

PROVIDER BULLETIN

DECEMBER 2021





KEEPING PATIENTS HEALTHY THIS RESPIRATORY VIRUS SEASON

by Dr. Ghislaine Guez

Valley Health Plan (VHP) encourages you, our physician and Provider partners, to continue working with your patients to get their flu vaccine during what promises to be a challenging and unpredictable respiratory virus season.

FLU AND SARS-COV2

Flu infections were negligible in the 2020 flu season, largely due to the Sars-COV-2 prevention measures in place. As the CDC removed the mask requirements for vaccinated individuals in the spring, and with a sense of safety prior to the Delta variant surge, there is again a renewed concern about the concurrent spread of flu and COVID as coinfections in the fall and winter. VHP is encouraging the physician and Provider communities that serve our Members to continue communicating respiratory virus safety measures for all patients they serve. Flu and COVID vaccination are a priority. For those patients who cannot yet be vaccinated, encouraging strong safety measures such as hand hygiene, social distancing, and mask-wearing will help to protect at-risk individuals, especially for those with compromised immune systems.

Please offer the flu vaccine to your VHP patients at every visit and share with them that they can also receive access to the flu vaccine at the various pharmacy locations listed.



Dr. Ghislaine Guez, VHP Medical Director



DISCUSSION POINTS TO COMMUNICATE TO VHP PATIENTS:

- Encourage patients to receive their COVID vaccination (if unvaccinated).
- Support regular mask usage, continue to reinforce the importance of social distancing, ensuring all individuals are vaccinated when gathering in groups, and maintaining good hand hygiene.
- Tell your patients not to attend in-person work or gatherings if they have cold/flu symptoms.
- Remind patients to stay home if they feel sick and to get tested for COVID.

BE A FLU FIGHTER!

VHP has worked with its Pharmacy Benefits Manager, Navitus, to expand options to Members, under the Commercial, Covered CA, and Individual & Family Plans, so that they can get vaccinated when and where it is most convenient. As a reminder, any out-of-pocket flu vaccination costs are fully reimbursed if the Member goes to an out-of-network site and receives flu or COVID vaccination. You can direct your Members to the VHP website for more information: **Be a Flu Fighter! - Valley Health Plan - County of Santa Clara.**

ALL VHP MEMBERS CAN ACCESS THE FLU VACCINE FOR FULL COVERAGE WITH NO UPFRONT COSTS AT THE FOLLOWING LOCATIONS:



GROWTH AND PROVIDER EXPANSION

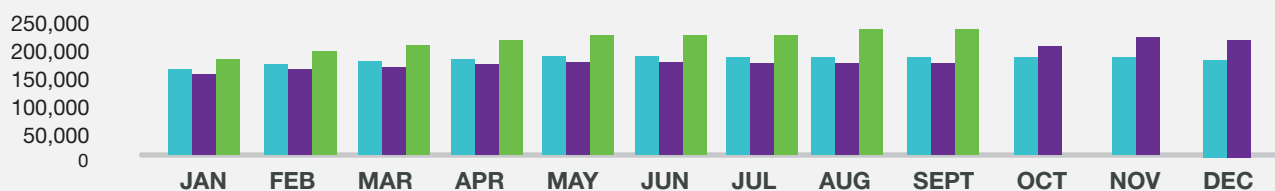
VHP MEMBER GROWTH AND PROVIDER EXPANSION

As a VHP Provider, each one of you is instrumental in the growth of VHP and we want to share with you an update on how our recent expansion work has increased enrollment over the last few years. Since January 2019, VHP has experienced an overall enrollment growth of close to 27K or 16% and has been working hard to identify and contract with new Providers in order to ensure our Members continue to have timely access to high quality care. In the last few years, VHP has been focused on adding new primary care and specialty Providers, expanding our programs, including more access for behavioral health services and expanding our network access in the counties adjacent to Santa Clara County; including gaining approval to offer coverage for Covered California in San Benito and Monterey counties. VHP is committed to continuing these efforts to enhance our networks to meet both our Members' health care needs and to provide you additional options for referrals.

JANUARY 2019–SEPTEMBER 2021 – MONTHLY ENROLLMENT GROWTH

VHP ended September 2021 with 191,936 members, which is an increase of 12.3K or a 6.8% growth from prior year. The year over year growth is primarily driven from increases of 9.5K or a 7.4% in the Medi-Cal population, 3.2K or 62.9% in Primary Care Access Program (PCAP), and 558 or a 2.4% in Commercial Classic/Preferred lines of business. The Covered California/Individual & Family Plan enrollments have experienced a 909 or 3.9% reduction in enrollment from prior year experience.

Monthly Enrollment All Lines of Business (LOBs)



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
PY – 2019 Total Enrollment	165,059	167,691	168,462	170,114	170,114	168,117	167,889	163,935	162,734	162,227	161,046	160,285
PY – 2020 Total Enrollment	160,929	165,362	167,235	169,246	173,399	174,087	175,957	177,472	179,660	181,029	182,167	182,424
CY – 2021 Total Enrollment	182,690	185,278	186,988	188,738	190,217	190,810	190,198	191,411	191,936	-	-	-

