

[View this email in your browser](#)



August 31st, 2018

Our September Update includes information on:

1. Access Surveys: Provider Appointment Availability Survey and Daytime Survey
2. NEW! Child, Adolescent and Transitional Aged Youth (CATY) Care Management program
3. New Credentialing Standards
4. FSR Provider Pearls: FSR Automation Project
5. Pain Day 2018
6. Pharmacy Update: Fluoroquinolones
7. Article: Don't Routinely Recommend Daily Home Glucose Monitoring for Patients Who Have Type 2 Diabetes Mellitus and are Not Using Insulin

1. Access Surveys: Provider Appointment Availability Survey and Daytime 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 2018 Appointment Availability Survey from August 6th until December 28th 2018. The survey, delivered by fax (from 1(877) 399-3439) or email (from PAASSurvey@Qmetrics.us), will ask provider offices to identify individual provider's next available appointment (date/time) for various types of non-emergency care. Fax and emailed surveys that are not responded to in five 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.

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 2018 Daytime Survey to primary care sites from August 15th until September 28th, 2018. The 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 five 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.

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

2. NEW! Child, Adolescent and Transitional Aged Youth (CATY) Care Management Program

San Francisco Health Plan is excited to announce the launch of the **Child, Adolescent and Transitional Aged Youth (CATY) Care Management Program!**

What is the CATY Care Management Program?

The CATY Care Management Program is designed to meet the **medical, behavioral and psychosocial care coordination needs** of members between the **ages of 0-17**. Our team can work with the child/adolescent and their caregiver(s) over the phone and in person.

The process includes:

- Conducting a **comprehensive assessment** of the member's needs
- Determining available benefits and resources
- Developing and implementing a **patient-centered care management plan** with goals, monitoring and follow-up.

The SFHP Care Management team will work closely with the child/adolescent, their caregiver(s) and providers to:

- Address any **barriers** to care
- Support **navigation** of the health care system
- Connect to **community resources**
- **Promote wellness**

Any member between the ages of **0-17** assigned to an **SFHN, SFCCC or UCSF** clinic that is:

- Experiencing barriers to care and/or
- Needing support navigating the health care system or accessing community resources

Our team will connect members assigned to clinics outside of the SFHN, SFCCC or UCSF system with one of our delegated medical group's case management programs.

How can members be referred?

If you believe your patient would benefit from our services, either you, your patient or the patient's caregiver can call our intake line at **415-615-4515**, or email us at caremanagement_referrals@sfhp.org to speak with a member of our team.

Additional questions?

For questions about the CATY Care Management Program, please contact Jess Wiley, Children& Family Program Manager: 415-615-4416 or jwiley@sfhp.org.

3. New Credentialing Standards

San Francisco Health Plan (SFHP) is updating its credentialing standards to meet the new requirements set forth by [All Plan Letter 17-019](#). This APL requires **all providers** participating with a Medi-Cal Managed Care Plan (MCP) to enroll in the Fee-for-service (FFS) Medi-Cal program or enroll through an MCP, like San Francisco Health Plan, which has implemented an equivalent process.

through DHCS, they are eligible to provide services to Medi-Cal FFS beneficiaries; however, enrolling through DHCS does not obligate an office to provide services to FFS beneficiaries. If a provider enrolls through an MCP, the provider may only provide services to members of that MCP, and may not provide services to Medi-Cal FFS beneficiaries.

Enrollment through any of the three options mentioned above must be completed by December 31, 2018 in order to continue participating as an SFHP provider.

Please contact your delegated medical group for details regarding the new requirements and next steps, or you can contact SFHP's Credentialing Team at credentialing@sfhp.org.

4. FSR Provider Pearls: FSR Automation Project



“**Provider Pearls**” are monthly FSR articles written with the intent to help you identify areas in the DHCS review process that require extra preparation. If a clinic manager, office manager, nurse manager, or operation’s 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.

Hey! Did you know the 7-question FSR survey sent out is taking office managers on-average 3 minutes to complete?

