Member NEWSLETTER

FALL ISSUE • SEPTEMBER 2021

VENTURA COUNTY
HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

Featured this issue

VENTURA COUNTY
HEALTH CARE PLAN
FALL ISSUE • SEPTEMBER 2021

CONTACT INFORMATION

Ventura County Health Care Plan

Regular Business Hours are:

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

- vchealthcareplan.org
- VCHCP.Memberservices@ventura.org
- Phone: (805) 981-5050
- Toll-free: (800) 600-8247
- FAX: (805) 981-5051
- Language Line Services:
  Phone: (805) 981-5050
  Toll-free: (800) 600-8247
- TDD to Voice: (800) 735-2929
- Voice to TDD: (800) 735-2922
- Pharmacy Help: (800) 811-0293
  or express-scripts.com
- Behavioral Health/Life Strategies:
  (24 hour assistance)
  (800) 851-7407
  liveandworkwell.com
- Nurse Advice Line: (800) 334-9023
- Teladoc: (800) 835-2362

VCHCP Utilization Management Staff

Regular Business Hours are:

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

- (805) 981-5060

GRAPHIC DESIGN & PRINTING

GSA Business Support / Creative Services

contents

Patient Emergency & Provider AFTER HOURS CONTACT

Ventura County Medical Center Emergency Room

300 Hillmont Avenue,
Ventura, CA 93003

(805) 652-6165 or
(805) 652-6000

Santa Paula Hospital

A Campus of Ventura County Medical Center
825 N Tenth Street
Santa Paula, CA 93060

(805) 933-8632 or
(805) 933-8600

Ventura County Health Care Plan

on call Administrator available 24 hours per day for Emergency Providers

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

THE NURSE ADVICE LINE
1-800-334-9023

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

THERE IS ALSO A LINK ON THE MEMBER WEBSITE: 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) 981-5060** or toll-free **(800) 600-8247**
FAX: **(805) 981-5051**, 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**

COMPLETE THE 2021 Member Access Survey TODAY!!!

YOUR INPUT MATTERS!

Help us make a difference to your health care access needs and identify areas needing improvement by completing the 2021 Member Access Survey online at:

surveymonkey.com/r/VCHCPMemberSurvey2021

You may also complete the survey by visiting our website at **vchealthcareplan.org** and click on "For Members".

The Survey is available

NOW THROUGH DECEMBER 31st

For assistance contact our Member Services Department at **(805) 981-5050** or toll free at **(800) 600-8247**
Monday – Friday between 8:30 a.m. – 4:30 p.m.

ACCESSING SERVICES Behavioral Healthcare

Contact OptumHealth Behavioral Solutions of California "Life Strategies" Program at (800) 851-7407

Contact VCHCP Member Services at (805) 981-5050 to request an EOC copy or go to the Plan's website at vchealthcareplan.org

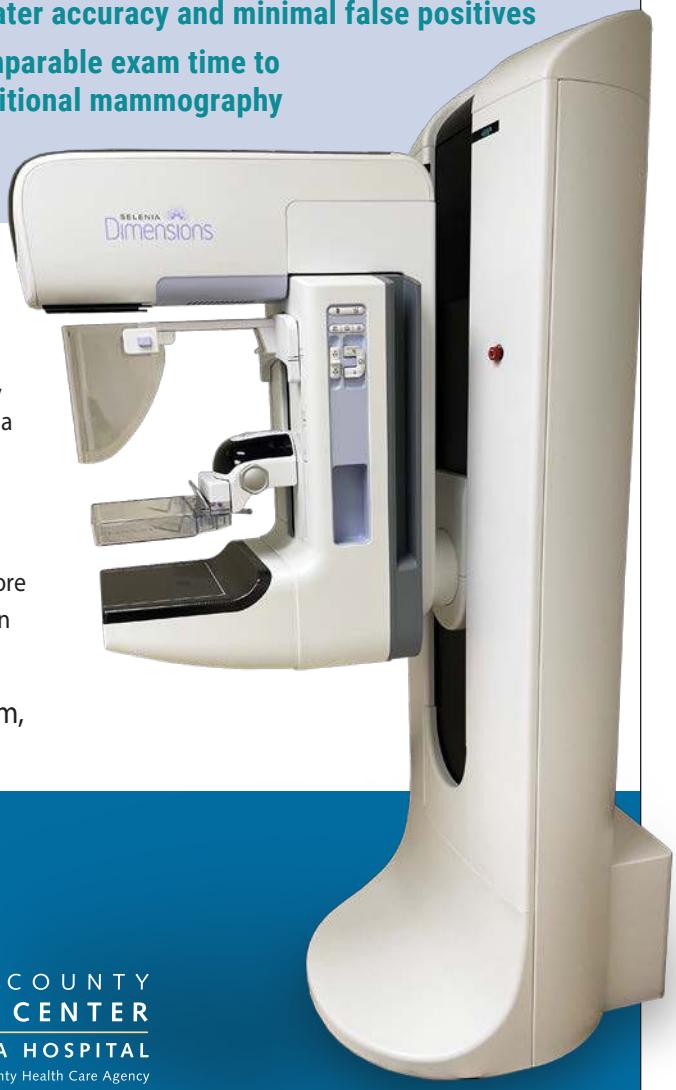
Information on authorization of Plan Mental Health and Substance abuse benefits are available by calling the Plan's Behavioral Health Administrator (BHA). A Care Advocate is available twenty-four (24) hours a day, seven (7) days a week to assist you in accessing your behavioral healthcare needs. For non-emergency requests, either you or your Primary Care Provider may contact Life Strategies for the required authorization of benefits prior to seeking mental health and substance abuse care.

Further information may also be obtained by consulting your Ventura County Health Care Plan Commercial Members Combined Evidence of Coverage (EOC) Booklet and Disclosure Form.

ADDING A NEW DIMENSION TO BREAST CANCER DETECTION

Hologic Genius 3D Mammography Now Available at Santa Paula Hospital

- More comfortable screening experience
- Earlier detection for better outcomes
- 40% fewer unnecessary callbacks
- Greater accuracy and minimal false positives
- Comparable exam time to traditional mammography



The Ventura County Health Care Agency is pleased to announce that Santa Paula Hospital has acquired Hologic's Genius 3D Mammography which will allow state-of-the art mammography exams, beginning Monday, August 2.

One in eight women will develop breast cancer in her lifetime, but with better, earlier, detection the five-year survival rate is nearly 100 percent. At Santa Paula Hospital, they are committed to earlier detection which can save lives.

The new Hologic Genius 3D Mammography exam features the SmartCurve system, which offers enhanced comfort, as well as Clarity HD high-resolution 3D imaging technology. Hologic's Genius 3D Mammography exam detects more invasive cancers, reduces false positives, and is FDA approved as superior when compared to conventional 2D mammography for all women.

For more information on Hologic's Genius 3D Mammography exam, visit **Genius3DNearMe.com**.

Consult with your Primary Care Provider to order a 3-D Mammogram. To make an appointment for your exam at Santa Paula Hospital, call Centralized Scheduling at (805) 652-6080.

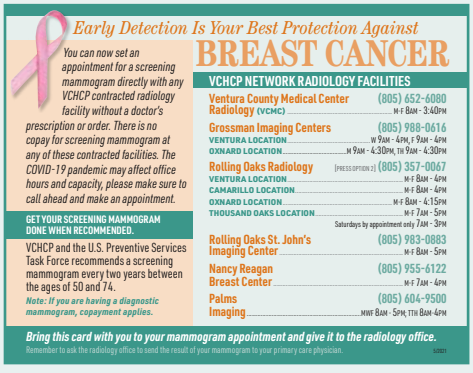
If you have any questions or concerns, please contact our Health Services Department at (805) 981-5060.

VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
A Division of Ventura County Health Care Agency

Breast Cancer Screening

Early detection is the best practice against cancer, especially breast cancer. In an effort to increase awareness, VCHCP sent mammogram post cards to those who are due for their breast cancer screening. The postcards were mailed in May and will be mailed out again in October. Our goal is to provide education to you to complete this important screening.

If you have any questions or concerns, please contact our Health Services Department at (805) 981-5060.



Early Detection Is Your Best Protection Against
BREAST CANCER

You can now set an appointment for a screening mammogram directly with any VCHCP contracted radiology facility without a doctor's prescription or order. There is no copay for screening mammogram at any of these contracted facilities. The COVID-19 pandemic may affect office hours and capacity, please make sure to call ahead and make an appointment.

GET YOUR SCREENING MAMMOGRAM DONE WHEN RECOMMENDED.

VCHCP and the U.S. Preventive Services Task Force recommends a screening mammogram every two years between the ages of 50 and 74.

Note: If you are having a diagnostic mammogram, copayment applies.

VCHCP NETWORK RADIOLOGY FACILITIES

Ventura County Medical Center Radiology (VCMC)	(805) 652-6080 M-F 8AM - 3:40PM
Grossman Imaging Centers	(805) 988-0616
VENTURA LOCATION	W 9AM - 4PM, F 9AM - 4PM
OXNARD LOCATION	M 9AM - 4:30PM, TH 9AM - 4:30PM
Rolling Oaks Radiology	(PRESS OPTION 2) (805) 357-0067
VENTURA LOCATION	M-F 8AM - 4PM
CAMARILLO LOCATION	M-F 8AM - 4PM
OXNARD LOCATION	M-F 8AM - 4:15PM
THOUSAND OAKS LOCATION	M-F 7AM - 5PM Saturdays by appointment only 7AM - 3PM
Rolling Oaks St. John's Imaging Center	(805) 983-0883 M-F 8AM - 5PM
Nancy Reagan Breast Center	(805) 955-6122 M-F 7AM - 4PM
Palms Imaging	(805) 604-9500 MWF 8AM - 5PM, TTH 8AM-4PM

Bring this card with you to your mammogram appointment and give it to the radiology office.
Remember to ask the radiology office to send the result of your mammogram to your primary care physician.

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

The Direct Referral Policy can also be accessed at: 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.

Standing REFERRALS

A standing referral allows members to see a specialist or obtain ancillary services, such as lab, without needing new referrals from their primary care physician for each visit. Members may request a standing referral for a chronic condition requiring stabilized care. The member's primary care physician will decide when the request meets the following guidelines.

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

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

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

If you change primary care physicians or clinics, you will need to discuss your standing referral with your new physician. Changing your primary care physician or clinic may require a change to the specialist to whom your primary care physician makes referrals. Additional information regarding Standing Referrals is located on our website:

vchealthcareplan.org/providers/providerIndex.aspx or by calling Member Services at (805) 981-5050 or (800) 600-8247.

Emergency Room Visit
COPAYS & FOLLOW UP

No one likes Emergency Room (ER) visits, nor how pricey they can become.

Avoid having to pay multiple ER copays by ensuring that you see your Primary Care Provider (PCP) for any follow-up care. Just a reminder… Additional ER copays will be applied when returning for follow-up care at the ER.

An ER copay is $150 per visit, if you have paid or been billed for additional services exceeding the $150 on the same visit, please contact the Ventura County Health Care Plan at (805) 981-5050.

Viruses or Bacteria
What's got you sick?

Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

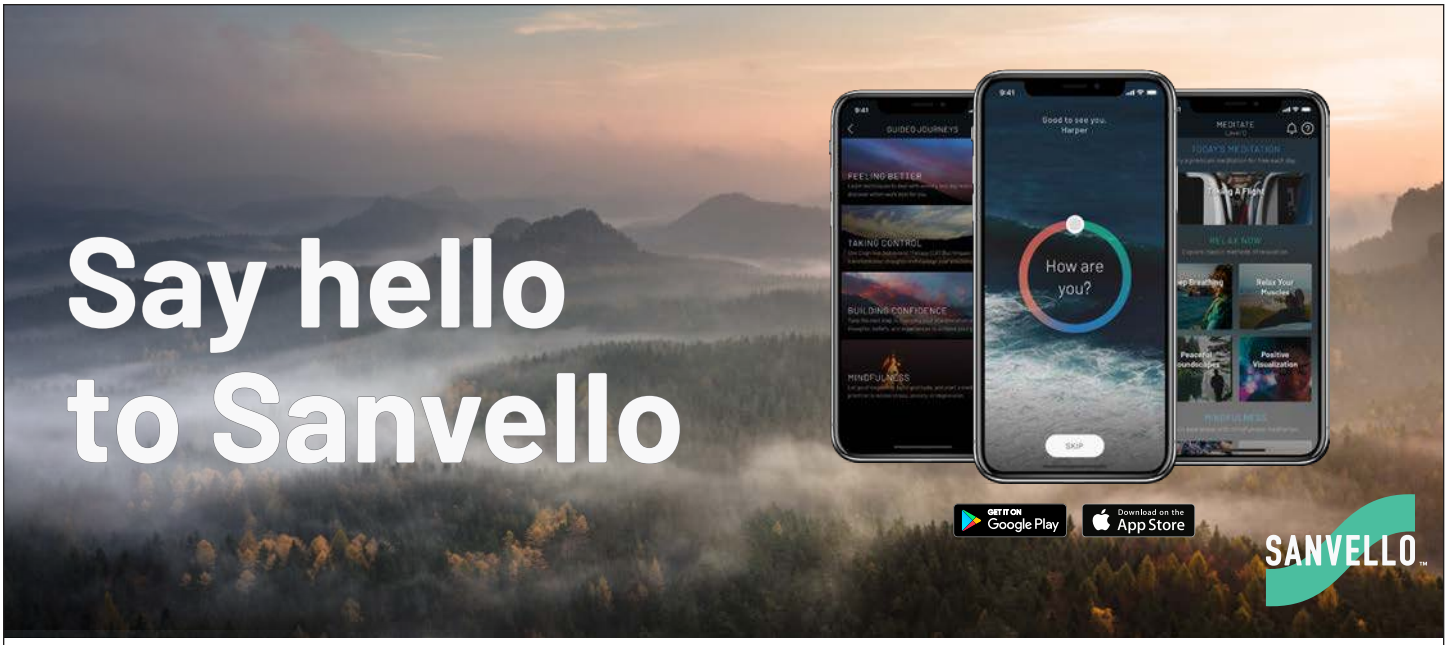
Common Condition	Common Cause			Are Antibiotics Needed?
	Bacteria	Bacteria or Virus	Virus	
Strep throat	✓			Yes
Whooping cough	✓			Yes
Urinary tract infection	✓			Yes
Sinus infection		✓		Maybe
Middle ear infection		✓		Maybe
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Common cold/runny nose			✓	No
Sore throat (except strep)			✓	No
Flu			✓	No

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help you feel better.

BE ANTIBIOTICS AWARE

SMART USE, BEST CARE

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



On-demand help with stress, anxiety and depression.

