

PROVIDER NEWSLETTER

SUMMER ISSUE • JUNE 2018



VENTURA COUNTY
HEALTH CARE PLAN

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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.



VENTURA COUNTY
HEALTH CARE PLAN

SUMMER ISSUE • JUNE 2018

Contact Information

Provider Services Email:

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

Ventura County
Health Care Plan

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

REGULAR BUSINESS HOURS ARE:

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

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

VCHCP Utilization
Management Staff

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

- Phone: (805) 981-5060

GRAPHIC DESIGN & PRINTING:

GSA Business Support/Graphics

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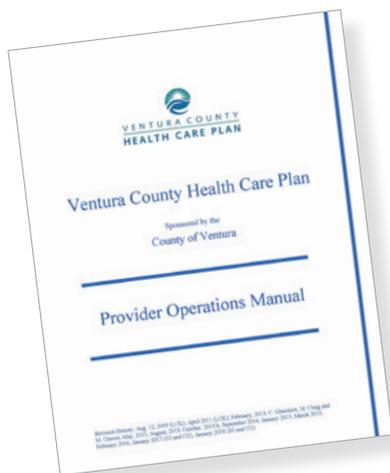
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PROVIDER OPERATIONS MANUAL Now Updated

The 2018 version of the Provider Operations Manual is now available 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.vhealthcareplan.org.

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

Patient Emergency & Provider AFTER HOURS CONTACT

Ventura County Medical Center Emergency Room

300 Hillmont Ave.,
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
(805) 600-8247

THE NURSE ADVICE LINE 1-800-334-9023



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

THERE IS ALSO A LINK ON THE MEMBER WEBSITE: www.vhealthcareplan.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.vhealthcareplan.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 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.

2017

Health Services Accomplishments

THE HEALTH SERVICES DEPARTMENT is most proud of its accomplishment in a successful Diabetes Disease Management (Health Coaching) Program. The Plan has over 750 members enrolled in its Diabetes Disease Management Program. A robust health coaching program in 2017 was made possible as the Plan obtained hgbA1c laboratory result. Consequently, members' risks were appropriately stratified allowing for health coaching and case management intervention for members who are at moderate and high risk.

The effectiveness of the Plan's Disease Management (Health Coaching) Program is as follows:

- a. Successful Health Coaching Calls:** 50% successful health coaching calls.
- b. A1c Testing:** (1) Higher percentage of members who had successful health coaching had their A1c done (78.8%) within six (6) months following health coaching call, compared to members who did not have successful health coaching (60.4%). (2) Of the members who accepted case management, 88.9% of these members had their A1c testing done within six (6) months following health coaching calls.
- c. A1c Movement:** (1) Higher percentage of members who had successful health coaching had decreased A1c (78%), compared to those members who did not have successful health coaching

(59.4%). (2) From the members who accepted case management and had their A1c testing done, 87.5% had decreased.

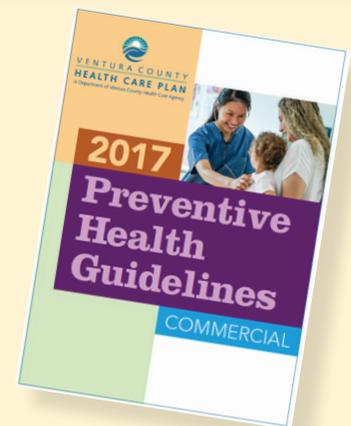
- d. Risk Stratification:** (1) Higher percentage of members who had successful health coaching had risk level decreased (57.3%), compared to those members who did not have successful health coaching (43.8%). (2) From the members who accepted case management and had their A1c testing done, 75% had risk level decreased, no member had risk level increased and 25% of members had no risk level change.
- e. Risk Stratification Summary:** The percent of members with high A1c decreased more, after successful health coaching calls (from 32.9% to 13.4%) and case management acceptance (from 83.3% to 16.7%) compared to those members who did not have successful calls (from 35.9% to 26.6%).

In summary, it is crucial that the Plan increase the rate of successful health coaching calls as this is making a significant impact on member compliance in getting their A1c testing done, decreasing member A1c level and decreasing risk stratification. It is also important to increase the case management acceptance rate as case management has a significant impact on members in getting their A1c testing done, decreasing member A1c and decreasing risk stratification.

Preventive Health GUIDELINES

The 2017 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.vhealthcareplan.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.