■ PY – 2019 Total Enrollment

■ PY – 2020 Total Enrollment

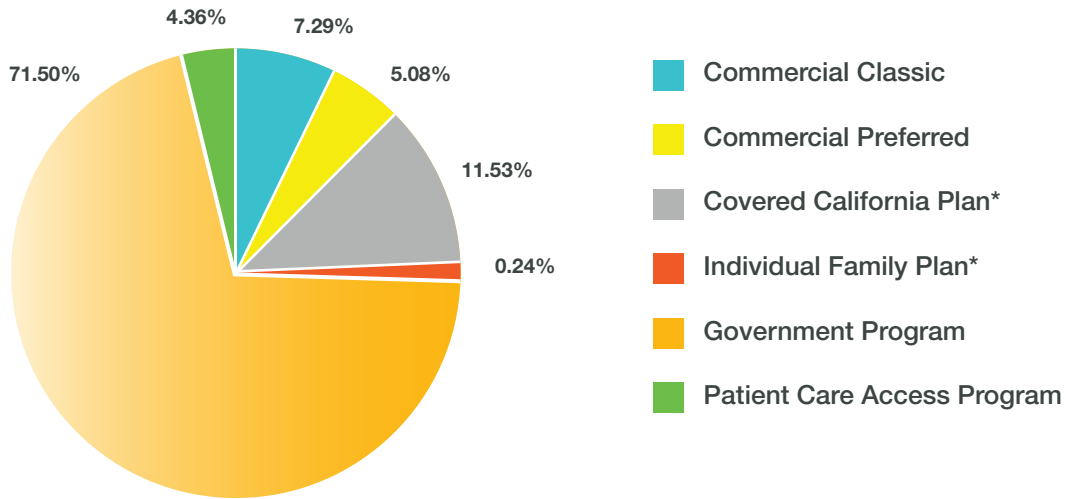
■ CY – 2021 Total Enrollment



SEPTEMBER 2021 – LINE OF BUSINESS (LOB) ENROLLMENT PROFILE

Valley Health Plan Enrollment Report for September 2021

(For period ending September 30, 2021)



*Effectuated members only; current enrolled membership for Covered CA is 22,121 and IFP is 467 as of 9/30/21

Valley Health Plan Commercial Enrollment

Commercial Classic	13,989
Commercial Preferred	9,753
Covered California Plan*	22,121
Individual Family Plan*	467
Total Commercial Enrollment	46,330

Valley Health Plan Government Enrollment

Government Program	137,232
Total Government Enrollment	137,232

Valley Health Plan Coverage Program Enrollment

Patient Care Access Program	8,374
Total Coverage Program Enrollment	8,374

Valley Health Plan Open Enrollment

191,936

As a reminder, open enrollment for Covered California and Individual & Family Plans in Santa Clara, San Benito, and Monterey counties commenced on 11/01/2021 on the California Health Insurance Exchange for Calendar Year 2022. Please use the link below to share with potential enrollees who would like to choose VHP as their Covered California plan.

[2022 – Covered California Open Enrollment](#)



GROWTH AND PROVIDER EXPANSION

BEHAVIORAL HEALTH SERVICES EXPANSION:

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
Bay Area Community Health (BACH)	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	7/1/2021	PCP and Specialty Group
Psychiatric Alternatives for Wellness Centers	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	2/1/2021	Psychiatry and Behavioral Health Counseling Services
Honu Intervention	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	3/1/2021	ABA Services, ST and OT
South Bay Behavioral Health	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	8/1/2021	Psychiatric and Behavioral Health
3 Prong	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	3/1/2021	Psychiatric and Behavioral Health
Integrated Psychological Assessment Services	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	7/1/2021	Psychology and Behavioral Health



DivaDiversity	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	7/1/2021	Psychology and Behavioral Health
MDLive	Individual & Family Plan Commercial Classic Commercial Preferred Government Program	6/1/2020	Behavioral Health

SANTA CLARA COUNTY SERVICE EXPANSION:

Primary & Specialty Care

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
Bay Area Community Health (BACH)	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	7/1/2021	PCP and Specialty Group
Physicians Medical Group of San Jose (PMGSI)	Individual & Family Plan Commercial Classic Commercial Preferred Government Program (See PPA) Covered California Plan	10/1/2020	PCP and Specialty Group
Santa Clara County IPA (SCCIPA)	Commercial Classic Commercial Preferred	6/1/2020	PCP, Specialty, Chiro and Behavioral Health
Ravenswood Family Health Center	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	4/1/2020	PCP, Specialty, Chiro and Behavioral Health



GROWTH AND PROVIDER EXPANSION

SANTA CLARA COUNTY SERVICE EXPANSION:

Other Specialty Providers

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
Retinal Diagnostic Center	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	10/1/2019	Ophthalmology
CSI Medical Group dba California Skin Institute	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	8/1/2021	Dermatology
East Bay Dermatology dba Center for Dermatology	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	8/1/2020	Dermatology
Central Coast Nephrology	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	8/1/2021	Nephrology
Advanced Surgical Associates	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	10/1/2019	Surgery
PhysioFit Physical Therapy	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	9/1/2020	Physical Therapy



BioReference Laboratory	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	6/1/2021	Laboratory
Petra Eggert, PT dba IntraHealth Physical Therapy	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	12/1/2020	Physical Therapy

SAN BENITO COUNTY SERVICE EXPANSION: Hospitals, Medical Centers & Physician Groups

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
Hazel Hawkins Memorial Hospital	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	10/1/2021	Hospital, SNF, Home Health, RHCs, PCP and Specialty Group
Central Coast Head and Neck Surgeons	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	3/1/2019	Surgery
San Benito Home Health Care	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	10/1/2021	SNF, Home Health