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression — anytime. Connect with powerful tools that are there for you right as symptoms come up. Stay engaged each day for benefits you can feel. Escape to Sanvello whenever you need to, track your progress and stay until you feel better.

More information on **Sanvello.com**

The Sanvello app is available to you at no extra cost as part of your plan's behavioral health benefits. Make sure to enter **Group ID: Ventura**

Daily mood tracking

Answer simple questions each day to capture your current mood, identify patterns and self-assess your progress.

Coping tools

Reach for just the right tool to relax, be in the moment or manage stressful situations, like test-taking, public speaking or morning dread.

Guided journeys

Designed by experts for a range of needs, journeys use clinical techniques to help you feel more in control and build long-term life skills.

Personalized progress

Through weekly check-ins, Sanvello creates a roadmap for improvement. Track where you are, set goals and make strides week by week.

Community support

Connect with one of the largest peer communities in the field and share advice, stories and insights — anonymously, anytime.

Get the Sanvello app on **LiveandWorkWell.com**. Or get the app on Google Play or iTunes using your medical insurance ID for free access to the premium version. Questions? Email **info@sanvello.com**.

OPTUM®

VENTURA COUNTY HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

The Sanvello mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Sanvello mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used as a substitute for your provider's care. The Sanvello mobile application is available at no out-of-pocket cost to you through your health plan membership. Participation in the program is voluntary and subject to the terms of use contained in the application.

© 2019 Optum, Inc. All rights reserved. WF728955 85787-072019 OHC

VENTURA COUNTY HEALTH CARE PLAN

CONTRACTS WITH

OptumHealth Behavioral Solutions (LIFE STRATEGIES)

FOR MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES

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

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

Attention Deficit Hyperactivity Disorder (ADHD)

What is attention deficit hyperactivity disorder?

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

What causes ADHD?

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

What are the symptoms?

The three types of ADHD symptoms include:

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

How does ADHD affect adults?

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

The Basics: Autism Facts

What is Autism?

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

What are the Symptoms?

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

Communication symptoms:

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

Social interaction symptoms:

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

Behavior symptoms:

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

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

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

Autism Screening
FOR ALL CHILDREN

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

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

Autism Spectrum
DISORDERS

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

REQUEST
Case Management or Disease Management

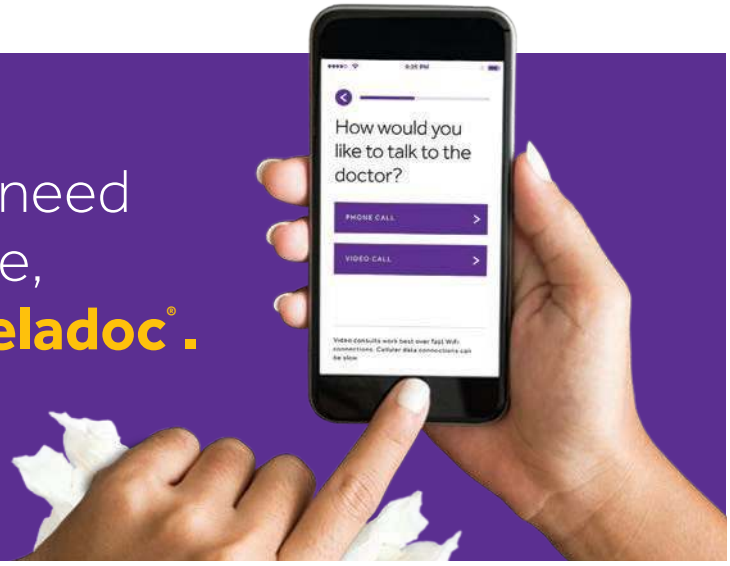
If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.

TELADOC.

VENTURA COUNTY HEALTH CARE PLAN

Did you know?

Any time you need a doctor's care, **you've got Teladoc®.**



24/7/365 care for:
Cold & flu, allergies, rash and much more!

Licensed doctors
U.S. board-certified doctors average 20 years of experience

In minutes
Connect with a doctor by phone or video

Get a diagnosis
Our doctors recommend treatment and prescribe medication (when medically necessary)

Speak with a doctor now!

Teladoc.com | 1-800-TELADOC (835-2362)

Available on the iPhone App Store | ANDROID APP ON Google Play

© 2021 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. © 2021 Teladoc Health, Inc. Todos los derechos reservados. Teladoc y el logotipo de Teladoc son marcas de Teladoc Health, Inc. y no pueden ser utilizados sin permiso por escrito. Teladoc no sustituye al médico de atención primaria. Teladoc no garantiza que una receta se escribe. Teladoc opera sujeta a la regulación estatal y pueden no estar disponibles en ciertos estados. Teladoc no prescribir sustancias controladas DEA, las drogas no terapéuticas y algunos otros medicamentos que pueden ser perjudiciales debido a su potencial de abuso. Médicos Teladoc reservamos el derecho de negar la atención por el mal uso potencial de los servicios.
UM-321_10E-193«CMSCodeRule»

VCHCP Member Behavioral Health and Substance Abuse RESOURCES - Substance Use Disorder Helpline…1-855-780-5955

A 24/7 helpline for VCHCP Members to:

- Identify local MAT and behavioral health treatment providers and provide targeted referrals for evidence-based care
- Educate members/families about substance use
- Assist in finding community support services
- Assign a care advocate to provide ongoing support for up to 6 months, when appropriate

Member Website andProvider Directory…
LiveandWorkWell.com
Optum Intake and Care Management
For Intake and Referrals…
(800) 851-7407

OptumHealth QUALITY PROGRAM

VENTURA COUNTY HEALTH CARE PLAN contracts with OptumHealth Behavioral Solutions (Life Strategies) for Mental/Behavioral health and substance abuse services. OptumHealth has a Quality Management Program (QM) that is reviewed annually.

If you would like to obtain a summary of the progress OptumHealth has made in meeting program goals, please visit OptumHealth's online newsletter at liveandworkwell.com/newsletter or call OptumHealth directly at (800) 851-7407 and ask for a paper copy of the QM program description.

How Often Should You See Your

Primary Care Physician?

Your Primary Care Provider (PCP) is responsible for treating you when you are sick or injured, and at times is the coordinator of referrals to specialists and other services. Some members rarely see their PCP, which can make care difficult, especially in an emergent situation. Children and Adults should be seen by their PCP at least yearly (more frequently for children under 2 years of age). Preventive Health Visits, or Check-ups should occur regularly to have appropriate preventive screenings, immunizations, and an overall review of your health. This is an important visit to discuss health concerns or even health goals. Staying in contact with your PCP by having annual check-ups can help with establishing a good relationship with your PCP. This relationship can make times of illness or injury run smoother and give you peace of mind for the care you receive.

If you haven't had a checkup in the last year, please call your PCP today to make an appointment.
If you need assistance or have questions, please call Member Services at (805) 981-5050.

How to Find a Provider

The most efficient way of finding a provider is by utilizing our online Provider Search Engine!

The Search Engine can be found in our website at **vchealthcareplan.org** via the "Find a Provider" link. This is updated on a weekly basis thus providing the most accurate information available.

Select your plan:	All Plans
Select a provider type:	All Provider Types
Select a specialty:	All Specialists
Select a city:	All Cities
Select a language:	All Languages
Select a gender:	All Genders
Select Name of Clinic...	All Clinics
Select Name of Hospital...	All Hospitals

TIP: When searching for a specialist, make sure to select a specialty but ensure that the provider type is set at "All Provider Types" as selecting a provider type will limit the options available.

