



February 2nd, 2023

UPDATES INCLUDE:

- FSR Provider Pearl: 2023 Changes to Screening and Assessment and the Initial Health Appointment
- Pharmacy Update: Quarterly Formulary and Prior Authorization (PA) Criteria Changes
- Community Health Worker Benefit FAQ for Providers
- Symbicort Maintenance and Reliever Therapy (SMART) for Asthma
- Healthy Workers Coordination of Benefits Reminder

FSR Provider Pearl: 2023 Changes to Screening and Assessment and the Initial Health Appointment



This month’s Providers’ Pearl is to share with our primary care providers and staff what is new for 2023!

- The Initial Health Assessment is now called **Initial Health Appointment (IHA)**
- Primary care providers (PCPs) are no longer required to use the Staying Healthy Assessment (SHA) form as part of the Individual Health Education Behavior Assessment (IHEBA) criteria (as of December 31, 2022)



The IHA is a process where managed care health plans must hold network providers accountable for routine adult preventive screenings and assessments during an initial visit with a primary care provider (PCP), appropriate medical specialist, or non-physician medical provider.

Key Takeaways from Changes to the Initial Health Appointment (IHA) under Population Health Management requirements:

- The IHEBA/SHAs are eliminated; however, this will not affect requirements to cover The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings.
- IHAs must be completed within 120 days of enrollment and periodically re-administered and will continue to be required and be measured via primary care infant and child/adolescent well-child visits and adult preventive visits, leveraging specific Managed Care Accountability Sets (MCAS) measures.
 - A complete IHA enables the PCP to assess current **acute and chronic physical needs, behavioral health needs, an identification of risks, an assessment of need for preventive screens or services, health education,** and the **diagnosis and plan for treatment** of any diseases, all of which may require **coordinated services** with appropriate **community resources/other agencies** not covered by the health plan, specifically documenting evidence of . follow-up on measures when positive screenings are identified.
 - Note: The site reviewer, when evaluating a medical record, will look for any number of psychosocial/behavioral assessment screening tools now that Staying Healthy Assessment (SHA) has been retired. However, if a clinic chooses to continue using the SHA, this has been approved by DHCS. Otherwise, an appropriate tool would be one that is age-specific, such as for pediatric members, a screening that is family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health (SDOH) for pediatric members. (See box below)

Examples of Pediatric General Psychosocial Screening might include: (See [AAP Mental Health Tools for Pediatrics \(pdf\)](#))

1. Bright Futures pre-visit questionnaires
2. Ages & Stages Questionnaires (ASQc): Social-Emotional, Second Edition (ASQ:SE-2)
3. Pediatric Symptom Checklist—35 items (PSC-35)
4. Pediatric Symptom Checklist—17 items (PSC-17)
5. HEEADSSS 3.0 mnemonic2 (Assesses for Home environment, Education, and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide/depression, and Safety from injury and violence and includes media use)

- All preventive screenings for adults and children recommended by the United States Preventive Services Taskforce (USPSTF) are required but DHCS will no longer require all these elements to be completed during the initial appointment so long as members receive all required screenings through the course of their care.
- The Health Information Form (HIF) and Member Evaluation Tool (MET) federal initial screening requirements can be fulfilled with evidence the IHA has been completed within 90 days of a member’s enrollment.

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

“Provider Pearls” are monthly articles written with the intent 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.

[The Integration of Routine Behavioral Health Screening into Pediatric Primary Care Poverty and Child Health](#)

[Social Determinants of Health at CDC](#)

[Promoting Optimal Development: Screening for Behavioral and Emotional Problems](#)

[APL 22-030 Initial Health Appointment](#) (Supersedes APL 13-017 and Policy Letters 13-001 and 08-003)

Pharmacy Update: Quarterly Formulary and Prior Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on January 18, 2023.

The summary of formulary and prior authorization criteria changes is available on the SFHP website [here](#). A complete list of approved formulary and prior authorization criteria are available on SFHP website [here](#). All changes are effective February 20, 2023. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

Community Health Worker Benefit FAQ for Providers

Effective January 1, 2023, Community Health Worker (CHW) benefits are available for Medi-Cal beneficiaries. In accordance with the Department of Health Care Services (DHCS), CHWs are qualified individuals whose lived experience align with the Medi-Cal member’s needs. The CHW benefit promotes equitable health care by providing culturally appropriate services which may be provided in-person or virtually individually or in group sessions. For information about the benefit and what providers needs to know to recommend San Francisco Health Plan Medi-Cal members to CHW services, [read more in this FAQ](#).

Symbicort Maintenance and Reliever Therapy (SMART) for Asthma

The updated asthma guideline, GINA 2022, recommends SMART therapy for patients with moderate or severe persistent asthma. SMART therapy combines the use of one inhaler for both daily asthma controller and reliever. Budesonide-formoterol (Symbicort) is a combination inhaler of corticosteroid (ICS) to help reduce inflammation in the lungs and long-acting bronchodilator (LABA) that quickly helps open the airways. With SMART therapy, patients continue taking maintenance dose of Symbicort twice daily and one puff of the same inhaler as needed for reliever. The maximum dose is 12 puffs of Symbicort total per day for adults according to the guideline. Studies have shown that patients using Symbicort as a single maintenance and reliever inhaler had better asthma control and less need for emergency medical treatment.

Healthy Workers Coordination of Benefits Reminder

Healthy Workers HMO line of business is considered a commercial plan. Therefore, Healthy Workers HMO is primary over a member’s Medicare and/or Medi-Cal coverages.

For more information, please see our [Provider Manual](#) and [Claims Operations Manual](#).

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