PROVIDER NEWSLETTER

WINTER ISSUE • DECEMBER 2023

VENTURA COUNTY HEALTH CARE PLAN

Featured in this issue

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 2023

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:

GSA Business Support/Creative Services

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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.

If a timely appointment is not available at any of our contracted clinics/facilities, then an out-of-network (OON) referral request should be sent by the referring provider to the Plan for authorization. The authorization request must include the details regarding the access issue and why an OON referral is required.

Note: *The referring provider may allow for an appointment outside of the timely access requirements if it will not be harmful to the patient's health. These instances must be documented in the patient's chart and communicated to the patient.*

Type of Care	Wait Time or Availability
Emergency Services	Immediately, 24 hours a day, 7 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 and Substance Use Disorder including nonurgent follow-up appointments with nonphysician mental health care or substance use disorder providers	Within 10 business days
Phone wait time for triage or screening by the provider office	Not to exceed 30 minutes
Wait time for enrollees to speak with a qualified Plan representative during business hours	Not to exceed 10 minutes

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

OFFICE ALLY

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

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 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?

How to Find a Provider

The online Provider Directory is updated weekly thus providing the most accurate information available. This can be found in our website vchealthcareplan.org via the "Find a Provider" link. For a printed copy of the directory contact Member Services at (805) 981-5050 or (800) 600-8247 or email VCHCP.Memberservices@ventura.org.

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

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

Language Assistance Services

Good communication between patients and providers is important, and VCHCP has processes in place to ensure free 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

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 August 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

2023 PROVIDER SATISFACTION with Behavioral Health Providers' Timeliness of Communication

The 2023 Provider Satisfaction Survey was completed, and we would like to thank the 66 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.

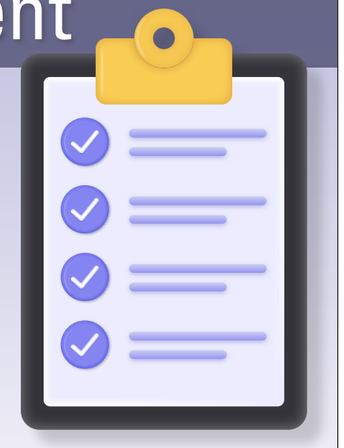
In collaboration with Optum Behavioral Health, we have implemented actions to improve provider satisfaction on the timeliness of feedback/reports from behavioral health providers to the Plan's Primary Care Physicians (PCPs). These actions include but not limited to the following:

- 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:
  - Optum Network Notes regarding the Important Information about Coordinating Care
  - PCP/Pediatric Provider Questionnaire Surveys regarding Behavioral Health Treatment and Referrals Survey Results and Interventions (Optum BH shares PCP/Pediatric Providers Survey Results to BH/Mental Health Providers for Coordination of Care)
  - 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.

2022 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 2022, the Plan is pleased to share that it succeeded in achieving multiple identified goals despite the challenges that were faced during the pandemic. To view the summary of our Quality Improvement Program Evaluation, please click this link:
vchealthcareplan.org/members/docs/AnnualQualityAssuranceProgramOverview.pdf

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.

VCHCP's 2022 HEDIS Results

FROM MEASUREMENT YEAR 2021 & 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 our members, disease and complications decrease.

Most notably, the majority of the 2022 HEDIS Preventive Final Rates from Measurement Year (MY) 2021 showcased improvement, echoing the positive trend of more members seeking preventive care as services resumed in 2021. Here, we delve into key accomplishments, challenges, and our vision tailored to support our invaluable health plan providers.

2022 Accomplishments from MY 2021

- Improvement in childhood and adolescent immunizations, cervical cancer screening, colorectal cancer screening, chlamydia screening, hemoglobin a1c testing and timely postpartum care.
- 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. 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.

2023 Goals

- Breast cancer screening: All women aged 40 and above should receive a screening mammogram every two years (except for those with a history of mastectomy).
- Colorectal cancer screening: All men and women aged 45 and above 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 Diabetes Care measures.

2023 Areas for Improvement

- Breast Cancer Screening
- Colorectal Cancer Screening
- Prenatal and Postpartum Care
- Diabetes Care Measures

2023 Planned Interventions include but not limited to the following:

- Continue outreach to you and to your patients when they need preventive health screenings.
- Postcard reminder to members in need of breast cancer screenings twice a year.
- Postcard reminder to members in need of colon cancer screening annually.
- Health coaching calls to diabetics including mailed information and resources along with access to Health Coach Nurses.
- Follow up care letter reminder to all moms who delivered viable babies.
- Birthday Card with Care Gap information 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 questions about HEDIS, please contact VCHCP at **(805) 981-5060**.*

Overuse/Appropriateness *of* HEDIS Measures

Helpful Documentation Tips for PCPs

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 results 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 patients 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

In our ongoing effort to ensure compliance and provide the best possible care for our members, we continue to adhere to the rigorous standards set forth by our regulatory agency, the Department of Managed Health Care (DMHC). Each year, we evaluate our performance using the Health Effectiveness Data Information Set (HEDIS) rates.

VCHCP remains committed to collaborating closely with our valued members and providers to further enhance care and improve HEDIS scores. To assist you in understanding and navigating the evolving HEDIS requirements for this year, we've updated the HEDIS Cheat Sheet. This indispensable guide provides explanations of HEDIS measure descriptions, relevant codes, and handy tips.

