

PROVIDER NEWSLETTER

Summer Issue

JUNE 2017

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THIS ISSUE

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We're Here for You 24/7!

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





Summer Issue JUNE 2017

Provider Services Email:

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

Health Plan Contact Information

Ventura County Health Care Plan

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

Ventura County Health Care Plan
Regular Business Hours are:
Monday - Friday, 8:30 a.m. to 4:30 p.m.

VCHCP Utilization Management Staff

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

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

GRAPHIC DESIGN & PRINTING
GSA Business Support/Graphics

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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. 10th Street
Santa Paula, CA 93060
(805) 933-8632 or
(805) 933-8600

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

THE NURSE ADVICE LINE **I-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.

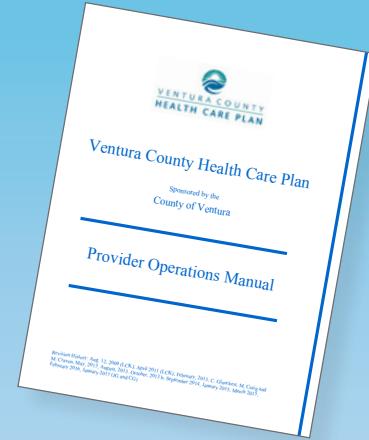


THERE IS ALSO A LINK ON THE MEMBER WEBSITE:
www.vchealthcareplan.org/members/memberIndex.aspx
that will take Members to a secured email where
they may send an email directly to the advice line.
The nurse advice line will respond within 24 hours.

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
TDD to Voice: **(800) 735-2929** Voice to TDD: **(800) 735-2922**
Ventura County Health Care Plan 24-hour Administrator access
for emergency providers: **(805) 981-5050** or **(800) 600-8247**
Language Assistance - Language Line Services:
Phone **(805) 981-5050** or toll-free **(800) 600-8247**



PROVIDER OPERATIONS MANUAL ***Now Updated***

The 2017 version of the Provider
Operations Manual is now avail-
able on the Plan's website.

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

- **CLICK ON:**
Provider Connection
- **CLICK ON:**
Provider Operations Manual

PROVIDER SATISFACTION Survey



Currently
Underway...

The Provider Satisfaction Survey, administered by SPH Analytics, is designed to measure your satisfaction with the Ventura County Health Care Plan (VCHCP), as well as your satisfaction with other plans you may participate in.

VCHCP values the opinion of our providers. Your continued participation and feedback helps us determine which areas of service have the greatest effect on the overall satisfaction with our plan. In addition, it helps us identify and target areas in need of improvement.

We will continue to evaluate this information on an annual basis,
and improve your experience with the plan, as well as the quality of
care provided to our members.

We encourage you to complete and return the survey ASAP and
thank you for your time.

PCP & Behavioral Health COMMUNICATION

The 2016 VCHCP Provider Satisfaction Survey revealed PCPs are having difficulty getting updates/communications from Behavioral Health (BH) providers when their patients are admitted to an inpatient psychiatric hospital and/or are being treated by behavioral health providers. We at VCHCP, have heard your feedback and have been working closely with Optum Behavioral Health (BH) to increase PCP-BH communication. Optum BH sent a Coordination of Care fax blast and email to Behavioral Health network clinicians to encour-

age the completion of the Release of Information (ROI) form. This ROI encourages members to allow the BH providers to release their information to their PCPs. Optum BH network relations met with Vista Del Mar inpatient psychiatric hospital representatives informing them that the VCHCP members' ID cards have information on member's PCPs including PCP's contact information. Vista Del Mar inpatient psychiatric hospital will use this information to contact VCHCP members' PCPs to inform them of inpatient psychiatric

admission. Lastly, Optum BH worked with VCHCP to create BH educational materials for providers and members. Our goal is to improve communication between PCPs and Behavioral Health Providers. It is our hope that all these interventions will help to meet our goal. As a Health Plan, we are working diligently to improve PCP and BH communication for the satisfaction of providers and wellness of our members. If you have any suggestions or comments to make this process better, please call our Medical Director at (805) 981-5060.