GROWTH AND PROVIDER EXPANSION

MONTEREY COUNTY SERVICE EXPANSION: Hospitals, Medical Centers & Physician Groups

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
Natividad Medical Center	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	6/1/2020	Hospital
Watsonville Community Hospital	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	9/15/2021	Hospital
Twin Cities Community Hospital	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	10/20/2021	Hospital
Salinas Valley Hospital	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	1/1/2022	Hospital
Clinica de Salud Del Valle De Salinas	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	5/1/2020	Federally Qualified Health Center (FQHC)
Athena Medical Group	Individual & Family Plan Commercial Classic Commercial Preferred Covered California Plan	3/1/2020	PCP, Specialty and Acupuncture



ADJACENT COUNTIES SERVICE EXPANSION:

Primary and Specialty Care

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
Bay Area Community Health (BACH)	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	7/1/2021	PCP and Specialty Group
Physicians Medical Group of San Jose (PMGSJ)	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	10/1/2020	Multi-specialty Group (All other Specialties)
Santa Clara County IPA (SCCIPA)	Commercial Classic Commercial Preferred	6/1/2020	PCP and Specialty Group

Other Specialty Providers

Provider Name	Contracted LOBs	Effective Date	Specialty(ies)
CSI Medical Group dba California Skin Institute	Individual & Family Plan Commercial Classic Commercial Preferred Government Program	8/1/2021	Dermatology
Retinal Diagnostic Center	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	10/1/2019	Ophthalmology



GROWTH AND PROVIDER EXPANSION

Central Valley Imaging Medical Associates	Individual & Family Plan Commercial Classic Commercial Preferred Government Program Covered California Plan	3/1/2017	Diagnostic Imaging/Radiology
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REMINDER FOR METHOTREXATE MONITORING

Valley Health Plan (VHP) is committed to supporting our providers in the provision of excellent clinical care. As part of this process, we would like to remind our providers of specific lab monitoring that should be performed when prescribing the drug methotrexate. Methotrexate is a drug in which serious toxicity can occur in a wide range of doses and dependent on a patient's underlying medical condition(s). Also, medical conditions such as renal insufficiency or hepatic dysfunction may increase the risk of methotrexate toxicity.

If your patient is undergoing methotrexate therapy, patient should be closely monitored so that toxic effects are detected promptly. Baseline assessment should include a complete blood count with differential and platelet counts, hepatic enzymes, renal function tests, and a chest X-ray. During therapy of rheumatoid arthritis and psoriasis, monitoring of these parameters is recommended: hematology at least monthly, renal function and liver function every 1 to 2 months. More frequent monitoring is usually indicated during antineoplastic therapy. During initial or changing doses, or during periods of increased risk of elevated methotrexate blood levels (e.g., dehydration), more frequent monitoring may also be indicated.

Reference: Methotrexate Package Inserts



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 administered through Magellan Medicaid Administration, Inc. (Magellan), the state's pharmacy benefits manager (PBM). You can learn more about the new program, Medi-Cal Rx, and find training materials on the [Medi-Cal Rx](#) page of 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 for drug and eligibility look-up. The purpose of this communication is to advise providers of this change, and request that they understand and comply with the requirements of the Medi-Cal Rx program.

Under the new program, Valley Health Plan's (VHP) understanding is that DHCS will require claims for outpatient prescription drugs, certain medical supplies, physician administered drugs (PADs) and enteral formulas billed on a pharmacy claim to be submitted directly to Magellan. For more information, please visit [Medi-Cal Rx: Transition](#) on the DHCS website, and note in particular the communication regarding the [scope of services](#) to be billed directly to Magellan under Medi-Cal Rx.

DHCS has stated that 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, Providers are required to comply with DHCS requirements for the Medi-Cal Rx program, which includes billing Magellan for the following covered pharmacy benefits on a pharmacy claim:

- Covered outpatient drugs and certain medical supplies (sterile syringes and needles, alcohol pads, glucometers and diabetic test strips)

For dates of services starting January 1, 2022, Providers should directly bill Magellan for the following covered pharmacy benefits on a pharmacy claim:

- Physician administered drugs
- Enteral nutritional formula

With the January 1, 2022, implementation date for the Medi-Cal Rx program rapidly approaching, VHP requests that Providers familiarize themselves with DHCS requirements for Medi-Cal Rx to ensure a smooth transition of applicable health care claims from Medi-Cal managed care plans to Magellan. If you have questions regarding this update, contact the VHP Provider Relations Department at **1.888.421.8444**.



MEDICAL AND BEHAVIORAL HEALTH CARE MANAGEMENT

Our goal within the Case Management Department is to support VHP Members in achieving a higher quality of life through improved health. We have a team of nurses, social workers, and care coordinators to help organize care, maintain engagement in care and address social determinants of health.

All Members with case management needs are welcome. We have specifics, programs for the following Member groups for all ages:

- Hospital discharges/transitions of care
- Complex Medical Needs
- Autism and Neurodevelopmental Disorders
- Mental Health and Substance abuse
- Condition (Disease) Management

Please contact VHP's Care Management Team at **408.885.2600** to connect your patient to VHP's Case Management Team.

EXPANDED SERVICES AT O'CONNOR HOSPITAL

Transcatheter Aortic Valve Replacement (TAVR) and Surgical Aortic Valve Replacement

O'Connor Hospital's Multispecialty Cardiovascular Clinic is now accepting referrals for TAVR, which are performed by a multidisciplinary team consisting of an interventional cardiologist, cardiothoracic surgeon, cardiac anesthesiologist, radiologist, and other medical professionals. If you have a patient who needs an aortic valve replacement and who has been recommended for TAVR, please refer the Member at O'Connor Hospital. For more information on inclusion criteria or if you have other questions, please the Structural Heart Nurse Coordinator, Brian Bernal, at brian.bernal@hhs.sccgov.org or call **408.947.3934**.

