



April 1, 2022

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San Francisco Health Plan (SFHP) Is Celebrating 25 Years of Service to the San Francisco Community!

San Francisco Health Plan (SFHP) has been providing affordable health care options to the San Francisco community for 25 years. SFHP's mission is to improve the health outcomes of the diverse San Francisco communities through successful partnerships. We thank all of you, our Provider Network, for your continued partnership and commitment over the past 25 years!

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Our Utilization Management Department is Here for You

Utilization Management Staff Available to SFHP Providers and MembersSFHP's Utilization Management (UM) staff is available to providers and members during regular business hours (Monday through Friday, 8:30am - 5:00pm) to discuss UM issues, including denial decisions, by calling 1(415) 547-7818 ext. 7080 or toll Free 1(800) 288-5555. UM staff can also be reached by email or fax 1(415) 357-1292 for outpatient or 1(415) 547-7822 for inpatient. TTD/TTY services 1(888) 883-7347 for the hearing impaired and language services are available.

After normal business hours, UM staff can receive secure voicemail, fax, and email. Messages received are returned the next business day or if received after midnight Monday through Friday, the same business day.

To request free copies of the information used to make utilization decisions, please call San Francisco Health Plan at 1(415) 547-7818 ext.7080 or 1(800) 288-5555 to obtain a copy of the Medical Necessity Criteria or Benefit Exclusion.

Affirmative Statement - No Financial Incentives Regarding UM Decisions
The UM process does not contain financial incentives, direct or indirect, to influence

utilization management decisions.

The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for SFHP are not compensated or given incentives based on their coverage review decisions.

Medical Directors and nurses are salaried employees of SFHP, and contracted external physicians and other professional consultants are compensated on an hourly or per-case-reviewed basis, regardless of the coverage determination.

SFHP does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for UM staff or independent medical consultants to encourage utilization review decisions that result in under-utilization.

Medi-Cal Rx Updates

Reminder: 180-day Transition Period ends 6/30/22. Providers will need to submit prior authorization on

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More information on Medi-Cal Rx is available from the <u>CA DHCS website</u>. Providers who want to request a change or update to the Medi-Cal Rx Contract Drug List (CDL) can submit an e-mail to DHCS Transition inbox: <u>RxCarveOut@dhcs.ca.gov</u> The list of frequently asked question (FAQ) for providers and pharmacies is available on the <u>SFHP provider website</u>. This includes information on continuous glucose monitors, enteral nutrition products, blood pressure monitors, and more.

FSR Provider Pearl: STD Awareness Month: Medical Record Review Preventive Criteria for Cervical Cancer



The American Cancer Society predicts that in 2022 alone 4,280 women will die due to Cervical Cancer. This disease, if diagnosed early, can be treated, and may prevent death. Screening is our main tool for early diagnosis. Cervical cancer screening is recommended to all women aged 21 to 65 years. This age group is at high risk due to potential exposure to high-risk HPV types through sexual intercourse. Other cervical cancer risk

factors include HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, smoking, using birth control pills for five years or more, giving birth to three or more children, having several sexual partners, previous treatment of high-grade precancerous lesion or previous history of cervical cancer.



Screening tests and the HPV vaccine can help prevent cervical cancer. **Children ages 11 to 12 should get two doses of HPV 6 to 12 months apart.** If the vaccine series is started after a member's 15th birthday, three doses should be given over 6 months. HPV vaccine is not recommended for everyone older than 26 years of age, however healthcare providers can assess and determine if the HPV vaccine is beneficial for those between the ages of 27 and 45 years.

The FSR nurse reviewer will audit medical records to comply with the current DHCS Adult Preventive Criteria, Cervical Cancer Screening. The reviewer will look for documentation of recommended screenings and screening results (including screenings referred out), or documentation of member refusal. The following chart outlines the USPSTF recommendations for screening and periodicity:

Age	Recommended Screening	Periodicity	
21 to 29 years old	Cervical cytology (Pap smear)	3 years	
30 to 65 years old	Cervical cytology (Pap smear)	3 years	

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References:

- 1. United States Preventive Services Taskforce, Cervical Cancer: Screening
- 2. Centers for Disease Control and Prevention, HPV Vaccine
- 3. American Cancer Society, Key Statistics for Cervical Cancer

"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 finished its 2021 Quality Improvement Evaluation as well as its 2022 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 2021, 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. SFHP exceeded its goal of 15% for a final result of 22%.

In collaboration with our Quality Improvement Committee, SFHP has identified goals in its 2022 Quality Improvement Plan. One example includes increasing the number of members vaccinated for COVID-19. We hope to reach this goal through providing financial incentives to members who have not yet received their COVID-19 vaccination.

SFHP has identified 18 goals for the 2022 Quality Improvement Plan. If you would like more information on the 2021 Quality Improvement Evaluation and the 2022 Quality Improvement Plan please visit our website or contact SFHP at Quality Improvement.

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