



December 1, 2020

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Access Surveys: Provider Appointment Availability Survey, Daytime Survey, and After-Hours Survey

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames. To meet these requirements, SFHP administers the 2020 Appointment Availability Survey from August 17th until December 31st 2020. The survey, delivered by fax (from 973-996-4562) or email (from SutherlandPaasTeam@sutherlandglobal.com), will ask provider offices to identify individual provider's next available appointment (date/time) for various types of non-emergency care. Fax and emailed surveys that are not responded to in five business days will be followed by a phone survey. 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 will be deemed non-compliant with the Timely Access Regulations, per state requirements.

The DMHC and the Department of Health Care Services (DHCS) also require health plans to monitor providers for access elements aside from appointment availability. To meet these requirements, SFHP administers the 2020

minutes and will ask provider offices questions about access to language interpretation, access to triage by a provider, average wait times in provider office waiting rooms, and appointment availability. Fax and emailed surveys that are not responded to will continue to receive faxes and emails weekly until the survey is responded to. Please inform your front-line staff who answer the phone that they may be receiving this fax or email from SFHP and that non-participation may be deemed non-compliant with the Timely Access Regulations, per state requirements. It is also a state requirement to provide 24-hour telephone coverage and language interpretation to your patients. Your patients and SFHP's members require the ability to call a provider's offices and speak to a clinician within 30 minutes. SFHP will contact primary care offices throughout November and December after business hours to assess members' access to care.

Please refer to the [informative flyer](#) that can be shared with your team as well as an [access one-pager](#) that clarifies the timely access regulations. Providers can also find more information about survey process and requirements on the DMHC website located [here](#). For any questions about the Timely Access Regulations or the Appointment Availability Survey please reach out to SFHP's Provider Relations Department at 1(415) 547-7818 ext. 7084 or through [email](#).

FSR Provider Pearl: Medical Record Review and Alcohol Misuse: Screening and Behavioral Counseling



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 include unique criteria/questions for both pediatric and adult preventive services for *Alcohol Misuse Screening and Behavioral Counseling Interventions*. Historically, questions regarding alcohol misuse screening have not been included in the MRR scoring tool. The new pediatric criteria combined alcohol and drug screening; however, the focus



of this article will be [alcohol](#) misuse screening. Since 2014, there have also been alcohol screening questions in the Individual Health Education Behavior Assessment (IHEBA)/Staying Healthy Assessment (SHA) questionnaires as shown in the box below.

Staying Healthy Assessment: 9 – 11 Years

Are you concerned that your child may be drinking alcohol, such as beer, wine, wine coolers, or liquor?
Does your child have friends or family members who have a problem with drugs or alcohol?

Staying Healthy Assessment: 12 – 17 Years

Do you drink alcohol once a week or more?
If you drink alcohol, do you drink enough to get drunk or pass out?
Do you have friends or family members who have a problem with drugs or alcohol?
Do you drive a car after drinking, or ride in a car driven by someone who has been drinking or using drugs?

Staying Healthy Assessment: Adult

In the past year, have you had: (men) 5 or more alcohol drinks in one day? (women) 4 or more alcohol drinks in one day?

Providers are encouraged to begin incorporating the new 2020 MRR Standards into practices now, albeit the *effective date for these Standards has been postponed due to the COVID-19 pandemic. In an article in Family Practice Management (2017), three steps to seamlessly implement Alcohol screening and brief intervention (aSBI) into your practice include: 1) Establishing a practice workflow, 2) Incorporating aSBI prompts into your electronic health record (EHR) system, and 3) Ensuring appropriate coding to receive payment.

problem. As appropriate, medical record documentation for the *Pediatric Preventive Care Criteria, Well-Child Visit - Alcohol/Drug Misuse: Screening and Behavioral Counseling* or *Adult Preventive Care Screenings - Alcohol Misuse: Screening and Behavioral Counseling* should include at least one expanded screening every year for members 18 years of age and older. Additional screenings can be provided in a calendar year if medical necessity is documented by the member's provider. DHCS recommends screening members for alcohol misuse with any of the following three validated screening tools:

