

PROVIDER NEWSLETTER

WINTER ISSUE • DECEMBER 2021



VENTURA COUNTY
HEALTH CARE PLAN



Featured in this issue

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We're Here for You 24/7!

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



VENTURA COUNTY HEALTH CARE PLAN

WINTER ISSUE | DECEMBER 2021

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.

- 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
express-scripts.com
- Behavioral Health/Life Strategies:
(24-hour assistance)
(800) 851-7407 or
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.

- Phone: (805) 981-5060

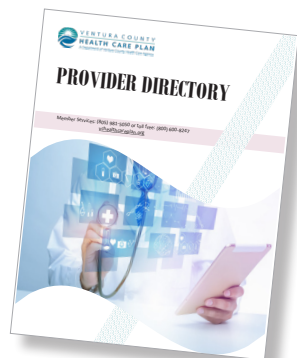
GRAPHIC DESIGN & PRINTING:

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Provider Directory UPDATED



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

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

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

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
(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) 981-5050 or toll-free (800) 600-8247

FAX (805) 981-5051, vchealthcareplan.org

Phone: (805) 981-5050 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

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



ER Room VISIT FOLLOW UP & APPROPRIATE ER USE

A sudden trip to the Emergency Room (ER)

can be difficult and often times results in a change in medication or treatment for your patients. After a visit to the ER, it is very important that members make an appointment to see their Primary Care Provider (PCP) and/or specialist when applicable, as soon as possible, or within 30 days. This visit is to update the PCP on what occurred that required the member to seek emergency treatment, update their medication routine, and to be referred for additional care if needed. Establishing and

keeping a good relationship between the PCP and patient is vital to 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.

Electronic
Claim
Submission



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

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

Just think....no need for the "paper claim".

Within 24 hours, your File Summary is ready. This report will list the status of all your claims received by Office Ally. This acts as your receipt that your claims have been entered into their system.

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

Ready to make a change for the better???

CONTACT OFFICE ALLY AT: **(360) 975-7000** OR **officeally.com** You can also reach out to us at **VCHCP.ProviderServices@ventura.org** for a copy of the Provider Welcome Packet.

Dedicated Provider Services/Provider Relations Team

*Please reach out
to us if you need
assistance with:*

UPDATING OFFICE INFORMATION

- Adding/terminating a provider or location
- Open/Closed to new members
- Contact information
- Address change
- Tax ID change
- NPI change

PROVIDER DISPUTES PROVIDER MATERIALS

QUESTIONS?

Call: (805) 981-5050

or email:

VCHCP.ProviderServices@ventura.org

BREAST AND COLORECTAL Cancer Screenings

**EARLY DETECTION IS THE BEST PRACTICE AGAINST CANCER,
ESPECIALLY COLORECTAL AND BREAST CANCER.**

In an effort to increase awareness, VCHCP has sent postcards to all members who are due for their breast cancer or colorectal cancer screenings. The postcards were mailed in May and October. Our goal is to provide education to our members and encourage them to complete these important screenings. As a provider, you may receive telephone calls or have members bringing these postcards to their office visit. Please use this postcard as a tool to provide education and support.

If you have
any questions
or concerns,
please contact
Utilization
Management at
(805) 981-5060

Did you know?

DIRECT SPECIALTY REFERRAL

- **Did you know** that the direct specialty referral allows contracted Primary Care Physicians to directly refer members to certain contracted specialty providers for an initial consult and appropriate follow up visits without requiring a Treatment Authorization Request (TAR) submission and prior authorization from the Health Plan?
- **Did you know** that specialists can perform certain procedures during the initial consultation and follow up visits without prior authorization from the Health Plan? Also, any follow up visits will not require prior authorization as long as the member has seen the specialist within a rolling year and the visit is for the original problem.

45 DAY PEND PROCESS

- **Did you know** that Utilization Management Department's RN Intake sends pend notes to requestor via Cerner (if VCMC provider) or place phone calls to requestor (if Non-VCMC provider)?
- **Did you know** that the Plan's Medical Director reviews all pend and denial letters/determinations for appropriateness prior to sending to providers?

