

[Subscribe](#)[Past Issues](#)[Translate ▼](#)[RS](#)**May 1, 2024****UPDATES INCLUDE:**

- **Carelon Provider Trainings** - Trauma Informed Care & Cultural Competency in Behavioral Health Setting
- **Racial Equity Training** for Providers, Clinicians, and Staff
- **Provider Satisfaction Survey**
- **Helping Medi-Cal Members Change Health Plans**
- **Quality Improvement Evaluation**
- **Pharmacy Update** Quarterly Formulary and Prior Authorization (PA) Criteria Changes
- **Facility Site Review (FSR) Provider Pearls** - Osteoporosis Screening

Upcoming Carelon Provider Trainings

Trauma Informed Care Training

This 1-hour clinical training provides an overview about the concept of trauma and its impact on development. This training will define trauma, types of trauma, and provide information about the ACE study which describes the connection between traumatic experiences and mental health consequences. The training also focuses on neurobiology of trauma and how adverse experience can impact the body and brain. Practice strategies to manage behavioral and emotional impact of trauma will be reviewed. *No CE credit or certification is associated with this training.*

Meeting Link:[Join the meeting now](#)

Meeting ID: 267 846 072 164

Passcode: x5PHJg

Date and Time: Wednesday June 12, 2024, 12-1pm PSTPresenter: Dr. James Westphal, M.D., Carelon Medical Director

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San Francisco Health Plan is offering a suite of trainings, led by the Racial Equity Institute, to support Network Providers (clinical and non-clinical) with access to equity-focused learning that improves awareness and understanding to serve the diverse ethnic and cultural needs of our community.

Click this link - [REGISTER NOW](#)

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RACIAL EQUITY TRAINING

— Led by the Racial Equity Institute —

Increase your understanding of racial equity and its impact on systems, including health care.

Engage in lively discussions with other SFHP Providers centered on:

- Structural racism, markedness theory, and implicit bias
- Institutional power arrangements and power brokers
- History of race in American economic and policy development
- Racial identity and its interaction with institutional culture



GROUNDWATER PRESENTATION

For Providers and Clinicians

In this participatory presentation, you'll hear stories and data which present a perspective that racism is fundamentally structural in nature, and that our racially structured society is what causes inequity.

The Groundwater metaphor is based on three observations:

1. Racial inequity looks the same across systems
2. Socio-economic difference does not explain the racial inequity
3. Inequities are caused by systems, regardless of people's culture or behavior.

*Space is Limited. Register Now. Please select **one** option for registration.*



Option A:
3 hours in-person
Mon, May 20
9:00am–12:00pm



Option B:
3 hours in-person
Mon, May 20
1:00pm–4:00pm

PHASE 1 WORKSHOP

For Non-Clinicians and Staff

This two-day workshop is designed to develop your capacity to better understand and identify racism in its institutional and structural forms.

Along with the Groundwater metaphor, you will develop shared language and explore how to address inequity both inside your institution and the community where it works.

*Space is Limited. Register Now. Please select **one** option for registration.*



Option C:
16 hours in-person
Tue–Wed, May 21–22
9:00am–5:00pm



Option D:
16 hours in-person
Thu–Fri, May 23–24
9:00am–5:00pm

All trainings will be delivered live, in-person in San Francisco, CA. Physical location provided at registration.

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Questions? Contact:
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their own implicit biases, and the use of culturally relevant and response evidence-based practices with patients / members. *No CE credit or certification is associated with this training.*

Registration Link: <https://attend.webex.com/weblink/register/r4fb0541e91f8a934d1476ec9ebd6eab8>

Date and Time: Wednesday June 12, 2024, 12-1pm PST

Presenter: Meagan Gallagher, MS, Training Specialist at Carelon Behavioral Health

SFHP Annual Provider Satisfaction Survey

SFHP has engaged Press Ganey to gather your feedback for our annual Provider Satisfaction Survey.

The survey is based on a random sample of providers. If you are selected to participate, you will receive the survey by email around April 15th, and by traditional mail in the next few weeks.

We are keenly interested in your responses to make us better. Please look out for this survey and make sure to submit it at your earliest convenience.

If you have any concerns about being selected or being able to receive the survey, you can contact Press Ganey at **1-800-588-1659**.

If you have any questions for SFHP, you can contact us at the info below.

Email us at Provider.relations@sfhp.org or call at **415-547-7818 ext. 7084**

Helping Medi-Cal Members Change Health Plans

Medi-Cal recipients who want to choose a new health plan, in the same county as their residence, can call Health Care Options, from 8:00am to 6:00pm, Monday through Friday, at **1(800) 430-4263**. For TTY call **1(800) 430-7077** or **711**.

