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## *January 2, 2018*

**Our January Update includes information on:**

1. CME Vulnerable and Underserved Populations
2. High Blood Pressure Clinical Practice Guideline
3. PM160 Form Retirement – January 1, 2018
4. HEDIS Pursuit Season
5. FSR Provider Pearl
6. Our Utilization Management Department is Here for You
7. Palliative Care covered effective January 1, 2018
8. Reminder: Acupuncture Benefit for Medi-Cal Members

## *1. UCSF CME - Vulnerable and Underserved Populations*

**UCSF** Office of Continuing  
Medical Education

March 1 - 3, 2018

Publicly insured and uninsured patients make up about half of all outpatient visits in the US, and millions more previously uninsured patients have gained access to health care through the Affordable Care Act. Becoming an expert in caring for the complicated medical and social needs of vulnerable and underserved patients is crucial to every healthcare provider.

World-class experts from the UCSF Division of General Internal Medicine and colleagues at the Zuckerberg San Francisco General Hospital and the UCSF Center for Vulnerable Populations will present approaches to mitigate the challenges in caring for vulnerable populations and enhance the profound joy clinicians can experience when engaging with patients in greatest need.

Topics to be covered include updates in a broad range of diseases that disproportionately affect vulnerable patients, such as diabetes, hepatitis C, HIV, depression, PTSD, heart failure, and hypertension. In addition, we discuss how clinicians can address social factors that complicate the management of medical illness such as low health literacy, intimate partner violence, and food insecurity, to name but a few. We will also tackle how best to integrate behavioral health care for patients with chronic pain, severe mental illness, substance use and complex post-traumatic stress. Each course day will also feature a nationally renowned figure in the field of the care of vulnerable populations, who will deliver pearls and impart wisdom with respect to how to stay engaged, connected and inspired in this work.

*ABIM MOC points available for successful completion of knowledge assessment post-test.*

More information can be found [here](#).

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## *2. High Blood Pressure Clinical Practice Guideline*

Diagnosing and treating hypertension effectively critically depends upon accurate blood pressure measurement. Please reference [this table](#) (page 23) from the 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines.

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## *3. PM160 Form Retirement – January 1, 2018*

As you may have already heard from the Department of Health Care Services, the PM160 information-only forms will no longer be required for managed care members for dates of service beginning January 1, 2018. These forms were generally used to submit data for visits with children and adolescents. For SFHP members, these forms were used to report data for:

- Members 3-6 years of age:
  - Annual well child visit
- Members 3-17 years of age:
  - BMI percentile documentation
  - Counseling for nutrition
  - Counseling for physical activity

collection, **so submission of them may reduce the charts you are required to provide for the annual HEDIS audit.**

Data Element	Code	Code Type
Annual well child visit	99382, 99383 99392, 99393	CPT
Annual well child visit	Z00.121, Z00.129	ICD-10
Annual well child visit	G0438, G0439	HCPCS
BMI percentile documentation	Z68.51, Z68.52, Z68.53, Z68.54	ICD-10
Counseling for nutrition	97802, 97803, 97804	CPT
Counseling for nutrition	Z71.3	ICD-10
Counseling for nutrition	G0270, G0271, G0447 S9449, S9452, S9470	HCPCS
Counseling for physical activity	Z02.5	ICD-10
Counseling for physical activity	G0447, S9451	HCPCS

### Questions?

Please contact Vanessa Pratt, Manager of Population Health, at [vpratt@sfnhp.org](mailto:vpratt@sfnhp.org). An optional webinar may also be held. Please let Vanessa know if you would be interested in this.

## 4. HEDIS Pursuit Season

SFHP's HEDIS pursuit season begins in January! Health Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of preventive care and other services rendered by the provider network. Thanks to the quality care you provide, [SFHP is the third highest ranked Medi-Cal plan](#) based on aggregated 2017 HEDIS scores (two Kaiser plans hold the first and second spots).

In order to collect data not provided through claims and encounters, our team will reach out to your organization in the following manner:

- For sites with more than 15 medical records in the HEDIS sample, we will call you in **January or February** to make an appointment for our HEDIS team to either come to your office or set up remote access to your EHR. Our HEDIS visits will be scheduled from February to the beginning of May of 2018.
- For smaller sites, with less than 15 medical records in the HEDIS sample, we will send you the list of members that require medical record documentation. Please send the medical record documentation within 10 business days of receipt of the list.

We look forward to another successful HEDIS season! Please contact Julio Mora at [jmora@sfnhp.org](mailto:jmora@sfnhp.org) or 1(415) 615-4472 with any questions.

