



Provider Update

July 1st, 2023

UPDATES INCLUDE:

- Now Available: NEMT Coordination Services
- The Initial Health Appointment
- New Family Therapy Benefit for Medi-Cal
- Are Your ACE Screenings Getting Counted
- Provider Pearls: Skin Cancer Prevention Counseling
- Pharmacy Updates

Now Available: NEMT Coordination Services

Non-Emergency Medical Transportation (NEMT) Coordination Services are now available to Network Providers. SFHP's Transportation Coordinator assists with processing requests and locating an appropriate NEMT provider who will meet the member's unique transportation needs. This service was designed to alleviate the coordination responsibility from the prescribing providers team.

NEMT is covered when prescribed in writing by a physician/physician extender. The benefit is available to members who have a medical and physical condition making transport by ordinary means of public or private conveyance contraindicated. If you know of a member who would benefit from NEMT, please contact SFHP's Transportation Coordinator by phone (415) 547-7807 or email nemt@sfhp.org.

SFHP's conducts coordination services for members assigned to the following medical group/networks: San Francisco Health Network (SFN), Community Clinic Network (CLN), University of San Francisco (UCSF), and SFHP Direct Network (SDN). For SFHP members assigned to a different delegated group, please contact the delegated group directly for coordination services.

Primary care providers are responsible for providing the full scope of primary care services to their SFHP members, including the state-mandated Initial Health Appointment (IHA), formerly known as the Initial Health Assessment. This is a complete evaluation of a member's health, and it is an important first step toward managing acute, chronic and preventive health care needs. It is also a good opportunity to provide members with health education counseling and refer them to SFHP services, as applicable. All SFHP members should receive their IHA within 120 days of enrollment.

All IHA visits require documentation of a:

- Comprehensive health history.
- Physical exam.
- Mental status exam.
- Health education/anticipatory guidance.
- Behavioral assessment.
- Diagnoses and a plan of care.

Refer to the current USPSTF guidelines that have been graded "A" or "B" by the Task Force. Offer all indicated screenings or schedule a follow-up visit to complete required screenings.

The IHA is a great tool for improving your SFHP Practice Improve Program (PIP) performance metrics. IHA visits are an opportune time to complete preventative health screenings, including:

- Colorectal Cancer Screening
- Mammograms
- Cervical Cancer Screening
- Well-Child Visits
- Depression Screening with Follow-Up as indicated
- Addressing members with asthma and creating an Asthma Action Plan to ensure appropriate use of rescue and controller inhalers.
- Vaccinations

This visit, while extensive, provides a great orientation to your practice. Talk to your patients about your clinic's scheduling availability (e.g., same-day appointments, after-hours availability, etc.) and what to do when they get sick. Provide patients with resources for medical advice after hours, including Teladoc® services. Route after hours calls for SFHP members to the SFHP Teladoc® services at 1(800) 835-2362.

Refer members to Care Management services, including Complex Case Management and Care Coordination, by calling the intake line at (415) 615-4515 or email us at caremanagement_referrals@sfhp.org. Refer for transportation to SFHP at (415)-547-7807 or email: nemt@sfhp.org.

New Family Therapy Benefit for Medi-Cal

On January 1, 2023, Medi-Cal launched the new Dyadic Care and Family Therapy Benefit. This expands the availability of child development services and family supports for Medi-Cal beneficiaries. The name "Dyadic Care" refers to a two-generation approach to health care. These covered services take advantage of the periodicity of the well-child visit, and the provider-patient relationships available in those special visits, to offer family therapy without the need for a mental health diagnosis. Behavioral health clinicians and even nonclinical staff can provide Dyadic Behavioral Health services - including family training, child development counseling, community supports, and psychoeducation – to parents and/or caregivers of Medi-Cal enrollees, when it benefits the health of the child.

supported the piloting of these services to Medi-Cal beneficiaries, reimbursing family supports and child development services through the use of ICD-10 Z-codes, rather than requiring mental health diagnoses. The successful pilot, which increased well-child visits and health equity through an integrated behavioral health approach, led to a statewide change in Medi-Cal.

San Francisco Health Plan's behavioral health manager, Carelon (formerly Beacon), reimburses the following Dyadic Services procedures (to Carelon contracted providers), delivered since 1/1/2023:

Preventive behavioral health services provided to patients aged 0 to 20 years and/or their caregivers:

- Dyadic Behavioral Health (DBH) Well-Child Visits (H1O11)
- Comprehensive Community Support Services (H2015)
- Psychoeducation (H2027)
- Child Development Training and Counseling (T1027)

Assessment, screening and counseling provided to a parent or caregiver:

- ACE screening (G9919, G9920)
- Alcohol and drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) (G0442, H0049, H0050)
- Brief emotional/behavioral assessment (96127)
- Depression screening (G8431, G8510)
- Behavior assessments and interventions (96156, 96167, 96168, 96170, and 96171)
- Psychiatric diagnostic evaluation (90791, 90792)
- Tobacco cessation counseling (99406, 99407)

Provider questions can be directed to the Carelon National Provider Service Line at 800-397-1630, or by email to provider.inquiry@Carelton.com

Are Your ACE Screenings Getting Counted?

