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## *November 1st, 2019*

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**Our November Update includes information on:**

1. Healthy Kids HMO Program Closure
2. Pharmacy Updates: Birth Control, Formulary/Prior Auth Changes, Immunization Updates, and Voluntary Recall: ARBs
3. Facility Site Review Provider Pearls
4. Access Surveys: Provider Appointment Availability Survey and Daytime Survey
5. CalHealthCares Loan Repayment Assistance

### *1. Healthy Kids HMO Program Closure*

Effective October 1, 2019 children enrolled in Healthy Kids HMO, also known as the County Children's Health Initiative Program (CCHIP) were transitioned to Medi-Cal Managed Care. **Members received new SFHP IDs. If you have any doubt about a member's coverage, please don't hesitate to call our Customer Service Team.**

The Healthy Kids HMO Program closed to new enrollment effective September 20, 2019 and ends on January 1, 2020.

Important information about the County Children's Health Initiative Program (CCHIP) transition to Medi-Cal Managed Care:

1. Approximately 2,300 children enrolled in Healthy Kids HMO Program will move to Medi-Cal Managed Care and receive full health insurance benefits.

including:

- a. Medical visits
  - b. Prescription drugs
  - c. Vision services
  - d. Mental health services
  - e. Other behavioral health services
2. CCHIP members enrolled in Healthy Kids HMO Program prior to October 1, 2019 will remain with San Francisco Health Plan (SFHP).
  3. New ID Cards:
    - a. Within 30 days of October 1, 2019, members will get:
      - i. Medi-Cal Beneficiary Identification Card (BIC) in the mail.
      - ii. A new health plan card from San Francisco Health Plan, showing the new line of business.
    - b. Members should be advised to bring both cards when they visit their doctor.
    - c. If members do not receive their BIC or health plan card, call 1-833-91C-CHIP (1-833-912-2447).
  4. The Medi-Cal Dental program will provide dental benefits.
  5. Please find attached the following notices regarding the CCHIP program transition:
    - a. [DHCS Member FAQs](#)
    - b. [DHCS 30 Day Notice](#)
    - c. [DHCS Dental Notice](#)

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## ***2. Pharmacy Updates: Birth Control, Formulary/Prior Auth Changes, Immunization Updates, and Voluntary Recall: ARBs***

### **Prescribe for a 12-month supply of birth control**

Dispensing a 12-month supply of birth control can improve adherence and reduce unintended outcomes (ie: pregnancies, abortions). California Senate Bill 999 requires all health insurance plans to cover up to a 1 year supply of self-administered, hormonal contraceptives. This includes birth control pills, patches, and

To ensure your patients can receive a 12-month supply, provide a prescription with adequate quantity or refills that equal a 1 year supply. Patients will need to request for the full 12-month supply at their pharmacy.

### **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 10/16/2019.

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 available on [SFHP website](#). All changes are effective November 20, 2019. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

### **2019 Immunization Updates: Flu, HepA, HPV, Measles, CA School Requirements**

DHCS has released the [2019 immunization update](#), summarized below.

- Flu vaccines for the 2019-2020 flu season are now available at local pharmacies. The CDC recommends everyone who is 6 months of age and older to receive a flu shot every year. It is recommended that people get vaccinated by the end of October, but vaccination should continue to be offered throughout the entire flu season.
- In light of large outbreaks in California and other states, on October 24, 2018, ACIP recommended [routine immunization against the Hepatitis A virus](#) for all persons 1 year of age or older experiencing homelessness.
- ACIP recommends catch-up HPV vaccination for all persons 26 years of age or younger. Adults aged 27 through 45 years may benefit, although public health benefit of HPV vaccination in this age range is minimal; shared clinical decision-making is recommended. For more information, providers may refer to the [Morbidity and Mortality Weekly Report](#) on the CDC website.
- The CDC advises implementing the interim guidance in the context of a comprehensive infection prevention program to prevent transmission of all infectious agents among patients, health care personnel, and visitors. For more information, refer to the updated [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#), which is available on the CDC website.

- Two (rather than one) doses of varicella-zoster virus (chickenpox) vaccine are required for entry into transitional kindergarten (TK), kindergarten, or for 7th grade advancement.
- Two doses of measles, mumps, and rubella (MMR) vaccine and three doses of hepatitis B vaccine are required for admission or transfer for most K-12 students.
- Pre-kindergarten children entering childcare facilities are now required to have the varicella-zoster virus chickenpox vaccine at 15 months of age or older, rather than at 18 months of age or older.
- For more information, providers may refer to the [New Regulations \(July 1, 2019\) FAQs](#) on the Shots for School website.
- [Children 18 years of age or younger are eligible for vaccinations through California Vaccines for Children \(VFC\) Program.](#) Please contact VFC at 1-877-243-8832 for more information.

**Angiotensin II Receptor Blockers (ARBs) Voluntary Recall**

In July 2018, the [FDA announced a voluntary recall](#) of several ARB products including valsartan, losartan and irbesartan due to discovery of contamination with N-nitrosodimethylamine (NDMA), N-Nitrosodiethylamine (NDEA) and other nitrosamine impurities. These substances are classified as probable human carcinogens. Many ARB products continue to be recalled with no updates on product availability, leading to drug shortages and requiring use of alternative medications. Patients can check whether their medication was affected by searching the [FDA Recall List](#) and the [ASHP Drug Shortage List](#).

