



December 1st, 2023

UPDATES INCLUDE:

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Children's Developmental Screening - Importance of Developmental Monitoring in the Medical Home

Children living in poverty, experiencing the effects of racism, abuse or neglect are more likely to experience developmental or behavioral delays.^[i] This makes the clinician's use of surveillance and screening tools critical as they monitor children in their practice for developmental delays or social or behavioral health concerns.^[ii] Developmental surveillance is the process of recognizing children who might be at risk for developmental, behavioral and social delays. If a child has a delay, it is important to identify it early so that the child and family can receive needed intervention services and support. The American Academy of Pediatrics (AAP) recommends that developmental surveillance should be a part of every well-child preventive care visit. Monitoring can include using a brief [checklist of milestones](#), but is less formal than developmental screening. Developmental surveillance includes the following:

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- Observing the child.
- Identifying risk and protective factors.
- Documenting the findings.
- Share information with early childhood professionals.

If concerns are identified through developmental surveillance, they should be addressed promptly with validated screening tools to identify and refine any risk or concern that has been noticed. In addition to developmental surveillance, validated screening tools* should be used to routinely conduct screening at the 9-, 18-, and 30-month well-child visits. Using these tools of surveillance and screening will help identify children that may be at risk for developmental delay or behavioral health diagnosis. In this case, clinicians should refer the child to early intervention services, behavioral health or a subspecialty pediatric practice for further evaluation and the development of a treatment plan.

Screening for autism spectrum disorder should also occur at the 18- and 24-month well child visits. For practicing looking for a step-by-step workflow, consider reviewing the AAP's clinical care article, "[Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening](#)". Primary care providers are in a unique position to promote children's healthy development because they have regular contact with children before they reach school age, and their families.

*[Validated tools](#) include the Ages and Stages Questionnaire (ASQ-3), Parents' Evaluation of Developmental Status (PEDS), Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM), and Survey of Well-being of Young Children (SWYC). Coding for these is CPT 96110.

[i] Dilley KJ; Duffee JH; Green AE, et al.; American Academy of Pediatrics, Council on Community Pediatrics. Poverty and child health in the United States. *Pediatrics*. 2016;137(4): [e20160339](#)

[ii] Lipkin PH, Macias MM; American Academy of Pediatrics, Council on Children With Disabilities, Section on Developmental and Behavioral Pediatrics. Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*. 2020;145(1):[e20193449](#)

Sparkler App - Introductory Session



San Francisco Health Plan is partnering with the Department of Early Childhood (DEC) to make the Ages & Stages Questionnaires® (ASQ) more accessible and easier to complete using the Sparkler app.

Sparkler is a FREE, evidence-based, mobile family engagement platform, available in Chinese, English, and Spanish to San Francisco providers and families of children aged 0 to 5.

Information for Providers

Use Sparkler in your program to screen, monitor, engage, and promote healthy early development:

- Get a unique Sparkler access code for your program so YOUR families can link with YOU.
- Use Sparkler's web-based dashboard to monitor engagement and progress: download reports and data; and engage with and support families.

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Join SFDEC for an introductory session to learn more about Sparkler.

Date: December 7, 2023 and January 18, 2024, 12:30 - 1:30 PM

Registration: <https://us06web.zoom.us/meeting/register/tZEkcQorDosE9ZCIHqGOgfLgazPpvzJAjfC>

To learn more visit [San Francisco's Sparkler webpage](#).

Infant Wellness Map

SFHP is introducing the **Infant Wellness Map**. This is a valuable resource to help providers and parents track infant well-care visits, immunizations, and developmental milestones. This easy-to-use map is designed to help parents stay on track with their baby's important health needs.

Purpose:

The Infant Wellness Map has several important purposes:

- **To increase member awareness of the importance of well-care and immunizations.** Infant well-care visits are essential for tracking a baby's growth and development, identifying any potential health problems early on, and providing immunizations to protect against preventable diseases.
- **To help parents anticipate infant developmental milestones.** The Infant Wellness Map includes a timeline of developmental milestones so parents can see what skills their baby is expected to develop at each stage of development.
- **To provide a place for parents to keep track of their baby's health information.** The map includes space for parents to write their baby's name, their clinic and phone number, and a place for a picture of their baby.
- **To inform parents about the Well-Child incentive.** Parents can get a gift card if they go to 6 or more Well-Child Visits in the first 15 months of the baby's life.

