

November Provider Update

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October 31, 2017

Our November Update includes information on:

1. FSR Provider Pearls
2. Member Incentive Programs
3. Palliative Care Training
4. Pharmacy Updates
5. Provider Appointment Availability Survey (PAAS)
6. Member Grievance and Appeals

1. Facility Site Review (FSR) Provider Pearls



Jackie Hägg, the Nurse Specialist, Provider Quality and Outreach, discusses monthly “Provider Pearls” on various elements related to ensuring your practice or site is compliant with all Department of Health and Human Services (DHCS) requirements regarding facility site, medical record, interim monitoring, and FSRC (provider accessibility) reviews.

October - Provider Pearl, Immunization Practices

What: Medical Record Review, Section V. Adult Preventive Services, L. Adult Immunizations

1. Ensure the **provision of immunizations** according to CDC’s most recent Advisory Committee on Immunization Practices (ACIP) guidelines, unless medically contraindicated or refused by the patient with documentation
2. Ensure **vaccine administration documentation**: name, manufacturer, and lot number
3. Ensure each patient receives a **Vaccine Information Statement (VIS)**

Who: As a primary care provider (PCP) for SFHP members, the periodic Medical Record Review (MRR) includes auditing for compliance with the Advisory Committee on Immunization Practices (ACIP) guidelines for immunizing children and adults in your practice. Vaccines should be a well-documented and a consistent best practice. The DHCS endorses immunization practices according to the Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force (USPSTF) guidelines.

Why: As a primary care provider (PCP) for SFHP members, the periodic Medical Record Review (MRR) includes auditing for compliance with the Advisory Committee on Immunization Practices (ACIP) guidelines for immunizing children and adults in your practice. Vaccines should be a well-documented and a consistent best practice. The DHCS endorses immunization practices according to the Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force (USPSTF) guidelines.

When: During every patient’s periodic health evaluations and scheduled visits. Providers and staff should stay vigilant for immunization opportunities regardless of periodicity since many patients may not make regular visits

How: Providers and staff awareness. Use of electronic health record triggers, the web, androids, iPads, iPhones, and window apps tools.

Helpful links:

[CDC - Vaccines and Immunizations](#)

“AHRQ's Electronic Preventive Services Selector (ePSS) is a quick, hands-on tool designed to help primary care clinicians and health care teams identify, prioritize, and offer the screening, counseling, and preventive medication services that are appropriate for their patients. The ePSS is based on the current, evidence-based recommendations of the U.S. Preventive Services Task Force (USPSTF) and can be searched by specific patient characteristics, such as age, sex, and selected behavioral risk factors.”

For any questions, please contact Jackie at jhagg@sfhp.org or by her direct line at 415-615-5637.

2. Reminder: Member Incentives for qualifying SFHP Members

SFHP members may be eligible for gift cards when they see their providers for preventive and chronic disease care. SFHP currently has incentives programs for:

- **Childhood immunizations**
- **Well-Child visits**
- **Prenatal care**
- **Postpartum care**
- **Diabetes care**
- **Asthma care**
- **Controlling high blood pressure**

We have found these incentives can be very motivating to members, helping them make and keep appointments with their providers.

Many of these will need providers or their offices to sign off. See complete details of the seven incentives programs [here](#). This page includes pictures of each postcard to help you recognize them.

SFHP is available to provide an in-person presentation about our incentive programs for providers and/or staff at your site. To request an in-person presentation or if you have any questions about SFHP member incentives, contact Health Outcomes

have any questions about SFHP member incentives, contact [Health Outcomes Improvement](#).

3. Palliative Care Training: Free to qualified Medi-Cal Providers (CME/CEU available)

DHCS has contracted with the California State University Institute for Palliative Care to fund palliative care training for qualified Medi-Cal providers and their clinician staff. Providers can apply for palliative care training, **available for a limited time at no charge**, through the CSU institute's [website](#). Please note that the trainings are supported by DHCS and are free for participating SFHP providers, **so apply early**.

[Apply Here](#)

Medi-Cal Palliative Care will be implemented through SFHP Medi-Cal starting **January 1, 2018**. This program has been initiated in accordance with [Senate Bill 1004](#).

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. To learn more about the scope of palliative care services covered under this new benefit, and the qualifying conditions, please review the [DHCS All Plan Letter](#).

4. Pharmacy Update Quarterly Formulary and Prior Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee at the P&T Committee meeting on 10/18/17. Major updates include the following:

- Increased quantity limits for rizatriptan tablets, (ODT) Orally disintegrating tablets and naratriptan tablets to equivalent amount of sumatriptan quantity limits

[Drug Utilization Review edits](#)

- Approved the development of an ‘Initial Opioid Days’ Supply’ edit restricting initial opioid fills (i.e., no prior opioid paid claim in the past 180 days) to seven (7) days’ supply for short-acting opioids only
 - Exempt claims for members with paid oncology medication claim in the last 180 days and from (NPI) National Provider Identifier list for approved providers.
- Approved the development of an acetaminophen dose accumulator safety edit to restrict maximum acetaminophen daily dose from all claims to 4 grams, using 180-day look back for active prescriptions

The complete list of approved formulary and prior authorization criteria changes are available on SFHP website [here](#) and [here](#). All changes are effective November 20, 2017. For formulary or criteria questions please visit our website or call SFHP pharmacy department at 4155477818 ext. 7085, option 3.

Prior Authorization Form

The online Prior Authorization form has been updated by the state but the prior authorization process has not changed.

5. Access Survey: Provider Appointment Availability

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames. To meet these requirements, SFHP administers the 2017 Appointment Availability Survey from August 1st until December 28th 2017. The survey, which is expected to take approximately 10 minutes, will ask provider offices to identify individual provider’s next available appointment (date/time) for various types of nonemergency care. Please inform your frontline staff who answer the phone that they may be receiving this call from SFHP and that nonparticipation will be deemed noncompliant with the Timely Access Regulations, per state requirements.

Please refer to [this informative flyer](#) that can be shared with your team as well as an [access one-pager](#) that clarifies the timely access regulations. Providers can also find more information about survey process and requirements on the DMHC website located [here](#). For any questions about the Timely Access Regulations or the Appointment Availability Survey please reach out to SFHP’s Provider Relations Department at 1(415) 547-7818 ext. 7084 or through email.

6. Member Grievance and Appeals

San Francisco Health Plan (SFHP) encourages members or member's representatives to voice their dissatisfaction with SFHP's or its providers' services through the Grievances and Appeals process.

More information on SFHP's Member Grievance and Appeals process as well as updated Grievance/Appeals forms in several languages can be found on the [SFHP website](#).

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

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