For the latest updates, please review all sections of the HEDIS Cheat Sheet. You can conveniently access this guide at: vchealthcareplan.org/providers/docs/HEDISCheatSheet.pdf

Moreover, for HEDIS measures pertinent to behavioral health disorders frequently detected in primary care, we've ensured that these are available on our website. You can view them at: vchealthcareplan.org/providers/docs/HEDISMeasuresSummaryForPrimaryCare.pdf

Your feedback, queries, and suggestions are crucial to us. If you have any questions or require additional information, please get in touch with our health services department by calling **(805) 981-5060**. We look forward to a productive year ahead and appreciate your continued partnership in delivering top-notch care to our members.

The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? Yes_____ No _____

If you answered "Yes" to the previous question, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the *past six months.*

1. How often do you use cannabis?

Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
0	1	2	3	4

2. How many hours were you "stoned" on a typical day when you had been using cannabis?

Less than 1	1 or 2	3 or 4	5 or 6	7 or more
0	1	2	3	4

3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

8. Have you ever thought about cutting down, or stopping, your use of cannabis?

Never	Yes, but not in the past 6 months	Yes, during the past 6 months
0	2	4

This questionnaire was designed for self-administration and is scored by adding each of the 8 items:

Question 1-7 are scored on a 0-4 scale
Question 8 is scored 0,2, or 4

Score: _____

Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

Assessing and Addressing Cannabis Misuse in Medical Practice

Cannabis is the most frequently used, federally illegal drug in the US. The lessening of legal restrictions in many states and changes in cultural norms are increasing its use (CDC.gov).

Primary care providers often face questions about cannabis use, including legal status and patient safety. M any health conditions can result from or be impacted by cannabis use. The following material offers guidance on assessment and care for individuals with cannabis use disorders.

The 2020 ASAM public policy statement on cannabis recommends that healthcare professionals should be trained to identify misuse of cannabis, including cannabis use disorder (CUD), raise awareness in patients to motivate change, and refer for treatment when CUD is identified.

STATISTICS AND KEY FACTS

- The cannabis plant contains more than 100 compounds (or cannabinoids). These compounds include tetrahydrocannabinol (THC), which is mind-altering, as well as other active compounds, such as cannabidiol (CBD), which is not impairing (does not cause a "high")
- An estimated 48.2 million people used cannabis in 2019, including pregnant and breastfeeding mothers
- Approximately 3 in 10 people who use cannabis have CUD (Hasin, et al., 2015)
- Individuals diagnosed with CUD may have a higher risk of negative consequences including deficits in attention, memory, and learning
- Cannabis use can be linked to increased medical and behavioral concerns such as stroke, heart disease, other vascular diseases, bipolar disorder, and psychosis (Starzer, et al., 2018). Drug to drug interactions are currently unknown

(CDC.gov; WDGpublichealth, 2019).

SCREENING FOR CANNABIS USE DISORDER

Assess & address if your patient is using cannabis for:

- Insomnia/sleep issues or nausea in pregnancy
- Pain management/ chronic pain
- Depression
- Anxiety

DELIVERY METHOD:
Ask about smoking, vaping, edibles or patches.

Patients who are using cannabis to self-medicate may develop worse outcomes.

Cannabis Use Disorder Identification Test – Revised (CUDIT-R) - An 8-item scale used to assess consumption, cannabis problems (abuse), dependence, and psychological features of cannabis use disorder.

(CDC.gov; WDGpublichealth, 2019).

Optum

Cannabis Use Disorder is characterized by a problematic pattern of cannabis use leading to clinically significant impairment or distress.

The following are signs of cannabis use disorder, according to the DSM-5/ICD-10 (APA, 2013):

- *Using more cannabis than intended*
- *Trying but failing to quit using cannabis*
- *Spending a lot of time using cannabis*
- *Craving cannabis*
- *Using cannabis even though it causes problems at home, school, or work*
- *Continuing to use cannabis despite social or relationship problems*
- *Giving up important activities with friends and family in favor of using cannabis*
- *Using cannabis in high-risk situations, such as while driving a car*
- *Continuing to use cannabis despite physical or psychological problems*
- *Needing to use more cannabis to get the same high*
- *Experiencing withdrawal symptoms when stopping cannabis use*

Referral to Treatment: **Your referral options vary based on the results of your assessment.**

Mild Use	Moderate Use	Severe Use
Ask about smoking, vaping, edibles or patches.	DSM 5 Cannabis Use Disorder Moderate 4-5 symptoms present	DSM 5 Cannabis Use Disorder Severe 6 or more symptoms present
✓ Screen patient for continued or increased use within **14 days**	✓ Ensure the patient has a follow-up appointment within **14 days** with you or a substance use provider to address use	✓ Refer patient to be seen within **14 days** for treatment with a substance use provider ✓ Patients discharging from an ED or higher levels of care for a cannabis use disorder need to be seen within **7 days**

Consider virtual visits for follow-up appointments
For assistance finding a substance use provider: Find your plan | Find Care (werally.com)

TREATMENT MODALITIES

The recommended treatment modalities for Cannabis Use Disorder are Cognitive Behavioral Therapy and Motivational Enhancement Therapy (NIDA, 2021).

