

February Provider Update

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February 2nd, 2018

Our February Update includes information on:

1. Reminder: CME Vulnerable and Underserved Populations
2. FSR Provider Pearls
3. Women, Infants, and Children (WIC) Collaboration with Healthcare Providers
4. Pharmacy Updates
5. SFHP Undergoing DHCS Audit in March – Providers May be Contacted for Visits
6. California Timely Access Study: SFHP Providers may be called by DHCS

1. Reminder: UCSF CME – Vulnerable and Underserved Populations

UCSF Office of Continuing
Medical Education

March 1 - 3, 2018

Medical Care of Vulnerable and Underserved Populations

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](#).

2. Facility Site Review (FSR) Provider Pearls This Month: Airway Management




All participating SFHP primary care medical offices receive periodic MMCD Division's (MMCD) Facility Site Review (FSR) Surveys. The Site Review component called Access and Safety. In this category, there is an element called Airway Management protocol. This includes checking that each medical office has a functional delivery system, oral airways, nasal cannula or mask, and an ambulance on call for medical emergency.

During a review of all 2017 Survey Site Review results for all SFHP MMCD, a critical element of the survey most missed was the presence of safety supplies and protocol. The Department of Health Care Services (DHCS) Policy Letter 14-004, which is on the Department's website, issued a Site Review Survey Guideline, Access and Safety, Section D. Emergency health care services are available 24 hours a day, 7 days a week, with the following advisory (22 CCR § 51056, §53216; 28 CCR §1300.67; 42 U

Without the ability to adequately maintain the patient’s airway, all other interventions are futile. Minimum airway includes a wall oxygen delivery system or portable oxygen tank, oropharyngeal airways, nasal cannula or mask. Various sizes of airway devices appropriate to patient population within the practice are on site. Portable oxygen at least ¾ full. There is a method/system in place for oxygen tank replacement. If oxygen tanks are less than ¾ full, site has a back-up method for supplying oxygen if needed **and** a scheduled plan for tank replacement. Oxygen connected to oxygen tank, but must be kept in close proximity to tank. Health care personnel at the site must be able to turn on the oxygen tank.

Frequently missing are all the components for a portable oxygen tank. Below is information that may help you ensure the equipment is available and accessible in your clinic at all times. Airgas and Praxair are examples of companies in the County that provide oxygen re-filling services.

				
<p>Rolling 2 Two Wheel Oxygen Tank Cylinder Cart Carrier</p>	<p>Mes Heavy Duty Oxygen Cylinder Tank Wrench</p>	<p>Medline HCS8715M Mini Oxygen Regulator, Latex Free, 0-15 (Or 0-25) Liters per Minute, 870 CGA Connection, Brass Sleeve</p>	<p>Orsini Brass Yoke Washers with Rubber Ring (Pack of 5)</p>	<p>l email</p>
<p>Parts: Amazon.com</p>				<p>Se</p>

For any questions about the Site Review Survey process, please contact Jackie at jhagg@sfhp.org or by 1(415) 615-5637.

Detailed information about the FSR Process, including SRS and MRR guidelines and audit tools, can be found [Letter 14-004](#), which is on the DHCS website: DHCS Policy Letter 14-004 ; Facility Site Review Guidelines can be found on our website: www.sfhp.org.

3. Women, Infants, and Children (WIC) Collaborative with Healthcare Providers

Angel Nguyen, MS, RD, CLE is the Regional Breastfeeding Liaison (RBL) for the WIC program serving the City

Francisco. Her role as an RBL is to help improve WIC breastfeeding rates by fostering and maintaining vital relationships with and healthcare providers.

Some projects she has been working on in the community include: collaborating with outpatient clinics to increase support facilities to promote lactation accommodation with their staff, and to celebrate World Breastfeeding Week. We created a monthly RBL breastfeeding bulletin listserve to share breastfeeding research, training opportunities, and information with the community. To join this listserve, please contact Angel at angel.nguyen@sfdph.org or call 1(415) 575-5745. A list of RBLs can be found [here](#).

The WIC Program is a Special Supplemental Nutrition Program for low income pregnant and postpartum women and children under the age of five. WIC provides supplemental foods, nutrition education, breastfeeding education and support services. For referrals or questions, please call 1(415) 575-5788.

