

# PROVIDER NEWSLETTER



## **WELCOME THE PLAN'S NEW MEDICAL DIRECTOR, DR. CATHERINE RAJALA SANDERS**

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Spring 2014

Ventura County Health Care Plan 24-hour Administrator access for emergency providers. (805) 981-5050 or (800) 600-8247

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 2220 East Gonzales Road, Suite 210 B Oxnard, CA 93036

Business Hours: 8:30 am to 4:30 pm Phone: (805) 981-5050 or (800) 600-8247 FAX: (805) 981-5051 TDD to Voice: (800) 735-2929 Voice to TDD: (800) 735-2922

Language Assistance: (805) 981-5050 or (800) 600-8247

OptumHealth Behavioral Solutions Physician Consultation Line (800) 292-2922

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# Welcome

## MEET OUR NEW MEDICAL DIRECTOR Dr. Catherine Rajala Sanders

Please join us in welcoming Dr. Catherine Rajala Sanders as the new Medical Director for the Ventura County Health Care Plan (VCHCP). Dr. Sanders is stepping into the position recently vacated by Dr. Reeves.

Dr. Sanders joined the Health Care Plan in January 2013. As a graduate of the VCMC residency program in 1986 (when Dr. Fran Larsen was Residency Director and the present Residency Director, Dr. David Araujo, was still a resident), she is not a newcomer to the county health care system. After her residency, Dr. Sanders worked for the Buena Ventura Medical Group and more recently with Kaiser Permanente.

Initially Dr. Sanders joined VCHCP as the assistant Medical Director working with the Plan in attaining its Interim National Committee on Quality Assurance (NCQA) designation, as well as assisting Dr. Sterling and Dr. Reeves with Utilization Reviews. Mainly, Dr. Sanders has been, and continues to be, an integral part in leading the Health Plan in becoming fully accredited by NCQA. Dr. Sanders continues to improve quality of care, especially in the field of preventative medicine.

As Medical Director, Dr. Sanders oversees Utilization and Quality Management, is working on enhancing provider and member satisfaction, and will continue providing appropriate, high quality and comprehensive care to VCHCP enrollees. We are fortunate to have Dr. Sanders as our Medical Director and look forward to the many positive contributions she will bring.



## DID YOU KNOW?

There is a lot of information available to providers via the VCHCP website “Provider Connection”. Just go to [www.vchealthcareplan.org](http://www.vchealthcareplan.org) and click on “Provider Connection” for valuable information such as:

You are here: [HCA](#) | [VCHCP](#)

**VCHCP**

[Home](#)

[For Members](#)

[Provider Connection](#)

[Find a Provider](#)

[Covered California](#)

[HFP Español](#)

- California’s “Timely Access” Legislation and requirements
- Claims Information
- Direct Specialty Referral information
- Health Education materials (also available for members)
- Health Services Approval Process
- Language Assistance
- Prior Authorizations
- Behavioral Health information

And much more. Of particular importance to all contracted providers is the “[Provider Operations Manual](#)”, which is available for download through the “Provider Connection” at [www.vchealthcareplan.org/providers/providerIndex.aspx](http://www.vchealthcareplan.org/providers/providerIndex.aspx).



## Provider Services Email Address



VCHCP has added a new and more convenient way for providers and their office staff to contact the plan with questions.

[VCHCP.Providerservices@ventura.org](mailto:VCHCP.Providerservices@ventura.org) is an email address that is dedicated to answering questions from contracted providers and their staff, and to provide general assistance navigating the processes and procedures of the plan.

*Note; this email address is not intended for the electronic transmission of “Protected Health Information” (PHI).*

# HEDIS HIGHLIGHTS

By Dr. Catherine Rajala Sanders M.D.,  
Plan Medical Director

Healthcare Effectiveness Data and Information Set measures, otherwise known as HEDIS, are the most widely used set of health care performance measures in the United States. Because there are 27 measures being scored for the National Committee for Quality Assurance (NCQA), I would like to highlight a few in each quarterly newsletter to show you, the providers, how small changes in practice and coding can make a big difference in scoring. By increasing our scores, we all can receive credit for and acknowledgment of, the great care our members receive.