- **Cognitive-behavioral therapy:** A form of psychotherapy that teaches strategies to identify and correct problematic behaviors, enhance self-control, stop drug use, and address other co-occurring problems
- **Motivational enhancement therapy:** A therapeutic intervention, using motivational interviewing, designed to motivate patients by activating their internal desire for change and engagement in treatment
- Design a treatment plan that is based on patient's strengths to promote engagement and recovery
- Research is growing on the use of off label medications and nutraceuticals in the treatment of CUD (NIDA, 2021)

ADDITIONAL RESOURCES - PROVIDERS

- Live and Work Well – Provider search and treatment/ recovery resources
- Cannabis Facts
- Colorado Dept. of Public Health "Marijuana: Health care provider resources"
- Cannabis Laws by State

RESOURCES TO SHARE WITH PARENTS

- Facts Parents Need to Know: Starting the Conversation
- Tips for Teens – Suggestions for addressing common assumptions about Cannabis
- Cannabis Prevention – Preventing cannabis use among youth and young adults
- Marijuana and Teens – AACAP information on cannabis use for parents and teens

SPECIAL POPULATIONS

ADOLESCENTS/YOUNG ADULTS

- For individuals who are predisposed to schizophrenia, cannabis use, especially during puberty, is linked with accelerating onset. (Fields, 2017)
  - "The higher the frequency of use, the data indicated, the earlier the age of schizophrenia onset. (Fields, 2017, para 2)
  - The higher the potency of the cannabis used, the greater the associated risk. (Starzer, et al., 2018)
- Use by adolescents/young adults is associated with higher risk of developing CUD. (AMA, 2020)
- Use by adolescents/young adults impacts brain development including reductions in thinking, memory and learning functions. (NIDA, 2019)
- Some adolescents/young adults may use to self medicate for psychological, physical or social problems; however, "there is no current scientific evidence that cannabis is in any way beneficial for treatment of any psychiatric disorder". (ASAM, 2020)

Assess and address the reason for use

- For those using cannabis to self medicate, encouragealternative treatment options for:
  - Insomnia/sleep issues, nausea in pregnancy
  - Pain management/ chronic pain/ nausea
  - Depression
  - Anxiety

PREGNANCY AND PRENATAL DEVELOPMENT

Persons who are pregnant or breastfeeding are encouraged to avoid using cannabis

- Chemicals from cannabis can be passed to a baby during pregnancy or through breast milk. (CDC.gov)
- Prenatal exposure is associated with long-term motor, mental health, and neurobehavioral problems including problems with learning and attention. (Baranger, et al., 2022)
- Physical effects include breathing problems, increased heart rate, and problems with child development during and after pregnancy. (NIDA, 2021)
- Some associations have been found between cannabis use during pregnancy and future developmental and hyperactivity disorders in children. (Paul, et al., 2021)
- Research has shown that pregnant women who use cannabis have a 2.3 times greater risk of stillbirth. (NIDA, 2022)
- Some women report using cannabis to treat severe nausea associated with their pregnancy; however, there is no research confirming that this is a safe practice, and it is generally not recommended. (NIDA, 2021)

Key Take Aways

- The American Academy of Pediatrics recommends that no one under age 21 use cannabis (AAP, 2023)
- Encourage parents, caregivers and relatives to set a good example by avoidinguse in children's presence and keeping cannabis products locked out of children's reach (AAP, 2023)
- Encourage pre-and post-natal visits
- Screen for postpartum depression

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Disease Management & Case Management Programs

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.

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

2023 PROVIDER SATISFACTION with Utilization Management

VCHCP performs a Provider Satisfaction with Utilization Management (UM) Survey annually. The 2023 survey was performed by Press Ganey (PG). VCHCP would like to thank the 66 providers who completed the survey, producing an overall response rate of 12.3%. 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 10a:

Access to knowledgeable UM Staff

Question 10b:

Procedures for obtaining pre-certification/referral/authorization information

Question 10c:

Timeliness of obtaining pre-certification/ referral/ authorization information

Question 10d:

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

Question 10e:

Access to Case/Care Managers from this health plan

There was an overall improvement in all areas of provider satisfaction with our Utilization Management. All categories met the internal benchmark of 75%. 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 pended cases to complete timely prior authorization review.
   - Medical Director reviews all pend and denial letters/determinations for appropriateness prior to sending to providers.

Pharmacy Updates

The Ventura County Health Care Plan's Pharmacy & Therapeutics Committee has recently approved a list of additions and deletions to the formulary. The list can be accessed here: vchealthcareplan.org/members/programs/docs/ProviderNotificationAddsAndDeletes.pdf

For the Plan's Drug Policies, updated Step Therapy, and Drug Quantity Limits, please visit vchealthcareplan.org/providers/providerIndex.aspx

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

Utilization Management Policy

Nonpharmacologic Pain Management Treatments

PURPOSE:
Assembly Bill 2585 – Nonpharmacological pain management treatment requires Ventura County Health Care Plan (VCHCP) to encourage the use of evidence-based nonpharmacological therapies for pain management.

Nonpharmacological Pain Management

The overarching goal of chronic pain management is to relieve pain and improve function. The National Pain Strategy (NPS) report recommends that management be integrated, multimodal, interdisciplinary, evidence-based, and tailored to individual patient needs. In addition to addressing biological factors when known, it is thought that optimal management of chronic pain also addresses psychosocial contributors to pain, while considering individual susceptibility and treatment responses. Self-care is an important part of chronic pain management. At the same time, the NPS points to the "dual crises" of chronic pain and opioid dependence, overdose, and death as providing important context for consideration and implementation of chronic pain management strategies. A vast array of nonpharmacological treatments is available for management of chronic pain. VCHCP's health plan benefits include nonpharmacologic services to treat pain. These interventions include and not limited to the following:

- Physical Therapy/Occupational Therapy
- Osteopathic Manipulative Treatment
- Acupuncture and Chiropractic Treatments*
- Behavioral Health Treatments for example, cognitive behavioral therapy or mindfulness-based stress reduction (MBSR). For more information, please visit Optum Behavioral Health's Live Work Well website: healthwise.net/liveandworkwell/Content/StdDocument.aspx?DOCHWID=cpain


MEDITATION


CHIROPRACTIC


ACUPUNCTURE


REIKI


REFLEXOLOGY


YOGA

**Chiropractic and acupuncture:*

When part of Plan coverage, chiropractic, and acupuncture treatments, arranged by Member, may be offset by reimbursement to the member of a portion of the practitioner's fee incurred by the member in receiving such therapy. Reimbursements are limited to a maximum per visit and an aggregate maximum per plan year.

