

# PROVIDER BULLETIN

SUMMER 2021

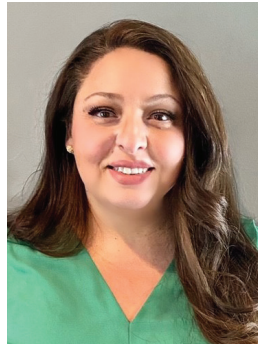


**Keep Patients Healthy with  
Preventive Care Benefits  
through VHP Coverage!**

**Read more on pg.4 inside!**



# Provider Relations Team!



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Santa Clara Valley Medical Center (SCVMC)  
Asian Americans for Community Involvement (AACI)  
Foothill/Tri Cities/BACH  
Gardner Health Center  
Indian Health Centers  
North East Medica Services (NEMS)  
Planned Parenthood  
Ravenswood/MayView/Roots  
School Health Centers  
Clinica de Salud  
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Advanced Surgicare, LLC  
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Montpelier Surgery Center  
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Plastic Surgery Institute (PSI)  
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Hospitals  
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Ambulance (AMR)  
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SVMD (formerly Verity Medical  
Foundation)  
El Camino - Los Gatos  
El Camino - Mountain View  
HCA - Regional Center of San Jose  
HCA - Good Samaritan Hospital  
Dialysis - Satellite; DaVita  
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Currently working as a Disaster  
Service Worker





## Defining the Post-Pandemic Healthcare Landscape: What's Next?



Dr. Ghislaine Guez, VHP Medical Director

In the Spring of 2020, Californians and indeed individuals everywhere paused for several months to shut down and slow the spread of the novel Coronavirus (SARS-COV2 or COVID-19). Routine patient visits for health maintenance ground to a halt and elective surgeries were suspended. Telehealth became a functional alternative to keep individuals connected to their physicians while keeping the risk of Coronavirus (COVID-19) spread to a minimum. And while the state has gradually reopened to some degree at various intervals over the course of the past 18 months, not everyone has resumed routine health care. Some people have developed unhealthy eating habits, alcohol use has increased, and exercise has diminished. Depression and anxiety are being reported in record numbers. What is to come in the months and years following the pandemic? As everyone in healthcare ponders this next phase, there are a few places we need to gain ground to keep the community safe and well.

- **Reconnecting with Patients for Routine Preventive Care Visits:** Preventive health measures, such as cancer screenings, blood pressure checks, and certain lab analyses in specific patient populations will need to be restarted. Encouraging our Members to receive preventive care has long been a focus for Valley Health Plan (VHP) and now more so than ever. VHP issued preventive health reminder mailings to IHSS workers in the Spring of 2021. We are refocusing on key metrics for HEDIS initiatives and working with Providers to create incentives for connecting

Members to this needed care. We invite you, our community of Providers, to reengage with your patient panels to close as many gaps in preventive care as possible. Preventive care recommendations do change over time; for example, the United States Preventive Services Task Force recently decreased the age for colon and rectal cancer screening to all adults ages 45 to 75 years. VHP hopes that every visit with a primary care physician (PCP) will spark the conversation about routine health checks, the need for preventive services, and the even closer monitoring of our Members with known conditions like diabetes and hypertension.

- **Behavioral health will need to be in focus:** Upon separating most of the population from in-person events (sports, concerts, birthday parties, museums, religious services), and asking families to limit holiday gatherings before the vaccine was widely available, we effectively shut off most of our population's normal coping strategies. Isolation was a form of safety during the pandemic, yet prolonged isolation can cause weariness at best, depression, anxiety, and suicidality at its worst. Making behavioral health screening assessments part of routine practice will help identify individuals who need more support. VHP's behavioral health network of Providers has grown during the pandemic, and our Case Management and Member Services Teams can help connect people to a behavioral health provider or network. Click to see [Patient Health Questionnaire-9: PHQ-9 \(English\)](#). Generally, a score of  $\leq 4$  may not require a referral for treatment.
- **Children must resume early childhood vaccinations (with catch-up if these were missed):** There is, at the time of this writing, the promise of in-person school returning to something resembling normal in the Fall of 2021. COVID-19 vaccination trials for children are underway – and the hope of pediatric vaccination for SARS-COV2 is on the horizon. Now is a good time to get infants and children in for routine childhood vaccinations. To create a no-wrong-door policy for vaccination, VHP has expanded our vaccine pharmacy network but will continue to directly reimburse Members for routine vaccinations when necessary. VHP would ask that if your office can vaccinate, please offer vaccines at every opportunity.
- **Healthy lifestyle choices are more important than ever:** While we joke that our pre-pandemic clothing does not fit, the truth is that many among us have taken on unhealthy habits during the pandemic. Weight gain, alcohol misuse, unhealthy food choices, poor sleep habits, and sedentary lifestyles are common. As our community reopens, it falls to the PCP to work with patients and their families to move toward a more normal way of life.

VHP counts on its relationships with Providers to assure that Members get what they need in the eventual post-pandemic healthcare landscape. As I like to ask - how can we help you keep our Members stay safe and well?

Case Management can be reached at [VHPCaseMgmt@vhp.sccgov.org](mailto:VHPCaseMgmt@vhp.sccgov.org)







Member Services can be reached by calling **1.888.421.8444**.

# Improving Quality Outcomes by Closing Gaps in Care: 2021 Areas of Focus

Patient activation and engagement have been shown to be a primary driver of positive health management and outcomes, particularly when engagement happens at the point of preventive screenings to ward off more serious disease.<sup>1</sup> VHP's goal is to partner with our Providers to improve population health and close gaps in care that have been exacerbated during the public health emergency. Several strategies we are focusing on implementing with our Provider partners are:

1. Member outreach to close gaps in care.
2. Support of operational workflows to help Members avoid missing appointments.
3. The sharing of data with our Providers to target and focus on population health care needs.

