



December 1, 2021

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COVID-19 Vaccine for Children 5-11 Years Old

All SFHP members 5 years and older are now eligible to get the vaccine. If your provider office does not offer the vaccine, you may refer to schools, drop-in clinics, and pharmacies that have vaccines for children.

How to get a vaccine appointment for SFHP members:

- All SFHP members can schedule an appointment by calling 1(415) 615-4519 weekdays from 8:30am-5:00pm
- SFDPH has an extensive list of vaccine sites throughout the city here that can also be used for referral: [Community COVID-19 vaccine events | San Francisco \(sf.gov\)](#)
- Vaccine Sites at SFDPH Schools: [New Vaccination Clinics at SFUSD Schools | SFUSD](#)
- CDC COVID vaccine finder (including pharmacies): [Vaccines.gov - Search for COVID-19 vaccine locations](#)

Primary Care Sites: Please Take Brief FSR Bandwidth Survey

San Francisco Health Plan's Facility Site Review (FSR) team will be resuming on-site FSR activities, including the site review,

Primary Care Clinic Managers: Please take a moment to complete this brief (~2-min) online [Forms survey](#) to provide your bandwidth and feedback regarding in-person site reviews.

If you have additional concerns, questions, or need more information about the Facility Site Review process, please reach out to us at FSR@sfhp.org.

Thank you for serving our members! We look forward to seeing you at your next FSR!

Sincerely,
SFHP FSR Team



FSR Provider Pearl: Flu Vaccine Awareness



December is the month the Centers for Disease Control and Prevention (CDC) brings national awareness through the National Influenza Vaccination Week campaign that focuses on highlighting the importance of influenza vaccination. The exact timing and duration of flu seasons varies, but influenza activity often begins to increase in October. Most of the time flu activity peaks between December and February, although significant activity can last as late as May.



This month's Provider Pearl is about the criteria in the California Department of Health Care Services (DHCS) 2020 Facility Site Review (FSR) review component, Medical Record Review (MRR) Survey, that includes influenza vaccination status. Primary care providers (PCP) play a vital role in taking advantage of every opportunity for vaccination with every routine health care visit per the CDC and the American Academy of Pediatrics (AAP) Committee on Infectious Diseases.

The medical record review process evaluates primary care compliance with ensuring the provision of immunizations according to CDC's most recent Advisory Committee on Immunization Practices (ACIP) guidelines, unless medically contraindicated or refused by the member. CDC recommends annual influenza vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine (IIV4, RIV4, or LAIV4) with no preference expressed for any one vaccine over another.

Below are some highlights for Influenza Vaccines:

Annual assessment or vaccine status.					Ages ≥6 months without contraindications, vaccinated annually.												
<ul style="list-style-type: none"> • 1 dose any influenza vaccine appropriate for age and health status annually. • The name of the vaccines and date the member received the vaccines must be documented as part of the assessment. • MRR evaluation considers vaccines based on age, documented assessment for medical conditions and other indications, and provider review for special situations. 																	
CDC Recommended Immunization Schedules^{1,ii}																	
Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Influenza (IIV) OR...	No recommendation/ Not applicable				Annual vaccination 1 or 2 doses				Annual vaccination 1 or 2 doses ⁱⁱ				Annual vaccination 1 dose only				
Influenza (LAIV4)	No recommendation/ Not applicable				No recommendation/ Not applicable				No recom- mendation /Not applicable	Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only				
Vaccine	19-26 years				27-49 years				50-64 years				≥ 65 years				
Influenza inactivated (IIV) or Influenza recombinant (RIV4) OR...	Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection				1 dose annually				Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection				Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection				
Influenza live attenuated (LAIV4)	Same as above				1 dose annually				No recommendation/Not applicable				No recommendation/Not applicable				

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 or by her direct line at 1(415) 615-5637. You may also go to: [SFHP Website MRR Resources](#)

[1] [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2021–22 Influenza Season | MMWR \(cdc.gov\)](#).

Access Surveys: Provider Appointment Availability Survey, Daytime Survey, and After-Hours Survey

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames. To meet these requirements, SFHP administers the 2021 Appointment Availability Survey from August 24th until December 31st 2021. The survey, delivered by fax (from 973-996-4562) or email (from SutherlandPaasTeam@sutherlandglobal.com), will ask provider offices to identify individual provider’s next available appointment (date/time) for various types of nonemergency care. Fax and emailed surveys [which will look like this](#) that are not responded to in five business days will be followed by a phone survey. Please inform your front-line staff who answer the phone that they may be receiving this call (if an email or fax survey is not responded to) and that non-participation must be deemed non-compliant with the Timely Access Regulations, per state requirements.