- The Alcohol Use Disorders Identification Test (AUDIT);
- The abbreviated AUDIT-Consumption (AUDIT-C); and
- A single-question screening, such as asking, "How many times in the past year have you had 4 (for women and adults older than 65 years) or 5 (for men) or more **drinks** in a day?". (The U.S. standard for "**drink**" sizes are as follows: 1) 12 ounces of 5% ABV beer, 2) 8 ounces of 7% ABV malt liquor, 3) 5 ounces of 12% ABV wine, 4) 1.5 ounces of 40% ABV (80-proof) distilled spirits or liquor (examples: gin, rum, vodka, whiskey).)

SNAPSHOT:

The following will be evaluated as part of the Medical Record Review (MRR) process to monitor the aSBI process.

- 1) Review of member's response to an Individual Health Education Behavioral Assessment (IHEBA) alcohol question(s)
- 2) If member new to the PCP, evidence of transferred records from prior provider
- 3) Member offered or the use of an expanded questionnaire, such as the AUDIT-C tool
- 4) Review if provider conducted Brief Behavioral Counseling Intervention sessions (15 minutes)
- 5) Coordination of Care related to alcohol misuse condition
- 6) Evidence of referral for member with potential alcohol use disorder for treatment referral for treatment

Providers must also offer brief behavioral counseling intervention(s) to those members that a provider identifies as having risky or hazardous alcohol use during the screening process. Providers may refer any member offsite to an alcohol and drug program in the county where the member resides for evaluation and treatment for behavioral counseling interventions; however, SFHP encourages PCPs and their teams to offer the service within the primary care clinic, if appropriate, to increase the likelihood of members following through on the interventions. Importantly, when a member transfers to another PCP, the receiving PCP must obtain prior records. If no documentation is found, the new PCP must provide and document this service.

*Note: The effective date of APL 20-006: Site Reviews: Facility Site Review and Medical Record Review is delayed at this time per [APL 20-011, Governor's Executive Order N-55-20 in Response to COVID-19](#), which states, "All requirements outlined in APL 20-006 are temporarily suspended through the duration of the COVID-19 public health emergency and for an additional six months following the end of the public health emergency".

Medical Record Review and Alcohol Misuse: Screening and Behavioral Counseling (This chart excludes codes for drug screening, although the pediatric criteria combine alcohol and drug screening for this element.)		
Keep these points in mind to ensure proper Medi-Cal coding and payment		
1) Use a validated screening instrument as recommended earlier in this article. Not doing so may jeopardize payment.		
2) Document both the screening and any necessary intervention. Optimally, documentation includes the Five A's (Assess, Advise, Agree, Assist, and Arrange) to ensure your DHCS MRR score reflects your practice.		
3) Document the duration of the intervention.		
a) Brief interventions generally must last at least 15 minutes to be reimbursed.		
b) Report appropriate coding.		
4) Confirm the proper coding and billing approaches with your payers.		
Reference: Zoorob et al., 2017		
Note: This is a simplified guide to launch office practice discussion to ensure optimal billing is understood for the 2020 pediatric and adult preventive services criteria: Alcohol Misuse Screening and Behavioral Counseling Interventions. It is not intended to be used without expert review according to your practice procedures.		
CPT	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
ICD-10	F10.10	Alcohol abuse, uncomplicated
	F10.120	Alcohol dependence, uncomplicated
	F10.129	Alcohol abuse with intoxication, unspecified
	Z13.89	Encounter for screening for other disorder
HCPCS	G0442	Annual alcohol misuse screening, 15 minutes HCPCS code G0442 is limited to one screening per year, any provider, unless otherwise medically necessary. Use for annual alcohol misuse screening.
	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes May be billed on the same day as code G0442 and is limited to three sessions per recipient, unless otherwise medically necessary.

