

[Subscribe](#)[Past Issues](#)[Translate ▼](#)**March 5, 2025****UPDATES INCLUDE:**

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Millian Care Guidelines (MCG) 2025

MCG Update – 28th Edition Summary of Changes

The latest edition of the Milliman Care Guidelines is now available. This updated version reflects the most recent changes and best practices in clinical guidelines.

Updates have been made to the Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Multiple Condition Management (MCM), Ambulatory Care (AC), and Recovery Facility Care (RFC) guidelines to provide greater detail around evidence used to support medical necessity criteria.

Updated guidelines are available upon request. Key changes are noted below. Thank you for your continued partnership in delivering excellent care to our members!

Key Changes in the New Edition:

1. Inpatient & Surgical Care
 - a. Extended Stay Standardization

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- ii. This bullet refers to the patient who does not meet other Extended Stay reasons but is simply not recovering rapidly enough to meet the guideline's discharge Recovery Milestones by the identified Goal Length of Stay.
- b. New Tachypnea and Tachycardia Definitions Footnotes
 - i. A new Footnote has been added to the Tachypnea and Tachycardia Definitions.
 - ii. The intent of this Footnote is to focus the reviewer on both the technical definition of a vital sign as well as patient-specific factors such as patient's baseline vitals, medications, and the clinical impact of the current respiratory and/or heart rate.
- c. Updated Operative Status Criteria
 - i. The Operative Status Criteria section in surgical guidelines now includes a clarifying note stating ambulatory procedures can include one postoperative overnight stay in a facility.
 - ii. A Goal Length of Stay (GLOS) of Ambulatory refers to patients discharged on the day of or the day after the procedure.
- 2. General Recovery Care
 - a. Neonatology (PG-NEO) Scope of Use Clarified
 - i. Guideline PG-NEO is intended for medical care of neonates (corrected gestational age 28 days or less) who re-present after birth admission discharge
 - ii. By comparison, the Inpatient & Surgical Care diagnosis-specific neonatology Optimal Recovery Guidelines are intended to be used for neonates during their birth admission.
 - iii. Appropriate use of the ISC vs. GRC neonatology guidelines is addressed in the Content Guides to Inpatient & Surgical Care and General Recovery Care. Footnotes embedded in applicable guidelines also provide clarifying details.
 - b. Operative Status Criteria Updated
 - i. The Operative Status Criteria section in surgical guidelines now includes a clarifying note stating ambulatory procedures can include one postoperative overnight stay in a facility.
 - ii. A Benchmark Length of Stay (BLOS) of Ambulatory refers to patients discharged on the day of or the day after the procedure
 - c. Benchmark Length of Stay Refined
 - i. BLOS is derived from hospital discharge database analysis combined with review by MCG physician editors and pertains to a specific ICD-10 diagnosis code or CPT-4 procedure code.
 - ii. In the 28th edition, there will no longer be a BLOS of 1 day for surgical or procedural CPT codes. The lowest inpatient procedural BLOS will be 2 days.
 - d. New Tachypnea and Tachycardia Definition Footnotes
 - i. A new Footnote has been added to the Tachypnea and Tachycardia Definitions.
 - ii. The intent of this Footnote is to focus the reviewer on both the technical definition as well as patient-specific factors such as patient's baseline vital signs, medications, and the clinical impact of the current respiratory and/or heart rate.
- 3. Ambulatory Care
 - a. Genetic Counseling Indication Revised
 - i. The genetic counseling indication in Genetic Medicine guidelines addressing germline (hereditary) mutations has been condensed and simplified to better represent the most critical components of genetic counseling.
 - ii. In addition, several guidelines now include different genetic counseling indications that better reflect the more limited genetic counseling used for universal prenatal screening or universal carrier testing.
 - b. Rehabilitation guidelines modified
 - i. Rehabilitation guidelines have been modified to avoid any assumption of treatment limitations between different types of therapies.
 - ii. A new Clinical Indication has been added to 21 Ambulatory Care rehabilitation guidelines to provide consistency with a rehab guideline included in MCG's Behavioral Health Care solution.
- 4. Recovery Facility Care
 - a. Clinical Indication for Skilled Care Treatment Further Developed
 - i. The clinical indications for skilled care treatments have been further developed to detail admission requirements that are rehabilitation focused and those associated with a maintenance therapy program or skilled restorative nursing.

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- i. Clinical Status Stage 2 bullets have been revised to focus on patient care progression.
- ii. The Interventions Stage 3 section of the General Treatment Course has been updated to include information on when it is safe to go home and transition into the community or to an alternate level of care.