In October, 2017, at SFHP, the paper-based facility site reviews were replaced with an online platform to

into our electronic FSR system to optimally benefit from all the ways an automated system can get things done more efficiently and timely. Gathering some of that information has presented some challenges! A short 7-question survey to our Primary Care Provider office managers was chosen as a way to streamline this effort and collect missing information such as provider site certifications, electronic medical record (EMR) system types, or current medical director contacts. The information being collected is used in many different capacities such as reporting to DHCS types of certifications sites may have, having the appropriate contacts for post-review follow-up communications, teaching nurse site reviewers how to use the various EMRs, to name just a few reasons.

So far, out of 180 provider site practice contacts, 28 people have responded to the survey in the first week. Our goal is a 90% response rate! Let's work together to improve facility site review processes and ensure SFHP has important information that can facilitate our partnerships.

SAMPLE FSR SURVEY – AUGUST 2018

The survey includes these seven questions:

1. Confirm the name and address of your clinic site(s).
2. What EMR do you use?
3. How many Primary Care Providers do you have? (Include Physicians, NP & PA that have their own panel)
4. Provide key contact persons names and emails (Medical Director, Admin Lead, Office Manager)
5. What certifications do you have, if any? (TJC, AAAHC, CPSP, NCQA)
 - TJC - The Joint Commission
 - AAAHC - Accreditation Association for Ambulatory Health Care
 - CPSP - Comprehensive Perinatal Services Program
 - NCQA - National Committee for Quality Assurance
 - None
6. What patient types do you see at your practice? (Adult, Pediatrics, Obstetric)

For any questions about the Site Review Survey process, please contact Jackie at jhagg@sfhp.org or by her direct line at 1(415) 615-5637.

5. Pain Day 2018



PAIN DAY!
Thursday, September 13, 2018

The Shift in Pain Management

A Cultural Transformation in How We View, Treat, and Manage Chronic Pain.

JEWISH COMMUNITY CENTER OF SAN FRANCISCO



Themes we will address during this FREE, all-day conference:

- Understanding emerging evidence and treatment experiences in chronic pain management
- How to use data to inform population-level treatment strategies
- Explore interventions to address gaps, disparities, and bias in pain management



Who should attend?

- Patients
- Members of the Community
- Medical Providers
- Behavioral Health Clinicians and Assistants
- Nurses
- Medical Assistants
- Other staff involved in pain management at your clinic



Questions?

email pain@sfhp.org

REGISTRATION OPENS JULY 18th!

[Please register here!](#)

Continuing Education Credit
TBD

Meals will be provided

A Medi-Cal DUR drug safety communication titled: “Adverse Effects from Fluoroquinolone Antibiotics” was published on July 31, 2018. The [bulletin](#) outlines the strengthened warnings that the FDA is adding to the prescribing information for fluoroquinolones. The new label changes will include that hypoglycemia, can lead to coma, and another new label will also make the mental health side effects more prominent and consistent across the fluoroquinolone drug class. The full safety announcement is available on the [Drug Safety and Availability](#) page of the FDA website.

7. Don't Routinely Recommend Daily Home Glucose Monitoring for Patients Who Have Type 2 Diabetes Mellitus and are Not Using Insulin

Self-monitoring of blood glucose (SMBG) is an integral part of patient self-management in maintaining safe and target-driven glucose control in type 1 diabetes mellitus. However, daily finger glucose testing has no benefit in patients with type 2 diabetes mellitus who are not on insulin or medications associated with hypoglycemia, and small, but significant, patient harms are associated with daily glucose testing. SMBG should be reserved for patients during the titration of their medication doses or during periods of changes in patients' diet and exercise routines.

[Source](#)

Subscribe

Past Issues

Translate ▼

RSS

Provider.Relations@sthp.org or Chief Medical Officer **Jim Glauber, MD, MPH**, at jglauber@sthp.org.

*To access updates from previous months or subscribe to SFHP's Monthly Provider Update, please visit our
[Provider Update archive page](#).

Copyright © 2017 San Francisco Health Plan, All rights reserved.

This email was sent to <<Email Address>>

[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)

San Francisco Health Plan · P.O. Box 194247 · San Francisco, CA 94119 · USA