

Provider Update

SAN FRANCISCO
HEALTH PLAN™



Here for you

August 1, 2016

Please see these important updates from San Francisco Health Plan

Our August Update includes information on:

1. Update to Provider Dispute Resolutions
 2. 2016 Adolescent Health Provider Gathering and Conference
 3. Transgender Health ECHO Training Program
 4. World Breastfeeding Week
 5. Children's Oral Health Q&A with Dr. Lyra Ng
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1. Update to Provider Dispute Resolutions

Effective September 1st, 2016, SFHP will be consolidating Provider Appeals and Provider Dispute Resolutions (PDR) into one streamlined process. Compliant with California Title 28 Section 1300.71.38, this enhanced process utilizes a single form to dispute claims, authorization denials, contractual disagreements, and more.

Please refer to the [SFHP website](#) for more details as well as access the updated PDR request form.

Send all PDR requests to:

San Francisco Health Plan
Attn: Claims Department
P.O. Box 194247
San Francisco, CA 94119

2. 2016 Adolescent Health Provider Gathering and Conference

You are invited to the 2016 Teen, Young Adult & Adolescent Service Provider Conference. This year's topic is LGBTQIA Youth Health & Wellness: From Policy to Practice.

Topics will include clinical guidelines and best practices in primary care settings, school based resources and policies, sexual health assessments and tools, behavioral health considerations, PrEP use and HIV prevention recommendations, understanding gender identity and trans care needs, and more!

When: September 23, 2016 at 8:30 a.m. to 4:00 p.m.

Location: Seven Hills Conference Center at San Francisco State University

Registration cost: \$55 (CEU cost is separate)

Breakfast and Lunch are provided.

3. Transgender Health ECHO Training Program

Transgender Health ECHO allows participants to learn from experts, and apply their knowledge to increase the availability of culturally-responsible, comprehensive primary care for transgender people. The program includes 12 months of free training, technical assistance, and coaching. For more information, or to apply to participate, please visit their [website](#).

4. World Breastfeeding Week

August 1st-7th, 2016, is World Breastfeeding Week, which is a perfect opportunity to brush up on breastfeeding facts and figures, educate families about all of the benefits of breastfeeding and risks of formula feeding, and support and encourage new moms to exclusively breastfeed their babies.

The following are helpful Provider Tools to educate, support, and encourage families to breastfeed their babies and help normalize breastfeeding in our society:

[SF WIC Breastfeeding Information and Resources](#)

[CA DPH Extensive List of Breastfeeding Resources for Healthcare Professionals](#)

[Breast Feeding Core Competencies](#)
[Resource Toolkit and Free Checklists](#)
[California Breastfeeding](#)
[World Breastfeeding Week](#)

5. Children's Oral health Q&A with Dr. Lyra Ng

Q: Why should pediatric and family practice PCPs be concerned about children's oral health and make it a priority in their practices?

A: Primary care providers are uniquely placed in a child's medical home to have frequent access to patients and parents during infancy and toddlerhood. This period is a particularly important time of development of health habits. We, in the medical field, often leave oral health and dental health in particular to the dentists. Unfortunately, oral health habits are already established by the time patients present to the dentist for the first time and in San Francisco's most vulnerable districts, this results in nearly 50% of entering kindergartners having one or more dental cavities in their mouths.

Thus, it makes good sense for primary care providers to include healthy mouth education and anticipatory guidance to parents during early infancy. Teaching them to establish healthy dental care habits in the home is paramount. Without these daily habits of cleaning with toothpaste and floss, eschewing sugar sweetened beverages and sticky snacks, preventing exposure to cavity causing oral bacteria, and so on, children find themselves at risk of early childhood caries, which are entirely preventable. Teeth grow into the mouth perfectly whole. An absence of oral health preservation habits results in one of the most preventable health disparities in our community.

Q: How can fluoride varnish application in the primary care setting help improve children's oral health?

A: Primary care providers can also help strengthen the enamel of baby teeth against cavities by applying a simple fluoride varnish treatment to the surface of the teeth during visits in their office. It is a quick, cost effective procedure with solid supportive literature showing sound effectiveness.

Q: When did you implement fluoride varnish application in your practice and how long does one application take?

