



2024 Member Handbook

COMMERCIAL PLAN



VENTURA COUNTY
HEALTH CARE PLAN

A Department of Ventura County Health Care Agency

Welcome to the Ventura County Health Care Plan (VCHCP).

Whether you are new to the Plan or a continuing member, we are pleased you have chosen the VCHCP for your health care needs. Included in this handbook you will find materials to get a better understanding of your covered benefits along with additional services offered to you and your covered dependents.

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Register for our **MEMBER PORTAL** Today!
member.vchealthcareplan.org

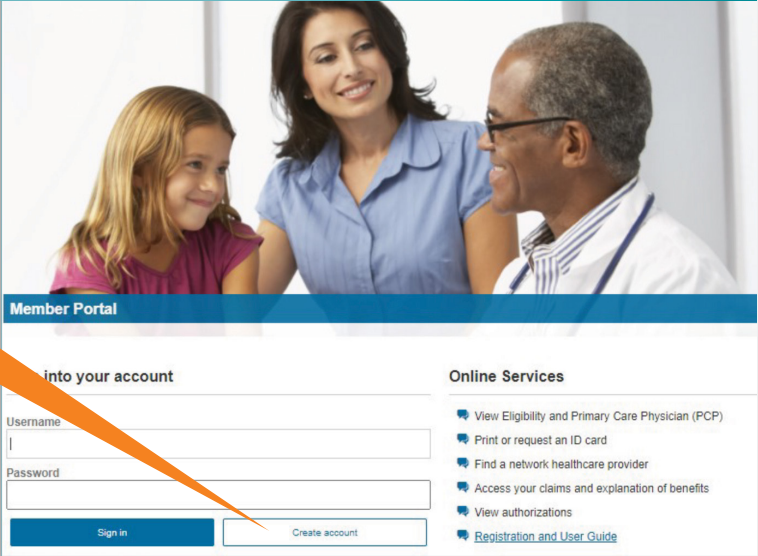
To register,
click on the
"Create account"
button

HELPFUL TIPS:

- ➔ Enter 11-digit Member ID # with no dashes
- ➔ Your Name must match exactly what is found on your Member ID Card (including ALL CAPS)

Once Logged in, you'll be able to...

- ▶ Search for a Provider
- ▶ Print or Request a New ID Card
- ▶ View Claims, Existing Authorizations, and Coverage and Benefits
- ▶ Submit a Portal Access Authorization to allow other family members access to your Healthx data
- ▶ Submit a General Plan or Coverage question
- ▶ Access forms such as Reimbursement, Authorization to Release Information, Coordination of Benefits Information, and Grievance and Appeal Forms



QUICK REFERENCE GUIDE

This is only a summary. Your Employer's Group Agreement Evidence of Coverage (EOC) should be consulted to determine details of governing contractual provisions. The EOC can be found online at vchealthcareplan.org/members/programs/countyEmployees.aspx or you may contact Member Services for a copy.

CONTACT INFORMATION

Ventura County Health Care Plan

2220 E. Gonzales Road, Suite 210-B, Oxnard, CA 93036
Regular Business Hours are: Monday–Friday, 8:30 a.m. to 4:30 p.m.

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

Hospital Admissions:

24-hour On-call Administrator: (805) 981-5050 or Toll-Free: (800) 600-8247

MEDICAL EMERGENCIES

Call 911, or go to the nearest emergency room if you believe an emergency medical condition exists.

Ventura County Health Care Plan

On-call Administrator available 24-hours per day for emergency Providers & Hospital Admissions
(805) 981-5050 or (800) 600-8247

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

Out-of-Pocket (OOP) Maximum: <u>Individual = \$3,000</u> <u>Family = \$6,000</u> Deductible: <u>This plan has no deductible</u> Copayments made to providers for covered medical, pharmacy and behavioral health services apply towards the OOP maximum.		
Benefit	Member Copayment	
Medical Benefits	Services by In-Network Providers	Services by Out-of-Network Providers
Inpatient Services		
Inpatient Facility Fee Semi-Private room and board, and medically necessary services and supplies, including subacute care, inpatient dialysis, bariatric, oral, reconstructive, and transplant surgery	\$100 per day up to 5 days; per admission	\$100 per day up to 5 days; per admission
Inpatient Physician/Surgeon Fee	No Charge	No Charge
Emergency Services Benefits		
Emergency Room Physician Fee	No Charge	No Charge
Emergency Room Facility Fee	\$100 per visit (co-pay waived if admitted)	\$100 per visit (co-pay waived if admitted)
Outpatient Observation Care provided in hospital		
In conjunction with ER services	ER copay applies	ER copay applies
Not in conjunction with ER services (direct observation)	10% up to \$250	10% up to \$250
Outpatient Services		
Acupuncture Benefits		
Acupuncture Services (Reimbursement Benefit) (out of pocket expenses do not accumulate to the out of pocket maximum)	\$20 per visit member reimbursement to a combined maximum of 15 visits per plan year, no coverage thereafter	
Allergy Testing and Treatment Benefits		
Allergy Care (injections/serum)	\$0	Not Covered
Ambulance Benefits		
Emergency or authorized transport (Ground & Air)	\$150	\$150
Ambulatory Surgery Center Benefits		
Ambulatory Surgery Center Outpatient Surgery Facility Fee	10% up to \$250	Not Covered
Ambulatory Surgery Center Outpatient Surgery Physician/Surgeon Fee	No Charge	Not Covered
Chiropractic Benefits		
Chiropractic Services (Reimbursement Benefit) (out of pocket expenses do not accumulate to the out of pocket maximum)	\$20 per visit member reimbursement to a combined maximum of 15 visits per plan year, no coverage thereafter	
Diabetes Care Benefits		
Disease Management Program provided by VCHCP	No Charge	Not Covered
Case Management Program provided by VCHCP	No Charge	Not Covered
Dialysis Benefits		
Outpatient Dialysis Services	\$10	Not Covered
Durable Medical Equipment Benefits (as defined by Medicare)		
Breast pump (Reimbursement Benefit)	\$200 max member reimbursement per pregnancy	Not Covered
Other Durable Medical Equipment Includes but not limited to: insulin pumps, electric wheelchairs, CPAP/BIPAP machines, Continuous Glucose Monitoring Device	10% copay; 50% copay for replacement when medically necessary	Not Covered

