Whole Child Model (WCM) & California Children’s Services (CCS)

Effective July 1, 2018, The Whole Child Model (WCM) for the California Children’s Services (CCS) Program will be administered by CenCal Health for all eligible members. The WCM is a delivery system that will provide comprehensive, coordinated services for children and youth with special health care needs through a patient and family-centered approach, ensuring all necessary care for the whole child.

What you need to know:
- Santa Barbara and San Luis Obispo County CCS department will continue to determine CCS eligibility, administer the medical therapy program, and authorize and case manage CCS services for children who are not CenCal Health members.
- CenCal Health will be responsible for the review and authorization, processing of claims and case management of all CCS eligible CenCal Health members.
- Active Service Authorization Request (SAR) issued by the County CCS will be honored by CenCal Health.

For more information regarding WCM and the CCS transition, please visit CenCal Health’s website at https://www.cencalhealth.org/providers/provider-training-resources/.

Rendering Provider Notification

CenCal Health requires notification of any changes to rendering providers within your group or practice. In order to avoid claims pending or denying, please contact your CenCal Health Provider Services Representative prior to a provider joining your practice.

For any questions regarding submitting practice updates or provider credentialing, please contact your Provider Services Representative at (805) 562-1676. Please visit https://www.cencalhealth.org/providers/search-provider-network/ to notify CenCal Health of any changes to your practice.

Updated Preventive Health Guidelines

CenCal Health must cover and ensure all preventive and medically necessary diagnostic and treatment services for adult and pediatric members as recommended by:
- U.S. Preventive Services Task Force (USPSTF)
- American Academy of Pediatrics (AAP)
- Centers for Disease Control (CDC)
- Child Health and Disability Prevention Program (CHDP)

The recommendations from these professional organizations are summarized in CenCal Health’s ‘Preventive Health Guidelines’ member handout, which is included annually in the member newsletter and distributed to all new health plan members. Please visit https://www.cencalhealth.org/providers/quality-of-care/preventive-health-guidelines/ to download the 2018 Preventive Health Guidelines. Hardcopies are also available upon request at healthed@cencalhealth.org.
Human Papilloma Virus (HPV) Vaccines

Nearly all cases of cervical cancer are caused by infections with high risk types of HPV. The virus has also been linked to various other cancers. Each year in the United States an estimated 31,500 new cases of cancer caused by HPV. The HPV vaccine is cancer prevention, but only if given well before an infection occurs.

The biggest predictor of HPV vaccination uptake is a strong recommendation from a health care provider. CenCal Health encourages our providers to administer the HPV vaccine for both boys and girls ages 11 and 12. Please recommend the HPV vaccine the same way you recommend other vaccines.

Educating your patients can help to reduce the HPV-related cancer burden in our community. If you are interested in flyers or brochures on HPV vaccination, please contact our Health Promotion Educator at healthed@cencalhealth.org.

Clinical Series: Adolescent Depression

Major depression in adolescents is recognized as a serious psychiatric illness with extensive acute and chronic morbidity and mortality. The American Academy for Pediatrics (AAP) recently released updated recommendation on the identification, assess, and initial management of depression in primary care settings. Highlights of the AAP recommendations will be reviewed in a series of briefs in the CenCal Health Provider Bulletin, over the next few months.

Part 1: Screening and Assessment

- Members ages 12 and older should be screened for depression at least annually, however patients with depression risk factors* should be screened more frequently (at every healthcare visit including urgent-care visits).
- Screening for depression in adolescents should include an adolescent self-report checklist (i.e. PHQ9, please reference, https://www.phqscreeners.com) and a parent self-report checklist (i.e. Pediatric Symptom Checklist).
- Screening tools must be followed-up with a clinical interview with the parents/guardians as legally permissible and with the patient alone. Additional collateral information from the school or a counselor that the patient is seeing should be considered especially when the adolescent has depression risk factors present.
- Take into account cultural factors i.e. in some cultures it is considered inappropriate to discuss mental health issues outside of the immediate family. Depression in some cultures is more likely to be expressed in the form of somatic complaints than a sad mood.
- During the clinical interview, primary care clinicians should always ask about suicidal or self-harm thoughts currently and during the preceding 3-6 months.

