



**March 1, 2022**

**UPDATES INCLUDE:**

- Changes to Claims Remittance Advice – Coming June 1st, 2022
- Extension of Medi-Cal Postpartum Coverage
- FSR Provider Pearl: Medical Record Review and Abdominal Aortic Aneurysm Screening
- Medical Record Review and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for Medi-Cal Members Under the Age of 21

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## **Changes to Claims Remittance Advice – Coming June 1st, 2022**

SFHP is making improvements to our claims processing system. Starting June 1<sup>st</sup>, 2022, Optum CES will be part of SFHP's claims system. As a result, our remittance advice documents (RAs) may change for common "edits" or adjudication messages.

Starting June 1<sup>st</sup>, you may notice new or different remittance advice in both common formats:

- Our **custom RAs**, available from our Provider Portal and sent via post, use both standard and custom remittance advice messages.

For assistance with any new or unfamiliar remittance messages, please call our Claims Customer Service team at 1(415) 547-7818 x 7115.

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## Extension of Medi-Cal Postpartum Coverage

Effective April 1, 2022, DHCS will expand the postpartum care period for individuals receiving pregnancy-related and postpartum care services to a total of 12 months postpartum (currently, coverage is 60 days postpartum). Additionally, coverage will be extended to full-scope benefits during both the pregnancy and postpartum periods, regardless of citizenship status or income changes. These changes are made due to the American Rescue Plan Act (ARPA) and will fully replace the current Provisional Postpartum Care Extension (PPCE) which will expire on March 31, 2022.

Please contact Provider Relations with any questions about this change at **1(415) 547-7818 ext 7084**.

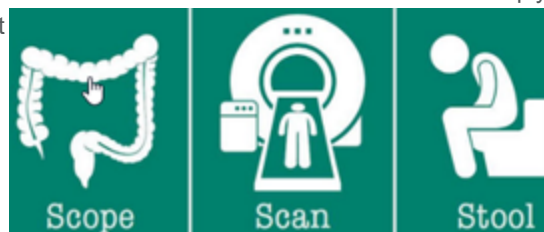
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## FSR Provider Pearl: Medical Record Review and Abdominal Aortic Aneurysm Screening



The California Department of Health Care Services (DHCS) Medical Record Review (MRR) 2022 Standards and Tool include updates to the preventive services criteria. Colorectal cancer screening has been updated to include all adults aged 45 to 75 years. The FSR nurse will audit medical records to comply with the current DHCS Adult Preventive Criteria, Colorectal Cancer Screening. Please find the following charts that outline

the USPSTF recommendations for screening and periodicity.