VCHCP encourages the use of evidence-based nonpharmacological therapies for pain management such as physical therapy/occupational therapy, osteopathic manipulative treatment, acupuncture/chiropractic treatment and behavioral health treatments (as listed above). Providers and Members will be made aware of the above nonpharmacological interventions via the biannual newsletters.

References

Obtained from Optum's live work well
healthwise.net/liveandworkwell/Content/StdDocument.aspx?DOCHWID=cpain
effectivehealthcare.ahrq.gov/products/nonpharma-treatment-pain/research-protocol

Empowering Healthcare Providers:

EVIDENCE-BASED APPROACHES TO COMMON AILMENTS

Dear Healthcare Providers,

At the heart of patient care lies the importance of accurate diagnosis and effective treatment. We aim to equip you with insights into four key areas of focus, all rooted in evidence-based practices.

1. Respiratory Care:

Acute Bronchitis/Bronchiolitis and Upper Respiratory Infections: The Centers for Disease Control and Prevention (CDC), the National Institute for Health and Care Excellence (NICE), and the World Health Organization (WHO) indicate that most of the acute bronchitis, bronchiolitis, and upper respiratory infections are viral in nature. The misuse of antibiotics for these conditions not only proves ineffective but also heightens antibiotic resistance risks. It is vital to prioritize supportive care such as rest, hydration, and symptom management and ensure that antibiotics are prescribed only when genuinely warranted.

2. Pharyngitis Management:

Pharyngitis, commonly known as sore throats, often have a viral origin. The American Academy of Family Physicians (AAFP) and CDC stress the importance of discerning between viral and bacterial causes. They advocate for the use of rapid strep tests to guide treatment decisions. This approach ensures that antibiotics are utilized only when they can be truly effective.

3. Upper Respiratory Infections:

It is paramount to differentiate between viral and bacterial upper respiratory infections. With most of these infections, including the common cold and flu, being viral, antibiotics often prove unnecessary. Healthcare providers should rely on evidence-based guidelines to direct treatments, focusing on supportive measures for viral cases.

4. Low Back Pain (LBP) and Imaging:

When treating low back pain, both the AAFP and the American College of Physicians (ACP) highlight that immediate imaging, such as X-rays, MRIs, or CT scans, often isn't required. A comprehensive evaluation, identifying red flag symptoms and considering non-invasive treatments, can lead to more accurate and cost-effective care. By sidestepping unneeded imaging, we can reduce costs, minimize radiation exposure, and eliminate the potential for unsuitable treatments.

In conclusion, we underscore the significance of adhering to evidence-based guidelines and appreciate your dedication.

THANK YOU FOR YOUR CONTINUED COMMITMENT TO EXCELLENCE.

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*National Institute for Health and Care Excellence (NICE). (2022). Acute bronchitis: antimicrobial prescribing.

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*American Academy of Family Physicians (AAFP). (2022). Sore Throat and Low Back Pain.

*The American College of Physicians (ACP). (2017). Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline.

ENHANCING PATIENT ENGAGEMENT:

The Power of Motivational Interviewing

As healthcare professionals, one of our primary goals is to support our patients in making positive health behavior changes. Motivational Interviewing (MI) is a powerful communication approach that can significantly impact patient engagement and outcomes. By integrating MI techniques into your interactions with patients, you can foster a collaborative and patient-centered approach to care.

What is Motivational Interviewing?

Motivational Interviewing is a patient-centered, evidence-based communication style that empowers patients to explore their own motivations for change. Rather than telling patients what they should do, MI encourages them to express their own reasons for making positive changes in their health behaviors. By understanding patients' intrinsic motivations, you can better tailor your recommendations and support their progress toward achievable goals.

Key Principles of Motivational Interviewing:

1. Express Empathy: Demonstrate genuine empathy and understanding for your patients' perspectives, feelings, and challenges. A non-judgmental and supportive approach fosters a strong therapeutic alliance.
2. Develop Discrepancy: Help patients identify discrepancies between their current behaviors and their personal goals or values. Highlighting these discrepancies can enhance patients' motivation to change.
3. Roll with Resistance: Avoid engaging in confrontations or arguments with patients who express resistance to change. Instead, respect their autonomy and explore their concerns collaboratively.
4. Support Self-Efficacy: Believe in your patients' ability to make positive changes and reinforce their confidence in achieving their goals. Encouragement and support are essential in building self-efficacy.

Benefits of Motivational Interviewing:

Research studies have demonstrated that Motivational Interviewing can lead to several positive outcomes, including:

- ✓ Increased patient engagement and willingness to participate in shared decision-making.
- ✓ Enhanced adherence to treatment plans and recommended lifestyle modifications.
- ✓ Improved patient satisfaction and trust in healthcare providers.
- ✓ More sustainable and meaningful health behavior changes over the long term.