## 5. FSR Provider Pearl

## Topic: Frequently Absent Staying Healthy Assessments (SHA)

### What is the Staying Healthy Assessment?

A DHCS tool to assist Medi-Cal Managed Care Health Plans (MCP) providers with Identifying and tracking high-risk behaviors of MCP members; prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs; initiating discussion and counseling regarding high-risk behaviors; and providing tailored health education counseling, interventions, referral, and follow-up.

### Key Points to Remember

- Know the overall SHA DHCS Policy requirements: [Staying Healthy Assessment\\_DHCS Policy Letter 13-001](#)
- Pay attention to member enrollment and Plan enrollment date
  - According to the MRR guidelines: "An H&P is completed within 120 days of the effective date of enrollment into the Plan, or documented within the 12 months prior to Plan enrollment." However, if the PCP effective date is different from the plan enrolment date in cases where members switch PCPs, the reviewer may use the PCP effective date, whichever is more recent (Source: DHCS FAQs).
- Know the documentation requirements
  - The PCP must sign, print his/her name, and date the "Clinic Use Only" section of a newly administered SHA to verify that it was reviewed and discussed with the member, as well as the "SHA Annual Review" section of the questionnaire, as indicated.
  - The PCP must document a member's refusal to complete a SHA and ensure consistency of documentation location, for example, documenting in the same medical record location for every member, if not on the form.



### Resources

- [SHA questionnaires and resources](#)
- Requirements For The Staying Healthy Assessment/Individual Health Education Behavioral Assessment: [Staying Healthy Assessment\\_DHCS Policy Letter 13-001](#)

## 6. Our Utilization Management Department is Here for You

### Utilization Management Staff Available to SFHP Providers and Members

SFHP's Utilization Management (UM) staff is available to providers and members during regular business hours (Monday through Friday, 8:30am - 5:00pm) to discuss UM issues, including denial decisions, by calling 1(415) 547-7818 ext. 7080 or toll-free 1(800) 288-5555. UM staff can also be reached by [email](#) or fax 1(415) 357-1292 for outpatient or 1(415) 547-7822 for inpatient. TTD/TTY services 1(888) 883-7347 for the hearing impaired and language services are available.

After normal business hours, UM staff can receive secure voicemail, fax, and email. Messages received are returned the

To request free copies of the information used to make utilization decisions, please call San Francisco Health Plan at 1(415) 547-7818 ext.7080 or 1(800) 288-5555 to obtain a copy of the Medical Necessity Criteria or Benefit Exclusion.

### **Affirmative Statement - No Financial Incentives Regarding UM Decisions**

The UM process does not contain financial incentives, direct or indirect, to influence utilization management decisions.

The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for SFHP are not compensated or given incentives based on their coverage review decisions.

Medical Directors and nurses are salaried employees of SFHP, and contracted external physicians and other professional consultants are compensated on an hourly or per-case-reviewed basis, regardless of the coverage determination.

SFHP does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for UM staff or independent medical consultants to encourage utilization review decisions that result in under-utilization.

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## ***7. Palliative Care covered effective January 1, 2018***

Palliative Care will become a covered benefit for SFHP Medi-Cal members beginning January 1, 2018 in accordance with [Senate Bill 1004](#).

For a detailed description of the palliative care benefit including covered services and qualifying conditions, please review the [DHCS All Plan Letter](#).

SFHP is in the process of finalizing the policies and procedures of the new benefit and will be providing updates as they become available. If you have a patient who might qualify for palliative care, please contact SFHP Provider Relations for the latest referral and authorization procedures at: [provider.relations@sfhf.org](mailto:provider.relations@sfhf.org) and 1(415) 547-7818 x7084.

*Palliative care* is a patient-centered, whole-person approach that helps people with serious or life-limiting illness to live well, from diagnosis until death. It focuses on following patient goals of care, and managing pain and other distressing symptoms to improve quality of life for people with a serious qualifying illness.

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## ***8. Reminder: Acupuncture Benefit for Medi-Cal Members***

Acupuncture is a covered benefit for Medi-Cal members up to 2 times per month.



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Please do not hesitate to contact Provider Relations at **1(415) 547-7818 ext. 7084**,  
[Provider.Relations@sfhp.org](mailto:Provider.Relations@sfhp.org) or Chief Medical Officer **Jim Glauber, MD, MPH**, at [jglauber@sfhp.org](mailto:jglauber@sfhp.org).

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