ER Room Visit *Follow Up and Appropriate ER Use*

A sudden trip to the Emergency Room (ER) can be difficult and often times results in a change in medication or treatment for your patients. After a visit to the ER, it is very important that members make an appointment to see their Primary Care Provider (PCP) and/or specialist when applicable, as soon as possible, or within 30 days. This visit is to update the PCP on what occurred that required the member to seek emergency treatment, update their medication routine, and to be referred for additional care if needed. Establishing and keeping a good relationship between the PCP and patient is vital to health and your ability to provide care to patients. If members find that making an appointment with their PCP or specialist after an ER visit is difficult and they can't be seen within 30 days, or if their ER visit was due to the inability to be seen by their PCP, they are asked to notify

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

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

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

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

EMERGENCY ROOM: The Emergency Room should be used for the most severe illness and injuries, for example; chest pain, difficulty breathing, signs of heart attack or stroke, and trauma. A visit to the ER without an actual emergency can be costly and inefficient. In addition, continued care by your Primary Care Physician (PCP) for any medical condition is very important. While emergency services are covered at any emergency room, if the emergency room visit results in an admission to the hospital, this may only be covered at a VCHCP contracted hospital: *Ventura County Medical Center, Santa Paula Hospital, St. John's Regional Medical Center (Oxnard), St. John's Pleasant Valley Hospital (Camarillo), and Simi Valley Hospital.*

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

04/2017

the Ventura County Health Care Plan Member Services Department at (805) 981-5050. Members are mailed Postcard reminders regarding appropriate use of ER services and the importance of following up with their PCP after the ER visit for continuity of care. The members' ability to access health care is important to us.

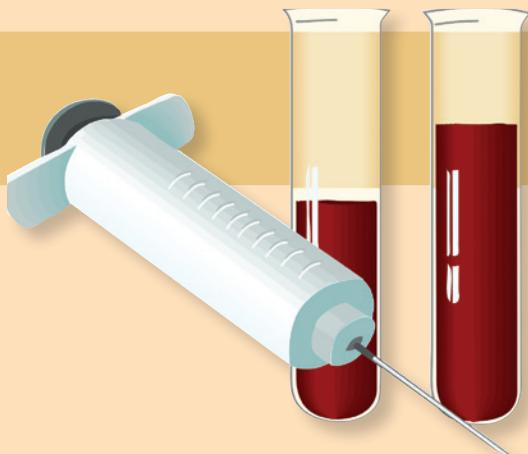
Prescription Drug Prior Authorization or Step Therapy Exception Request Form

Effective December 2016, the Department of Managed Health Care (DMHC) updated their mandated Prescription Drug Prior Authorization Request Form to include a box for Step Therapy Exception Request. Additionally, DMHC added a box for Exigent Circumstances. "Exigent circumstances" exist when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug. The Plan has 24 hours to complete the review of exigent circumstances from receipt of request. Please see attached form. Please note that Ventura County Health Care Plan (VCHCP) just received this updated form from DMHC on April 28, 2017. This Prescription Drug Prior Authorization and Step Therapy Exception Request form as well as the updated Prescription Drug Prior Authorization and Step Therapy Exception Request Form Legislation are posted on our website: <http://www.vchealthcareplan.org/providers/hsApprovalProcess.aspx>. Please complete this form when sending prior authorization requests for prescription/pharmacy medication requests to VCHCP. Since this is a DMHC required form, the Plan will return prior authorization requests for prescription/pharmacy medication requests that are not written in this form.

Note: To those VCMC providers, the VCHCP Prescription Drug Prior Authorization and Step Therapy Exception Request form will also be updated in CERNER.