A: I started applying fluoride varnish in 2011 when Margaret Fisher of the SFDPH introduced the treatment to me in a free workshop that included supplies. At the time,

the US Preventive Services Task Force (USPSTF) and the AAP had not yet included fluoride varnish use in their guidelines for the primary care setting as they did in 2014. I started with the babies when their first tooth erupted, then with each year as more teeth arrived, they were also painted with the varnish. Varnish can be applied in the primary care setting 3 times per year. Each application takes about 1-2 minutes depending on the patient.

Q: What are some of the barriers you have faced during implementation and how did you overcome them?

A: The greatest barrier to implementation was and still remains the lack of time allowed in a well visit to cover everything of importance. Oral health messaging and fluoride varnish application must be considered a priority by the provider for it to receive its deserved time in a busy clinic. It is easy to recognize something is important to do, but it is difficult to commit to it when 2 patients are waiting and you are 30 minutes behind. Financial considerations for the procedure and supplies can also be barriers, although access to free supplies, including the fluoride varnish, helps to mitigate these issues.

Q: Do you have any resources or other information you would like to share with SFHP pediatric and family practice PCPs?

A: The strongest motivation for providing fluoride varnish in the pediatric office is knowing that you could have helped families prevent cavities in their children. You know you did not help enough when you see the loss of a molar to cavities, the loss of a pure healthy smile, the replacement of said smile with metal caps for front teeth or worse, the presence of a gummy smile in a child while they wait for their adult teeth to grow in. This is the saddest of all since a child without front teeth learns to hold in a wide smile so people do not ask where their teeth went. This child cannot know the satisfaction of biting into a refreshing apple, requires pureed meals, and may suffer from malnutrition. This experience follows the child into adulthood.

6. SFHP Disease Management Programs for Diabetes and Asthma

In May 2016, SFHP launched two no-cost disease management programs involving direct member outreach:

- SFHP Asthma Care Program
- SFHP Diabetes Care Program

A second round of calls and mailings for these programs will be occurring in late September through early October.

These programs are designed to provide a comprehensive, ongoing, and coordinated approach to improving health outcomes for SFHP members with asthma and diabetes. SFHP members who qualify will be automatically enrolled in these programs, and may opt out of services at any time. Components of the programs include:

1. Health education materials: program welcome letter, asthma or diabetes health education booklet, and additional resources upon request. Materials are mailed to members in English, Spanish, Chinese, and Vietnamese. Electronic copies of the materials are available upon request.
2. Annual incentive opportunities:
3. Asthma - One \$25 incentive for members with asthma for completing an Asthma Control Test
4. Diabetes - Two \$25 gift cards for members with diabetes when they complete the following screenings: 1) HbA1c test, blood pressure check, and monitoring for nephropathy, and 2) diabetes eye exam (dilated or retinal exam)
5. Two annual check-in calls per year for members with greater needs: the first call includes a basic health education assessment, and the second provides a reminder to receive chronic condition screenings.
6. A warm transfer to the PCP's office for members who indicate they would like to make a PCP appointment during the check-in call. Please inform your phone reception staff that these calls may be coming in.

For more information, please visit our [website](#) or [e-mail](#) us.

7. Incentive for SFHP Medi-Cal Patients with Hypertension

SFHP is continuing its incentive program for members with hypertension. This program was very successful in 2015 calendar year, with about a fifth of members with hypertension participating.

Members with a hypertension diagnosis are eligible to receive a \$25 Walgreen's gift card for the 2016 calendar year if they complete the following two requirements:

1. Receive a blood pressure check at their PCP office – the provider or clinic staff must document the following on the incentive card for the member to qualify:
 - o Blood pressure check date
 - o Result
 - o Is this level considered normal? (Yes/No)

- Follow-up appointment date (if BP is not in normal range)
 - Provider/staff signature
2. Complete a Healthy Heart Action Plan describing how they intend to lower their blood pressure if it is high, or maintain their blood pressure if it is in normal range.

SFHP Medi-Cal members will receive mailed information about this incentive in September 2016. The mailer will contain a hypertension fact sheet and a Controlling High Blood Pressure incentive form, along with an insert regarding the benefits of home blood pressure monitoring. Members must complete their blood pressure check and Healthy Heart Action Plan before December 31st, 2016 in order to be eligible to receive this incentive. Electronic copies of the materials are available upon request.

