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December 3rd, 2019

Our December Update includes information on:

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2. HEDIS Pursuit Season
3. Facility Site Review Provider Pearls
4. Access Surveys: Provider Appointment Availability Survey, Daytime Survey, and After-Hours Survey
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1. Healthy Kids HMO Program Closure

Managed Care. **Members received new SFHP IDs. If you have any doubt about a member's coverage, please don't hesitate to call our Customer Service Team.**

The Healthy Kids HMO Program closed to new enrollment effective September 20, 2019 and ends on January 1, 2020.

Important information about the County Children's Health Initiative Program (CCHIP) transition to Medi-Cal Managed Care:

1. Approximately 2,300 children enrolled in Healthy Kids HMO Program moved to Medi-Cal Managed Care and received full health insurance benefits, including:
 - a. Medical visits
 - b. Prescription drugs
 - c. Vision services
 - d. Mental health services
 - e. Other behavioral health services
2. CCHIP members enrolled in Healthy Kids HMO Program prior to October 1, 2019 will remain with San Francisco Health Plan (SFHP).
3. New ID Cards:
 - a. Within 30 days of October 1, 2019, members received:
 - i. Medi-Cal Beneficiary Identification Card (BIC) in the mail.
 - ii. A new health plan card from San Francisco Health Plan, showing the new line of business.
 - b. Members should be advised to bring both cards when they visit their doctor.
 - c. If members did not receive their BIC or health plan card, call 1-833-91C-CHIP (1(833) 912-2447).
4. The Medi-Cal Dental program will provide dental benefits.
5. Please find attached the following notices regarding the CCHIP program transition:

2. HEDIS Pursuit Season

SFHP's HEDIS pursuit season begins in January! Health Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of preventive care and other services rendered by the provider network. Thanks to the quality care you provide, SFHP is the third highest ranked Medi-Cal plan based on aggregated 2019 HEDIS scores (two Kaiser plans hold the first and second spots).

In order to collect data not provided through claims and encounters, our team will reach out to your organization in the following manner:

- For sites with more than 15 medical records in the HEDIS sample, we will call you in January or February to make an appointment for our HEDIS team to either come to your office or set up remote access to your EHR. Our HEDIS visits will be scheduled from February to the beginning of May of 2020.
- For smaller sites, with less than 15 medical records in the HEDIS sample, we will send you the list of members that require medical record documentation. Please send the medical record documentation within 10 business days of receipt of the list.

We look forward to another successful HEDIS season. Please contact José Méndez at jmendez@sfhp.org or 1(415) 615-5118 with any questions.

3. Facility Site Review Provider Pearls



REQUIREMENTS



This month's Provider

Pearl is about safety training and education that the California Department of Health Care Services (DHCS) requires for all primary care personnel and providers. The requirements for trainings, information, and education are to ensure that all assigned responsibilities can be carried out competently and professionally. The FSR trainings, information, and education specifications are found in the Facility Site Review (FSR) and Medical Record Review (MRR) guidelines and tools.

The DHCS standard for evaluating training or education requirements is robust. Please ensure that your record keeping system includes each of the documentation criteria and is easily accessible at the time of either a health plan or DHCS audit. The San Francisco Health Plan (SFHP) team has a tool, [Evidence of Staff Training](#), to assist you in documenting all the requirements in one place for each employee and provider. This is a best practice tool and has been found to save hours at the time of a review due to its clear identification of the required personnel and provider training and education requirements. Also please note, that while Learning Management Systems are effective tools in providing trainings, **the full scope** of the DHCS training and education requirements are rarely captured all in that system. This lends to our recommending the use of the SFHP [Evidence of Staff Training](#) tool to assist you in compiling the different sources of training and education in one document so that the actual audit process is seamless and efficient.

Each primary provider site must have evidence of personnel training for the following subjects:

| <i>Trainings Required</i> | <i>Trainings Required Once & As Needed (Able To Verbalize How To Access)</i> | <i>Trainings Done, As Needed</i> |
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| Control/Universal Precautions | Child/Elder/Domestic Violence Abuse | Administration Methods |
| Blood Borne Pathogens Exposure Prevention | Patient Confidentiality (OSHA training; HIPAA requires organizations to provide training for all employees, new employees, and periodic (annual) refresher training) | Operation of Medical Equipment /Performance of Clinical Laboratory Procedures |
| Biohazardous Waste Handling | Informed Consent, Including Human Sterilization | |
| | Prior Authorization Requests | |
| | Grievance/Complaint Procedure | |
| | Sensitive Services/Minors' Rights | |
| | Health Plan Referral Process/Procedures/Resources | |
| | Cultural and Linguistics | |
| | Fire safety & prevention | |
| | Procedures for non-medical emergencies: earthquake, terrorist attacks, site evacuation | |
| | Procedures to be carried out if medical emergency on site | |

The California Department of Health Care Services (DHCS) requires evidence of training to include:

- Each employee and provider
- Employee and provider name, position, and date of hire
- Employee and provider certifications
- Trainer or Learning Management System (LMS) that provided training or education
- Identify topic of training or education
- Brief description of the training content and materials used in that training

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

“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.

