January 2nd, 2019

Our January Update includes information on:

1. Pharmacy Update: CURES, Oral Contraceptives, Drug Recall, and New ID Cards
2. Blood Lead Screening of Young Children
3. Facility Site Review (FSR) Provider Pearls: Domestic Violence Resources
4. SFHP's New Overpayment Recovery Process

1. Pharmacy Update: CURES, Oral Contraceptives, Drug Recall, and New ID Cards

CURES

It is mandatory to consult the CURES 2.0 database prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance. This applies to

- Dentist
- Physician
- Naturopathic Doctor
- Optometrist
- Osteopathic Doctor
- Physician Assistant
- Podiatrist
- Registered Certified Nurse Midwife (furnishing)
- Registered Nurse Practitioner (furnishing)

For more information, please visit the CURES website.

Oral Contraceptives

Members have the option to receive a 12-month supply at once. If a member is interested, the prescription should be written for a 365-day supply which the pharmacy can process as usual. Members still have the option to pick-up a 30 or 90-day supply, if they prefer.

Drug Recall

We would like to call your attention to the **Voluntary Nationwide Recall** of 15 Lots on 11/20/18 of Valsartan Tablets, USP, Amlodipine and Valsartan Tablets, USP, and Valsartan and Hydrochlorothiazide Tablets, USP tablets due to Detection of a trace amount of unexpected impurity, N-Nitrosodiethylamine (NDEA) in the products which was later extended to all-lots on 12/4/2018. The products are indicated for the treatment of hypertension.

What was recalled? Mylan N.V. (NASDAQ: MYL) today announced that its U.S. based Mylan Pharmaceuticals business is conducting a voluntary nationwide recall to the consumer level of select lots of Valsartan-containing products, including six lots of Amlodipine and Valsartan Tablets, USP (including the 5mg/160mg, 10mg/160mg, and 10mg/320mg strengths), seven lots of Valsartan Tablets, USP (including 40 mg, 80 mg, 160 mg, and 320 mg strengths), and two lots of Valsartan and Hydrochlorothiazide Tablets, USP 320mg/25mg strength. These products are being recalled due to detected trace amounts of an impurity, N-nitrosodiethylamine (NDEA) contained in the API Valsartan, USP, manufactured by Mylan Laboratories Limited. NDEA is a substance that occurs naturally in certain foods, drinking water,

The finished products are manufactured by Mylan Pharmaceuticals Inc. and Mylan Laboratories Limited.

SFHP sent out notification letters to potentially affected members and their providers on 12/13, 12/14/2018 respectively.

New ID Cards with New Pharmacy Information
In late January, Health Workers HMO and Healthy Kids HMO members will receive a new ID card with new pharmacy information. The ID cards will have the following insert message:

IMPORTANT INFORMATION ABOUT YOUR ID CARD - BEGIN USING YOUR NEW CARD AND DESTROY YOUR OLD CARD
To better serve our participants, we have made important changes to your ID Card. Your Medical Home and Primary Care Provider have not changed. Changes were made on the back of your card to include a NEW PHARMACY INFORMATION. It is important that you use this NEW PHARMACY INFORMATION the next time you fill a prescription.

Prescriptions billed for SFHP Health Workers HMO and Healthy Kids HMO members will be required to use the new billing codes as of February 1, 2019. This change will not affect the SFHP Medi-Cal members.

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2. Blood Lead Screening of Young Children

A reminder from SFHP and the DHCS (via All Plan Letter 18-017) that all contracted providers, who perform periodic health assessments on children between the ages of six months to six years, comply with current federal and state laws and industry guidelines for health care providers issued by The California Department of Public Health's California Childhood Lead Poisoning Prevention Branch (CLPPB).
Contracted providers must:

exposure to lead. This anticipatory guidance must be performed at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.

2. Perform BLL testing on all children in accordance with the following:
    a. At 12 months and at 24 months of age.
    b. When the health care provider performing a periodic health assessment becomes aware that a child 12 to 24 months of age has no documented evidence of BLL test results taken at 12 months of age or thereafter.
    c. When the health care provider performing a periodic health assessment becomes aware that a child 24 to 72 months of age has no documented evidence of BLL test results taken when the child was 24 months of age or thereafter.
    d. Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that a change in circumstances has placed the child at increased risk of lead poisoning, in the professional judgement of the provider.
    e. When requested by the parent or guardian.
    f. The health care provider is not required to perform BLL testing if:
        i. A parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.
        ii. In the professional judgement of the provider, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning.
        iii. Providers must document the reasons for not screening in the child's medical record.

