



November 1, 2024

UPDATES INCLUDE:

- **Maternal Mental Health Services through Carelon**
- **Emergency Department Navigator Workflow**
- **Pharmacy Updates for November**
- **Facility Site Review Provider Pearls - Diabetic Screening and Comprehensive Care**

Maternal Mental Health Services

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Maternal mental health services

Pregnancy, birth, and early parenthood can be stressful times for parents. One in five women have a mental health issue during pregnancy or in the year after birth. Getting help early can help improve the health outcomes for both your patient and their baby.

Is your patient experiencing any of the following?

- Sadness or depression
- Anxiety or worry
- Crankiness with those around them
- Changes in their sleeping or eating patterns
- Difficulty bonding with their baby
- Worry about hurting themselves or their baby

We are here to help.

What does Carelon do?

We will help connect your patient to care. Carelon Behavioral Health accepts referrals and we look forward to helping your patient receive the care they need.

How can I reach you?

For care management, send referral via secure email to: **MC_SFHP@carelon.com** or fax to: **855-371-8113**.

If you are submitting the PCP referral for OP services, please email to: **Medi-Cal.Referral@carelon.com** or fax to: **877-321-1787**.

Both forms have a place to indicate perinatal depression or anxiety as the referral reason.



Provider directory



Navigator Workflow

Here for you

1 Check SFHP Eligibility

Check patient's eligibility at sfhp.org (click **Provider Login**), or call SFHP at **1(415) 547-7800**.

Identify the patient's SFHP-assigned **primary care provider**
If patient is enrolled in Enhanced Care Management, follow up with their ECM provider (step 2).



2 Follow-Up with ECM

If patient has an **Enhanced Care Management** provider through SFHP, contact ECM provider to coordinate a follow-up (see reverse for contact info). *That will conclude the workflow.*

If the patient does not have an ECM provider, screen for mental health symptoms or diagnosis (step 3).

3 Screen for Mental Health Symptoms/ Diagnosis

If patient presents with mental health symptoms or a mental health diagnosis, conduct the **Medi-Cal No Wrong Door mental health screening** (see reverse).

- **If score is 5 or less**, refer patient to **Carelon Behavioral Health** and/or their PCP for follow-up
- **If score is 6 or more**, refer patient to **SF Behavioral Health Services** or **Behavioral Health Access Center**

See behavioral health contact info on reverse. *That will conclude the workflow.*

If the patient does not have mental health symptoms or a mental health diagnosis, schedule a follow-up visit with the patient's PCP (step 4).

4 Follow-Up with PCP

Contact the patient's primary care provider clinic (see reverse for list) to schedule a follow-up, preferably a same-day appointment.

Help the patient access their **SFHP transportation benefit** for travel to a same-day appointment. *That will conclude the workflow.*

If unable to schedule a follow-up with their PCP, refer patient to ECM/CS if appropriate (step 5).

5 Refer to ECM/CS

Refer patient to **Enhanced Care Management** or **Community Supports** (information on reverse) either in addition to a referral via steps 2–4 above, or as a sole referral if no others are available. SFHP members are eligible if they:

- Are homeless
- Have had five or more ED visits in the past 6 months
- Have had two or more ED visits for serious mental illness or substance use disorder in the past 12 months
- Are at risk for overdose
- Are pregnant or postpartum
- Were released from jail or prison in the past 12 months

