March Provider Update

March 1st, 2018

Our March Update includes information on:

1. Reducing Risk to Patient Safety: Ambulatory Referrals
2. High Blood Pressure Clinical Practice Guideline
3. Facility Site Review (FSR) Provider Pearls: Preparing for Site Reviews
4. Hospice Care – Revenue Code 0651 Discontinued
5. Our Quality Improvement Evaluation is Published
6. Updated Provider Resource Guide
7. PM160 Correction from December Newsletter

1. Reducing Risk to Patient Safety: Ambulatory Referrals

According to [this report](#) only half of the 100 million ambulatory specialist referrals that are requested in the US are completed. Our contract with DHCS and, by extension, with our providers, requires tracking of specialty referrals requiring prior authorization. The attached report suggests best practices for reducing this significant risk to patient safety.
The Nine Steps of the Closed-Loop EHR Referral Process

- Ensure interoperability between systems of referring PCP and specialists.
- Conduct a proactive risk assessment of electronic communication related to the referral process using SAFER guides.1
- Create and use collaborative care agreements to delineate expectations for PCPs and specialists, including roles in co-management and communicating with patients and families; agreements should also include expectations regarding scheduling, etiquette, and timeliness of communication.
- Improve and standardize handoffs during the referral process, similar to recent advances in handoffs at transitions of care.
- Use a process map to delineate current workflow and address workflow-related problems before implementing an electronic referral process.
- Develop processes to ensure clear accountability of patient follow-up (i.e., ownership and coordination at each step).
- Develop a user-friendly, reliable method to track referral status at the patient level until it is closed and to ensure routing to correct specialist.
- Apply evidence-based communication techniques when communicating with patients and families.
- Monitor progress in improving the EHR referral process.
2. High Blood Pressure Clinical Practice Guideline


<table>
<thead>
<tr>
<th>Key Steps for Proper BP Measurements</th>
<th>Specific Instructions</th>
</tr>
</thead>
</table>
| Step 1: Properly prepare the patient | 1. Have the patient relax, sitting in a chair (feet on floor, back supported) for 5 min.  
2. The patient should avoid caffeine, exercise, and smoking for at least 30 min before measurement.  
3. Ensure patient has emptied his/her bladder.  
4. Neither the patient nor the observer should talk during the rest period or during the measurement.  
5. Remove all clothing covering the location of cuff placement.  
6. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria. |
| Step 2: Use proper technique for BP measurements | 1. Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically.*  
2. Support the patient’s arm (e.g., resting on a desk).  
3. Position the middle of the cuff on the patient’s upper arm at the level of the right atrium (the midpoint of the sternum).  
4. Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used (Table 9).  
5. Either the stethoscope diaphragm or bell may be used for auscultatory readings (5, 6). |
| Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension | 1. At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings.  
2. Separate repeated measurements by 1–2 min.  
3. For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20–30 mm Hg above this level for an auscultatory determination of the BP level.  
4. For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds. |
| Step 4: Properly document accurate BP readings | 1. Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number.  
2. Note the time of most recent BP medication taken before measurements. |
| Step 5: Average the readings | Use an average of ≥2 readings obtained on ≥2 occasions to estimate the individual’s level of BP. |
| Step 6: Provide BP readings | Provide patients the SBP/DBP readings both verbally and in writing. |
3. Facility Site Review (FSR) Provider Pearls
This Month: Preparing for Site Reviews

All participating SFHP primary care medical offices receive periodic Medi-Cal Managed Care Division's (MMCD) Facility Site Review (FSR) Surveys. Ensuring your practice is prepared for these every three-year surveys is the surest way to meet all DHCS survey requirements and pass with flying colors! Each primary care provider site should have a designated person that can lead in preparing the site, provider, and staff practices for DHCS FSR compliance.

In a year-end look at 2017 review results, Medical Record Reviews (MRR) from 47 primary care medical offices demonstrated clear opportunities for increased awareness of the FSR criteria. In the chart below is a sampling of MRR criteria. Look at the “No Points” column (second from the right). As an example, on line 2, Adult Preventive of the 47 offices were not in compliance in screening adults for tuberculosis (TB). The lesson to be learned is that prepared staff familiar with Medi-Cal Managed Care Division’s (MMCD) Facility Site Review (FSR) Surveys can drive these numbers up, but most importantly, make sure that SFHP members are receiving TB screening.