If you have any questions, please feel free to call our Medical Management Department at (805) 981-5060 Monday – Friday from 8:30 am to 4:30 pm.

| | | | |
|--|--|---|----------------------------|
| PRINT FORM | VENTURA COUNTY HEALTH CARE PLAN | | |
| Once completed, fax this form to (805) 658-4556 The Utilization Review Department can be reached at: (805) 981-5060 Monday - Friday, 8:30am to 4:30pm PST | | | |
| PRESCRIPTION DRUG PRIOR AUTHORIZATION OR STEP THERAPY EXCEPTION REQUEST FORM | | | |
| Non-Urgent <input type="checkbox"/> Exigent Circumstances <input type="checkbox"/> | | | |
| Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step-therapy exception request. Information contained in this form is Protected Health Information under HIPAA. | | | |
| Patient Information: This must be filled out completely to ensure HIPAA compliance | | | |
| First Name: | Last Name: | M: | Phone Number: |
| Address: | | City: | State: Zip Code: |
| Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Circle unit of measure Height (in/cm): | Weight (lb/kg): Allergies: |
| Patient's Authorized Representative (if applicable): | | Authorized Representative Phone Number: | |
| Insurance Information | | | |
| Primary Insurance Name: | | Patient ID Number: | |
| Secondary Insurance Name: | | Patient ID Number: | |
| Prescriber Information | | | |
| First Name: | Last Name: | Specialty: | |
| Address: | | City: | State: Zip Code: |
| Requestor (if different than prescriber): | | Office Contact Person: | |
| NPI Number (individual): | | Phone Number: | |
| DEA Number (if required): | | Fax Number (in HIPAA compliant area): | |
| Email Address: | | | |
| Medication / Medical and Dispensing Information | | | |
| Medication Name: | | <input type="checkbox"/> Step Therapy Exception Request | |
| <input type="checkbox"/> New Therapy <input type="checkbox"/> Renewal If Renewal: Date Therapy Initiated: | | Duration of Therapy (specific dates): | |
| How did the patient receive the medication? <input type="checkbox"/> Paid under Insurance Name: _____ <input type="checkbox"/> Other (explain): _____ | | Prior Auth Number (if known): _____ | |
| Dose/Strength: | Frequency: | Length of Therapy/#Refills: | Quantity: |
| Administration: <input type="checkbox"/> Oral/SL <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> IV <input type="checkbox"/> Other: | | | |
| Administration Location: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Long Term Care <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Other (explain): _____ | | | |
| Revised 12/2016 | | | |
| Form 61-211 Page 1 of 2 | | | |



Ancillary SERVICES Referrals

Before referring your patients to an ancillary provider, please make sure that the provider/facility the patient is being referred to is within the VCHCP network. Such services include x-rays, lab work, cardiac monitors, DME, etc. Out of network claims will be denied unless previously authorized by the Plan.

Over & Under

Appropriate Testing of Children with Pharyngitis

Utilization

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

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

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

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

It is important that our members are not prescribed antibiotics for Upper Respiratory Infections (URI) and for Bronchitis. The Centers for Disease Control and Prevention (CDC) approximates that more than 100 million antibiotic prescriptions are written each year in the ambulatory care setting. Most Upper Respiratory Infections are viral. Antibiotic use for a non-bacterial infection will promote resistance. Patients frequently expect an antibiotic for an acute respiratory infection. Because health care professionals strive for patient satisfaction, they may feel pressured to prescribe unnecessary antibiotics.

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

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

USE OF Spirometry Testing in Assessment & Diagnosis of COPD

It is important that our members get a spirometry study within 6 months of the diagnosis of Chronic Obstructive Pulmonary Disease (COPD). Spirometry testing should be performed, with pre and post bronchodilator administration, as an essential part of the diagnostic evaluation of patients with suspected COPD. Spirometry has been found to be the best method to detect or confirm airway obstruction in smokers with dyspnea. The results are used to determine the severity of the airflow limitation as well as assess the response to medications.