MEDICAL POLICIES

- **Did you know** that the Plan's Medical Director continues to review existing medical policies and create new medical policies, if needed?

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

Link:

vchealthcareplan.org/providers/medicalPolicies.aspx

You may obtain hard copies at no cost of the above listed Clinical Practice Guidelines by calling VCHCP at (805) 981-5050

Language Assistance Services

Good communication between patients and providers is important, and VCHCP has processes in place to ensure language assistance services are available to all VCHCP members.

Providers are expected to make sure that patient needs are met pertaining to language interpretation for non-English proficient patients. If the doctor and/or staff members are not medically fluent in the patient's preferred language, the physician's office should contact VCHCP in advance of such members' appointments to ensure that an interpreter is arranged for such members. VCHCP will then schedule an interpreter for the appointment.

For complete details on VCHCP's language assistant services, please refer to the Provider Operations Manual and the Language Assistance Program Description, which are available on the VCHCP website: vchealthcareplan.org

2021 Provider Satisfaction with Behavioral Health Providers' Timeliness of Communication

The 2021 Provider Satisfaction Survey was completed, and we would like to thank the 50 respondents!

We at VCHCP heard your feedback and we have been working closely with Optum Behavioral Health (BH) to improve Medical and Behavioral Health Providers' communication and coordination of care.

In collaboration with Optum Behavioral Health, we have implemented actions to improve provider satisfaction on the timeliness of feedback/reports from behavioral health providers to the Plan's Primary Care Physicians (PCPs). These actions include but not limited to the following:

- Continued education of Behavioral Health Providers regarding coordination of care with primary care physicians to encourage members to complete the Release of Information (ROI) form. This will allow medical records to be shared with primary care physicians/medical providers.
- Shared members' primary care physicians/medical providers contact information to high volume mental health providers to encourage communication.
- Provided Medical-BH Toolkit website to primary care

physicians/medical providers. This website contains BH screening tools and resources to help primary care physicians/medical providers identify tools that best fit their practice and patients.

- Encouraged members with mental health or substance abuse disorder diagnoses to follow up with their BH providers when discharged from the hospital or emergency room.
- Shared educational BH resources with primary care physicians/medical providers and behavioral care providers to encourage coordination of care:
 - On-demand Webcasts related to Depression highlighting the importance of follow up after members are discharged from the hospital.
 - Training documents/orientation slides to encourage coordination of care among behavioral health clinicians and primary care physicians/medical providers.
 - Education on how to access behavioral health and substance abuse resources including Optum BH intake and referrals.
 - Member and Provider Newsletter articles on coordination of care.

If you have any suggestions or comments to make this process better, please call our Medical Director at (805) 981-5060.

Our goal is to continue to improve communication and coordination between PCPs and Behavioral Health Providers. It is our hope that all these interventions will help to meet our goal. As a Health Plan, we are working diligently to improve PCP and BH communication for the satisfaction of providers and wellness of our members.

VCHCP 2021 AFFIRMATIVE STATEMENT REGARDING Utilization Related to Incentive*

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that may result in underutilization.
- VCHCP does not use incentives to encourage barriers to care and service.
- VCHCP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.

** Includes the following associates: medical and clinical directors, physicians, UM Directors and Managers, licensed UM staff including management personnel who supervise clinical staff and any Associate in any working capacity that may come in contact with members during their care continuum.*

Medical and Behavioral Health Policies on Gender Affirming Procedures and Services

Members should have access to affordable, high-quality health care, regardless of race, color, national origin, sex, gender identity, sexual orientation, age, or disability. Health plan benefits for transgender services are part of our commitment to the transgender community.

Ventura County Health Care Plan (VCHCP) adhere to the guidelines of the World Professional Association for Transgender Health (WPATH) for gender-affirming care benefits. VCHCP do not limit sex-specific recommended preventive services based on your gender identity or recorded gender.