ER Room VISIT

Follow Up & Appropriate ER Use

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

NURSE ADVICE LINE: Great resource for discussing symptoms, illnesses, or to get professional health care advice including where and when you should be seen if necessary and home care information. Nurse Advice Line number 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 one of these

VCHCP CONTRACTED HOSPITALS: *Ventura County Medical Center, Santa Paula Hospital, St. John's Regional Medical Center (Oxnard), St. John's Pleasant Valley Hospital (Camarillo), and Adventist Health Simi Valley.*

If you feel a medical problem is life-threatening, call 911 immediately. 05/2018

A SUDDEN TRIP TO THE EMERGENCY ROOM (ER)

can be difficult and often times results in a change in medication or treatment for your patients. After a visit to the ER, it is very important that members make an appointment to see their Primary Care Provider (PCP) and/or specialist when applicable, as soon as possible, or within 30 days. This visit is to update the PCP on what occurred that required the member to seek emergency treatment, update their medication routine, and to be referred for additional care if needed. Establishing and keeping a good relationship between the PCP and patient is vital to their health and your ability to provide care to patients. If members find that making an appointment with their PCP or specialist after an ER visit is difficult and they can't be seen within 30 days, or if their ER visit was due to the inability to be seen by their PCP, they are asked to notify the Ventura County Health Care Plan Member Services Department at (805) 981-5050. Members are mailed Postcard reminders regarding appropriate use of ER services and the importance of following up with their PCP after the ER visit for continuity of care. The members' ability to access health care is important to us.

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 |

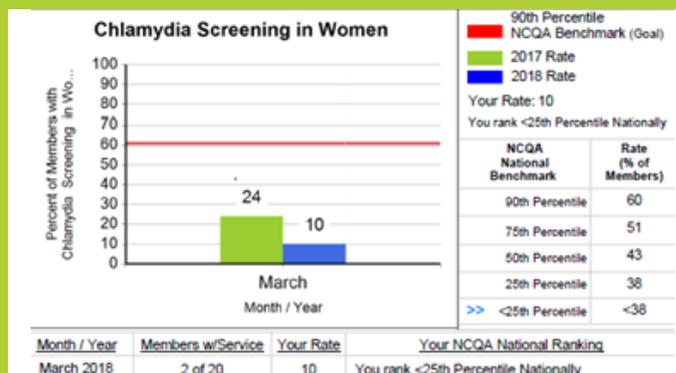
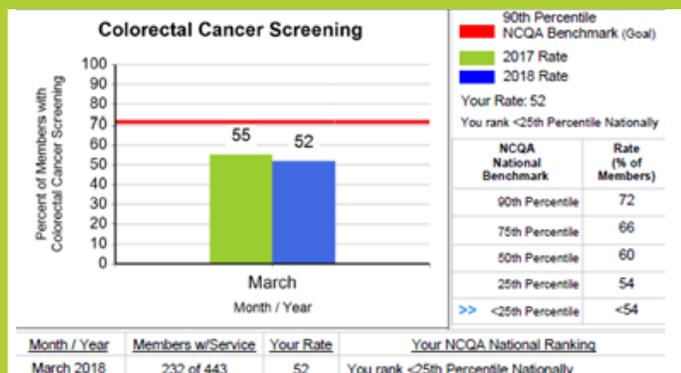
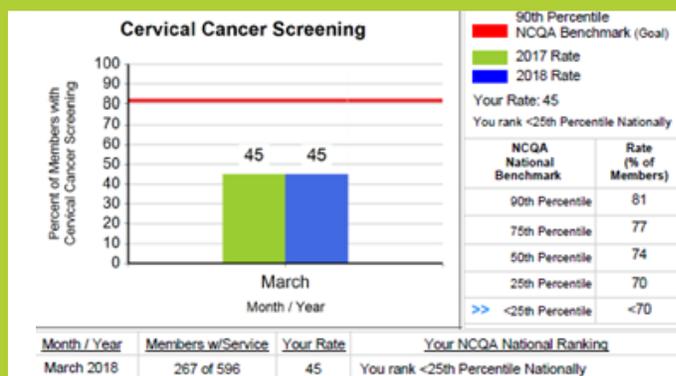
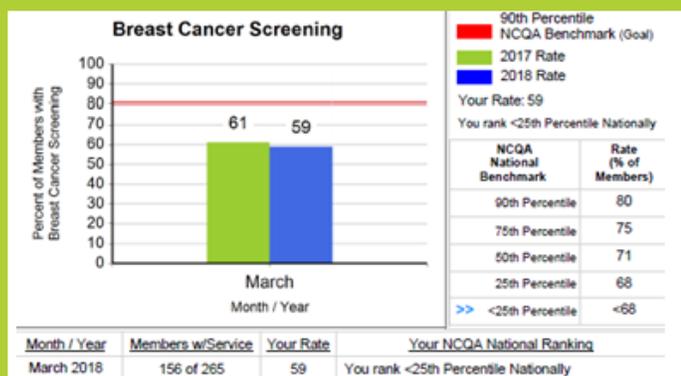
Provider Progress Report Cards

THE VENTURA COUNTY HEALTH CARE PLAN is continually working on ways to help improve the health and well-being of our members. Every quarter, we mail Provider “Report Cards” to the office manager and medical director, which contain packets of updated information regarding your clinic’s and providers’ statistics concerning the meeting of required preventive screening measures based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) rates.

