

Provider Update

SAN FRANCISCO
HEALTH PLAN™



Here for you

December 1, 2016

Please see these important updates from San Francisco Health Plan

Our December Update includes information on:

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1. PerformRx to Manage Healthy Worker Pharmacy Benefit

Effective December 1, 2016, San Francisco Health Plan will be managing and administering the pharmacy benefits for the Healthy Worker program. The Pharmacy Network has expanded and the pharmacy benefits manager (PBM) is now PerformRx (same as all other SFHP membership) and the list of covered medications (Formulary) is aligned to be consistent across all other SFHP programs.

There are no restrictions on who can prescribe medications for Healthy Worker members. **Healthy Worker members are no longer restricted to their current assigned pharmacies.** This change will increase healthcare access for members and streamline the process for providers.

There are no changes to the pharmacy benefits. Co-pays remain \$5.00 for preferred generics and \$10.00 for brand-named medications.

This transition will require the pharmacy to change how prescriptions are processed.

Members have been informed to show their new ID card which lists new Pharmacy billing numbers (Pharmacy BIN#: 600428 and PCN #: 06300000) for the pharmacy to use.

2. Walgreens Store Closure

Walgreens store at 776 Market Street will be closing on Tuesday, December 6th, 2016. The following pharmacies are located within several blocks and are ready to accept transitioning customers:

- 135 Powell St (corner of O'Farrell Street), San Francisco, CA 94102; (415)-391-7222
- 825 Market St (corner of 4th Street), San Francisco, CA 94103; (415)-543-9502

Walgreens has been communicating this information to their customers and working on a plan to minimize any disruption.

3. End of Life Care added as a Fee-For-Service Benefit

The End of Life Option Act (AB x2-15) established a benefit for prescribed aid-in-dying medications under certain conditions. Medi-Cal now provides coverage and reimbursement for visits and drugs under this benefit as a Fee-For-Service (FFS).

This benefit is “carved-out” of SFHP Managed Care, but will be described as a FFS benefit on an upcoming edition of [our benefits summary on our website](#). For questions, please contact Provider Relations by any means at the bottom of this Update.

4. SFHP's 2016 Group Needs Assessment (GNA) Results

The California Department of Health Care Services (DHCS) requires Medi-Cal plans to administer the Group Needs Assessment (GNA) every 5 years. The main goal of the GNA is to identify the health education and cultural and linguistic needs of SFHP's Medi-Cal members.

SFHP's 2016 GNA included a review of existing SFHP data to analyze SFHP's member demographics, utilization of services, health disparities, and disease prevalence. In addition, SFHP has distributed a survey developed by the DHCS to a random sample of 2,001 members.

A total of 511 members responded, which represents a 27.5% response rate. The survey presented questions regarding member perception of linguistic services, provider satisfaction, health concerns, and preferences about health education and health plan information.

SFHP's key findings and next steps from the GNA are as follows:

1. 40% of Limited English Proficiency (LEP) members are using family members or friends as interpreters because their provider's office requests it or because they are not offered a professional interpreter.

SFHP Recommendations/Actions:

- Increased oversight of providers and medical groups via the Time-to-Answer Survey
- Encourage the use of in-person interpreters during oversight audit desk reviews
- Inform members about their rights to an interpreter on an ongoing basis.

2. Only 77% of members stated that their PCPs can explain subjects in a manner that is easy to understand. This rating was even lower for Cantonese speakers.

SFHP Recommendations/Actions:

- Offer an AIDET training by the Studer Group. Please see Article #7 in this Update for details.
- Provide follow-up resources to providers when grievances are filed related to provider/patient communication (such as the teach-back method or motivational interviewing)
- Disseminate communication resources to providers via the Provider Update

3. Access is still an important concern for members: 29% said there are not enough appointments available at clinics, 20% said there are not enough clinics/doctors nearby, 30% said they want help from SFHP to get a PCP or specialist appointment, 45% want to know how to get care after hours.