The following are therapeutic alternatives to ARBs for hypertension and heart failure:

	<b>Drug Class</b>	<b>SFHP Formulary Medications</b>		
<b>Hypertension/ Heart Failure with Reduced Ejection Fraction</b>	<b>ACE-Inhibitor</b>	Benazepril	Fosinopril	Quinapril
		Captopril	Lisinopril	Ramipril
		Enalapril	Perindopril	Trandolapril
			erbumine	
<b>Hypertension</b>	<b>Thiazide and Thiazide-type diuretics</b>	Isosorbide mononitrate IR and ER		
		Isosorbide dinitrate IR and ER		
		Chlorothiazide	Indapamide	
		Chlorthalidone	Metolazone	
		Hydrochlorothiazide		

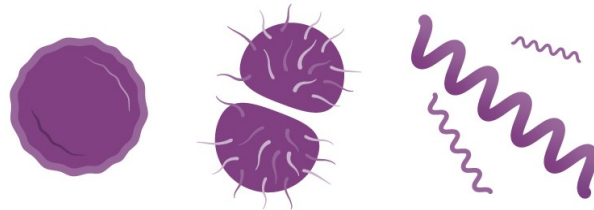
Subscribe	Past Issues	Channel	DHP:	Non-DHP:	Trans
	Calcium Blockers		Amlodipine	Diltiazem IR,	
			Felodipine ER	ER, CD	
			Nifedipine ER	Verapamil	
				IR, ER, SR	

For more information regarding formulary alternatives, please use our [online searchable formulary](#)

### 3. Facility Site Review Provider Pearls



#### SEXUALLY TRANSMITTED INFECTIONS (STI) SCREENINGS



This month's Provider Pearl is about Sexually Transmitted Infections (STI) Screenings. According to the CDC, there were 1,758,668 cases of Chlamydia, 583,405 cases of Gonorrhea, and 115,045 cases of Syphilis (all stages) reported in 2018 ([Source](#)). Due to cuts to Sexually Transmitted Diseases (STD) programs across the board, there has been a reduction in local programs and clinics, reduced screening, and reduced follow-up care and linkage to services.

As new California Department of Health Care Services (DHCS) 2019 Facility Site Review (FSR) Guidelines begin to disseminate throughout the network, SFHP is taking every opportunity to help providers and their staff prepare for these changes well before the July 1, 2020 effective date.

By making STI/STD screenings a standard part of medical care, providers are able to provide timely treatment and prevent adverse health outcomes due to untreated STDs. The DHCS Facility Site Review Medical Record Review Guideline requires that Primary Care Providers (PCP) assess for sexual activity at every well child or health care visit, discuss risk reduction and contraceptive care, and screen for STIs.

Providers should address prevention, screening, and treatment of STIs with sexually active patients as part of their regular health care visits.

## A. Sexual Activity Risk Assessment for Adolescents

- i. Individual Health Education and Behavioral Assessment (IHEBA), such as the [Staying Healthy Assessment](#) (SHA) or [Bright Futures Screening Tool](#) can help providers identify sexual activity

- B. Contraceptive Care: Providers should discuss risk reduction measures and negative health consequences associated with adolescent sexual behaviors, such as STIs and unintended pregnancies

- C. STI Screening

- i. All sexually active adolescents should be screened for STIs, including chlamydia, gonorrhea, and syphilis

2. STI Screening for Adult Members

- A. STI Screening

- i. Women who are sexually active should be screen from sexual activity onset until age 24
- ii. Older high risk women and men who have sex with men (MSM) must be screened for chlamydia, gonorrhea, syphilis, trichomonas, and herpes, at least annually, regardless of condom use

Resource 1: [AAP: Adolescent Sexual Health](#)

Resource 2: [CDC: Sexually Transmitted Disease Surveillance 2018](#)

Resource 3: [2015 Sexually Transmitted Diseases Treatment Guidelines](#)

Graphic Source: Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 2019

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.

**For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact Jackie at [jhagg@sfhp.org](mailto:jhagg@sfhp.org) or by her direct line at 1(415) 615-5637.**

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## *4. Access Surveys: Provider Appointment Availability Survey and Daytime Survey*

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames. To meet these requirements, SFHP administers the 2019 Appointment Availability Survey from September 3rd until December 31st 2019. The survey, delivered by fax (from 973-996-4562) or email (from SutherlandPaasTeam@sutherlandglobal.com), will ask provider offices to identify individual provider's next available appointment (date/time) for various types of nonemergency care. Fax and emailed surveys that are not responded to in five business days will be followed by a phone survey. Please inform your frontline staff who answer the phone that they may be receiving this call if an email or fax survey is not responded to and that nonparticipation will be deemed noncompliant with the Timely Access Regulations, per state requirements.

Please refer to this [informative flyer](#) that can be shared with your team as well as an [access one-pager](#) that clarifies the timely access regulations. Providers can also find more information about survey process and requirements on the DMHC website located [here](#). For any questions about the Timely Access Regulations or the Appointment Availability Survey please reach out to SFHP's Provider Relations Department at 1(415) 547-7818 ext. 7084 or through email at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org).

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## *5. CalHealthCares Loan Repayment Assistance*

CalHealthCares offers loan repayment assistance of up to \$300,000 to Medi-Cal providers. A reminder to physicians who [may be eligible](#) for loan assistance:

- The next cycle of applications open **January 13, 2020**, the application deadline is **February 7, 2020**, and awardee notifications are **May 1, 2020**.

For information on the program, upcoming webinars, your eligibility, and to apply for assistance visit the [CalHealthCares program page](#).

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

[Provider.Relations@sfhp.org](mailto:Provider.Relations@sfhp.org) or Chief Medical Officer **Jim Glauber, MD, MPH**, at [jglauber@sfhp.org](mailto:jglauber@sfhp.org).

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