Included is a summary of all providers in the clinic. The list includes the number of VCHCP members who have selected the provider as their PCP along with the provider’s score in four categories of preventive screenings: Breast Cancer, Cervical Cancer, Colorectal Cancer, and Chlamydia. At the bottom of the list is the clinic’s overall score and ranking against the NCQA National Benchmarks.

There is also a packet for each clinic provider which includes a HEDIS Preventive Care Progress Report for the four screening measures. This report demonstrates how the provider ranked per quarter against the NCQA National benchmark. This data is a snap shot of progress at the end of the quarter. We also included the previous year quarterly scores to trend clinic progress and highlight areas of opportunity for improvement. To assist the provider in improving the scores, we have also included a list of each member that requires any of the above screenings. Diabetes care gaps (A1C testing, nephropathy screening and retinal eye screening for diabetic retinal disease) were added to the list.

Here is an example of the Provider Progress Report Card:



We accept supplemental data if providers feel that members already received care for the listed care gap. Please fax supporting medical records to (805) 981-5061.

If you have any questions or comments about our ongoing interventions, or if providers feel the specific rates/scores are incorrect, please do not hesitate to contact Medical Management Department at (805) 981-5060. *Thank you for being our partners in health.*



Coordinating of Care for Healthier Lives

A message from the Network Manager of OptumHealth Behavioral Solutions of California (OHBS-CA) that was sent to Mental Health Providers in April 2018:

As a specialty, behavioral healthcare has an obligation to foster overall healthier lives. At OHBS-CA, our mission is to help people live their lives to the fullest. One of the important ways in which we work toward that goal is by promoting ongoing coordination of care for patients. We take an active role in this process and expect our network providers to do so as well. For members who are hospitalized, our Care Advocates request that hospital staff collaborate in obtaining a Release of Information (ROI) for us that will enable us to connect with the patient's primary caregiver and support system. This allows us to more effectively support patients and caregivers in accessing benefits, resources, and in remaining engaged in follow-up treatment. Additionally, within our various clinical programs, our Care Advocates facilitate coordination of care with medical and other treating providers to promote optimal treatment for patients. Another important aspect of care coordination is ensuring that treating clinicians connect directly with one another. Even the best work to address behavioral health and substance use issues can be jeopardized by underlying medical conditions. A recent survey of the network reveals that a significant portion of clinicians do not coordinate care with the member's Primary Care Physician (PCP) on a routine basis and many clinicians report they do not believe it is even necessary. PCPs continue to express interest in receiving more frequent and comprehensive information about their patients who are receiving behavioral health services. A behavioral health condition, including those considered "routine" or uncomplicated from a behavioral health professional's perspective, could be regarded as a significant complication of the patient's medical condition by the PCP.

All OHBS-CA network providers are expected to coordinate care with a member's PCP, other behavioral health clinicians and, when applicable, hospital staff. This communication should be documented in the member's record. Treatment records are subject to review.

Verification of Coordination of Care with a member's PCP can occur as part of audits for high-volume clinicians, routine random audits, reviews of facilities and audits concerning quality of care issues. The collaboration achieved through your coordination of care with a patient's PCP and other treating providers can make a big difference in your patient's quality of care, health outcomes and overall quality of life.

Follow this link for our most current Coordination of Care Checklist:
<https://www.providerexpress.com/content/ope-provexpr/us/en/admin-resources/forms.html>



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*. This guideline notes that 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.

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.

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**
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/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/bpg.html>
Optum's practitioner website includes a "Behavioral Health Toolkit for Medical Providers" which includes screening tools for depression as well as other behavioral health issues.
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit.html>

Case Management

PROGRAM EFFECTIVENESS

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

Annually, we evaluate the effectiveness of our CM program by obtaining feedback from our members who have been enrolled in our CM program through a member satisfaction survey and evaluating inpatient and emergency room utilization of members who were case managed.

Member Experience with CM in 2017: We thank those members who returned their member satisfaction survey form to us.

