatment medication, dosing and length of time to be on medications. It is also very important to talk with your physician before stopping any antidepressant medications. If you have any questions, discuss them with your PCP or Behavior Health Provider.

**For additional resources, visit: [www.liveandworkwell.com](http://www.liveandworkwell.com).**

## DEPRESSION EDUCATION MATERIALS AVAILABLE

Depression is a common mental illness that can be very limiting. When members are well informed and seek treatment, they can successfully work through life problems, identify coping skills, and retain a sense of control. VCHCP has created a brochure of depression information and resources available to members. This valuable resource is available on the VCHCP website at <http://www.vhealthcareplan.org/members/healthEducationInfo.aspx>. If you do not have access to the website, or would like further information please call (805) 981-5060 and ask to speak with a Disease Management Nurse.



## EXPRESS SCRIPTS® PRESCRIPTION DRUG PLAN

The Ventura County Health Care Plan provides pharmacy coverage through Express Scripts. Members have the ability to create an online Express Scripts profile account at <https://www.express-scripts.com/>. Members have access to the following services and information once their profile is established.

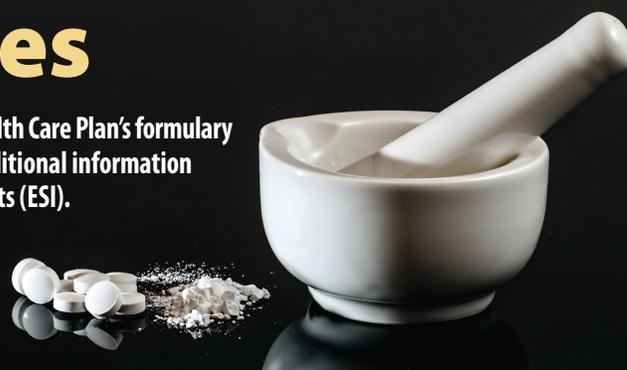
- Manage Prescriptions – Refill/Renew
- Determine Financial Responsibility for a Drug
- View Recent Orders & Status
- View Prescription History – Ability to Search by RX Number
- View Health and Benefit Information
- View Account Information
- Find the location of an in-network Pharmacy – Ability to Search by Zip-code

**If you have any questions or need to reach an Express Scripts Representative, please call (800) 811-0293.**

# Pharmacy Updates

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

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



Formulary Additions: 1Q-2017	Formulary Deletions: 1Q-2017	Formulary Deletions: 2Q-2017
<p><b>New Brand/Chemicals</b>            LEVOLEUCOVORIN 175 MG VIAL            RUBRACA 200 MG TABLET            RUBRACA 300 MG TABLET            SPINRAZA 12 MG/5 ML VIAL            VEMLIDY 25 MG TABLET</p> <p><b>New Generics</b>            aprepitant 40 mg capsule            aprepitant 80 mg capsule            aprepitant 125 mg capsule            aprepitant 125-80-80 mg pack            bimatoprost            butalbital-acetaminophen            desvenlafaxine succinate er            dexmethylphenidate er 25 mg cp            dexmethylphenidate er 35 mg cp            ezetimibe            flurandrenolide 0.05% ointment            lopinavir-ritonavir 80-20mg/ml            methylphenidate la 60 mg cap            naftifine hcl 1% cream            oseltamivir phos 30 mg capsule            oseltamivir phos 45 mg capsule            oseltamivir phos 75 mg capsule            prednisolone soln            rasagiline            ribavirin inhalation vial            sodium nitroprusside</p> <p><b>New Dosage Forms/Strengths</b>            ADYNOVATE 1,500 UNIT VIAL            ADYNOVATE 750 UNIT VIAL            LINZESS 72 MCG CAPSULE            LUCENTIS 0.5 MG/0.05 ML SYR            SELZENTRY 25 MG TABLET            SELZENTRY 75 MG TABLET            ZUBSOLV 0.7-0.18 MG TAB SL</p>	<p><b>Formulary Deletions</b>            EMEND 80 MG CAPSULE &amp; EMEND TRIPACK*            KALETRA 80 MG-20 MG/ML SOLN*            *Generics available – Multisource Brand Deletion.</p> <p><b>VCHCP Drug Policies</b>            Prograf-Updated            Azathioprine-New</p> <p><b>Formulary Additions: 2Q-2017</b></p> <p><b>New Brand/Chemicals</b>            BAVENCIO            DUPIXENT            OCREVUS            RYDAPT            TYMLOS            XERMELO            ZEJULA</p> <p><b>New Generics</b>            Atomoxetine            Busulfan            Clofarabine            ezetimibe-simvastatin            fayosim            mibelas 24 fe            np thyroid 120 mg tablet            pentobarbital            rivelsa            tazarotene 0.1% cream            zileuton er</p>	<p><b>Formulary Deletions</b>            STRATTERA CAPSULE*            TAZORAC 0.1% CREAM*            ZETIA*            *Generics available – Multisource Brand Deletion.</p> <p><b>New Dosage Forms/Strengths</b>            ADYNOVATE 3,00 UNIT VIAL            ELOCTATE 4,000 UNIT NOMINAL            ELOCTATE 5,000 UNIT NOMINAL            ELOCTATE 6,000 UNIT NOMINAL            ESBRIET 267 MG TABLET            ESBRIET 801 MG TABLET            HERCEPTIN 150 MG VIAL            ILARIS 150 MG/ML VIAL            IXINITY 2,000 UNIT RANGE            IXINITY 250 UNIT RANGE            IXINITY 3,000 UNIT RANGE            LARTRUVO 190 MG/19 ML VIAL            RUBRACA 250 MG TABLET            STAMARIL VIAL            SYNJARDY XR 10-1,000 MG TABLET            SYNJARDY XR 12.5-1,000 MG TABLET            SYNJARDY XR 25-1,000 MG TABLET            SYNJARDY XR 5-1,000 MG TABLET            VYVANSE CHEWABLE TABLET            ZYTIGA 500 MG TABLET</p> <p><b>VCHCP Drug Policies</b>            Weight Loss Medications (Saxenda, Qsymia, Belviq, Contrave)-NEW            Qsymia-Archived            Saxenda-Archived</p>

