



Provider Update

August 3, 2020

UPDATES INCLUDE:

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COVID-19 Resources and Updates

SFHP encourages all health care providers to review and stay up to date with important information issued by the [San Francisco Department of Public Health \(DPH\) on COVID-19](#). SFHP COVID-19 updates for [providers](#) and [members](#) can be found on our [sfhp.org](#) website.

Additional resources for member care during COVID-19:

- [Suicide Prevention and COVID-19 Impacts on Mental Health](#)
- [Addressing Health Disparities during COVID-19](#)
- [Routine Vaccination During the COVID-19 Outbreak](#)
- [Managing Diabetes During COVID-19](#)
- [Managing Hypertension During COVID-19](#)
- [Prenatal and Postpartum Care Visits](#)

FSR Provider Pearl: Sharps Injury Documentation



As new California Department of Health Care Services (DHCS) 2020 Facility Site Review (FSR) Standards begin to disseminate throughout the network, SFHP is taking every opportunity to help providers and their staff prepare for these new Facility Site Review criteria.

This month's Provider Pearl is about sharps injury documentation. In 2019, 13% (5) of provider sites who had a Facility Site Review did not have a sharps injury documentation log. According to an OSHA standard

interpretations statement, "the sharps injury log is used to track devices that are causing injuries and may need to be replaced; it is not intended to track employees having injuries. The log is a valuable surveillance tool for healthcare facilities to identify departments, devices, and/or procedures where injuries are occurring" ([Source](#)).

It is important to train and educate all staff, at least annually, on blood-borne pathogens and waste management, and related policies. A review of clinic's needle stick safety and sharps injury protocols can help both clinical and non-clinical staff best respond in the event of a sharps injury and properly document the incident.



Documentation Standard

Sharps Injury Log must contain, at a minimum, the following:

1. Information about the injury
2. Type and brand of device involved (if known)
3. Department or work area where exposure occurred
4. Explanation of how incident occurred

The log must be recorded and maintained in such a manner so as to protect the confidentiality of the injured employee (e.g., removal of personal identifiers) and follow-up care is documented within 14 days of injury incident. However, sites with 10 or fewer employees are exempt from OSHA record keeping requirements and are exempt from recording and maintaining a Sharps Injury Log.

Additional Resources

Resource 1: Sample Policy and Procedure: [Protocol for Sharps Incidents](#)

Resource 2: California Code of Regulations, Title 8, Section 5193 ([Source](#))

If you have any questions, your FSR team is here to help. Please find contact information below.

"Provider Pearls" are monthly articles written to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes. If a clinic manager, office manager, nurse manager, or operations person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS guidelines at least annually, we can all work together to strive toward improved quality standards in office practice operations.

Watch the Webinar: “Fundamentals of ACE Screening and Response in Pediatrics”

ACEs Aware hosted a webinar on June 24th – “Fundamentals of ACE Screening and Response in Pediatrics.” You can watch the webinar at [ACEsAware.org](https://www.acesaware.org).

Dr. Burke Harris and three other health care providers walked through two case studies to show how ACE screening can impact their clinical decision-making.

Panelists:

- Nadine Burke Harris, MD, MPH, FAAP – California Surgeon General
- Lisa Gutiérrez Wang, PhD – Director of Children’s Behavioral Health, Santa Cruz County
- Eva Ihle, MD, PhD – Associate Clinical Professor, Departments of Psychiatry and Pediatrics, University of California, San Francisco
- Simone Ippoliti, PNP – Pediatric Nurse Practitioner and Site Director, Bayview Child Health Center

The webinar covered:

- Clinical workflow for ACE screening;
- How to use ACE screening results to inform patient assessment and treatment plan;
- Ways to provide care and educate children and caregivers on ACEs and toxic stress; and
- How behavioral health providers support patients who have experienced ACEs

Don’t forget, to continue receiving Medi-Cal payment for ACE screenings after July 1, you must take the [online training](#) and [fill out an attestation form](#).