4. Pharmacy Updates: Diabetic Testing Supply Formulary Changes and New Acetaminophen Accumulator Safety Limit Edit

Diabetic Testing Supply Formulary Changes

Effective 1/1/2018, the following changes were made to San Francisco Health Plan formulary pertaining to diabetic testing supplies:

Added to formulary: Accu-Chek Aviva Guide meter and test strips (50-ct), Accu-Chek Softclix lancing device and test strips (50- and 204-ct), Accu-Chek Multiclix lancing device and lancet drums (100- and 200-ct)

Removed from formulary: Accu-Chek Aviva Plus and Smartview (Nano) meters and associated testing strips (50- and 100-ct); FastClix lancing device

Please note that testing strips (50- and 100-ct) for both Aviva Plus and Smartview (Nano) meters remain available for continued use by members currently using those meters. Likewise, FastClix lancets (102-ct) remain available for continued use by members who have that device. For members requiring a new meter or lancing device, please consider the new options listed above.

New Acetaminophen Accumulator Safety Limit Edit

Effective 11/22/2017, San Francisco Health Plan initiated an acetaminophen accumulator safety limit that prevents prescribing above the maximum 4 grams daily of acetaminophen (APAP) containing products.

When a claim is submitted for a product containing APAP, the acetaminophen dose accumulator edit calculates the cumulative dose of APAP including the current claim and previous APAP-containing claim(s) within 180 days for which >15 mg of APAP was dispensed. If the cumulative daily dose of acetaminophen is >4 grams, the claim is denied at point-of-sale and the pharmacy message reading "Exceeds 4 grams APAP daily".

5. SFHP Undergoing DHCS Audit in March – Provider Contacted for Visits

Be Contacted for Visits

The Department of Health Care Services (DHCS) will conduct a routine medical audit of San Francisco Health March 5th through March 16th, 2018 and will cover the audit period of March 1, 2017 through February 28, 2018.

The DHCS audit will consist of an evaluation of SFHP's compliance with its contract and regulations in the areas of financial management, case management and coordination of care, availability and accessibility, member's rights, quality of care, administrative and organizational capacity. A component of the audit includes a medical record review of specific members. As a result, DHCS auditors will need to collect copies of medical records from our providers in order to complete the audit.

This notice is provided to the DHCS auditors, per the DHCS' request, to have the auditors bring the notice with them to our offices to reduce obstacles in collecting the medical records.

The DHCS auditors will be collecting records. They may conduct a brief interview with the provider's staff. The Facility Site Review (FSR).

The SFHP providers and DHCS auditors have authority to disclose (allow access) and use (copy) confidential information of our SFHP members per Title 45, Code of Federal Regulations, Part 164, Security and Privacy, Standards for the Protection of Individually Identifiable Health Information, Section 164.512(d), Standard Uses and Disclosures of Health Information. This states in part that a covered entity (which includes providers) may disclose protected health information to a health care provider for oversight activities authorized by law including audits, inspections and other activities necessary for appropriate government benefit programs.

The auditors' requests for copies of SFHP member records are in compliance with HIPAA rules. If you have any questions, please feel free to contact Provider Relations at provider.relations@sfhp.org, or our Director, Nina Maruyama, at (415) 615-4217. Thank you very much for your cooperation.

6. California Timely Access Study: SFHP Providers called by DHCS

The California Department of Health Care Services (DHCS) have commissioned a study to assess the extent to which managed care health plans like SFHP are meeting the wait time standards. Calls to providers will be in four phases. Phase 1 will include approximately 25 percent of the total study sample, which will be a random sample of 411 providers. The 411 samples will be evenly distributed into each provider type, including primary care providers, specialists, behavioral health providers, ancillary providers for physical therapy, Magnetic Resonance Imaging (MRI) providers, mammography providers, and prenatal providers.

SFHP will not know which providers in our network will be sampled; DHCS' survey vendor will select providers from the provider directory. The surveyors will ask questions related to appointment wait times for routine and urgent visits. If your office receives one of these calls, please be assured the call is a legitimate study. Please pass this information to your staff. Thank you for your cooperation.

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Survey Phases:

Phase 1: February 12, 2018 – March 27, 2018

Phase 2: April 18, 2018 – May 30, 2018

Phase 3: July 18, 2018 – August 29, 2018

Phase 4: October 17, 2018 – December 3, 2018

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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