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Here for you

Enhanced Care Management Providers

Curry Senior Center: **1(415) 920-1351**

Dept of Aging & Adult Services: **1(415) 355-6700**

Marin City Health & Wellness: **1(415) 384-1468**

MedZed: **1(323) 237-8928**

Mission Neighborhood Health Center: **1(415) 552-3870**

North East Medical Services: **1(415) 352-5159**

Stepping Stone: **1(415) 610-8663**

St. Anthony's: **1(415) 592-2834**

Upward Health: **1(650) 955-7915**

Medi-Cal No Wrong Door Screening Tool

rebrand.ly/NoWrongDoor



Behavioral Health Providers

Carelon Behavioral Health: **1(855) 371-8117**

SFBHS Access Line: **1(415) 255-3737**

Behavioral Health Access Center (BHAC): **1380 Howard**

BHAC Treatment Access Program: **1(415) 503-4730**

Primary Care Provider Clinics for Follow-Up

Mission Neighborhood Health Clinic: **1(415) 552-3870**

Mission Neighborhood Homeless Resource Center:
1(415) 869-7977

HealthRight 360: **1(415) 226-1775** or **1(415) 746-1940**

North East Medical Services: **1(415) 391-9686**

SF Community Health Center: **1(415) 292-3400**

Equity Health (formerly South of Market Clinic):
1(415) 503-6000

St. Anthony's: **1(415) 241-8320**

Transportation Benefit Information

SFHP Customer Service: **1(415) 547-7800**

Enhanced Care Management/Community Supports Benefit Information and Referral Forms

Enhanced Care Management:
sfhp.org/providers/ECM



ECM/CS Referral Forms:
sfhp.org/providers/forms



Community Supports:
sfhp.org/providers/CS



SFHP Customer Service: **1(415) 547-7800** Monday–Friday, 8:30am–5:30pm | sfhp.org

Pharmacy Updates for November 2024

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In a continuing effort to support Medi-Cal Rx program integrity, Medi-Cal Rx has deactivated override code "55555" for all drugs/products for members of all ages on or after October 18, 2024. A prior authorization (PA) request may now be required where a "55555" override code was previously used.

For more information, please see the Medi-Cal Rx FAQ pdf here: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2024.10_A_Deactivation_Override_55555_All_Drugs_Products_Program_Integrity_Update.pdf

Screening, Diagnosis, and Treatment of Chronic Hepatitis C Virus Infection

DHCS has released an article on the updated guidance from the American Association of the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD/ISDA).

Testing and treatment for HCV has declined sharply since the COVID-19 pandemic. In response, the new AASLD/ISDA guidelines recommend universal HCV screening for all adults 18 years or older. Universal direct-acting antiviral (DAA) treatment continues to be strongly recommended for all people with a chronic HCV and a life expectancy > 12 months. Treatment algorithms have been simplified and a new algorithm has been added for incomplete treatment adherence for persons who have missed ≥ 7 days of DAA therapy. For more information, see the DHCS article [HERE](#).

Risks of Concomitant Statin Therapy with Gemfibrozil

DHCS released an article about a significant drug-drug interaction between statins and gemfibrozil. When gemfibrozil is combined with statins, there may be increased risk of statin-associated muscle symptoms (SAMS), including rhabdomyolysis, a rare, serious syndrome involving the rapid breakdown of skeletal muscle, with the release of potentially nephrotoxic substances. The product prescribing information for all statins advises against the concomitant use of statins and gemfibrozil. Some recommended therapy alternatives include:

- Fenofibrate which is preferred over gemfibrozil due to significantly lower risk for muscle-related toxicity compared with statin-gemfibrozil combination therapy.
- If fenofibrate is not well-tolerated, atorvastatin or rosuvastatin could be considered in combination with gemfibrozil due to a lower magnitude for a potential interaction.
- The combination of lovastatin, pravastatin, or simvastatin with gemfibrozil is not advised.

For more information, see the DHCS article [HERE](#).

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 16, 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 November 20, 2024. For formulary or criteria information please visit our website or call SFHP pharmacy department at 415-547-7818 ext. 7085, option 3.

Reminder Regarding Prior Authorization Requirements for Anti-Obesity Agents

We would like to remind our providers of the critical importance of submitting adequate documentation when requesting prior authorization (PA) for anti-obesity agents (e.g., Wegovy, Zepbound). These medications require use alongside lifestyle interventions, including diet and exercise, for patients with obesity or those who are overweight with weight-related comorbidities.

Attestations to implementation of lifestyle interventions in PA forms alone are insufficient. In addition to the PA form, a copy of a clinical note documenting specific interventions (such as nutrition consults, diet and exercise programs, or referrals to weight management clinics/diabetes prevention programs) must be included for approval.