USE OF Imaging Studies in Low Back Pain

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

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

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

PREVENTIVE HEALTH Guidelines

The 2016 Preventive Health Guidelines is an excellent resource where Providers can find immunization schedules, preventive health screening information, and an adult preventive care timeline. The Preventive Health Guidelines include information from VCHCP, US Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC), and the Agency for Healthcare Research and Quality (AHRQ) and are updated annually. Providers and members are given access to the Preventive Health Guidelines online at <http://www.vchealthcareplan.org/members/healthEducationInfo.aspx>, or by contacting VCHCP Member Services at (805) 981-5050 for a printed copy.

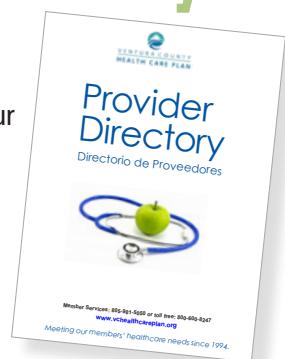
Please contact Member Services at (805) 981-5050 if you need assistance or hard copies.

Provider Directory UPDATED

The quarterly printed Provider Directory update is available on our website. Please keep in mind that the Provider Search Engine is still your best option as it is updated on a weekly basis.

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

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



ATTENTION: VCHCP Primary Care Practitioners!

The following is
important information
regarding appropriate
*Antidepressant
Medication
Management*

INFORMATION FOR PRESCRIBERS

Depression

SCREENING & DIAGNOSIS

Depression screening is recommended in preventive care assessments. Simple screening questions may be performed as well as using more complex instruments. Any positive screening test result should trigger a full diagnostic interview using standard diagnostic criteria.

Resources include the Patient Health Questionnaire (PHQ) and GAD-7 which offers clinicians concise, self-administered screening and diagnostic tools for mental health disorders, which have been field-tested in office practice. The screeners are quick and user-friendly, improving the recognition rate of depression and anxiety and facilitating diagnosis and treatment.

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

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

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

INFORMATION FOR NON-PRESCRIBING CLINICIANS

1. Ask your patient(s) how their medications are working.
2. Provide education on how antidepressants work and how long they should be used.
3. Explain the benefits of antidepressant treatment.
4. Identify ways of coping with side effects of the medication.
5. Discuss expectations regarding the remission of symptoms.
6. Encourage your patient(s) to adhere to their medication regimens and to call their prescriber if they have any concerns or are considering stopping medication.
7. Coordinate and exchange information with all prescribers

TREATING PATIENTS WHO HAVE DEPRESSION DISORDER

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

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

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

The National Committee for Quality Assurance (NCQA) publishes health plan HEDIS (Health Effectiveness Data Information Set) rates for adult patients who are diagnosed with Major Depression and are started on an antidepressant medication. To meet the guidelines patients must remain on an antidepressant drug for at least 180 days (6 months).

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

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

THE FOLLOWING Resources May Be Helpful To You and Your Patients

• depressionprimarycare.org

Includes helpful resources for practitioners, including the PHQ-9 tool to assist in diagnosing depression and monitoring treatment

• [DBSAlliance.org](http://dbsalliance.org)

Depression & Bipolar Support Alliance (http://www.dbsalliance.org/site/PageServer?pagename=clinicians_landing)

• nami.org

National Alliance on Mental Illness

• psychiatryonline.org

American Psychiatric Association Major Depression Best Practice Guideline

• www.providerexpress.com

Optum Provider Express - Optum's practitioner website refers to the American Psychiatric Association (APA) Guidelines for recognizing and treating Major Depressive Disorder; patient education materials are also available (<https://www.providerexpress.com/html/guidelines/preferredPracticeGuidelines/pdf/2012SupplementalGuidelineMajorDepression.pdf>)

• **(415) 547-5433**

Optum Physician Consultation Line

TREATING PATIENTS WHO HAVE DEPRESSION OR BIPOLAR DISORDER

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

- Medication
- Therapy
- Self-empowerment/recovery tools

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

TAR Process

As of March 1, 2014, VCHCP revised its process for notifying Providers and Members when a Treatment Authorization Request (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 is 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
 - 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 (this 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.

