



June 2, 2021

UPDATES INCLUDE:

- Community Health Network splits into two New Networks in July
- Upcoming Training: Maximizing Telephone and Video Visit Effectiveness During COVID-19
- Early Start Program for Children with Development Delay
- FSR Provider Pearl: Initial Health Education & Behavioral Assessment
- Pharmacy Updates: Quarterly Formulary and PA Changes, Recommendations for the Tapering of Benzodiazepines
- HEDIS Measurement Year 2020
- SFHP Retro-Authorization Policy Changes

Community Health Network splits into two new networks in July

The Community Health Network (CHN) medical group will be splitting into two separate provider networks effective 7/1/21.

- San Francisco Health Network (SFN) consists of SF Department of Public Health primary care clinics.
- Community Clinic Network (CLN) consists of San Francisco Community Clinic Consortium (SFCCC) and Independent Providers.

Both networks will continue to refer to Zuckerberg San Francisco General Hospital and Trauma Center for Specialty and Hospital care. There should be limited impact to provider operations. Members assigned to the CLN network may need authorization for some services at ZSFG. To find out if a service/visit/item requires authorization from SFHP, look up the code or service name in our online [Code Lookup](#) on SFHP's website. Members in CHN will be receiving new member ID cards with their new Medical Group name in the coming months. Any questions? Call Provider Relations at 1(415) 547-7818 x7084

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

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 June 15, 2021 12:00pm – 1:30pm


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

Early Start Program for Children with Development Delay

WHAT IS EARLY START?

A statewide interagency system of coordinated early intervention services for infants and toddlers with or at risk for disabilities or developmental delay and their families. **Regional Centers are open and accepting referrals for Early Start during COVID-19.** If you suspect that an infant or toddler has a developmental delay or atypical development then:

Screen 	Refer 	Get Involved 	See Results 
<p>A child may be eligible for early intervention services if they:</p> <ul style="list-style-type: none"> • Show a developmental delay in one or more areas of cognitive, communication, social or emotional, adaptive, or physical and motor development, including vision or hearing; • Have an established risk condition of known etiology, with a high probability of resulting in delayed development; or • Are considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors that are diagnosed by qualified personnel. 	<ul style="list-style-type: none"> • Local Regional Centers https://www.dds.ca.gov/rc • Local Educational Agency http://www.cde.ca.gov/sp/se (for children with solely low incidence visual, hearing, and orthopedic disabilities) • Within 45 days, the regional center or local educational agency will: <ul style="list-style-type: none"> ◦ Assign a Service Coordinator ◦ Obtain parental consent ◦ Schedule & complete evaluations ◦ Develop an Individualized Family Service Plan (IFSP) to develop strengths and services ◦ Provide services in home or community setting • Go to https://www.dds.ca.gov/services/early-start/what-is-early-start to learn more about the referral process. 	<ul style="list-style-type: none"> • Collaborate with community resources in treatment planning by providing written communication; • Participate via conference call; • Attend IFSP meetings; or • Provide input and receive feedback from the assessment team. • You can be the link between families and the early intervention process! For information about family support, go to the Family Resource Centers website http://www.frcnca.org 	<ul style="list-style-type: none"> • Studies found that children who participate in high-quality early intervention/early childhood development programs tend to have <ul style="list-style-type: none"> ◦ Less need for special education and other specialized services; ◦ Greater language abilities; ◦ Improved nutrition and health; and ◦ Experienced less child abuse and neglect.





For more information and/or questions regarding Early Start referrals, please contact the Early Start BabyLine at 1-800-515-BABY or email EarlyStart@dds.ca.gov.

This flyer and more helpful information can be found:

- Early Start Healthcare Provider Brochure: [English](#) | [Chinese](#) | [Eastern Armenian](#) | [Western Armenian](#) | [Farsi](#) | [Hmong](#) | [Korean](#) | [Spanish](#) | [Tagalog](#) | [Vietnamese](#) PDF
- [PSA](#) (CC in Spanish & English): [A Message from California's Surgeon General, Dr. Nadine Burke Harris about Free Early Start Services - YouTube](#)
- [Community Resources Infographic](#) (in 10 languages)
- [Early Start page on the DDS website](#)

Assessment



This month's Provider Pearl is about the Initial Health Education and Behavioral Assessment (IHEBA). The IHEBA is a set of questionnaires that assist providers in identifying high risk behaviors so that they can provide tailored interventions, such as education, referrals, further screening, and follow-up. Consider partnering with your electronic medical record (EMR) vendor to incorporate the IHEBA into your system.

As new California Department of Health Care Services (DHCS) 2020 Facility Site Review (FSR) Guidelines begin to disseminate throughout the network, SFHP is taking every opportunity to help providers and their staff prepare for these changes before the new FSR policy is effective.