The Multispecialty Cardiovascular Clinic will provide services for multiple cardiovascular disorders including, but not limited to structural heart, peripheral vascular disease, and heart failure.

Bariatric and Metabolic Health Center

O'Connor Hospital's Bariatric and Metabolic Health Center is now offering advanced surgical and healthy weight loss solutions. Their expert team of physicians and staff will evaluate patients to determine a personalized plan for weight loss and create tailored treatment plans for success including bariatric surgery, physical activity counseling, nutrition counseling, medication therapies, behavioral health counseling, and pre- and post-surgery education. Please send referrals for uncomplicated bariatric surgery requests for males with Body Mass Index (BMI) of > 35 and < 55, females with (BMI) > 35 and < 60 to O'Connor Hospital at OCH.BMI@hhs.sccgov.org or call **408.947.3447**.



VHP PRIOR AUTHORIZATION GRID

As a reminder, VHP requires prior authorization approval for many services available to our Members. Below is a table of the most common services available to VHP Members that require an approved prior authorization. Please note that this table is not intended to be a comprehensive list of all covered services that require a prior authorization but is intended to be a reference guide for many of the common services requiring prior authorization (services highlighted in **yellow** are newly added services requiring prior authorization). For a complete list of covered services that require a prior authorization, refer to the Evidence of Coverage (EOC) for a specific Member's benefit plan, available online at [Combined Evidence of Coverage \(EOC\) – Valley Health Plan – County of Santa Clara](#).

Category of Service	Services Requiring Prior Authorization
Behavioral Health	<ul style="list-style-type: none"> • Applied Behavior Analysis (ABA) Services • Electroconvulsive Therapy (ECT) • Intensive Outpatient Program (IOP) • Psychiatry • Psychological Testing
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Bone Stimulators • Breast Pump • Baclofen Pump, Insulin Pump, Continuous Glucose Monitoring • Device (CGM) and Supplies • Customized DME (e.g., Diabetic Shoes, Compression Sleeves) • DME Repair Services • Formula and Enteral Therapy • Hearing Aids and Hearing Aid Repairs • Hospital Beds and Mattress
San Benito Home Health Care	<ul style="list-style-type: none"> • Medical Equipment and Supplies (e.g., IV Pole, Syringes, Catheters, Wound Care Supplies, etc.) • Mobility Devices and Accessories (e.g., Power Wheelchairs, Scooters, Manual Wheelchairs, Motorized Wheelchairs, Cushion, Foot and Head Rests) • Negative Pressure Wound Therapy System or Wound Vac • Other Specialty Devices (e.g., Speech Generating Device) Prosthetics and Orthotics • Respiratory Equipment and Supplies (e.g., Oxygen, Bilevel Positive Airway Pressure (BiPAP), Continuous Positive Airway Pressure (CPAP), Ventilators, Airway Clearance Vest) • Vision Aids as Treatment for Aniridia and Aphakia



<p>Experimental/Investigational Treatment, Procedures and Drugs</p>	<ul style="list-style-type: none"> • Clinical Trials • Investigational and Experimental Drug Therapies • Investigational and Experimental Procedures • New Technologies non-FDA Approved for Use (e.g., Robotic Surgery) • Non-FDA Approved and/or Off-Label Use
<p>Home Health/Hospice</p>	<ul style="list-style-type: none"> • All Home Health Services (Registered Nurse, Physical, Speech and Occupational Therapists, Home Health Aide, etc.) • Home Intravenous (IV) Infusions • Hospice Services
<p>Inpatient Admissions</p>	<ul style="list-style-type: none"> • All Admissions for: Acute Inpatient Psychiatric Partial Hospital Psychiatric Residential Mental Health Substance Use Disorder, including Detoxification • All Elective Inpatient Admissions to: Acute Care Hospitals Long Term Acute Care (LTAC) • Rehabilitation and Therapy Services: Acute Inpatient Rehabilitation or Acute Rehabilitation Unit (AIR/ARU) Skilled Nursing Facilities (SNF) Subacute Nursing Facilities
<p>Medications</p>	<ul style="list-style-type: none"> • Infusion Services • Injections (Excluding Immunizations) • Non-Formulary Prescription Drugs
<p>Non-Contracted Providers, Tertiary Providers and/or Quaternary Providers</p>	<ul style="list-style-type: none"> • All Non-Urgent/Non-Emergent Services Rendered by Non-Contracted Providers, Tertiary Providers and/or Quaternary Providers such as Lucile Packard Children’s Hospital, Stanford Children’s Health, Stanford Health Care, and Stanford Hospital & Clinic