Integrating Motivational Interviewing into Practice:

To effectively implement Motivational Interviewing in your practice, consider the following strategies:

1. Practice Active Listening: Pay close attention to patients' words, emotions, and body language. Reflect their thoughts back to show that you understand and value their perspective.
2. Ask Open-Ended Questions: Use open-ended questions to encourage patients to express their thoughts, feelings, and goals freely. Avoid questions that can be answered with a simple "yes" or "no."
3. Elicit Patient's Ideas: Allow patients to share their own ideas and solutions regarding their health and well-being. Empower them to take an active role in their care.
4. Explore Ambivalence: Acknowledge that change can be challenging and that patients may have mixed feelings about it. Explore the reasons behind their ambivalence and work through them together.

By incorporating Motivational Interviewing techniques into practice, you can create a patient-provider partnership that inspires positive change and leads to improved health outcomes. Together, let's foster a patient-centered approach that empowers your patients to achieve their health goals and lead healthier lives.

Thank you for your commitment to delivering patient-centered care and continually seeking ways to enhance patient engagement. Together, we can make a positive impact on our patients' lives and well-being.

REFERENCES:

1. Rollnick, S., Miller, W. R., & Butler, C. C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York: Guilford Press.
2. Lundahl, B., & Burke, B. L. (2009). The effectiveness and applicability of motivational interviewing: a practice-friendly review of four meta-analyses. Journal of Clinical Psychology, 65(11), 1232-1245.

VCHCP MATERNAL MENTAL HEALTH PROGRAM

Purpose:

To ensure that maternal members are screened for maternal mental health conditions or issues including but not limited to post-partum depression during pregnancy or during post-partum period to improve diagnosis and treatment of such conditions or issues.

Scope:

Primary Care Providers (PCPs – including Nurse Practitioners and Physician Assistants) caring for maternal members and OB-GYN providers (including nurse midwife/midwife).

Policy:

VCHCP contracted providers (PCPs caring for maternal members and OB-GYN) are to adhere to the Assembly Bill Bi. 2193 SEC. 2. Article 6 (commencing with Section 123640). This includes:

1. By July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient shall ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions or issues.
2. For example, administration of a standardized depression screening tool such as PHQ-2 and/or the PHQ-9.
3. Results are to be recorded in the medical chart of the patient.
4. If the depression or other mental health issues screening result is negative but the maternal member and/or PCP or OB-GYN remains concerned, the PCP or OB-GYN should schedule a follow up visit and make the proper referral to Optum Behavioral Health.
5. If the depression or other mental health issues screening result is positive, refer for an appropriate comprehensive mental health evaluation.
6. The program was developed consistent with sound clinical principles and processes such as the use of standardized depression screening tools name PHQ-2 and/or PHQ-9 and Edinburg Postnatal Depression Scale (EPDS).

For VCHCP members, the maternal mental health screening is done by PCPs or OB-GYN providers. VCHCP providers will use their existing process to refer members to mental health providers such as Ventura County Employee Assistance Program (EAP) and OptumHealth Behavioral Solutions of California (OHBS-CA)/plan contracted providers.

In addition, your doctor may coordinate with OHBS-CA for additional behavioral health treatment as appropriate.

Your OB-GYN or primary care doctor will be trained regarding compliance with VCHCP's Maternal Mental Health Program via email/fax blast and VCHCP Provider Newsletter.

ADHD Screening and Follow-up Care for Children

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.

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*.

Recommended screening tools include:

- Vanderbilt Scale – *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.

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

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
Optum Intake and Care Management For Intake and Referrals
(800) 851-7407

OPTUM liveandworkwell

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.

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

Optum

Antidepressant Medication Screening & Management

We appreciate you taking an active role in screening your patients for depression

The American Psychiatric Association recommends patients complete the Patient Health Questionnaire (PHQ-9) screening tool

Use a screening tool

- The PHQ-9 can aid in identifying the severity of depressive symptoms, especially before prescribing medication
- The PHQ-9 instruction manual recommends consideration of medication only for those patients who score in the moderate to severe range (scores above 15)

See page 2 for a PHQ-9 scoring guide

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 > use access code "clinician"

Refer to a Mental Health Professional

You can request coordination of care and referrals for patients by calling the number on the back of the patient's health plan ID card or searching liveandworkwell.com > use access code "clinician"

Prior to prescribing an antidepressant for patients assessed to have Mild to Moderate Depression:

- Refer to supportive counseling as first treatment recommendation
- Encourage the use of self-help apps for depression. Apps are useful for symptom tracking, sleep and meditation, self-guided therapy, or other supports.

For patients assessed to have Moderate to Severe Depression:

- Consider prescribing an antidepressant
- Encourage follow-up visits to discuss medication side effects, response to treatment, and adherence. Consider telephonic check in with patients between in person visits.
- Review tips to increase medication adherence with patients. Help patients move past stigma and see treatment for mental health and physical health equally.
- Discuss barriers and identify solutions at the time of the prescription
- Encourage use of mail-order prescription fill. Remind your patients to sign up for refill reminders through their pharmacy, or utilize self-help apps for pill and refill reminders

Sources: Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*. 16(9):606-13. doi: 10.1046/j.1525-1497.2001.016009606.x.
American Psychiatric Association (2022). https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

Optum

Behavioral Health Referrals - Provider Types

Shorter Wait Times ← → Longer Wait Times

Therapist

Master's degree in mental health, social work, counseling or family therapy

Licensure type includes:

- Licensed clinical social worker (LCSW)
- Licensed mental health counselor (LMHC)
- Marriage and family therapists (LMFT)
- Licensed professional counselor (LPC)

Can give some tests and offer psychotherapeutic interventions

Cannot prescribe medications

Psychologist

Doctoral degree in Psychology (PhD, PsyD)

Can give mental health and psychological testing

Can offer psychotherapeutic interventions

Cannot prescribe medications

Mental Health Nurse Practitioner

Advanced Practice Registered Nurse with a Master's degree. Trained and licensed to practice in psychiatric care

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Can offer a range of services including diagnostic testing, psychotherapeutic interventions and medication management

Can prescribe medication

Psychiatrist

Medical Doctors who focus on the prevention, diagnosis and treatment of mental or behavioral illnesses

Medical degree with specialized training in mental health (MD, DO)

Can provide diagnostic testing, medication management, and offer psychotherapy

Most are board-certified in psychiatry and neurology

Can prescribe medications

Effectively coordinating care between treatment professionals can lead to improved health outcomes. Please be sure to have the member sign a release of information form.