Please contact CenCal Health’s Clinical Integration Manager, Amanda Pyper at (805) 685-9525 for further information.

Upcoming: Diagnosis and Clinical Decision-Making

Depression Risk factors in Adolescents

- A previous history or family hx of depression/ bipolar disorder, suicide-related behaviors, substance use or other psychiatric illness.
- Significant psychosocial stressors (family crisis, trauma history, neglect).
- Frequent somatic complaints.
- Foster care and adoption.

Holiday Closure

CenCal Health will be closed on Wednesday, July 4, 2018 in observance of Independence Day.
**Formulary Update: SGLT-2 Inhibitors**

**SGLT-2 Inhibitor Preferred Agents**

Effective August 01, 2018, with the approval of CenCal Health’s Pharmacy and Therapeutics Committee, Steglatro™ and Jardiance® will be CenCal Health’s preferred SGLT-2 Inhibitors. Segluromet™ and Synjardy®/Synjardy® XR will also become the preferred SGLT-2 Inhibitor/Metformin combination products.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Strength</th>
<th>Formulary Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEGLATRO</td>
<td>ERTUGLIFLOZIN</td>
<td>5mg &amp; 15mg tablets</td>
<td>Formulary, QL #30/30ds</td>
</tr>
<tr>
<td>JARDIANC</td>
<td>EMPAGLIFLOZIN</td>
<td>10mg &amp; 25mg tablets</td>
<td>Formulary, QL #30/30ds</td>
</tr>
<tr>
<td>SEGLUROMET</td>
<td>ERTUGLIFLOZIN/METFORMIN</td>
<td>2.5-500mg, 2.5-1000mg, 7.5-500mg &amp; 7.5mg-1000mg tablets</td>
<td>Formulary, QL #60/30ds</td>
</tr>
<tr>
<td>SYNJARDY</td>
<td>EMPAGLIFLOZIN/METFORMIN</td>
<td>5-500mg, 12.5-500mg, 5-1000mg &amp; 12.5-1000mg tablets</td>
<td>Formulary, QL #60/30ds</td>
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<tr>
<td>SYNJARDY XR</td>
<td>EMPAGLIFLOZIN/METFORMIN</td>
<td>5-1000mg, 10-1000mg, 12.5-1000mg &amp; 25-1000mg tablets</td>
<td>Formulary, QL #60/30ds</td>
</tr>
</tbody>
</table>

In efforts to minimize disruption to CenCal Health providers and members, all current utilization of non-formulary agents will be grandfathered. For more information on these changes, please contact CenCal Health's Pharmacy Department at (805) 562-1080.

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**Pharmacy Update**

**May-June 2018**

CenCal Health has made several changes to our Formulary based on clinical review, provider interest, cost and utilization analysis. All of the changes represent development and growth of our current Formulary thus giving more choices to the prescribing physician. The changes are represented in summary on the chart below.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Class</th>
<th>Formulary Status</th>
<th>Restrictions / Limits</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formulary Additions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keppra XR 500mg &amp; 750mg tablets</td>
<td>ANTICONVULSANTS</td>
<td>Formulary: Quantity Restriction</td>
<td>Restriction: 4 tablets per day</td>
<td>5/1/2018</td>
</tr>
<tr>
<td>Ozempic 0.25-0.5mg &amp; 1mg/0.75ml Pen</td>
<td>ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPT.AGONIST)</td>
<td>Formulary</td>
<td></td>
<td>5/1/2018</td>
</tr>
<tr>
<td>Zonisamide 25mg, 50mg, &amp; 100mg capsules</td>
<td>OTHER DRUGS</td>
<td>Formulary: Quantity Restriction</td>
<td>Restriction: 180 capsules/30 days</td>
<td>6/1/2018</td>
</tr>
<tr>
<td>Trulance</td>
<td>LOWER GASTROINTESTINAL DISORDERS-BOWEL</td>
<td>Formulary: Code 1 &amp; Quantity Restriction</td>
<td>Restriction: Code 1 “Must be written by a Gastroenterologist”/ Quantity Restriction of 30 tablets per 30 days</td>
<td>6/1/2018</td>
</tr>
</tbody>
</table>