Timely Access REQUIREMENTS

STANDARDS INCLUDE:

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

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

Choosing Wisely®

An initiative of the ABIM Foundation

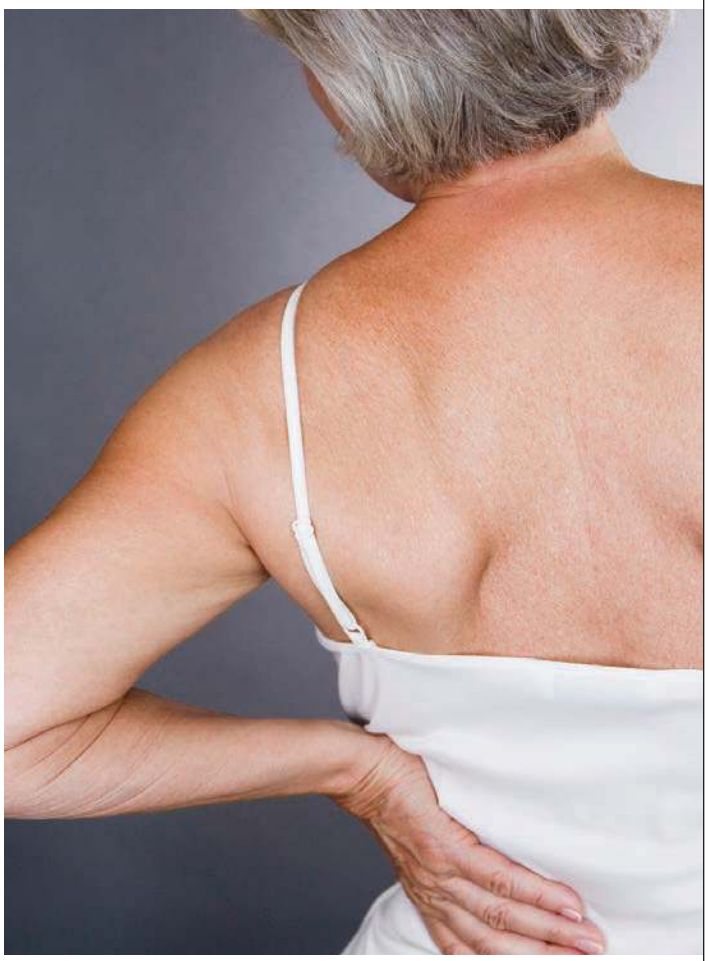
ABIM FOUNDATION

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Imaging tests for lower-back pain

You probably don't need an X-ray, CT scan, or MRI

X-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually don't help. Here's why:



The tests will not help you feel better faster.

Most people with lower-back pain feel better in about a month, whether or not they have an imaging test.

People who get an imaging test for their back pain do not get better faster. And sometimes they feel worse than people who took over-the-counter pain medicine and followed simple steps, like walking, to help their pain.

Imaging tests can also lead to surgery and other treatments that you do not need. In one study, people who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.

OVERDOSE DEATHS ACCELERATING DURING COVID-19

EXPANDED PREVENTION EFFORTS NEEDED

Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).

While overdose deaths were already increasing in the months preceding the 2019 novel coronavirus disease (COVID-19) pandemic, the latest numbers suggest an acceleration of overdose deaths during the pandemic.

"The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard," said CDC Director Robert Redfield, M.D. "As we continue the fight to end this pandemic, it's important to not lose sight of different groups being affected in other ways. We need to take care of people suffering from unintended consequences."

Synthetic opioids (primarily illicitly manufactured fentanyl) appear to be the primary driver of the increases in overdose deaths, increasing 38.4 percent from the 12-month period leading up to June 2019 compared with the 12-month period leading up to May 2020. During this time period:

- 37 of the 38 U.S. jurisdictions with availablesynthetic opioid data reported increases in synthetic opioid-involved overdose deaths.
- 18 of these jurisdictions reported increases greater than 50 percent.
- 10 western states reported over a 98 percent increase in synthetic opioid-involved deaths.

Overdose deaths involving cocaine also increased by 26.5 percent. Based upon earlier research, these deaths are likely linked to co-use or contamination of cocaine with illicitly manufactured fentanyl or heroin. Overdose deaths involving psychostimulants, such as methamphetamine, increased by 34.8 percent. The number of deaths involving psychostimulants now exceeds the number of cocaine-involved deaths.

"The increase in overdose deaths is concerning." said Deb Houry, M.D., M.P.H., director of CDC's National Center for Injury Prevention and Control. "CDC's Injury Center continues to help and support communities responding to the evolving overdose crisis. Our priority is to do everything we can to equip people on the ground to save lives in their communities."

CDC RECOMMENDATIONS

The increase in overdose deaths highlights the need for essential services to remain accessible for people most at risk of overdose and the need to expand prevention and response activities. CDC issued a health advisory today to medical and public health professionals, first responders, harm reduction organizations, and other community partners recommending the following actions as appropriate based on local needs and characteristics:

- Expand distribution and use of naloxone and overdose prevention education.
- Expand awareness about and access to and availability of treatment for substance use disorders.
- Intervene early with individuals at highest risk for overdose.
- Improve detection of overdose outbreaks to facilitate more effective response.

WHAT CDC IS DOING

Measures taken at the national, state, and local level to address the COVID-19 pandemic may have unintendedconsequences for substance use and overdose, but CDC is working with states, territories, tribes, cities, and countiesacross the country to continue drug overdose surveillance and prevention efforts. This includes assessing overdose datato understand trends, as well as working with funded jurisdictions to provide flexibilities where needed and technicalassistance to identify strategies to inform public health action during the COVID-19 pandemic.

CDC began a multiyear Overdose Data to Action cooperative agreement in September 2019 and funds healthdepartments in 47 states; Washington, D.C.; two territories; and 16 cities and counties for drug overdose surveillance andprevention efforts. Funds awarded as part of this agreement support health departments in obtaining high quality, morecomprehensive, and timelier data on overdose morbidity and mortality and using those data to inform prevention andresponse efforts.

CDC is committed to preventing opioid and other drug misuse, overdoses, and deaths through five key strategies:

- Using data to monitor emerging trends and direct prevention activities;
- Strengthening state, local, and tribal capacity to respond to the epidemic;
- Working with providers, health systems, and payers to reduce unsafe exposure to opioids and treat addiction;
- Coordinating with public safety and community-based partners to rapidly identify overdose threats, reverseoverdoses, link people to effective treatment, and reduce harms associated with illicit opioids; and
- Increasing public awareness about the risks of opioids.

Learn more about what CDC is doing to prevent opioid-related deaths on CDC's Efforts to Prevent Opioid Overdoses andOther Opioid-Related Harms webpage.

WHAT YOU CAN DO

Not all overdoses have to end in death. Everyone has a role to play.