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.vchealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf>

Santa
Paula
West –
Pride
Clinic

The Ventura County Health-care Agency is happy to have a clinic dedicated to the care of our county's LGBTQ patients. The Santa Paula Pride Clinic offers a safe-zone for members of the Lesbian, Gay, Bisexual, and Transgender/Gender-Non-conforming community.

Services offered include primary care, hormone replacement therapy, counseling services, a registered dietitian, free rapid HIV testing, a condom dispensary, HIV/AIDS care, and PEP/PrEP services. The Pride Clinic's dedicated hours are every Wednesday morning and two Sunday mornings per month. For questions or comments, the main lines are (805) 229-0210 and (805) 229-0200.

HEDIS

HEDIS rates demonstrate the type of care our members are receiving. Annually HEDIS changes some measures. Following are some reminders to keep your preventive care on target:

TIPS AND INFORMATION

- FOBT can no longer be obtained during a digital rectal exam for the purposes of Colorectal Cancer Screening.
- Women should have a postpartum visit within 21-56 days of delivery (specific timeframe).
- All members with diabetes should receive a HbA1c, screening for nephropathy, and retinal eye exam at least annually.
- When a member is diagnosed with depression and started on a new medication regimen, education and discussion regarding continuing the medication for at least 6 months is important for successful adherence to treatment.
- All children and adolescents ages 3-17 should have a yearly exam during which nutrition, physical activity, and BMI percentile are assessed, discussed, and education is provided.
- All adult members with a blood pressure reading over 139/89 should have a second blood pressure reading performed and documented at the end of the visit.

The reminders above only provide a snapshot of some of the HEDIS measures. Please refer to the HEDIS Cheat Sheet you will receive in the mail. These documents can also be found on our website at <http://www.vchealthcareplan.org/providers/providerIndex.aspx>. If you need additional information or assistance related to HEDIS, please call our HEDIS Program Administrator at (805) 981-6695.

Timely Access Requirements

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



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

THE COST OF smoking

If you are a smoker, you have probably calculated the financial cost of smoking.

You know, you take the average cost of the pack of cigarettes, and multiply it by how many packs you smoke in a week, then multiply by a year and say, "wow, look how much money I could save if I quit smoking!" Unfortunately, this financial savings is usually not a good enough motivator for people to quit smoking. So let's look at ways smoking costs you, not just financially but also your health:

- Premature aging/wrinkles
- Yellow teeth, gum disease
- Smaller, less effective lungs
- Early heart disease
- DNA damage that can lead to cancer

Remember, as soon as you stop smoking, your body begins to heal. It's never too late! VCHCP offers assistance to help members quit smoking. Providers are encouraged to share resources with members. Here are some of the resources available:

- California Smoker's Helpline 1-800-No-Butts
- Ventura County Public Health Services Tobacco Education & Control Program (805) 201-STOP (7867)
- Becomeanex.org (Interactive quit plan)
- Smokefree.gov

Milliman Care Guidelines

VCHCP Utilization Management uses Milliman Care Guidelines, VCHCP Medical Policies, and VCHCP Prior Authorization Drug Guidelines as criteria in performing medical necessity reviews. Due to proprietary reasons, we are unable to post the Milliman Care Guidelines on our website, but a hard copy of an individual guideline can be provided as requested.

A complete listing of VCHCP medical policies and prescription drug policies can be found at: <http://www.vchealthcareplan.org/providers/providerIndex.aspx>

To obtain printed copies of any of our VCHCP Medical/ Drug Policies or Milliman Care Guidelines, please contact Member Services at (805) 981-5050 or (800) 600-8247.

CERNER ACCESS



Reminder: Cerner read-only access is available to all physicians. Take advantage of the immediate availability of consultation notes, test results and more! Please contact Dr. Stanley Patterson at (805) 981-5151 or via e-mail at Stanley.patterson@ventura.org for additional information and to sign up for Cerner training. You may designate a staff member to attend the required training.