Screenings may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up BLL testing must be performed using blood samples taken through the venous blood sampling method. Since no level of lead in the body is known to be safe and clinical guidelines are subject to change, providers must follow the CLPPB guidelines when interpreting BLLs and determining appropriate follow-up activities.

California law requires laboratories and health care providers performing blood lead

data on each test performed.
On a claim, CPT code 83655 is the CPT code used to identify that a blood lead test was performed. EPSDT data was reported previously using the PM-160 form, but the PM-160 form was discontinued in 2017 and replaced with HIPAA claim forms and their electronic equivalents (837-P/837-I).
If you have any questions regarding this bulletin, please contact SFHP Provider Relations at 1(415) 547-7818 ext.7084 or email.

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3. Facility Site Review (FSR) Provider Pearls: Domestic Violence Resources

"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.

Domestic Violence Resources

This month's topic is Domestic Violence Screening. There are specific criteria for domestic violence screening for providers offering obstetric services in the MRR review. This includes the "Obstetric (OB) and Comprehensive Perinatal Services Program (CPSP) Preventive Criteria", which is to evaluate and document "Domestic Violence/Abuse… Screening". The DHCS Guideline states, "Assessment checklists, body diagrams and/or documentation in progress notes are acceptable. Domestic violence screening includes medical screening, documentation of physical injuries or illnesses

Above and beyond this screening requirement stemming from the Medical Record Review process, providers are astute for signs of domestic violence and/or abuse for all patients. The SFHP website (www.sfhp.org) provides resources for addressing domestic violence/abuse with community resource guides and information for providers.

One of the resources available from the SFHP website is called, *Family Violence Resources for Families (October 2017)*. In this document, a few organizations identified are:

- W.O.M.A.N., Inc.: 24/7 support line, provider guidance for approaching a safe plan of care for the patient, shelter location assistance, and other support services such as a drop-in center, therapy, and peer support/counseling.
- La Casa De Las Madres: 24/7 crisis line, emergency shelter, and various support groups.
- The Riley Center: 24/7 crisis line, case management, groups, emergency shelter, and longer term transitional housing.

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

References:
Jess Wiley, MPH, Children & Family Program Manager, SFHP
Online Resources - How to navigate to domestic violence/abuse content:

1. Once entered into the SFHP webpage, www.sfhp.org
2. Top banner, click "Provider Resources
3. From left list on page, again click "Provider Resources"
4. Under the heading "Overview of Provider Resources" click "Community Resources"
5. Under the heading "Community Resources" click "San Francisco Department of Public Health- Maternal & Child Health- Domestic Violence Resources". This includes the *Family Violence Resources for Families (October 2017)* document.

4. SFHP's New Overpayment Recovery Process

In order to comply with the new State requirements to report all overpayments made to Providers, SFHP has instituted the following new process. We will track all refunds submitted by Providers; the refund must be accompanied with the claim identification number, member information, reason for the refund and if a partial refund, which service lines are being refunded. If any of this pertinent information is missing, our representative will be contacting Providers to attain the missing data. In addition, when SFHP discovers an overpayment was made for any of the reasons listed below, a single recoupment letter will be sent to the Provider giving them 30 days to choose one of the following options; to refund, recoup against a future claim or dispute the amount indicated as overpaid.

Typical Overpayment reasons:

- **SFHP Claims Processing Error:** A claims processing error occurred that resulted in an overpayment.
- **Contractual Discrepancy:** A contractual discrepancy was found in our system that resulted in an overpayment.
- **Provider Billing Error:** A Provider billing error occurred that resulted in an overpayment.
- **Member Retro Eligibility Change:** SFHP Member's eligibility retro-actively changed resulting in an overpayment.
- **Medi-Cal Retro Rate Changes:** Retro-active changes to the Medi-Cal Fee Schedule rates resulted in an overpayment.
- **MCFS Rate Error:** A rate error occurred in our system's fee schedule resulting in an overpayment.

Feel free to reach out to the SFHP's Claims Department with any questions related to this new process at 1(415)547-7818 ext.7115 or SFHP's Provider Relations Department at 1(415) 547-7818 ext.7084 or email.

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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