- Learn about the risks of opioids.
- Learn about naloxone, its availability, and how to use it.
- Help people struggling with opioid use disorder to find the right care and treatment.
- Learn more about CDC's overdose surveillance and prevention efforts in your community

Learn more about what may help if you or someone you care about is increasing drug use during the COVID-19pandemic.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC works 24/7 protecting America's health, safety and security. Whether disease start at home or abroad, are curable orpreventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressinghealth threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

Pharmacy Updates

Ventura County Health Care Plan updates the formulary with changes on a monthly basis and re-posts it in the VCHCP's member website. Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website: vchealthcareplan.org/members/programs/docs/ProviderDrugList.pdf

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 National Preferred 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: vchealthcareplan.org/members/programs/countyEmployees.aspx

Formulary Additions: 2Q-2021

NEW GENERICS

Brand Name for First Generic	Product Name
AZOPT	BRINZOLAMIDE 1% EYE DROPS
HYSINGLAER	HYDROCODONE ER 20 MG TABLET
	HYDROCODONE ER 30 MG TABLET
	HYDROCODONE ER 40 MG TABLET
	HYDROCODONE ER 60 MG TABLET
	HYDROCODONE ER 80 MG TABLET
	HYDROCODONE ER 100 MG TABLET
	HYDROCODONE ER 120 MG TABLET
LYRICA CR	PREGABALIN ER 82.5 MG TABLET
	PREGABALIN ER 165 MG TABLET
	PREGABALIN ER 330 MG TABLET

LINE EXTENSIONS - NEW DOSAGE FORMS/STRENGTHS

Review Comments	Product Name
Line Extensions - New Trade Name in GCN	HUMIRA(CF) PEN PEDI UC 80 MG
Line Extensions - New Route of Admin	PLEGRIDY 125 MCG/0.5 ML SYRING
Line Extensions - New Strength; New Dose Form	SKYRIZI 150 MG/ML PEN
	SKYRIZI 150 MG/ML SYRINGE
Line Extensions - New Strength	TRAZIMERA 150 MG VIAL
Line Extensions - New Dose Form	XTANDI 40 MG TABLET
	XTANDI 80 MG TABLET

NEW AND EXISTING BRANDS/CHEMICALS

Review Comments	Product Name
New Chemical Entity/Combination; New Brand	PONVORY 14-DAY STARTER PACK
	PONVORY 20 MG TABLET
Existing Product Review	TABRECTA 150 MG TABLET
	TABRECTA 200 MG TABLET
New Brand; New Chemical Entity/ Combination	VERQUVO 10 MG TABLET
	VERQUVO 5 MG TABLET
	VERQUVO 2.5 MG TABLET

Formulary Removals: 2Q-2021

MULTISOURCE BRAND REMOVALS

Review Comments	Product Name
MSB removals	AZOPT 1% EYE DROPS
MSB removals	MIACALCIN 400 UNIT/2 ML VIAL

Formulary Removals: 2Q-2021

EXCLUSION LIST ADDITIONS: 2Q-2021

Review Comments	Product Name
New Brand; New Chemical Entity/ Combination	AMONDYS-45 100 MG/2 ML VIAL
New Brand; New Chemical Entity/ Combination	CABENUVA 600 MG-900 MG ER SUSP
	CABENUVA 400 MG-600 MG ER SUSP
New Brand	CONTOUR NEXT GLUCOSE METER KIT
New Brand; New Chemical Entity/ Combination	KLISYRI 1% OINTMENT PACKET
New Brand; New Chemical Entity/ Combination	LUPKYNIS 7.9 MG CAPSULE
New Brand; New Strength; New Dose Form	REDITREX 7.5 MG/0.3 ML SYRINGE
	REDITREX 10 MG/0.4 ML SYRINGE
	REDITREX 12.5 MG/0.5 ML SYRINGE
	REDITREX 15 MG/0.6 ML SYRINGE
	REDITREX 17.5 MG/0.7 ML SYRINGE
	REDITREX 20 MG/0.8 ML SYRINGE
	REDITREX 22.5 MG/0.9 ML SYRINGE
	REDITREX 25 MG/ML SYRINGE
New Brand; New Chemical Entity/ Combination	RIABNI 100 MG/10 ML VIAL
	RIABNI 500 MG/50 ML VIAL
New Brand	TAZAROTENE 0.1% FOAM
New Chemical Entity/Combination; New Brand	TEPMETKO 225 MG TABLET
New Brand; New Dose Form; New Rte of Admin	THYQUIDITY 100 MCG/5 ML SOLN
New Brand	TYBLUME 0.1-0.02 MG CHEW TAB
New GCN; New Strength	XPOVIO 100 MG ONCE WEEKLY DOSE
	XPOVIO 80 MG ONCE WEEKLY DOSE
	XPOVIO 60 MG ONCE WEEKLY DOSE
	XPOVIO 40 MG TWICE WEEKLY DOSE
	XPOVIO 40 MG ONCE WEEKLY DOSE

EXCLUSION LIST REMOVALS: 2Q-2021

Review Comments	Product Name
Existing Product Review	CHORIONIC GONADOTROPIN
Exclusion List Update- Product is obsolete	EVZIO 0.4 MG AUTO-INJECTOR
	EVZIO 2 MG AUTO-INJECTOR
Exclusion List Update- Product is obsolete	SODIUM HYALURONATE 1% SYRINGE

For questions, concerns, or if you would like a copy mailed to your home address please call Ventura County Health Care Plan at (805) 981-5050 or (800) 600-8247. You may also contact Express Scripts directly at (800) 811-0293.

FAQ's FOR MEMBERS ABOUT SPECIALTY MEDICATIONS

It is very important that you remain proactive in following up with your specialty medication. This will minimize the delay in getting timely medications.

What is a "Specialty Medication"?

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

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

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

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

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

How much will my specialty medication cost?

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

How do I get my specialty medication?

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

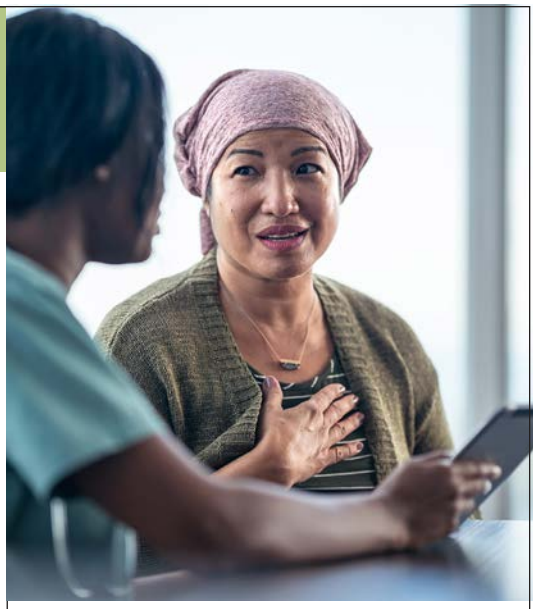
What if I need to start taking my medicine right away?

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

What if my medication hasn't arrived yet?

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

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



Nondiscrimination

VCHCP complies with applicable Federal and California laws and does not exclude people or otherwise discriminate against them because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) enforces certain Federal civil rights laws that protect the rights of all persons in the United States to receive health and human services without discrimination based on race, color, national origin, disability, age, and in some cases, sex and religion.

If you believe that you have been discriminated against you may file a complaint with the Office for Civil Rights (OCR). You can file your complaint by email at OCRcomplaint@hhs.gov, or you can mail your complaint to:

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

If you have any questions, or need help to file your complaint, call OCR (toll-free) at **1-800-368-1019** (voice) or **1-800-537-7697** (TDD), or visit their website at: hhs.gov/ocr. You may also send an email to OCRMail@hhs.gov.

MEMBER SATISFACTION WITH *SURVEY RESULTS*

Utilization Management

As part of our continuing commitment to serve our members, VCHCP conducted a 2020 Consumer Assessment of Healthcare Providers and System (CAHPS) survey. The purpose of this survey is to measure how well the Health Plan meets members' expectations and goals. SPH Analytics was selected by VCHCP to randomly select eligible members to participate in the survey using a combination of mail and telephone outreach.