Providers play an important role in screening children and adults for Adverse Childhood Events (ACEs). ACEs and toxic stress are linked to serious and costly health conditions, but the effects of ACEs are treatable. SFHP encourages all primary care clinics to use ACE screenings on children annually and adults once in their adulthood. Medi-Cal plans are routinely measured for the rate of screening among children and adults.

Important steps to remember to ensure your screening is counted:

1. Make sure providers complete the ACEs Screening Training and attestation (www.training.acesaware.org). CME credits are available. Make sure that you follow all directions on the website to complete the attestation. Nonclinical staff training is available at www.morehealth.org/acescreenings.
2. Review the ACEs Aware website (www.acesaware.org) for information on implementing ACE screenings in your clinic. It offers tool kits, implementation guidelines and community resources.
3. Once providers complete the training and attestation, SFHP will reimburse \$29 per screening using the billing codes listed below for members in the San Francisco Health Network (SFN), Community Clinic Network (CLN), University of San Francisco (UCSF), and SFHP Direct Network (SDN). Reimbursement for members in other networks may be subject to a different arrangement between providers and the member's delegated group. Federally Qualified Health Centers are eligible for the payment in addition to their existing Prospective Payment System payment but need to bill on a separate claim. ACE screenings completed via telehealth visits qualify for payment.

What codes to use?

HCPCS Code	Description
G9919	ACEs score 4 or greater (high risk), results are positive.

Skin Cancer Prevention Behavioral Counseling



Facility Site Review Provider Pearls July 2023



This month's Provider Pearl is about skin cancer prevention behavioral counseling. The United States Preventive Services Task Force (USPSTF) reports that a substantial body of observational evidence demonstrates that the strongest connection between UV radiation exposure and skin cancer results from exposure in childhood and adolescence. Ultraviolet radiation is a known carcinogen that damages DNA and causes most skin cancer cases. ([Source](#)).

Your practice as a Medi-Cal provider is audited every three years for compliance with The California Department of Health Care Services (DHCS) Facility Site Review (FSR) and Medical Record Review (MRR) Standards. One of the criteria includes counselling for sun exposure. USPSTF recommends that young adults, adolescents, and parents of young children be counseled to minimize exposure to Ultraviolet (UV) radiation for persons aged 6 months to 24 years to reduce their risk of skin cancer ([Source](#)).

Below is a chart that will walk you through the factors that the FSR nurse reviewer will evaluate during the medical record review component of your audit.

FACTORS	DESCRIPTION	CRITERION SPECIFIC INFORMATION
Gender	Gender parameters of the criterion.	M, F, MTF, FTM
Age	Age parameters of the criterion.	<ul style="list-style-type: none"> 6 months old to 24 years old. Parents of young children.
Periodicity	Periodicity.	<ul style="list-style-type: none"> At office visits, customarily a component of anticipatory guidance for infants, children, and adolescents. At office visits for young adults or risk-identified adults.
Risk Factors	Identify eligible conditions related to the criterion or susceptible factors.	<ul style="list-style-type: none"> Fair skin types (ivory or pale skin, light eye color, red or blond hair, freckles, those who sunburn easily). History of sunburns. Previous use of indoor tanning beds. Family or personal history of skin cancer. Persons with an increased number of nevi and atypical nevi. Persons with a compromised immune system (e.g., persons living with HIV, persons who have received an organ transplant).

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Criteria Action Item	<p>patient with any relevant risk factors has received counselling per USPSTF recommendations.</p>	<p><u>of young children with fair skin types about minimizing exposure to ultraviolet (UV) radiation (USPSTF-B).</u></p> <ul style="list-style-type: none"> • Selective offering of counseling to adults older than 24 years with fair skin types (USPSTF-C).
Interventions	<p>Credit for complying with this criterion is based upon evidence of documentation that could include any variety of messages or components to demonstrate that counselling was provided.</p>	<ul style="list-style-type: none"> • Counselling on sun protection behaviors including the dangers of indoor tanning. • Teaching appropriate sunscreen method such as FDA recommendation that broad-spectrum sunscreens with a sun-protection factor of <u>15 or greater</u>, <u>reapplied at least every 2 hours</u>, protect against both UVA and UVB radiation and reduce the risk of skin cancer and early skin aging • Sharing smartphone applications by <u>The Environmental Protection Agency</u> that forecast UV exposure by zip code or city. • Age-specific children or adolescents printed educational material. • Well-child visits anticipatory guidance, sun safety. • Practice approach might also include campaigns to improve sun protection behaviors through mail-based, face-to-face or telephone counseling, and technology-based (text messages, online programs and modules, personal UV facial photographs) interventions.