Outpatient Services and Procedures

- Acupuncture and Chiropractic Services
- All Outpatient Procedures (e.g., Amniocentesis, Nerve Conduction Studies, Varicose Vein Treatment, Performed Outside of a Physician's Office, Endoscopy and Colonoscopy)
- All Outpatient Surgery (e.g., Cataract Surgery, Tonsillectomy, Abdominoplasty, Panniculectomy, Breast Reduction and Augmentation Surgery)
- Automated External Defibrillator (AED), Holter, Mobile Cardiac Telemetry Monitoring Services
- CAR T-Cell Therapy
- Cardiac and Pulmonary Rehabilitation
- Chemotherapy and Radiation Treatment (e.g., Brachytherapy, Neutron Beam therapy, Proton Beam Therapy, Intensity-Modulated Radiation Therapy (IMRT), Stereotactic Body Radiation Therapy (SBRT), Stereotactic Radiosurgery (SRS), Gamma-ray and CyberKnife)
- Dental Surgery, Dental Anesthesiology Service, Jaw Surgery and Orthognathic Procedures
- Diagnostic Imaging:
 - Bone Density (DEXA Scan)
 - Computerized Tomography Scans (CT)
 - Magnetic Resonance Angiography (MRA)
 - Magnetic Resonance Imaging (MRI)
 - Nuclear Cardiology Procedures (Stress Tests/Treadmill)
 - Positron-Emission Tomography (PET/PET-CT)
 - Single-Photon Emission Computerized Tomography (SPECT)
- Dialysis: All Hemodialysis and Peritoneal, Continuous Ambulatory Peritoneal Dialysis (CAPD), automated peritoneal dialysis (APD), Continuous cycling peritoneal dialysis (CCPD)
- Gender Reassignment Therapy and Surgery
- Genetic Testing and Counseling
- Hyperbaric Oxygen Therapy
- Infertility Services
- Neuropsychological Testing
- Non-routine Laboratory, Ultrasound and Radiology Services
- Outpatient Therapies (Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST))
- Pain Management Services
- Palliative Care Services
- Reconstructive Procedures
- Second Opinions
- Sleep Studies
- Spinal Procedures, including all Injections
- Surgical Implants (e.g., Pacemaker, Baclofen Pump, Neuro and Spinal Cord Stimulators, Cochlear Auditory Implant)
- Temporomandibular Disorder (TMJ) Treatment
- Unclassified Procedures
- Ventricular Assist Device



Specialty Referrals	<ul style="list-style-type: none"> • Consultation or Office Visit with any Specialist
Transplants	<ul style="list-style-type: none"> • All Transplants and Related Services
Non-Emergency Medical Transportation: Non-Interfacility	<ul style="list-style-type: none"> • Non-Emergency Medical Transport (NEMT) (including Fixed-Wing Air Transport)
Other	<ul style="list-style-type: none"> • All Non-Urgent/Non-Emergent Services Performed Out-of-Area • All Non-Covered Services • All Services that are not Covered by the Member's Primary Insurance and VHP is Secondary Coverage • Any Services that Exceed the Benefit Limit



2021 QUALITY SPOTLIGHT

2021 QUALITY SPOTLIGHT:

IMPROVING HEALTH OUTCOMES BY CLOSING GAPS IN CARE

Over the last year and a half, impacts on the healthcare system as a result of COVID-19 have increased gaps in care (missed care opportunities) for recommended, essential health services and exacerbated health disparities across the population we serve. At this critical juncture, Valley Health Plan is focused on working with our Provider community to close these care gaps and understand how health outcomes differ across our sub-populations so that we can better help mitigate health disparities going forward. To monitor quality outcomes and adhere to clinical guidelines, Valley Health Plan leverages various industry tools and standards, including the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) quality measure specifications, the United States Preventive Services Task Force (USPSTF) clinical recommendations, quality measures from the National Quality Forum, and additional aspects of service utilization observed in our population.

This article details several of the quality measures VHP is particularly focused on for both closing gaps in care and reducing health disparities in 2021, as well as looking ahead to 2022.

Colorectal Cancer Screening

According to the Centers for Disease Control and Prevention, colorectal cancer was the second leading cause of cancer-related deaths in the United States in 2019 for both males and females, which is why Valley Health Plan aims to ensure that all preventive measures and opportunities for detecting and treating signs or symptoms of colorectal cancer are leveraged for our Members. In 2021, Covered California identified colorectal cancer screening as a priority quality measure for improvement because of deferred care for this preventive service during the COVID-19 pandemic. Additionally, according to the American Journal of Gastroenterology, "During the COVID-19 pandemic the national colorectal cancer screening rate dropped by 86% initially and remained 36% lower than the previous three years."¹

The USPSTF recently expanded recommendations for colorectal cancer screening to begin for most individuals starting at age 45 (previously starting at age 50), which means that more of our Members are now recommended to receive this service. In calendar year 2020, Valley Health Plan scored in the 33rd national NCQA percentile and the 10th national NCQA percentile for colorectal cancer screening outcomes for our Commercial and Covered California membership respectively. These rankings showed that we have significant room for improvement in our population outcomes for this preventive service compared to the national average. For all the reasons stated above, VHP is developing a targeted intervention plan for improving colorectal cancer screening rates, including the development of new quality reports for sharing Member care needs for this service more regularly with our provider community planned for launch in early 2022.

Comprehensive Diabetes Care

Chronic conditions are highly burdensome in the United States from both quality of life and economic perspectives, with increasing rates of both incidence and prevalence in recent decades. Diabetes is among the most prevalent chronic conditions in the United States impacting approximately 34.2 million people or 10.5% of the population.²



Diabetes can also lead to a myriad of other health complications, such as cardiovascular disease, nerve damage (neuropathy), and kidney damage (nephropathy). At Valley Health Plan we have observed comparable rates of diabetes in the population we serve and based on our calendar year 2020 quality outcomes, have also identified opportunities for improvement across multiple routine diabetes management services, including HbA1c control, blood pressure control, and kidney evaluation. Based on the multi-faceted approach to managing diabetes, we are developing improvement strategies across several diabetes quality measures, including improving collaboration and additional reporting on care needs with our Providers in 2022. Diabetes management is also an area where we are monitoring differences in quality outcomes across our sub-populations by race and ethnicity to identify and develop disparity mitigation interventions. The improvement work in this area will continue to be built out further in 2022 and we look forward to sharing additional updates as this moves forward.