We would like to thank the 203 members who responded to our survey, yielding a 18.5% response rate. Based on your responses, specifically with regards to your "experience with our Utilization Management" (UM), the Plan is committed to improving member survey results and experiences. The specific questions in the survey that pertain to your experience with our Utilization Management are:

Q9: IN THE LAST 12 MONTHS, how often was it easy to get the care, tests, or treatment you needed?

Q20: IN THE LAST 12 MONTHS, how often did you get an appointment to see a specialist as soon as you needed?

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

VCHCP continues to provide Telemedicine (Teladoc) which helped with access issues.

VCHCP continues to utilize our Direct Specialty Referral Program for our VCHCP health plan members.

The Primary Care Physicians can directly refer members to certain in network/ contracted specialty providers without requiring prior authorization. This program was updated to include expanded specialties, along with adding procedures available under the direct referral.

In addition to expanding the specialists in the direct specialty referral program, the Plan's Utilization Management (UM) removed prior authorization on services that the Plan generally approves, reducing the barrier of having to obtain prior authorization.

The intent is to make it easy for members to get these services.

The Plan continues to work with the VCMC ambulatory clinics to send timely referrals to the Plan through:

- Triad Ops Meeting
- For those Treatment Authorization Requests (TARs) not received by the Plan, the Plan's member services continue to educate members to remind provider to send TARs to our UM.
- The Plan's UM intakes continue to educate and call providers to submit the TARs timely.

Interventions/processes implemented in the Plan's UM Department:

- Plan medical director reviews all pend and denial letters for appropriateness prior to mailing/faxing.
- In addition to existing process of sending messages through Cerner to the requesting VCMC providers for the information needed on pended cases, the UM RN started calling non – VCMC providers to request the needed information on pended cases.

Throughout 2020 the Plan ensured that there is staffing coverage for live call transfers from Member Services.

Throughout 2020 the Plan ensured that voicemails in the UM line are returned as soon as possible, within 1 business day.

Our UM department continues to utilize an electronic prior authorization referral process at the Ventura County Medical Center (VCMC) through the Cerner system.

VCHCP continues to work with VCMC to improve access to timely appointments by improving the VCMC referral center process.

The Plan's Member Services department measures/monitors access issues through Plan complaint and grievance data.

The Plan assists members to get appointments or may arrange case agreement with providers. Access issues are addressed for continued improvement with collaboration between the Plan and providers.

The Plan has made concerted efforts to contract with needed specialists in geographic areas of need.

OUR UM DEPARTMENT

continues to monitor the timeliness of our UM prior authorization processing daily to ensure timely review. Certain benefits require prior authorization from the VCHCP in order to be covered. This means that visits to certain specialists, specific tests, and some prescription medications require the requesting physician to submit a Treatment Authorization Request (TAR) to VCHCP. VCHCP UM Department reviews the request, and it is either approved, modified, or denied based on medical necessity. For more information about the TAR review process please see your plan's Evidence of Coverage (EOC) Booklet available at vchealthcareplan.org. VCHCP must approve the request in order for the Plan to pay for the cost of the service(s). Generally, routine authorization requests are processed within 5 business days.

Additionally, did you know that our UM department tracks how long it takes to respond to each request it receives? This is reported to our Utilization Management Committee on a quarterly basis as the UM Turn-Around-Time. There are strict regulatory requirements for the time UM takes to respond to requests that are received by the Plan. When turn-around-times do not meet specified goals, a Corrective Action Plan (CAP) is activated to ensure improvement occurs. So far in 2021, over 99% of requests received have been completed within the specified regulatory requirement.

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

If you would like the ability to know if VCHCP has received your TAR, you may call the Plan's Member Services Department at (805) 981-5050 from 8:30 am to 4:30 pm. Your continued participation in our annual member satisfaction surveys and other feedback will help us identify areas of opportunity for improvement, which in turn aids us in increasing the quality of care you receive.

REQUEST Case Management or Disease Management

Members now have an opportunity to seek assistance for complex and or chronic medical needs such as asthma, diabetes, and coordination of challenging care online! Visit vchealthcareplan.org/members/memberindex.aspx, and on the right side of the site, click "Request Case Management or Disease Management". You will be prompted to enter member specific information. You will then submit this form to a secure email. A nurse will evaluate your request and call you within 2 business days.
If you would like to speak directly with a nurse, please call **(805) 981-5060** and ask for a Case Management Nurse.

Have your say about your experience with

Disease Management & Case Management

All VCHCP members who are in our Disease Management or Case Management Programs will receive a survey to evaluate the program they are enrolled in. These surveys are to measure how useful our programs are to the members, and to evaluate where we need to improve. Programs being surveyed include, Diabetes Disease Management, Asthma Disease Management, and Autism Case Management. When you receive the survey, simply complete the questions and return it in the pre-paid envelope. Your responses are completely anonymous. As a special thank you for completing our survey, you have the option to receive a free Goody Bag (includes recipe books) from Champions for Change: Network for a Healthy California. Please click on the link listed on your survey so we know where to send your bag. Thank you in advance for helping us evaluate our programs, making them even better! If you have questions regarding surveys or any of our Disease Management or Case Management programs, call Utilization Management at (805) 981-5060.

2020 QUALITY IMPROVEMENT Program Evaluation

Each year, the Health Plan evaluates its success in accomplishing identified goals for the prior year, including, but not limited to, its ability to meet regulatory standards specified by the Department of Managed Health Care (DMHC). For 2020, the Plan is pleased to share that it succeeded in achieving multiple identified goals despite the challenges that was faced during the pandemic.

HIGHLIGHTS OF PLAN ACCOMPLISHMENTS FOR 2020 INCLUDE:

Improved Access and Availability:

- Decrease of 50% in the number of access-related issues.
- The hiring of providers for many Primary Care Providers (MD/DO, PAs, NPs) and Specialist, which include Pediatric Endocrinology, Plastic Surgery, Orthopedics, Ob/Gyn, Pain Medicine & Rehabilitation, Pediatric Dermatology.
- Cardiology Pilot increased available appointment slots.
- Physicians and patients adapted well to telehealth visits.
- Mobile MRI Trailer has next day appointments.

Accomplishments for 2020-2021

- Complied with several pharmacy DMHC and legislative requirements such as AB315 (requires pharmacy to inform enrollee at the point of sale for covered prescription whether the retail price is lower than the cost sharing amount for the drug), Corona virus pandemic 90-day supply of specialty medication and Breast Cancer Affordable Care Act zero copayment.

Effectiveness of Case Management Program:

- The case management (CM) program maintained its acceptance rate above the 20% goal.
- 36% inpatient admissions decreased overall for the members enrolled in the program at least 60 days.
- 54% reduction in ER visits decreased overall for the members enrolled in the program at least 60 days.

Effectiveness of Disease Management Program:

- Successful health coaching calls to members with diabetes and asthma under the Disease Management Program.
- With the successful health coaching and case management resulted in resulted in higher member compliance with A1c testing and decreased risk stratification.
- Continued identification of members in the moderate and high risk with the availability of Diabetes A1c results, allowing health coaching and case management.
- Health Effectiveness Data Information Set (HEDIS) birthday card redesign to include preventive services care gaps and case management referral information.