You may use your own form or click here to access the Optum Confidential Exchange of Information form.

Optum

Care for individuals diagnosed with schizophrenia and/or prescribed antipsychotic medication

We appreciate you taking an active role in providing and monitoring treatment, including ordering screening and lab tests, for those diagnosed with schizophrenia and/or prescribed antipsychotic medications.

How You Can Help:

Individuals who are diagnosed with schizophrenia and/or prescribed antipsychotic medication must have metabolic/lipid testing after an initial diagnosis or prescription of antipsychotic medication, and then repeat annually.

Annual Testing Includes:

- **HbA1c or blood glucose**

AND

- **LDL-C or cholesterol**

Medication Adherence:

- Educate patients on the benefits of medication and common side effects
- Discuss how long it may take to see benefits from the medication
- Encourage patients to have an open dialogue about questions and concerns
- Stress the importance of remaining on medications even after they feel better
- Involve support persons when applicable
- Schedule appropriate follow-up visit to discuss medication adherence
- Call for reminders of upcoming appointment(s)

Refer to a Mental Health Professional:

- liveandworkwell.com - Patient education and mental health provider information, use guest access code "clinician."
- Call the provider phone number on the back of the patient's health plan ID card

Remember to ask for contact information for other treating providers in order to coordinate care, you may use this form to facilitate.

Resources:

- Tools and information about behavioral health issues are available on providerexpress.com
- Patient education is available on liveandworkwell.com use guest access code "clinician".

Recommendations are based on the National Committee for Quality Assurance HEDIS® specifications

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U. S. Behavioral Health Plan, California, doing business as OptumHealth Behavioral Solutions of California

VCHCP NETWORK Updates

For a full list of participating providers please see our website: vchealthcareplan.org/members/physicians.aspx or contact Member Services at **(805) 981-5050 or (800) 600-8247**.

NEW TO THE NETWORK

3M Medical Solutions, a DME supplier for Negative Pressure Wound Therapy Pump and Supplies, has been added effective September 2023.

Alexander De Castro-Abeger, M.D., an Ophthalmologist at Miramar Eye Specialists Medical Group in Camarillo, Thousand Oaks and Ventura, has been added effective September 2023.

Amalya Ramonas, F.N.P., a Nurse Practitioner at Anacapa Urology Clinic (VCMC) in Ventura, has been added effective February 2023.

Angelika DeSimone, F.N.P., a Nurse Practitioner at Ventura Orthopedics Medical Group in Simi Valley, has been added effective June 2023.

Artur Fahradyan, M.D., a Plastic Surgeon at Anacapa Plastic, Reconstructive, and Hand Surgery (VCMC) in Ventura, has been added effective August 2023.

Ashwinee Condon, M.D., a Gastroenterologist at Genesis Healthcare Partners in Camarillo and Oxnard, has been added effective October 2023.

Bavand Youssefzadeh, D.O., an Ophthalmologist at Access Eye Institute in Oxnard and Westlake Village, has been added effective August 2023.

Brittany Zeigler, N.P., a Nurse Practitioner at Alta California Medical Group in Simi Valley, has been added effective July 2023.

Carmen Stellar, M.D., a Family Medicine physician at Academic Family Medicine Center (VCMC) in Ventura, has been added effective August 2023.

Cassandra Thomas, M.D., a Hematology/Oncology specialist at Hematology-Oncology Clinic (VCMC) in Ventura, has been added effective April 2023.

Cedar Wilkening, P.A.-C, a Physician Assistant at Ideal Women's Health Specialist in Ventura, has been added effective August 2023.

Celeste Cole, P.A.-C, a Physician Assistant at Cardiology Associates Medical Group in Oxnard and Ventura, has been added effective August 2023.

Clark Wilkey, D.O., a Family Medicine physician at Dignity Health Medical Group in Ventura, has been added effective August 2023.

David Blitzer, M.D., a Vascular Surgeon at Pacific Cardiovascular & Vein Institute in Oxnard and Ventura, has been added effective September 2023.

Derek Oliver, P.A.-C, a Physician Assistant at Anacapa Plastics And Hand Reconstruction (VCMC) in Ventura, has been added effective March 2023.

Ellen Monaco, F.N.P., a Nurse Practitioner at Clinicas Del Camino Real Inc, El Rio in Oxnard, has been added effective September 2023.

Farridah Shafiee, D.O., an Internal Medicine physician at Alta California Medical Group in Simi Valley, has been added effective July 2023.

Fernando Beltran Oviedo, M.D., an Internal Medicine physician at Clinicas Del Camino Real Inc, El Rio in Oxnard, has been added effective August 2023

Jacqueline Vasquez, P.A.-C, a Physician Assistant at Clinicas Del Camino Real Inc, Karen R Burnham Health Center in Oxnard, has been added effective July 2023.

Keyi Jiang, M.D., a Pediatrician at Conejo Valley Family Medical Group (VCMC) in Thousand Oaks and Mandalay Bay Women & Children's Medical Group (VCMC) in Oxnard, has been added effective September 2023.

