SAN FRANCISCO HEALTH PLAN™
Here for you

Provider Update

November 1st, 2023

UPDATES INCLUDE:

- Timely Access Regulations & Upcoming PAAS
- Caring for the Unhoused: Webinar on Strategies to Address Housing & Homelessness
- Wellness & Prevention Classes For Your Patients
- Doula Benefit Update
- Getting to 35%: The Initial Health Appointment
- Pharmacy Updates for November 2023
- Facility Site Review Provider Pearls: Lung Cancer Screening

Timely Access Regulations & Upcoming PAAS Assessment

Health plans will administer the Provider Appointment Availability Survey (PAAS) to assess compliance with the time-elapsed appointment standards, set forth in section 1300.67.2.2 of title 28 of the Calif Code of Regulations. To lessen the burden for you of completing multiple surveys, several health plans have teamed up to provide a coordinated effort. The assessment will be administered by Sutherlan Healthcare Solutions.

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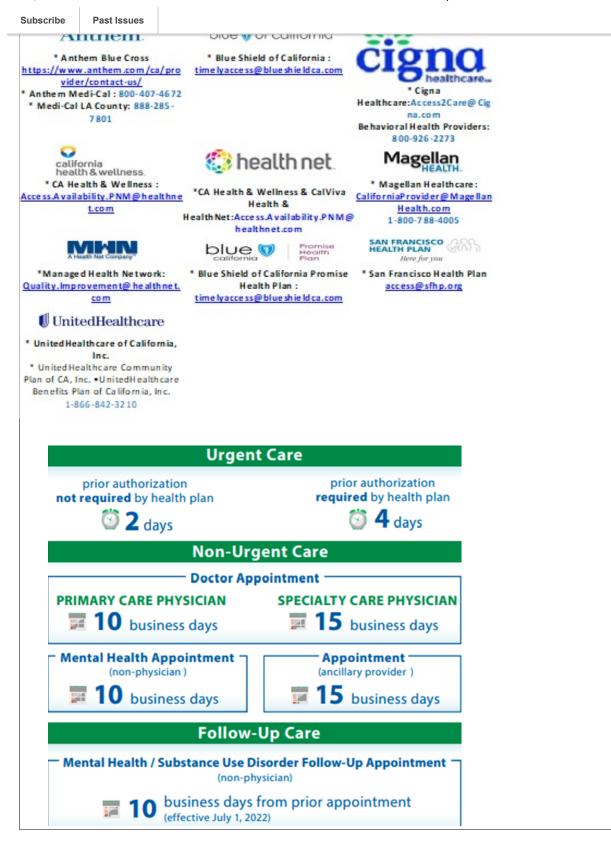
PROVIDER APPOINTMENT AVAILABILITY SURVEY (PAAS): JULY 2023 - DECEMBER 2023

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 prac
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 require 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. If you have questions about the survey contact your medical group or reach out to a representative from your contracted health plan(s). See the table below for participating health plan contact information. Please do not contact the DMHC.

General questions and inquiries about the survey can also be directed to the Sutherland PAAS Team: sutherlandpaasteam@sutherlandglobal.com

To assist you with establishing appropriate scheduling practices based on the timeframes required under the Timely Access Regulations, we have included an outline of the appointment availability standards below. Please share this information with the appointment schedulers in your office.

Anthem.

* Anthem Blue Cross
https://www.anthem.com/ca/provider/contact-us/
* Anthem Medi-Cal : 800-407-4672
* Medi-Cal LA County: 888-285-7801

blue of california
* Blue Shield of California :
timelyaccess@blueshieldca.com

cigna healthcare.
* Cigna
Healthcare:Access2Care@Cigna.com
Behavioral Health Providers:
800-926-2273

california health & wellness.
* CA Health & Wellness :
Access.Availability.PNM@healthnet.com

health net
*CA Health & Wellness & CalViva Health &
HealthNet:Access.Availability.PNM@healthnet.com

Magellan HEALTH
* Magellan Healthcare :
CaliforniaProvider@MagellanHealth.com
1-800-788-4005

MHN A Health Net Company
*Managed Health Network:
Quality.Improvement@healthnet.com

blue california | Promise Health Plan
* Blue Shield of California Promise Health Plan :
timelyaccess@blueshieldca.com

SAN FRANCISCO HEALTH PLAN Here for you
* San Francisco Health Plan
access@sfhp.org

UnitedHealthcare
* UnitedHealthcare of California, Inc.
* UnitedHealthcare Community Plan of CA, Inc. •UnitedHealthcare Benefits Plan of California, Inc.
1-866-842-3210

Urgent Care

prior authorization **not required** by health plan
⏰ **2** days

prior authorization **required** by health plan
⏰ **4** days

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN
📅 **10** business days

SPECIALTY CARE PHYSICIAN
📅 **15** business days

Mental Health Appointment (non-physician)
📅 **10** business days

Appointment (ancillary provider)
📅 **15** business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment (non-physician)
📅 **10** business days from prior appointment (effective July 1, 2022)

Caring for the Unhoused

Local Plan Strategies to Address Housing & Homelessness Webinar
November 8, 2023 | 1:30 – 3:00 p.m., PT

Register now
November 8, 2023
1:30 – 3:00 p.m., Pacific Time

Care Services (DHCS) rolled out two ambitious reforms — Enhanced Care Management and Community Supports — that call on Medi-Cal managed care plans to support their members in finding and retain
housing, and address other clinical and/or social needs. Additionally, DHCS' Housing and Homeless Incentive Program (HHIP) encourages and incentivizes plans to play an active role in the delivery and coo
of health and housing services.