As the new California Department of Health Care Services (DHCS) 2019 Facility Site Review (FSR) Guidelines begin to disseminate throughout the network, SFHP will take every opportunity to help providers and their staff prepare for these changes well before the July 1, 2020 effective date.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please use our new fsr@sfhp.org email. A facility site review team member will respond and/or reach out to you to help you with your inquiry.

4. Access Surveys: Provider Appointment Availability Survey, Daytime Survey, and After-Hours Survey

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames. To meet these requirements, SFHP administers the 2019 Appointment Availability Survey from September 3rd until December 31st

individual provider's next available appointment (date/time) for various types of nonemergency care. Fax and emailed surveys that are not responded to in five business days will be followed by a phone survey. Please inform your frontline staff who answer the phone that they may be receiving this call if an email or fax survey is not responded to and that non-participation will be deemed noncompliant with the Timely Access Regulations, per state requirements.

The DMHC and the Department of Health Care Services (DHCS) also require health plans to monitor providers for access elements aside from appointment availability. To meet these requirements, SFHP administers the 2019 Daytime and After-Hours surveys to primary care sites from December 2nd to December 27th. The Daytime survey, delivered by fax (from 1(415) 615-4390) or email (from access@sfhp.org), is expected to take approximately five minutes and will ask provider offices questions about access to language interpretation, access to triage by a provider, and average wait times in provider office waiting rooms, and appointment availability. Fax and emailed surveys that are not responded to in ten business days will be followed by a phone survey. Please inform your front line staff who answer the phone that they may be receiving this call from SFHP and that non-participation will be deemed non-compliant with the Timely Access Regulations, per state requirements. It is also a state requirement to provide 24 hour telephone coverage and language interpretation to your patients. Your patients and SFHP's members require the ability to call a provider's offices and speak to a clinician within 30 minutes. SFHP will contact primary care offices throughout December after business hours to assess members' access to care.

Please refer to the informative flyer that can be shared with your team as well as an [access one-pager](#) that clarifies the timely access regulations. Providers can also find more information about survey process and requirements on the DMHC website located [here](#). For any questions about the Timely Access Regulations or the Appointment Availability Survey please reach out to SFHP's Provider Relations Department at 1(415) 547-7818 ext. 7084 or through email.

5. DHCS Behavioral Health Integration Incentive Program

DHCS' BHI Incentive Program incentivizes Medi-Cal managed care plans (MCPs) to improve physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care into their networks. The goal of the BHI Incentive Program is to increase MCP network integration for providers at all levels of integration, focus on new target populations or health disparities, and improve the overall level of integration or impact. BHI projects will be implemented over a 33-month period (April 2020 through December 31, 2022).

In order to apply, providers must [complete and sign this application](#) and submit it directly to SFHP no later than **5 p.m. PST on January 21, 2020**. Providers should **not** send the application to DHCS. Prior to completing this application, applicants are asked to carefully review the entire application and other supporting documents that are available on the DHCS BHI Incentive Program [website](#). If the provider is awarded BHI funding, SFHP will be responsible for oversight and payment to the provider for meeting the BHI Incentive Program milestones, based upon the approved application. Complete instructions are provided in the application.

All completed applications and questions can be submitted to VBPBHI@sfhp.org.

6. Reminder: Medi-Cal Covered Services

A reminder that the services listed below are covered benefits for all Medi-Cal enrollees:

- Podiatry
- Speech therapy
- Acupuncture

For a more detailed list of covered benefits please refer to [SFHP's benefits grid](#) or the [SFHP member handbook](#).

7. Pharmacy Update: New Asthma Treatment Guidelines and Substance Use Treatment Search Tool

New Global Guidelines for the Treatment of Asthma

A Medi-Cal Alert entitled "[New Global Guidelines for the Treatment of Asthma](#)" has been published on the DHCS website, communicating on the conclusions of the most recent Global Initiative for Asthma (GINA) report.

The GINA Scientific Committee conducted a comprehensive review of the risks and consequences of starting asthma treatment with short acting β 2-agonists (SABAs) alone and evaluated the impact of inhaled corticosteroid (ICS) in mild asthma on exacerbations and death. The [Global Strategy for Asthma Management and Prevention](#) report concluded that there is sufficient evidence to recommend that adults and adolescents with asthma should not be treated with SABAs alone. Instead, they should receive either symptom-driven (in mild asthma) or daily ICS-containing treatment in order to reduce risk of serious exacerbations and asthma related death.

NEW! Provider Search Tool for Substance Use Treatment

There's a new tool for finding access to substance use treatment for patients: [findtreatment.gov](#).

Filter by zip code, language, patient age, insurance (including Medicaid, Medicare,

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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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