Efficiency in Utilization Management:

- Utilization Management Staff was transitioned to work at home due to the COVID-19 pandemic. Successfully utilized "Skype" and Zoom technology for communication.
- Optum Behavioral Health's expansion of virtual visits in response to COVID-19 pandemic.
- Annual evaluation and reduction of services requiring prior authorization resulted in efficiencies in the Utilization Management (UM) Department. This resulted in meeting the program resource needs of the UM program. In addition, the reduction in prior authorization of services in UM reduced unnecessary barriers for members getting timely care.
- Reduced the 45-day denial for lack of medical information due to implementation of process improvement in the Utilization Management (UM) department (Calling/communicating on all pended cases for clinical information & Medical Director's intervention by checking all pends and denials for appropriateness).
- Complied with several pharmacy DMHC and legislative requirements such as AB315 (requires pharmacy to inform enrollee at the point of sale for covered prescription whether the retail price is lower than the cost sharing amount for the drug), Corona virus pandemic 90-day supply of specialty medication and Breast Cancer Affordable Care Act zero copayment.

System Enhancements:

- Updated the QNXT UM Module, Quality App was updated to include episodic CM, VCHCP Website enhancements.

Services:

- Member Services Team met all phone and e-mail customer service response time and quality goals.

Surveys:

- All surveys were completed timely, which included 2 directory assessments, After-Hours Survey, PAAS, and the Provider Satisfaction survey.

Processes:

- The VCHCP Member Services Department phone and email response time goals were met.
- Achieved 98% to 100% compliance with UM review turnaround time.
- UM physicians and nurses met the passing score of 85% or better on interrater testing.
- Continue to meet Clinical rationale 8th grade reading level met 98% to 100% compliance.

Communications:

- Distributed member and provider newsletters twice a year, highlighting services offered by the Plan, as well as education about these services, benefits, and guidelines.
- Continued to utilize email/ fax-blasts to providers to relay important updates to practitioners on a timely basis; for example, the VCHCP drug formulary update (additions and deletions).
- Mailed postcard reminders to members re: needed mammograms, colorectal screenings, and reminder on appropriate use of the Emergency Room.

Collaborations:

- Continued regular Access to Care Task Force meetings to identify and track access to care barriers and collaborate with County partners to identify and implement potential solutions.
- Continued successful collaboration with Optum Behavioral Health which has resulted in robust, productive quarterly meetings to promote continuity and coordination between medical and behavioral healthcare.
- Continued quarterly Joint Operations Committee meetings with each of the Plan's delegates to ensure a venue of robust oversight of delegate activities with resultant quality services offered to Plan members.

While the Plan realized multiple accomplishments throughout 2020, there were Key Challenges for the Plan in 2021 that came to light:

- Identification of barriers and interventions that will improve Health Effectiveness Date Information Set (HEDIS) scores overall, with the emphasis on the following measures:
  - Comprehensive Diabetes Care (CDC)
  - Breast Cancer Screening (BCS)
  - Postpartum Care (PPC)
  - Plan All-Cause Readmission (PCR)
- Consistent timeliness of follow up care:
  - After Emergency Room visits
  - After Inpatient hospital admissions
  - Postpartum
- Timely communication of feedback from behavioral health providers to PCPs through increased collaboration between Optum Behavioral Health and VCHCP.
- Increase rates of member participation in the Case Management program.
- Increased A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- Maintain volume of members stratified as moderate and high risk to allow health coaching and case management screening and intervention to more members.

A great resource in Ventura County...

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

2020 HEDIS
RESULTS & INTERVENTIONS

VCHCP continues to maintain high standards in Healthcare Effectiveness Data Information Set (HEDIS) Measures. Examples of some of the measures include: preventive screening for breast cancer, colorectal cancer, and cervical cancer; appropriate childhood immunizations; as well as decreasing or preventing complications in diseases such as diabetes and asthma. When these measures are met by members, disease and complications decrease.

2020 Accomplishments

- Several scores improved over the past three years.
- Improvement in Comprehensive Diabetes Care attributed to effective Health Coaching by the Plan's Health Coach Nurses and Case Manager.
- VCHCP has a Diabetes Disease Management Program where our nurses perform health coaching calls when member risk is moderate and high. This means that your HgbA1c lab result is 8.0% and above. This program, which includes health coaching, has been effective as evidenced by the following:
  - **a.** Higher percentage of members had their A1c testing completed.
  - **b.** Higher percentage of members had decreased A1c levels.
  - **c.** Member decreased in risk stratification level.

Our goal is to improve your health and it is important to call us back when our Health Coaching Nurse calls you because it is making a significant impact in your compliance with getting your HgbA1c testing done and decreasing your HgbA1c level and risk.

2021 Goals

- Breast cancer screening: All women age 50-74 should receive a screening mammogram every two years (except for those with a history of mastectomy).
- Colorectal cancer screening: All men and women age 50-75 should receive colorectal cancer screening. The frequency of the screening depends on the type of screening performed. For example, a colonoscopy every 10 years, or a sigmoidoscopy every 5 years, or a Fecal Occult Blood Test (stool test) annually.
- Postpartum Care: A new mom should have a postpartum visit within 7-84 days of delivery.
- Controlling High Blood Pressure: All members who have been diagnosed with hypertension should strive to have their blood pressure remain below 140/90.
- Continue to improve Comprehensive Diabetes Care.

2021 Areas for Improvement

- Prenatal and Postpartum Care
- Comprehensive Diabetes Care

2021 Planned Interventions:

- VCHCP will continue to reach out to you and to your doctor when you need any of the above preventive health screenings.
- Postcards will be sent to members in need of breast cancer screenings twice a year.
- Diabetics will continue to receive health coaching, mailed information and resources annually, and have access to Health Coach Nurses.
- All women who deliver babies will continue to receive follow up reminder care letters.
- Birthday Card Care Gap reminders will be sent to you on your birthday month.

This is just a glance at the interventions continuously being performed by the VCHCP HEDIS team. When members fulfill these HEDIS measures, they are partnering with their Primary Care Physicians to improve their health or maintain good health. If you have any questions about the services you may be in need of, please contact your primary care physician. If you have questions about HEDIS, please contact VCHCP at (805) 981 5060.

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: 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.

VCHCP NETWORK Updates

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

NEW TO THE NETWORK

Alexander Meyer, M.D., a family medicine physician at Santa Paula has been added, effective July 2021.

Ardalan Nourian, M.D., an orthopedic surgeon in Moorpark and Thousand Oaks has been added, effective March 2021.

Brittany Fowler, R.D.N., at Las Posas Family Medical Group (VCMC) in Camarillo has been added, effective October 2020.

Cynthia Coggins, P.A.-C., at Ojai Valley Family Medical Group in Ojai has been added, effective January 2021.

Erin Thompson, P.A.-C., at Matthew L. Bloom DO PC in Ventura has been added, effective April 2021.

Ha Son Nguyen, at Fillmore Family Medical Group (VCMC) in Fillmore has been added, effective November 2020.

Hugh Davis, M.D., a pulmonary disease specialist at Ventura Pulmonary & Critical Care in Ventura has been added, effective March 2021.

Jeanine Ishak, N.P., at Dermatology Medical Group in Ventura has been added, effective April 2021.

John Huebner, P.A.-C., at Dignity Health Medical Group Ventura County in Oxnard has been added, effective May 2021.

Jonathan Lamee, M.D., a pulmonary disease specialist at Ventura Pulmonary & Critical Care in Ventura has been added, effective, July 2021.

Mariela Nutter, M.D., a family medicine physician at Rose Avenue Medical Group in Oxnard has been added, effective August 2021.