Outpatient Services (continued)	In-Network	Out-of-Network
Family Planning Benefits		
Counseling and consulting	No Charge	Not Covered
Diaphragm fitting procedure (When administered in an office location, this is in addition to the Physician office visit co-pay.)	No Charge	Not Covered
Termination of Pregnancy (Abortion)	No Charge	Not Covered
Implantable contraceptives	No Charge	Not Covered
Infertility Services	50% of covered services	Not Covered
Injectable contraceptives	No Charge	Not Covered
Insertion and/or removal of intrauterine device (IUD)	No Charge	Not Covered
Intrauterine Device (IUD)	No Charge	Not Covered
Tubal Ligation	No Charge	Not Covered
Vasectomy	No Charge	Not Covered
Health Education and Promotion Benefits		
Preventive Health Program provided by VCHCP	No Charge	Not Covered
Educational Outreach provided by VCHCP	No Charge	Not Covered
Community Resources Repository provided by VCHCP	No Charge	Not Covered
Home Health Care Benefits		
Home Health (nursing and rehab) services 100 visit maximum. (Maximum shall not apply to Behavioral Health Treatment)	\$20 per visit	Not Covered
Hospice Program Benefits		
Hospice Care	No Charge	Not Covered
Outpatient Services Benefits		
Outpatient visit: Chemotherapy, outpatient radiation, outpatient infusion therapy	\$20 per visit	Not Covered
Outpatient Laboratory and Pathology: When provided to diagnose illness or injury	\$0	Not Covered
Outpatient X-Ray and Diagnostic Imaging: including Mammogram: When provided to diagnose illness or injury; performed in free-standing radiological facilities and/or outpatient hospital based setting	\$15	Not Covered
Imaging and/or other Diagnostic Services: including CT, PET scans, MRIs, and Nuclear Imaging performed in the outpatient department of a Hospital or free-standing outpatient center	\$100	Not Covered
Genetic testing	10% of cost up to \$500 maximum	Not Covered
Outpatient Services - Other	10% of cost up to \$250 maximum	Not Covered
Pregnancy and Maternity Care Benefits: including Maternal Mental Health screening, treatment, and services during prenatal, perinatal, or postnatal period		
Inpatient Facility Fee Semi-Private room and board, and medically necessary services and supplies	\$100 per day up to 5 days; per admission	\$100 per day up to 5 days; per admission
Comprehensive prenatal care: Including Maternal Mental Health screening, treatment, and services (Services other than from an OB/GYN may require a copay.)	\$0	Not Covered
All necessary Inpatient Professional Services for: Normal delivery, Cesarean section and complications of pregnancy including Maternal Mental Health screening, treatment, and services	\$0	Not Covered
Postnatal Physician office visits: Including Maternal Mental Health screening, treatment, and services	\$0	Not Covered
Preventive Health Benefits		
Preventive Care, Screenings and Immunizations	No Charge	Not Covered
Routine Physical Exam	No Charge	Not Covered
Well Child Preventive Exam	No Charge	Not Covered

Outpatient Services (continued)	In-Network	Out-of-Network
Professional (Physician) Benefits		
Physician office visits (Primary Care)	\$15	Not Covered
Other Practitioner office visit	\$15	Not Covered
Specialist office visit	\$30	Not Covered
Urgent Care visit (must use In-Network while in Ventura County)	\$35	\$35
Prosthetic and Orthotic Benefits		
Prosthetic equipment and devices	10% copay; 50% copay for replacement when medically necessary	Not Covered
Orthotic equipment and devices	10% copay; 50% copay for replacement when medically necessary	Not Covered
Rehabilitative and Habilitative Services Benefits (Physical, Occupational, Speech and Respiratory Therapy) Rehabilitative Services by a physical, occupational, or respiratory therapist in the following settings:		
Office Location	\$15	Not Covered
Outpatient department of a Hospital	\$15	Not Covered
Skilled Nursing Facility Benefits		
Services by a free-standing Skilled Nursing Facility 100 day max for rehab/skilled nursing combination	\$50 per day up to 10 days; Limited to 60 consecutive days; per admission	Not Covered
Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a 30 day supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	\$9	Not Covered
Tier 2 (Preferred Brand)	\$30	Not Covered
Tier 3 (Non-Preferred Brand)	\$45	Not Covered
Tier 4 (Specialty Drugs) Authorization is required	Generic 10% (up to \$100 max/script) Brand (preferred and non-preferred) 10% (up to \$250 max/script)	Not Covered
Mail Order or Smart 90 Pharmacy Prescriptions (up to a 90 day supply; full copay applies regardless of quantity supplied)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	\$18	Not Covered
Tier 2 (Preferred Brand)	\$60	Not Covered
Tier 3 (Non-Preferred Brand)	\$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered
Please note that Schedule II Drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.		