	<p><b>45 years and concluding at age 75 years</b> (USPSTF Grade A and B)</p>	<p>bowel disease, no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer (such as Lynch syndrome or familial adenomatous polyposis)</p>		
<p><b>Some Risk Factors:</b></p>	<p><b>Adults aged 76 to 85 years</b> (USPSTF Grade C)</p> <p>The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, considering the patient's overall health and prior screening history.</p> <ul style="list-style-type: none"> <li>• Men</li> <li>• Black, American Indian, and Alaskan Native adults</li> <li>• Family history of colorectal cancer (even in the absence of any known inherited syndrome such as Lynch syndrome or familial adenomatous polyposis)</li> <li>• Other risk factors (such as obesity, diabetes, long-term smoking, and unhealthy alcohol use)</li> <li>• Health disparity (Recent evidence points to inequities in the access to and utilization and quality of colorectal cancer screening and treatment as the primary driver for this health disparity rather than genetic differences)<sup>1,1</sup></li> </ul>			
<p><b>Screening Process:</b></p>	<p>The decision of which screening modality to use should be based on a shared decision-making discussion that may include the following<sup>1,1</sup></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Patient preferences and values</li> <li>• Patient access to transportation</li> <li>• Access to healthcare services or other social determinants of health</li> <li>• Where the screening test is performed</li> <li>• Who performs the screening procedure</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• The need for pre-procedure bowel preparation</li> <li>• The need for anesthesia or sedation during the test</li> <li>• Any follow-up procedures for abnormal findings on a screening test</li> <li>• Benefits and harms of each modality</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>• Patient preferences and values</li> <li>• Patient access to transportation</li> <li>• Access to healthcare services or other social determinants of health</li> <li>• Where the screening test is performed</li> <li>• Who performs the screening procedure</li> </ul>	<ul style="list-style-type: none"> <li>• The need for pre-procedure bowel preparation</li> <li>• The need for anesthesia or sedation during the test</li> <li>• Any follow-up procedures for abnormal findings on a screening test</li> <li>• Benefits and harms of each modality</li> </ul>
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Recommended Screening Strategies <sup>1</sup>	Periodicity	Follow-up
<b>Stool-based tests</b>		
High sensitivity fecal occult blood testing, guaiac fecal occult blood test (gFOBT)	Every year	Colonoscopy to follow up abnormal results
Fecal immunochemical test (FIT)	Every year	
Stool DNA test with fecal immunochemical test (sDNA-FIT) [Detects blood, using antibodies, along with multiple genetic biomarkers in stool]	1-3 years	
<b>Direct Visualization Tests</b>		
CT colonography	5 years	Colonoscopy to follow up abnormal results
Flexible sigmoidoscopy	5 years	
Flexible sigmoidoscopy + FIT	10 years + Every year	
Colonoscopy	10 years	Follow-up, as indicated

References:

1. Recommendation: Colorectal Cancer: Screening. | United States Preventive Services Taskforce ([uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org))
2. Doubeni CA, Rustgi A. Racial disparities in colorectal cancer survival: is elimination of variation in care the cure? *J Natl Cancer Inst.* 2015;107(10):djv229. [Medline:26220735](#) [doi:10.1093/jnci/djv229](#)
3. Rutter CM, Knudsen AB, Lin JS, Bouskill KE. Black and white differences in colorectal cancer screening and screening outcomes: a narrative review. *Cancer Epidemiol Biomarkers Prev.* 2021;30(1):3-12. [Medline:33144285](#) [doi:10.1158/1055-9965.EPI-19-1537](#)

“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

## Medical Record Review and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for Medi-Cal Members Under the Age of 21

EPSDT services are considered medically necessary when it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions that are discovered by a screening service. Pediatric Primary Care Providers (PCPs) practice preventive services in accordance with current American Academy of Pediatrics (AAP) Bright Futures and US Preventive Task Force (USPSTF) recommendations. Medi-Cal managed care health plans (MCPs) are required to ensure that EPSDT members have timely access to all medically necessary EPSDT services no later than 60 calendar days following a preventative screening or other visit that identifies a need for follow-up.



Medical Record Reviews (MRRs) are conducted to review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services. The medical record provides legal proof that the patient received care. The MRR is one monitoring activity by SFHP to evaluate provider compliance with the EPSDT requirements. A MRR occurs every three years from a sample of medical records that are reviewed by nurse evaluators. The evaluator looks for documented evidence of appropriate interventions if any physical or mental illnesses or conditions are identified from pediatric examination.

The Facility Site Review (FSR) team has included information in the FSR section of the [sfhp.org](#) website that may help you prepare for the EPSDT requirements that will be evaluated during a medical record review.

### Provider Resources:

- [SFHP Website – Medical Record Review Resources](#)
- [AAP – Getting Started: Implementing a Screening Process »](#)
- [AAP – Behavioral and Emotional Screening Implementation »](#)
- [EPSDT and BHT Coverage for Medi-Cal Members Under 21 »](#)

### Links:

[DHCS APL 19-010 EPSDT](#)

[DHCS APL 19-014 BHT](#)

[AAP Bright Futures](#)

[Recommendations for Preventive Pediatric Health Care](#)

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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