Guideline/Standard

The IHEBA is a component of the Initial Health Assessment (IHA) and must be completed for members within 120 days of plan enrollment. The Staying Healthy Assessment (SHA) is an example of a DHCS-approved IHEBA tool. The SHA needs to be administered, re-administered, or reviewed, according to the following periodicity schedule.

Table 1: SHA Periodicity

DHCS Form Numbers	Periodicity	Administer	Administer/Re-Administer		Review
	Age Groups	Within 120 Days of Enrollment	1 st Scheduled Exam (after entering new age group)	Every 3-5 Years	Annually (intervening years)
DHCS 7098 A	0-6 Months	√	√		
DHCS 7098 B	7-12 Months	√	√		
DHCS 7098 C	1-2 Years	√	√		√
DHCS 7098 D	3-4 Years	√	√		√
DHCS 7098 E	5-8 Years	√	√		√
DHCS 7098 F	9-11 Years	√	√		√
DHCS 7098 G	12-17 Years	√	√		√
DHCS 7098 H	Adult	√		√	√
DHCS 7098 I	Senior	√		√	√

Table 1 from [Policy Letter 13-001 \(Revised\)](#)

IHEBA Alternatives

PCPs may choose to use an alternative assessment tool, so long as the following conditions are met:

1. Evidence that the alternative assessment includes content and specific risk factors included in the latest SHA
2. Periodicity is comparable to the SHA
3. Available in threshold languages to members
4. Have MCPs re-submit approved alternative assessments to Medi-Cal Managed Care Division (MMCD) for approval every three (3) years

If you plan to use an IHEBA alternative, please contact SFHP Facility Site Review Team to begin the application process.

“**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 guidelines 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.

Benzodiazepines

Pharmacy Update Quarterly Formulary and Prior Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee at the P&T Committee meeting on April 21, 2021.

The summary of formulary and prior authorization criteria changes is available on the SFHP website at (<https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/>). A complete list of approved formulary and prior authorization criteria are available on SFHP website at (<https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>). All changes are effective as of May 20, 2021. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

Recommendations for the Tapering of Benzodiazepines

DHCS released a [clinical review](#) including recommendations around benzodiazepine use. Overprescribing of benzodiazepines and co-prescribing benzodiazepines with opioids may lead to serious side effects, including death. When prescribing, care should be taken to limit use of benzodiazepines to the shortest possible duration and utilize gradual discontinuation (tapering) to minimize the risk of withdrawal symptoms. Prescribers should regularly assess the need for benzodiazepine use in patients who take these medications and discuss strategies for discontinuation when the risks outweigh the benefits, and consider alternative treatments if benzodiazepines are needed long-term. The overall use of benzodiazepines in the Medi-Cal population has decreased steadily over the last five years, with a 50% decrease in Medi-Cal utilizing beneficiaries with at least one paid claim for a benzodiazepine from 2016 to 2020. However, some beneficiaries remain at increased risk for benzodiazepine-related adverse events, including adults of 65 years of age or older that accounted for 3% of the paid claims for benzodiazepines in the Medi-Cal program during 2020.

HEDIS Measurement Year 2020

Thank you for a successful HEDIS Season. We appreciate all your patience and collaboration this year as we worked to obtain medical records for our Medical Record Review (MRR). The MRR process concluded on May 7, 2021. SFHP will submit final rates for all measures by June 1, 2021, including NCQA Accreditation and Managed Care Accountability Set (MCAS) measures. During the HEDIS post-season, SFHP will continue to work on HEDIS program improvements for next season (January 2022). Please reach out to our Provider Relations team at provider.relations@sfhp.org if you have any questions during the post-season.

SFHP Retro-Authorization Policy Changes

SFHP is updating its retro-authorization request policy beginning with dates of service July 1, 2021 and later.

Requests for retrospective authorization of services will only be considered under the following conditions:

- Retrospective determination of eligibility
- Delay in certification of eligibility by the county welfare department
- Provider is unable to confirm eligibility due to deliberate concealment or because of physical or mental incapacity
- Radiology and pathology components associated with an approved service
- Beneficiary has transitioned to SFHP from Medi-Cal FFS and has requested continuity of care. Services must occur on or after the member's enrollment and date SFHP is able to validate an existing relationship between the member and provider
- Related to non-emergency medical transportation

Requests for prior authorization that align with the criteria listed above must be submitted to SFHP within 30 calendar days from the date of service, and meet standard medical necessity criteria. Authorization requests received after 30 calendar days from the date of service will be denied.

1(415) 547-7818 ext. 7084 or Provider.Relations@sfhp.org

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