



June 1, 2024

**UPDATES INCLUDE:**

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## 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 and 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.*

Topic: Trauma Informed Care

Meeting Link:

**Join the meeting now**

Meeting ID: 219 362 840 089

Passcode: 5enSNn

Date and Time: Wednesday June 5, 2024, 12-1pm PST

Presenter: Dr. James Westphal, M.D., Carelon Medical Director

## Timely Access to Care Surveys Begin July 1st

San Francisco Health Plan (SFHP) administers the Provider Appointment Availability Survey (PAAS) and Provider After-Hours Availability Survey (PAHAS) to randomly selected network providers. Under the Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames and compliance with the availability of emergency and after-hours

SFHP contracts with vendor, Sutherland Healthcare Solutions, to conduct surveys July through November. The survey, delivered by fax (from 973-996-4562) or email (from [SutherlandPaasTeam@sutherland.com](mailto:SutherlandPaasTeam@sutherland.com)) ask provider offices to identify individual provider's next available appointment (date/time) for various types of nonemergency care. Fax ([example](#)), and emailed surveys that are not responded to in five business days followed by a live phone survey (from 585-498-7499).

Please inform your front-line 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 must be deemed non-compliant with the Timely Access Regulations, per state requirements. Please refer to [this guide](#) that clarifies the timely access regulations. Providers can also find more information about survey process and requirements on the DMHC website [here](#).

**Note:** Urgent care appointment timeframes will include holidays and weekends (Saturdays and Sundays). Telehealth appointments and Same-Day appointments or Walk-Ins are considered as urgent care appointments.

For any questions about the Timely Access Regulations or the Appointment Availability Survey, please reach out to our Quality Improvement Access representatives via email at [AccessCAPS@sfhp.org](mailto:AccessCAPS@sfhp.org).

## SFHP UM Operations Updates

### Utilization Management Staff Available to SFHP Providers and Members

SFHP's Utilization Management (UM) staff is available to providers and members during regular business hours (Monday through Friday, 8:30am - 5:00pm) to discuss UM issues, including denial decisions, at 547-7818 ext. 7080 or toll Free 1(800) 288-5555. UM staff can also be reached by email or fax 1(415) 357-1292 for outpatient or 1(415) 547-7822 for inpatient. TTD/TTY services 1(888) 883-7347 for the hearing impaired.

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To request free copies of the information used to make utilization decisions, please call San Francisco Health Plan at 1(415) 547-7818 ext. 7080 or 1(800) 288-5555 to obtain a copy of the Medical Necessity or Benefit Exclusion.

**Affirmative Statement - No Financial Incentives Regarding UM Decisions**

The UM process does not contain financial incentives, direct or indirect, to influence utilization management decisions. The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for SFHP are not compensated or based on their coverage review decisions. Medical Directors and nurses are salaried employees of SFHP, and contracted external physicians and other professional consultants are compensated on an hourly reviewed basis, regardless of the coverage determination. SFHP does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. financial incentives for UM staff or independent medical consultants to encourage utilization review decisions that result in under-utilization.

**Help Enhance Member Care – Complete 2-Minute SFHP Provider Diversity Survey**

In our ongoing commitment to improve patient care and empower our members to make informed healthcare decisions, SFHP is collecting important demographic information from our healthcare providers. V a moment of your time to complete the Provider Diversity Survey linked below and provide SFHP with your race and ethnicity. Please note that participation in the survey is voluntary, and the information you shared in SFHP’s public provider directories.

To access the survey, please use the following link: <https://www.surveymonkey.com/r/SYT8N5C>.

We kindly recommend using Google Chrome to access the survey for the best user experience.

If you would like to make corrections to your profile, you can use the same survey to submit new responses or get in touch with us directly. If you require assistance or have any questions about this initiative, hesitate to contact SFHP Provider Relations at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) or 1(415) 547-7818 x7084. *Thank you for your valuable time and participation.*

**SFHP Covers home-based Palliative Care**

Palliative care is multidisciplinary services meant to optimize quality of life and relieve suffering by addressing the physical, mental, emotional, spiritual and social issues that accompany disease. **SFHP covers care services including pain and symptom management, mental health and social work services, religious/spiritual support, and advanced care planning for all SFHP Medi-Cal members with a disease as mandated by state law SB1004.** This benefit covers these multidisciplinary services provided in a home-based setting and is currently available from By the Bay Health for both adult and pediatric Prior authorization (submitted by By the Bay Health) for these home-based services is required.

Please visit <https://bythebayhealth.org/palliative-care/> or call (415) 444.9210 for more information about the palliative care services By the Bay Health offers and their referral process.