Mental Health, Substance Use Disorder and Chemical Dependency Benefits	Services by Optum Behavioral Health In-Network Providers	Out of Network
Mental Health, Substance Use Disorder and Chemical Dependency Benefits Authorization is required for some Mental/Behavioral Health and Substance Use Disorder benefits. Please refer to the EOC for a list of benefits that do not require authorization.		
Mental/Behavioral Health and Substance Use Disorder outpatient office visits: individual evaluation, treatment or counseling	\$15	Not Covered
Mental/Behavioral Health and Substance Use Disorder outpatient office visits: evaluation, treatment or counseling in a group setting	\$15	Not Covered
Mental/Behavioral Health and Substance Use Disorder other outpatient items and services: including but not limited to: Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS); Behavioral Health Treatment for PDD/Autism	\$15	Not Covered
Mental/Behavioral Health and Substance Use Disorder inpatient facility (e.g. hospital room)	\$100 per day up to 5 days; per admission	\$100 per day up to 5 days; per admission
Mental/Behavioral Health and Substance Use Disorder inpatient physician/surgeon fee	\$0	\$0
Mental/Behavioral Health and Substance Use Disorder Emergency Services	\$100 copay; waived if admitted to Hospital	\$100 copay; waived if admitted to Hospital
Mental/Behavioral Health and Substance Use Disorder Urgent Care visit (must use In-Network while in Ventura County)	\$35	\$35
Residential Treatment program and non-medical Transitional Residential Recovery Services - Mental Health	\$50 per day up to 10 days; per admission	Not Covered
Residential Treatment program and non-medical Transitional Residential Recovery Services - Substance Use Disorder	\$50 per day up to 10 days; per admission	Not Covered
Mental/Behavioral Health and Substance Use Disorder Outpatient partial hospitalization	\$15	Not Covered
Outpatient Mental Health and Substance Use Disorder Care	\$15	Not Covered
Methadone maintenance treatment	\$15	Not Covered
Inpatient Services to treat acute medical complications of detoxification	\$100 per day up to 5 days; per admission	\$100 per day up to 5 days; per admission
Psychological testing	\$15	Not Covered
Psychiatric Observation	\$15	Not Covered
Substance Use Disorder Day Treatment	\$15	Not Covered
Substance Use Disorder Intensive Outpatient Treatment Programs	\$15	Not Covered
Substance Use Disorder Medical Treatment for Withdrawal	\$15	Not Covered

PURPOSE AND SCOPE OF THE UTILIZATION MANAGEMENT (UM) PROGRAM

The UM Program is designed to ensure that medically appropriate services are provided to all members of the Plan through a comprehensive framework that assures the provision of high quality, cost effective, and medically appropriate healthcare services in compliance with the patient benefit coverage and in accordance with regulatory requirements. The UM structures and processes are clearly defined and responsibility is assigned to appropriately trained individuals. The Medical Director of the Plan acts as the Medical Director of the UM Program.

PRIOR AUTHORIZATION/REFERRALS FOR HEALTH CARE SERVICES

Sometimes, you may need care that your PCP cannot provide. At such times, you will be referred to a Specialist Physician or Provider for that care. No Referrals or Authorizations are needed to access Emergency or Urgent Care needs.

The Plan has contracted with a broad range of Providers who are conveniently located to provide access to Covered Services. Your PCP must ask VCHCP for prior approval for Referrals to Covered Services including certain Specialist Physicians and certain services. The Plan processes normal/non-urgent pre-service requests for Covered Services made by your PCP or treating Provider within five (5) business days and urgent pre-service requests made by your PCP or treating Provider within seventy-two (72) hours from the Plan's receipt of request. For normal/non-urgent pre-service and urgent pre-service requests, the Plan faxes the notification of decision to your PCP or treating Provider within 24-hours of decision.

CONCURRENT REVIEW

Authorization requests received at the time the service is provided are called Concurrent Review requests. For urgent concurrent authorization requests such as initial inpatient stay, the Plan makes a determination within 24-hours of receipt of request. For non-urgent concurrent authorization requests such as extension of inpatient stay, the Plan makes a determination within seventy-two (72) hours of receipt of request. For urgent and non-urgent concurrent authorization requests, the Plan faxes the written decision to your PCP or treating Provider within twenty-four (24) hours of decision.

POST SERVICE REVIEW

Authorization requests received after the service has been provided are called Post Service Review requests. For these authorization requests, the Plan makes a determination and faxes the written decision to your PCP or treating Provider within thirty (30) calendar days of receipt of the request.

CASE MANAGEMENT & DISEASE MANAGEMENT PROGRAMS

To ensure the effective management of complicated and costly or chronic cases, the case management and disease management staff collaborate with the members and their health care team to ensure coordination of care. Referrals to case management and disease management may be made by VCHCP staff, providers, hospital staff, employers, and members to facilitate the continuity and coordination of the member's care. The referral is made to a VCHCP case manager or disease manager who is a qualified licensed health professional and functions within the scope of his/her license to practice (e.g., RN).

AFFIRMATIVE STATEMENT

The following Affirmative Statement is posted in the UM Department and 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:

- 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.

VCHCP UTILIZATION MANAGEMENT STAFF

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

LANGUAGE ASSISTANCE AND NONDISCRIMINATION

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 or by completing the Language/Ethnicity Questionnaire in this packet.
- 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.

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.

VCHCP recognizes that, under certain circumstances, our performance or that of our contracted providers, may not agree with or match our members’ expectations. Therefore, the Plan has established a grievance/ complaint and appeal system for the Plan Members to file a grievance. We endeavor to assure our members of their rights to voice complaints and appeals, and to expedite resolutions.