To access VCHCP's Medical Policy on Gender Affirming Procedures, please visit: vchealthcareplan.org/providers/medicalPolicies.aspx

To access the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People by the World Professional Association for Transgender Health (WPATH), please visit: vchealthcareplan.org/providers/medicalPolicies.aspx or wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341

If you have questions, concerns, or would like a copy mailed to you at no cost, please contact Ventura County Health Care Plan at (805) 981-5050 or (800) 600-8247.

To access Optum Health's Behavioral Health Clinical Criteria, please visit: vchealthcareplan.org/providers/providerIndex.aspx

Adopted Behavioral Health Clinical Criteria:

- American Society of Addiction Medicine (ASAM) Criteria®, Third Edition
- Level of Care Utilization System (LOCUS)
- Child and Adolescent Service Intensity Instrument (CASII)
- Early Childhood Service Intensity Instrument (ECSII)

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 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.

LINK TO THE HEALTH SERVICES APPROVAL PROCESS:
vchealthcareplan.org/providers/hsApprovalProcess.aspx

QUESTIONS?
Call Member Services at (805) 981-5050



POST HOSPITAL DISCHARGE Continuity of Care

When members are discharged from an inpatient hospital stay, they should follow up with their PCP or specialist within 30 days of discharge, or sooner depending on their condition. This follow up appointment is important for continuity of care, patient safety, and to reduce preventable readmissions. VCHCP will send all members discharged from an inpatient stay a targeted letter instructing them to follow up with the specific time frame noted.



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.

Overuse/ Appropriateness of HEDIS Measures

URI - Appropriate Treatment for Upper Respiratory Infection

HEDIS MEASURE DEFINITION: Members age 3 months and older with a diagnosis of upper respiratory infection (URI) and that did NOT result in an antibiotic dispensing event.

What You Can Do: Do not prescribe antibiotics for URI treatment. Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member.

CWP - Appropriate Testing for Pharyngitis

HEDIS MEASURE DEFINITION: Members age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

This measure used to be for adults only and now includes everyone ages 3 months and older.

What You Can Do: Before prescribing an antibiotic for a diagnosis of pharyngitis, perform a group A strep test. Document and submit claims for all appropriate diagnoses established at the visit. Submit claim for in-office rapid strep test. There are numerous comorbid conditions and competing diagnoses/exclusions for this measure.

AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

HEDIS MEASURE DEFINITION: Members age 3 years and older where the member was diagnosed with pharyngitis, dispense an antibiotic and received a group A strep test for the episode.

This measure used to be for children only and now includes everyone age 3 years and older.

What You Can Do: Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral). Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting. A diagnosis of pharyngitis on the same day or in the 3 days after also exclude this member. Educate patients about overuse of antibiotics and resistance.

LBP - Use of Imaging Studies for Low Back Pain

HEDIS MEASURE DEFINITION: Adults age 18-64 years old with a primary diagnosis of low back pain, who did not have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis.

What You Can Do: Occasional uncomplicated low back pain in adults often resolves within the first 28 days. Imaging before 28 days is usually unnecessary. Exclusions to this measure—a diagnosis of HIV, major organ transplant or cancer any time in the patient's history - Diagnosis of trauma during the 3 months prior to dx of back pain - IV drug use, spinal infection or neurological impairment during the 12 months prior to the low back pain diagnosis. Above includes through 28 days after LBP. DX 90 consecutive days of corticosteroid treatment any time 12 months prior to the dx of low back pain.

HEDIS Cheat Sheet

& Behavioral
Health HEDIS
Measures for
Primary Care

As a way of measuring our quality as required by our regulatory agency, the Department of Managed Health Care (DMHC), the Plan Measures Health Effectiveness Data Information Set (HEDIS) rates.

