



June 2017

Please see these important updates from San Francisco Health Plan

Our June Update includes information on:

1. Telemedicine Now Available for SFHP Members
2. June FSR Provider Pearl - [Medical Record Release Forms](#)
3. Gun Violence Prevention: Resource for Providers
4. EpiPen - Concentrations After Expiration Date
5. Outreach for Members with Diabetes and Asthma: Disease Management Update
6. Our Utilization Management Department is Here for You
7. Pharmacy Update - Quarterly Formulary and Prior Authorization (PA) Criteria Changes

1. Telemedicine Now Available for SFHP Members



We are pleased to announce that SFHP members now have access to telemedicine services provided by Teladoc®. Teladoc® physicians are available 24/7/365 to treat simple primary care problems with an average wait time for an appointment under 10 minutes. Members can access free telemedicine services using their phone, smartphone app, or computer. Please visit SFHP's [website](#) for more information.

2. June FSR Provider Pearl



What:

Office Management

Question:

What core components must a Medical Record Release form have?

Answer:

According to Title 45 Federal Code of Regulations – Security and Privacy – Section 164 (6) (c) (v), a valid authorization under this section must contain at least the following elements:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.

3. The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
4. A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
5. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
6. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

Please visit this [link](#) for additional and helpful resources related to this topic.

For any questions, please contact Jackie by [email](#) or by her direct line at 415-615-5637.

3. Gun Violence Prevention: Resource for Providers

In 2014, 33,594 people died from firearm injuries in the United States ([CDC](#)). This is the equivalent of more than 92 deaths each day, and nearly four deaths each hour.

The CA Department of Health Care Services’ (DHCS) Staying Healthy Assessment (SHA) asks whether a gun is kept in the home. Some providers may feel that they don’t know how to counsel patients who answer yes to this question. The National Physicians Alliance has evidence-based information for providers about gun violence prevention. One helpful resource is a Gun Violence Pocket Card – with a risk assessment screening tool, and a counseling message for providers.

Gun Violence: A Public Health Crisis with Solutions

- More than 30,000 people died from gunshots in 2010.
11,000 homicides, >19,000 suicides
Centers for Disease Control, 2010
- Accidental gun-related death and injury rates are highest among 15-to-24 year-olds.
Albright T, Burge S, Journal of the Am. Board of Family Practice, Jan-Feb 2003
- The risk of suicide is **higher** in homes where guns are kept.
Kellerman A, New England Journal of Medicine, 1992
- Risk of homicide by an intimate acquaintance or family member is **higher** in homes with guns.
Kellerman A, New England Journal of Medicine, 1993

Learn More • Find Resources

www.NPAAlliance.org/gun-violence-prevention

Like us on Facebook: National Physicians Alliance • Follow us on Twitter: @NPALive



Risk Assessment Screening Tool

- G** Is there a Gun in your home?
- U** Are you around Users of alcohol or other drugs?
- N** Do you feel a Need to protect yourself?
- S** Do any of these Situations apply to you?
 - Have you seen or been involved in acts of violence?
 - Have you experienced sadness, depression, or mental illness?
 - Do you have school-age children in your home?

The answers to these questions can frame a broader discussion about short term and long term risks in the home.

Advice That Could Save Lives

"Having a loaded or unlocked gun in your house increases the risk of injury or death to family members, whether by accident or on purpose."

If guns are in your home, I urge you to store them:

- unloaded and locked in a drawer or cabinet
- separately from ammunition
- out of the reach of children

[Albright T, Burge S, JABFP, Jan-Feb 2003]

**Brief counsel from physicians can favorably influence patient behavior.
64% of patients counseled made safe changes in gun storage.**

You may print out these pocket cards [here](#).

Please visit the [National Physicians Alliance](http://www.NationalPhysiciansAlliance.org) website for more information.

4. EpiPen – Concentrations After Expiration Date



We'd like to share the following article featured in Annals of Internal Medicine regarding the shelf life of EpiPen. Please view the article [here](#).

5. Outreach for Members with Diabetes and Asthma: Disease Management Update

SFHP is pleased to announce that for the second year, members with diabetes and asthma will be receiving outreach this June as part of the disease management program. One of the program's goals is to connect members to their care teams, which is accomplished in the following ways:

- Gift card incentive opportunity for completing needed services
- Health education material encouraging regular contact between members and their care teams

You may start receiving more requests to complete the incentive forms; thank you in advance for helping members with these.

For more information or questions regarding the program, please contact the Disease Management Project Manager:

Eloycsia Ratliff, MPH

(415) 615-5198 Office

DiseaseManagement@sfhp.org

6. Our Utilization Management Department is Here for You

Utilization Management Staff Available to SFHP Providers and Members

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, 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 returned the next business day or if received after midnight Monday through Friday, the same business day.

To request free copies of the information used to make utilization decisions, please call San Francisco Health Plan at 1(415) 547-7818 ext.7080 or 1(800) 288-5555 to obtain a copy of the Medical Necessity Criteria or Benefit Exclusion.

Affirmative Statement - No Financial Incentives Regarding UM Decisions

The UM process does not contain financial incentives, direct or indirect, to influence utilization management decisions.

The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for SFHP are not compensated or given incentives based on their coverage review decisions.

Medical Directors and nurses are salaried employees of SFHP, and contracted external physicians and other professional consultants are compensated on an hourly or per-case-reviewed basis, regardless of the coverage determination.

SFHP does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for UM staff or independent medical consultants to encourage utilization review decisions that result in under-utilization.

7. 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 April 19, 2017. Major updates include the following:

- Removed promethazine and codeine products from formulary due to safety concerns.
- Added the following utilized, cost-effective products to formulary with quantity limits for intranasal formulations:
 - Rhinocort Allergy (budesonide) 32 mcg/actuation OTC nasal spray
 - desloratadine 5 mg tablet

- Keep Vemlidy® non-formulary for Healthy Workers and Healthy Kids and a carve-out for Medi-Cal.
- Removed brand EpiPen® and EpiPen Jr® from formulary. Implement point of sale (POS) message on branded products to use generic formulation. Generic substitution by the pharmacist is allowed. Added a quantity limit for formulary auto-injectors of six pens (three two-pen packs) per year.
- Added Nature-Throid pork thyroid tablets and Tirosint® to formulary without restrictions.
- Added desmopressin 10 mcg/spray nasal spray to formulary without restrictions.
- Added Lupron Depot-Ped® to formulary with prior authorization.

The complete list of approved formulary and prior authorization criteria changes are available on the [SFHP website](#) and the online [PnT Materials](#) respectively.

All changes were effective **May 17, 2017**.

For formulary or criteria questions please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

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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