



Provider Update

February 1, 2021

UPDATES INCLUDE:

- COVID Vaccine Administration Coverage for Healthy Workers HMO Members
- Pharmacy Update Quarterly Formulary and Prior Authorization (PA) Criteria Changes
- FSR Provider Pearl - American Heart Month: Heart Healthy Medical Record Review Preventive Criteria
- Our Quality Improvement Evaluation is Published

COVID Vaccine Administration Coverage for Healthy Workers HMO Members

Pharmacy providers are now able to bill administration fees for Healthy Workers HMO members. At this time, only two vaccine manufacturers (all NDCs) may be submitted to SFHP for billing:

- Pfizer-BioNTech COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- For details on how pharmacy providers may bill administration fees, please see: https://www.sfhp.org/files/providers/formulary/Vaccine_Provider_Info.pdf Per DHCS, SFHP Medi-Cal members will continue to have COVID vaccination fees billed directly to Fee For Service (FFS) Medi-Cal.
- *Please note, San Francisco Health Plan is not responsible for reimbursement of the vaccine product at this time since it has currently been purchased and distributed by the US Federal Government through Operation Warp Speed.*

Pharmacy Update Quarterly Formulary and Prior

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee at the P&T Committee meeting on January 20, 2021.

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 February 19, 2021. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415)547-7818 ext. 7085, option 3.

FSR Provider Pearl - American Heart Month: Heart Healthy Medical Record Review Preventive Criteria



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 includes updated cardiovascular risk assessment criteria.

February is the signature month for bringing into focus cardiovascular health. Primary care providers play an important role in helping members get their heart health under control.

According to the Centers for Disease Control and Prevention (CDC), one in



three adults has hypertension, only one in three adults with high LDL cholesterol has the condition under control and one in every four deaths can be contributed to heart disease. About 80% of cardiovascular disease can be prevented by taking control and following everyday healthy living steps that may include:

- Not smoking
- Controlling blood pressure
- Controlling cholesterol
- Good nutrition
- Physical activity
- Maintaining healthy weight
- Controlling blood glucose levels

Several organizations are the source for evidence-based recommendations for clinical services that identify clinical preventive services and population groups to prevent and control diseases or conditions. The DHCS MRR Adult and Pediatric Standards align with organizations such as the U.S. Preventive Services Task Force (USPSTF) Recommendations or the American Academy of Pediatrics' (AAP), Bright Futures Guidelines.

Primary care providers assess current acute, chronic, and preventive needs with consistent physical examinations and behavioral health screenings including those consistent with cardiovascular risk assessments, as shown in the chart in this article. Opportunities are acted upon when silent or subtle illnesses or conditions are identified, and appropriate coordinated services are implemented. Please take a moment to consider your practice policies and procedures to ensure the new 2020 DHCS MRR cardiovascular risk assessment Standards are robust and actively implemented including clear and concise documentation.

References:

1. DHCS APL 20-006: Site Reviews: Facility Site Review and Medical Record Review.

3. CDC Prevention Programs. (2018, May 18). Retrieved from [American Heart Association Cardiovascular Disease](#)

CHART:

Medical Record Standards and Cardiovascular Risk Assessment Criteria

JH/1/25/2021

CV Risk Factor Assessment	Population	USPSTF Grade	Recommendation/Guideline	MRR Criteria	MRR Standard
Not Smoking	Adult	A	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.	W.	Tobacco Use Counseling and Interventions
	Peds	B	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.	A. 1,2.; B. 1,2.	Included in age appropriate IHEBA questionnaires
Controlling Blood Pressure	Adult	A	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment (see the Clinical Considerations section).	N.	High Blood Pressure Screening
	Adult	B	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	D.1	Abdominal Aneurysm Screening
	Peds		Refer to AAP/Bright Futures	C. 7.	Blood Pressure Screening
Controlling Cholesterol	Adult	B	USPSTF: Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. See the Dyslipidemia Clinical Considerations section for more information on lipids screening and the assessment of cardiovascular risk.	J.	Dyslipidemia Screening
	Peds		Refer to AAP/Bright Futures	C. 12.	Dyslipidemia Screening
Good Nutrition	Adult	B	The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	D.	Adult Preventive Care Screenings
	Peds		Refer to AAP/Bright Futures	C. 18.	Nutrition Assessment/Breast Feeding Support
Physical Activity	Adult	B	The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.	D. A. 1,2.; B. 1,2.	Adult Preventive Care Screenings Included in age appropriate IHEBA questionnaires

Subscribe	Past Issues				Translate ▼
				V. I.	Comprehensive Diabetic Care
Maintaining Healthy Weight	Adult	B	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	R.	Obesity Screening and Counselling
	Peds	B	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	C. 19.	Obesity Screening
Controlling Blood Glucose Levels	Adult	B	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	I.	Diabetic Screening & Comprehensive Diabetic Care

“**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. You may also go to: [SFHP Website MRR Resources](#)

Our Quality Improvement Evaluation is Published

SFHP recently finished its 2020 Quality Improvement Evaluation as well as its 2021 Quality Improvement Plan. The QI Plan describes efforts to improve in Access to Care and Quality of Service, Managing Multiple Illnesses, Managing Members With Emerging Risk, Patient Safety or Outcomes Across Settings, Keeping Members Healthy, and Utilization of Services. SFHP identifies annual goals and associated activities that contribute to those goals. At the end of the year, we evaluate the QI plan and activities to determine the effectiveness of our QI approach and determine improvement activities for the subsequent year.

In 2020, SFHP and its provider network met many of its goals and identified several areas for improvement. The provider network continued to provide exemplary clinical quality as demonstrated by increasing the percent of members with Opioid Use Disorder with at least one buprenorphine prescription. To address care coordination, SFHP improved in screening members for depression who are enrolled in SFHP’s Care Management programs and linking them to appropriate care.

In collaboration with our Quality Improvement Committee, SFHP has identified goals in its 2021 Quality Improvement Plan. One example includes increasing the number of primary care visits delivered by telehealth modalities. We hope to reach this goal through promoting tele-health services to members and providing grants to provider network to invest in telehealth infrastructure.

Improvement Evaluation and the 2021 Quality Improvement Plan please visit our [website](#) or contact SFHP at [Quality Improvement](#).

Please do not hesitate to contact Provider Relations at

1(415) 547-7818 ext. **7084** or Provider.Relations@sfhp.org

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