Help In The Combat Of Preventing Fraud, Waste, and Abuse

Healthcare fraud waste and abuse (FWA) costs Americans billions of dollars each year. In addition to the financial loss, FWA diverts funds away from legitimate healthcare services, results in reduced access to necessary care for eligible members, and, in some cases, puts patients at risk for serious harm. The key to FWA prevention is knowledge:

1. Effective compliance training – development and implementation of regular and effective training.
2. Identifying any patterns of problems or errors in billing that may need to be addressed by staff training and/or policy/procedures changes and ensuring its occurrence.
3. Demonstrating all employees receive training on preventing fraud, waste and abuse upon hire, and annually.

Examples of potential violations:

- Purposely billing for services that were never given or billing for a service that has a higher reimbursement than the service produced.
- Deliberately misrepresented services provided to members (example duration longer than actually provided), resulting in improper payments or overpayments.
 - Providing/billing for services that are not medically necessary.
- Prescribing more medication than the member needs.
- Overbilling through negligently inaccurate records.
- Referring patients to a facility or service that the provider has a financial interest in, without disclosing the conflict.

Reporting FWA:

You may report cases of fraud, waste, or abuse, in the following ways:

- *Calling the Compliance Hotline at 1(800)461-9330*
- *Email Compliance at Program_Integrity@sfhp.org*

Gender-Affirming Services Can Be Noted On Profile in SFHP's Directory

SFHP is reaching out to identify network Providers that would like to voluntarily affirm they provide gender-affirming services. For this purpose, gender-affirming services are described in DHCS [All Plan Letter 20-018](#), or any superseding APL published in the future.

If you let us know you provide these services, we can identify you in our Provider Directory for patients who need to know. Please complete the form linked below and return it to providerdirectories@sfhp.org or fax to 415-615-6450.

[Gender Affirming Services Attestation Form](#)

Facility Site Review Provider Pearls

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Provider Readiness for Periodic DHCS Site Review Audits

All participating SFHP primary care sites receive periodic California Department of Health Care Services (DHCS) Facility Site Review (FSR) Surveys. Ensuring your practice is prepared before the actual onsite review is a key component of the process and ensures you successfully pass these periodic audits.

This month's Provider Pearl provides you with a "Tip Sheet" that can be printed or saved as a reference. This tool's purpose is to help sites plan and prepare for delivering key information that is required when a periodic DHCS audit is being initiated. This information might include such items as any forms, evidence of documentation, or an opportunity to collate specific data, such as provider and staff rosters, or staff training logs. The site review standards and resources can be found on SFHP website: [Facility Site Reviews](#)

Tipsheet can be found here:



[FSR Tipsheet \(FSR Tipsheet.pdf\)](#)

2024 FSR standards can be found here:



[FSR Standards \(FSR Standards.pdf\)](#)

If you are new to your clinic or require a refresher on how to prepare for FSR surveys, reach out to the SFHP FSR Team via fsr@sfhp.org and set up an appointment for a mock survey. We are happy to help you prepare before a formal review.

Facility Site Review: Pre-Audit Self-Assessment Tool

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Key Contacts	Office Manager	Name	Identify or verify key site review contact person(s).
	Medical Director	Title	
	Admin Lead	Email	
Certifications	AAAH	NCQA	Identify or verify clinic certifications.
	CPSP	TJC	
	FQHC	VFA / VFC	
Patient Population	Adult	CCS	Verify population served.
	Pediatric	GGRC	
Provider Type	Family Practice	Specialist	Verify the provider population serving this clinic.
	General Med	Mid-Level Type, e.g., NP, PA	
	Internal Med	Other	
	Pediatrics		
Electronic Medical Record (EMR) System	Allscripts	EPIC	Identify or verify the EMR system or systems used at the clinic.
	Athena	Nextgen	
	Cerner	Practice Fusion	
	eCW	Other	
	Elation		
Primary Care Provider Roster/ License Verification	Name	License#	Be prepared to identify or provide a roster name, title, DEA, NPI of active providers at the clinic.
	Title	NPI#	
	DEA#	Certification	
Service Agreements	Delegation of Services (PA)	Scope of Practice Agreements (NP)	Provide copy of the appropriate documentation for each NP or PA.
Staff Roster	Name	Position, e.g. Front Office, Office Manager	Be prepared to identify or provide a roster for all staff at the clinic including their name, title, position, and date of hire.
	Title, e.g. RN, LVN, MA	Date of Hire	
Clinical Operations	Vaccines/immunizations	Pharmacy	Verify if clinic has these services.
	Controlled substances	Laboratory tests requiring CLIA	
	Sample drugs dispensed	Autoclave/steam sterilization	
	Cold chemical sterilization	Radiology services	
	Refrigerator/freezer	Contaminated laundry	
Hazardous Waste Transport Co.	Company	Contract	Identify company with accompanying copy of contract or receipt.
		Receipt	
Equipment Decontamination Product	Name of Product	Tuberculocidal	Tuberculocidal's are effective in killing HIV/HSV and TB.
Fire Extinguisher Status	Inspection date on extinguisher or evidence of purchase within the last year (at time of site review)		Do you know when the fire department last inspected your site?
Staff Training - Annual	Infection Control/Universal Precautions		Be prepared to show documentation of these annual compliance trainings for each staff member.
	Bloodborne Pathogens Exposure Prevention		
	Biohazardous Waste Handling		
Staff Training – Once and As Needed	Fire safety & prevention		Be prepared to show documentation of these compliance trainings once and as needed for each staff member appropriate for their scope of work, e.g. MA would require Medication Administration Methods. Your site reviewer can provide templates for documenting all staff training requirements. You can also send a request for a template via email to: fshp@sfhp.org.
	Procedures for non-medical emergencies, earthquake		
	Procedures for non-medical emergencies, site evacuation		
	Procedures for non-medical emergencies, bomb threat		
	Procedures for non-medical emergencies, workplace violence		
	Procedures to be carried out if medical emergency on site		
	Patient confidentiality (OSHA training/HIPAA)		
	Informed consent, including human sterilization		
	Prior authorization requests		
	Grievance / Complaint procedure		
	Child / elder abuse & domestic violence		
	Sensitive services / minors' rights		
	HP referral process/ procedures/resources		
	Cultural and Linguistics		
	Staff Training – Pediatric Preventive Services	Disability Rights and Provider Obligations	
Medication Administration Methods			
Operation of medical equipment/clinical laboratory procedures			
Anthropometric Measurements			
Audiometric Screening			
Dental Screening and Fluoride Varnish Application			
Vision screening			
Children's Presumptive Eligibility (CPE)			
Blood Lead Screening			