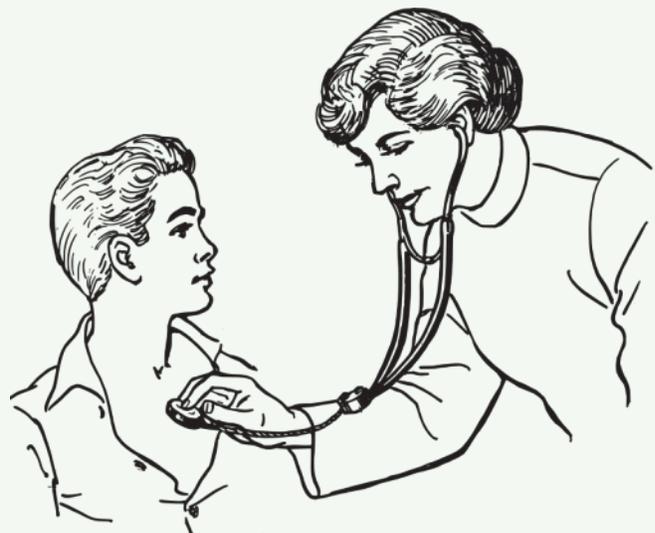
**Appropriate testing for children with pharyngitis:** This measures the number of children diagnosed with pharyngitis who received an antibiotic and also received a group A strep test. The quality of care issue is the judicious use of antibiotics. In other words, a diagnosis of strep is not recommended based on history and physical alone. There have been several scoring systems devised to predict the likelihood of a positive throat culture or rapid strep test; however, none have sufficient sensitivity and specificity to eliminate the need for microbiologic testing. If you are treating for another condition during the visit, such as otitis media, please remember to use this code along with the code for pharyngitis.

Two similar measures, **Appropriate treatment for children with upper respiratory infection** and **Avoidance of antibiotic treatment in adults with acute bronchitis**, are both looking at appropriate antibiotic usage. It measures the patients who are given a diagnosis of a URI or acute bronchitis and not dispensed antibiotics.

Basically, the diagnosis of URI (465), cold (460) and acute bronchitis (466.0), assume a viral etiology and should not be connected with an antibiotic prescription. However, if a code such as sinusitis (461.9), other diseases of respiratory system, NEC (519.8) or other symptoms involving respiratory system (786.9) is recorded, then antibiotic usage may be appropriate. Most likely, most, if not all, providers are using antibiotics in appropriate circumstances. We just need to make sure the coding reflects this practice.

**Use of imaging studies for low back pain:** This measures the number of patients receiving an order for an imaging study within the first month of the diagnosis of new onset non-traumatic low back pain. This includes plain x-ray, MRI and CT. Appropriate use of imaging in this time period may include diagnoses of trauma, cancer, IV drug use or neurological impairment within the last 12 months and these should be coded appropriately.

For any questions or clarifications, please contact me at the Ventura County Health Care Plan at (805) 981-5024. Thanks for all your help and good work.



# Ventura County Health Care Plan

## 2013 Quality Assurance and Utilization Management

### Annual Work plan and Program Evaluation

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This is a summary of the Quality Assurance Workplan and Program Evaluation for 2013. This workplan and evaluation show how the Health Plan meets regulatory standards established by the Department of Managed Health Care (DMHC) and the National Committee for Quality Assurance (NCQA). The Health Plan made several changes to the infrastructure of the plan to attain new standards and to remain compliant with existing regulations:

- QNXT, A new data management system, was installed for better coordination between Utilization Management, Case Management, Claims and the Member and Provider Services Sections.
- A new Interactive Voice Response, IVR, phone system was installed for improved access to Member and Provider Services. This system improves monitoring and reporting of these services.
- Healthy Families transitioned to Gold Coast Health Plan, the Medi-Cal Health Plan for Ventura County, in August of 2013.
- Ventura County Medical System implemented Cerner, an electronic medical records system, which facilitates continuity of care for members through improved access to member medical information.
- Dr. Catherine Rajala Sanders, MD, has joined the Health Plan as the new Medical Director as of January 1, 2014.
- The Health Plan hired 7 additional staff to achieve interim and first option NCQA accreditation.
- In January, the Health Plan received confirmation from NCQA that they satisfied all criteria and passed the Interim Survey. The Health Plan now has interim accreditation by NCQA.

During the course of the year, the quality assurance team held all scheduled committee meetings and retained necessary minutes to meet regulations. These meetings were held to evaluate the existing plan and

processes and to establish the workplan for calendar year 2014. Program descriptions have been updated for 2014 according to NCQA and DMHC standards.