Research shows that combining GLP-1 therapy with exercise and dietary interventions is crucial to achieving clinically significant improvements in weight loss, reductions in inflammation, and enhancements in metabolic health.^{1,2} To view the full criteria for approval, please use the following link:

https://www.sfhp.org/wp-content/files/providers/formulary/PA_Criteria_Library/ANTI-OBESITY_MEDICATIONS.pdf

References:

1. Sandsdal RM, Juhl CR, Jensen SBK, et al. *Cardiovasc Diabetol*. 2023;22:25.
2. Akerstrom T, Stolpe MN, Widmer R, et al. *J Endocr Soc*. 2022;6(9)

Facility Site Review Provider Pearls



Diabetes Screening and Comprehensive Care

This month's "pearl" from the SFHP Facility Site Review team is about the diabetes screening and testing criteria per APL 22-017 (California Department of Health Care Services for Managed Care Plan Managed Medi-Cal members). This diabetes criteria is part of the adult preventive services section of the Medical Record Review (MRR).

In the last couple of years some of you may have noticed changes in our approach to scoring and/or an increase in the audit criteria. Both are true. Generally, to receive credit for the criteria, the evaluator's auditing process must ensure that medical record documentation includes clear evidence of essential components, 1a) the service was offered; 1b) the service was declined, 2) the risk factors and/or screening was performed, and; 3) if a positive finding, the appropriate follow up has been conducted.

Most practices now use clinical decision support tools (EHR alerts) that capture these essential components. However, whether using EHR alerts or manual identification workflows, using these Provider Pearls tips can better prepare you to review your current practice so that you may plan for how to achieve your best scores in anticipation of periodic DHCS audits.

Summary of Diabetic Screening and Comprehensive Care Requirements

| | | |
|------------------------------|---|--|
| Diabetic Screening & Testing | Population | Adults aged 35 to 70 years who are overweight or obese. Or members with other risk factors supporting the screening criteria. |
| | Risk Assessment | <ul style="list-style-type: none"> Overweight/obese. Inactivity. Hypertension. HDL < 35 mg/dL or TG > 250 mg/dL. First-degree relative with diabetes. High-risk race/ethnicity (African American, Latino, Native American, Asian American, Pacific Islander). |
| Comprehensive Care | Screening Guideline | Offer diabetic screening, if refused, documentation clear and concise |
| | Screening Tests | Screen for abnormal blood glucose, either by: <ol style="list-style-type: none"> 1) HgbA1c. 2) Fasting plasma glucose. 3) Oral glucose tolerance test. Any diagnosis of IFG, IGT, or type 2 diabetes should be confirmed with repeated testing with the same test on a different day as the preferred method of confirmation. |
| Comprehensive Care | Risk without diabetes diagnosis | Members with prediabetes are referred for, or counselled, with effective preventive interventions. |
| | Comprehensive Care interventions – Documentation key points | Evaluator will look in records for the following, but not limited to: <ul style="list-style-type: none"> Confirmation of the diagnosis and diabetes classification. Evaluation for any diabetes complications and potential comorbid conditions. <ul style="list-style-type: none"> Possible referred retinal exams, podiatry, nephrology, etc. Risk factor control. <ul style="list-style-type: none"> Self-care. Taking medications as instructed. Eating a healthy diet. Being physically active. Quitting smoking. Begin patient engagement in the formulation of a care management plan. <ul style="list-style-type: none"> Such as behavioral counseling interventions to promote healthful diet and physical activity. Develop a plan for continuing care. |

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1. APL 18-018, Diabetes Prevention Program ([Link](#))
2. APL 22-017, Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review Primary Care Provider Site Reviews: Facility Site Review And Medical Record Review ([Link](#))
3. SFHP MRR Tool and Standards ([Link](#))
4. CDC Diabetes Prevention Program (DPP) ([Link](#))
5. Codes: When screening for prediabetes and diabetes ([Link](#))
6. National Community for Quality Assurance guidance on Comprehensive Diabetes Care ([Link](#))
7. Optimize your EHR to prevent type 2 diabetes ([Link](#))
8. Tseng, E., Hsu, Y. J., Nigrin, C., Clark, J. M., Marsteller, J. A., & Maruthur, N. M. (2023). Improving Diabetes Screening in the Primary Care Clinic. *The Joint Commission Journal on Quality and Patient Safety*, 49(12), 698-705.
9. USPSTF recommendation on Prediabetes and Type 2 Diabetes Screening ([Link](#))

“**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.

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

Please do not hesitate to contact Provider Relations at **1(415) 547-7818 ext. 7084** or Provider.Relations@sfhp.org
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P.O. Box 194247, San Francisco, CA 94119-4247

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