Tip: Incorporating preventive counseling in the electronic health record can provide clinical decision support and guide discussions during the provision of anticipatory guidance. In a 2014 Journal of the American Medical Informatics Association article, it was found that 34% more counseling topics were documented at pediatric care visits when a fully-functional electronic health record system is utilized ([Source](#)).

If you have any questions, your FSR team is here to help. Please find contact information below.

“**Provider Pearls**” are monthly articles written with the intent 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 standards 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 or by her direct line at 415-615-5637.

Pharmacy Updates

Medi-Cal Rx Reinstatement: Retirement of Transition Logic (Phase III, Lift 4)

Medi-Cal Rx is continuing the transition policy lifts that began on March 24, 2023, for beneficiaries 22 years of age and older with Phase III Lift 4, effective June 23. SFHP has analyzed the impacted classes for our members and identified select drugs that may be significantly impacted by new prior authorization (PA) requirements, listed below. Providers who prescribe these medications may consider the alternatives (if any) listed or submit a PA for continued use.

Suprep bowel prep kit

PEG-3350 and electrolytes (Nulytely, GavilyteC, GavilyteG, GavilyteN, Golytely) bowel prep kits

polyethylene glycol 3350 (Miralax) powder packet (OTC)

polyethylene glycol 3350 (Miralax) powder bulk cannister (OTC)

Metamucil formulations (OTC)

No bulk forming fiber laxatives available without PA

sodium fluoride 5000 plus cream, paste

sodium fluoride 1.1% gel

For more information on the retirement of transition logic, see the 30-day notice for Phase III [Lift 4](#), [FAQ](#) for this reinstatement, [How to Prepare for Retirement of Transition Policy](#) for providers, and other bulletins on the Medi-Cal Rx [Bulletins & News page](#). For further information on the [Reinstatement Plan](#), please visit the DHCS Medi-Cal Rx Reinstatement tab on the [Education & Outreach page](#).

Healthy Workers HMO Formulary Change Notice: Basaglar® (insulin glargine)

As of May 20th, 2023, SFHP has removed Basaglar® (insulin glargine) from SFHP formulary tier 2 (preferred brands).

Please note that all members currently utilizing Basaglar® have been automatically authorized to continue as per California regulatory requirements. Healthy Workers HMO members newly starting long-acting insulin therapy should utilize one of the formulary tier 1 alternatives below.

The following insulin glargine formulations are now available without restriction on tier 1 (preferred generics). These newer formulations are all interchangeable with Lantus®, while members switching from Basaglar® will require a new prescription. All insulin glargine formulations below are the same concentration, and the same daily dose should be used when switching between formulations. Preferred generics on tier 1 are more cost-effective overall and have a lower copay for members (\$5) compared to tier 2 or non-formulary brands (\$10).

Formulary Tier 1 Drugs

Drug Label Name	Unit Cost*	Therapeutic Equivalence^{1,2}
Rezvoglar™ 100 unit/mL pen	\$6.13 per mL (100 units)	FDA-approved interchangeable biosimilar to Lantus®
insulin glargine-yfgn (Semglee®) 100 unit/mL vial, pen	\$9.87 per mL (100 units)	FDA-approved interchangeable biosimilar to Lantus®
insulin glargine 100 unit/mL vial, pen	\$11.34 per mL (100 units)	Authorized generic substitutable for Lantus®

Non-Formulary Brand Drugs

Basaglar® 100 unit/mL pen	\$21.76 per mL (100 units)	FDA-approved biosimilar, not interchangeable
Semglee® (insulin glargine-yfgn) 100 unit/mL vial, pen	\$26.94 per mL (100 units)	FDA-approved interchangeable biosimilar to Lantus®
Lantus® 100 unit/mL vial, pen	\$28.36 per mL (100 units)	Can be substituted with any formulation above

*Based on wholesale acquisition price

If you have any questions, please call SFHP Pharmacy Team at 1(415) 547-7818 or 1(800) 288-5555, Monday through Friday, 8:30am to 5:30pm.

Clinical Review: Management of Acute Postpartum Pain

For the pharmacological management of postpartum pain, the American College of Obstetricians and Gynecologists (ACOG) recommends shared-decision making using a step-wise, multimodal approach. Postpartum pain from vaginal or caesarean delivery includes acute perineal, uterine, and incisional pain. ACOG Guidelines recommend non-opioid analgesics as first-line treatment options for post-partum pain. These include including acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs). For breakthrough pain, a low-dose, low-potency, and short-acting opioid can be

when breastfeeding since these drugs can be excreted in the breast milk and cause excess sleepiness and respiratory depression in breastfed infants. More information on this clinical review can be found on this [DCHS bulletin](#).

Please do not hesitate to contact Provider Relations at

1(415) 547-7818 ext. **7084** or Provider.Relations@sfhp.org

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