The list below outlines the set of routine comprehensive diabetes care (CDC) services that are included in the NCQA HEDIS measure set and are recommended for routine monitoring for patients with diabetes:

CDC Measures
Hemoglobin A1c (HbA1c) Testing
HbA1c Poor Control (>9.0%)
HbA1c Good Control (<8.0%)
Eye Exam
Blood Pressure Control (<140/90 mmHg)

Future Quality Improvement Initiatives:

As we look ahead to 2022, Valley Health Plan will be launching new initiatives to partner with our Providers and support quality outcomes for our population, including:

- Providing care opportunities, gaps, and aggregate quality performance reports to our Primary Care Providers and hospitals
- Targeted Member outreach and education campaigns
- Increasing our analysis and information sharing on outcomes across sub-populations for priority quality measures to identify and intervene on health disparities

References:

1. Patel S, Issaka RB, Chen E, Somsouk M. Colorectal cancer screening and COVID-19. Am J Gastroenterol. 2021;116(2):433-434.
2. U.S. Department of Health and Human Services. CDC. 2020 Estimates of Diabetes and Its Burden in the United States. 2020.



PROVIDER ENGAGEMENT

Risk Management Program

At VHP, we encourage timely reporting of complaints, grievances, hospital acquired conditions, and potential quality issues to ensure the health and safety of the population we serve. To report any potential quality issues, please fill out a Potential Quality Issue (PQI) form (link below) and send it to VHPQMIImprovement@vhp.sccgov.org. We will contact you via email to follow-up and provide any necessary assistance.

PQI Form Link: [Potential Quality Issue Form](#)



MENTAL HEALTH AND SUBSTANCE USE – MEDICAL NECESSITY DETERMINATIONS

Effective on January 1, 2021, in response to SB 855, Valley Health Plan (VHP) adopted the below criteria to determine the medical necessity of mental health and substance abuse disorders as listed in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM) for all VHP members. VHP will continue to update the guidelines that are set forth in the most recent version of treatment criteria developed by the non-profit professional association for the relevant specialty.

Requests for services will be evaluated for medical necessity based on the prescribed guidelines below.

Clinical Specialty	Nonprofit Professional Association	Guideline
Substance Use Disorders, Any Age	American Society of Addiction Medicine (ASAM)	ASAM 3rd Edition, 2013
Mental Health Disorders, Patients, Age 18 and Older	American Association of Community Psychiatrists https://www.communitypsychiatry.org/resources https://www.communitypsychiatry.org/resources/locus/locus/schedule-your-locuscalocus-training	Level of Care Utilization System (LOCUS) 20, 2020
Mental Health Disorders, Patients, Age 6 to 17	American Association of Community Psychiatrists or American Academy of Child & Adolescent Psychiatry https://www.communitypsychiatry.org/resources/locus https://www.communitypsychiatry.org/resources/locus/schedule-your-locuscalocus-training	Child and Adolescent Level of Care Utilization System (CALOCUS) 20
Mental Health Disorders, Patients, Age 0 to 5	American Academy of Child & Adolescent Psychiatry https://www.aacap.org/AACAP/Member_Resources/Practice_Information/ECSII.aspx	Early Childhood Service Intensity Instrument (ESCI)
Gender Dysphoria	World Professional Association for Transgender Health https://www.wpath.org/	World Professional Association for Transgender Health Guidelines

If you would like to learn more about these guidelines and our utilization review process, contact VHP Provider Relations at **408.885.2221**.



SUBMITTING PROOF OF TIMELY FILING

Timely filing denials are often due to incomplete or invalid documentation submitted with a late claim. The following information has been compiled to help clarify the documentation required by VHP as valid proof of timely filing documentation.

For claims previously submitted electronically:

Your submission must include an electronic data interchange (EDI) acceptance report, or what VHP refers to as the 277 CA report. This report shows that VHP received, accepted, and/or acknowledged the claim submission. Claims (including corrected claims) that are not filed within the timely filing limit will be denied and are commonly the Provider's liability, unless the Provider can demonstrate extenuating circumstances giving rise to the delay in filing the claim.

The acceptance report (277 CA) must include:

- The actual wording that indicates the claim was either “accepted,” “received” and/or “acknowledged” (abbreviations of those words are also acceptable)
- Correct patient name
- Correct date(s) of service
- Total billed charges
- Date of submission of the claim (the date must fall within the timely filing submission standard set-forth in the applicable Provider Manual)
- Demonstrate that the claim was accepted, received, and/or acknowledged within the timely filing period

If the claim submission exceeded VHP's standards for timely filing, you must include the written detail of any extenuating circumstance that led to untimely claim submission, along with all supporting documentation.

Note: A submission report from the Provider's billing system alone is not considered proof of timely filing for electronic claims. It must be accompanied by an acceptance report 277 CA. Timely filing denials are often due to incomplete or invalid documentation submitted with a late claim. The following information has been compiled to help clarify the documentation required by VHP as valid proof of timely filing documentation

For paper claims previously submitted:

Claims (including corrected claims) that are not filed within the timely filing limit standards, as defined in the applicable Provider Manual will be denied and are the Provider's liability, unless the Provider can demonstrate extenuating circumstances giving rise to the delay in filing the claim.



If a claim submission is denied due to incorrect/invalid information, it is the Provider's responsibility to make the necessary corrections and resubmit the claim within the timely filing period.

The resubmitted claim must also include a screen capture from the Provider's billing system that shows complete billing history.

