



# Provider Update

**April 3rd, 2023**

**UPDATES INCLUDE:**

- FSR Provider Pearl: Intimate Partner Violence Screening for Women of Reproductive Age
- Medical Record Review of EPSDT for Medi-Cal Members Under 21
- Key HEDIS Measures for Measurement Year 2023
- Transportation Benefit Available to your Medi-Cal Patients
- Risks to Patients Exposed to Xylazine in Illicit Drugs
- Medi-Cal Rx Reinstatement: Retirement of Transition Logic (Phase III, Lift 2)
- Improving the Quality of Care: Treatment of Latent Tuberculosis Infection

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## FSR Provider Pearl: Intimate Partner Violence Screening for Women of Reproductive Age



PCPs play a vital role in identifying intimate partner violence (IPV) and providing appropriate care and support. Per the DHCS All-Plan Letter 22-017 and updated Facility Site Review and Medical Record Standards and Tools, IPV screening is a new criterion in the adult preventive section.

Per the USPSTF, clinicians shall screen for IPV on asymptomatic women of reproductive age, which is defined across studies as ranging from 12 to 49 years,

with most research focusing on women aged 18 years or older. The USPSTF A and B recommendations are the minimum that is required by DHCS. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (DHCS MRR Standards, 2022).

Validated screening tools are important tools for providers and



tool and scores, and documentation of follow-up interventions for a positive screen, if indicated.

The following are examples of validated screening tools:

1. Hurt, Insult, Threaten, Scream (HITS)
2. Extended–Hurt, Insult, Threaten, Scream (E-HITS)
3. Humiliation, Afraid, Rape, Kick (HARK)
4. Partner Violence Screen (PVS)
5. Woman Abuse Screening Tool (WAST)

Resources:

1. Tools: [Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings](#)
2. [CDC: Intimate Partner Violence](#)

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

“**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](mailto:jhagg@sfhp.org) or by her direct line at 1(415) 615-5637.**

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## Medical Record Review of 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 PCPs practice preventive services in accordance with current AAP Bright Futures Periodicity Schedule and USPSTF recommendations. Medi-Cal

managed care health plans are required to ensure that 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.

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](#)

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

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## Key HEDIS Measures for Measurement Year 2023

SFHP is committed to ensuring our members receive timely and equitable high-quality care. Each year we assess our performance based on the outcomes of various quality measures including HEDIS and CAHPS. We prioritize measures needing improvement; developing member and provider incentives and other activities that will support better outcomes for various preventive and treatment measures around key domains. These key domains include Child Visits, Maternity Care for Black and Native American Persons, Maternal and Adolescent Depression Screenings, and Improved Follow Up for Mental and Substance Use Disorder, aligning with DHCS' Quality Strategy Goals. For Measurement Year 2023, SFHP has prioritized key measures needing improvement including:

- Well-Child Visits in the First 30 Months of Life (W30)
  - Ensuring members receive 6 or more well-child visits in the first 15 months and 2 or more well-child visits during 15 to 30 months.
- Follow-Up After ED Visit for Mental Illness (FUM)
  - Ensuring members receive a follow up visit within 30 days following an ED visit for Mental Illness.
- Follow-Up After ED Visit for Substance Use (FUA)
  - Ensuring members receive a follow up visit within 30 days following an ED visit for Substance Use.

We look forward to engaging and collaborating with you to develop activities that will support improvement across all our quality measures, ensuring our members receive the high-quality care they deserve. For more information on the entire set of DHCS quality measures for measurement year 2023, including those held to minimum performance level (NCQA 50<sup>th</sup> percentile) you may visit the DHCS page for the Managed Care Accountability Set located [here](#). If you have any additional questions, please reach out to our Provider Relations team at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org).

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## Transportation Benefit Available to your Medi-Cal Patients

If your patient is having a hard time getting to their care and medical services, the Medi-Cal transportation benefit can help!

services, like doctor's appointments and dialysis, or pharmacy prescriptions authorized by Medi-Cal Rx. The benefit also includes transportation to medical and behavioral health services that SFHP does not pay for, known as carved out services. Examples of carved-out services are specialty mental health services, substance use disorder services, dental services, and other services delivered through the Medi-Cal fee-for-service (FFS) delivery system.

There are two parts to the transportation benefit: Non-emergency medical transportation (NEMT) and Non-medical transportation (NMT).