The result of the survey are as follows:

- 100% overall satisfaction with the CM program, improved from 80% in 2016
- 100% of members felt more confident in their ability to consistently take good care of themselves after CM, which is the same as 2016.
- 88% of members felt more confident in handling their health care needs after CM, which improved compared to 80% in 2016.
- We also received positive member comments:
 - The members thanked the Plan's case manager for all the help and assistance in providing the members the tools and confidence to care for themselves
 - Being an advocate for the members
 - Shared the amazing job of the CM nurse
 - Exceeded every expectation of the members
 - Assistance with changing physicians
 - Clarifying physician orders and helping the member understand the treatment plan
 - Being treated with respect and making member feel like a person and not just another patient
 - Helping member with updating all treatment appointments.
- Lastly, we did not receive member complaints regarding the CM program.
- Please continue to encourage your patients to provide their feedback as this is a very helpful tool to improve our program.

Inpatient Admissions Pre-Case Management and Post Case Management:

- Inpatient admissions decreased overall for the members enrolled in the program at least 60 days by 83% in 2017, compared to 50.0% in 2016.
- The number of members with inpatient admissions decreased 75% in 2017 compared to 50.0% in 2016.

ER Visits Pre-Case Management and Post Case Management:

- ER visits decreased overall for the members enrolled in the program at least 60 days by 25%.

Overall results show that the case management activities, such as assessments and interventions, offer value to your patients who elect to participate in the Case Management Program. We highly encourage you to enroll your patients who are eligible for case management because it is making a significant impact in achieving desired outcome based on your patient's individualized needs.

Clinical Practice GUIDELINES

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

Recommended Clinical Practice Guidelines and the Link for providers:

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

Note: VCHCP adopts American Academy of Child and Adolescent Psychiatry (AACAP) guideline on Attention Deficit Hyperactivity Disorder (ADHD). However, AACAP no longer has Clinical Practice Guidelines for ADHD. Per AACAP, "Over the next few years, the original series – known as Practice Parameters – will be phased out and replaced by two new series of documents – known as Clinical Updates and Clinical Practice Guidelines." Therefore, VCHCP "retired" the ADHD Guidelines for now.

Link to be used:

<http://www.vhealthcareplan.org/providers/medicalPolicies.aspx>

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

TAR process-

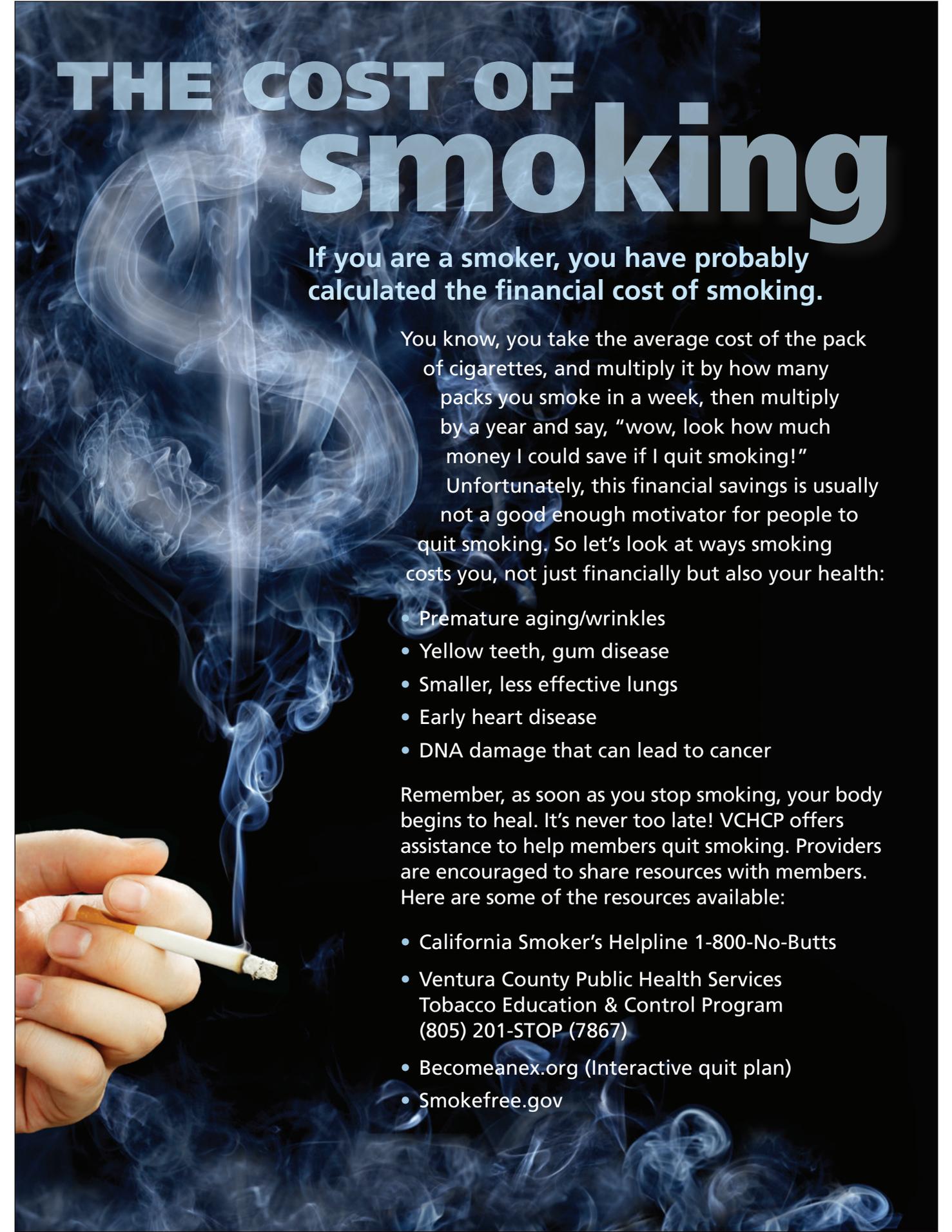
"PENDED FOR ADDITIONAL INFORMATION"