Kristen Motley, P.A.-C, a Physician Assistant at Clinicas Del Camino Real Inc in Moorpark, has been added effective September 2023.

Larissa Larsen, M.D., a Dermatologist at Medicine Specialty Center West (VCMC) in Ventura, has been added effective August 2023.

Laura Farhat, F.N.P., a Nurse Practitioner at Clinicas Del Camino Real Inc, Ojai Valley Community Health Center, has been added effective September 2023.

Lauren Rotkis, N.P., a Nurse Practitioner (PCP services) at Mandalay Bay Women & Children's Medical Group in Oxnard and (Gastroenterology specialty services) at Pediatric Diagnostic Center in Ventura, has been added effective September 2023.

Marli Taich, N.P., a Nurse Practitioner at Surfside Pediatrics in Ventura, has been added effective July 2023.

Mauricio Vargas, M.D., an Ophthalmologist at Access Eye Institute in Westlake Village, has been added effective August 2023.

Megumi Sugimoto, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc, in Ventura, has been added effective October 2023.

Nada Sarsour, P.A.-C, a Physician Assistant at Ideal Women's Health Specialist in Ventura, has been added effective August 2023.

Priscilla Lee, N.P., a Nurse Practitioner at Conejo Valley Family Medical Group (VCMC) in Thousand Oaks, has been added effective September 2023.

Rahil Dharia, M.D., a Dermatologist at Pacifica Center for Dermatology in Camarillo, has been added effective August 2023.

Ramona Bahnam, M.D., a Family Medicine physician at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, has been added effective May 2023.

Renuka Rudra, M.D., a Physical Medicine & Rehabilitation specialist at Boomerang Healthcare in Oxnard, has been added effective July 2023.

Robin Quinn, F.N.P., a Nurse Practitioner at West Ventura Medical Center (VCMC) in Ventura, has been added effective September 2023.

Roseann Tibbs, CNM, a Certified Nurse Midwife at Ideal Women's Health Specialist in Ventura, has been added effective August 2023.

Roze Room Hospice of the Valley, a Palliative Medicine facility in Reseda, has been added effective July 2023.

Roze Room Hospice of Ventura, a Hospice Care facility in Ventura, has been added effective July 2023.

Sabrina Brana, M.D., an Internal Medicine physician at Dignity Health Medical Group Ventura in Oxnard, has been added effective June 2023.

Sara Tom, F.N.P., a Nurse Practitioner at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, has been added effective September 2023.

Savannah Harris, N.P., a Nurse Practitioner at Cardiology Associates Medical Group in Ventura and Oxnard, has been added effective July 2023.

Sean Pearson, D.P.M., a Podiatrist at Scot L. Roberg, DPM in Ventura, has been added effective June 2023.

Second Wave Physical Therapy in Fillmore, has been added effective August 2023.

Shawnie Pascall, M.D., a Family Medicine Physician at Clinicas Del Camino Real Inc in Oxnard, has been added effective September 2023.

Shyam Kolangara, M.D., an Internal Medicine physician at Clinicas Del Camino Real Inc in Fillmore, has been added effective July 2023.

Soraida Rodriguez, N.P., a Nurse Practitioner at Anacapa Neurosurgery (VCMC) in Ventura, has been added effective February 2023.

Spectrum Dialysis, an Outpatient Dialysis facility in Reseda, has been added effective April 2023.

Srisawai Pattamakom, M.D., an Obstetrics and Gynecology specialist at Ideal Women's Health Specialist in Ventura, has been added effective August 2023.

St Johns Home Training, Outpatient Dialysis facility in Oxnard, has been added effective June 2023.

Stephanie Cekov, P.A.-C, a Physician Assistant at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula, has been added effective October 2023.

Susan Maxwell, M.D., an Obstetrics & Gynecology specialist at Southern California Reproductive Center in Santa Barbara, has been added effective July 2023.

Wendy-Ann Sylvester, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc, Roberto S Juarez Health Center in Oxnard, has been added effective September 2023.

Yennifer Gil Castano, M.D., an Internal Medicine physician at Clinicas Del Camino Real Inc, Ocean View in Oxnard, has been added effective August 2023.

Zachary Sharfman, M.D., an Orthopedic Surgeon at Ventura Orthopedic Medical Group in Simi Valley and Thousand Oaks, has been added effective September 2023.

Zeena Al-Tai, M.D., a Family Medicine physician at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, has been added effective May 2023.

LEAVING THE NETWORK

Aashika Rafanan, N.P., a Nurse Practitioner at Genesis Healthcare Partners in Camarillo and Oxnard, has left effective June 2023.

Adriana Parsons, F.N.P., a Nurse Practitioner at Ojai Valley Family Medicine Group in Ojai, has left effective July 2023.

Anya Trumler-Sebring, M.D., a Pediatric Ophthalmologist at Miramar Eye Specialists Medical Group in Camarillo, Oxnard, Santa Paula, Simi Valley, Thousand Oaks and Ventura, has left effective August 2023.

Bora Kim, M.D., an Internal Medicine physician at Dignity Health Medical Group Ventura in Oxnard, has left effective June 2023.

Donald Thomas II, M.D., a Cardiothoracic Surgeon at Dignity Health Medical Group Ventura in Oxnard, has left effective March 2023.

Helena Iarovicov, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc, La Colonia in Oxnard, has left effective June 2023.

John Thacher, M.D., a Dermatologist at Ventura Dermatology Medical Clinic in Ojai and Ventura, has left effective October 2023.

