January 1, 2017

Please see these important updates from San Francisco Health Plan

Our January Update includes information on:

1. Important Healthy Worker Program Update
2. HEDIS Pursuit Season
3. APL-16-014: Comprehensive Tobacco Prevention and Cessation Services
4. Introducing Our New Nurse: Jackie Hägg, RN, MSN, LNC

1. Important Healthy Worker Program Update

As of January 1, 2017, there are NO copays at any hospital emergency department, and there is NO annual visit limit for several kinds of behavioral health and substance abuse treatments.

Please click here for the official notice.

2. 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 or call 1(415) 615-4472 with any questions.

3. APL 16-014 - Comprehensive Tobacco Prevention and Cessation Services

As of December 16th, 2016, the FDA has removed the boxed warning for Chantix (varenicline) and Zyban (bupropion) regarding serious mental health side effects.

The updated Safety Announcement states, "The risk of these mental health side effects is still present, especially in those currently being treated for mental illnesses such as depression, anxiety disorders, or schizophrenia, or who have been treated for mental illnesses in the past. However, most people who had these side effects did not have serious consequences such as hospitalization. The results of the trial confirm that the benefits of stopping smoking outweigh the risks of these medicines."

All patients are still recommended to stop taking Chantix or Zyban and call their healthcare professionals right away if they notice any side effects on mood, behavior, or thinking.

Based on a recent analysis of SFHP tobacco cessation medication utilization, 47% of members prescribed treatment only receive one fill of their medication. Chantix currently has lower utilization compared to other medication and represents 9.8% of total smoking cessation treatments.

Chantix and Bupropion 150 SR are covered under SFHP Medi-Cal formulary without prior authorization. Please see the FDA website for more information on the updated Safety Announcement.

The California Department of Health Care Services (DHCS) recently released additional direction to Medi-Cal managed care plans on tobacco prevention and cessation services for Medi-Cal members (APL_16-014). The most significant change is that primary care providers must now identify tobacco users and report that to SFHP. DHCS recommends that a tobacco identification system may include:

- Adding tobacco use as a vital sign in the chart or Electronic Health Record (EHR).
- Report tobacco use through documentation of the appropriate ICD-10 codes, including:
  1. F17.200 Nicotine dependence, unspecified, uncomplicated
  2. F17.210 Nicotine dependence, cigarettes, uncomplicated
3. F17.220 Nicotine dependence, chewing tobacco, uncomplicated
4. F17.290 Nicotine dependence, other tobacco product, uncomplicated
5. A full set of ICD-10 codes for tobacco use may be found here.

• Placing a chart stamp or sticker on the chart when the patient indicates tobacco use.
• Adding nicotine dependence/use to the patient’s problem list.
• Noting tobacco use in the Staying Healthy Assessment.
• Noting tobacco on the Child Health and Disability Prevention Program Confidential Screening/Billing Report (PM 160).

In addition, DHCS encourages providers:

• To initially and annually identify and track tobacco use in patients.
• To use the “5A’s” (Ask, Advise, Assess, Assist, and Arrange), the “5R’s” (Relevance, Risks, Rewards, Roadblocks, Repetition), or other validated behavior change model when counseling patients.
• To refer patients who use tobacco to the California Smokers' Helpline (1-800-NO-BUTTS) or web referral (www.nobutts.org).
• To ask all pregnant patients about tobacco use and exposure, and offer quit assistance to all pregnant patients who use tobacco throughout pregnancy including face-to-face counseling.
• To refer to the ACOG tobacco cessation guidelines before prescribing pharmacotherapy during pregnancy.
• To provide interventions, including education or counseling, to prevent tobacco use in children and adolescents.
• To implement the U.S. Public Health Services’ comprehensive tobacco use treatment recommendations.

For additional information, please refer to APL 16-014 or contact SFHP Provider Relations.

4. Introducing Our New Nurse: Jackie Hägg, RN, MSN, LNC

Jackie Hägg is the new Nurse Specialist, Provider Quality and Outreach and is responsible for ensuring SFHP is compliant with all DHCS requirements regarding facility site, medical record, interim monitoring, and FSR-C (provider accessibility) reviews.

Jackie hopes to get to know each of the providers and assist them in preparing for site reviews that are efficient and positive. She has many years of nursing experience in healthcare from clinic management to corporate provider relations.

For any questions, please contact Jackie at her email or by her direct line at 415-615-5637.