Medi-Cal recipients can also go to healthcareoptions.dhcs.ca.gov or they can visit dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx to change their health plan.

Processing Times:

It may take 30 days or more to process a request to leave the health plan and to enroll in another plan.

- If a Medi-Cal recipient wants to leave their health plan sooner, they can call Health Care Options to request a faster processing time.
- A faster processing time may be needed for many reasons. For example, if a Medi-Cal recipient has specific or urgent health care needs.

Change of Location:

If the Medi-Cal recipient is moving to another county within California, they should contact their local county Medi-Cal office to ask their caseworker for an address update.

- The county caseworker will initiate the county change request for the Medi-Cal recipient.
- Once the new county receives the request, it may take up to 30 days to process it.
- Medi-Cal recipients can find their local Medi-Cal office at:
dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

SFHP Quality Improvement Evaluation

In 2024, SFHP's focus on Quality Improvement has expanded to include Health Equity measures and activities. As such, the previously titled QI Program will not be called the Quality Improvement & Health Equity Transformation (QIHET) Program.

SFHP recently finished its 2023 Quality Improvement Evaluation as well as its 2024 QIHET Program Annual Plan. The QIHET Plan describes efforts to improve in **Clinical Quality - Medical Care, Engagement with Primary Care, Clinical Quality - Behavioral Health, Care Coordination and Continuity of Care, Access to Primary and Specialty Care, and Member Experience**. SFHP identifies annual goals and associated activities that contribute to those goals. At the end of the year, we evaluate the QI plan and activities to determine the effectiveness of our QI approach and determine improvement activities for the subsequent year.

In 2023, SFHP and its provider network met many of its goals and identified several areas for improvement. The provider network continued to provide exemplary clinical quality as demonstrated by surpassing targets in several measures such as the Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) Rating of Specialist, Well Child Visits in the First 15—30 Months, and Postpartum Care for Black & Native American Members. These achievements reflect SFHP's commitment to improving member experiences and health outcomes.

In collaboration with our Quality Improvement and Health Equity Committee, SFHP has identified goals in its 2024 QIHET Plan with a keen focus on health equity to close disparity gaps in care. One example includes incentivizing providers for perinatal quality improvement activities to improve care for members who are Hispanic or Latino, Black or African American, Native American or Other Pacific Islander, and/or Asian/Pacific Islander. SFHP has identified 26 goals for the 2024 Quality Improvement Plan. If you would like more information on the 2023 Quality Improvement Evaluation and the 2024 QIHET Plan, please visit our website or contact SFHP at Quality Improvement.

Pharmacy Updates

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 April 17, 2024.

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 May 20, 2024.

For formulary or criteria information please visit our website or call SFHP pharmacy department at 415-547-7818 ext. 7085, option 3.

Facility Site Review Provider Pearls

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Osteoporosis Screening

May is National Osteoporosis Awareness and Prevention Month. According to the National Institute on Aging, 1 in 5 women over age 50 and 1 in 20 men are affected by osteoporosis ([Source](#)). In a sample of 150 eligible charts reviewed from 01/01/2023-4/11/2024, SFHP found that only 69% of charts had documentation of an osteoporosis screening. Primary care providers play an important role in early detection of osteoporosis.

Per the California Department of Health Care Services (DHCS) APL 22-017 and updated Facility Site Review and Medical Record Standards and Tools, Medical Record Reviews (MRRs) occur every three years. Osteoporosis screening is a criterion of the adult preventive section in the MRR.

Facility Site Review Nurse Reviewers evaluate documentation of osteoporosis screening during these reviews to ensure compliance with this U.S. Preventive Services Task Force (USPSTF) Grade-B recommendation.

The chart below summarizes the key information regarding osteoporosis screening.

Criteria	Description
Population	Women 65 years and older All postmenopausal women younger than 65 years of age at increased risk of osteoporosis
Risk Factors	<ul style="list-style-type: none"> • Parental history of hip fracture • Smoking • Excessive alcohol consumption • Low body weight.
Risk Assessment	For postmenopausal women younger than 65 years of age at increased risk of osteoporosis, use a clinical risk assessment tool. Osteoporosis risk assessment tools include OST, ORAI, OSIRIS, SCORE, and FRAX (Source)
Screening	Bone measurement testing, such as central dual-energy x-ray absorptiometry (DXA) of the hip and lumbar spine
Documentation	Document osteoporosis assessment during well adult visits. If a clinical risk assessment tool was used, indicate the tool used and results. If bone measurement testing was recommended, document the screening findings, and any follow-up.
Coding Tip	DHCS Preventive Services (04/2020) Coding Reference Sheet (See page 9)

References:

1. [Recommendation: Osteoporosis to Prevent Fractures: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)

“**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, nurse 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 improved quality standards in office practice operations.

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