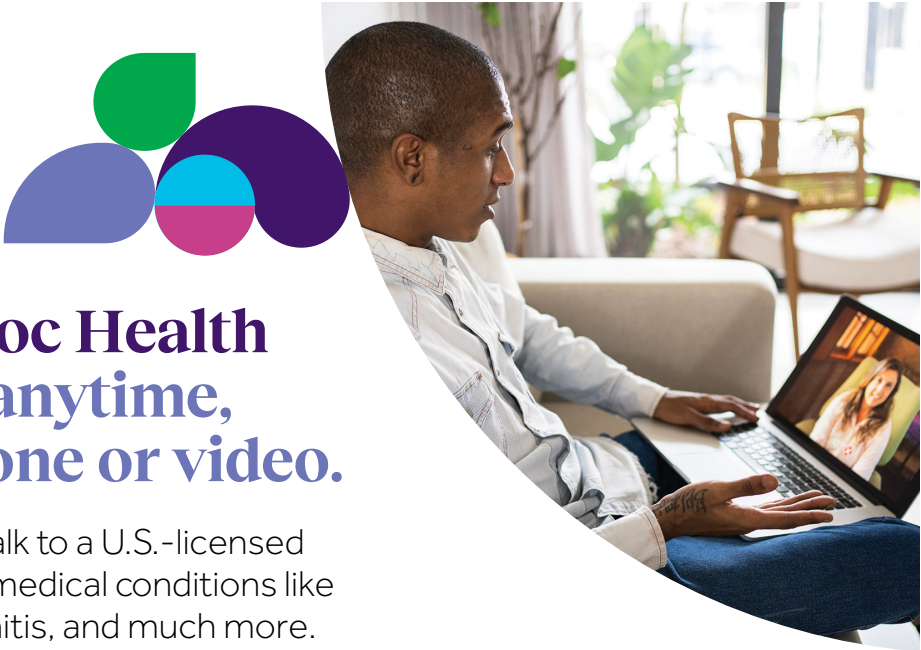
VCHCP encourages the informal resolution of problems and complaints, especially if they resulted from misinformation or misunderstanding. However, if a complaint cannot be resolved in this manner, a formal Member Grievance Procedure is available. Members may register complaints with VCHCP by calling, writing, or via email or fax or by using the on-line form available on the VCHCP website:

Ventura County Health Care Plan
2220 E. Gonzales Rd. Ste. 210-B
Oxnard, CA 93036
Phone: (805) 981-5050 Fax: (805) 981-5051
Email: VCHCP.Memberservices@ventura.org
Website: vchealthcareplan.org

The Plan shall provide written acknowledgment of a Member’s grievance within five (5) days of receipt. The Plan shall provide a written response to a grievance within thirty (30) days. If, however, the case involves an imminent and serious threat to the health of the Member, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function, the Plan shall provide an expedited review. This also applies to grievances for terminations for non-renewals, rescissions, and cancellations. The Plan shall provide a written statement on the disposition or pending status of a case requiring an expedited review no later than three days from receipt of the grievance.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(805) 981-5050** or **(800) 600-8247** and for hearing impaired members: TDD to Voice (800) 735-2929; Voice to TDD (800) 735-2922 for English or (800) 855-3000 for Spanish and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department’s internet website (www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.

Sincerely,
Ventura County Health Care Plan



AVAILABLE NOW

You’ve got Teladoc Health
Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc Health doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for \$15

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*Teladoc Health is not available internationally.
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PREScription DRUG PLAN

Prescription Drug ID Card: A separate ID card will be mailed to you by Express Scripts, the Plan’s pharmacy benefit manager. If you need to fill a prescription before you receive this ID card, please contact Express Scripts at (800) 811-0293.

		Retail (up to a 30 day supply)	Mail Order or Smart 90 Pharmacy (up to a 90 day supply)	Non-Participating Pharmacy
If you need drugs to treat your illness or condition	Tier 1: Most generics	\$9 co-pay	\$18 co-pay	Not Covered
	Tier 2: Preferred brand	\$30 co-pay	\$60 co-pay	Not Covered
	Tier 3: Non-Preferred brand	\$45 co-pay	\$90 co-pay	Not Covered
	Tier 4: Specialty drugs	Generic = 10% (up to \$100 max/script) Brand (preferred) = 10% (up to \$250 max/script) Brand (non-preferred) = 10% (up to \$250 max/script)		Not Covered
Exception request to the preferred drug list	Members can request individual exceptions to the preferred drug list through their primary care practitioner, by contacting Member Services at (805) 981-5050 or toll free (800) 600-8247, or online at vchealthcareplan.org , and accessing the For Members page and clicking on the ‘Request for Pharmacy/Formulary Exception’ link. Practitioners can submit a Prior Authorization Request on the member’s behalf to Ventura County Health Care Plan (VCHCP) for consideration. Practitioners may themselves also initiate a petition for consideration of coverage. Practitioners should include relevant clinical history, previous medications prescribed and tried, contraindications or allergies to medications and any other contributory information deemed useful.			

This is only a summary. For further details about coverage and costs, refer to the complete terms in the policy or plan document at vhealthcareplan.org or by calling (800) 600-8247 or (805) 981-5050.

Ventura County Health Care Plan • 2220 E. Gonzales Road, Suite 210-B Oxnard, CA 93036
Phone: (805) 981-5050 • Fax: (805) 981-5051 • vhealthcareplan.org

PREScription DRUG PLAN



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Log in at Express-scripts.com today!

Designed to help make it easier to stay healthy!

Express Scripts is committed to helping millions of Americans like you get access to the medications and services you need. Express-Scripts.com is home to one of the largest online pharmacies in the industry. Once registered, you will have immediate access to advanced tools and features designed to help you manage your medications, your benefit plan and lower your prescription costs. It is easy and completely secure.

Save on prescriptions with Express-scripts.com
Register now so you can:

- ◆ Refill and renew home delivery prescriptions
- ◆ View potential prescription savings
- ◆ Receive personalized medication notifications
- ◆ Enjoy 24/7 access to Express Scripts pharmacists

The Ventura County Health Care Plan (VCHCP) offers its members an outpatient prescription medication benefit that includes generic and brand name medications.