For 2021, VHP has chosen to focus on quality improvement and closing gaps in care across the following care domains:

	<b>Preventive Services/Screenings</b> <ul style="list-style-type: none"> <li>- Breast cancer</li> <li>- Cervical cancer</li> <li>- Colorectal cancer</li> <li>- Controlling high blood pressure</li> </ul>
	<b>Immunizations</b> <ul style="list-style-type: none"> <li>- Child and adolescent immunization</li> <li>- COVID vaccinations</li> </ul>
	<b>Well Visits</b> <ul style="list-style-type: none"> <li>- Children aged 0-30 months</li> <li>- Child and adolescent well-care visits</li> </ul>
	<b>Comprehensive Diabetes Care</b> <ul style="list-style-type: none"> <li>- HbA1c: poor control &gt;9.0; good control &lt;8.0; A1c testing</li> <li>- Eye exam</li> <li>- Blood pressure control (&lt;140/90)</li> <li>- Kidney care</li> </ul>
	<b>Behavioral Health</b> <ul style="list-style-type: none"> <li>- Antidepressant medication management</li> <li>- Follow-up after hospitalization for Mental Illness (FUH)</li> </ul>
	<b>Hospital Safety/Utilization</b> <ul style="list-style-type: none"> <li>- Targeted hospital-acquired conditions</li> <li>- Appropriate utilization: All-cause readmissions, length of stay, C-section rates</li> <li>- Avoidable ED Visits (diagnoses and volume)</li> </ul>

# Quality Improvement Intervention: Colorectal Cancer Screening

One of the quality measures that VHP is focused on for closing gaps in care throughout 2021 is colorectal cancer screening, as defined by the 2021 NCQA HEDIS measure specification. Regular screening and early intervention improve survival rates, however, many people do not want to go through the screening process.<sup>2</sup> The COVID-19 pandemic has significantly impacted colorectal cancer screening. Currently, a third of adults 50 – 75 years do not get the recommended screening.<sup>3</sup> A recent article published in The American Journal of Gastroenterology (2021) on colorectal cancer screening and COVID-19 revealed the national colorectal cancer screening rates dropped 86% initially and remained 36% lower than previous years.<sup>4</sup> In addition to these findings, the incidence of colorectal cancer in adults aged 40 - 49 years has been increasing.<sup>5</sup> On May 18, 2021, the USPSTF recommended screening adults 45 – 49 years as a Grade B recommendation. This recent information reminds all of us of the importance of preventive screening which can be accomplished through something as simple as a friendly reminder to Members of the benefits inherent in such a screening.<sup>6</sup> VHP would like to work with you to improve Member compliance in colorectal cancer screening to improve the health outcomes of our Members.



## Comprehensive Diabetes Control: HEDIS Performance Measure Set

Another area of focus for improving quality outcomes in 2021 for VHP is the comprehensive diabetes control (CDC) HEDIS performance measure set. Diabetes is a complex chronic disease, and if left unmanaged can lead to serious health complications and poor outcomes. According to the CDC, over the past decade, diabetes-related complications have increased among adults aged 18-64 years old.<sup>7</sup> Some strategies for improvement are:

1. Outreach to patients to schedule routine and follow-up appointments.
2. Complete necessary lab tests.
3. Coordinate care with specialists as needed.
4. Stress the importance of medication adherence.

VHP would like to partner with our Providers on improving health outcomes for our diabetic population, which will involve data sharing for population health needs, closing gaps in care, and provide case management support for A1c and blood pressure control.<sup>8</sup>





VHP will continue to send out communications and updates on the following areas as we develop them further this year.

- Gaps in care reports development and distribution.
- Program specifications and technical assistance, including pay-for-performance/value-based programs.
- Targeted quality improvement collaborative initiatives.

#### Bibliography:

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2. Vt NH. Colorectal cancer screening test use\* (%), adults 50 years and older by state, 2018. Cancer.org. Accessed May 20, 2021. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>
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## The Department of Health Care Services Extends Proposition 56: Funded Directed Payments for Medi-Cal Providers into 2022

#### Update:

**The Department of Health Care Services (DHCS) has decided to extend Medi-Cal Proposition 56 Directed Payment beyond 7.1.2021.** With this change, you will continue to qualify for enhanced/supplemental payments related to the services identified below if the services are provided and billed correctly on the claims or encounters submitted for VHP Medi-Cal Members.

#### Background

Beginning in 2017, The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) was passed by voters to increase the excise tax rate on cigarettes, electronic cigarettes, and other tobacco products, with a portion of that tax designated to fund various directed payment programs for Providers serving Medi-Cal Members. To qualify for these payments, you must provide the services outlined in each of the All-Plan Letters (APLs) defined for each program, and then bill for those services when submitting your claims or encounters. Payment for the following programs will be made to you by Santa Clara Family Health Plan.