VCHCP continues to work diligently with members and providers to improve care and subsequent HEDIS rates. The HEDIS Cheat Sheet is a tool you can use throughout 2021 to help you navigate the HEDIS requirements, which can change on an annual basis. This document includes HEDIS measure descriptions, appropriate codes, available exclusions, and applicable tips. Please take a look at all measures on this document for the 2021 year changes. You can access this tool by visiting:

vchealthcareplan.org/providers/docs/HEDISCheatSheet.pdf

In addition, HEDIS measures related to behavioral health disorders commonly identified in primary care are posted on our website and can be accessed by visiting:

vchealthcareplan.org/providers/docs/HEDISMeasuresSummaryForPrimaryCare.pdf

If you have any questions or would like more of this tool, please do not hesitate to contact the VCHCP QA Department: 805-981-5060.

HEDIS Measure HIGHLIGHT

Comprehensive Diabetes Care

Measure description: The percentage of members 18–75 years of age with diabetes type 1 and type 2 who had each of the following:

- Hemoglobin A1c Control for Patients with Diabetes*:
 - HbA1c control <8.0% level for diabetic patients (types 1 and 2) ages 18-75 yearly. VCHCP obtains data from Quest and Cerner which is used for the Diabetes Disease Management Program.
- Blood Pressure Control for Patients with Diabetes*:
 - Blood Pressure control <140-90 for diabetic patients (types 1 and 2) ages 18-75 yearly. For patients with BP >140/90, consider rechecking at the time of the visit.
- Eye Exam for Patients with Diabetes*
 - Dilated eye exam or retinal screening (92250) (or negative retinal screen the year prior) for diabetic patients (types 1 and 2) ages 18-75 yearly. Negative retinal screening (can be performed by any provider type (PCP, optometrist, ophthalmologist).
 - Remember patients can receive retinopathy screening through an ophthalmology office or at the following clinics: Magnolia, Las Islas, Academic Family Medicine Center (AFMC), West Ventura, Conejo Valley, Moorpark, Fillmore, Santa Paula Medical Clinic and Sierra Vista.

*To exclude patients with gestational diabetes, use code O24.419.

The following strategies can help you improve:

- Utilize the HEDIS Cheat Sheet to represent care rendered.
- Reach out to patients to schedule follow-up appointments and lab tests.
- Discuss the importance of annual retinal eye exams with your patient, as diabetes can impair their vision.
- Coordinate care with specialists including endocrinologists, cardiologists, and ophthalmologists. Stress the importance of medication adherence and insulin use in controlling blood glucose.
- Refer patients to community resources that provide diabetes education and support. You may also contact our Diabetes Disease Management Program Case Manager at (805) 981-5060.

Disease Management & Case Management Programs

VCHCP continues to offer free, comprehensive disease management and case management programs for your patients.

VCHCP makes a continuous effort to improve the quality of services that we deliver.

One of the ways we strive to accomplish this is through our case management programs, into which members are enrolled free of charge. The **Case Management (CM) Program** is 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 the doctor; and to take action to improve member overall quality of life and health outcomes. As a member in Case Management, members with complicated health care issues and their family have a truly coordinated plan of care.

We also offer a **Disease Management (DM) Program** to benefit members with diabetes and asthma. The Disease Management Program coordinates health care interventions and communications for members with conditions where member self-care can really improve their conditions. The Disease Management team works with doctors and licensed professionals to improve these chronic conditions, so members obtain the best possible quality of life and functioning. Included in the Disease Management Program are mailed educational materials, provider education on evidence-based clinical guidelines, member education over the phone, and care coordination. VCHCP has a variety of materials about diabetes and asthma that they give to members to help members better understand their condition and manage their chronic diseases.

Both valuable programs are coordinated by highly skilled, compassionate registered nurses who personalize and tailor their services to benefit each individual person. Our nurses work in tandem with the physician to reinforce and strengthen the member's understanding and management of their medical condition(s).

You may refer patients to VCHCP Case Management and Disease Management Programs by calling (805) 981-5060. Members may also self refer online by visiting our website at vchealthcareplan.org and clicking on "Request Case Management or Disease Management" link. If you would like to speak directly with a nurse, please call (805) 981-5060 and ask for a Case Management Nurse.