Jon Sherman, M.D., a Cardiovascular Disease specialist at Dignity Health Medical Group Ventura in Oxnard, has left effective April 2023.

Larissa Larsen, M.D., a Dermatologist at Pacifica Center for Dermatology in Camarillo, has left effective July 2023.

Lewis Kanter, M.D., an Allergy/Immunology specialist at Coastal Allergy Care in Camarillo, Simi Valley and Thousand Oaks, has left effective August 2022.

Lilly Mallare, M.D., an Obstetrics & Gynecology specialist at Santa Paula Hospital Clinic (VCMC) in Santa Paula, has left effective June 2023.

Lisabeth Carlisle, M.D., a Family Medicine physician in Oxnard, has left effective October 2023.

Louise Toutant, F.N.P., a Nurse at Clinicas Del Camino Real Inc in Oxnard, has left effective July 2023.

Mira Shishim, P.A.-C., a Physician Assistant at Anacapa Surgical Associates (VCMC) in Ventura, has left effective May 2023.

Nabeel Hameed, M.D., a Family Medicine physician at Moorpark Family Care Center (VCMC) in Moorpark, has left effective July 2023.

Noel Vierma, P.A.-C, a Physician Assistant at West Ventura Medical Clinic (VCMC) in Ventura, has left effective August 2023.

Norianne Pimentel, M.D., a Pediatric Neurologist at West Coast Neurology in Westlake Village, has left effective September 2023.

Regnar Madarang, N.P., a Nurse Practitioner at Clinicas Del Camino Real Inc, El Rio in Oxnard, has left effective May 2023.

Robin Evans, M.D., a Plastic Surgeon at Anacapa Plastics and Hand Reconstruction (VCMC) in Ventura, has left effective December 2022.

Sally Smith, M.D., a Pediatrician at Channel Islands Medical Group in Ventura, has left effective June 2023.

Sam Mikhail, D.O., a Family Medicine physician at Clinicas Del Camino Real Inc, in Oxnard, has left effective June 2023.

Sathy Bhavan, M.D., an Ophthalmologist at Jeffrey K. Luttrull, MD in Ventura, has left effective June 2023.

Savannah Harris, N.P., a Nurse Practitioner at Dignity Health Medical Group Ventura in Oxnard, has left effective June 2023.

Sheryl Dickstein, M.D., a Family Medicine physician at Academic Family Medicine Center (VCMC) in Ventura, has left effective August 2023.

Stephanie Cekov, P.A.-C, a Physician Assistant at Clinicas Del Camino Real Inc, Karen R Burnham Health Center in Oxnard, has left effective September 2023.

Subeer Wadia, M.D., an Interventional Cardiologist at Cardiology Associates Medical Group in Oxnard and Ventura, has left effective June 2023.

Tatum Vedder, R.D.N., a Registered Dietician Nutritionist at 360 Nutrition Consulting in Camarillo, has left effective July 2023.

Thomas Brugman, M.D., a Pulmonary Disease specialist at Ventura Pulmonary & Critical Care in Ventura, has left effective May 2023.

Tihele Walkowsky, M.D., an Obstetrics & Gynecology specialist at Clinicas Del Camino Real Inc in Ojai and Oxnard, has left effective July 2023.

Timothy Williamson, M.D., a Pediatrician in Ojai, has left effective October 2023.

Wendy-Ann Sylvester, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc, Roberto S Juarez Health Center in Oxnard, has left effective September 2023.

William Conway II, M.D., a Surgical Oncologist at Anacapa Surgical Associates (VCMC) in Ventura, has left effective April 2023.

Zade Batarseh, P.A.-C, a Physician Assistant at Ventura Orthopedic Medical Group in Simi Valley, has left effective January 2023.

CHANGES

Access Eye Institute in Oxnard, has moved to a new location within Oxnard, effective July 2023.

Adventist Health Physicians Network - Alamo Hills in Simi Valley, has moved to a new location within Simi Valley, effective November 2023.

Allergy, Asthma & Immunology Medical Group in Camarillo has moved to a new location within the same city, effective April 2023.

Channel Islands Medical Group in Ventura has changed their name and is now called Dean W. Smith, MD a Medical Corporation, effective November 2023.

Coastal Vascular Center in Simi Valley has moved to a new location within the same city, effective April 2023.

Comprehensive Spine & Sports Center in Oxnard is now called Boomerang Healthcare, effective May 2023. Location remains the same.

Darancare Health Corporation, a Home Health facility has moved to a new location within the same city, effective June 2023.

Insite Digestive Health Care in Camarillo and Oxnard are now called Genesis Healthcare Partners, effective May 2023. Locations remain the same.

Jerald C. Meeks, P.T., at Fillmore Physical Therapy in Fillmore have permanently closed their doors, effective June 2023.

Mission Home Health of Ventura LLC, a Home Health facility in Ventura has moved to a new location in Oxnard, effective August 2023.

Sunset Sleep Labs in Simi Valley, a Sleep Diagnostics facility has moved to a new location within the same city, effective April 2023.

Ventura Care Partners, a Palliative Medicine facility in Ojai and Ventura have permanently closed their doors, effective July 2023.

Westlake Village Dialysis in Westlake Village has permanently closed their doors, effective December 2022. Practitioner

STANDARDS FOR

MEMBERS' Rights & Responsibilities

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

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

For information regarding the Plan's privacy practices, please see the "HIPAA Letter and Notice of Privacy Practices" available on our website at: vchealthcareplan.org/members/memberIndex.aspx.
Or you may call the Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 to have a printed copy of this notice mailed to you.

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