Melissa Wilkey, F.N.P., at Surfside Pediatrics in Ventura has been added, effective May 2021.

Mission Home Health of Ventura LLC in Ventura and Mission Hospice of Ventura LLC in Ventura has been added, effective May 2021.

Nathan Oh, M.D., a neurosurgeon at Anacapa Surgical Associates in Ventura has been added, effective July 2021.

Norianne Pimentel, M.D., a pediatric neurologist at West Coast Neurology in Westlake Village has been added, effective July 2021

Rachel Szatkoski, F.N.P., at Clinicas Del Camino Real in Oxnard, has been added, effective February 2021.

Robert Pereyra, M.D., a vascular surgeon at Anacapa Surgical Associates (VCMC) in Ventura has been added, effective February 2021.

Scott Chicotka, M.D., a cardiothoracic surgeon at California Cardiovascular & Thoracic Surgeons in Ventura has been added, effective July 2021.

Subeer Wadia, M.D., an interventional cardiologist at Cardiology Associates Medical Group in Oxnard and Ventura has been added, effective August 2021.

LEAVING THE NETWORK

Ardalan Nourian, M.D., an orthopedic surgeon at Ventura Orthopedics Medical Group in Simi Valley has left, effective March 2021.

Arunima Agarwal, M.D., a pediatrician at Clinicas Del Camino Real -Newbury Park and Simi Valley has left, effective March 2021.

Ashmeeta Kapadia, M.D., a family medicine physician at Sierra Vista Family Medical Clinic(VCMC) has left, effective June 2021.

Christine Lee-Kim, D.O., an allergy/immunology specialist at Coastal Allergy Care in Camarillo, Simi Valley and Thousand Oaks has left, effective February 2021.

Darren Bray, M.D., a pediatrician at Mandalay Bay Women & Children's Med Grp(VCMC) in Oxnard, has left effective June 2021.

Elizabeth Eldakar, P.A.-C., at West Ventura Medical Clinic(VCMC), Sierra Vista Family Medical Clinic(VCMC), Medicine Specialty Ctr West(VCMC), has left effective July 2021.

Emem Brown, P.A.-C., at Magnolia Family Medical Clinic West (VCMC) in Oxnard has left, effective June 2021.

Erin Baird, N.P., at Surfside Pediatrics in Ventura, has left effective January 2021.

Harold Rosengren, a specialist at Allergy, Asthma, & Immunology Medical Clinic in Oxnard and Ventura, has retired effective March 2020.

Heibar Arjomand-Fard, M.D., a cardiologist at Cabrillo Cardiology Medical Group in Camarillo and Oxnard has left, effective April 2021.

Herbert Judy, M.D., a physical medicine & rehabilitation specialist at St. John's Regional Medical Center in Oxnard, has left effective July 2021.

Imtiaz Malik, M.D., a hematology/oncology specialist at Hematology/Oncology Clinic (VCMC) in Ventura has left, effective June 2021.

Kathleen Kolstad, M.D., a rheumatologist at West Ventura Medical Clinic (VCMC), Medicine Specialty Center West (VCMC), both in Ventura and Magnolia Family Medical Center (VCMC) in Oxnard has left, effectively June 2021.

Keval Shah, D.O., a gastroenterology specialist at Insite Digestive Health Care in Oxnard and Ventura, has left, effective January 2021.

Khaled Tawansy, M.D., an ophthalmologist at Access Eye Institute in Oxnard and Thousand Oaks has left, effective April 2021.

Lynn Rockney, M.D., a family medicine physician at Magnolia Family Medical Clinic West (VCMC) in Oxnard has left, effective June 2021.

Maria Burbano Pimentle, P.A.-C., at Clinicas Del Camino Real in Simi Valley has left, effective April 2021.

Michelle Laba, M.D., a pediatrician at Mandalay Bay Women & Children's Med Grp(VCMC) in Oxnard, has left effective June 2021.

Michelle Munoz, M.D., a family medicine physician at Magnolia Family Medical Clinic West (VCMC) in Oxnard has left, effective June 2021.

Nicole Sherman, F.N.P., at Magnolia Family Medical Clinic West (VCMC) in Oxnard has left, effective June 2021.

Ross Kaplan, M.D., a dermatologist at Coastal Dermatology Associates in Camarillo has left, effective May 2021.

Theresa Enriquez, M.D., a family medicine physician in Oxnard has left effective May 2021.

Wendy Cohen, M.D., a family medicine physician at Santa Paula Medical Clinic (VCMC) and Santa Paula Hospital Clinic (VCMC), has left, effective July 2021.

Wikrom Chaiwatcharayut, a family medicine physician at Clinicas Del Camino Real in Ventura, has left, effective July 2021.

CHANGES

Dignity Health Medical Group Ventura County located at 247 March St. in Santa Paula, CA 93060 has permanently closed their doors, effective December 2020.

Charles Murphy, M.D., has added an additional service location in Camarillo at 3901 Las Posas Rd, Ste 10, effective April 2021.

Clinicas Del Camino Real Inc. has added a new service location in Oxnard, located at 1100 Gonzales Rd. This location combined three of Clinicas other Oxnard locations which were 1300 N. Ventura Rd. #3, 1300 N. Ventura Rd. #4 and 1200 N. Ventura Rd., Ste E., effective May 2021.

Dr. Sang Lee is no longer at Conejo Valley Family Med Group effective April 2021.

Laura Murphy, M.D., has left Santa Paula Medical Clinic, and is now at Academic Family Medical Clinic in Ventura, effective June 2021.

Loma Vista Endocrinology, Inc. has moved to a new location in Ventura. Services are now available at 3555 Loma Vista Rd., Ste. 100.

Sunset Sleep Labs has moved their Oxnard location to 2851 N. Ventura Rd., Ste. 201., effective January 2019.

Two Trees Physical Therapy & Wellness has added a new service location in Simi Valley, effective August 2021.

Two Trees Physical Therapy & Wellness has added a new service location in W. Ventura, effective July 2021.

Ventura Orthopedic Medical Group in Thousand Oaks has moved their location to 137 E. Thousand Oaks Blvd., effective August 2021.

West Coast Vascular in Thousand Oaks has closed their location at 415 E Rolling Oaks Dr., effective June 2021.

Language and Communication Assistance

Good communication with VCHCP and with your providers is important. If English is not your first language, VCHCP provides interpretation services and translations of certain written materials.

- To ask for language services call VCHCP at (805) 981-5050 or (800) 600-8247. You may obtain language assistance services, including oral interpretation and translated written materials, free of charge and in a timely manner. You may obtain interpretation services free of charge in English and the top 15 languages spoken by limited-English proficient individuals in California as determined by the State of California Department of Health Services.
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling TDD/TTY at (800) 735-2929.
- If you have a preferred language, please notify us of your personal language needs by calling VCHCP at (805) 981-5050 or (800) 600-8247.
- Interpreter services will be provided to you, if requested and arranged in advance, at all medical appointments.

If you have a disability and need free auxiliary aids and services, including qualified interpreters for disabilities and information in alternate formats, including written information in other formats, you may request that they be provided to you free of charge and in a timely manner, when those aids and services are necessary to ensure an equal opportunity for you to participate.

VENTURA COUNTY
HEALTH CARE PLAN
A Department of Ventura County Health Care Agency
2220 E. Gonzales Road, Suite 210-B
Oxnard, CA 93036

PRESORTED
STANDARD
U.S. POSTAGE
PAID
COUNTY of
VENTURA