The screen capture must include:

- Correct patient name
- Correct date(s) of service
- Submission date of the claim
- Total billed charges
- Date of submission for the claim (the date must fall within the timely filing submission standard set-forth in the applicable Provider Manual)

Other valid proof of timely filing documentation:

When a claim exceeds VHP's timely filings standards due to complications related to when incorrect insurance information was provided by the patient at the time the service was rendered the submission must include:

- Correct patient name
- Correct date of service
- Total billed charges
- A denial/rejection letter from the insurance carrier
- The insurance carrier's explanation of benefits
- A letter from the insurance carrier or employer group indicating coverage termination prior to the date(s) of service on the claim
- A letter from the insurance carrier or employer group indicating there was no coverage for the patient on the date(s) of service on the claim

Note: The date on the insurance carrier's payment correspondence starts the timely filing period for submission to VHP.



PROVIDER RELATIONS TEAM



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Provider Relations Manager

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Veronica Valdivia

Provider Relations Specialist

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O'Connor Hospital
St. Louise Regional Hospital
Valley Medical Center (VMC)
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
Physical Therapy



Chet Mababa

Provider Relations Specialist

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Occupational Therapy
Speech Therapy
Mental Health
Fremont Hospital
Radiology Centers
Durable Medical Equipment (DME)
Prosthetics/Orthotics



Gregg Fondacabe

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Non-Contracted Community Clinics
Non-Contracted Facilities
Non-Contracted Hospitalists/
Hospitals
Non-Contracted Providers/Physician
Groups/Transport
Non-Contracted Surgery Center
Emergency Transportation
Ambulance (AMR)
Urgent Care



Phuong Au

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Advanced Surgery Center
Advanced Surgicare, LLC
Forest Surgery Center
Montpelier Surgery Center
Buncke Clinic
Plastic Surgery Institute (PSI)
Natividad Medical Center (NMC)
NMC - Physicians Group
Home Health Agencies
Hospice
Skilled Nursing Facilities





Vivian Than

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Acupuncture
Anesthesiology
Audiology
Chiropractors
Individual Contracted Providers
BASS Medical Group
NCPN (aka NCAMG)
Physicians Medical Group of San Jose (PMGSJ)
San Benito Medical Associates



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Sutter (PAMF & SGMF)
Santa Clara County Individual Practice Association (SCCIPA)
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
Lucille Packard
Stanford Hospital
Labs
Pathology



Patricia McHarris

Office Specialist III

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Currently working as a Disaster Service Worker



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BEHAVIORAL HEALTH SPOTLIGHT

BEHAVIORAL HEALTH SPOTLIGHT: CENTER FOR SOCIAL DYNAMICS & JUVO – AUTISM + BEHAVIORAL SERVICES

Center for Social Dynamics (CSD), is proud to serve the VHP Members. Juvo – Autism + Behavioral Health Services South Bay team joined CSD this past spring and together they are focused on providing individualized services based on science, compassion, and humility. They provide in-home and center-based Applied Behavioral Analysis (ABA), diagnostic evaluations, Speech Therapy, and Occupational Therapy. CSD uses a family-centric, multidisciplinary, multicultural, and evidence-based approach to treating individuals with autism and other developmental delays.

FOR MORE INFORMATION

For more information about their services, please email capacity@csd.me or dial **877.910-6538**. ABA requires prior authorization, be sure to coordinate appointments in accordance with VHP's authorization policies.

We support and serve our communities by providing the following:

- Diagnostic Evaluations
- In-Home ABA Therapy
- Center-Based ABA Therapy
- School-Based Behavior Intervention
- Social Skills Groups
- Speech and Language Therapy
- Occupational Therapy
- Counseling

*Some services are only at specific locations.

**CALIFORNIA
COLORADO
OREGON
WASHINGTON
IDAHO
HAWAII**

CONTACT US
capacity@csd.me
1.877.910.6538
www.csdautismservices.com

**CSD
AUTISM SERVICES**

WE ACCEPT MOST MAJOR INSURANCE. CALL US TODAY!

MEMBER RIGHTS AND RESPONSIBILITIES

VHP Members have a right to appropriate treatment in a proper setting. It is also important that Providers have the same information about the Member rights and responsibilities to ensure our Members, their patients, get the care and services to which the benefit plan entitles them.

A MEMBER HAS THE RIGHT TO:

1. Exercise these rights without regard to race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, creed, family history, marital status, veteran status, national origin, handicap, or condition, without regard to your cultural, economic, or educational background, or source(s) of payment for your care, or any other classification prohibited by state or federal laws.
2. Be treated with dignity, respect, consideration, and your right to privacy.
3. Expect health care Providers (doctors, medical professionals, and their staff) to be sensitive to your needs.
4. Be provided with information about VHP, its services, and Plan Providers and Member rights and responsibilities.
5. Know the name of the Primary Care Physician who has primary responsibility for coordinating your health care and the names and professional relationships of other Plan Providers you see.
6. Actively participate in your own health care, which to the extent permitted by law, includes the right to receive information so that you can accept or refuse recommended treatment.
7. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment or procedure. Except for Emergency Services this information will include a description of the procedure or treatment, the medically significant risks involved, alternative courses of action and the risks involved in each, and the name of the Plan Provider who will carry out the treatment or procedure.
8. Full consideration of privacy concerning your course of treatment. Case discussions, consultations, examinations, and treatments are confidential and should be conducted discreetly. You have the right to know the reason should any person be present or involved during these procedures or treatments.
9. Confidential treatment of information in compliance with state and federal law including HIPAA (including all communications and medical records) pertaining to your care. Except as is necessary in connection with administering the agreement and fulfilling State and federal requirements (including review programs to achieve quality and cost-effective medical care), such information will not be disclosed without first obtaining written permission from you or your authorized representative.
10. Receive complete information about your medical condition, any proposed course of treatment, and your prospects for recovery in terms that you can understand.
11. Give informed consent unless medically inadvisable, before the start of any procedure or treatment.