**Training Opportunities through Litmos Learning Management System**

**TRAINING OPPORTUNITIES**

Training is an important part of what makes SFHP and our provider network successful.

We are now offering trainings online through Litmos Learning Management System.

For more information visit [sfhp.org/providers/training/](https://sfhp.org/providers/training/)

If you have questions, please email us at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org)



**Facility Site Review Provider Pearls**



HIV Infection Screening

There is evidence that at-risk persons in the United States who visited a health care provider within the previous year, >75% were not offered a test for the Human immunodeficiency virus (HIV). [i] Often the opportunities have been associated with the perceptions of patient population, which with updated awareness of screening recommendations can give primary care providers an important role in assessing for HIV infection, detecting those who are infected, and recommending treatment options. [ii] Current data suggests that providers express that time constraints, managing concurrent health conditions, and varying discomfort discussing HIV risk behaviors with patients, confound providers engagement in patient-centered communication to prescribe pre-exposure prophylaxis (PrEP), which screening would help to identify that would benefit from protection from contracting HIV. [iii] [iv]

The DHCS Medical Record Review (MRR) Tool and Standards (APL 22-017) include in the preventive services criteria, screening for HIV. The FSR nurse will audit medical records to comply with the current Preventive Criteria, HIV Screening. Please find the following chart that outlines the U.S. Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and American Academy of Pediatrics (AAP) recommendations for periodicity, screening, and follow-up related to HIV screening.

	Pediatric	Adult
Risk Assessment	<ul style="list-style-type: none"> <li>Complete Risk Assessment at each well child visit starting at 11 years old</li> </ul>	<ul style="list-style-type: none"> <li>Screen for HIV infection in adolescents and adults aged 15 to 65 years (Grade A)</li> <li>Younger adolescents and older adults who are at increased risk of infection should also be screened at each well visit (USPSTF Grade A)</li> <li>Pregnant Persons - Recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown (USPSTF Grade A)</li> </ul>
Screening Guidelines	<ul style="list-style-type: none"> <li>Test for HIV once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent</li> <li>Starting at age 11, if HIV risk assessment completed at a well visit is positive or indicative of increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, are recommended to be tested for HIV and reassessed annually</li> <li>If the patient is positive for risk factors, provider shall offer and document appropriate follow-up intervention(s)</li> </ul>	<p>The Centers for Disease Control and Prevention (CDC) guidelines recommends*<sup>†</sup>:</p> <ul style="list-style-type: none"> <li>Testing for HIV infection with an antigen/antibody immunoassay approved by the US Food and Drug Administration that detects HIV-1 and HIV-2 antibodies and the HIV-1 p24 antigen</li> <li>If reactive assay, supplemental testing to differentiate between HIV-1 and HIV-2 antibodies</li> <li>If nonreactive or indeterminate (or if acute HIV infection or recent exposure is suspected or reported), an HIV-1 nucleic acid test is recommended to differentiate acute HIV-1 infection from a false-positive test result</li> <li>Regardless of age, those at high risk, i.e., having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, IV drug users, or men who have sex with men (MSM), are recommended to be tested for HIV and offered pre-exposure prophylaxis (PrEP) (Grade A)</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>Lab tests ordered are documented</li> <li>Appropriate tests per guidelines are ordered</li> <li>Lab results are documented</li> </ul>	<ul style="list-style-type: none"> <li>Encounter notes identify risk factors</li> <li>Encounter notes identify test results and follow-up interventions, if indicated</li> <li>Encounter notes indicative of ongoing continuity of care per HIV status</li> </ul>

[i] Drumhiller, K., Geter, A., Elmore, K., Gaul, Z., & Sutton, M. Y. (2020). Perceptions of patient HIV risk by primary care providers in high-HIV prevalence areas in the Southern United States. *AIDS Patient Care and STDs*, 34(3), 102-110.

[ii] Dyer, M., Kerr, C., McGowan, J. P., Fine, S. M., Merrick, S. T., Stevens, L. C. ... & Gonzalez, C. J. (2021). Comprehensive Primary Care for Adults with HIV.

[iii] 2021 PrEP Guideline. CDC

[iv] Wilson, K., Bleasdale, J., & Przybyla, S. M. (2021). Provider-patient communication on pre-exposure prophylaxis (PrEP) for HIV prevention: An exploration of healthcare provider challenges. *Health Communication*, 36(13), 1677-1686.

Please do not hesitate to contact Provider Relations at 1(415) 547-7818 ext. 7084 or [Provider.Relations@sfhp.org](mailto:Provider.Relations@sfhp.org)  
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