December 1, 2017

Our December Update includes information on:

1. Healthy Workers and Healthy Kids Name Change
2. Non-Emergency Transportation Requests
3. Inactive Billing Providers to be Deleted from Medi-Cal FFS
4. HEDIS Pursuit Season
5. Provider Appointment Availability Survey & After-Hours Triage
6. Pharmacy Updates on Vaccines and Short-Acting Opioid Medication Limits
7. Changes to Medi-Cal benefit for Alcohol Misuse Screening and Counseling (formerly SBIRT)

1. **Name Changes: Healthy Workers HMO and Healthy Kids HMO**

Effective January 1, 2018, Healthy Workers and Healthy Kids will have new names. Healthy Workers will change to **Healthy Workers HMO** and Healthy Kids will change to **Healthy Kids HMO**. Members’ Primary Care Providers are not changing and members will receive the same service and benefits as before.

2. **Non-Emergency Transportation Request Forms**
Non-Emergency Transportation providers must submit a Physician Certification Statement (PCS) form along with the Prior Authorization Request form when requesting Non-Emergency Transportation services.

3. **Inactive Billing Providers to be deleted from Medi-Cal fee-for-service (FFS)**

Please note: this is a courtesy notice regarding Medi-Cal FFS, a.k.a. “Straight Medi-Cal.” Your network status with SFHP is not affected by this announcement.

Welfare and Institutions Code Section 14043.62 directs DHCS to deactivate providers who have not billed in a year. DHCS will soon deactivate billing providers with no FFS claim activity in the last twelve months of enrollment. DHCS will notify all providers of their impending deactivation.

If SFHP network providers would like to continue participating in the Medi-Cal fee-for-service program in their current status, they may send an email to DHCSMassDeact@dhcs.ca.gov. Requests from MCP providers indicating a need to remain active in the Medi-Cal FFS program will be honored.

In addition, providers who do not bill, but wish to continue to order, refer, or prescribe to Medi-Cal members may apply as an Ordering, Referring and Prescribing (ORP) provider. ORP providers enroll solely for the purpose of ordering, referring or prescribing items or services for Medi-Cal members. For more information, please see the Medi-Cal website ORP FAQs.

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:
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@sfhp.org or 1(415) 615-4472 with any questions.

5. Access Survey: Provider Appointment Availability & After-Hours Triage

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.

It is also a state requirement to provide 24 hour telephone coverage and language interpretation to your patients. Your patients and SFHP’s members require the ability to call a provider’s offices and speak to a clinician within 30 minutes. SFHP will contact primary care offices throughout December after business hours to assess members’ access to care.

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.
Vaccines
CDC recommends everyone 6 months of age and older receive a flu shot every year. Adults 19 years of age and older can receive many vaccines at their pharmacy covered under SFHP Medi-Cal Outpatient Pharmacy Benefit: influenza, MMR, meningococcal, pneumococcal, varicella, Tdap/Td, Typhoid, Hib, HPV, Hep A & B, and herpes zoster - including the new preferred SHINGRIX®. Click for a complete list of SFHP covered vaccines.
Children 18 years or younger are eligible for vaccinations through California Vaccines for Children (VFC) Program. Contact VFC at 1-877-243-8832 for more information.
We encourage providers to register and access California Immunization Registry (CAIR), a state wide database of regional registries that consolidate immunization records, in order to see what vaccinations have been administered by participating providers and pharmacies.

The complete list of approved formulary and prior authorization criteria changes are available on SFHP website. All changes are effective November 20, 2017. For formulary or criteria questions please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

Short-Acting Opioid Medication Day Supply
Effective 12/1/2017, San Francisco Health Plan will limit the first prescription for a short-acting opioid medication to a seven (7) day supply. New-start prescriptions for greater than a 7 day supply of a short-acting opioid will be denied as 'exceeding 7 day supply limit'. A prescription for a short-acting opioid medication is considered an initial prescription if the member has not received a prescription for any opioid medication in the last 180 days. This limit will initially apply to prescriptions written by out-of-network prescribers. This edit will be applied to in-network prescribers over the next few months following a notification and exemption request process. A FAQ (Frequently Asked Questions) memo with more details on this new initial opioid prescription edit limit will be available on the provider section of the SFHP website soon. Contact SFHP Pharmacy Services at 1(415) 547-7818 Ext. 7085 with questions or to request an exemption.

7. Changes to Medi-Cal benefit for Alcohol Misuse Screening and Counseling (formerly SBIRT)
DHCS has released an All Plan Letter 17-016 detailing changes to the alcohol
There are two changes crucial to providers:

1. The name of the benefit has changed from Screening and Brief Intervention and Referral to Treatment (SBIRT) to Alcohol Misuse Screening and Counseling (AMSC).
2. **Training is no longer required** to administer. At least one supervising clinician at each practice is encouraged to get training, but it is not necessary for administration of the benefit.

For questions on this benefit, please contact Provider Relations or the DHCS' 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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