![Medical Record Review (MRR) Individual Question Audit](chart)

<table>
<thead>
<tr>
<th>Site Review Survey Category</th>
<th>Site Review Survey Element</th>
<th># of MRR Audits</th>
<th>JMMR Indv. Records</th>
<th>MRR Yes Points</th>
<th>MRR No Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Preventive</td>
<td>E - 1. Given according to ACIP Guidelines</td>
<td>25</td>
<td>174</td>
<td>35.70%</td>
<td>55.70%</td>
</tr>
<tr>
<td>Adult Preventive</td>
<td>E - G. Tuberculosis Screening</td>
<td>27</td>
<td>240</td>
<td>63.70%</td>
<td>36.20%</td>
</tr>
<tr>
<td>Documentation</td>
<td>B - E. Advanced Health Care Directive Information is offered*</td>
<td>26</td>
<td>237</td>
<td>51.80%</td>
<td>28.60%</td>
</tr>
<tr>
<td>Adult Preventive</td>
<td>E - 2. Individual Health Education Behavioral Assessment (IHEBA)</td>
<td>27</td>
<td>250</td>
<td>47.20%</td>
<td>20.80%</td>
</tr>
<tr>
<td>Adult Preventive</td>
<td>E - K. Colorectal Screening</td>
<td>27</td>
<td>250</td>
<td>38.80%</td>
<td>12.40%</td>
</tr>
<tr>
<td>Adult Preventive</td>
<td>E - L. Cervical Screening</td>
<td>27</td>
<td>250</td>
<td>42.40%</td>
<td>10.00%</td>
</tr>
<tr>
<td>Pediatric Preventive</td>
<td>D - 2. Individual Health Education Behavioral Assessment (IHEBA)</td>
<td>14</td>
<td>41</td>
<td>48.70%</td>
<td>9.75%</td>
</tr>
<tr>
<td>Adult Preventive</td>
<td>E - H. Breast Screening</td>
<td>27</td>
<td>250</td>
<td>30.80%</td>
<td>9.20%</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>C - F. There is evidence of practitioner review of consult/referral reports and diagnostic results</td>
<td>27</td>
<td>297</td>
<td>85.50%</td>
<td>2.69%</td>
</tr>
</tbody>
</table>

Note: Advanced Health Care Directive - Only for Adults ≥ 18 or Emancipated Minors.
FSR surveys encompass a Site Review Survey (SRS) evaluating 139 criteria divided into six categories:

1. Access/Safety
2. Personnel
3. Office Management
4. Clinical Services
5. Preventive Services
6. Infection Control

FSR surveys encompass a Medical Record Review (MRR) evaluating 32 criteria divided into six categories:

1. Format
2. Documentation
3. Continuity/Coordination of Care
4. Pediatric Preventive Services, if any
5. Adult Preventive Services, if any
6. OB Preventive Services, if any

You can find the necessary tools that may assist you in preparing for site reviews on the SFHP website. The tool checklists cover each of the 171 criteria for both types of surveys. If you are new to your clinic or require a refresher on how to prepare for FSR surveys, reach out to Jackie Hägg, RN, FSR Nurse Specialist, and set up an appointment for a mock survey. We are happy to help you prepare before it counts!

On the SFHP website you will find, “Facility Site Review (FSR) Information and Resources”, and the following checklists to help providers prepare for the FSR and MRR:

- FSR Self-Assessment Checklist
- MRR Self-Assessment Checklist

Detailed FSR scoring information can be found in the following DHCS documents:

- Site Review Survey Guidelines
- Site Review Survey Audit Tool

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

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4. Hospice Care – Revenue Code 0651 Discontinued

Effective immediately, Medi-Cal has terminated use of revenue code 0651 for hospice service, routine home care, and personal care. Hospice providers must use new revenue codes for all dates of service on or after January 1, 2016. The new codes support differential payment structure for length of stay and Service Intensity Add-on rates.
For details on the reason for this change, the new revenue codes and when to use them, consult the Medi-Cal and subscribe to future updates for any additional info.

SFHP is conducting targeted outreach to hospice providers to advise them of this change as well.