1. NEMT: Non-emergency medical transportation includes ambulance, litter (gurney) van or wheelchair van when a patient cannot get to their medical services by car, bus, train or taxi.
  - a. NEMT services need to be prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender. The "Physician Certification Statement" portion of SFHP's NEMT authorization request form is where you would write the prescription. That form can be filled out online here: [https://www.sfhp.org/wp-content/files/providers/forms/NEMT\\_PA\\_PCS\\_form.pdf](https://www.sfhp.org/wp-content/files/providers/forms/NEMT_PA_PCS_form.pdf)
    - i. The prescribing provider must fill out this portion of the form completely
      1. Type of NEMT
      2. Reason member can't take car, bus, train, or taxi
      3. Start date and end date of transportation needed (can be up to a year)
      4. Prescribing provider's electronic or written signature
    - ii. No one can alter this part of the form. If any changes need to be made, the prescribing provider can fill out a new form
  - b. Companies in the SFHP network providing NEMT services are:
    - i. Medporter: 1(415) 859-9061
    - ii. Mobility Express: 1(209) 565-0148
    - iii. Semax Enterprises: 1(415) 439-9836
    - iv. Wheelcare Express: 1(510) 636-4160
    - v. 24-7 Med Transport: 1(650) 218-7167
2. NMT: If your patient does not qualify for NEMT services, there may be other options available under Non- Medical Transportation. SFHP Customer Service is able to facilitate transportation for members to appointments via public transportation, as well as taxicab. Agents are available to answer questions Monday through Friday from 8:30am- 5:30pm at 1(800) 288-5555.

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## Risks to Patients Exposed to Xylazine in Illicit Drugs

On November 8, 2022, the U.S. Food and Drug Administration (FDA) issued a communication regarding increasing reports of serious side effects from individuals exposed to fentanyl, heroin, and other illicit drugs contaminated with xylazine. Xylazine is used in animals as a sedative and pain reliever. It is not safe for use in humans and may result in serious or life-threatening side effects similar to those seen with opioid use. It is unknown if the effects of xylazine are reversible with naloxone, or if the reversal agents used for xylazine in veterinary medicine are safe or effective in humans. Xylazine is not detectable by routine toxicology screens. Health care professionals should continue to administer naloxone for opioid overdoses and consider xylazine exposure if patients are not responding to naloxone or when there are signs or symptoms of xylazine exposure (e.g., severe, necrotic skin ulcerations). More information on the drug safety announcement is available on this [DHCS bulletin](#).

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On April 21, 2023, Medi-Cal Rx will initiate Phase III, Lift 2 of reinstatement by continuing the transition policy lifts that began on March 24, 2023. During Phase III, transition policy lifts will be made in a phased approach by standard therapeutic drug class and only impact members 22 years and older. Enteral nutrition is also exempt from Phase III. Medi-Cal Rx will communicate the impacted drug classes for each transition lift 30 days prior to implementation via news bulletin. Medi-Cal Rx is currently accepting prior authorization (PA) requests for all medications that will require PA, including Phase III, Lift 2 classes. Drug classes impacted for the second lift of Phase III (P3/L2) on April 21 include:

Contraceptives and Hormones	Ophthalmic, Nasal, and Otic Preparations	Thyroid Agents	Topical Anesthetic Agents
Dermatologic Agents	Biologic Agents	Glucocorticoids and Corticotropins	Anti-Parkinson's

To ensure medication safety for beneficiaries during Phase III of reinstatement, DHCS has enabled extended duration/multi-year PAs for up to five years for certain maintenance medications used for chronic conditions. This means that for select maintenance medications eligible for extended duration PA, members with an approved PA or paid claims history within the 15-month lookback period will not require a new PA submission to Medi-Cal Rx. DHCS will notify pharmacy providers and prescribers once the list of eligible maintenance drugs is published. Additional restrictions such as quantity limits, age limits, diagnosis restrictions, and other clinical edits may apply. For more information, see the [Extended Duration Prior Authorizations bulletin](#) for providers.

For more information on the retirement of transition logic, see the [90-day](#) and [30-day](#) notices and [FAQ](#) for this reinstatement, [How to Prepare for Retirement of Transition Policy](#) for providers, and other bulletins on the Medi-Cal Rx [Bulletins & News page](#). For further information on the [Reinstatement Plan](#), please visit the DHCS Medi-Cal Rx Reinstatement tab on the [Education & Outreach page](#).

## Improving the Quality of Care: Treatment of Latent Tuberculosis Infection

DHCS has published a new educational article on latent tuberculosis infection (LTBI). People with LTBI cannot spread tuberculosis as the infection is contained; five to ten percent of people with LTBI will progress to active disease. Over two million Californians have LTBI. Disparities in incident rates are severe with up to a 52x higher rate among those born in other countries vs people born in the US. Providers can use the California [TB Risk Assessment Tools](#) available through California DPH to identify members at high risk for LTBI. Screening and treatment for LTBI fell during the 2020 COVID pandemic and has yet to fully recover.

The full article is available [here](#).

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P.O. Box 194247, San Francisco, CA 94119-4247

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