A Great Resource in Ventura County:

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

You can also visit www.211ventura.org



ELECTRONIC
CLAIM
SUBMISSION



Providers –

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

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

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

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

Ready to make a change for the better???
Contact Office Ally at:
(360) 975-7000 or
www.officeally.com.

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

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>



| Additions: Non-Preferred to Preferred 2017 | Deletions: Preferred to Non-Preferred 2017 | New Generics |
|---|--|--|
| PLEGRIDY HARVONI ZEPATIER EPINEPHRINE AUTO-INJECTOR (By Mylan) BEVESPI AEROSPHERE BASAGLAR AMITIZA KITABIS PAK MOVANTIK SULFAMYLYON POWDER PACKET | DAKLINZA OVALDI EPINEPHRINE AUTO-INJ (by Lineage and A-S Med) FORADIL CUPRIMINE ORENCIA RIOMET TOBI PODHALER XTANDI | 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 |
| Other Product Removal: Preferred to Non-Preferred 2017 | | |
| EXTRA-VIRT PLUS DHA SOFTGEL NAROPIN 0.2% 400 MG/200 ML BTL | NAROPIN 2 MG/ML INFUSION BTL NAROPIN 200 MG/100 ML INF BTL | |
| Multisource Brand Removal: Preferred to Non-Preferred 2017 | | |
| 8-MOP CUBICIN | FUSILEV TAMIFLU CAPSULES | |
| VCHCP New Drug Policies | Adopted ESI Quantity Limit (QLL) Policies | New Dosage Forms/Strengths |
| Lidoderm Patch Diabetic Drug Guideline Descovy Didanosine Neoral (Cyclosporine) Saxenda Tivicay Xeloda | Depression-SSRI Drug Quantity Management per Rx Diflucan 150 mg (Flucanazole) Drug Quantity Management per Rx | 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 |
| New Brand/Chemicals | | |
| LEVOLEUCOVORIN 175 MG VIAL RUBRACA 200 MG TABLET RUBRACA 300 MG TABLET SPINRAZA 12 MG/5 ML VIAL VEMLIDY 25 MG TABLET | Multiple Sclerosis-Zinbryta PA Policy Multiple Sclerosis Preferred Specialty Management (PSM) Policy | Formulary Deletions: Q1-2017 EMEND 80 MG CAPSULE & EMEND TRIPACK* KALETRA 80 MG-20 MG/ML SOLN* |
| VCHCP Drug Policies | | |
| Prograf-Updated Azathioprine-New | | |

*Generics available – Multisource Brand Deletion.

Direct Specialty Referrals

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 for a direct referral from the PCP should be made either by the member or by the referring doctor. Make sure to communicate with your patient about who is responsible for making the appointment.

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

If the member is not able to get an appointment within an acceptable time frame 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 above.

New and Updated Medical Policies

New and updated medical policies are posted on The Plan's website at www.vchealthcareplan.org/providers/medicalPolicies.aspx.

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

Treatment Of Infertility Policy – updated to reflect evaluation of ovulation and/or early pregnancy by the use of ultrasound examination as payable separately from office visit rate.

Injectable Medication Coverage Policy – updated to reflect addition of epinephrine, headache medications, and medroxyprogesterone acetate as exceptions to injectables requiring prior authorization.

SPECIALTY Medication Request & ACCREDO

Accredo manages the specialty medication program for VCHCP. Accredo is a sub-division of Express Scripts, the plan's pharmacy benefit manager. If you are prescribing a specialty medication for a VCHCP member, please complete a Pharmacy Request Form and submit it to the Health Plan for a decision.

For the complete Specialty Medication Program Description and list of included Specialty Drugs, visit <http://www.vchealthcareplan.org/providers/docs/drugListSpecialty.pdf>

If you have questions, please contact our UM Department at (805) 981-5060.

