



February 3rd, 2020

Our February Update includes information on:

1. Our Quality Improvement Evaluation is Published
2. Customer Service Training for Management and Office Staff
3. Facility Site Review Provider Pearls: Language & Interpreter Clinic Requirements
4. New Help for Members with Seasonal Affective Disorder (SAD)
5. NEW Authorization Code Lookup Tool!
6. Pharmacy Update: Risks of Gabapentin, Quarterly Pharmacy Changes, Opioid Dose Limit
7. Medi-Cal Expands Health Coverage For Young Adults Who Can't Prove Legal Residence

1. Our Quality Improvement Evaluation is Published

SFHP recently finished its 2019 Quality Improvement Evaluation as well as its 2020 Quality Improvement Plan. The QI Plan describes efforts to improve in Access to Care and Quality of Service, Clinical Quality and Patient Safety, Care Coordination Services, and Utilization of Services. SFHP identifies annual goals and associated activities that 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 2019, 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 reducing the percent of members with an opioid prescription. To address member satisfaction, SFHP improved in “Getting Needed Care” in the Consumer Assessment Healthcare Providers & Systems for Health Plans (HP-CAHPS).

In collaboration with our Quality Improvement Committee, SFHP has identified goals in its 2020 Quality Improvement Plan. One example includes increasing the number of members 3–6 years of age who had one or more well-child visits with a PCP. We hope to reach this goal through member incentives to receive well-child visits, inclusion of well-child visit measure in the Practice Improvement Program (PIP), and participation in a 0-5 year developmental screening and referral workgroup with network providers.

SFHP has identified 17 goals for the 2020 Quality Improvement Plan. If you would like more information on the 2019 Quality Improvement Evaluation and the 2020 Quality Improvement Plan please visit our [website](#) or contact SFHP at [Quality Improvement](#).

2. Customer Service Training for Management and Office Staff

San Francisco Health Plan’s goals include providing high quality care and exemplary service, and we want to help you be successful in meeting and exceeding patients’ expectations. SFHP is hosting a trainer from Sullivan Luallin Group to provide two customer service workshops for front office and management staff working in SFHP’s network:

- Tuesday April 7, 2020 9 AM – 1 PM or
- Tuesday June 9, 2020 9 AM – 1 PM
- “YOU Make the Difference!” for medical office staff
 - Tuesday April 7, 2020 2 PM – 4 PM or
 - Tuesday June 9, 2020 2 PM – 4 PM

While each is designed for a different audience – managers or office staff – they share a common objective of having participants learn simple service protocols to ensure consistent, outstanding service in every department and site.

Ready for your staff to join us? Have them sign up early! Find more information and registrations for these free workshops through the following [flyer](#).

3. Facility Site Review Provider Pearls: Language & Interpreter Clinic Requirements



Language & Interpreter Clinic Requirements

This month's Provider Pearl is about the California Department of Health Care Services (DHCS) Office Management Standard for 24-hour access to interpreter services for non- or limited-English proficient (LEP) members. Title VI of the Civil Rights Act of 1964 requires recipients of Federal financial assistance to take

reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English proficiency. All sites must provide **24-hour interpreter services for all members either through telephone language services or interpreters on site**. All primary care personnel and providers must be assessed for their medical interpretation skills and capabilities to ensure they are qualified per DHCS standards to do so. During your facility site reviews, reviewers will ask to see your clinic's policy and procedure about interpreter services for LEP members that clearly delineates the appropriate use of bilingual staff, staff or contract interpreters and translators, and effective use of your available resources. Interpreters and translators providing services in a clinic should have documented evidence of certification, assessments taken, qualifications, experience, and training.



Summary of the DHCS Facility Site Review Standard includes the following:

- Interpreter services are provided in all identified threshold and concentration standard languages
- Ensure bilingual staff asked to interpret or translate are qualified
- Focus on quality of interpretation for all recipients
- Avoid family or friends as interpreters, unless specifically requested by the member's circumstances
- Prohibit use of low-quality video remote interpreting services or unqualified staff or translators when providing language assistance services
- Establish best practice in documenting all requests or refusals for language/interpreter services in the member's medical record
- May utilize sign language interpreter services for medically necessary health care or related services such as:
 - Obtaining medical history and health assessments
 - Obtaining informed consents and permission for treatments
 - Medical procedures
 - Providing instructions regarding medications
 - Explaining diagnoses, treatment and prognoses of an illness
 - Providing mental health assessment, therapy, or counseling

Summary of Language & Interpreter Office Procedures Check List:

- Current Policy and Procedure - Providing Meaningful Communication with Persons with Limited English Proficiency

- Evidence of bilingual staff and providers' language/interpreter certification, assessments taken, qualifications, experience, and training and for identified threshold and concentration standard languages
- Post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services
- Clinic staff and providers can demonstrate knowledge of access to resource information for locating Plan-specific information in threshold languages
- Materials must be available in the appropriate threshold languages, and may be located in an accessible area on site (e.g., exam room, waiting room, health education room or area), or provided to members by clinic staff and/or by Plan upon request.

Resources:

- [Sample Policy and Procedure](#)
- [Sample form for medical record documentation language/interpreter services](#)
- [Evidence of bilingual staff and providers' language/interpreter qualifications](#)
- [Evaluating language needs before you hire](#)
- [Bilingual staff member tracking form](#)
- [Tips on Building an Effective Staff Language Service Program](#)
- [Notices of nondiscrimination](#)
- Materials must be available in the appropriate threshold languages, and may be located in an accessible area on site (e.g., exam room, waiting room, health education room or area), or provided to members by clinic staff and/or by Plan upon request.

“Provider Pearls” are monthly articles written to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please use our new fsr@sfhp.org email. A facility site review team member will respond and/or reach out to you to help you with your inquiry.