# 2016 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.



## 2016 Progress

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

## 2017 Areas for Improvement

- **Diabetic screenings:** These screenings include timely HbA1c, retinal eye exams, and monitoring for kidney disease. Uncontrolled diabetes can lead to severe complications that can be life threatening; therefore VCHCP is continuously providing education and resources to members with diabetes to help decrease this risk.
- **Postpartum Care:** A new mom should have a postpartum visit within 21-56 days of delivery.

## Interventions:

- **VCHCP will continue to reach out** to members when they are in need of many of the above preventive health screenings.
- **Postcards are sent for members** in need of breast and colorectal cancer screenings.
- **Diabetics receive health coaching**, mailed information and resources annually, and have access to Disease Management Nurses.
- **All women who deliver babies** will follow up reminder letters.

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 their Primary Care Physicians to improve their health or maintain good health. If you have any questions about the services you may be in need of, please contact your primary care physician. If you have questions about HEDIS, please contact VCHCP at (805) 981-5060.

## NEW TO THE NETWORK!

**Alexis Dougherty, M.D.**, a dermatologist at Anacapa Dermatology Clinic (VCMC) in Ventura has been added, effective August 2017.

**Ali Maamar-Tayeb, M.D.**, a neurologist at Anacapa Neuroscience Center (VCMC) in Ventura has been added, effective August 2017.

**Brittany Heimann, P.A.**, at Identity Medical Group in Oxnard and Camarillo has been added, effective May 2017.

**David Orias, M.D.**, a cardiovascular disease specialist, at Ventura Cardiology Consultants Medical Group in Oxnard and Santa Paula has been added, effective March 2017.

**Elena Rubin, N.P.**, at Clinicas Del Camino Real at Moorpark, has been added effective February 2017.

**Erin Baird, N.P.**, at Surfside Pediatrics in Ventura has been added, effective July 2017.

**Ian Wallace, M.D.**, a family medicine physician at Academic Family Medicine Center (VCMC) in Ventura has been added, effective June 2017.

**Joanne Kim, M.D.**, a family medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula has been added, effective July 2017.

**John Prucha, M.D.**, a family medicine physician at Fillmore Family Medical Group (VCMC) in Fillmore and West Ventura Medical Clinic (VCMC) in Ventura, has been added effective August 2017.

**Kathryn Sharma, M.D.**, an obstetrics

and gynecology provider at Santa Barbara Perinatal Medical Group in Santa Barbara and Ventura has been added, effective March 2017.

**Kurt Blickenstaff, M.D.**, a general surgeon at Anacapa Surgical Associates, has been added effective January 2017.

**Lasonya Davis, N.P.**, at Las Islas Family Medical Group North (VCMC) in Oxnard has been added, effective July 2017.

**Laura Craver**, a physician assistant at Clinicas Del Camino Real in Ojai has been added, effective March 2017.

**Lori Howel, M.D.**, a plastic surgeon at Anacapa Surgical Associates (VCMC) and Pediatric Diagnostic Center (VCMC) both in Ventura, has been added effective June 2017.

**Michelle Horwitz, N.P.**, at Academic Family Medicine Center (VCMC), has been added effective February 2017.

**Morag Day-Scarinci, D.O.**, a pediatrician at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective April 2017.

**Rajinder Maan, M.D.**, a family medicine physician at Clinicas Del Camino Real in Oxnard, has been added effective February 2017.

**Udit Kondal, M.D.**, a family medicine physician at Las Posas Family Medical Group (VCMC), has been added effective February 2017.

**Victoria Seib, P.A.**, at Ventura Orthopedic Medical Group in Simi Valley has been added, effective June 2017.

## LEAVING THE NETWORK

**Alycia Jackson**, a family medicine physician at Sierra Vista Urgent Care (VCMC) in Simi Valley, has left effective February 2017.

**Angelika Deloa, M.D.**, a family medicine physician at Identity Medical Group in Ventura, has left effective March 2017.

