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*June 1st, 2020*

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Our June Update includes information on:

1. DHCS Quality and Performance Improvement Requirement Adjustments Due to COVID-19
2. FSR Provider Pearls: Initial Health Assessment: Comprehensive History
3. Withdrawal of All Ranitidine Products
4. ACEs Aware COVID-19 Outreach Strategies and Resources

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## *1. DHCS Quality and Performance Improvement Requirement Adjustments Due to COVID-19*

On April 30, 2020, DHCS made some adjustments to managed care health plans' quality and performance improvement requirements due to the impact of COVID-19 on medical record collection. These adjustments align with allowances made by NCQA. Plans can choose to report HEDIS 2019 hybrid rates if, as a result of low chart retrieval, that rate is better than HEDIS 2020 hybrid rates. More information is available in the supplemental letter to APL 19-017 on DHCS' website - <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-017QISupp.pdf>. For more information please email the [Quality Improvement](#) team.

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## Assessment: Comprehensive History



As new California Department of Health Care Services (DHCS) 2020 Facility Site Review (FSR) Standards begin to disseminate throughout the network, SFHP is taking every opportunity to help providers and their staff prepare for these changes well before the July 1, 2020 effective date.

This month's Provider Pearl is about the comprehensive history, a component of the Initial Health Assessment (IHA). Valuable information can be gathered through a comprehensive history that can help a provider identify potential problems across different risk factors. Customarily, the IHA must be completed within 120 days of member's plan enrollment date or documented within 12 months prior to plan enrollment.

A properly documented comprehensive history enables providers to assess acute, chronic, and preventive needs of a member and determine referrals or additional coordinated services, if needed. A few practice tips include the following: Consider working with your Electronic Medical Record (EMR) professionals to determine if the EMR system used at the provider office is aligned with the newer FSR requirements; that there are clearly communicated processes for documenting health assessment components; and include training so that all staff members document the components in the same EMR fields.

At this extraordinary time, there is a temporary IHA guideline directive to be shared. DHCS submitted requests to waive or modify a number of federal requirements under Section 1135 of the Social Security Act (Title 42 United States Code section 1320b-5) to the Centers for Medicare and Medicaid Services (CMS) to respond to the COVID-19 pandemic. Per [All Plan Letter \(APL\) 20-004](#), Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to Covid-19, the temporary guidelines were announced for IHAs that includes the following:

Any members newly enrolled in the MCP between December 1, 2019, and the end of the public health emergency, DHCS is temporarily suspending the requirement to complete an Initial Health Assessment (IHA), as described in the MCP contract with

COVID-19 emergency declaration is rescinded; however, DHCS will require the completion of the IHA for these members once the public health emergency is over.

We will work with providers that have reviews due with status of IHA requirements as DHCS issues updates. To learn more about the comprehensive history and its 4 components, please see [MMCD Policy Letter 08-003](#) and of highlight of the components below.

### 1. **History of Present Illness**

### 2. **Past Medical History**

- Prior major illnesses and injuries
- Prior operations
- Prior hospitalizations
- Current medications
- Allergies
- Age appropriate immunization status
- Age appropriate feeding and dietary status

### 3. **Social History**

- Marital status and living arrangements
- Current employment
- Occupational history
- Use of alcohol, drugs, and tobacco
- Level of education
- Sexual history
- Any other relevant social factors

### 4. **Review of Organ Systems**

Resource: [Family Health History Resources for Health Professionals, CDC](#)

If you have any questions, your FSR team is here to help. Please find contact information below.

“**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 operation person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS guidelines at least annually, we can all work together to strive toward improved quality standards in office practice operations.

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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### *3. Withdrawal of All Ranitidine Products*

On April 1, 2020, the U.S. Food and Drug Administration (FDA) requested a manufacturer's market withdrawal of ranitidine. Ranitidine is a histamine-2 blocker commonly used as an over the counter medication to relieve and prevent heartburn. The FDA laboratory testing results showed that levels of a compound called N-nitrosodimethylamine (NDMA) may increase to unacceptable levels over time and when stored at higher than room temperature. **NDMA is classified as a carcinogen based on animal studies.** All ranitidine products, including the oral liquid/syrup, will be withdrawn by their manufacturers and will not be available on the U.S. market.

Health care professionals should advise patients about other treatment options before stopping ranitidine. To date, the FDA's testing has not found NDMA in famotidine, cimetidine, esomeprazole, lansoprazole, or omeprazole. In light of COVID-19, the FDA recommends patients and consumers not to take their medicines to a drug take back location, but follow the specific disposal instructions in the medication guide or package insert. The FDA also has [recommendations](#) on safe medication disposal at home. More information is available in the [DHCS drug safety communication](#).

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### *4. ACEs Aware COVID-19 Outreach Strategies and Resources*

During this unprecedented time of COVID-19, it is critical for primary care and behavioral health providers to continue to maintain connections and provide care to their patients. This is particularly important for patients who have chronic health conditions, mental health conditions, and who have and/or are currently experiencing Adverse Childhood Experiences (ACEs) or other adversities. Additionally, many people are experiencing stress and anxiety, which can exacerbate and lead to toxic stress-related health conditions.

ACEs Aware has released an outreach guide that you may find helpful for communicating with your patients. [[Read more here.](#)]

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Please do not hesitate to contact Provider Relations at **1(415) 547-7818 ext. 7084**,  
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