One size DOES NOT fit all

MAKING A PLAN FOR ADHD TREATMENT

Patient follow-up after a new diagnosis is important, especially for a child diagnosed with ADHD. A “one-size-fits-all” plan does not work for children with ADHD. What works for one child may not work for another. The parent, child, and the doctor should discuss and make a plan for treatment.

The child should be seen for a follow-up visit with the doctor within 30 days after starting ADHD medication.

Providers are instrumental in educating the patients and their parents regarding the need for close monitoring and follow-up. The education you provide could make an impact on appropriate treatment and adherence to the treatment plan.

In addition to the services you provide, VCHCP contracts with OptumHealth Behavioral Solutions (Life Strategies) for Mental/Behavioral health and substance abuse services. Included in these services is access to www.liveandworkwell.com. This site provides information and resources to help improve and maintain many aspects of the members' life and career. Once logged in, the member can browse around, or use the search bar for access to useful information. If you have questions, please contact Medical Management at (805) 981-5060.



Staying on TOP of Asthma

Steps Providers can take to help increase member compliance and success with treatment of asthma include:

- ▶ Educate members and parents to never run out of asthma medication.
- ▶ Ensure members understand and can follow the asthma treatment plan.
- ▶ Instruct asthmatics to wash their hands before they take asthma drugs.

Education gives members the tools they need to manage their condition. Providers can help by ensuring patients understand their medication, when to seek care, frequency of follow up, and steps to prevent complications.

Referral & Prior Authorization Process & Services Requiring Prior Authorization

Providers have the ability to review how and when to obtain referrals and authorization for specific services. They are directed to visit our website at www.vchealthcareplan.org, click on “Provider Connection”, and then click on “Health Services Approval Process”. This area offers links for providers to obtain specific information on the Plan’s prior authorization process, what services require prior authorization, timelines, and direct referral information. If you have any questions, please call Member Services at (805) 981-5050.



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

NEW TO THE NETWORK!

Ali Sovari, M.D., a cardiac electrophysiologist at Cabrillo Cardiology Medical Group in Oxnard, has been added effective October 2016.

Alireza Katouzian, M.D., a pain management specialist at Spanish Hills Interventional Pain Specialist in Camarillo, has been added effective October 2016.

Brian Hong, D.P.M., a podiatrist at Foot & Ankle Concepts in Oxnard, has been added effective December 2016.

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.

Deborah Marlow-Mejia, M.D., a pediatrician at Pleasant Valley Pediatric Medical Group in Camarillo, has been added effective October 2016.

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

Fariborz Mortazavi, M.D., a hematology/oncology specialist at Ventura County Hematology-Oncology Specialist in Oxnard, Ventura and Camarillo, has been added effective December 2016.

Jeannine Dannenbaum, N.P., at Spanish Hills Interventional Pain Specialists in Camarillo, has been added effective November 2016.

John Slaght, M.D., an anesthesiologist, has been added effective February 2017.

Jonathan Abelson, M.D., a radiation oncologist at North Oaks Radiation Oncology Center in Thousand Oaks, has been added effective December 2016.

Julian Becher, M.D., a family medicine physician at Clinicas Del Camino Real in

Ojai, has been added effective December 2016.

Kamyar Assil, M.D., a pain management specialist at Ventura Orthopedics in Oxnard, Simi Valley and Thousand Oaks, has been added effective February 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.

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

Linne Humbargar, P.A.-C., at West Ventura Urgent Care Center (VCMC) in Ventura, has been added effective December 2016.

Louisa Munger, P.A., at Ventura Orthopedic Medical Group in Ventura and Camarillo, has been added effective November 2016.

Matthew Cameron, M.D., a family medicine physician at Identity Medical Group in Camarillo, has been added effective November 2016.

Mayce Al Kuraishi, M.D., a pediatricians at Clinicas Del Camino Real in Santa Paula and Fillmore, has been added effective November 2016.