#### Summary

To obtain detailed information on each program and to access the related APLs, please click on the links provided below:

#### **Physician Services** (submitted on the 274 file to DHCS)

Included – Contracted Providers

Excluded – Non-Contracted Providers, FQHCs, and RHCs

#### **Developmental Screening** (submitted on the 274 file to DHCS)

Included – Contracted Providers, FQHCs, RHCs

Excluded – Non-Contracted Providers

#### **Adverse Childhood Experiences (Trauma)** (submitted on the 274 file to DHCS)

Included – Contracted Providers, FQHCs, RHCs (must be ACE trained) [Link to training](#)

Excluded – Non-Contracted Providers

#### **Family Planning Services**

Included – Contracted Providers, Non-Contracted Providers

Excluded – FQHCs and RHCs

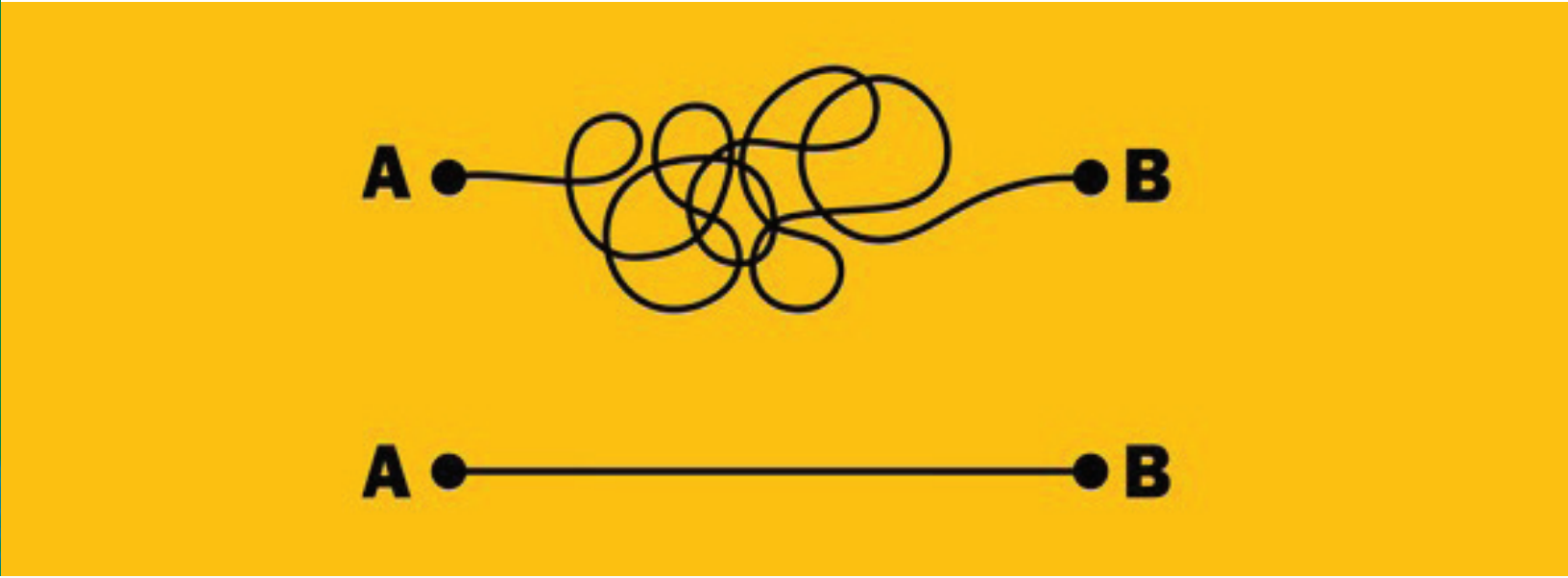
#### **Value-Based Payments** (submitted on the 274 file to DHCS)

Included – Contracted Providers

Excluded – Non-Contracted Providers, FQHCs, and RHCs

DHCS provides guidance and other requirements on how funds are to be distributed to eligible Providers through APLs. Contracted Providers who bill the codes outlined in the APLs are eligible to receive Proposition 56 supplemental payments. The information provided above is only a guideline for which Providers qualify for which programs and the training requirements to qualify for the Trauma Screening for Adverse Childhood Experience program.





## New Nicotine Replacement: “Quit Nicotine Program”

VHP wants to be sure you know of our “Quit Nicotine” program, which is available to our Commercial Classic and Preferred, Covered CA, and IFP Members. We are aware that COVID-19 and other environmental stressors can lead to tobacco and nicotine addiction. Consequently, VHP has expanded the education provided to our Members and is currently scheduling one on one outreach meetings via Zoom. We want to offer solutions and provide support to those who smoke, vape, or chew tobacco.

We are here to help our Members by providing emotional support, identifying triggers, and offering pharmaceutical guidance. Many nicotine replacement therapy (NRT) prescriptions will be covered through VHP at no cost. Each referred Member will receive a personalized experience with a Health Educator to assist in choosing a medication that is right for the Member as well as provide information on how to use it safely.

Our goal is to educate Members to make healthy choices and changes to improve their overall health. To take advantage of this service, please refer Members to [healtheducation@vhp.sccgov.org](mailto:healtheducation@vhp.sccgov.org) or contact the Health Education Department directly by calling **1.408.885.3490**.

**Choose Health, Live Well.**  
**VHP Health Education Department**

## VHP Nurse Advice Line: No Cost to Members!

A 24/7 Nurse Advice Line is available at no cost to VHP Members and is an excellent resource for guidance, especially outside normal business hours. If you have Members who have questions about when and where they should seek medical care, and want guidance on appropriate next steps based on their symptoms, please direct them to VHP’s 24/7 Nurse Advice Line. Please also remember to direct the VHP Member to call the Nurse Advice Line *specific to their plan*, as listed below, and be prepared to share their VHP Member Identification Number, which is located on the Member’s ID card.

- **Employer Group, Commercial Classic and Preferred: 1.866.682.9492 (toll-free)**
- **Covered California and Individual & Family Plan: 1.855.348.9119 (toll-free)**
- **Santa Clara Family Health Plan, Medi-Cal: 1.877.509.0294 (toll-free)**

## Coordination of Benefits (COB): Simplifying the Process from A to B!

Coordination of benefits (COB) is the practice of ensuring that insurance claims are not paid multiple times when an individual is covered by two health plans or multiple insurers at the same time.