Hear perspectives from The Corporation for Supportive Housing, as well as local health plan leaders who will share how their plans are addressing housing and homelessness in their communities. Presenter
discuss key initiatives they've implemented to serve unhoused individuals, existing and ongoing challenges and barriers, collaborative partnerships with key stakeholders and how they measure success.

Who Should Attend
Local health plan staff working in medical management, provider services, customer service or government affairs. The webinar would also be beneficial for staff impacted by or involved in plan initiatives and
centered around providing care/services to the unhoused population.

Agenda
(may be subject to change)

Background & Context

- The state of homelessness in California
- Federal and state response
- What's happening outside of California
- Common and unique challenges for plans

Spotlight on Local Health Plans
Hear from local health plan leaders who will share:

- Community outlook and overview
- Key strategies and initiatives for addressing housing and homelessness
- Successes, challenges and lessons learned to date
- How success is or will be measured

Panel Discussion
Listen in as plan leaders discuss how they developed action plans, the critical role of executive leadership, working collaboratively with local partners, agencies and other stakeholders, and how they view loca
role in caring for the unhoused population.

Register now at www.lhpc.org/caringfortheunhoused

Faculty
Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, CalOptima Health
Karl Calhoun, Director, Safety Net Programs and Partnerships, L.A. Care Health Plan
Alison Klurfeld, Principal, Klurfeld Consulting
Cheryl Winter, MPH, LICSW, Associate Director, California State Policy, The Corporation for Supportive Housing
Additional speakers to be announced

Fees* (per connection)
Members $40
Plan Registration^ $140
*Special registration pricing will be offered while staff work remotely. Standard pricing will resume once staff return to work on-site. ^This option is available for plans who wish to offer community viewing for s
site. *Registration closes Nov. 3 at 5:00 p.m.*

Please adhere to your respective plan's process for LHPC event registration where applicable.

To register, go to www.lhpc.org/caringfortheunhoused

Want to Learn More?
Visit the event web page for complete information and to register. For questions, contact the LHPC Institute at institute@lhpc.org.

Wellness & Prevention Classes For Your Patients

Visit the SFHP Health Education Classes directory to refer patients to relevant wellness classes that can improve their health.

Programs include diabetes self-management workshops, exercise classes, prenatal/postpartum support, and more. Many classes are provided in different languages or offer lang

support. Patients may also choose from in-person or online classes.

All classes and programs are provided at no cost to eligible SFHP members. To sign up for a class, your patient can call the organization listed in the directory. Some classes are only open for Medi-Cal or He
Workers HMO members. Classes may need your patient to sign up online with the link that is listed.

Most classes do not need a referral. If your patient needs a referral to join a class, please refer to the listed contact number and details on the organization's website.
If you have any questions, please call SFHP Customer Service at **1(415) 547-7800**. Monday to Friday 8:30am to 5:30pm. If you would like your health education classes promoted, please email
healtheducation@sfhp.org.

Doula Benefit Update

improved emotional support. To change that, SFHP has created a Standing Order so that all pregnant or postpartum members can access doula services directly without requiring an individual provider recommendation. This newly posted order allows members to bypass getting an recommendation from a clinician and go directly to selecting a doula. To view the order, please visit Standing_Orders_for_Doula_Services.pdf (sfhp.wpenginepowered.com). As a reminder, anyone can search our current doulas by going to our SFHP Provider Directory. To start the search, first press the "Se button at the top of the page, which will move the user to an Advanced Search page where next the user selects "Provider Category," a drop-down menu on the right side of the screen. Finally, select Doulas f drop-down menu and press "Search" to find our list of current SFHP doulas. SFHP is proud to be building a diverse group of doulas that reflect our membership and can serve the demand of members.

Doula services are associated with improved delivery outcomes, infant and parental health. The Medi-Cal doula benefit is available during pregnancy; labor and delivery, including stillbirth; miscarriage; aborti within one year of the end of a member's pregnancy. Please help your patients connect with a doula for enhanced support.

For more information or if you have any questions about how to join the plan as a doula, contact Provider Relations at provider.relations@sfhp.org. Questions about the benefit can be directed to the Populatio Management Department, PopHealth@sfhp.org.

Getting to 35%: The Initial Health Appointment

We all recognize the value of new members being seen by a provider in their first few months for their Initial Health Appointment (IHA). Our July newsletter article detailed the value of this appointment in supp member in starting their connection to their patient centered medical home. SFHP has been hard at work creating tools and developing systems so that more members complete their IHA on time (within 120 Medi-Cal enrollment) rate. We've set a target of 35% of new members completing their IHA on time by June 2024. Currently, in Q2 of 2023, our rate of on-time IHA visits is 21.3%.

