



VENTURA COUNTY  
HEALTH CARE PLAN

# PROVIDER SERVICES GUIDE



**Providing Health Care Coverage to  
the County of Ventura Since 1994**

**Quality Health Care**

**Local Administration**

**Visit our website at: [www.vchealthcareplan.org](http://www.vchealthcareplan.org)**

*This is only a summary. Please consult the Provider Operations Manual or call the Plan directly for more detailed information at Member & Provider Services (805) 981-5050*

# PROVIDER CONNECTION

<http://www.vchealthcareplan.org>

Please visit the VCHCP website and click on “Provider Connection”. There you will find lots of valuable information about our Plan such as:

- ◆ “Timely Access” Requirements
- ◆ Direct Specialty Referrals Policy
- ◆ Health Services Approval Process
- ◆ Medical Policies
- ◆ Quality Management Program
- ◆ Provider Operations Manual
- ◆ Specialty Medication Program

## CONTACT INFORMATION

Provider Services

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

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

Program Administrator: Jackie Grissom

Phone: (805) 981-5121

Email: [Jackie.Grissom@ventura.org](mailto:Jackie.Grissom@ventura.org)

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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

Plan website: [www.vchealthcareplan.org](http://www.vchealthcareplan.org)

TDD to Voice: (800) 735-2929

Voice to TDD: (800) 735-2922

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Ventura County Health Care Plan  
24-hour Administrator access for  
emergency providers

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

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Utilization Management: (805) 981-5060

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

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

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Pharmacy: (800) 811-0293 or  
[www.express-scripts.com](http://www.express-scripts.com)

## **DIRECT ACCESS TO CONTRACTED SPECIALTIES AND SERVICES**

Direct Access means specialties and medical services that a physician can refer their patients to without first needing to submit a “Treatment Authorization Request” to VCHCP. For more information click on “Direct Specialty Referral” at <http://www.vchealthcareplan.org/providers/providerIndex.aspx>

All VCHCP contracted specialists can be directly referred by their Primary Care Physician using the direct referral form [Excluding tertiary referrals (UCLA and CHLA), Perinatology and Non VCMC Pain Management Specialists]. Referrals to physical therapy and occupational therapy also use the direct referral form.

### SERVICES

- ◆ Plain x-ray, ultrasound, screening and diagnostic mammogram
- ◆ All radiological imaging studies at VCMC except:
  - \* Bone Scan
  - \* CT Angiography
  - \* DEXA Scan
  - \* MRI/MRA/MRV
  - \* Myelogram

Some radiologic imaging studies at contracted facilities that are not VCMC system providers will require prior authorization. See the full Health Services Approval Process available on the Plan’s website for further detail.

# TREATMENT AUTHORIZATION REQUESTS (TAR)

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

## Where do I send the TAR?

If you are a VCMC Network Physician and are referring a patient to a VCMC Network Specialty, please use the E-Referral process available in Cerner. Otherwise please fax to: (805) 658-4556

## What if my TAR is urgent?

For urgent requests call: (805) 981-5060

## How long does it take to process?

- Routine TARs are reviewed and processed within 5 business days of receipt by the plan\*.
- If the Utilization Management Team needs more information in order to process the TAR, then it will be “pending” (Please provide at the time of submission specific clinical information to support the TAR in order to avoid delays in processing).
- 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 pending, 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. If no information is received, the TAR will likely be denied.

*\*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. You can find the form on our website at: <http://www.vchealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf>*

# PRIOR AUTHORIZATIONS FOR MEDICATIONS

Most medications on Tiers 1-3 are available by proper prescription from the physician to the Plan member. These prescriptions, whether preferred or non-preferred drugs are filled upon presentation of a valid prescription at a participating pharmacy. Some medications require prior authorization (PA). The Pharmacy and Therapeutics (P&T) Committee may designate any preferred or non-preferred medication as requiring PA by the Plan.

Prior Authorizations for medications are requested through the Plan in the same manner as the TAR form and process for “Treatment Authorization Requests (TAR)” outlined above, using the Prescription Drug Prior Authorization Request form.

The following drug categories require prior authorization regardless of their status (Preferred or Non-Preferred). **Note that this list is not all inclusive.**

- All injectables with the exception of Insulins, headache medications, epinephrine, medroxyprogesterone acetate and approved immunization products
- All growth hormones
- All infertility drugs
- Most antivirals/protease inhibitors, except Acyclovir, Amantadine, Famciclovir, Valacyclovir, Denavir, Famvir, Flumist, Relenza, Tamiflu, Tyzeka, Valtrex, Xerese

For more information regarding VCHCP’s “Drug Policies” please go to our website at:

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

## SPECIALTY MEDICATIONS

Specialty medications are often used to treat complex clinical conditions and usually require close management by a physician because of their potential side effects and the need for frequent dosage adjustments. Because of the seriousness of the patients' medical conditions, the high cost of the drugs, and the complexity of medication management, VCHCP utilizes a company known as Accredo to manage our specialty medication program. Accredo is a sub-division of Express Scripts, the Plan's pharmacy benefit manager.

Accredo's only business is to manage the care of patients receiving specialty medications. They realize that treatment with specialty medications can be difficult and stressful for patients, and they do everything they can to make it as simple as possible. They understand that each patient is different and has different needs. When a patient first enrolls in the program with Accredo they are contacted by a patient care coordinator. Coordinators work with a team of pharmacists, nurses, the prescribing physician and VCHCP to make sure the member receives optimum care.

For more information about the Specialty Medication Program feel free to contact one of our medical management personnel at (805) 981-5060 or see our Specialty Medication Program Description at: [http://www.vhealthcareplan.org/providers/docs/Specialty\\_Medications\\_Program\\_Description\\_Accredo\\_2015.pdf](http://www.vhealthcareplan.org/providers/docs/Specialty_Medications_Program_Description_Accredo_2015.pdf)

## CLAIMS SUBMISSION

### **Electronic Submission**

Most Providers prefer to submit their claims electronically through Office Ally, a claims clearinghouse, at no charge. For information regarding how to contact Office Ally, you may call the VCHCP Member/Provider Services Department at (805) 981-5050, or email us at [VCHCP.Providerservices@ventura.org](mailto:VCHCP.Providerservices@ventura.org). Or you may contact Office Ally directly at (360) 975-7000, email them at [info@officeally.com](mailto:info@officeally.com), or visit their website at [www.officeally.com](http://www.officeally.com). Office Ally offers the following services and benefits to Providers: No monthly fees, free set-up and training, 24/7 Customer Support, reporting options, and other clearing house services....You can also use your existing Practice Management Software.

Refer to the HIPAA ANSI Implementation Guide and California 837 Transaction Companion Guide for the specific regulatory requirements for submitting claims electronically.

### **Paper Submission**

In order for the Plan to process paper claims as quickly, accurately, and efficiently, as possible, providers should submit a properly completed "Centers for Medicare and Medicaid (CMS) 1500 Form" or its successor as adopted by the National Uniform Claim Committee (NUCC). Please send claims to:

VCHCP Claims Processing Dept.  
2220 E. Gonzales Rd. #210-B  
Oxnard, CA 93036

Please see your Provider Operations Manual for more information about billing and payment.