



Provider Update

August 1st, 2023

UPDATES INCLUDE:

- Provider Diversity Survey
- Fluoride Varnish in Primary Care Setting
- Becoming ACE Aware in California
- PAAS Survey
- CCHCA Name Change to AAMG
- CME: Advancing Health Equity: Healthcare and Beyond
- Pharmacy Updates for August 2023

Help Enhance Member Care – Complete SFHP’s Provider Diversity Survey

In our ongoing commitment to improve patient care and empower our members to make informed healthcare decisions, SFHP is collecting important demographic information from healthcare providers. We kindly ask for a moment of your time to complete the Provider Diversity Survey linked below and provide SFHP with your race and ethnicity. This information will be shared in SFHP’s public provider directories.

To access the survey, please use the following link: <https://www.surveymonkey.com/r/SYT8N5C>.

We kindly recommend using Google Chrome to access the survey for the best user experience.

If you would like to make corrections to your profile, you can use the same survey to submit new responses or get in touch with us directly. If you require assistance or have any questions about this initiative, please do not hesitate to contact SFHP Provider Relations at provider.relations@sfhp.org or 1(415) 547-7818 x7084.

Fluoride Varnish in the Primary Care Setting

Oral health is inseparably connected to an individual's overall health and well-being. Children with early childhood decay are more likely to get more decay in their lifetime. Baby teeth are in a child's mouth until age 11 or 12. Fluoride varnish helps prevent dental caries and, in some cases, reverse early dental caries. Fluoride varnish can reduce decay by 30-63%, depending on if it is coupled with dental health counseling. It is recommended by the United States Preventive Services Task Force (USPSTF) to apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption up until the 5th birthday.

National data from 2015-16 showed nearly one in five children under the age of five had experienced dental caries. Moreover, nearly half of children aged 6–11 years in the U.S. population are affected by tooth decay, along with more than half of those aged 12–19 years. It is estimated that children living in poverty are twice as likely to suffer tooth decay, and their dental diseases are more than twice as likely to go untreated as their more affluent peers. Dental decay can go beyond pain, and it affects speech, the ability to eat, learn and how children feel about themselves.

Few dentists accept Denti-Cal, which makes dental care access for Medi-Cal members challenging. Because of higher rates of primary medical—rather than dental—health care use, the primary medical care setting can serve as a critical access point for oral health screening, treatment, and referral. The integration of oral hygiene counseling, anticipatory guidance, and the application of fluoride varnish application fits well into the well-child preventive care services. The application of fluoride varnish is quick, easy, and painless, and can be delegated to nursing and medical assistant staff. The American Academy of Pediatrics (AAP)'s Bright Futures guideline recommends fluoride varnish application once teeth are present and apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk until age 5. SFHP strongly recommends every primary care practice to apply fluoride varnish to its pediatric population as recommended by USPSTF and Bright Futures.

If you need training resources for fluoride application or have questions, please reach out to Anh Huynh, Senior Program Manager at auynh@sfhp.org or (415) 615-5687.

Becoming ACE Aware in California - Training

DHCS is providing a free 2-hour training named "Becoming ACE Aware in California" Core training.

- Providers must self-attest to completing certified ACE training to receive payments for ACE screening.
- Providers are encouraged to join the ACE Aware Clinician Directory that list all providers that have attested to completing the training.

Provider Appointment Availability Survey (PAAS)

Health plans will administer the Provider Appointment Availability Survey (PAAS) to assess compliance with the time-elapsd appointment standards, set forth in section 1300.67.2.2 of title 28 of the California

These assessment results must be reported annually to the Department of Managed Health Care (DMHC) by health plans. Your cooperation in completing the survey, should your office be sampled for participation, is required.

PROVIDER APPOINTMENT AVAILABILITY SURVEY (PAAS): JULY 2023 - DECEMBER 2023

1. Health plans are required to ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition, consistent with good professional practice.
2. The health plans below have partnered with survey vendor, Sutherland, to administer this year's PAAS.
3. The assessment will be administered first by **email with a link to take the survey online** or FAX. Participants who do not respond to email or FAX surveys after five business days will be required to respond to the survey over the phone. Each survey option is expected to take less than five minutes.
4. **The survey will ask for the next available appointment date and time. The next available appointment can be by any method (e.g., IN-PERSON, PHONE OR VIDEO/TELEHEALTH).**
5. Health plans are required by law to gather information concerning appointment availability and to report the findings to the DMHC.
6. Health plans are required to ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition, consistent with good professional practice.
7. The health plans below have partnered with survey vendor, Sutherland, to administer this year's PAAS.
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9. **The survey will ask for the next available appointment date and time. The next available appointment can be by any method (e.g., IN-PERSON, PHONE OR VIDEO/TELEHEALTH).**
10. Health plans are required by law to gather information concerning appointment availability and to report the findings to the DMHC.
11. If you have questions about the survey contact your medical group or reach out to a representative from your contracted health plan(s).