Additional Information (Links):

[Limited English Proficiency Resources for Effective Communication](#)

[Guidance to Federal Financial Assistance Recipients](#)

[Limited English Proficiency - A Federal Interagency Website](#); **22CCR Section 51309.5**

[National Board of Certification for Medical Interpreters](#)

[National Standards for Culturally and Linguistically Appropriate Services](#)

[Registry of Interpreters for the Deaf](#)

4. New Help for Members with Seasonal Affective Disorder (SAD)

Winter clouds and San Francisco fog can be challenging for people with SAD. SFHP is now offering Bright Light Therapy Boxes for members with SAD. Providers should fax a valid prescription to ITC Medical (fax 1(415) 387-2540), and an ITC representative will contact the member to pick up the device. Please read more about Seasonal Affective Disorder and Bright Light Therapy [here](#).

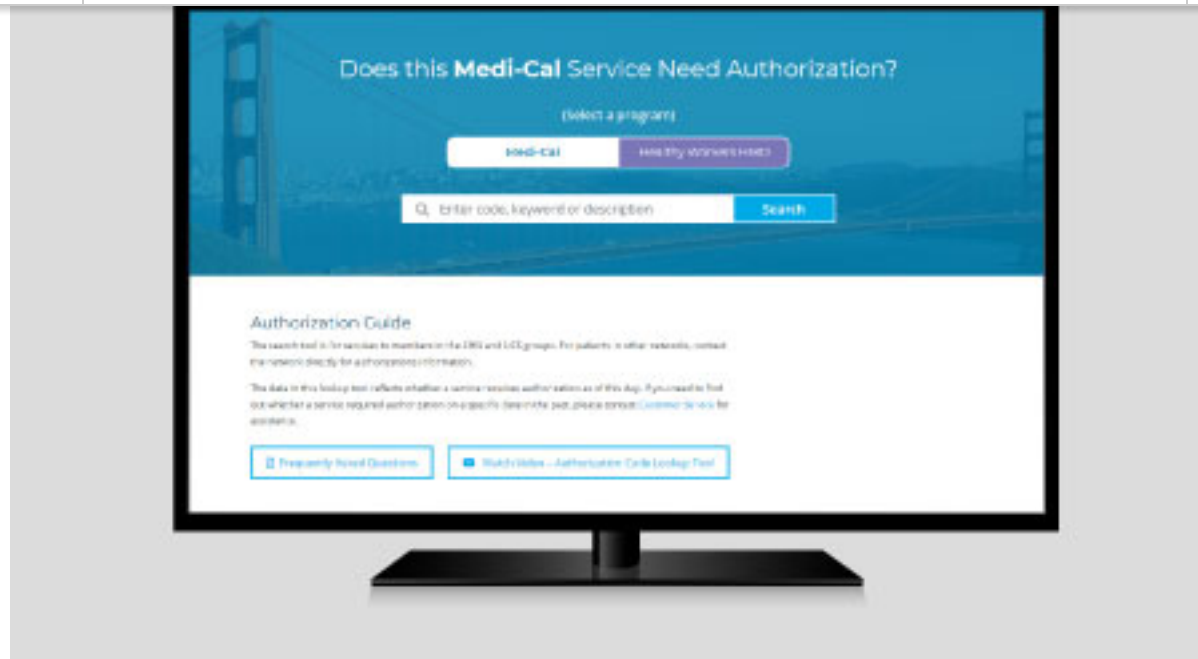


5. NEW Authorization Code Lookup Tool!

Good News!

SFHP has a new tool to help you determine whether a service code requires authorization. [See the Code Lookup Tool, video, and FAQ.](#)

Authorization requirements are for services to members in the CHN and UCSF networks.



For services to members of other networks such as Jade, NEMS, Hill Physicians, CCHCA, Kaiser, and Brown and Toland, contact the medical group directly.

6. Pharmacy Update: Risks of Gabapentin, Quarterly Pharmacy Changes, Opioid Dose Limit

Potential Risks with Use of Gabapentin

A Medi-Cal drug safety communication called “Improving the Quality of Care: Risks Associated with Use of Gabapentin” has been posted on the DHCS website. This [bulletin](#) summarizes the best practices for responsible prescribing of gabapentin and describes the potential risks associated when combining with opioids. On December 19, 2019, the FDA announced that serious, life-threatening, and fatal respiratory depression has been reported with use of gabapentin and pregabalin. Most cases occurred in association with co-administered central nervous system (CNS) depressants, especially opioids, in the setting of underlying respiratory impairment, or in the elderly.

Before prescribing gabapentin with opioids, the potential risks and benefits should be discussed with patients. When prescribing gabapentin concomitantly with opioids, a prescription for Naloxone or another FDA approved drug for the complete or partial reversal of opioid-induced respiratory depression should be offered to patients and/or caregivers.

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 January 15, 2020.

The summary of formulary and prior authorization criteria changes is available on the [SFHP website](#). A complete list of approved formulary and prior authorization criteria are also available on the [SFHP website](#). All changes are effective February 20, 2020. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

Opioid Dose Limit

In compliance with DHCS' All Plan Letter 19-012, SFHP has implemented an opioid dose cap at a cumulative 500 MME/day. The prescription that places a member over a 500 Morphine Milligram Equivalents per day (MME/day) dose will reject at the pharmacy and will require a prior authorization for approval.

Members who have had a recent history of opioid daily doses at or over 500 MME/day will be exempt from this limit.

7. Medi-Cal Expands Health Coverage For Young Adults Who Can't Prove Legal Residence

Plan will gain approximately 500 Medi-Cal members as a result of this expansion.

More information can be found within [this article](#).

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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