VHP coordinates benefits for Members who are covered under two or more health insurers. When there is COB, VHP shares the cost of authorized services covered under VHP with the other insurer. Members may be able to receive up to 100 percent coverage. If services are not covered by VHP, the Member may be covered through the secondary insurance.

- When VHP is primary, the benefits of the plan are determined and applied to the cost of care without consideration of the secondary payor.
- When VHP is secondary, VHP will coordinate coverage with the Member’s primary plan and may cover the cost of care up to, but not to exceed, the Provider’s full billed charges and in accordance with VHP’s payment guidelines or Provider agreement with VHP.
- State law requires Medi-Cal to be the payor of last resort. If another insurer has been identified, that entity is required to process the claim prior to billing Medi-Cal.

When submitting a claim to VHP for any service partially paid or denied by the Member’s primary health insurer, a copy of the explanation of benefits (EOB) and Remittance Advice (RA) or denial letter must accompany each claim for services that are covered by VHP’s scope of benefits.

The EOB, RA, or denial letter must state the following:

- Name and address of insurance plan
- Statement of denial or payment amount
- Procedure or service rendered and denial date
- Date of service
- Provider information, including name, address, etc.

# How to Access VHP's Online Eligibility & Benefits Verification Portal: **Valley Express for VHP Members**

To minimize denied or rejected claims, VHP conducted a root cause analysis and found that one of the primary reasons a claim is rejected is due to incomplete or inaccurate eligibility information. The Valley Express (VE) portal is an easy-to-use, quick and efficient way to look up a Member's eligibility and benefits.

To avoid a claim rejection, we ask that prior to rendering services to VHP Members, that you and/or your office staff verify that the Member is currently insured by VHP and that the services being requested are part of that individual's benefit plan as described in the **Provider Manual** and/or **Evidence of Coverage (EOC)**.

Verification of a Member's eligibility prior to rendering care will also help you:

- Ensure that you submit the claim to the correct health plan.
- Allow you to identify and collect correct copayment, coinsurance, and/or deductible amounts, if applicable.
- Determine if a referral and prior authorization or notification is required.
- Reduce claims payment denials for non-coverage.
- Identify when there is a potential for other health coverage for the Member.

To verify a VHP Member's eligibility and benefits, log on to VE at [www.vhpvalleyexpress.com/vhp/](http://www.vhpvalleyexpress.com/vhp/). If you are not currently set up with VE, please take the following steps to acquire access.

**STEP 1** – Complete the Valley Express Access Request Form, which can be found online at:

[www.valleyhealthplan.org/sites/g/files/exjcpb771/files/ve-ext-access-req-frm.pdf](http://www.valleyhealthplan.org/sites/g/files/exjcpb771/files/ve-ext-access-req-frm.pdf).

**STEP 2** – Submit your completed form via email to [VEAccess@vhp.sccgov.org](mailto:VEAccess@vhp.sccgov.org).

You will receive an email from VHP advising that your account has been created. Processing of VE access requests can take up to seven business days.

For more information or questions regarding completion of the Valley Express Access Request form or to request VE training, contact Provider Relations at **1.408.885.2221** or reach out to your Provider Relations Specialist (PRS).

Other methods to verify a VHP member's eligibility are:

- Contact VHP's Member Services Call Center for verbal eligibility verification Monday through Friday, 8:00 am to 5:00 pm (Pacific) at **1.888.421.8444**.
- Check the most current monthly eligibility report sent via Secure File Transfer Protocol (SFTP) reflecting Members assigned to PCPs affiliated with medical groups/IPAs; or
- Check the Member's VHP insurance identification card (ID Card) prior to services being rendered. However, possession of an ID card is not proof of eligibility. VHP will deny payment for health care services rendered to ineligible Members.

When verifying insurance eligibility in person, use the Member's information located on the front of the

identification (ID) card to check and verify the Member's:

- Plan and Network
- Name
- Date of birth
- Identification (ID) number
- Current address

See below for examples of VHP member ID Cards and where to identify verification information:

## Sample ID Cards

### Employer Group - Classic & Preferred Plans

#### Front Side

The image shows the front side of a VHP ID card for an Employer Group Plan 2021. The card is white with a purple header. It contains the following information:

- 1. VHP Brand:** Valley Health Plan logo.
- 2. Identification #:** 999999900081
- 3. Plan:** Commercial Preferred Plan
- 4. Network:** SCCIPA
- 5. Primary Care Provider (PCP):** Dr. Jane Doe
- 6. PCP Office Phone Number:** 555-555-5555
- 7. Member Information:** Member Name: John Smith, DOB: 01/29/1919, Gender: M
- 8. Rx Group #:** VHPA, RxBIN# 610602, RxPCN# NVT

- 1. VHP Brand:** Identifies VHP as the Member's health plan.
- 2. Identification #:** Member's unique identification with VHP.
- 3. Plan:** Identifies the applicable benefit plan name. Different plans may have different co-pays, co-insurance, deductibles and Provider Networks.
- 4. Network:** Identifies the network of Providers to which the member has been assigned. Members should be referred in-network, except as described in this Provider Manual.
- 5. Primary Care Provider:** Member's assigned primary health care provider.
- 6. Rx Group #:** Information required for prescription claims processing  
**Rx Bin #:**  
**RxPCN #:**

#### Back Side

The image shows the back side of the VHP ID card. It contains the following information:

- 7. Member Section:** Lists benefit plan contact numbers for members.
- 8. Pharmacists & Providers Section:** Lists the PBM contact number and claims submission information.
- Disclaimer:** This card is issued to VHP Member for identification purposes only. The provisions of health plan benefits are subject to the terms and conditions of the Service Agreement. For eligibility and benefits information, or for Primary Care Physician (PCP) or Mental Health appointment phone numbers and information, please visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or call VHP Member Services.
- Members:**
  - VHP Member Services: 1.888.421.8444 (toll-free)
  - 24/7 Nurse Advice Line: 1.866.682.9492 (toll-free)
  - Navitus Customer Care: 1.866.333.2757 (toll-free)
  - MDLIVE Telehealth: 1.888.467.4614 (toll-free)
- Pharmacists & Providers:**
  - Navitus Customer Care: 1.866.333.2757 (toll-free)
  - Provider Claims Status: 1.408.885.4563
  - Submit medical claims to: VHP Claims, P.O. Box 26160, San Jose, CA 95159
  - Electronic Claims: VHP Clearinghouse UHIN Trading Partner #: HT007700-01
  - VHP Payor ID: VHP01
- Emergency Contact:** Call 911 in the case of an emergency. If admitted to a hospital, a provider must call 1.855.254.8264.

- 7. Member Section:** Lists benefit plan contact numbers for members.
- 8. Pharmacist and Provider Section:** Lists the PBM contact number and claims submission information.

\*As identified in the Evidence of Coverage for the specific VHP benefit plan.

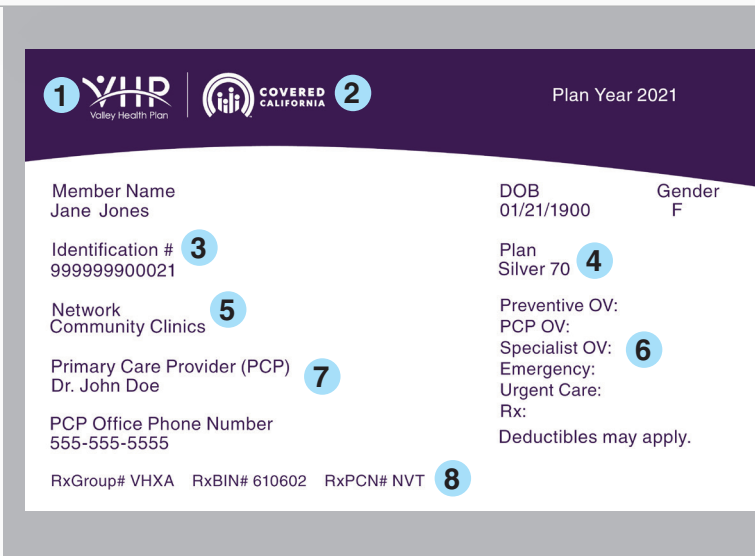




# Sample ID Cards

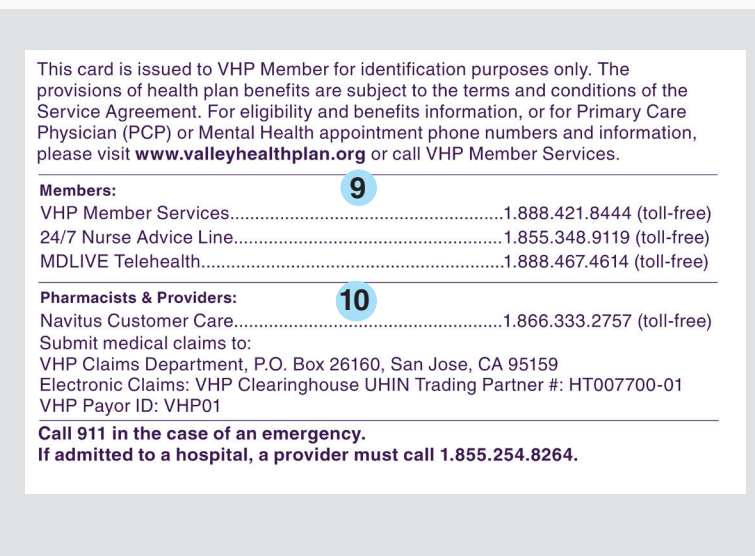
## Covered California Plan

### Front Side



- VHP Brand:** Identifies VHP as the member's health plan.
- Covered California Brand:** Identifies that member has coverage through Covered California
- Identification #:** Member's unique identification with VHP.
- Plan:** Identifies the applicable benefit plan name. Different plans may have different co-pays, co-insurance, deductibles and provider networks.
- Network:** Identifies the network of providers to which the member has been assigned. Members should be referred in-network, except as described in this Provider Manual.
- Preventive OV:** The co-payment required, if any, for plan benefits.\*  
**PCP OV:**  
**Specialist OV:**  
**Emergency:**  
**Urgent Care:**  
**Rx:**
- Primary Care Physician:** Member's assigned primary health care provider.
- Rx Group #:** Information required for prescription claims processing  
**Rx Bin #:**  
**RxPCN #:**