VCHCP provides a closed drug plan or Preferred Drug List (PDL) or Formulary. In addition to the generic and brand name drugs on its PDL, VCHCP also covers many other medications that are classified as “non-preferred”. Medications not on the Formulary are available through a prior authorization process and usually require a higher copayment.

Medications that are experimental, investigational or not approved by the United States Food and Drug Administration, including compounded drugs, are excluded.

To help make the most of your prescription drug benefit VCHCP encourages all of our members to register with Express-Scripts.com. Even if you are not accustomed to going online to handle your prescription information, Express Scripts - the company we have selected to manage your pharmacy benefit - makes it easy.

For additional information about prescription coverage...

- ◆ Visit vhealthcareplan.org and click on “For Members”
- ◆ Visit Express-Scripts.com
- ◆ Or call Express Scripts at (800) 282-2881
- ◆ For website assistance please contact Express Scripts at (877) 852-4060

Ventura County Health Care Plan • 2220 E. Gonzales Road, Suite 210-B Oxnard, CA
93036 Phone: (805) 981-5050 • Fax: (805) 981-5051 • vhealthcareplan.org

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2024 COMMERCIAL PLAN MEMBER HANDBOOK

vhealthcareplan.org

vhealthcareplan.org

VENTURA COUNTY HEALTH CARE PLAN

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NURSE ADVICE LINE

The Ventura County Health Care Plan partners with Carenet Health for our “Nurse Advice Line” service. This service is available to you and your family 24-hours a day, 365 days a year at no additional cost.

We realize it is impossible to predict when you or your child will become ill or need urgent medical assistance; however, nothing is more comforting than having an experienced, compassionate nurse available anytime to answer your health questions, assess symptoms, and provide care recommendations.

Staffed by skilled registered nurses, the Nurse Advice team, bilingual in English and Spanish, is available 24/7 to assist with any health concerns.

In addition to providing advice for current symptoms, the nurses can also help you to better understand your diagnosis, prescribed medications and where and when to go for more help. Too often the emergency room is used for non-emergency reasons. The Nurse Advice line may help you avoid a time consuming and expensive visit to the ER.

The following is a sampling of the services provided by this 24/7 Nurse Advice Line:

- Symptom assessment and triage
- Urgent and non-urgent care advice
- Program, physician, and facility referrals
- Drug and medication information
- Recommendations or condition explanations
- General health information

The Nurse Advice Line does not replace your physician but compliments the care they provide. We encourage you to discuss all health concerns with your physician. However, the opportunity to discuss additional symptom, disease-related information or to ask a health-related question at any time, day or night is one more way you can take an active role in your own healthcare.

The toll-free number to access the Nurse Advice Line is (800) 334-9023. When you call, you will be asked for your member ID number or date of birth.

We encourage our members to take advantage of this service when the need arises!
For questions concerning this service, call our Member Services department at **(805) 981-5050**.

Sincerely,

Ventura County Health Care Plan

LANGUAGE ASSISTANCE NOTICE

Member Notice - Language Assistance Services

English	If you, or someone you are helping, has questions, you have the right to get help and information in your language at no cost. To speak with an interpreter, call 1-800-600-8247 (TTY: 1-800-735-2929).
Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-600-8247 (TTY: 1-800-735-2929).
Chinese	如果您或您正在說明的人有疑問，您有權免費獲得您的語言的幫助和資訊。要與口譯員交談，請致電 1-800-600-8247（TTY：1-800-735-2929）。
Vietnamese	Nếu bạn, hoặc ai đó bạn đang giúp đỡ, có thắc mắc, bạn có quyền nhận trợ giúp và thông tin bằng ngôn ngữ của bạn miễn phí. Để nói chuyện với thông dịch viên, hãy gọi số 1-800-600-8247 (TTY: 1-800-735-2929).
Tagalog	Kung ikaw, o ang isang taong tinutulungan mo, ay may mga katanungan, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa 1-800-600-8247 (TTY: 1-800-735-2929).
Korean	귀하 또는 귀하가 돕고 있는 사람이 질문이 있는 경우 귀하는 무료로 귀하의 언어로 도움과 정보를 얻을 권리가 있습니다. 통역사와 통화하려면 1-800-600-8247(TTY: 1-800-735-2929)로 전화하십시오.
Armenian	Եթե դուք կամ ձեզ օգնող մեկը հարցեր ունի, դուք իրավունք ունեք անվճար ստանալ ձեր լեզվով օգնություն եւ տեղեկատվություն: Թեկնածուով խոսելու համար զանգահարեք 1-800-600-8247 (TTY: 1-800-735-2929):
Persian (Farsi)	اگر شما یا کسی که به او کمک می کنید، سوالی دارید، حق دارید بدون هیچ هزینه ای کمک و اطلاعات به زبان خود دریافت کنید. برای صحبت با مترجم، با شماره 1-800-600-8247 تماس بگیرید (TTY: 1-800-735-2929).
Russian	Если у вас или у кого-то, кому вы помогаете, есть вопросы, вы имеете право бесплатно получить помощь и информацию на своем языке. Чтобы поговорить с переводчиком, позвоните по номеру 1-800-600-8247 (телетайп: 1-800-735-2929).
Japanese	あなた、またはあなたが助けている誰かが質問を持っている場合、あなたには無料であなたの言語で助けと情報を得る権利があります。通訳者と話すには、1-800-600-8247(TTY:1-800-735-2929)に電話してください。
Arabic	إذا كان لديك، أو لدى أي شخص تساعد، أسئلة، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون أي تكلفة. للتحدث مع مترجم فوري، اتصل بالرقم 1-800-600-8247 (الهاتف النصي: 1-800-735-2929).
Punjabi	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੇ ਵੱਲੋਂ ਮਦਦ ਕਰ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚੇ ਦੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਕਿਸੇ ਦੁਆਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 1-800-600-8247 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।
Mon-Khmer, Cambodian	បើ អ្នក ឬ នរណា ម្នាក់ ដែល អ្នក កំពុង ជួយ មាន សំណួរ អ្នក មាន សិទ្ធិ ទទួល បាន ជំនួយ និង ព័ត៌មាន ជា ភាសា របស់ អ្នក ដោយ មិន គិត ថ្លៃ។ ដើម្បី និយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទមកលេខ 1-800-600-8247 (TTY: 1-800-735-2929)។
Hmong	Yog koj, los sis ib tug neeg koj pab koj, muaj lus nug, koj muaj txoj cai nrhiav kev pab thiab koj cov lus nyob rau hauv koj hom lus tsis muaj nqi. Nrog ib tug neeg txhais lus, hu rau 1-800-600-8247 (TTY: 1-800-735-2929).
Hindi	यदि आप, या आप किसी ऐसे व्यक्ति की मदद कर रहे हैं, जिसके कोई प्रश्न हैं, तो आपको बिना किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिया से बात करने के लिए, 1-800-600-8247 (TTY: 1-800-735-2929) पर कॉल करें।
Thai	หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามคุณมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณ โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่ามโทร 1-800-600-8247 (TTY: 1-800-735-2929)

