



# Provider Update

**May 4, 2021**

**UPDATES INCLUDE:**

- Upcoming Training: Maximizing Telephone and Video Visit Effectiveness During COVID-19
- Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care
- FSR Provider Pearl: Medical Record Review Preventive Criteria Recognition and Management of Perinatal and Postpartum Mental Health Conditions in Primary Care
- Our Utilization Management Department is Here for You
- Pharmacy Updates: Janssen COVID-19 Vaccine Status, Recommendations for the Management of Acute Dental Pain
- COVID-19 Resources for Members

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## Upcoming Training: Maximizing Telephone and Video Visit Effectiveness During COVID-19

As a result of the COVID-19 pandemic, telephone and video visits are becoming a significant part of clinician practice. Although many of the care experience skills used during an in person visit still apply, telehealth visits require additional skills to result in positive outcomes. This program highlights those communication skills. Telehealth interventions that focus on lifestyle change and leverage the power of social networks, such as virtual group visits, will allow for effective chronic disease management in the COVID-19 era.

Training will be held on:

- Tuesday May 18, 2021 8:00am – 9:30am
- Tuesday June 15, 2021 12:00pm – 1:30pm

Click [here](#) to register and for more information.

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## Services (CLAS) in Maternal Health Care

The U.S. Department of Health and Human Services is offering a free 2-hour learning opportunity addressing cultural competency and humility, person-centered care, and implicit bias across the continuum of maternal health care. Topics include:

- Introduction to Culturally and Linguistically Appropriate Services (CLAS) in maternal health care.
- Self-awareness about beliefs, values, privilege, power, bias, and stereotypes.
- Awareness about a patient or client's cultural identity.
- Providing CLAS in maternal health care.

This program is accredited for 2 hours for physicians, physician assistants, nurse practitioners, nurses, certified nurse midwives, and certified midwives. Other professionals, as well as students, may earn a Statement of Participation. Access the training and learn more [here](#).

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## FSR Provider Pearl: Medical Record Review Preventive Criteria Recognition and Management of Perinatal and Postpartum Mental Health Conditions in Primary Care



Health experts report that primary care clinicians caring for infants have important opportunities to promote healthy social-emotional development through screening for postpartum depression in early infancy. Maternal mental health condition means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression. Women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks. The long-term, negative health effects of maternal

depression on the infant, mother and family are now well known.

The Centers for Medicare & Medicaid Services (CMS) has authorized state Medicaid agencies to provide the service as part of well-child visits. And the California Department of Health Care Services (DHCS) Managed Care Quality and Monitoring Division (MCQMD) requirement for Medi-Cal managed care health plan (MCP) providers who render prenatal or postpartum care, is to offer and screen for maternal depression using a validated tool.

The MCQMD Medical Record Review (MRR) policy follows guidelines for screening recommendations for maternal depression screening (MDS) at infant 1-, 2-, 4-, and 6-month visits, or at the postpartum visit, or for up to one year after delivery when patient(s) present for care. Adequate systems are to be in place to ensure accurate diagnosis, effective treatment, and follow-up, which may include an additional evaluation, a suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, or other interventions or follow-up as indicated to address the member's severity of symptoms and functional status, including ability to care for and relate to the newborn. Additional self-care strategies, community resources, and crisis support should also be considered in the plan of care. Last, ensure documentation in medical records are clear and concise related to screening, interventions, counselling, and/or all appropriate care rendered to mother-baby dyad patients.

Practices working to become familiar with maternal depression screening should refer to the AAP's Bright Futures and Preventive Services guidelines. Please click this link: [Maternal Depression Screening](#)

your clinic for maternal depression screening and follow-up interventions. And for more information, please register for the Maternal Mental Health webinar on **May 5<sup>th</sup>, 2021**, which will be presented by Beacon Health Options. **Click the link above in the box insert.**

References:

1. American Academy of Pediatrics (AAP), Perinatal Depression <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Maternal-Depression.aspx>
2. American College of Obstetricians and Gynecologists (ACOG), Postpartum Toolkit <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/publications/2018-postpartum-toolkit.pdf>
3. DHCS APL 20-006: Site Reviews: Facility Site Review and Medical Record Review.

“**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. You may also go to: [SFHP Website MRR Resources](#)**

**May 5<sup>th</sup>, 2021 Webinar  
12:00 Noon**  
Please **register** for this free webinar to learn more on this important topic (a flyer is attached).

**Beacon Health Options and SFHP will be presenting a recorded webinar to share guidance on maternal depression screening, support systems, and resources for SFHP network providers and support staff.**

## Our Utilization Management Department is Here for You

### Utilization Management Staff Available to SFHP Providers and Members

SFHP'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.

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.

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## Pharmacy Updates: Janssen COVID-19 Vaccine Status, Recommendations for the Management of Acute Dental Pain

### Janssen COVID-19 Vaccine Status

The FDA and CDC are reviewing data involving six cases reported of a low level of platelets in the blood in combination with a rare and severe type of blood clot called cerebral venous sinus thrombosis (CVST) in individuals who had received the Janssen COVID-19 Vaccine. All cases occurred in females ranging in age from 18 through 48 years.

Out of an abundance of caution, the FDA and CDC are recommending a pause in the use of the Janssen COVID-19 Vaccine while the FDA and CDC investigate these reports of serious adverse events. For more information, please see the FDA's Janssen COVID-19 Vaccine Frequently Asked Questions website at: [https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/janssen-covid-19-vaccine-frequently-asked-questions?utm\\_medium=email&utm\\_source=govdelivery](https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/janssen-covid-19-vaccine-frequently-asked-questions?utm_medium=email&utm_source=govdelivery)

### Recommendations for the Management of Acute Dental Pain

DHCS released a clinical review on the recommendations of the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) regarding routine management for acute dental pain. These guidelines specify non-opioid analgesics, including non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen, as first line agents. NSAIDs have been shown to be more effective at reducing pain than opioid analgesics, and combination therapy using NSAIDs and acetaminophen has been associated with more benefit and fewer side effects compared to opioid-containing regimens. If use of opioids for management of acute dental pain is warranted, the Centers for Disease Control and Prevention (CDC) recommends that clinicians prescribe the lowest effective dose of immediate-release opioids and at no greater quantity than needed for the expected duration of pain severe enough to require opioids (three days or less will often be sufficient and more than seven days is rarely ever needed). For more details on the clinical review, click [here](#).

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## COVID-19 Resources for Members

If your patients have questions on COVID-19 vaccines or resources, please direct them to sfhp.org. There is information on how to get an appointment, vaccine FAQs, testimonials on the vaccination experience (PSAs), and resources for those who have been impacted by COVID-19.

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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to SFHP's Monthly Provider Update, please visit our [Provider Update archive page](#).  
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