### Back Side



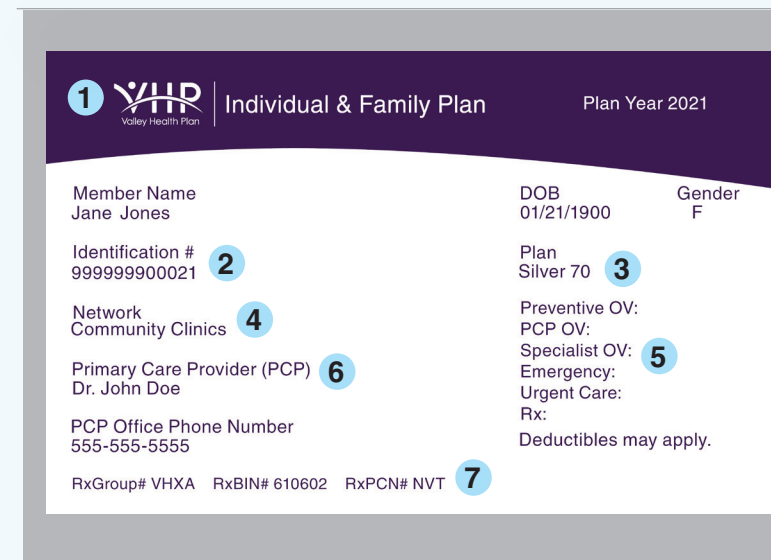
- Member Section:** Lists benefit plan contact numbers for members.
- Pharmacist and Provider Section:** Lists the PBM contact number and claims submission information.

\*As identified in the Evidence of Coverage for the specific VHP benefit plan.

# Sample ID Cards

## Individual & Family Plan

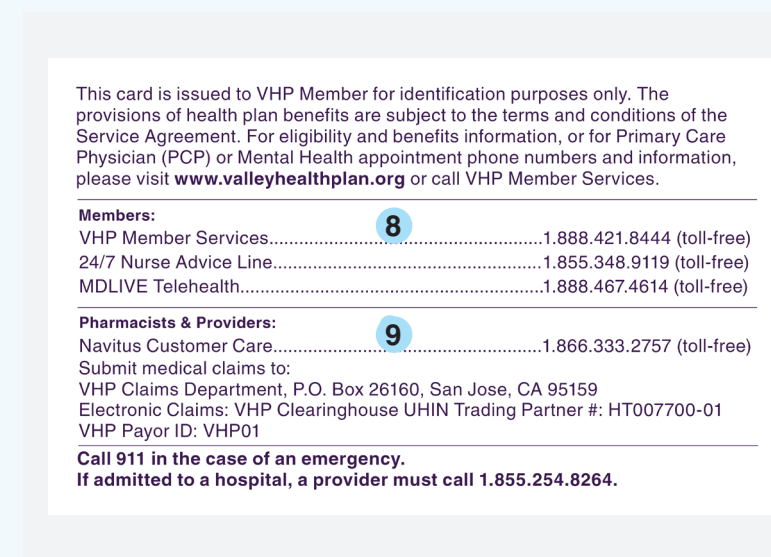
### Front Side



- VHP Brand:** Identifies VHP as the member's health plan.
- Identification #:** Member's unique identification with VHP.
- Plan:** Identifies the applicable benefit plan name. Different plans may have different co-pays, co-insurance, deductibles and provider networks.
- Network:** Identifies the network of providers to which the member has been assigned. Members should be referred in-network, except as described in this Provider Manual.
- Preventive OV:** The co-payment required, if any, for plan benefits.\*  
**PCP OV:**  
**Specialist OV:**  
**Emergency:**  
**Urgent Care:**  
**Rx:**
- Primary Care Physician:** Member's assigned primary health care provider.
- Rx Group #:** Information required for prescription claims processing  
**Rx Bin #:**
- Member Section:** Lists benefit plan contact numbers for members.
- Pharmacist and Provider Section:** Lists the PBM contact number and claims submission information.

\*As identified in the Evidence of Coverage for the specific VHP benefit plan.

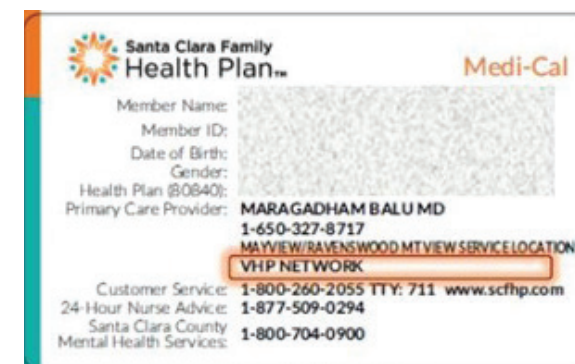
### Back Side



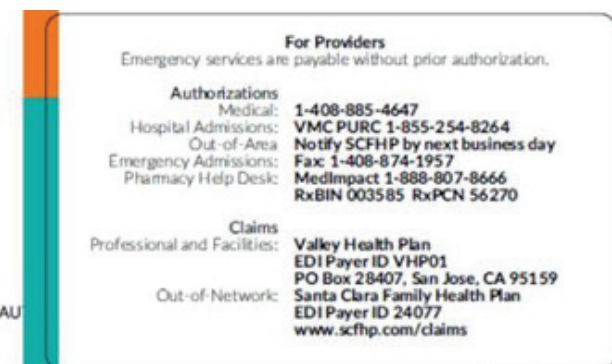
# Sample ID Cards

## Medi-Cal

### Front Side



### Back Side





## Update: VHP Medi-Cal Rx Pharmacy Transition Update

Commencing January 1, 2022, the Department of Health Care Services (DHCS) is transitioning Medi-Cal pharmacy benefits and services from the Medi-Cal managed care plans to the Medi-Cal fee-for-service program through Magellan Medicaid Administration, Inc. (Magellan), the state's pharmacy benefits manager (PBM). Under the new program, Medi-Cal Rx, claims for outpatient prescription drugs, certain medical supplies, and enteral formulas will be submitted directly to Magellan; and most physician administered drugs (PADs) may also be submitted directly to Magellan.