Important documents, including medical policies, clinical guidelines and the pharmacy formulary were reviewed and updated as necessary. The updated documents were presented and approved by the QA committee and are available for providers and members on the Health Plan's Website. The materials were distributed with the provider manual and the member and provider newsletters. Additional hardcopies of the documents are available upon request.

Upon implementation of a new documentation system the Health Plan's Case Management Program has been reconfigured to include risk stratified categories of low, medium and high. These categories better serve our members by helping our case managers direct the appropriate interventions to each member in a timely manner. The Case Management Program focuses on identifying and managing interventions for members with high utilization of the emergency room or pharmaceuticals, along with management of members with Autism or Pervasive Developmental Disorders. The Disease Management Program continues to be focused on diabetes and asthma disorders.

At the beginning of 2014 the Health Plan's pharmaceutical management vendor, Express Scripts, transitioned to a new performance platform. Information regarding the changes was distributed to members and providers via the Health Plan website, newsletters and hard copy notices from Member Services. This information is still available on the Health Plan's website.

During the second quarter of 2013, the annual member Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey was conducted. Through this survey a number of opportunities for improvement were identified. The opportunities include: Getting

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Needed Care, Getting Care Quickly and Coordination of care. A committee was created to focus on issue resolution, which included further collaboration with VCMC partners, creation of a process for submission of Treatment Authorization Requests (TARs) through the VCMC Cerner system, and securing read-only access for non-VCMC practitioners within the Cerner system.

The Provider Satisfaction Survey was conducted during the second quarter of 2013 as well. This survey asks questions regarding access to specialists and timeliness of referrals. In response to your feedback, we have expanded the Direct Referral Process to include additional specialties in order to minimize the need for prior-authorizations for specific consultations and follow-up during a current treatment phase. Please continue to take advantage of the opportunity to offer feedback through the annual Provider Satisfaction Survey as the Health Plan values your input!

Also of note in 2013:

- **Member and Provider Services access requirements met regulatory standards.** The Member and Provider Services section tracked and trended all complaints and responded to all appeals.
- **98.6% of treatment authorization requests were processed within the various regulatory timeframes for each type of authorization.** Authorization types include prior authorizations to treatment, concurrent authorizations, urgent and non-urgent treatments and retro authorizations when needed. More than 8000 treatment authorization requests were completed within the last 3 quarters of the year.
- **The Nurse Advice line continued to be utilized by the members.** There were more than 1200 calls throughout the year. The Nurse Advice Line is available to members 24 hours a day and takes both clinical and non-clinical calls. An average of 23% of the calls come into the Nurse Advice Line during the hours of 10:00pm to 08:30am. There are different levels of intervention depending on the severity of the issue. On the first of March 2014, the Nurse Advice Line began taking email requests from members.

- Credentialing and Re-credentialing of providers continued to be completed in a timely manner.

The Health Plan's goals and focus for 2014 include:

- Preparing for the onsite accreditation survey by NCQA, as well as the next onsite audit by Department of Managed Health Care (DMHC). Both are scheduled for mid-2015.
- Continuing collaborative efforts with clinics, hospitals and practitioners to improve member experiences with the Health Plan and ultimately improve member satisfaction survey results.
- Continuing to develop partnerships with VCMC and non-VCMC providers and practitioners.
- Carrying on the Case Management, Disease Management and Complex Case Management programs focus, resulting in an increase in member participation in these programs.
- Continuing to conduct Geo-Access reports to ensure timely access to care.
- Establishing a more robust Medical-Behavioral Health collaboration to better meet the multi-disciplinary needs of our members. *(Reminder to practitioners: When seeing your patients, inquire if they are seeking Behavioral Health Services – or Medical Services if you are a Behavioral Health Practitioner. If they are, ask your patients to sign a Release of Information form to allow you to collaborate with their Behavioral Health or Medical practitioner(s) to better meet their treatment needs.)*
- Working to improve the communication portals and interactive abilities of the website for both members and providers.
- Contracting with a vendor to provide Wellness and Preventive Care Services to members. This vendor will promote online member self-assessments with more individualized educational resources.