SFHP Recommendations/Actions:

1. Continue to work on meeting Timely Access Standards via the SFHP Access to Care Committee, access dashboards, and timely access surveys
2. Increase avenues for informing members of their access rights
3. Launch of Teladoc in Q2 of 2017

For more information about SFHP's GNA results, please see the [2016 GNA Executive Summary](#) document and [GNA Summary](#) presentation. To request a copy of the full GNA report, please contact HealthEducation@sfhp.org.

5. New Teach-Back Resources Available

The Agency for Healthcare Research and Quality (AHRQ) is now offering new teach-back resources in their [Guide to Improving Patient Safety in Primary Care Setting by Engaging Patients and Families](#).

Teach-back is a technique for health care providers to ensure that they have explained medical information clearly. This helps patients and their families understand what is communicated to them. This comprehensive guide provides primary care practices with four strategies that they can adopt to improve patient safety. A practice may choose to adopt one or all of the strategies. The new resources in the guide include:

- An [Implementation Guide](#)
- An [interactive learning module](#)
- A 4-question staff [survey](#) to gauge teach-back implementation

Click [here](#) to see all the resources AHRQ is currently offering.

6. 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 2016 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 come to your office. Our HEDIS visits will be scheduled from February to the beginning of May of 2017.
- 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.

7. Improving Patient Satisfaction with AIDET

On November 1st, the Studer Group provided a training to SFHP's provider network on an evidence-based practice for improving patient satisfaction called AIDET. Providers from across the network learned about AIDET and had the opportunity to practice using it. AIDET is a communication framework that can reduce patient anxiety, improve clinical outcomes and improve patient compliance. AIDET is an acronym that stands for:

- Acknowledge - greet the patient and make them feel welcome
- Introduce - introduce yourself with your name, professional certification and experience
- Duration - let the patient know how long your interaction with them will last
- Explanation - explain what to expect next
- Thank – thank the patient and their family

AIDET can be used by staff across the continuum of care and throughout healthcare interactions including by; providers, front office staff, and back office staff. SFHP encourages providers to use AIDET to enhance patient perception across the network as measured by CG-CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) and HP-CAHPS (Health Plan Consumer Assessment of Healthcare Providers and Systems).

For more information and to see how you might be able to use AIDET in your healthcare setting, please visit the Studer Group's website about AIDET. If you have any questions, please contact Jess Strange, Program Manager, Care Experience: jstrange@sfhp.org

8. Pain Management and Opioid Safety Resources

The overuse of opiates is an issue that has received nationwide attention over the last several years. In the November 9, 2016 issue of the New England Journal of Medicine, Dr. Vivek Murthy published a call to action to [end the opioid epidemic](#).

The [FDA warns](#) about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning

Since 2012, SFHP has promoted awareness and best practices in the areas of opiate safety and pain management. SFHP would like to continue this by making our providers aware of some of the valuable resources for Opioid Safety and Pain Management and Addiction Treatment Resources.

Opiate Safety Guidelines/Resources

Center for Disease Control and Prevention: [CDC Guidelines for Prescribing Opioids for Chronic Pain](#), published in March 2016

[California Health Care Foundation](#)

[SFHP Website](#)

SFHP's website includes access to a free CME module titled: **Acute Pain Management: Putting use of Opioids in Proper Perspective.**

Developed by SFHP, SF Safety Net Pain Management Workgroup, and Quality Healthcare Concepts, this 1 hour 1 CME experience teaches an evidence-based approach to using opioids to treat acute pain. Content includes risk assessment, alternative treatments, dose & duration guidelines, and video case vignettes to practice new strategies for conversations with acute pain patients.

Addiction Medicine Resources

[Medication-Assisted Treatment for Addiction: \(Webinar Series\)](#) The California Society of Addiction Medicine is holding a series of 12 [monthly webinars](#) designed to help primary care practices implement buprenorphine prescribing for addiction treatment.

MATx: SAMHSA's Free Mobile App to Support Medication-Assisted Treatment

Whether you are already providing MAT to patients with opioid use disorder or want to become a provider who does, MATx can help you. MATx includes a buprenorphine prescribing guide and other clinical support tools. Download the free mobile app [here](#).

Providers can get **free substance use consultation** from addiction medicine experts at UCSF's CCC Substance Use Warmline. Click [here](#) for more information.