OPTUM PROVIDER EXPRESS

OPTUM QI Summary

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 Improvement Program (QI) 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/ohwellness.pdf

or call OptumHealth directly at **(800) 851-7407** and ask for a paper copy of the QI program description.

Medical Behavioral Integration:

What's new?

BEHAVIORAL HEALTH TOOLKIT FOR MEDICAL PROVIDERS

Newly launched: online Behavioral Health Toolkit for Medical Providers:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit.html

- Relevant, organized and easy to use
- Screening tools for: Substance Use Disorder (SUD) – Adult/Youth and Mental Health – Adult/Youth
- Resources: Assessment, Referrals, Behavioral health care guidelines
- Links to industry resources such as Screening, Brief Intervention, Referral to Treatment (SBIRT)

VCHCP Member Behavioral Health and Substance Abuse RESOURCES

Substance Use Disorder Helpline

1-855-780-5955

A 24/7 helpline for VCHCP Providers and Patients 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 and Provider Directory

[LiveandWorkWell.com](https://liveandworkwell.com)

Optum Intake and Care Management

For Intake and Referrals

(800) 851-7407

Optum Behavioral Health Toolkit for Medical Providers

These are one-page documents that provide best practice information in support of Optum's HEDIS® measures. These pages contain lots of information about treating behavioral health conditions in a primary care setting.

EXAMPLE OF MATERIALS AVAILABLE INCLUDES:

- Alcohol and Other Drug Dependence: Initiation and Engagement in Treatment
- Antidepressant Medication Management
- Best Practices for Children and Adolescents on Antipsychotic Medications
- Follow-Up Care for Children Prescribed ADHD Medications
- Metabolic Screening for Children and Adolescents on Antipsychotic
- Use of Multiple Concurrent Antipsychotic Medications in Children and Adolescents

Resources are available via this link:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit.html

Important Information about Coordinating Care

Optum requires contracted behavioral health practitioners and providers to communicate relevant treatment information and coordinate treatment with other behavioral health practitioners and providers, primary care physicians (PCPs), and other appropriate medical practitioners involved in a member's care.

WHY?

Coordination of care among behavioral health and medical practitioners benefits your practice because it:

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

Coordination of care improves patients' quality of care by:

- Avoiding potential adverse medication interactions
- Providing better management of treatment and follow-up for patients

WHEN?

Coordination of care may be most effective:

- After the initial assessment
- At the start or change of medication
- Upon discharge
- Upon transfer to another provider or level of care
- When significant changes occur, such as (diagnosis, symptoms, compliance with treatment)

RESOURCES FOR COORDINATING CARE

Our practitioner website, providerexpress.com, includes tools and resources to support you in coordinating care. Select the "Clinical Resources" tab at the top of the main page, select "Clinical Tools and Quality Initiatives" and then download the needed form under "Coordination of Care".

Use the "**Exchange of Information Form**" to communicate relevant treatment information with other treating practitioners. This template may be signed by the patient to show their consent and then completed by you.

Use the "**Coordination of Care Checklist**" to document your efforts to coordinate care with patients' other practitioners. It should also be documented in the record if a member declined to allow coordination of care when asked.

GUIDELINES TO FACILITATE EFFECTIVE COMMUNICATION

When scheduling appointments for new patients, request that they bring names and contact information (address, phone number, etc.) for their other treating practitioners.

Within a week of your initial assessment and annually thereafter provide other treating practitioners with the following information:

- A brief summary of the patient's assessment and treatment plan recommendations
- Diagnoses (medical and behavioral)
- Medications prescribed (brand or generic name, strength and dosage)
- Your contact information (name, telephone, fax number, and the best time you may be reached by phone, if needed)

Nothing herein is intended to modify the Provider Agreement or otherwise dictate MH/SA services provided by a provider or otherwise diminish a provider's obligation to provide services to members in accordance with the applicable standard of care.