One of our changes is that we recently reviewed and updated the codes used to determine if a visit was counted as an IHA. These codes are now posted, along with best practices for your review, on our web IHA_Tip_Sheet.pdf (sfhp.org)

Our goal to get to 35% is aggressive but we believe that together with you, our clinical network, we can do this! We are working now to pull together lists for medical groups that will identify your newest memb the due date for the IHA and whether the member has already had one. We believe providing these important tools will help drive rates upwards.

If you would like a presentation on the IHA or have questions about the IHA, or ideas about how we can join forces to get to 35%, reach out to Hilary Gillette-Walch at hgillettewalch@sfhp.org.

Pharmacy Updates

Medi-Cal Rx Prior Authorization Requirements for Enteral Nutrition for Members 22 Years of Age and Older

As of September 22, 2023, all new start enteral nutrition orders require a prior authorization (PA) for members 22 years of age and older. On November 9, 2023, all enteral nutrition claims that previously paid Transition Policy will need a PA submitted for members 22 years of age and older.

- Providers can now submit PA requests for all enteral nutrition products. The *Medi-Cal Rx Enteral Nutrition Prior Authorization Request Form* is the preferred form for submission.
- Providers can refer to the *List of Contracted Enteral Nutrition Products* to see the products that are covered. This list is on the Medi-Cal Rx Provider Portal, under "Covered Products Lists".
- The established criteria for enteral nutrition can be found in the *Enteral Nutrition Product* section (page 120) of the Provider Manual.
- On October 4, 2023, Medi-Cal Rx released an update to the prescription requirement for enteral nutrition therapy orders:

  - Medi-Cal Rx now allows additional prescriber types to place enteral nutrition orders. The member's physician, nurse practitioner, clinical nurse specialist, or physician assistant may submit the enteral nutrition orders.
  - The height and weight documentation requirement is no longer required. However, this information may assist in determination of cases where additional consideration for quantity limit review is neede

Alternatively, providers can send the prescription for the enteral nutrition product to an SFHP contracted DME vendor to be covered under the medical benefit.

For more information, see the Updates to Enteral Nutrition Prescription Requirements, Enteral Nutrition New Start PA Reminders, and 90-day notice for Enteral Nutrition PA Retirement.

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 18, 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 a formulary and prior authorization criteria are available on SFHP website at (https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/). All changes are effective November 20, 2023. For formulary or information please visit our website or call SFHP pharmacy department at 415-547-7818 ext. 7085, option 3.

Facility Site Review Provider Pearls

LUNG CANCER SCREENING

November is Lung Cancer Awareness Month. According to the CDC, Lung Cancer is the third most common cancer in the United States (Source). Of 130 sample Medical Record Review (MRR) charts review 7/1/2022-10/1/2023, 48% were compliant with the lung cancer screening. Primary Care Providers (PCPs) play a key role in identifying members who are at high risk for lung cancer, and early detection and tr Per the California Department of Health Care Services (DHCS) APL 22-017 and updated Facility Site Review and Medical Record Standards and Tools, *Lung Cancer Screening* is a new criterion in the adult section.

Per the USPSTF, clinicians should assess members annually for lung cancer screening (Grade B) for adults aged 50-80 with a 20 pack-year smoking history and currently smoke or have quit within the past 1 (Source). Please review this chart that provides an overview of the requirements to comply with the DHCS MRR audit:

Age(s)	50-80
Gender	All
Risk Assessment	Assess past and current tobacco use (in pack-year, and quit date) during well-adult visits
Risk Factors	20 pack-year history and currently smoke or have quit within the past 15 years
Screening Tool	If member smoking history is ≥20 pack-years and current smoker or quit within past 15 years, refer member each year for lung cancer screening with low-dose computed tomography (LDCT) .
Documentation	Current and past smoking history, including pack-year, quit date. Note: Pack-year describes how many cigarettes smoked in a lifetime, where 1 pack = 20 cigarettes. Calculating Pack-Year: X pack a day * # Years = Pack-years • *Example: 0.5 pack/day * 4 years = 2 pack-years* If screening indicated, document LDCT results and any follow-up of abnormal findings. If screening declined by member, document refusal.
Considerations	Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery. Provide tobacco cessation services, when indicated.

Non-clinical staff play an important role as well. For example, medical assistants may provide risk assessment questionnaires for members to fill out and make sure that they are fully completed prior to docum the member chart. If the PCP practice uses an electronic health record system, review the fields related to tobacco use and make sure that key attributes such as smoking history, quit date(s), and pack-year information are captured.

The FSR nurse reviewer will look for evidence of completed annual risk assessments, including documentation of smoking history (pack-year & quit date), referral for LDCT, screening results, and follow-up, if

Resources:

1. Clinician Summary of USPSTF Recommendation: Screening for Lung Cancer
2. USPSTF – Final Recommendation Statement – Lung Cancer: Screening
3. Pack Year Calculator

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, nu 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 quality standards in office practice operations.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact fsr@sfhp.org.