WHEN A TREATMENT AUTHORIZATION REQUEST (TAR) has been "pended for additional information" it means that VCHCP needs more information from the Provider to complete the TAR review process. *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, 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 or Physician Reviewer.
- 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.
- As of November 1, 2017, in addition to faxing pend letters for needed additional information to providers, the Plan's UM began sending messages through Cerner to inform VCMC requesting providers of pended requests and clinical information needed by the Plan to make a medical necessity decision.
- The Plan's pend letter was updated with an "Alert" to providers that clinical information is needed.

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: www.vhealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf*



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

VCHCP AUTISM Case Management PROGRAM

About 1 in 59 children has been identified with autism spectrum disorder (ASD) according to estimates from Centers for Disease Control and Prevention's Autism and Developmental Disabilities Monitoring (ADDM) Network.

VCHCP has an Autism Case Management Program for all members with a diagnosis of Autism. If you haven't already done so, please refer all members diagnosed with Autism, including members new to their PCP to our Autism Case Management Program.

Providers can refer members to Autism Case Management Program online at <http://www.vchealthcareplan.org/members/requestAssistanceForm.aspx>, or by calling (805) 981-5060.

While there is currently no cure for autism, early detection and intervention can result in critical improvements for many young children.



Learn more at www.autismspeaks.org



New Medical Technology

DID YOU KNOW that VCHCP has a policy in place to evaluate any new technology or new applications of existing technology on a case by case basis? There are four categories we look at –medical procedures, behavioral health procedures, pharmaceuticals (medications) and medical devices.

VCHCP's Medical Director, or designee, evaluates new technology that has been approved by the appropriate regulatory body, such as the Food and Drug Administration (FDA) or the National Institutes of Health (NIH). Scientific evidence from many sources, specialists with expertise related to the technology and outside consultants when applicable are used for the evaluation. The technology must demonstrate improvement in health outcomes or health risks, the benefit must outweigh any potential harm and it must be as beneficial as any established alternative. The technology must also be generally accepted as safe and effective by the medical community and not investigational.

For help with new medication evaluations, the Plan looks to our Pharmacy Benefit Manager, Express Scripts, for their expertise. For new behavioral health procedures, the Plan uses evaluations done by our Behavioral Health delegate, OptumHealth Behavioral Solutions of California (also known as Life Strategies).

Once new technology is evaluated by the Plan, the appropriate VCHCP committee reviews and discusses the evaluation and makes a final decision on whether to approve or deny the new technology. This final decision may also determine if any new technology is appropriate for inclusion in the plan's benefit package in the future.

For any questions, please contact the VCHCP Utilization Management Department at (805) 981-5060.

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.

Link to the Health Services Approval Process: <http://www.vchealthcareplan.org/providers/hsApprovalProcess.aspx>



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.vhealthcareplan.org/members/programs/countyEmployees.aspx>



HEDIS TIPS AND INFORMATION

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:

- 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. If you need additional information or assistance related to HEDIS, please call our HEDIS Program Administrator at (805) 981-5060

Formulary Additions: Q1-2018

New Generics:

REYATAZ
SUSTIVA
ESTRACE
LOCOID
NAMENDA XR
SOLODYN
APAP-CAFFEINE-DIHYDROCODEINE
ULTIVA
TREXIMET
VIREAD
SYPRINE

Line Extensions

New Dosage Forms/Strengths:

BOSULIF 400 MG TABLET
ELIQUIS 5 MG STARTER PACK
PROLASTIN C 1,000 MG/20 ML VL
XIGDUO XR 2.5 MG-1,000 MG TAB

New and Existing Brands/Chemicals:

FASENRA 30 MG/ML SYRINGE
HEMLIBRA 105 MG/0.7 ML VIAL
HEMLIBRA 150 MG/ML VIAL
HEMLIBRA 30 MG/ML VIAL
HEMLIBRA 60 MG/0.4 ML VIAL
LUXTURNA VIAL
MEPSEVII 10 MG/5 ML VIAL
ODACTRA 12 SQ-HDM SL TABLET
PREVYMIS 240 MG TABLET
PREVYMIS 480 MG TABLET
PREVYMIS 240 MG/12 ML VIAL
PREVYMIS 480 MG/24 ML VIAL
RENFLEXIS 100 MG VIAL
SUBLOCADE 100 MG/0.5 ML SYRING
SUBLOCADE 300 MG/1.5 ML SYRING
TAMIFLU 30 MG CAPSULE
TAMIFLU 45 MG CAPSULE
TAMIFLU 75 MG CAPSULE
TAMIFLU 6 MG/ML SUSPENSION
VERZENIO 100 MG TABLET
VERZENIO 150 MG TABLET
VERZENIO 200 MG TABLET
VERZENIO 50 MG TABLET

Formulary Removals/Deletions: Q1-2018

ESTRACE 0.01% CREAM
REYATAZ 150 MG CAPSULE
REYATAZ 200 MG CAPSULE
REYATAZ 300 MG CAPSULE

SUSTIVA 200 MG CAPSULE
SUSTIVA 50 MG CAPSULE
SUSTIVA 600 MG TABLET
VIREAD 300 MG TABLET

Direct Specialty REFERRALS



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

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

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

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

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

UPDATE TO THE DIRECT SPECIALTY REFERRAL:

Podiatry & Perinatology

We recently updated our Direct Specialty Referral Process. Along with the current Direct Referral access to Podiatry, the Plan has added the ability for Podiatrists to perform local injections with anesthetic and/or steroid medications, paring/cutting of hyperkeratotic lesions and aspiration and injection of joints/bursa, all without requiring prior authorization.

This is aimed at allowing these procedures to be done on the same visit as the consultation thereby eliminating the need for the member to return solely for the injection or procedure. We previously had allowed, and continue to allow toenail removal without prior authorization.

We also added the ability to directly refer to our Ventura County Medical Center (VCMC) affiliated perinatology office (Central Coast Perinatology Medical Group) for certain procedures. These include routine pregnancy ultrasounds, nuchal translucencies and second trimester anatomy scans. However, note that provider consultations for high risk pregnancies, genetic testing, fetal echocardiograms and other studies still require prior authorization from the Plan.

THE DIRECT REFERRAL POLICY CAN ALSO BE ACCESSED AT:

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.

IF YOU HAVE ANY QUESTIONS ON THE POLICY OR DOCUMENTS:

Please call our Medical Management Department at (805) 981-5060 between 8:30 am and 4:30 pm.

PLEASE NOTE: VCHCP Members were recently reminded that Dialysis services are a covered benefit under their Plan AND always require prior authorization. They must contact their referring provider to ensure proper authorization.

TAKE ACTION: Stop Asthma Today!

What You Can Do, NOW

To help make life livable for someone with asthma



Summary of Priority Messages and the Underlying Clinical Recommendations by the National Heart, Lung, and Blood Institute

MESSAGE:

Use Inhaled Corticosteroids

Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma and should be used by patients and clinicians as recommended in the guidelines for control of asthma.

RECOMMENDATION:

The Expert Panel recommends that long-term control medications be taken on a long-term basis to achieve and maintain control of persistent asthma, and that inhaled corticosteroids are the most potent and consistently effective long-term control medication for asthma.

MESSAGE:

Use Asthma Action Plans

All people who have asthma should receive a written asthma action plan to guide their self-management efforts.

RECOMMENDATION:

The Expert Panel recommends that all patients who have asthma be provided a written asthma action plan that includes instructions for: (1) daily treat-

ment (including medications and environmental controls), and (2) how to recognize and handle worsening asthma.

MESSAGE:

Assess Asthma Severity

All patients should have an initial severity assessment based on measures of current impairment and future risk in order to determine type and level of initial therapy needed.

RECOMMENDATION:

The Expert Panel recommends that once a diagnosis of asthma is made, clinicians classify asthma severity using the domains of current impairment and future risk for guiding decisions in selecting initial therapy.

NOTE: While there is not strong evidence from clinical trials for determining therapy based on the domain of future risk, the Expert Panel considers that this is an important domain for clinicians to consider due to the strong association between history of exacerbations and the risk for future exacerbations.

MESSAGE:

Assess and Monitor Asthma Control

At planned follow-up visits, asthma patients should review their level of control with their health care provider based on multiple measures of current impairment and future risk to guide clinician decisions to either maintain or adjust therapy.