This information is provided by Optum Quality Management Department. If you would like to be removed from this distribution or if you have any questions or feedback please contact us at: qmi_emailblast_mail@optum.com (email). Please include the email address you would like to have removed when contacting us.

ADHD Screening and Follow-up Care for Children



How You Can Help

Prior to prescribing medications, screen patients for ADHD. If medication is prescribed, be sure to:

- **Schedule a follow-up appointment with your patient within 30 days of writing the prescription**
- **Schedule at least two more follow-up appointments over the next nine months to make sure the dosage is effective and to assess for side effects**

Refer to a Mental Health Professional

In conjunction with medication, Psychosocial treatment approaches are also recommended. They include cognitive-behavioral therapy, social skills training, parent education and modifications to the child's education program. (AACAP) You can request coordination of care and referrals for members by calling the number on the back of the member's health plan ID card or searching liveandworkwell.com.

We appreciate your taking an active role in screening children with symptoms of attention deficit / hyperactivity disorder (ADHD).

The American Academy for Child and Adolescent Psychiatry and the American Psychiatric Association affirm thorough assessment is needed to rule out other conditions including learning disabilities, depression or anxiety disorders that mimic ADHD.

Recommended screening tools include:

- [Vanderbilt Scale](https://providerexpress.com) – providerexpress.com > Clinical Resources > Attention Deficit/Hyperactivity Disorder
- Resources from the Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) organization – CHADD.org > Understanding ADHD > For Professionals > For Healthcare Professionals > Clinical Practice Tools > Evaluation and Assessment Tools

Most of these tools also allow parents and teachers to provide feedback.

Resources

- More tools and information about behavioral health issues are available on providerexpress.com > Clinical Resources > [Behavioral Health Toolkit for Medical Providers](#).
- Patient education information is available on liveandworkwell.com using access code "clinician." See "Mind & Body" at the top, scroll down to find the links to topics.

✓ 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 were 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.

Pharmacy:

- 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 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 pending cases for clinical information & Medical Director's intervention by checking all pends and denials for appropriateness).

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 Data 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
- Increase rates of member participation in the Case Management program.
- Timely communication of feedback from behavioral health providers to PCPs through increased collaboration between Optum Behavioral Health and VCHCP.
- 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.

2021 Provider Satisfaction WITH UTILIZATION MANAGEMENT

VCHCP performs a Provider Satisfaction with Utilization Management (UM) Survey annually. The 2021 survey was performed by SPH Analytics (SPHA). VCHCP would like to thank the 50 providers who completed the survey, producing an overall response rate of 7.9%. Based on responses specifically related to provider experience with our Utilization Management (UM), the Plan is committed to improving provider experience and survey results. Below are the specific survey questions that pertain to provider satisfaction with our Utilization Management.

QUESTION 3A:

Access to knowledgeable UM Staff

QUESTION 3B:

Procedures for obtaining pre-certification/referral/authorization information

QUESTION 3C:

Timeliness of obtaining pre-certification/referral/authorization information

QUESTION 3D:

The health Plan's facilitation/ support of appropriate clinical care for patients

QUESTION 3E:

Access to Case/Care Managers from this health plan

There was an overall improvement in all areas of provider satisfaction with our Utilization Management. We will continue to implement actions to improve provider experience with our Utilization Management, such as but not limited to:

1. Collaborate with VCMC Ambulatory Clinics through the VCHCP Ops Triad Meeting to ensure timely receipt of requests from the clinics, streamlining of VCMC's referral center process and continued expansion of the VCMC E-Consult.
2. Provide education to our members and providers through our newsletters regarding the importance of timeliness of receipt of treatment authorization requests by the Plan.
3. Educate members regarding the Plan's prior authorization process and timelines of reviews.
4. Implement efficiencies in the Plan's Utilization Management Department to reduce the 45-day denial for lack of information. Efficiencies include but not limited to:
 - Calling or messaging providers to request the information needed on pending cases to complete timely prior authorization review.
 - Medical Director reviews all pending and denial letters/determinations for appropriateness prior to sending to providers.