**PLEASE  
NOTE**

## **New Drug Policies Recently Approved by the Plan's Pharmacy & Therapeutics Committee**

The following is a list of new drug policies recently approved by the Plan's Pharmacy & Therapeutics Committee. The High Performance Formulary is available on our website via:  
<http://www.vhealthcareplan.org/providers/providerIndex.aspx>.

This document also includes medications that require prior authorization.

Note: The Plan's drug policies, updated Step Therapy and Preferred Drug List can also be accessed at: <http://www.vhealthcareplan.org/providers/priorAuthDrugGuidelines.aspx>

<b><u>ENDOCRINE DISORDERS</u></b>	<b><u>HIV</u></b>	<b><u>IMMUNOLOGICS AND</u></b>	Xenazine
Avandamet	Aptivus	<b><u>VACCINES</u></b>	Xiaflex
Avandaryl	Atripla	Provence	Xyrem
Avandia	Combivir		
Kuvan	Complera	<b><u>INFERTILITY</u></b>	
Octreotide Acetate	Crixivan	Chorionic Gonadotropin	<b><u>MULTIPLE SCLEROSIS</u></b>
Somatuline Depot	Edurant	Ganirelix Acetate	Acthar H.P.
Somavert	Epivir	Luveris	Extavia
	Epzicom	Progesterone	
	Intelence		
<b><u>ENZYME DEFICIENCIES</u></b>	Invirase	<b><u>IRON TOXICITY</u></b>	<b><u>OPHTHALMIC</u></b>
Adagen	Kaletra	Deferoxamine	<b><u>CONDITIONS</u></b>
Carbaglu	Norvir	Exjade	Lucentis
Cerezyme	Prezista	Ferriprox	Macugen
Elaprase	Rescriptor		Visudyne
Fabrazyme	Retrovir		
Laronidase	Selzentry	<b><u>MISCELLANEOUS</u></b>	<b><u>OSTEOARTHRITIS</u></b>
Lumizyme	Stavudine	Mirena	Euflexxa
Naglazyme	Stribild	Mugard	Hyalgan
Orfadin	Sustiva	Myobloc	Orthovisc
Sucraid	Trizivir	Nexplanon	Supartz
Vpriv	Truvada	Nplate	Synvisc
	Videx	Panretin	
<b><u>HEPATITIS B</u></b>	Viracept	Priatl	
Hepatitis B Immune	Viramune	Qutenza	<b><u>OSTEOPOROSIS</u></b>
Globulin	Viread	Rilutek	Boniva
		Sabril	Forteo
<b><u>HEPATITIS C</u></b>		Solesta	Prolia
Ribavirin		Soliris	Reclast
		Supprelin LA	
		Vivitrol	

# Treatment Authorization Request (TAR) Process Update

What is a “Treatment Authorization Request (TAR)”? A “TAR” is the form that a Provider completes and submits to VCHCP when they want to refer their patient to a specialist, specialized testing, or other services that need prior authorization from the Health Plan in order for it to be a covered benefit.

As of March 1, 2014, VCHCP has revised its process for notifying Providers and Members when a TAR has been “pended for additional information” (meaning that VCHCP needs more information from the Provider in order to complete the TAR review). The process will occur as follows:

- When VCHCP clinical staff identifies that additional information is needed to complete a TAR determination, a pend letter will be sent to the requesting provider and to the member for whom the authorization is being requested. The pend letter will indicate that A) the TAR has been pended, B) what information is missing, and C) will provide for up to 45 calendar days (for routine TAR requests) for the requested additional information to be submitted to VCHCP. Per NCQA Standards, **a TAR can only be pended once**, additional requests for information will not be sent, and VCHCP will not send a reminder.
- When the information is submitted within 45 days, a final determination will be made within 5 business days for a routine TAR, and notification will be sent to the requesting provider and to the member within 24 hours of the decision\*.
- If the requested information is not submitted within 45 days, a final determination will be made based on the initial information

submitted and may be denied by the VCHCP Medical Director.

To assist VCHCP staff with the efficient review of these requests, and to avoid delays in the review process, the following is appreciated at the time the TAR is initially submitted:

- Please provide specific clinical information to support the TAR. For example, the History and Physical (H&P), key lab or test results, and plan of care from the most recent office visit is usually sufficient if the office visit specifically relates to the TAR .
- **For providers using CERNER**, please provide the exact place in CERNER where the specific clinical information can be located to support the TAR. “See Notes in CERNER” does not adequately describe what clinical information supports the TAR and should be reviewed.
- If written notes are submitted, please be sure they are legible.