References:

DHCS APL 18-014: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care

Hughes, C. (2017). Getting Paid for Screening and Assessment Services. *Family Practice Management*, 24(6), 25-29.

Zoorob, R. J., R John Grubb, I. I., Gonzalez, S. J., & Kowalchuk, A. A. (2017). Using alcohol screening and brief intervention to address patients' risky drinking. *Family practice management*, 24(3), 12-16.

“**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 or by her direct line at 1(415) 615-5637.

Pharmacy Updates: Medi-Cal Rx Transition Delayed, Stronger Warning Labels for Benzodiazepines

DHCS Delays Medi-Cal Rx Transition till 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>.

Stronger Warning Labels for Benzodiazepines

A Medi-Cal drug safety communication entitled “[Stronger Warning Labels for Benzodiazepines](#)” has been published on the DHCS website. Benzodiazepines are widely prescribed for generalized anxiety disorder, insomnia, seizures, social phobia, and panic disorder. On September 23, 2020, the FDA announced the Boxed Warning for all benzodiazepines must be updated to adequately warn patients and caregivers about the serious risks of abuse, misuse, and addiction. Taking benzodiazepines with alcohol, prescription opioids, and illicit drugs increases the risk of severe respiratory depression and even death. Physical dependence can occur when benzodiazepines are taken steadily for several days to weeks, even at recommended dosages. When discontinuing or reducing benzodiazepine dosages, it is important to taper to avoid withdrawal reactions, such as potentially life-threatening seizures.

Changes will also be required for the Medication Guide, as well as the Warnings and Precautions, Drug Abuse and Dependence, and Patient Counseling Information sections of the prescribing information.

SFHP's HEDIS pursuit season begins in January! Health Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of preventive care and other services rendered by the provider network. Thanks to the quality care you provide, SFHP is the third highest ranked Medi-Cal plan based on aggregated 2019 HEDIS scores (two Kaiser plans hold the first and second spots).

In order to collect data not provided through claims and encounters, our team will reach out to your organization in the following manner:

- For sites with more than 15 medical records in the HEDIS sample, we will contact you by February to set up remote access to your EHR. Our HEDIS virtual visits will be scheduled from February to the beginning of May of 2021.
- For smaller sites, with less than 15 medical records in the HEDIS sample, we will send you the list of members that require medical record documentation. Please send the medical record documentation within 10 business days of receipt of the list.

We look forward to another successful HEDIS season. Please contact José Méndez at jmendez@sfhp.org or 1(415) 615-5118 with any questions.

ACEs Aware Webinar, December 2 - "Supporting Patients in Pregnancy"

Tomorrow, December 2, is another monthly ACEs Aware-related training focused on incorporating adverse childhood event screening into practices that provide maternity health. The training sessions provide CME units. Information about the webinar series and recordings are posted on the ACEs Aware Educational Events [webpage](#).

Don't forget, health care providers must take the ACE Screening [online training](#) and [fill out an attestation form](#) in order to receive the supplemental Medi-Cal payment for ACE screenings.

SFHSA Benefits 101 Webinar

The San Francisco Human Services Agency (SFHSA) is hosting a webinar on **on December 15, from 2:00 – 3:00 pm**.

Community providers who work with San Franciscans in need are encouraged to attend.

SFHSA's Deputy Director of Economic Support and Self-Sufficiency, Noelle Simmons will lead the webinar. Topics covered will include:

- Overview of essential SFHA service offerings, with an emphasis on public benefits, food security, and employment services
- Program eligibility and safe ways to apply by phone and online during COVID-19
- How community providers can provide application assistance
- Benefits available to immigrants
- Answering your questions about benefits and services

For those unable to participate live, a recording of the webinar will be made available to those that register.

Please email any questions to HSACommunications@sfgov.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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