**Brian Hong, D.P.M.**, a podiatrist at Foot & Ankle Concepts in Oxnard and Camarillo, has left effective July 2017.

**Gwen Huffer, M.D.**, a pediatrician at Clinicas Del Camino Real in Ventura has left, effective August 2017.

**Ingrid Sharpe, P.A.C.**, at Clinicas Del Camino Real in East Simi Valley has left, effective August 2017.

**Jahangir Ayromlooi**, a maternal & fetal medicine specialist, at Perinatal Diagnostic Center in Ventura and Thousand Oaks, has left effective December 2016.

**Joseph Cabaret, M.D.**, a pain management specialist at Spanish Hills Interventional Pain Specialists in Camarillo, has left effective January 2017.

**Kathleen Guerra, P.A.-C.**, at Anacapa Dermatology in Ventura, has left effective February 2017.

**Kimberly Oglesby-McCowan, N.P.**, at Camarosa Springs Medical Group (VCMC) in Camarillo has left, effective June 2017.

**Linne Humbargar, P.A.**, an urgent care provider at West Ventura Urgent Care (VCMC), has left effective April 2017.

**Liqiong Zhang, N.P.**, at Clinicas Del Camino Real in Newbury Park, has left effective June 2017.

**Lovelle Rivera, N.P.**, at Santa Paula Medical Clinic (VCMC) at Santa Paula, has left effective July 2017.

**Matthew Cameron, D.O.**, a family medicine physician at Identity Medical Group in Camarillo, has left effective June 2017.

**Michael Swartout, M.D.**, an internal medicine physician at Identity Medical Group in Santa Paula, has left effective April 2017.

**Natalie Ladine, M.D.**, a family medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula, has left effective May 2017.

**Pamela Yamek, N.P.**, at Cardiology Associates Medical Group in Oxnard and Ventura has left, effective May 2017.

**Richard Declusin, M.D.**, a thoracic surgeon at Cardiovascular & Thoracic Surgeons in Oxnard, has left effective February 2017.

**Syd Bakshandeh, M.D.**, an internal medicine physician at Clinicas Del Camino Real in Oxnard has left, effective August 2017.

**Virna Veloso, M.D.**, an internal medicine physician at Clinicas Del Camino Real, Ventura and Oxnard, has left effective December 2016.

**Wendy Davidson, N.P.**, at Moorpark Family Medical Center (VCMC), has left effective May 2017.

## CHANGES

**Ahmed Taher, M.D.**, a family medicine physician, is now providing services at a Primary Care Provider at Fillmore Family Medical Group (VCMC), effective May 2017.

**Ameeta Mehta, M.D.**, a family medicine physician at Clinicas Del Camino Real in Moorpark, will also be providing services at the E. Simi Valley location, effective August 2017.

**Amelia Breckenridge, M.D.**, a family medicine physician, will no longer provide services at Piru Family Medical Center (VCMC). She will, however, remain at Fillmore Family Medical Group (VCMC), effective July 2017.

**Bora Kim, M.D.**, an internal medicine physician, will no longer be providing Primary Care services for Identity Medical Group. She is now providing skill nursing services, effective April 2017.

**Carl Jonokuchi, M.D.**, a family medicine physician at Identity Medical Group in Newbury Park, will be changing his practice location to Camarillo, effective April 2017.

**Christina Monroy-Cardenas, P.A.**, a physician assistant will no longer be providing services at Piru Family Medical Center (VCMC). She will, however, remain at Fillmore Family Medical Group (VCMC), effective July 2017.

**Kavith Simpson, D.O.**, an emergency medicine physician at Magnolia Urgent Care (VCMC) in Oxnard, is also

providing service at Sierra Vista Urgent Care (VCMC) in Simi Valley, effective February 2017.

**Michele Bean, N.P.**, a nurse practitioner will no longer be providing services at Magnolia Family Medical Center (VCMC). She will now be at Piru Family Medical Center (VCMC), effective July 2017.

**Peggy Jung, N.P.**, is no longer providing services at Moorpark Family Care Center (VCMC) in Moorpark. She will, however, remain at Citrus Grove Medical Clinic (VCMC) in Santa Paula, effective June 2017.

**Peter Soliman, M.D.**, a family medicine physician at Clinicas Del Camino Real is no longer at Oxnard. He has moved to a service location to Moorpark, effective August 2017.

**Piru Family Medical Center (VCMC)** is reopening under new ownership and with a new medical director. The new medical director is Dr. L. Solinas, effective July 2017.

**Scott Ahl, D.O.**, an endocrinologist, is also providing services at West Ventura Medical Clinic (VCMC), effective May 2017.

**Simi Valley Hospital** has changed their name to Adventist Health Simi Valley, effective July 2017.

**Urvi Vyas, M.D.**, an internal medicine physician at Clinicas Del Camino Real is no longer at the E. Simi Valley location, however, will remain at the Newbury Park service location, effective August 2017.

# 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**

A Department of Ventura County Health Care Agency

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

