



November 7th, 2022

UPDATES INCLUDE:







- Emergency Medicine for Anaphylactic Reaction Management, Opioid Overdose, Chest Pain, Asthma, and Hypoglycemia
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- Pharmacy Update: Quarterly Formulary and Prior Authorization (PA) Criteria Changes

## Emergency Medicine for Anaphylactic Reaction Management, Opioid Overdose, Chest Pain, Asthma, and Hypoglycemia

California Department of Health Care Services (DHCS) 2022 All Plan Letter (APL) 22-017, *Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review* has now been in effect for approximately four months. There is a criterion in the Facility Site Review (FSR) Standards that lists the minimum medications a clinic must have on hand to manage the following clinical emergencies, anaphylactic reaction, asthma exacerbation, chest pain, opioid overdose, and hypoglycemia (American Academy of Family Practice (AAFP)). This list of medications is different from the prior FSR Standards.

As the new Standards become socialized, it is important to check your clinic emergency medication supply and ensure the appropriate medications are on site. The DHCS emergency medication requirement is a critical element, which means that lack of compliance can have the largest potential for adverse effects on patient health or safety. The criterion has a higher weighted score and if deficient, requires the completion of a corrective action plan that must be returned to the site reviewers within ten business days from the date of the completed site review.

The following chart may be a visual tool you can print to teach and update staff on the new DHCS FSR emergency medication requirements. For a more comprehensive tool to assist with medical emergency compliance per the DHCS FSR Standards, please open this link: [SFHP FSR Website\\_DHCS Medical Emergency Response Guidelines for PCP Clinic](#).

DHCS FSR Emergency Medication Requirements		
FSR Criteria	I. Access/Safety Standards	D.5. Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia
Age/Population	Pediatric and Adult Population	
	<div><ul style="list-style-type: none"><li>• Epinephrine 1 mg/ml (injectable)</li><li>• Diphenhydramine 25 mg (oral) or</li><li>• Diphenhydramine 50 mg/ml (injectable)</li></ul><div>Anaphylactic Reaction</div></div>	<div><div><ul style="list-style-type: none"><li>• Naloxone</li></ul><div>Opioid Overdose</div></div><div><ul style="list-style-type: none"><li>• Chewable aspirin 81 mg (at least 4 tablets at clinics with adult members)</li><li>• Nitroglycerin spray/tablet</li></ul><div>Chest Pain</div></div></div>
	<div><ul style="list-style-type: none"><li>• Bronchodilator medication (solution for nebulizer or metered dose inhaler)</li></ul><div>Asthma</div></div>	<div><div><ul style="list-style-type: none"><li>• Glucose (any type of glucose containing at least 15 grams)</li></ul><div>Hypoglycemia</div></div><div><ul style="list-style-type: none"><li>• Appropriate sizes of Engineered Sharps Injury Protection (ESIP) needles/syringes</li><li>• Alcohol wipes</li></ul><div>Injectable Supplies</div></div></div>

Resources:

1. [All Plan Letter 22-017\\_Primary Care Provider Site Reviews - Facility Site Review and Medical Record Review](#)
2. [DHCS FSR Standards\\_2022](#)
3. [SFHP FSR Website\\_DHCS Medical Emergency Response Guidelines for PCP Clinic](#)

## FSR Provider Pearl: Diabetes Screening

November is National Diabetes Month. More than 1 in 3 U.S. adults have prediabetes and the majority of people are not aware that they have it ([NIDDK, 2021](#)). Diabetes screening and comprehensive diabetic care are part of the Medical Record Review (MRR) criteria in the total Facility Site Review (FSR) process.

The following chart includes details, documentation standards, and



resources regarding diabetic screening and comprehensive diabetic care criteria. This chart is consistent with the 2022 All Plan Letter (APL) 22-017, Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review. Please note that the United States Preventive Task Force (USPSTF) updated the recommendation, decreasing the age at which to begin screening for diabetes from age 40 to 35 ([USPSTF, 2021](#)).

MRR Criteria	V.C.7. Diabetic Screening	V.C.7.a. Comprehensive Diabetic Care
Age/Population	Members, aged 35-70 who are overweight (BMI ≥25) or obese (BMI≥30)	Members with abnormal blood glucose
	1. Evidence of glucose abnormalities detected by measuring one of the following: <ul style="list-style-type: none"><li>HbA1c</li><li>Fasting plasma glucose</li><li>Glucose tolerance test</li></ul>	Offer or refer member to intensive counseling interventions to promote a healthful diet and physical activity.
Documentation Standard	2. Evidence of confirmed diagnoses of <i>Impaired Glucose Tolerance (IGT)</i> , <i>Impaired Fasting Glucose (IFG)</i> , or <i>Type 2 Diabetes</i> . DHCS notes that a preferred method of diagnosis confirmation is repeated testing with the same test on a different day.	<a href="#">The M.A.P. Measure Act Partner</a> document is practice management tool that physicians and care teams can use to prevent type 2 diabetes for their patients. It can help determine roles and responsibilities within the provider’s practice for identifying adult patients with prediabetes and referring to community-based diabetes prevention programs.
Resources	1. <a href="#">Prediabetes and Type 2 Diabetes: Screening (USPSTF, 2021)</a> 2. <a href="#">CDC Infographic: Type 2 Diabetes (CDC, 2020)</a> 3. <a href="#">Information for Professionals (CDC, 2020)</a> 4. SFHP Health Education Library: <a href="#">Diabetes Health Education Passport</a> 5. SFHP Member Centered Programs: <a href="#">Diabetes Prevention Program (DPP)</a> 6. <a href="#">APL 18-018 Diabetes Prevention Program</a> 7. <a href="#">NCQA Comprehensive Diabetes Care CDC Retrieved 22.10.24</a> 8. <a href="#">Diabetes - Healthy People 2030   health.gov</a> 9. <a href="#">CDC Infographic: Type 2 Diabetes (CDC, 2020)</a>	

“Provider Pearls” are monthly articles written 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.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact Jackie at [jhagg@sfhp.org](mailto:jhagg@sfhp.org) or by her direct line at 1(415) 615-5637. You may also go to: [SFHP Website FSR Resources](#).

## 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 October 19, 2022.

The summary of formulary and prior authorization criteria changes is available on the SFHP website [here](#). A complete list of approved formulary and prior authorization criteria are available on SFHP website [here](#). All changes are effective as of November 20, 2022. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

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