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 National Preferred Formulary is available thru Express Scripts (ESI).

aNote: 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: 3Q-2021

Formulary Removals: 3Q-2021

NEW GENERICS

Brand Name for First Generic

ABSORICA	INTELENCE
BANZEL	KALETRA
BEPREVE	MIACALCIN
BROVANA	PERFOROMIST
DUEXIS	PLEXION
FERAHEME	THIOLA

LINE EXTENSIONS - NEW DOSAGE FORMS/STRENGTHS

Review Comments

DUPIXENT 200 MG/1.14 ML PEN	PANCREAZE DR 37,000 UNIT CAP
MYRBETRIQ ER 8 MG/ML SUSP	RIKAFTA 50-25-37.5 MG/75 MG

NEW AND EXISTING BRANDS/CHEMICALS

Review Comments

APO-VARENICLINE 0.5 MG TABLET
APO-VARENICLINE 1 MG TABLET
EMPAVELI 1,080 MG/20 ML VIAL
KLOXXADO 8 MG NASAL SPRAY
MYFEMBREE 40 MG-1 MG-0.5 MG TB
PEMAZYRE 13.5 MG TABLET
PEMAZYRE 4.5 MG TABLET
PEMAZYRE 9 MG TABLET
PREVNAR 20 SYRINGE
TAVALISSE 100 MG TABLET
TAVALISSE 150 MG TABLET
WEGOVY 0.25 MG/0.5ML PEN
WEGOVY 0.5 MG/0.5ML PEN
WEGOVY 1 MG/0.5ML PEN
WEGOVY 1.7 MG/0.75ML PEN
WEGOVY 2.4 MG/0.75ML PEN
ZEGALOGUE 0.6 MG/0.6 ML SYRING
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ

MULTISOURCE BRAND REMOVALS

BANZEL 200 MG TABLET	KALETRA 100-25 MG TABLET
BANZEL 400 MG TABLET	KALETRA 200-50 MG TABLET
FERAHEME 510 MG/17 ML VIAL	SUTENT 12.5 MG CAPSULE
FERRIPROX 500 MG TABLET	SUTENT 25 MG CAPSULE
INTELENCE 100 MG TABLET	SUTENT 37.5 MG CAPSULE
INTELENCE 200 MG TABLET	SUTENT 50 MG CAPSULE

EXCLUSION LIST ADDITIONS: 3Q-2021

BREXAFEMME 150 MG TABLET
CLENIA PLUS 9%-4.25% SUSP
COSENTYX 75 MG/0.5 ML SYRINGE
FOTIVDA 0.89 MG CAPSULE
FOTIVDA 1.34 MG CAPSULE
NEXTSTELLIS 3-14.2 MG TABLET
PROLATE 10 MG-300 MG/5 ML SOLN
QELBREE ER 100 MG CAPSULE
QELBREE ER 150 MG CAPSULE
QELBREE ER 200 MG CAPSULE
RELION NOVOLOG 100 UNIT/ML VL
RELION NOVOLOG MIX 70-30 FLXPN
RELION NOVOLOG MIX 70-30 VIAL
RELION NOVOLOG U-100 FLEXPEN
TIROSINT-SOL 37.5 MCG/ML SOLN
TIROSINT-SOL 44 MCG/ML SOLN
TIROSINT-SOL 62.5 MCG/ML SOLN
TRUSELTIQ 125 MG DAILY DOSE PK
TRUSELTIQ 100 MG DAILY DOSE PK
TRUSELTIQ 75 MG DAILY DOSE PK
TRUSELTIQ 50 MG DAILY DOSE PK

EXCLUSION LIST REMOVALS: 3Q-2021

NALOXONE 2 MG AUTO-INJECTOR
ORGOVYX 120 MG TABLET
TAVALISSE 100 MG TABLET
TAVALISSE 150 MG TABLET

We may add or remove drugs from our formularies during the year. To inquire about the status of a drug on the formulary, please visit vchealthcareplan.org/providers/providerIndex.aspx

We may update policies throughout the year. The most up-to-date policies are located at vchealthcareplan.org/providers/providerIndex.aspx

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.