NOTICE OF PRIVACY PRACTICES (HIPAA)

Plan Year 2024

Dear Ventura County Health Care Plan Member,

Under a federal law called the Health Insurance Portability and Accountability Act, commonly known as “HIPAA”, health care plans across the nation, including ours, must have a “Notice of Privacy Practices” readily available to all our members.

What is the “Notice” about?

The primary purpose of the notice is to describe how your medical information, referred to in the HIPAA legislation as “protected health information” (or “PHI”), may be used and disclosed by our health plan, and how you can get access to this information.

What is “protected health information”?

Your protected health information (PHI) is health information that contains personal identifiers, such as your name, Social Security number, or other information that could reveal who you are. For example, your medical record is PHI because it includes your name and other identifiers.

Is there anything I need to do about this notice?

Yes. We encourage you to please carefully review our Notice of Privacy Practices. It provides important information about your rights concerning your protected health information. If you still have questions after reading this information, please call our Member Services department at **(805) 981-5050 or toll free at (800) 600-8247**. A copy of this letter and notice is also being made available to you on our website at vchealthcareplan.org.

We take our responsibility to protect your personal health information seriously and, as in the past, we will continue to take appropriate steps to safeguard that information.

As always, thank you for entrusting your health care needs to the Ventura County Health Care Plan.

Sincerely,

Dee Pupa

Ventura County Health Care Plan Administrator

NOTICE OF PRIVACY PRACTICES (HIPAA)

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

THE PRIVACY OF PROTECTED HEALTH INFORMATION

Each individual’s health information is protected under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) and under state laws when they are stricter than HIPAA. These laws require various health care organizations, including the Ventura County Health Care Plan (VCHCP), to keep protected health information private except under certain circumstances, and to provide this Notice of our legal duties and the privacy practices we use to protect your health information.

“Protected health information” is information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We maintain oral, physical, electronic, and procedural safeguards in the handling and maintenance of your protected health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse. We are required by law to notify you of any breach of unsecured protected health information that affects you.

This notice describes different ways that we may use and disclose your protected health information. Some information such as certain drug, alcohol or other substance abuse information, HIV/AIDS information, sexually transmitted disease and reproductive health information, and mental health records, is subject to special or additional restrictions regarding its use or disclosure. Additionally, in the event that VCHCP gets underwriting from another entity as part of our business function, we may need to share PHI with the underwriter but are prohibited from sharing any genetic information.

VCHCP abides by all applicable federal and state laws related to the protection of this information. If a use or disclosure of protected health information described in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent laws. The examples contained herein are not intended to be all inclusive.

HOW VCHCP USES AND DISCLOSES PROTECTED HEALTH INFORMATION

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources – in particular, from you, your employer (or benefits plan sponsor) and your health care providers. In administering your health benefits and providing mail order pharmacy services, we may use and disclose protected health information about you without your authorization, in various ways. These uses include:

- **Health Care Operations:** We may use and disclose protected health information during the course of running our health business - that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating (we are prohibited from disclosing any genetic testing or other genetic information); detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, and member services.