Please contact [Cassie Caravello](#) (Population Health Program Manager) or HealthEducation@sfhp.org with any questions.

On-Site Presentations Available

SFHP is available to provide in-person informational presentations about our member incentive and disease management programs. Please contact [Cassie Caravello](#) (Population Health Program Manager) or HealthEducation@sfhp.org with any questions or to request a site visit.

8. Pharmacy Update

Fax Number Change for Prior Authorization Requests

Effective July 1st, 2016, SFHP has one fax number for submission of prior authorization requests.

Both standard and urgent requests should be faxed to: **1(855) 811-9331**.

Urgent requests should be clearly labeled “URGENT” at the top of the prior authorization request form. Prior authorization requests can also be submitted online using the Online Pharmacy Prior Authorization Request Form available [here](#) or by calling SFHP Pharmacy Benefits Manager (PBM) PerformRx at **1(888) 989-0091**.

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 July 20th, 2016. All changes are effective August 17th, 2016.

- The following changes were made as part of therapeutic class reviews:
 - Antiarrhythmics: all products, including Multaq®, have been added to formulary without restrictions except propafenone ER which remains non-formulary
 - Antihypertensives:
 - Quantity limits have been removed from all formulary medications, except guanfacine due to safety concerns.
 - The following medications have been added to formulary or have had the PA requirement removed: reserpine, clonidine transdermal patch, methyldopa/hydrochlorothiazide, acebutolol 400mg, sotalol 160mg and 240mg, diuril oral suspension, hydrochlorothiazide 12.5mg, fosinopril, ramipril, trandolopril, benazepril, benazepril/amlodipine, telmisartan, diltiazem ER 420mg capsules, and verapamil ER.
 - Diabetes:
 - Januvia® and Invokana®/Jardiance® have been selected as the preferred agents in the DPP-4 and SGLT-2 classes respectively.
 - Prior authorization criteria have been updated to allow dual therapy with metformin and agents within DPP-4, SGLT-2 or GLP1 classes if A1C at initiation of therapy is > 7.5%.
 - Quantity limits have been removed from oral diabetic medications. Quantity limits were retained on injectable medications to ensure appropriate billing.
 - Antiplatelets: Brillinta® and aspirin/dipyridamole have been added to formulary with quantity limits
 - Multiple Sclerosis:
 - Copaxone® 40mg pre-filled syringe has been added to formulary with PA requirement.
 - Ampyra® PA criteria have been updated to require concurrent treatment with a disease-modifying agent, as Ampyra® does not treat the underlying disease.
- Other important changes include the following:
 - ADHD medications:
 - Requirement for psychiatrist prescribing or recommending ADHD therapy for members over 18 years of age has been lifted to facilitate greater access to ADHD treatment.
 - The following long-acting stimulants were added to formulary for members 5-18 years of age: amphetamine/dextroamphetamine XR (Adderall XR®), dextroamphetamine (Dexedrine®), methylphenidate CD (Metadate CD®), methylphenidate LA (Ritalin LA®), methylphenidate ER (Concerta®)

- Hepatitis B medications: all medications for treatment of Hepatitis B have been added to formulary with the following exceptions:
 - Lamivudine (Epivir HBV®) and Viread® (tenofovir) remain excluded from Medi-Cal formulary as fee-for-service (FFS) Medi-Cal carve-outs.
 - Baraclude® and Epivir® solution have an age limit of ≤12 years of age; tablet formulations are required for members >12 years of age.
- Hepatitis C medications: Epclusa® has been added to formulary as PA required and selected as the preferred agent for all genotypes except subtype 1b or 1a without resistance, where Zepatier® is preferred, and genotype 1 treatment-experienced with prior failure of sofosbuvir/RBV+ PEG-INF, where Harvoni® is preferred.
- Methadone: Methadone has been removed from SFHP formulary. Members currently on methadone will be allowed to continue therapy while new starts will require a PA with rationale for why short-acting and other long-acting opiates cannot be used. This change is in line with methadone being removed from FFS Medi-Cal formulary effective July 1st, 2016.

For a complete list of approved formulary and prior authorization criteria changes, please visit our [website](#). All changes are effective August 16th, 2016. For formulary questions, please visit our [website](#) or call SFHP pharmacy department at **415-547-7818** ext. 7085, option 3.

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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