



**January 4, 2021**

**UPDATES INCLUDE:**

- COVID-19 Vaccine Information Sources for Medi-Cal and San Francisco
- CCHCA Contact Information Update
- FSR Provider Pearl: Medical Record Review and Folic Acid Supplementation
- DHCS Delays Medi-Cal Rx Transition till 4/01/2021
- Dental Care Coordination for Children Ages 0-5

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## **COVID-19 Vaccine Information Sources for Medi-Cal and San Francisco**

Providers are encouraged to check these sources often for the latest information.

### **DHCS All Plan Letter**

- DHCS published All-Plan Letter 20-022 on December 28, which should shortly be available at the [APL Publications page](#). APL 20-022 is also available [here](#).
- Key takeaway: Vaccines will be initially provided by the Federal Government, so there is no reimbursement for the vaccine until that changes. Reimbursement for administration for Medi-Cal

- The Medi-Cal Program published the [first of a series](#) of policy news articles on December 22. Additional articles are at the [News section for General Medicine](#).
- Key takeaway: FFS has published rates and is ready for administration claims from eligible providers.

#### SF DPH vaccine resource

- The San Francisco DPH has important information for SF providers seeking to become a vaccine provider at: [sfcdcp.org/covidvax-getready](https://sfcdcp.org/covidvax-getready)
- Vaccine distribution is in phases following California DPH Allocation Guidelines. Phase 1a, Tiers 2-3 consist mainly of healthcare personnel, so the initial task is for outpatient providers to ensure their own staff are vaccinated.
- Key takeaways: **Start the process to become a vaccine provider** now – there are several distinct steps involved. Enrollment in CAIR, COVIDReadi, and VaccineFinder are described at the [SF DPH page](#).

#### CDC Vaccination resource

- The [CDC's site on vaccines](#) includes product information on the US-approved vaccines, training/education, and provider requirements at the Federal level.
- Key takeaway: The Vaccine Storage and Handling Toolkit has been updated with a COVID-19 Vaccine Addendum with best practices for COVID-19 vaccines.

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## CCHCA Contact Information Update

Effective January 1st, 2021, the management services organization for SFHP members assigned to Chinese Community Health Care Association (CCHCA) has changed from NEMS MSO back to CCHCA.

#### CCHCA contact information is as follows:

Professional Claims:

Phone: 1(415) 216-0088

Mail: ATTN: CCHCA Claims Department

PO Box 2118

San Leandro, CA 94577

Facility & DME claims:

Phone: 1(415) 677-2394

Fax: 1(415) 955-8812

Mail: ATTN CCHP Claims Department

Utilization Management/Prior Authorization:

Phone: 1(415) 216-0088

UM Fax Numbers:

Routine & Retro: 1(888) 744-8665

Urgent: 1(833) 964-0916

IP Acute: 1(833) 964-0922

SNF: 1(833) 964-0918

CCHCA's Provider Relations team may be reached by email at [Provider.Relations@cchca.com](mailto:Provider.Relations@cchca.com) or by phone at 1(415) 216-0088.

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## FSR Provider Pearl: Medical Record Review and Folic Acid Supplementation



The updated California Department of Health Care Services (DHCS) Medical Record Review (MRR) Standards (APL 20-006) and the DHCS Medical Record

Review 2020 Tool now includes for **Folic Acid Supplementation** in both the Adult Preventive Criteria and Pediatric Preventive Criteria. The U.S. Preventive Services Task Force (USPSTF) recommends that all



women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic

acid. This is a Grade A recommendation or, this recommended service has a high certainty that the net benefit is substantial, and so it is suggested that physicians offer or provide this service in their practices. Either in a provider's initial or periodic medical record review, it can be challenging for the nurse reviewer to decipher members "who are planning or capable of pregnancy". An inquiry to The Centers for Disease Control and Prevention (CDC) yielded the following response by the CDC National Center for Birth Defects and Developmental Disabilities:

The USPSTF does not specifically define an age range for "women who are capable of becoming pregnant" in their recommendation statement for folic acid. Inclusion criteria for studies in the review on which this recommendation is based also does not specifically define an age range but defines "childbearing age" as "post-menarchal and pre-menopausal" (Viswanathan et al., 2017). However, the USPSTF recommendation cites data from the National Health and Nutrition Examination Survey (NHANES), which includes women ages 15-44 years old (Tinker et al., 2010) and 12-49 years in a more recent study (Tinker et al., 2015). And, the World Health Organization (WHO) Guideline, "Optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube

member's initial onset of menarche or post-menarchal state are often futile. Therefore, the San Francisco Health Plan (SFHP) nurse reviewer will use the age range 12-49 years, unless the onset or cessation of menarche dates are evident in the documentation.