12. Refuse health care services to the extent permitted by law and to be informed of the medical consequences of that treatment, unless medically inadvisable.
13. Readily accessible and ready referral to Medically Necessary Covered Services.
14. A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
15. A second medical opinion, when medically appropriate, from another Plan Physician within your VHP Provider Network.
16. Be able to schedule appointments in a timely manner.
17. Reasonable continuity of care and advanced knowledge of the time and location of your appointment(s).
18. Reasonable responses to any reasonable requests for Covered Services.
19. Have all lab reports, X-rays, specialist's reports, and other medical records completed and placed in your files as promptly as possible so that your Primary Care Physician can make informed decisions about your treatment.
20. Change your Primary Care Physician.
21. Request and expedited change of a Provider due to medical necessity.
22. Review your medical records, unless medically inadvisable.
23. Be informed of any charges (Co-payments) associated with Covered Services.
24. Be advised if a Plan Provider proposes to engage in or perform care or treatment involving experimental medical procedures, and the right to refuse to participate in such procedures.
25. Leave a Plan Facility or Hospital, even against the advice of Plan Providers.
26. Be informed of continuing health care requirements following your discharge from Plan Facilities or Hospitals.
27. Be informed of, and if necessary, given assistance in making a medical Advance Health Care Directive.
28. Have rights extended to any person who legally may make decisions regarding medical care on your behalf.
29. Know when Plan Providers are no longer under a contractual arrangement with VHP.
30. Examine and receive an explanation of any bill(s) for non-Covered Services, regardless of the source(s) of payment.
31. File a Grievance without discrimination through VHP or appropriate State or federal agencies.
32. Know the rules and policies that apply to your conduct as a Member.
33. Participate with practitioners in making decisions about your health.
34. Known Provider credentials are available by request or through the Provider Directory.
35. Receive information regarding malpractice insurance on providers upon request.



A MEMBER HAS THE RESPONSIBILITY TO:

- 1.** Provide complete & accurate information (to extent possible) that VHP and its Practitioners/Providers need in order to provide care. Inform Practitioner/Provider about any health issues, medications, and allergies. This information should also include living will, medical power of attorney, or other directive that could affect care.
- 2.** Follow plans and instructions for care that you have agreed to with your practitioner.
- 3.** Accept fiscal responsibility for any cost of share, such as Premiums, Deductibles, Coinsurance, or Copayments.
- 4.** Accept fiscal responsibility associated with non-Covered Services. Covered Services are available only through Plan Providers in your VHP Network (unless such care is rendered as worldwide Emergency Services or is Prior Authorized).
- 5.** Adhere to behavior that is reasonably supportive of therapeutic goals and professional supervision as specified.
- 6.** Treat healthcare Providers, staff, and others with respect to prevent any interference with your Plan Provider or their ability to provide care.
- 7.** Cooperate with VHP or a Plan Provider's third-party recovery efforts or Coordination of Benefits.
- 8.** Safeguard the confidentiality of your own personal health care as well as that of other Members.
- 9.** Cooperate with VHP or a Plan Provider's third-party recovery efforts.
- 10.** Participate in your health care by scheduling and keeping appointments with Plan Providers. If you cannot keep your appointment, call in advance and reschedule or cancel.
- 11.** Report any changes in your name, address, telephone number, or your family's status to your employer, Covered California, and a VHP Member Services Representative.
- 12.** Inform your Provider if you have a living will, medical power of attorney, or other directives effective care.
- 13.** Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.



NON - DISCRIMINATION AND LANGUAGE POLICY

DISCRIMINATION IS AGAINST THE LAW

VHP complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws. VHP does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws.

VHP provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If your patients need these services, please direct them to the VHP's Member Service Department at **888.421.8444**. If you believe that VHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws, your patients can file a grievance with:

Valley Health Plan

Attention: Member Services Department
2480 North First Street, Ste 160, San Jose, CA 95131

1.888.421.8444, California Relay Service (CRS) 711 or the 800 CSR number from your modality
Email: MemberServices@vhp.sccgov.org

A grievance can be filed in person or by mail, fax, or email. If help is needed in filing a grievance, VHP's Member Services Department is available to help.

Your patients can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>





VHP LANGUAGE SERVICES UPDATE

VHP wants to let our Members and Providers know that we speak your language! We understand that Members are not always able to bring a friend or family Member to interpret for them. To help you and our Members communicate when language poses a barrier, VHP provides high quality language services to Members and Providers by offering FREE Translation services in over 150 languages, including American Sign Language.

- To access **translation services**, call **844.670.6820** (toll free)
- To access **American Sign Language** services, call VHP's Member Services at **888.421.8444** (toll free)

VHP provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

WE WANT TO HEAR FROM YOU! SHARE WITH US!

Do you have a patient success story? A favorite recipe? A health care related joke, pun, or comic strip? An idea on how to improve the patient/doctor relationship? Or an idea or thought another Provider may benefit from hearing? We want to give you a chance to engage with your fellow VHP Providers; if you have an idea, a topic, or an experience you would like to share, please submit a written summary to: ProviderRelations@vhp.sccgov.org