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

Peggy Jung, N.P., a primary care provider at Citrus Grove Medical Clinic (VCMC) in Santa Paula and at Moorpark Family Care Center (VCMC) in Moorpark, has been added effective November 2016.

Peter White, P.A., at Clinicas Del Camino Real in Santa Paula, has been added effective November 2016.

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

Rick Deleon, P.A., at Ventura Orthopedics in Oxnard, Simi Valley, and Thousand Oaks, has been added effective February 2017.

Shiori Nariai, M.D., a pediatrician at Mandalay Bay Women & Children's Medical Group (VCMC) in Oxnard, has been added effective November 2016.

Tamara Taketani, M.D., a pediatric gastroenterologist at Pediatric Diagnostic Center (VCMC) in Ventura, has been added effective January 2017.

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

Vivian Nguyen, P.A., at Anacapa Plastic, Reconstructive, and Hand Surgery (VCMC) in Ventura, has been added effective December 2016.

LEAVING THE NETWORK

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

Amy Galin, M.D., a pediatrician at Las Posas Family Medical Group (VCMC) in Camarillo, has left effective December 2016.

Andre Akhondi, M.D., an interventional cardiologist at Ventura Cardiology Consultant in Ventura, has left effective October 2016.

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

Anna Mikahilosky, M.D., a family medicine physician at Las Posas Family Medical Group (VCMC) in Camarillo, has left effective December 2016.

David Ziring, M.D., a pediatric gastroenterologist at Pediatric Diagnostic Center (VCMC) in Ventura, has left effective January 2017.

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

James Villaveces, M.D., an allergist/immunologist in Ventura, has left effective March 2017.

John Sheppard, M.D., an internal medicine physician at Magnolia Family Medical Clinic West (VCMC) in Oxnard, has left effective January 2017.

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

Kerby Pierre-Louis, P.A., an urgent care provider at Fillmore Urgent Care (VCMC) in Fillmore, has left effective December 2016.

Lauren McWhorter, F.N.P., at Clinicas-Ojai Valley Community Health Center in Ojai, has left effective November 2016.

Lily Mallare, M.D., an OB/GYN specialist at Fillmore Family Medical Group (VCMC) in Fillmore and West Ventura Medical Clinic (VCMC) in Ventura, has left effective February 2017.

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

Megha Agarwal, M.D., a cardiologist at Ventura Cardiology Consultants in Ventura and Oxnard, has left effective October 2016.

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

Sheryl Dorris, F.N.P., at Las Islas Family Medical Group North (VCMC) in Oxnard, has left effective November 2016.

Udit Kondal, M.D., a family medicine provider at Clinicas- Comunidad De Oxnard in Oxnard, has left effective November 2016.

Vicent Pinedo, M.D., a pediatrician at Las Islas Family Medical Group North (VCMC) in Oxnard, has left effective November 2016.

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

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.

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 Hofer, M.D., a per diem family medicine physician at Identity Medical Group in Santa Paula, is now a PCP and accepting new members, effective November 2016.

Ira Silverman, M.D., an OB/GYN at AFMC (VCMC) in Ventura is also providing services at Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard, effective January 2017.

Ishu Rao, M.D., a cardiovascular disease and cardiac electrophysiologist has closed his practice RAO Cardiac Arrhythmia Inc., effective January 2017, however, has joined Ventura Cardiology Consultants in Ventura.

Juan Vega, M.D., an OB/GYN at AFMC (VCMC) in Ventura is also providing services at Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard, effective January 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.

Nessa Meshkaty, an infectious disease specialist at Pediatric Diagnostic Center (VCMC) in Ventura, will no longer be providing services effective December 2016. She will, however, continue to provide services at the Immunology Clinic in Ventura.

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

The Easter Seals Southern California has closed their Ventura location and has relocated to Oxnard, effective October 2016.

STANDARDS FOR

Members' Rights and Responsibilities

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

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



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



VENTURA COUNTY
HEALTH CARE PLAN

2220 E. Gonzales Road, Suite 210-B
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