NEW TO THE NETWORK

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

Apex Infusion Pharmacy Ventura, a home health provider for infusion at home or outpatient in Ventura has been added, effective September 2021.

Athletic Physical Therapy Inc., a physical therapy group in Simi Valley and Westlake Village has been added, effective September 2021.

Brooke Campbell, R.D.N., a registered dietician nutritionist at 360 Nutrition Consulting in Camarillo has been added, effective October 2021.

Cedars-Sinai Medical Center, a Tertiary care provider has been added, effective May 2021.

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

Jayth Sridhar, M.D., an ophthalmologist at California Retina Consultants in Westlake Village has been added, effective September 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.

Julie Morantz, P.A.-C. at Cardiology Associates Medical Group in Ventura has been added, effective October 2021.

Karim Jreije, D.O., a general surgeon at Anacapa Surgical Associates(VCMC) in Ventura, has been added, effective August 2021.

Kira Tellache, PA., a physician assistant at California Dermatology Institute in Ventura and T.O has been added, effective September 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.

Mina Ananth, M.D., a primary care provider at Santa Paula Hospital Clinic (VCMC) in Santa Paula has been added, effective August 2021.

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

Natalie Hammond, P.A. at Ventura Orthopedic Medical Group in Simi Valley has been added, effective October 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 Mory, M.D., a rheumatologist at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley has been added, effective September 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.

Timothy Jones, P.A.-C. at Ventura Orthopedic Medical Group in Simi Valley has been added, effective October 2021.

West Coast Wound and Skin Care Inc., an ancillary group, providing services at-home wound care services, has been added, effective October 2021.

Zeena Al-Tai, M.D., a family medicine physician at Clinicas Del Camino Real in Ventura has been added, effective October 2021.

LEAVING THE NETWORK

Alexis Murray, P.A. at Magnolia Family Medical Clinic (VCMC) in Oxnard has left, effective August 2021.

Andrea Rudolph, a N.P. at Las Islas Family Medical Group(VCMC) in Oxnard, has left, effective August 2021.

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

Bradley Pace, P.A. at Clinicas Del Camino Real-Santa Paula has left, effective August 2021.

Carmen Cotsis, P.A. at Clinicas Del Camino Real in Ventura has left, effective August 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.

Connell Davis, M.D., a family medicine at Santa Paula Medical Clinic(VCMC) and Fillmore Family Medical Clinic (VCMC), has left effective September 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, PA-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.

Helena Keeter, P.A.C. at West Ventura Orthopedics & Podiatry Clinic (VCMC) in Ventura has left, effective July 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.

Jacqueline Guinn, M.D., a pediatrician at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley 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.

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.

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.

Sarah Hemmer, M.D., a pediatrician at Pediatric Diagnostic Centers (VCMC) in Ventura has left, effective July 2021.

Wanda Kim-Hayes, P.A. at Pediatric Diagnostic Center(VCMC) in Ventura has left, effective June 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, M.D., a family medicine physician at Clinicas Del Camino Real in Ventura, has left, effective July 2021.

William Goldie, M.D., a pediatric neurologist at Mandalay Bay Women and Children's Med Grp(VCMC) in Oxnard and Pediatric Diagnostic Center (VCMC) in Ventura, has left, effective June 2021.

Yvette Padilla, M.D., an obstetrics & gynecologist at Clinicas del Camino Real in Fillmore and Santa Paula , has left effective October 2021.

CHANGES

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

Laura Murphy, MD 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.

Socal Neurosurgery has moved addresses for their locations in Oxnard and Thousand Oaks, effective October 2021.

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 Newbury Park, effective November 2021.

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.

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



VENTURA COUNTY
HEALTH CARE PLAN

A Department of Ventura County Health Care Agency

2220 E. Gonzales Road, Suite 210-B

Oxnard, CA 93036

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