Thank you,
The ACEs Aware Team

WATCH THE WEBINAR

Private Duty Nursing Services

Private Duty Nursing (PDN) services are nursing services provided by a registered nurse (RN) or licensed vocation nurse (LVN) in the home of a Medi-Cal member who requires more individual and continuous care than would be available from a visiting nurse. Medically-necessary PDN services for Medi-Cal members under age 21 are covered under the Medi-Cal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and must be provided by Medi-Cal enrolled home health agencies, RNs and LVNs.

If the medical group approved the PDN services for a member under age 21, the medical group is

services and providing case management, but the medical group must still provide case management as necessary, including arranging for all approved PDN services at the member's request. Case management services include, but are not limited to:

- Providing the member with information about the number of approved PDN hours
- Contacting Medi-Cal enrolled home health agencies, RNs and LVNs to provide PDN services to the member
- If providers are not already Medi-Cal enrolled, assisting them with navigating the Medi-Cal enrollment process
- Working with Medi-Cal enrolled providers to provide PDN services to member

Members may choose not to use all approved PDN service hours. Medical groups must document when a member chooses not to use approved PDN services. When arranging for PDN services, medical groups should also document efforts to locate and work with providers and other entities, such as CCS. For more information, please review DHCS [All Plan Letter 20-012](#), [SFHP EPSDT Private Duty Nursing clinical criteria](#), or contact SFHP Provider Relations at **1(415) 547-7818** ext. **7084**.

CBAS Temporary Alternative Services (TAS)

During the COVID-19 pandemic, providers may continue to refer SFHP Medi-Cal members who may potentially qualify for CBAS services. CBAS centers have implemented temporary alternative services (TAS) in order to render telephonic services, meal deliveries, transportation, etc. Providers may complete the CBAS referral form, found [here](#).

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 July 15, 2020.

The summary of formulary and prior authorization criteria changes is available on the SFHP website [here](#). A complete list of approved formulary and prior authorization criteria are available on the SFHP website [here](#). All changes are effective August 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.

Utilization Management (UM) Staff Availability

SFHP's Utilization Management (UM) staff is available to providers and members during regular business hours (Monday through Friday, 8:30am - 5:00pm) to discuss UM issues, including denial decisions, request a copy of the UM criteria, by calling **1(415) 547-7818** ext. **7080** or toll-free **1(800) 288-5555**. UM staff can also be reached by [email](#) or fax **1(415) 357-1292** for outpatient or **1(415) 547-7822** for inpatient. TTD/TTY services **1(888) 883-7347** for the hearing impaired and language services are available. After normal business hours, UM staff can receive secure voicemail, fax, and email. Messages received are

Advancing Racial Justice & Perinatal Equity in Hospital-Based Perinatal Services

We are excited to share that SFHP has registered as a health plan partner for the [SACRED Birth Study](#). As a health plan partner, we are committed to:

- Increasing awareness and engagement with the SACRED Birth Study among our providers and members.
- Utilizing the data and insights gained from the SACRED Birth Study to inform SFHP's quality improvement activities aimed at improving equity and addressing racial disparities in perinatal care

What is the SACRED Birth Study?

The goal of the SACRED Birth study is to test a new survey tool called a Patient-Reported Experience Measure of OBstetric racism, also known as the PREM-OB Scale, that was designed for, by, and with Black mothers and birthing people. The PREM-OB Scale allows for Black mothers and birthing people to share information about their unique patient experiences in hospital settings during labor, birth, and postpartum. The information gained from the PREM-OB Scale will help hospitals, health plans, scientists, funders, and the public better understand how racism and other forms of discrimination and neglect affect the way hospitals provide care, services, and support to Black mothers and birthing people during labor, birth, and postpartum.

Study Participant Eligibility Criteria:

- Identify as Black or African American
- are 18 years of age or older
- gave birth to a live newborn in 2020
- gave birth in a hospital in California or Memphis, TN

Participants will receive a \$100 electronic gift card for completing a one-time online or paper survey that takes about 1 - 2 hours.

Participant enrollment will begin in September 2020. Please share this opportunity with your patients!

Anyone interested in participating in the study can learn more at <https://sacredbirth.ucsf.edu/>, or contact the study team directly by phone or email: **1(510) 545-2989**; SACREDBirth@ucsf.edu

Please do not hesitate to contact Provider Relations at **1(415) 547-7818** ext. **7084** or Provider.Relations@sfhp.org

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