Thank you for your support during this transition. If you have any questions, please contact VCHCP Utilization Management Department at:

805-981-5060.

*\*these timeframes will apply in most situations. There may be some variance with urgent and retrospective TAR requests. Please see the VCHCP TAR Form for the timeline descriptions. Link: <http://www.vhealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf>*



# WE DID IT!

After months of hard work and dedication, the Ventura County Health Care plan is proud to announce that it has achieved “Interim accreditation” with the National Committee for Quality Assurance (NCQA). The plan could not have achieved this important accreditation status without the dedication, commitment, and teamwork of the entire VHCP staff.

## WHAT’S NEXT?

This Interim accreditation will expire in 18 months. At that time we will need to be ready for a full evaluation and onsite visit. NCQA will be looking for us to demonstrate that we are really doing what our documents say we are doing. This is where you, the provider, are so important. The NCQA evaluators will be looking for documentation of Healthcare Effectiveness and Data Information Set (HEDIS) measures from patient charts; the quality ratings received from member satisfaction surveys; the reports drawn from actual patient data; our communications to our members and to our providers, and other evidences that show the reality of what we say. We will continue to keep you informed of the progress. Stay tuned for more information and updates regarding this important project.

## High Performance Formulary

Effective January 1, 2014, VCHCP changed the pharmacy benefit from “Prime Formulary” to “High Performance Formulary”. This means that some of the medications that some members are taking may not be on the new “High Performance Formulary”. Some members will be impacted by this change, meaning they may experience an increase in their copayment for that medication, due to it becoming a non-formulary medication.

In January and again in March of this year all members who are potentially impacted by this change received notice from the plan regarding the affected medication that they were being prescribed and information that they are being “grandfathered” for this plan year. This grandfathering means that if the member was being prescribed the medication through VCHCP in the prior plan year (2013) then they will continue to receive that medication at the same copay for the 2014 plan year. Members were also encouraged to take the notice to their prescribing physician to discuss whether or not they should consider switching to a medication that is on the new “High Performance” formulary listing. The plans High Performance formulary listing can be found at:

<http://www.vchealthcareplan.org/providers/providerIndex.aspx>

If you have any questions please contact the plan at (805) 981-5050 or via email at:

⇒ [VCHCP.Providerservices@ventura.org](mailto:VCHCP.Providerservices@ventura.org).

## Continuity and Coordination of Care

In order to more effectively manage the members' treatment plans and care provided, a major emphasis for this year will be the and coordination of care. Continuity or coordination ensures that care is delivered seamlessly across a multitude of delivery sites and transitions throughout the course of the disease process. By this means of connection between providers and practitioners at various levels and varieties of service, the member receives the best quality of care with a decreased opportunity for error, duplication and/or omission of needed services.

For this year, the health plan will focus on:

- the interactions of the member between the PCP and a Specialist service;
- postpartum and well-baby visits;
- follow-up visits by the members' PCP after an Emergency Room visit; and
- post hospital discharge follow up visits by PCP or Specialist.

The other component of continuity and coordination of care are members being treated by behavioral health specialists and medical PCPs. Remember to ask your patient during the office visit if they are also seeing a behavioral health specialist. If the member responds "yes", please ask them to sign the Release of Information form. This will allow you, as the members' medical provider, to speak with the members' behavioral health specialist and that practitioner or provider can speak with you regarding medical behavioral health coordination issues.

The Behavioral Health release of information form can be found on the VCHCP website, Provider portal, and is labeled "OPTUM/Life Strategies Behavioral Health Release of Information". This is the link to the site:

<http://www.vchealthcareplan.org/providers/providerIndex.aspx>.

The standard medical release of information form will cover the medical to medical coordination and continuity interactions. For additional information or questions, please contact Provider Services at (805) 981-5050 or via email at [VCHCP.Providerservices@ventura.org](mailto:VCHCP.Providerservices@ventura.org).



On January 16, 2014 an email was sent to all provider offices regarding the need for VCHCP Grievance and Appeal forms to be available to VCHCP members at all contracted provider offices. This is a requirement of The Department of Managed Health Care (DMHC).