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CLIA - Clinical Laboratory Improvement Amendments
 CPSP - Comprehensive Perinatal Services Program
 FQHC - Federally Qualified Health Center
 GGRC - Golden Gate Regional Center
 NCQA - National Committee for Quality Assurance
 TJC - The Joint Commission
 VFA – Vaccines for Adults
 VFC - Vaccines for Children

References:

All Plan Letter ([APL](#)) 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review

**Medical Record Review (MRR)****Medi-Cal for Kids & Teens for Medi-Cal Members Under the Age of 21**

California refers to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as Medi-Cal for Kids & Teens. These services provide full-scope early and periodic screening, diagnostic, and treatment services to Medi-Cal beneficiaries under the age of 21. These services are covered without cost. This benefit ensures that enrolled members receive any medically necessary treatment or procedure regardless of whether or not Medi-Cal covers it. Medical necessity is defined by the Department of Health Care Services (DHCS) as if the procedure or treatment will correct or ameliorate health defects, physical and mental illness, and conditions discovered by any screening services.

Pediatric Primary Care Providers (PCPs) and Family Medicine practitioners comply with preventive services in accordance with current American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and US Preventive Task Force (USPSTF) recommendations. Medi-Cal managed care health plans (MCPs) are required to ensure that Medi-Cal for Kids & Teens' members have timely access to all medically necessary services no later than 60 calendar days following a preventative screening or other visit that identifies a need for follow-up.

A key component to these services also requires that Medi-Cal providers inform these members, or their parents/guardians, either in person, by phone, or written materials the following information:

1. Why preventive services and screenings are important
2. What services are offered under Medi-Cal for Kids & Teens
3. Where and how to get services
4. Services are free
5. Free transportation and help scheduling are available

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evaluate provider compliance with the Medi-Cal for Kids & Teens 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 Medi-Cal for Kids & Teens requirements that will be evaluated during a medical record review.

Provider Resources:

- [Medi-Cal for Kids & Teens Provider Training](#)
- [Medi-Cal for Kids & Teens Provider Training Resource Companion](#)
- [DHCS Patient Materials to Inform Beneficiaries of Medi-Cal for Kids & Teens](#)
- [SFHP Website – Medical Record Review Resources](#)
- [AAP – Getting Started: Implementing a Screening Process »](#)
- [AAP – Behavioral and Emotional Screening Implementation »](#)

Links:

[DHCS APL 23-005: Requirements For Coverage Of Early And Periodic Screening, Diagnostic, And Treatment Services For MediCal Members Under The Age Of 21](#)

[DHCS APL 23-010: Responsibilities For Behavioral Health Treatment Coverage For Members Under The Age Of 21](#)

[AAP Bright Futures](#)

[Recommendations for Preventive Pediatric Health Care](#)

“**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.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please use our fsr@sfhp.org email. A facility site review team member will respond and/or reach out to you to help you with your inquiry.

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

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 Register for SFHP ProviderLink [here](#).

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