CCHCA Name Change to AAMG

CCHCA has become All American Medical Group (AAMG) effective March 1, 2023. There will be no changes to Members or Providers. Each member will keep their same PCP in the new AAMG Network. Authorization and Claims requests need to be sent to NMM.

Beyond

UCSF has provided a discount in the past for providers who attended the UCSF CME on caring for marginalized patients. After a several-year COVID-induced hiatus, UCSF will be offering the course *Advancing Health Equity: Healthcare and Beyond* again, both live at UCSF Mission Bay campus and live-streamed on September 28-30th.

The course is intended for practitioners caring for patients from under-resourced and marginalized communities and includes both the theoretical background and practical approaches to closing gaps in patient outcomes in our highest-risk populations.

We include a wide range of issues, from those that are very clinical to others that are less frequently addressed in run-of-the-mill CME courses or resident curricula. For example, we include issues both on the latest updates in diabetes management but also how to adjust this management for food insecurity and pearls for the clinician using Continuous Glucose Monitoring (CGM), along with discussions of Long-COVID, Trauma-Informed Care, pain management with substance users, and talks on "Gun Violence from a Public Health Crisis to the Clinical Encounter"; and "Communication Strategies to Enhance Equity."

We also include discussions of how to prevent burnout and use story-telling by practitioners to highlight the pain, inspiration, and complexity of our work.

Here is the link to the course webpage with all of the details.

<https://virtualce.ucsf.edu/health-equity>

Please forward this email to providers in your networks that might be interested in this opportunity.

Pharmacy Updates

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 on July 19, 2023.

The summary of formulary and prior authorization criteria changes is available on the SFHP website at (<https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/>). A complete list of approved formulary and prior authorization criteria are available on SFHP website at (<https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>). All changes are effective August 20, 2023. For formulary or criteria information please visit our website or call SFHP pharmacy department at 415-547-7818 ext. 7085, option 3.

Asthma Educational Resources

In an effort to work with our providers to improve asthma control in our members, SFHP has formulated education materials that are available on the SFHP website. A summary for providers on the 2022 GINA guidelines can be found on our [Drug Utilization Review](#) page. The "Take Charge of Your Asthma" handout for members can be found on our [Health Education Library](#) page, and an abbreviated version can be found on our [Pharmacy Health Library](#) page. The member handouts are available in multiple languages, which can be accessed by selecting the members' primary language on the top right-hand corner of the webpage.

Makena FDA Withdrawal

On April 6, 2023, the FDA announced their decision to withdraw approval of Makena[®] (hydroxyprogesterone caproate injection) and its generics. Following this decision, Makena[®] and its

accelerated approval pathway in 2011 to reduce the risk of preterm birth in patients with a singleton pregnancy who have a history of spontaneous preterm birth. However, in the mandatory confirmatory clinical trials following the approval, Makena® did not show reduction in risk of preterm birth or improvement in newborn health outcomes. Due to the lack of data showing efficacy, the FDA made its decision to withdraw approval. For more information on the withdrawal of Makena®, please see the [FDA announcement](#).

Medi-Cal Rx Drug Lookup Tool: Enhanced Functionality

The functionality of the [Drug Lookup Tool \(DLT\)](#) which can be found on the [Medi-Cal Rx Provider Portal](#) has been improved. Users can now search for a single source drug by brand name or search for a multi-source drug by brand or generic name. The tool will show prior authorization (PA) requirements, drug type (brand or generic), and the National Drug Code (NDC) number. For more information on the updated Drug Lookup Tool and step-by-step instructions, see the [Drug Lookup Tool bulletin](#) on the Medi-Cal Rx [Bulletins & News page](#).

FDA Approves First Over-the-Counter Naloxone Nasal Spray-July 2023

On March 29, 2023, the U.S. Food and Drug Administration (FDA) announced the approval of 4 milligram naloxone hydrochloride nasal spray as an over-the-counter (OTC) product for non-prescription use. Naloxone is a lifesaving medication that when administered can rapidly reverse the effects of an opioid overdose. The nasal spray can be sold directly to consumers online or purchased locally in pharmacies, gas stations, and grocery stores. The manufacturer's estimated timeline for Naloxone's OTC availability in U.S. shelves and online retailers is late summer 2023. In the meantime, the prescription product, as well as other naloxone formulations which are not yet approved for OTC use, will remain available at the pharmacy by prescription or pharmacist-furnishing, as well as community distribution sites. More information is available in the [DHCS DUR 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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P.O. Box 194247, San Francisco, CA 94119-4247

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