This form is available on our website at;

<http://www.vchealthcareplan.org/members/grievanceForms.aspx>

Additionally, VCHCP members can file a grievance on-line at [www.vchealthcareplan.org](http://www.vchealthcareplan.org).

If you have any questions please feel free to call the Health Plan at 805-981-5050 or email us at [VCHCP.Providerservices@ventura.org](mailto:VCHCP.Providerservices@ventura.org)



## VCHCP is going electronic!

**V**CHCP is in the process of making enhancements to its current website. Our first big up-grade will be the implementation of a “Constituent Website” (CWS). This system/website will act as an enhancement to the Plan’s current website. It will enable members to log in and access their personal information and, for providers, access to the information of those patients that are assigned to them.

Providers will be able to create a login and password, and will then be able to submit Treatment Authorization Requests (TARs) electronically, check the status of a TAR that they have submitted, check the status of a claim, and more.



Members will also be able to create their own login and password, which will enable them to check their current eligibility, the eligibility of their dependents, check the status of a TAR that was submitted by their physician on their behalf, check the status of claims that pertain to them, order new/replacement ID cards, and more.

VCHCP is currently doing extensive compliance and quality testing of this system to ensure the security and integrity of the information. Once all of that testing is complete and all necessary adjustments have been made and verified, this system will be ready to “go live”.

Stay tuned for more information about this and other enhancements to the VCHCP website at [www.vchealthcareplan.org](http://www.vchealthcareplan.org)



## **Standards for Members' Rights and Responsibilities**

Ventura County Health Care Plan (VCHCP) is committed to maintaining a mutually respectful relationship with its Members that promotes effective health care.

Standards for Members Rights and Responsibilities are as follows:

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



# VCHCP Network Provider Updates

## **New to the Network!**

**Maura Woznica, M.D.**, a family medicine physician, has joined Moorpark Family Care Center, effective August 2013.

**Jaime Arana, M.D.**, a general surgeon, has joined Fillmore Specialty Clinic, effective September 2013.

**Tiffany Shu, M.D.**, an OB/GYN physician, has joined Clinicas Del Camino Real - Moorpark and Santa Paula, effective October 2013.

**Kathryn Harris, P.A.-C.**, a physician assistant, has joined Fillmore Medical Clinic, Faculty Medical Group in Ventura, and West Ventura Medical Clinic, effective December 2013.

**Carlos Leal, P.A.-C.**, a physician assistant, has joined Clinicas Del Camino Real - North Oxnard, effective December 2013.

**Michael Gales, P.A.-C.**, a physician assistant, has joined Clinicas Del Camino Real - Meta in Oxnard, effective December 2013.

**Gabriel Ramirez, P.A.-C.**, a physician assistant, has joined Las Islas Diabetes and Wound Clinic, effective December 2013.

**Jessica Jacobs, P.A.-C.**, a physician assistant, has joined Anacapa Neuroscience Center in Ventura, effective December 2013.

**Amita Dharawat, M.D.**, a cardiologist, has joined the VCMC Cardiology Clinic in Ventura, effective January 2014.

**Natalia Maani, M.D.**, a family medicine physician, has joined Santa Paula West Medical Group, effective January 2014.

**Vivian Nguyen, P.A.-C.**, a physician assistant, has joined Clinicas Del Camino Real - Santa Paula, effective January 2014.

**Amelia Beckenridge, M.D.**, a family medicine physician, has joined Fillmore Medical Clinic and Piru Family Medical Clinic, effective February 2014.

**Andrew Cheng, M.D.**, a family medicine physician, has joined Clinicas Del Camino Real - Newbury Park, effective February 2014.

**Olga Thorne, M.D.**, an OB/GYN physician, has joined Clinicas Del Camino Real - Maravilla, effective February 2014.

**Rocio Villasenor, M.D.**, a family medicine physician, has joined Academic Family Medicine Center in Ventura, effective February 2014.

**Sunitha Adigopula, M.D.**, a pediatrician, has joined Clinicas Del Camino Real - Moorpark, effective February 2014.

**Ted Darden, M.D.**, a family medicine physician, has joined Conejo Valley Family Medical Group in Thousand Oaks, effective February 2014.

**Tihele Walkowsky, M.D.**, an OB/GYN physician, has joined Clinicas Del Camino Real - Ojai, effective February 2014.

**Todd Monroe, M.D.**, an OB/GYN physician, has joined Clinicas Del Camino Real - North Oxnard, effective February 2014.

**Zachary Zwolak, D.O.**, a family medicine physician, has joined Academic Family Medicine Center in Ventura, effective February 2014.