The criterion standard is met when the following documentation elements are satisfied:

1. Age appropriate member
2. Folic acid daily supplement containing 0.4 to 0.8mg (400 to 800ug) is prescribed, and/or
3. Folic acid counseling, and/or
4. Patient refusal of folic acid supplementation, or
5. Criterion are met but not given and provider has documented the reason folic acid not given

#### REFERENCES:

1. DHCS APL 20-006: Site Reviews: Facility Site Review and Medical Record Review
2. USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8mg (400 to 800ug) of folic acid.  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication>
3. Tinker SC, Cogswell ME, Devine O, Berry RJ. Folic acid intake among United States women aged 15–44 years, National Health and Nutrition Examination Survey, 2003–2006. *Am J Prev Med.* 2010;38:534–42.
4. Tinker SC, Hamner HC, Qi YP, Crider KS. U.S. women of childbearing age who are at possible increased risk of a neural tube defect-affected pregnancy due to suboptimal red blood cell folate concentrations, National Health and Nutrition Examination Survey 2007 to 2012. *Birth Defects Res A Clin Mol Teratol.* 2015;103(6):517-
5. Viswanathan M, Treiman KA, Kish Doto J, Middleton JS, Coker-Schwimmer EJ, Nicholson WS. Folic Acid Supplementation: An Evidence Review for the US Preventive Services Task Force: Evidence Synthesis No. 145. Rockville, MD: Agency for Healthcare Research and Quality; 2017. AHRQ Publication No. 14-05214-EF-1.
6. WHO. Guideline: Optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects. Geneva: World Health Organization; 2015. Accessed at [WHO | Optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects](#)

“**Provider Pearls**” are monthly articles written 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 Jackie at [jhagg@sfhp.org](mailto:jhagg@sfhp.org) or by her direct line at 1(415) 615-5637.**

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## 4/01/2021

Department of Health Care Services (DHCS), in partnership and collaboration with Magellan Medicaid Administration, Inc. (Magellan), has decided to lengthen the time for the full implementation of the transition to Medi-Cal Rx by three (3) months. DHCS and Magellan are confident that given the COVID-19 public health emergency, this decision is in the best interests of Medi-Cal beneficiaries and providers. Lengthening the time for full implementation will help to ensure a more complete transition, as well as mitigate impacts to beneficiaries in accessing their medication. Moving the launch of Medi-Cal Rx to April 1, 2021, will provide additional and valuable opportunities for Medi-Cal providers, beneficiaries, MCPs, and other interested parties to become better acclimated to, and familiar with new Medi-Cal Rx policies and processes, through additional messaging from DHCS and Magellan, additional targeted stakeholder engagement and outreach efforts and additional provider trainings. With the exception of the three-month shift in the go-live date, all other aspects of the transition communicated to our providers via bulletins and Medi-Cal Rx websites remain unchanged.

Information on this transition is available from the California Department of Health Care Services website at <https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx> and information for SFHP providers and prescribers is at <https://www.sfhp.org/providers/pharmacy-services/medi-cal-rx/>.

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## Dental Care Coordination for Children Ages 0-5

SFHP would like to announce that after three years the San Francisco Dental Transformation Initiative Local [Dental Pilot Project \(SFDTI LDPP\)](#) is coming to an end on December 30th. However, dental care coordination for all Medi-Cal Managed Care children ages 0-5 will continue. San Francisco Health Network (SFHN) primary care providers will continue to make referrals through Epic. Non-SFHN please complete the referral form linked [here](#) and fax it to 1(415) 581-2327 within 5 business days of service.

**Please note:** All Gateway/Fee-For-Service Medi-Cal CHDP clients (0-20 yo) continue to be care coordinate by CHDP staff for both medical and dental specialty and follow-up care. For questions, please contact your SF CHDP public nurse.

### Program Information

San Francisco Dental Transformation Initiative Local Dental Pilot Project (SF LDPP) partnered with Child Health and Disability Program (CHDP) in the last 3-year pilot program to link children to dental care. SF DTI LDPP is funded by the California Department of Health Care Services through the Medi-Cal waiver and aims to increase access and utilization of preventive dental services for 14,3000 low income children who are Denti-Cal beneficiaries in San Francisco. SF DTI LDPP health workers provided multilingual dental care coordination to Medi-Cal Managed care children aged 0-5 years (up to 6<sup>th</sup> birthday). The

More questions about dental coordination? Contact [lilly.nguyen@sfdph.org](mailto:lilly.nguyen@sfdph.org) or visit their [website](#).

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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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