5. Our Quality Improvement Evaluation is Published

SFHP recently finished its 2017 Quality Improvement Evaluation, as well as its 2018 Quality Improvement Plan. The Plan describes efforts to improve in Access to Care and Quality of Service, Clinical Quality and Patient Safety, Coordination and Services, and Utilization Management. SFHP identifies annual goals and associated activities to contribute to those goals. At the end of the year, we evaluate the QI plan and activities to determine the effectiveness of our QI approach and determine improvement activities for the subsequent year.

In 2017, SFHP and its provider network met many of its goals and identified several areas for improvement. The provider network continued to provide exemplary clinical quality as demonstrated by nine clinical HEDIS measures meeting NCQA’s Medicaid 90th percentile. To address member satisfaction, SFHP improved in “Rating of Health” and “Getting Needed Care” in the Consumer Assessment Healthcare Providers & Systems (HP-CAHPS). SFHP also demonstrated improvement in member utilization of behavioral health services.

In collaboration with our Quality Improvement Committee, SFHP has identified goals in its 2018 Quality Improvement Plan. One example includes increasing the percentage of members with at least one primary care visit in the previous 12 months. We hope to reach this goal by promoting the use of the primary care telehealth benefit to members, offering member incentives to target members without a primary care visit, and by including it as a measure in SFHP’s Practice Improvement Program.

SFHP has identified 15 goals for the 2018 Quality Improvement Plan. If you would like more information on the 2017 Quality Improvement Evaluation and the 2018 Quality Improvement Plan please visit our website or contact SFHP at Quality Improvement.

6. Updated Provider Resource Guide

San Francisco Health Plan has updated our Provider Resource Guide. The Provider Resource Guide is available to San Francisco Health Plan Providers. The resource guide was designed to educate providers about community services and programs available to your patients. Though it covers a wide array of needs from adult day services to behavioral health, it is not a comprehensive list.

Please contact Provider Relations at 1(415) 547-7818 ext 7084 or email Provider Relations if you would like additional information.
7. PM160 Correction from December Newsletter

SFHP would like to amend our prior announcement about the PM160 forms. We have learned that other entities are choosing to continue use of the forms, and wanted to pass along this important information.

- All Medi-Cal Managed Care members ages 0-5 (up to 6th birthday):
  - The form is being used to coordinate dental care. See below for more information. (Please send these forms to CHDP office.)

- For Anthem Blue Cross Medi-Cal Managed Care members:
  - We believe that the form is being used for all prior purposes. Please contact Anthem Blue Cross Medi-Cal for more information.

We would like to apologize for not including the above in our original announcement. If you have any questions about SFHP’s discontinuation of the PM160 forms, please contact Vanessa Pratt, Manager of Population Health, at vpratt@sfhp.org.

Please note: All Gateway/Fee-For-Service Medi-Cal CHDP clients (0-20 y.o.) continue to be care coordinated by CHDP staff for both medical and dental specialty and follow-up care. For questions, please contact the SF CHL at (415) 575-5712 or your CHDP public health nurse.

More Information about Dental Care Coordination

How to refer: To refer children for dental coordination, please use the PM160. Instructions for using the PM160 for dental coordination referrals for SFHP Medi-Cal members ages 0-5 are below. For questions about referring Anthem Blue Cross Medi-Cal members, please contact christina.nip@sfdph.org.

Instructions for PM Form Completion for SFHP Medi-Cal Members – Dental Coordination:

[Instructions on how to fill out the PM160 form for dental coordination referrals for SFHP Medi-Cal members.]
Please mail completed forms to San Francisco CHDP office at 30 Van Ness Avenue, Suite 210, San Francisco 94102.

More information about the program: San Francisco Dental Transformation Initiative Local Dental Pilot Project (LDPP) is partnering with CHDP (Child Health and Disability Prevention) Program in a 4 year long pilot to link dental care. SF DTI LDPP is funded by the California Department of Health Care Services through the Medi-Cal waiver and aims to increase access and utilization of preventive dental services for 14,300 low-income children who are Denti-Cal beneficiaries in San Francisco. SF DTI LDPP will provide multilingual dental care coordinati Medi-Cal Managed care children aged 0-5 years (up to 6th birthday). The program will last until December 31, 2022.

Need more forms? Providers can call 1(415) 575-5712 or contact their CHDP representative to request for more forms. The SF DTI LDPP team is working to create a replacement dental referral form. Providers should continue to send in dental referrals using the PM160 form until further notice.

More questions about dental coordination? Contact christina.nip@sfdph.org, or visit their website.

8. Pharmacy Update 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 01/24/2018.

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