**Corine Riedell, P.A.-C.**, a physician assistant, has joined West Ventura Medical Clinic in Ventura, effective March 2014.

**Sara Tillema, P.A.-C.**, a physician assistant, has joined Clinicas Del Camino Real - Fillmore, effective March 2014.

**Tiffany Chan, P.A.-C.**, a physician assistant, has joined Clinicas Del Camino Real - El Rio in Oxnard, effective March 2014.

**Rachel Mory, M.D.**, a rheumatologist, will be joining Magnolia Medicine Specialty Clinic East in Oxnard, effective April 2014.

**Grossman Imaging Centers**, a radiology facility, has joined VCHCP's network of participating ancillary providers effective 12/01/2013 with 2 participating locations in Ventura and 2 participating locations in Oxnard.

## Leaving the Network

**Andrew Lee, M.D.** has left Cardiology Associates Medical Group in Oxnard and Ventura, effective August 2013.

**Paulette Mahurin, F.N.P.** has left Clinicas Del Camino - Ojai, effective November 2013.

**Obianuju Ngozi Rivera, F.N.P.** has left Clinicas Del Camino Real - Maravilla in Oxnard, effective November 2013.

**Denise Hewitt, F.N.P.** has left Brent Street Family Practice in Ventura, effective December 2013.

**Michelle Yates, M.D.** has left Conejo Valley Family Medical Group in Thousand Oaks, effective December 2013.

**Stevenson Rogers, M.D.** has left Academic Family Medicine Center in Ventura, effective December 2013.

**Tracy Lyou, F.N.P.** has left Faculty Medical Group in Ventura and West Ventura Dermatology Clinic, effective January 2014.

**Corine Riedell, P.A.-C.** has left Clinicas Del Camino Real - El Rio in Oxnard and Clinicas Del Camino Real - Santa Paula, effective January 2014.

**Miguel Pedroza M.D.** has left Magnolia Family Medical Clinic West in Oxnard, effective January 2014.

**Deborah McCurdy, M.D.** has left Landon Pediatric Foundation in Ventura, effective February 2014.

**Thomas Bosma, P.A.-C.** has left Clinicas Del Camino Real - North Oxnard, effective February 2014.

**Amandeep Johal, M.D.** has left Faculty Medical Group in Ventura and West Ventura Medical Clinic, effective March 2014.

**Donna Kacerek, C.P.N.P.** has left Coastal Pediatrics Medical Group in Oxnard and Ventura, effective March 2014.

**Gail Simpson, M.D.** has left Medicine Specialty Center West in Ventura, effective March 2014.

**Tannaz Zahirpour, D.O.** has left Alta California Medical Group in Simi Valley, effective March 2014.

**Lynne Rogers, F.N.P.-C.** will be leaving Moorpark Family Care Center, effective April 2014.

## Changes

**Seema Raheel, M.D.**, a family medicine physician, has left Faculty Medical Group in Ventura but remains at West Ventura Medical Clinic.

**Stephanie Goldman, P.A.-C.**, a physician assistant, has left Faculty Medical Group in Ventura but remains at West Ventura Medical Clinic.

**Christian Dequet, D.O.**, a rheumatologist, was listed at Medicine Specialty Center West in Ventura in error. He still remains at Conejo Valley Family Medical Group in Thousand Oaks.

**Ryan Nakasone, P.A.-C.**, was listed at Anacapa Surgical Associates in Ventura in error. He is now providing services at Anacapa Neuroscience Center in Ventura.

**Catherine Sever, M.D.**, a family medicine physician, who was accidentally omitted, is providing Diabetes services at Las Islas Diabetes and Wound Clinic in Oxnard.

**Mark Smith, M.D.**, a family medicine physician at Conejo Valley Family Medical Group in Thousand Oaks, is now closed to new members.

**David Araujo, M.D.**, a family medicine physician at Academic Family Medicine Center in Ventura, is now closed to new members.

**Jacob David, M.D.**, a family medicine physician at Academic Family Medicine Center in Ventura, is now closed to new members.

**Pediatric Diagnostic Center** in Ventura, has changed its name to **The Landon Pediatric Foundation**.





Ventura County Health Care Plan  
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