



Do you have vaccine shortages? If you're sharing data with medical groups or providers can outreach to their unvaccinated membership. SFHP can support these outreach efforts by calling these members and providing vaccine scheduling information. Please reach out to [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) to request.

- **No vaccine onsite?** Your patients can make an appointment through SFHP's vaccine line at **1(415) 615-4519** weekdays from 8:30am – 5:00pm. SF City partners have drop in vaccine and testing sites, transportation support, and other useful information for your patients [here](#).
- **SF City provider COVID vaccine information**, including how to become a vaccine provider, is [here](#)
- **Resources for talking with patients about the COVID vaccine**
  - [Learn How to Have Crucial Conversations About COVID-19 Vaccines With Your Patients](#). In this video, The CDPH Director, Dr. Tomás Aragón, and other health care experts from #ThisIsOurShot provide a training on how to have proactive conversations with your patients about COVID-19 vaccines. (Part of California's vaccination program, which you can learn more about [here](#).)
  - **CDC guide** for talking with patients about the COVID vaccine is [here](#)
- **CDC COVID vaccine finder** (includes pharmacies) is [here](#)

Please reach out to [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) with additional questions!

## Coming Soon: Transplant Services Carve-In

Effective January 1, 2022 major organ transplant services will transition from fee-for-service Medi-Cal to SFHP. We are working with our provider network to make the transition as seamless as possible for both providers and members. Further information and updates will be included in this newsletter and posted to the SFHP website as it becomes available.

## FSR Provider Pearl: Medical Record Review Preventive Services, Pediatric and Adult Alcohol Use Assessment



Each September, National Recovery Month is held to educate people about how substance use and mental health services can enable individuals and their families to live healthy and rewarding lives. Primary care providers (PCPs) play a vital role in the screening and management of alcohol use disorders. Per the California Department of Health Care Services (DHCS), [APL 20-006](#), Facility Site Review and Medical Record Review, there are alcohol use screening and behavioral counseling recommendations in both the adult and pediatric preventive services sections.

All providers and support staff in the practice setting should be trained to facilitate alcohol use screening and assessment of all appropriate members. In busy primary care settings, best practice approaches to incorporating new behaviors in the clinic or office routine include computer-generated reminders to providers to perform indicated assessments, self-audits of administrative and medical record data, feedback from providers in the practice, social-influenced-based methods, e.g. peer guidance, and shifting workload for specific functions, e.g. telephone follow-up and coordination and assessment, from individual providers to multidisciplinary teams<sup>1</sup>.



Below is a chart summarizing the requirements that are evaluated in the medical records of your members during your periodic site and medical record inspections by the Facility Site Review nurse evaluator. Consider using this chart to ensure your office practice or clinic is set-up for successfully complying with Medi-Cal Managed Care DHCS requirements.

There should be evidence of documentation of at least one expanded screening, using a validated screening tool and brief intervention, every year.

If patient answered “yes” to the alcohol question in the IHEBA or at any time the PCP identifies a potential alcohol misuse problem through patient/parent questionnaires or examination, then assess documentation for additional screenings), evaluate documentation for the following:

Suggested validated assessment tools include, but are not limited to:

- Alcohol Use Disorder Identification Test (AUDIT)
- Alcohol Use Disorder Identification Test-Consumption (AUDIT-C)

Suggested validated assessment tools include, but are not limited to:

- NIDA-modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
- Drug Abuse Screening Test (DAST-20)
- Alcohol Use Disorders Identification Test (AUDIT)
- \*CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) for adolescents aged 14 and older. The CRAFFT, the featured screening tool in this guide, is a series of 6 questions developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously. (\*AAP recommended assessment tool)

Additional screenings can be provided in a calendar year if medical necessity is documented.

Evidence/documentation referral for member identified with possible alcohol use disorders to the alcohol and drug program in the county where the member resides for evaluation and treatment.

Evidence/documentation of behavioral counseling intervention(s) to those members that a provider identifies as having risky or hazardous alcohol use when a member response is affirmative to the alcohol question in the IHEBA or when otherwise identified.

- Behavioral counseling intervention(s) typically include one to three sessions, 15 minutes in duration per session, offered in-person, by telephone, or by telehealth modalities.
- Counseling a member might include discussing additional treatment options, referrals, or services.
- Brief interventions include evidence in documentation of the following:
  - Providing feedback to the patient regarding screening and assessment results.
  - Discussing negative consequences that have occurred and the overall severity of the problem.
  - Supporting the patient in making behavioral changes.
  - Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

Additional documentation evidence to include the following:

- The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record)
- The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record)
- If and where a referral to an alcohol or substance use disorder program was made

Note: When recording screening results, the clinician should specifically indicate that a positive screen is not a diagnosis, which should not be given until and unless the positive screen is confirmed by further assessment and discussed with the patient. An unconfirmed substance use disorder diagnosis entered on a patient’s record may cause health insurance problems.<sup>2</sup>

References:

<sup>1</sup>DHHS Publication No. (SMA) 08-4075 Substance Abuse and Mental Health Services Administration, Reprinted 2008

“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.

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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