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November 30th, 2018

Our December Update includes information on:

1. Access Surveys happening now: Appointments, Daytime, and After-Hours
2. HEDIS Pursuit Season
3. Facility Site Review (FSR) Provider Pearls: AHCD Requirement

1. Access Surveys happening now: Appointments, Daytime, and After-Hours

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that

email (from PAASSurvey@Qmetrics.us), will ask provider offices to identify an 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 from SFHP and that nonparticipation will be deemed noncompliant with the Timely Access Regulations, per state requirements.

The DMHC and the Department of Health Care Services (DHCS) also require health plans to monitor providers for access elements aside from appointment availability. To meet these requirements, SFHP administers the 2018 Daytime and After-Hours surveys to primary care sites from December 3rd to December 28th. The Daytime survey, delivered by fax (from 1(415) 615-4390) or email (from access@sfhp.org), is expected to take approximately five minutes and will ask provider offices questions about access to language interpretation, access to triage by a provider, and average wait times in provider office waiting rooms, and appointment availability. Fax and emailed surveys that are not responded to in ten business days will be followed by a phone survey. Please inform your front line staff who answer the phone that they may be receiving this call from SFHP, and that non-participation will be deemed non-compliant with the Timely Access Regulations, per state requirements. It is also a state requirement to provide 24 hour telephone coverage and language interpretation to your patients. Your patients and SFHP's members require the ability to call a provider's offices and speak to a clinician within 30 minutes. SFHP will contact primary care offices throughout December after business hours to assess members' access to care.

Please refer to the [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.

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 2018 HEDIS scores (two Kaiser plans hold the first and second spots).

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 either come to your office or set up remote access to your EHR. Our HEDIS visits will be scheduled from February to the beginning of May of 2019.

* 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 Elizabeth Sekera at esekera@sfhp.org or 1(415) 615-4203 with any questions.

3. Facility Site Review (FSR) Provider Pearls: AHCD Requirement

“**Provider Pearls**” are monthly articles 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.

Advanced Health Care Directive (AHCD) Requirement

According to California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division, Section II, Documentation Reviewer Guidelines, **providers are required to document whether members aged 18 years of age or older and emancipated minors have been offered information or has executed an Advance Health Care Directive (AHCD) (California Probate Code, Sections 4701)**. The age for adults is 18 because the requirement for Advance Health Care Directives is a federal regulation, and the federal definition of an adult is 18 years of age and older.

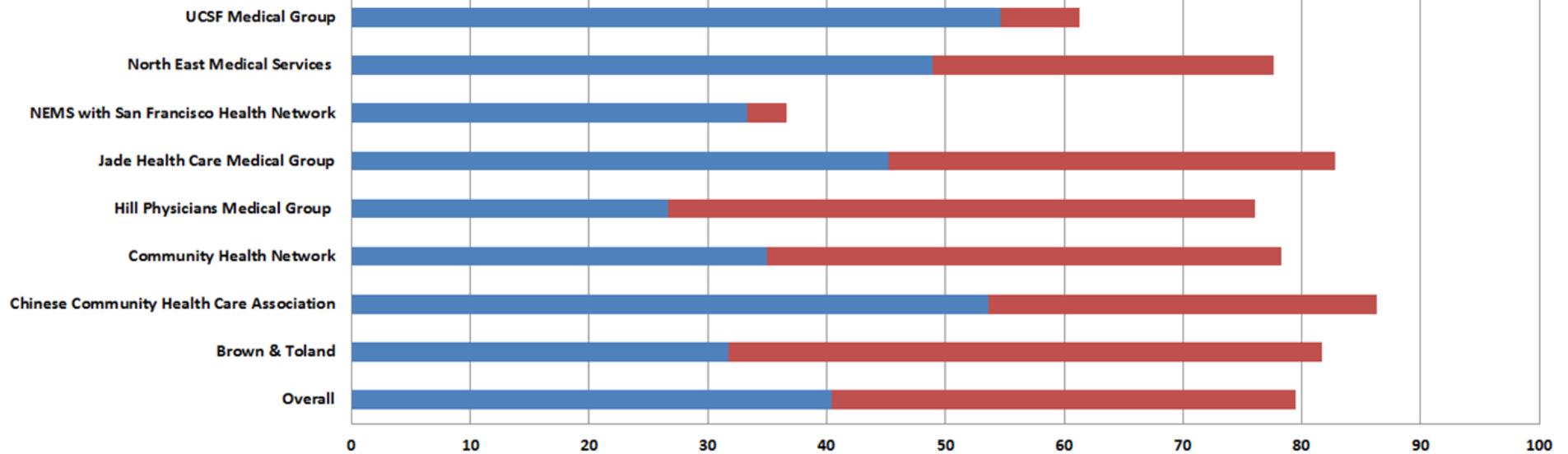


members did not have documentation that an AHCD was offered per the DHCS requirement. Aside from this requirement, important clinical outcomes have been well documented in systematic reviews when advance care planning and advance directives are embedded in clinical



practices. Some of these benefits include higher satisfaction with the quality of care and increased quality of life for patients and their families.[i] In spite of the 1990 Patient Self-Determination Act (PSDA), a systematic review of 150 studies published from 2011 to 2016, found that a mere 37 percent had completed Advanced Directives[ii]. Furthermore, the rates of documented advanced health care discussions lagged even more than rates of completed Advanced Directives. This national statistic demonstrates that our own compliance rate similarly highlights opportunities for improvement. The literature suggests primary care practices “underutilize advance care planning due to perceived barriers and lack of standardization”. [iii]

Do you know why your practice has not established a standardized practice for offering Advance Health Care Directive forms? The DHCS requirement does not stipulate that the AHCD be completed, but only offered with the appropriate documentation that it was either given to the patient or that the patient declined to accept the form. As the year comes to an end, can you commit to working on a process at your clinic to ensure that AHCD forms are offered to members and advance care planning becomes your “best practice” standard?



	Overall	Brown & Toland	Chinese Community Health Care Association	Community Health Network	Hill Physicians Medical Group	Jade Health Care Medical Group	NEMS with San Francisco Health Network	North East Medical Services	UCSF Medical Group
■ YES, %	40.4	31.7	53.6	35	26.7	45.2	33.3	48.9	54.6
■ NO, %	39.1	50	32.7	43.3	49.4	37.6	3.33	28.7	6.66
Non-Compliance	49%	61%	38%	55%	65%	45%	9%	37%	11%

■ YES, % ■ NO, %

Total Audits	95	20	42	24	20	19	3	19	8
Records Reviewed	2128	390	494	325	366	250	30	188	75

For any questions about the Advanced Health Care Directive process or tools for developing a best practice, please contact Jackie at jhagg@sfnhp.org or by her direct line at 1 (415) 615-5637.

References:

[1] Detering, K., & Silveira, M. J. (2017). Advance care planning and advance directives. UpToDate. com <https://www.uptodate.com/contents/advance-care-planning-and-advance-directives>

[\[iii\]](#) Integration of Advanced Care Planning into Primary Care: Use of an Electronic Health Record to Prompt Advance Directive Completion (FR420A) McGraw, Matthew Journal of Pain and Symptom Management , Volume 55 , Issue 2 , 606

Advance Care Planning Documentation Practices and Accessibility in the Electronic Health Record: Implications for Patient Safety Walker, Evan et al. Journal of Pain and Symptom Management , Volume 55 , Issue 2 , 256 - 264

<https://prepareforyourcare.org/welcome>

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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