Questions? Email pain@sfhp.org.

9. Telephone Access Survey

As a friendly reminder, it is 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 has contacted provider offices in late November through December and January during and after business hours to assess members' access to care and to language interpretation. For more information regarding timely access regulations, please see SFHP's quick tips [here](#).

10. Beacon Co-Location

Beacon Health Options (Beacon), SFHP's partner in the provision of mild to moderate mental health services, is co-located with SFHP. As part of this co-location model, Beacon has a Clinician and Care Coordinator onsite to assisting members with available

mental health services and providing telephonic case management.

SFHP providers can directly refer members to the co-located Beacon team for assistance and support around accessing mental health services. In addition, Beacon offers a valuable resource for PCPs to support the prescribing of psychotropic medications – PCP Decision Support. PCP Decision Support is telephonic doctor-to-doctor clinical decision support with a licensed psychiatrist. This curbside consult can help with concerns and/or questions about prescribing psychotropic medications to a SFHP member. These services can all be accessed by using a simple referral form available on SFHP's website.

Please visit the Provider Resources – Mental Health Resources page of SFHP's website for additional information on Beacon and to access [the form](#) to refer members to Beacon's co-located team and/or to initiate the PCP Decision Support process.

11. Pharmacy Update

Vaccines

SFHP members can now receive various immunizations at their pharmacy. Adult immunizations (19 years of age and older) are covered under the SFHP Medi-Cal Outpatient Pharmacy Benefit. Vaccines covered include: influenza, measles/mumps/rubella (MMR), meningococcal, pneumococcal, herpes zoster, Tdap/Td, Hib and varicella. Please note children 18 years of age or younger are eligible for vaccinations through California Vaccines for Children (VFC) Program. Contact VFC at 1-877-243-8832 for more information.

Formulary flu vaccines available for this year are:

- Afluria® 2016 – 2017
- Fluzone® 2016 – 2017
- Fluarix® Quad 2016 – 2017
- Fluzone® Quad 2016 – 2017
- FluBlok® 2016 – 2017
- Fluzone® Quad Pedi 2016 – 2017
- Flucelvax Quad® 2016 – 2017
- Fluzone® Intraderm Quad 2016 – 2017
- FluLaval Quad® 2016 – 2017
- Fluzone® High-Dose 2016 – 2017
- Fluvirin® 2016 – 2017

Please note that FluMist nasal spray is not covered by SFHP based on the [CDC's recommendation](#) that it should not be used during the 2016-2017 flu season

All pharmacies administering vaccinations are required to register with California Immunization Registry (CAIR). CAIR is a state wide consortium of regional registries

that consolidate immunization records into a state wide database. We encourage providers to register for and access this system to see what vaccinations have been administered by participating providers and pharmacies.

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 October 19, 2016. Major updates include the following:

- **Dyslipidemia agents:** rosuvastatin (Crestor®) was added to formulary without restrictions
- **Testosterone replacement products:** testosterone 1% gel (50mg gel tube, 25mg gel packet, 1.25g pump), testosterone 2% (10mg pump) and Androderm® (testosterone) transdermal patches (2mg and 4mg) were added to formulary with prior authorization requiring trial with or inability to use injectable testosterone prior to approval
- **Alzheimer's Disease/Dementia agents:** all medications were added to formulary without restrictions including Namenda XR® and rivastigmine
- **Modafinil:** prior authorization criteria were updated to lift the requirement for stimulant trial prior to modafinil for the indication of narcolepsy
- **Anticonvulsants:** newer agents including Onfi® and Vimpat® were added to formulary without restrictions. Lyrica® will continue to require a prior authorization.
- **Benzodiazepines:** quantity limits were added to all formulary medications to ensure appropriate dosing
- **Self-Injectable epinephrine:** additional self-injectable epinephrine products were added to formulary as an alternative to EpiPen® including generic epinephrine 0.15 mg/0.15 ml and 0.3mg/0.3 ml auto-injector by Lineage Therapeutics

The complete list of approved formulary and prior authorization criteria changes is available on SFHP [website](#) under the "Materials" section. All changes are effective November 16, 2016.

For formulary questions, please visit our [website](#) at 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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