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July 2nd, 2018

Our July Update includes information on:

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1. Access Survey: Provider Appointment Availability

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 2018 Appointment Availability Survey from **August 6th** until **December 28th** 2018. The survey, delivered by email or fax, 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. Please refer to the [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 x7084 or through email at Provider.Relations@sfhp.org.

2. Health Homes Effective July 1st!

San Francisco Health Plan is excited to announce the launch of the Health Homes Program as of July 1, 2018!

What is Health Homes?

The Health Homes Program (HHP) is an intensive set of services for a small subset of Medi-Cal members who require coordination at the highest levels. The core components of HHP include: Comprehensive Care Management, Care Coordination and Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services, and

Services will be provided by SFHP's Care Management team and a group of Community Based Care Management Entities (CB-CMEs) including; HealthRIGHT 360, Kaiser Permanente, Marin City Health & Wellness at Bayview Hunter's Point, Mission Neighborhood Health Center, North East Medical Services, and St. Anthony Medical Clinic. SFHP will continue to collaborate with community providers to onboard additional CB-CMEs over the next six months.

Who qualifies for Health Homes?

The Department of Health Care Services (DHCS) worked with a technical expert workgroup to design eligibility criteria that identify the highest-risk three to five percent of the Medi-Cal population who present the best opportunity for improved health outcomes through HHP services. These criteria include both 1) a select group of International Classification of Diseases (ICD)-9/ICD-10 codes for each eligible chronic condition, and 2) a required high level of acuity/complexity.

How can members be referred?

If you are working with a member who you believe may qualify for Health Homes, please submit a referral via secure email to caremanagement_referrals@sfhp.org or by phone to 1(415) 615-4515. SFHP will determine if the member meets criteria. Members will be assigned to the CB-CME connected to their PCP whenever possible.

Additional questions?

Questions about the Health Homes Program can be directed to healthhomes@sfhp.org.

3. Study: Reducing Opioids Not Associated with Lower Patient Satisfaction Scores

Study Finds Physician Satisfaction Scores Remained Favorable Among Those Prescribed Opioids

A Kaiser Permanente study of nearly 2,500 patients who used high doses of opioids for at least six months showed that

Source: [Read more here.](#)

4. Reminder: PM160 Forms and Dental Care Coordination

SFHP would like to give a reminder about PM160 forms and their continued use by some entities.

- 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 SF 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 SF CHDP staff for both medical and dental specialty and follow-up care. For questions, please contact the SF CHDP office 1(415) 575.5712 or your CHDP public health nurse.*

Blue Cross Medi-Cal members, please contact christina.nip@sfdph.org.

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

Fill out patient and demographic information

Fill out Date of Service

Check appropriate box for dental assessment

Check box for "DENTAL" Routine Referral

Note any oral health issues or medical conditions impacting oral health in comment section

Fill out patient eligibility information

**Include provider information
Provider to sign and date form**

Please mail completed forms to San Francisco CHDP office at 30 Van Ness Avenue, Suite 210, San Francisco, CA 94102.

dental care. SF DTI LDPP is funded by the California Department of Health Care Services through the Medi-Cal 2020 waiver and aims to increase access and utilization of preventive dental services for 14,300 low-income children ages 0-5 who are Denti-Cal beneficiaries in San Francisco. SF DTI LDPP will provide multilingual dental care coordination for Medi-Cal Managed care children aged 0-5 years (up to 6th birthday). The program will last until December 31, 2020.

Need more forms? Providers can call 1(415) 575-5712 or contact their CHDP representative to request for more PM160 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](#).

5. Facility Site Review Provider Pearls: Medical Record Review - Coordination/Continuity of Care



July 2018

Site Review Type: Medical Record Review

Section: Coordination/Continuity of Care

“Provider Pearls” are monthly FSR articles written with the intent to help you identify areas in the DHCS review process that require extra preparation. If a clinic manager, office manager, nurse manager, or operation’s 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

Coordination/Continuity of Care

Medical records support coordination and continuity-of-care with documentation of past and present health status, medical treatment and future plans of care.