DHCS' purpose of transitioning pharmacy benefits and services to Medi-Cal Rx will among other things:

- Standardize the state's Medi-Cal pharmacy benefits and services under a single PBM
- Improve access to pharmacy services with a pharmacy network that includes approximately 94% of the state's pharmacies
- Apply statewide utilization management protocols to all outpatient drugs
- Strengthen the state's ability to negotiate state supplemental drug rebates with drug manufacturers

For dates of services starting January 1, 2022, Valley Health Plan (VHP) will require Providers to bill Magellan for the following covered pharmacy benefits on a pharmacy claim:

- Covered outpatient drugs
- Enteral nutritional formula
- Certain medical supplies

For dates of services starting January 1, 2022, providers may directly bill Magellan for the following covered pharmacy benefit on a pharmacy claim:

- Physician administered drugs

For dates of service starting January 1, 2022, VHP will allow the following covered benefits to be billed under the medical benefit and billed to VHP:

- PADs that are not covered through Magellan;
- Infusion associated costs for PADs approved by Magellan; and
- Enteral nutrition supplies: pumps and tubing.

You can learn more about Medi-Cal Rx and training a [Medi-Cal Rx](#) on the DHCS website. Please check the website frequently as more information will become available as January 1, 2022 approaches. Upcoming features may include electronic prior authorization and tools such as drug look-up and eligibility look-up.

For more information, please visit [Medi-Cal Rx: Transition](#) on the DHCS website.

If you have questions regarding this update, contact the VHP Provider Relations Department at **1.888.421.8444**.



## Inbound Provider Roster Template: New Format & Monthly Process

Provider Relations is in the process of reaching out to its contracted provider groups and IPAs regarding an upcoming inbound provider roster template data element change. The changes to VHP's data submission protocol are because of state and federal requirements including, for example, Senate Bill No. 137 regarding the accuracy and completeness of the data VHP incorporates into its Provider Directory. VHP is also obligated to include information about handicap accessibility, the board certification status of the Provider, as applicable and other information that Members may use to select their PCP or network, including by way of example only services/specialties, availability of services, locations, hours of operation, provider demographics, and facility privileges. Your Provider Agreement and/or VHP's Provider Manual requires the submission of a complete provider roster monthly.

VHP requires that completed inbound provider roster templates be submitted to your assigned Provider Relations Specialist (PRS) monthly between the 15th of the month to the 25th of the month. Once the inbound provider roster template has been received by your assigned PRS, the PRS will review the template for completeness, changes, adds, and deletions and will reach out to you for any missing data elements prior to inclusion in the Provider Directory or initiating the credentialing process, if applicable. You can expect to see the changes in the VHP Provider Directory no later than one week following submission of the inbound provider roster template, or more frequently, if required by federal law.

The next phase of this Provider Directory improvement initiative is the development of an out-bound provider roster reflecting the data elements that are loaded in the VHP claims processing system and represented in VHP's Provider Directory. Once implemented, the outbound provider roster can be used by the medical group/ IPA to review and validate the accuracy of the data and advise VHP of any required data element changes.

VHP is excited to partner with you on this improvement initiative and looks forward to receiving your feedback on this change through conversations with your PRS. Your input and partnership in implementing this process is highly valued by VHP and we look forward to hearing your feedback and opportunities for further improvement.

**Please note:** Generally, a condition for participation in VHP's provider network is admitting privileges at a contracted ambulatory surgery center or hospital, or a formal admitting arrangement with another VHP contracted provider.

**Spotlight:**  
**Dr. Stephanie Williams, PHD**



Clinical Director, Integrated Psychological Assessment Services

Gilroy, CA

Dr. Stephanie Williams graduated from Pacific Graduate School of Psychology at Palo Alto University (PAU) with a Ph.D. in Clinical Psychology. She also earned a Masters of Arts Degree in Forensic Psychology from The Chicago School of Professional Psychology (TCSP). She is a full professional member of the American Psychological Association, Society for Police and Criminal Psychology, and American Psychology Law Society. Dr. Williams completed advanced clinical training in neuropsychological assessment, police and public safety psychology, risk assessments, and short-term focused therapy. Her areas of competency include women of color, clinical and forensic assessment, and police and public safety work.

Dr. Williams is the founder and clinical director of Integrated Psychological Assessment Services (IPAS), a niche group practice that serves residents of South Santa Clara County. The mission of IPAS is to provide insurance-covered quality mental health services to the Black, Indigenous, Persons of Color (BIPOC) and Marginalized Genders (MaGe) communities. IPAS staff participate in advanced cultural competency training to assist in addressing the unique needs of their clients using an antiracist approach to therapy, assessment, and research. IPAS clinicians specialize in the mental health treatment of police and public safety personnel of color.

Therapeutically, Dr. Williams focuses on helping people find their voice. She uses a relational approach to help clients understand their needs and address interpersonal patterns that are no longer bringing them joy. Dr. Williams specializes in working with people with depression, anxiety, and co-parenting concerns. In addition to her therapy services, Dr. Williams provides psychological assessments examining an array of cognitive, achievement, and behavioral functioning for various settings including, but not limited to, school districts, court systems, and hospitals. Dr. Williams is an internship coach and clinical supervisor, supporting trainees and associate licensed clinicians with professional and career development.

Personally, and professionally, Dr. Williams believes in the restorative and healing power of psychology in all its forms (e.g., research, assessment, and therapy) and has dedicated her work to moving issues of social justice forward in the treatment room as well as in public service. Dr. Williams is a Captain in the United States Army Reserve serving as a clinical psychologist to a combat stress unit. Dr. Williams also serves on the board of Razing the Bar, a nonprofit that aims at reducing homelessness of aged-out foster youth, and represents District 1 on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) task force. Dr. Williams continues to strive for inclusivity in the field of mental health and hopes to continue to build bridges to communities that historically had reservations about the benefits of therapy and assessment.