RECOMMENDATION:

The Expert Panel recommends that every patient who has asthma be taught to recognize symptom patterns and/or Peak Expiratory Flow measures that indicate inadequate asthma control and the need for additional therapy, and that control be routinely monitored to assess whether the goals of therapy are being met—that is, whether impairment and risk are reduced.

MESSAGE:

Schedule Follow-up Visits

Patients who have asthma should be scheduled for planned follow-up visits at periodic intervals to assess their asthma control and modify treatment if needed.

For the complete publication, please go to:

<https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/national-asthma-control-initiative-keeping-airways-0>

RECOMMENDATION:

The Expert Panel recommends that monitoring and follow-up is essential, and that the stepwise approach to therapy—in which the dose and number of medications and frequency of administration are increased as necessary and decreased when possible—be used to achieve and maintain asthma control.

MESSAGE:

Control Environmental Exposures

Clinicians should review each patient's exposure to allergens and irritants and provide a multi-pronged strategy to reduce exposure to those allergens and irritants to which a patient is sensitive and exposed, i.e., that make the patient's asthma worse.

RECOMMENDATION:

The Expert Panel recommends that patients who have asthma at any level of severity be queried about exposure to inhalant allergens, particularly indoor inhalant allergens, tobacco smoke, and other irritants, and be advised as to their potential effect on the patient's asthma. The Expert Panel recommends that allergen avoidance requires a multifaceted, comprehensive approach that focuses on the allergens and irritants to which the patient is sensitive and exposed—individual steps alone are generally ineffective.

RESOURCES:

Expert Panel Report 3—Guidelines for the Diagnosis and Management of Asthma:

- Implementation Panel Report: https://www.nhlbi.nih.gov/files/docs/guidelines/gjp_rpt.pdf
- Guidelines for the Diagnosis and Management of Asthma (EPR-): www.nhlbi.nih.gov/guidelines/asthma/gjp_rpt.htm
- NHLBI Publications and Resources for Asthma: www.nhlbi.nih.gov/health/public/lung/index.htm

Annual Asthma and Diabetes

Disease Management MASS MAILING

VCHCP will be sending office managers and medical directors a list of patients affiliated with your clinic or physician group who are Ventura County Health Care Plan (VCHCP)



members enrolled in the Disease Management Program. Members are eligible to participate in this program based on a review of available claims information submitted to us by one or more of their doctors or health care professionals that indicates these members have been identified as having diabetes or asthma. This is a program designed to help your patients better understand their condition, update them on new information about their condition, and provide them with assistance from health professionals to help them manage their health. The program is designed to reinforce your treatment plan with the patient.



The program components include mailed educational materials to help your patients understand and manage medications prescribed by you, how to effectively plan visits to see you, information to help support your treatment plans for the patient, telephonic education (health coaching) from our nurses and other health care

staff to help them understand how to best manage their condition, and care coordination of the health care services they receive.

The program is voluntary: the members are automatically enrolled when we identify them as diabetics and/or asthmatics. Members can opt out at any time. If you would like to refer patients who are VCHCP members but are not in the program, please contact us at (805) 981-5060.

Please note that included on the list that we will be sending are patients who may be missing diabetes-related and preventive care services based on our claim records. This information is included to assist you with identifying what services the patients may need to maintain their health. We encourage you to have your staff contact the patients and work with the Primary Care Physicians to facilitate these services if the patients have not received the services at this time.

Again, if you feel that a member already received care but was still noted as a care gap, you may fax supplemental data information (medical records) to (805) 981-5061.

If you have any questions or concerns regarding the Disease Management Program, please call us at (805) 981-5060.

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!

Advanced Specialty Surgical Center an outpatient surgery center in Oxnard has been added, effective February 2018.

Brayton Campbell, D.P.M., a podiatric surgeon at Foot and Ankle Concepts in Camarillo, Oxnard and Ventura has been added, effective January 2018.

Brian Lai, M.D., a pain management specialist at Advanced Pain Medical Group in Oxnard has been added, effective February 2018.

Davita Inc., and the following treating centers have been added, effective January 2018: Camarillo Dialysis, Channel Islands Dialysis, Moorpark Dialysis, Oxnard Dialysis, Santa Paula Dialysis, Simi Valley Dialysis, Thousand Oaks Dialysis, Ventura Dialysis and Westlake Village Dialysis.

Donald Schiller Jr, P.A.C at Santa Paula Medical Clinic (VCMC) in Santa Paula has been added, effective January 2018.

Dorothy DeGuzman, M.D., a family medicine physician at AFMC (VCMC) in Ventura has been added, effective November 2017.

Glenwood Care Center, a skilled nursing facility in Oxnard has been added, effective December 2017.