- **Payment:** To help pay for your covered services, we may use and disclose protected health information in a number of ways - in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for internal review. For example, we may use your medical history and other protected health information about you to decide whether a particular treatment is medically necessary and what the payment should be - and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). We also use protected health information to obtain payment for any mail order pharmacy services provided to you.
- **Treatment:** We may disclose protected health information to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records.
We also may use protected health information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.
- **Disclosures to Other Covered Entities:** We may disclose protected health information to other covered entities, or business associates of those entities for treatment, payment, and certain health care operations purposes. For example, we may disclose protected health information to other health plans if it has been arranged for use to do so in order to have certain expenses reimbursed. Whenever an arrangement between us and a business associate involves the use and disclosure of protected health information, we will have a written contract that contains terms that will protect the privacy of the protected health information. In addition, we may disclose your protected health information to another provider, health plan, or health care clearing house for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosure shall be limited to the following purposes: quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities, and health care fraud and abuse detection and compliance programs.
- **Other Uses and Disclosure That Do Not Require Your Authorization:** We may use or disclose protected health information about you for the following purposes without obtaining an authorization from you:
 - Plan Administration - We may share summary health information and enrollment and disenrollment information with your employer (or other plan sponsor), or for other plan administration purposes when we have been informed that appropriate language has been included in your plan documents.
 - Information About Products or Services - We may use or disclose your protected health information, as necessary, to provide you with information about a product or a service to encourage you to purchase or use the product or service for the following limited purposes: (1) to describe our participation in a health care provider network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by the practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapists, health care providers, or settings of care.
 - Reminders: We may use or disclose your protected health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.
 - Fundraising - We may use or disclose to a business associate or other institutionally related foundation, the dates you received treatment, department of service information, treating physician information, information about your outcome, and your health insurance status, as necessary, in order to contact you for fundraising activities supported by us. You have the right to opt out of receiving these fundraising requests. If you do not want to receive these materials, please call the Member Services Number on your ID card and request that these fundraising materials not be sent to you. Your rights regarding treatment and payment will not be conditioned on your choice with respect to the receipt of fundraising materials.

- Required by Law - We may use or disclose your protected health information to the extent such use or disclosure is required by federal, state, or local law. This includes disclosures to the Secretary of Health and Human Services to ensure compliance with privacy practices and disclosures to your personal representative (if applicable) to administer your rights as described in this notice.
If you cease to be enrolled with the Ventura County Health Care Plan, we will provide your contact information, such as name, address, and email to Covered California. Covered California will use this information to help you obtain other health coverage. You have the right to opt out of this process by contacting the Plan's Member Services Department at (805) 981-5050.
- Research - In certain circumstances, we may use or disclose your protected information for research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to strict internal review and a stringent approval process. This process evaluates a proposed research project and its use of medical information in order to balance the research needs with patients' rights to privacy. When approved through this special review process, your protected health information may be used without your authorization. We may also disclose your protected health information to researchers to review in preparation for their research as long as the information is necessary for the research purposes and the protected health information will not leave our premises or when the research is based solely on the protected health information of decedents.
- Law Enforcement - We may disclose your protected health information to federal, state and local law enforcement officials in compliance with a warrant, subpoena, summons or other request authorized by law or for the following authorized purposes: (i) to identify or locate a suspect, fugitive, material witness, or missing person (ii) about a suspected victim of a crime, under certain limited circumstances, (iii) about a death suspected to be the result of a crime, (iv) if criminal conduct occurred on VCHCA's premises, (v) in case of medical emergency to report the commission of a crime, the location of the victim(s), the identity, description, or location of the perpetrator.
- Judicial or Administrative Proceedings - We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process.
- Public Health Activities - We may disclose your protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting vital events such as births or deaths, or monitoring and tracking products and activities regulated by the Food and Drug Administration, including reporting adverse events or product defects or notifying persons of recalls, repairs, or replacements of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease, reporting to your employer findings concerning a work-related illness or injury or workplace-related medical surveillance, or if you are a student or prospective student of a school, we may disclose proof of your immunization to the school.
- Abuse, Neglect, Domestic Violence - In compliance with applicable laws, if we reasonably believe you to be a victim of abuse, neglect, or domestic violence, we may use or disclose your protected health information to appropriate government authority.
- Health Oversight Activities - In accordance with applicable law, we may disclose your protected health information to government agencies tasked with oversight of the health care system including for activities such as audits, investigations, licensure, or disciplinary actions, and with regard to programs in which protected health information is necessary to determine eligibility and compliance.
- Coroners, Medical Examiners, and Funeral Directors - We may disclose your protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties authorized by law. We may also disclose protected health information to funeral directors, as necessary, to carry out their duties.

- Organ and Tissue Donation - We may use or disclose your protected health information to organ procurement or similar organizations for the purpose of facilitating organ, eye, or tissue donation or transplantation. To Avert a Serious Threat to Health or Safety - Except in certain limited circumstances, we may disclose your protected health information to prevent or lessen a serious and imminent threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.
- Military and Veterans - If you are a member of the Armed Forces, we may disclose your protected health information to appropriate military command authorities if deemed necessary to assure the proper execution of a military mission. We may also use and disclose the protected health information of foreign military personnel as authorized and required by law.
- National Security and Intelligence Activities - We may use or disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and national security purposes.
- Protective Services for the President and Others: As authorized or required by law, we may disclose your protected health information to authorized federal officials so that they may conduct certain authorized investigations or provide protection to the President or other authorized foreign persons or foreign heads of state.
- Inmates - If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official for the purpose of providing health care to you, protecting your health and safety and that of other inmates, officers/employees of the correctional institute, or officers responsible for transporting inmates between facilities, or for purposes of providing law enforcement or security on the premises of the correctional institution.
- Workers' Compensation - We may disclose your protected health information for workers' compensation purposes in accordance with applicable law.
- Decedents - We may use or disclose the protected health information of a deceased individual after the individual has been deceased for 50 years, unless otherwise requested not to do so by the member. If you would like to place a restriction on descendant notification, please contact Members Services at (805) 981-5050.
- Data Breach Notification - We may use your contact information to provide legally required notice of unauthorized acquisition, access, or disclosure of your protected health information. You have the right to be informed of any breach to your PHI.
- **Disclosures to Others Involved in Your Health Care:** Unless you object, we may disclose protected health information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the Member Services number on your ID card. If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the Member Services number on your ID card—or have your provider contact us.
- **Assurance to Our Members:** We want to assure you that although disclosures of your personal health information are permitted by law without your prior authorization for many reasons, VCHCP maintains very stringent privacy practices and will only disclose information in very specific circumstances, as permitted or required by law.

