SAN FRANCISCO HEALTH PLAN
Here for you

June 6, 2022

UPDATES INCLUDE:

- APL 21-018 Hospital Directed Payment Programs
- Medi-Cal Rx Benefit: Blood Pressure Monitors
- Pharmacy Update: Quarterly Formulary and Prior Authorization (PA) Criteria Changes
- FSR Provider Pearl: Human Immunodeficiency Virus (HIV) Screening and Assessment

APL 21-018 Hospital Directed Payment Programs

DHCS released APL 21-018, Hospital Directed Payment Programs. SFHP has been participating in this program. This notice serves to remind Providers of their grievance rights in relation to any payment received from SFHP, including payments as a result of the Hospital Directed Payment Program.

If you are dissatisfied with any aspect of your directed payment, please follow the Provider Dispute Resolution process for your grievance.

The Provider Dispute Resolution (PDR) mechanism offers providers dissatisfied with the processing or payment of a claim, a method for resolving problems. A dispute must be submitted in writing within 365 days of the plans last action or inaction date. Do not submit a dispute if the claim is in a pend status. The provider may also include additional information that may affect the outcome of the dispute. For further instructions on how to file a dispute, please visit our website. SFHP has its own form that can be used to submit a PDR here.

Supporting Documentation:
Documentation should be submitted with each dispute to allow for a thorough review of the dispute. It is very important that all supporting documentation be legible. Include information such as:

- Claim number and/or authorization number
- Reason for dispute
- Copy of Other Coverage EOB's/RAs or denials
- Copy of all correspondence to and from SFHP to document timely follow-up
- Copy of authorizations
- Copy of medical records, if disputing for medical necessity

Verification of Timely Submission:
The only acceptable documentation to verify timely submission of a claim is a copy of a SFHP Explanation of Benefits (EOB) or any dated correspondence from SFHP containing a Claim control number with a Julian date. Resolution and Written Determination San Francisco Health Plan will resolve each provider dispute or amended dispute in a written determination within 45 days of receipt of the dispute. Send all disputed claims for reconsideration and appeal to: San Francisco Health Plan Attn: PDR UNIT P.O. Box 194247 San Francisco, CA 94119 Fax: 1(415) 547-7827

If you have any questions, please reach out to Provider Relations Department at 1(415) 547-7818 ext. 7084 or email provider.relations@sfhp.org.

Medi-Cal Rx Benefit: Blood Pressure Monitors

Effective June 1, 2022, select home blood pressure monitors are now a covered benefit under Medi-Cal Rx. The detailed announcement is available on the Medi-Cal Rx Bulletins & News page. The list of covered blood pressure monitors and cuffs is posted on the Medi-Cal Forms & Information page under the Covered Products Lists tab: "Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs". Blood pressure monitors are limited to 1 device kit per member per 5 years. Replacement cuffs are limited to 1 per member per 365 days, with prior authorization required. If a member needs another device within the time limit, submit a prior authorization with medical reason for the need (e.g., broken or lost monitor).

To receive future bulletins via email, subscribe at the Medi-Cal Rx Education and Outreach page.

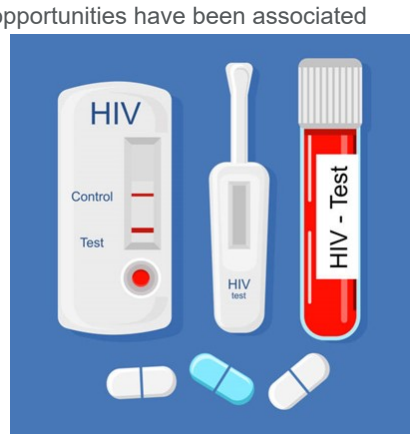
Pharmacy Update: Quarterly Formulary and Prior Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on April 20, 2022.

formulary and prior authorization criteria are also available on the SFHP website. All changes are effective as of May 20, 2022. For formulary or criteria information please visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

FSR Provider Pearl: Human Immunodeficiency Virus (HIV) Screening and Assessment

There is evidence that at-risk persons in the United States who visited a health care provider within the previous year, >75% were not offered a test for the Human immunodeficiency virus (HIV).[i] Often the missed opportunities have been associated with the perceptions of patient population, which with updated awareness of screening recommendations can give primary care providers an important role in assessing patients at risk of HIV infection, detecting those who are infected, and recommending treatment options.[ii] Current data suggests that providers express that time constraints, managing concurrent health conditions, and varying degrees of discomfort discussing HIV risk behaviors with patients, confound providers engagement in patient-centered communication to prescribe pre-exposure prophylaxis (PrEP), which screening would help to identify those patients that would benefit from protection from contracting HIV. [iii],[iv]



The updated California Department of Health Care Services (DHCS) Medical Record Review (MRR) Standards (APL 20-006) and the DHCS Medical Record Review 2022 Tool include in the preventive services criteria, screening for HIV. The FSR nurse will audit medical records to comply with the current DHCS Adult Preventive Criteria, HIV Screening. Please find the following chart that outlines the U.S. Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and American Academy of Pediatrics (AAP) recommendations for periodicity, screening, and follow-up related to HIV screening.

	Pediatric	Adult
Risk Assessment	• Complete Risk Assessment at each well child visit **starting at 11 years old**	• Screen for HIV infection in **adolescents and adults aged 15 to 65 years** (Grade A) • **Younger adolescents and older adults who are at increased risk of infection** should also be screened at each well visit (USPSTF Grade A) • **Pregnant Persons** - Recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown (USPSTF Grade A)
Screening Guidelines	• Test for HIV once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent • Starting at age 11, if HIV risk assessment completed at a well visit is positive or indicative of increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, are recommended to be tested for HIV and reassessed annually • If the patient is positive for risk factors, provider shall offer and document appropriate follow-up intervention(s)	The Centers for Disease Control and Prevention (CDC) guidelines recommends[v,vi]: • Testing for HIV infection with an antigen/antibody immunoassay approved by the US Food and Drug Administration that detects HIV-1 and HIV-2 antibodies and the HIV-1 p24 antigen • If reactive assay, supplemental testing to differentiate between HIV-1 and HIV-2 antibodies • If nonreactive or indeterminate (or if acute HIV infection or recent exposure is suspected or reported), an HIV-1 nucleic acid test is recommended to differentiate acute HIV-1 infection from a false-positive test result • Regardless of age, those at high risk, i.e., having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, IV drug users, or men who have sex with men (MSM), are recommended to be tested for HIV and offered pre-exposure prophylaxis (PrEP) (Grade A)
Documentation	• Lab tests ordered are documented • Appropriate tests per guidelines are ordered • Lab results are documented	• Encounter notes identify risk factors • Encounter notes identify test results and follow-up interventions, if indicated • Encounter notes indicative of ongoing continuity of care per HIV status

[i] Drumhiller, K., Geter, A., Elmore, K., Gaul, Z., & Sutton, M. Y. (2020). Perceptions of patient HIV risk by primary care providers in high-HIV prevalence areas in the Southern United States. AIDS Patient Care and STDs, 34(3), 102-110.
[ii] Dyer, M., Kerr, C., McGowan, J. P., Fine, S. M., Merrick, S. T., Stevens, L. C., ... & Gonzalez, C. J. (2021). Comprehensive Primary Care for Adults with HIV.
[iii] 2021 PrEP Guideline_CDC
[iv] Wilson, K., Bleasdale, J., & Przybyla, S. M. (2021). Provider-patient communication on pre-exposure prophylaxis (Prep) for HIV prevention: An exploration of healthcare provider challenges. Health Communication, 36(13), 1677-1686.

“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 FSR Resources**.