Goonjan Shah, M.D., a pain management specialist at Advanced Pain Medical Group in Oxnard has been added, effective February 2018.

Greta Green, F.N.P. at Conejo Valley Family Med Grp (VCMC) in Thousand Oaks has been added, effective February 2018.

Hiroki Nariai, M.D., a child neurologist at Pediatric Diagnostic Center (VCMC) in Ventura has been added, effective October 2017.

Inga Wilder, M.D., a family medicine physician at Rose Ave Family Medical Group in Oxnard has been added, effective March 2018.

Jeleena Santillana, P.A.-C. at Clinicas Del Camino Real in East Simi Valley and Newbury Park has been added, effective November 2017.

Karim Nouri-Mahdavia, M.D., a pediatrician at Mandalay Bay Women & Children's Med Grp (VCMC) in Oxnard has been added, effective December 2017.

Kelsea Cregut, R.D.N., a registered dietitian nutritionist at 360 Nutrition Consulting in Camarillo has been added, effective April 2018.

Marie Brock, D.O., a family medicine physician at West Ventura Medical Clinic (VCMC) in Ventura has been added, effective November 2017.

Marina Morie, M.D., a family medicine physician at Academic Family Medicine Center (VCMC) in Ventura has been added, effective December 2017.

New Start Home Medical Equipment, a DME supplier in Simi Valley has been added, effective March 2018.

Nirmala Gowrinathan, M.D., a pediatric neurologist at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective October 2017.

Rod Blourtchi, P.A., at Ventura Orthopedic Medical Group in Oxnard has been added, effective April 2018.

Sang Il Lee, M.D., a pediatric surgeon at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective November 2017.

Seth Alkire, M.D., a family medicine physician at Piru Family Medical Center (VCMC) in Piru and Santa Paula Hospital

Clinic (VCMC) in Santa Paula has been added, effective October 2017.

Sung Kim, M.D., an internal medicine physician at Clinicas Del Camino Real in Oceanview has been added, effective April 2018.

Susan Slater, M.D., an internal medicine physician in Ventura has been added, effective June 2018.

Tanya Smit, N.P. at Conejo Valley Family Med Grp (VCMC) in Thousand Oaks has been added, effective December 2017.

Ventura Surgery Center, an outpatient surgery center located in Ventura has been added, effective December 2017.

Yousef Odeh, M.D., a cardiothoracic surgeon at Cardiovascular & Thoracic Surgeons in Oxnard has been added, effective April 2018.

LEAVING THE NETWORK

Ahmed Taher, M.D., a family medicine physician at Fillmore Family Medical Group (VCMC) in Fillmore has left, effective March 2018.

Carol Ann Sherman, F.N.P. at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective July 2017.

Daniel Kim, M.D., a hematology/oncology specialist at Hematology/Oncology Clinic (VCMC) in Ventura and at Sierra Vista Family Medical Clinic (VCMC) has left, effective January 2018.

Elena Rubin, N.P. at Clinicas Del Camino Real in Moorpark has left, effective February 2018.

Forrest Hsu, M.D., a neurological surgeon at Neuroscience Center of Ventura County (VCMC) in Ventura has left, effective December 2017.

James Sheehy, M.D., a neurologist in Ventura has left, effective January 2018.

Jeanine Dannenbaum, N.P. at Spanish Hills Interventional Pain Specialists in Camarillo has left, effective December 2017.

Jeleena Santillana, P.A.C. at Clinicas Del Camino Real in East Simi Valley has left, effective April 2018.

Karim Nouri-Mahdavia, M.D., a pediatrician at Mandalay Bay Women & Children's Med Grp (VCMC) has left, effective December 2017.

Kathleen Beuttler, M.D., an ophthalmologist at Miramar in Ventura has left, effective December 2017.

Madeline Sanchez, M.D., a family medicine physician at Clinicas Del Camino Real in Newbury Park has left, effective April 2018.

Maria Delgadillo, F.N.P. at Santa Paula Medical Clinic (VCMC) in Santa Paula has left, effective December 2017.

Michael Datlow, M.D., a family medicine physician in Ventura has left, effective May 2018.

Michael Lager, M.D., a cardiovascular disease specialist at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has left, effective June 2018.

Michael Mitchell, M.D., a pediatric neurologist at Pediatric Diagnostic Center (VCMC) has left, effective January 2018.

Ronald Chochinov, M.D., an endocrinologist in Oxnard has left, effective November 2017.

CHANGES

Citrus Grove Medical Clinic (VCMC) in Santa Paula has permanently closed its doors, effective November 2017.

Mountain View Clinic of Ventura County (VCMC) in Simi Valley has permanently closed its doors, effective January 2018.

STANDARDS FOR

MEMBERS' Rights & 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
Oxnard, CA 93036