The DMHC and the Department of Health Care Services (DHCS) also require health plans to monitor providers for access elements aside from appointment availability. To meet these requirements, SFHP administers the 2021 Daytime & After-Hours Surveys to primary care sites from December 6th to 31st. The Daytime survey, delivered by fax (from 1415-943-9602) or email (from access@sfhp.org), is expected to take approximately five minutes and will ask provider offices questions about access to language interpretation, access to triage by a provider, average wait times in provider office waiting rooms, and appointment availability. Fax and emailed surveys that are not responded to will continue to receive faxes and emails weekly until the

requirements. It is also a state requirement to provide 24-hour telephone coverage and language interpretation to your patients. Your patients and SFHP's members require the ability to call a provider's offices and speak to a clinician within 30 minutes. SFHP will contact primary care offices throughout December after business hours to assess members' access to care.

Please refer to the [informative flyer](#) that can be shared with your team, as well as [this guide](#) that clarifies the timely access regulations. Providers can also find more information about survey process and requirements on the DMHC website located [here](#). For any questions about the Timely Access Regulations or the Appointment Availability Survey please reach out to SFHP's Provider Relations Department at 1(415) 547-7818 ext. 7084 or through email at provider.relations@sfhp.org.

Reminder: Rx Transition to Medi-Cal Rx (Fee-For-Service) and Prior Authorization Submission Options

Effective January 1, 2022, the pharmacy benefit for Medi-Cal members across the state including SFHP members is transitioning to fee-for-service from managed care. The new state-wide system used to administer pharmacy benefits is known as Medi-Cal Rx. SFHP will continue to manage medical and institutional care for Medi-Cal members, including medications administered in these settings.

Information on this transition is available from the California Department of Health Care Services website at <https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx>.

Providers can now register to access the Medi-Cal Rx provider portal at the main Medi-Cal Rx website: <https://medi-calrx.dhcs.ca.gov/home/>. Click on the Provider Portal button to learn more and register.

Prior Authorization Submission Options for Medi-Cal Rx (Fee-For-Service)

As of January 1, 2022, Prior Authorization (PA) requests for prescription drugs and some medical supplies for Medi-Cal beneficiaries will be adjudicated by Medi-Cal Rx.

To submit a request, providers can:

- Fax requests for prior authorizations and attachments to 1(800) 869-4325
- Enter PA information on [Medi-Cal Rx provider portal](#) (registration required, please go to www.Medi-CalRx.dhcs.ca.gov for more information)
- Submit PA electronically through CoverMyMeds® (registration required, please go to www.covermymeds.com for more information)
- Mail PA requests to Medi-Cal Rx Customer Service Center, Attn: PA Request, PO Box 730, Sacramento CA 95741-0730.

After January 1, 2021, providers can call 1(800) 977-2273 for assistance.

Pharmacy Updates: COVID-19, Influenza, and Meningococcal Immunization; FDA Requests Removal of Pregnancy Contraindication for Statins

2021 Immunization Updates: COVID-19, Influenza, and Meningococcal Disease

The CDC recommends everyone 6 months of age and older receive the influenza vaccine each year, and this is of increased importance during the continuing COVID-19 pandemic. Current ACIP recommendations permit coadministration of the

Of note, history of egg allergy is now a precaution and no longer a contraindication to administration of inactivated influenza vaccine (IIV). However, history of severe allergic reaction (anaphylaxis) after receiving any influenza vaccine is a contraindication to administration of egg-based IIV4s and LAIV4.

ACIP has new recommendations for the administration of serogroup B meningococcal (MenB) vaccine, including a recommended booster dose for individuals age 10 and up with increased risk. MenB vaccination is also recommended for persons aged 16 through 23 years of age.

Adults 19 years and older can receive many vaccines, including the flu vaccine, at their pharmacy covered under SFHP Medical Outpatient Pharmacy Benefit. Click [here for a complete list of SFHP covered vaccines](#).

Children 18 years and younger are eligible for vaccinations through California Vaccines for Children (VFC) Program. Contact VFC at 1(877) 243-8832 for more information

Drug Safety Communication: FDA Requests Removal of Pregnancy Contraindication for Statins

Statins are commonly used for preventing and treating the build-up of fats, cholesterol, and other substances in and on the artery walls (atherosclerosis) and have been shown to reduce the incidence of heart attacks, strokes, and death. On July 20, 2021, the U.S. Food and Drug Administration (FDA) announced it is requesting removal of its strongest warning against using cholesterol-lowering statin medicines in pregnant patients.

The FDA still recommends that most patients stop statins once they learn they are pregnant. Patients should not breastfeed when taking a statin because the medicine may pass into breast milk and pose a risk to the baby. Although many patients should be able to stop statins temporarily until breastfeeding ends, patients who are at high risk of heart attack or stroke who require statins after giving birth should not breastfeed and should use alternatives such as infant formula. Statins are safe to prescribe in patients who are not pregnant but may become pregnant and unintended exposure to statins in early pregnancy is unlikely to cause harm to the developing fetus. To read the full safety announcement, more information will be found in this [DHCS Drug Safety Communication](#).

Please do not hesitate to contact Provider Relations at
1(415) 547-7818 ext. **7084** or Provider.Relations@sfhp.org

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