## 2021 My Timely Access Surveys: Access & Availability, After-Hours, & Provider Satisfaction

### Survey Period - July-October

On an annual basis, the California Department of Managed Health Care (DMHC) requires that VHP survey its contracted Providers on their ability to meet wait-time standards for access and availability of appointments/ services, after-hours messaging and response time, and the Providers' overall satisfaction with the plan. The primary intent of these regulations and the underlying legislation is to ensure that VHP's network of Providers has the capacity and availability to provide care to its Members within the specified timeframes for the various levels of care listed on pg. 21. We understand that due to meeting your scheduling demands, you may need to schedule a Member for an appointment with a wait time that exceeds the standards listed on pg. 21. This is always possible if the reason for the delay is noted in the Member's medical record that a longer wait time will not be harmful to the Member's health.

VHP would also like to remind you that it is important that when Members call your office after-hours that there is an outgoing message or live operator stating that the Provider will respond in 30 minutes or less to the Member's inquiry, as well as a message that states that the Member should hang up and call 911 in the case of an emergency.

As noted above, VHP provides health care advice for its Members via the 24/7 Nurse Advice Line including holidays and weekends. The contact information is noted above.

Use the link provided to review VHP's provider performance reports for survey year 2020. [My 2020 Provider Appointment and Availability Summary Report](#). If you have any questions on the survey standards, expectations, and/or survey timeframe please contact Provider Relations at **1.408.885.2221** or reach out to your assigned PRS.

## SB 855: Coverage Requirements

In compliance with SB 855, VHP is adopting the review criteria for behavioral health services from the American Society of Addiction Medicine (ASAM), the American Association of Community Psychiatrists, and the American Academy of Child and Adolescent Psychiatry in addition to the current guideline from the World Professional Association for Transgender Health (WPATH). We are in the training process for our health plan subject matter experts and supervisors and will soon be expanding further to staff training. VHP is partnering with other health plan networks to sponsor formal education programs that will eventually be available to other stakeholders, including our network Providers and health plan Members. Stay tuned in the coming months for more information.

Please take time to read and review the following California Timely Access Standards.

Appointment Scheduling	Waiting Time
Emergency Services	Immediately
Urgent Care appointments that require prior authorization from a Primary Care Physician (PCP)	96 hours of request
Non-urgent appointments with a PCP	10 business days of request
Non-urgent appointments with a Specialty Care Physician (SCP) including Obstetrical Care	15 business days of request
Non-urgent appointments for Ancillary Services (for diagnosis or treatment of injury, illness or other health condition)	15 business days of request
Office/Clinic Wait Time ( <i>From appointment registration time to when seen by the practitioner/doctor</i> )	30 minutes (VHP Standard)

Availability of Behavioral Health Care Practitioners	Waiting Time
Life-Threatening Emergency	Immediately
Non-life threatening emergency	6 hours
Urgent Care appointments	48 hours of request
Non-urgent appointments with a non-physician Behavioral Health Care Practitioner (Psychologist, MFT, LCSW) includes Psychiatrists	10 business days
Office/Clinic Wait Time ( <i>From appointment registration time to when seen by the practitioner/doctor</i> )	30 minutes (VHP Standard)

# Improved Acupuncture & Chiropractic Benefit Structure: Commercial & Medi-Cal Members

VHP has made changes to the benefit structure and prior authorization requirements for services provided by acupuncturists and chiropractors. These changes are intended to improve the ease of access to VHP's Members for these services, while also giving VHP contracted Providers the ability to secure prior authorization for a higher volume of services at one time and eliminate the monthly benefit limit of two visits per month.

**Effective date:** All claims processed on or after 8/1/21



## Acupuncture

**Applicable programs:** Commercial Classic, Commercial Preferred, Covered California (CoCA), Individual and Family Plan (IFP), and Medi-Cal

**Limits:** VHP is allowing 24 visits per calendar year. There are no age or diagnosis limits. For Medi-Cal Members, the two-visit-per-month limit is no longer applicable.

**Prior Authorization:** For contracted Providers, the first 12 visits do not require prior authorization. Starting with the 13th visit, prior authorization is required. Prior authorization is still required for non-contracted Providers.

**Coding:** Reimbursable codes include: 97810, 97811, 97813, 97814. Any other services billed (e.g., office visits, x-rays, therapies, etc.), will not be reimbursed and may be denied.

**Member Cost Share:** For CoCA, IFP, and Commercial Classic and Preferred Members deductibles, coinsurance, and copayments may apply. Refer to the product-specific **Evidence of Coverage (EOC)** for member cost-share amounts.



## Chiropractic<sup>1</sup>

**Applicable programs:** Commercial Classic, Commercial Preferred, Medi-Cal

**Limits:** VHP is allowing 24 visits per year each year. There are no age or diagnosis limits. For Medi-Cal members, the two-visit-per-month limit is no longer applicable.

**Prior Authorization:** For contracted Providers, the first 12 visits do not require prior authorization. Starting with the 13th visit, prior authorization is required. Prior authorization is still required for non-contracted Providers.

**Coding:** Reimbursable codes include: 98940, 98941, 98942, 98943. Any other services billed (e.g., office visits, x-rays, therapies, etc.), will not be reimbursed and may be denied.

**Member Cost Share:** For Commercial Members, copayments may apply. Refer to the product-specific **Evidence of Coverage (EOC)** for member cost-share amounts.

<sup>1</sup> Chiropractic services remain a non-covered benefit for CoCA and IFP.