- **Uses and Disclosures Requiring Your Written Authorization:** In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you, unless otherwise permitted or required by law. Without your authorization we are expressly prohibited from using or disclosing your protected health information for marketing purposes unless the marketing involves a face-to-face communication between us, and you are receiving a promotional gift of nominal value from us. The authorization must explicitly inform you that financial remuneration is involved. We may not sell your protected health information without your authorization. Such authorization must explicitly inform you that the disclosure will result in remuneration to us. We will not use or disclose your psychotherapy notes without your authorization except for (i) use by the originator of the notes for treatment, (ii) our mental health training programs, (iii) to defend ourselves in any legal proceeding brought by you, or (iv) other uses or disclosures required by law. If you have given us an authorization (for the purposes described above or for any other purpose), you may revoke it in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by your written authorization. The revocation of your authorization will not apply to disclosures already made in reliance to your prior authorization. If you have questions regarding authorizations, please call the Member Services number on your ID card.

OTHER ACTIVITIES FOR WHICH PHI MAY BE USED

It is possible that PHI could be disclosed as a result of making contact with our members for activities such as providing appointment reminders, describing or recommending treatment alternatives, and providing information to you about health-related benefits and services.

YOUR LEGAL RIGHTS

Federal and State privacy regulations give you the right to make certain requests regarding health information about you. You may ask us:

- **For Confidential Communication.** You have the right to designate an alternative mailing address, email address, or telephone number. The confidential communication request shall apply to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication. The confidential communication request shall be valid until the subscriber or enrollee submits a revocation of the request or a new confidential communication request is submitted. A confidential communications request shall be implemented by VCHCP within 7 calendar days of receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail. VCHCP shall acknowledge receipt of the confidential communications request and advise the subscriber or enrollee of the status of implementation of the request if a subscriber or enrollee contacts VCHCP. Any enrollee may at any time request a confidential communication by telephone, fax, email, or mail at the following:

Ventura County Health Care Plan
2220 E. Gonzales Road, Suite 210-B
Oxnard, CA 93036
Phone Number (805) 981-5050 or (800) 600-8247
Fax Number: (805) 981-5051
vchcp.memberservices@ventura.org

- To restrict the way we use or disclose health information about you in connection with health care operations, payment, and treatment. You also have the right to ask us to restrict disclosures to persons involved in your health care. In your request for a restriction, you must include (i) what information you want restricted, (ii) whether you want to limit the use, disclosure, or both, and (iii) to whom you want the limits to apply (for example, limit disclosures to your spouse only). Although we will consider your requests for restrictions, we are not required to agree to the restriction you request, except to the extent you request us to restrict disclosure to a health plan or insurer if the disclosure is for the purpose of carrying out payment or health care operations and you or someone else on your behalf has paid for the item or service out of pocket in full. Except with respect to restrictions on disclosures to a health plan or insurer where the purpose of the disclosure is to carry out payment or health care operations and you or someone else has paid for the item or service out of pocket in full, we may terminate any restriction we had previously agreed to. Any such termination will only be effective for information created or received after we inform you of the termination of the restriction.
- To inspect and obtain a copy of health information that is contained in a “designated record set” (including protected health information that is maintained electronically)—medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management, and other decisions. You are entitled to access your protected health information in the format requested by you (including electronically) unless it is not readily producible in such format, in which case it will be provided to you in another readable form. We may ask you to make your request in writing, may charge a reasonable fee (not to exceed our cost) for producing and mailing the copies.
Under certain circumstances, your request to inspect or obtain a copy of your protected health information may be denied. If your request is denied, you may request that the decision be reviewed.
- To amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. We may deny your request for an amendment if the information sought to be amended was not created by us, is not part of a “designated record set”, is not part of the information which you would be permitted to inspect or copy, or if we determine that the information sought to be amended is accurate and complete. If we deny the request, you may file a written statement of disagreement disagreeing with the denial and stating the basis for such disagreement. Your written statement of disagreement shall not exceed 250 words per alleged incomplete or incorrect item in your record. We will include your statement of disagreement with your “designated record set” that is the subject of the requested amendment.
- To provide a list of certain disclosures we have made about you, other than for our own uses for treatment, payment, and health care operations, and other exceptions authorized under law. Your request must be in writing and must state a time period which may not go back more than six years from the date of the request. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee for the cost of compiling the accounting. We will notify you of the cost involved and you may modify or withdraw your request at that time before any costs are incurred.

You may make any of the requests described above or may request a paper copy of this notice (even if you have agreed to accept this notice electronically), by calling the Member Services number on your ID card.

THIS NOTICE IS SUBJECT TO CHANGE

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all the information that we already have about you, as well as any information that we may receive or hold in the future. If we make a material change to our privacy practices, we will provide to you a revised notice in accordance with applicable law. We will post the revised notice on VCHCP’s website, vchealthcareplan.org.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

If you have any questions regarding this notice, you may also contact the Ventura County Health Care Agency’s (VCHCA) Privacy Office by phone at (805) 677-5241 or mail at:

Ventura County Health Care Agency HCA Compliance Office
Attn: HCA Compliance and Privacy Office
5851 Thille St.,Ventura CA 93003

COMPLAINTS

You may register a complaint with us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the VCHCA Compliance and Privacy Office, at 5851 Thille St.,Ventura CA 93003, (805) 677-5241. We will not retaliate against you for filing a complaint. For further information about the complaint process you may contact the VCHCA Privacy Office.

This notice was published and became effective on September 23, 2013.

This privacy policy was last updated on September 1, 2023.

MEMBERS' RIGHTS & RESPONSIBILITIES

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

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

For information regarding the Plan's privacy practices, please see the "HIPAA Letter and Notice of Privacy Practices" available on our website at: 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.