Depending on the number of Primary Care Providers (PCP) at a site, a number of medical records will be evaluated. In a Medical Record Review (MRR), a section will cover coordination of care activities and with this analysis, it is necessary to look at a minimum of three office visit encounters to identify patterns in care. The criteria for analysis include a working diagnosis that is consistent with the provider's findings and then identifying a cascade of treatment plans, care instructions, continuing problem issues, and all consult/referral reports and diagnostic test results related to the problem. The last review piece is to assess if follow-up care was consistent with the working diagnosis, which includes documentation of any missed/broken appointments, cancellations or "No shows" with the PCP office and any actions taken.

The Coordination/Continuity of Care section of the MRR is worth 80 points. It is an important component of whole patient care and viewed as such by the California Department of Health Care Services (DHCS). When a clinic receives notification of an upcoming MRR, staff can help prepare for the review by using the member list sent to the clinic and performing a self-audit to correct any issues prior to the nurse's arrival. The San Francisco Health Plan (SFHP) website (www.sfhp.org) has a section dedicated to Facility Site Reviews with tools that can help you with these activities.

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

6. Pharmacy Updates: Opioid Med Limits, Pain Management, Tanzeum[®]

Diabetes Medication - Tanzeum® is no longer available in USA.

Glucagon-like peptide 1 receptor agonist Tanzeum® (albiglutide) has been discontinued by the manufacturer, GlaxoSmithKline. According to GSK, the decision to discontinue manufacturing was not related to product quality, safety, or efficacy. SFHP has sent letters to individual members who received Tanzeum within the last six months, instructing them to follow up with their doctors. Commercial supply is expected to be depleted by July 2018. Further information can be found at [here](#).

Safety and the Opioid Crisis: 7 Day Limit on New Opioid Medications

Member information explaining the 7 day limit on initial short acting opioids has been approved by the state and is now available on the SFHP Website in [English](#) , [Spanish](#), [Chinese](#), [Vietnamese](#)

Expanded to in-network prescribers on 5/17/2017, SFHP will limit the initial prescription for a short-acting opioid medication to a seven (7) day supply. New-start prescriptions for greater than a 7 day supply of a short-acting opioid will be denied as 'exceeding 7 day supply limit'. An initial prescription is defined as no previous opioid containing pharmacy claim(s) in the last 180 days. A [Frequently Asked Questions](#) memo with more details is available on the provider section of the SFHP website. Providers who feel they should be exempted from the edit due to a clinical need to write multiple initial short-acting opioid prescriptions can contact the Pharmacy department [online](#).

Pain Management Resources

On-line Resources can be found on the [CDC Final Guideline for Prescribing Opioids for Chronic Pain](#) and [SFHP Pain Management Website](#). These resources includes tools for providers on morphine equivalence daily dosing (MEDD), opioid tapering, naloxone access, and support for having difficult conversations with patients.

7. Reminder on Save the Date: Pain Day 2018

SAVE THE DATE

Thursday, September 13, 2018

Pain Day 2018

Who should attend?

- Patients
- Members of the Community
- Medical Providers
- Behavioral Health Clinicians and Assistants
- Nurses
- Medical Assistants
- Other staff involved in pain management at your clinic



email pain@sfhp.org

Continuing Education Credit
TBA

Registration Opens in July
TBA

Meals will be served

8. Coordination of Benefits Agreement with Medicare (Medicare Crossover)

SFHP has finalized a COBA with Medicare, also known as "Medicare crossover". SFHP is now coordinating with Medicare on Medi-Medi claims. Providers will not need to bill SFHP separately for secondary coverage under Medicare after 6/25. Providers may bill Medicare, and Medicare will pass the secondary claim information directly to SFHP.

For more information on COBA, contact Provider Relations at Provider.Relations@sfhp.org or 1(415) 547-7818 x7084.

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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