Incorporating the Infant Wellness Map into Your Practice:

- **Distribute the Map to new parents:** Provide the map to new parents during their first well-care visit.
- **Use the Map as a teaching tool:** Discuss the map with parents during appointments. Show them the different milestones.
- **Encourage parents to keep the map:** Remind parents to keep the map as a reference throughout their child's first 30 months. Encourage them to track the dates of their visits.

If you are interested in ordering copies of the Infant Wellness Map for your clinic, please email Anh Huynh at ahuynh@sfhp.org.

New Member Incentives

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include:

- Developmental Screening: All infants and toddlers (0-36 months of age) will be eligible for a \$50 gift card for their **first developmental screening** in the primary care setting in the incentive year (October 2023-October 2024).
- Fluoride Varnish: All toddlers and preschool-aged children (12-47 months of age) will be eligible for a \$50 gift card for their **first fluoride varnish application** in the incentive year (October 2023-October 2024).
- Colorectal Cancer Screening: All Black members 45-75 years of age will be eligible for a \$50 gift card for their **first colorectal cancer screening** in the incentive year (October 2023-October 2024).

These incentives were created based upon a review of demographic and geographic data of our current performance and membership. They are in addition to our existing incentives which include:

- Well Infant Care: Infants who reach 15 months of age with at least **6 well infant visits** will be eligible for a \$50 gift card.
- Prenatal and Postpartum Care: Members who receive a **timely prenatal health visit** in the required timeframe (first trimester or within 6 weeks of enrollment) are eligible for a \$25 gift card. Postpartum is defined as a live birth with a **postpartum visit from 2-12 weeks** after delivery, members are eligible for a \$25 gift card.
- Chronic Conditions: Members with **Asthma, Diabetes or Hypertension** without any PCP visits 6 months prior to the annual mailing (March) who go to their PCP within the year will be eligible to receive a \$50 gift card.

Members eligible to receive the gift card receive a mailing indicating what measures they are eligible for, and the conditions required to receive the gift card. For questions about Member Incentives email PopHealth@sfhp.org.

Provider Diversity Survey

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In our ongoing commitment to improve patient care and empower our members to make informed healthcare decisions, we are collecting important demographic information from our healthcare providers. We kindly ask for a moment of your time to complete the Provider Diversity Survey linked below and provide SFHP with your race and ethnicity. This information will be shared in our public provider directories.

To access the survey, please use the following link: <https://www.surveymonkey.com/r/SYT8N5C>.

We kindly recommend using Google Chrome to access the survey for the best user experience.

If you would like to make corrections to your profile, you can use the same survey to submit new responses or get in touch with us directly. If you require assistance or have any questions about this initiative, please do not hesitate to contact SFHP Provider Relations at provider.relations@sfhp.org or 1(415) 547-7818 x7084.

Thank you for your valuable time and participation.

Incentive Offered for ECM Training

San Francisco Health Plan/Anthem is offering a 1-hour education and training on Enhanced Care Management (ECM) and Community Supports, and we encourage all **contracted providers** to join us! ECM is a benefit that became available in 2022 for members with complex health needs, and CS are community-based services to address health-related social needs. All SFHP providers that participate in the **1-hour training will receive \$20 gift cards**, limit up to three staff per organization. Please register for one of the webinars, hosted by Chapman Consulting below by clicking on the date and time you plan to attend.

The webinar will include:

1. An overview of ECM and Community Supports
2. Which Populations of Focus are eligible to receive ECM
3. Information about which Community Supports are provided by the MCP
4. How Providers can refer Members to ECM and Community Supports
5. The process the MCP follows to authorize ECM and Community Supports
6. Opportunities to continue to participate in the development of ECM and Community Supports delivery in San Francisco County

Webinar Options:

- [December 5 at 11 am](#)
- [December 12 at 10 am](#)
- [December 18 at 11 am](#)
- [December 19 at 12 pm](#)

If you have any questions, please reach out to Roxanne Bledsoe (roxanne@chapmanconsult.com).

[Subscribe](#)[Past Issues](#)[Translate ▼](#)**SFHP gearing up to offer Medicare Advantage Dual Eligible Special Needs Plan (D-SNP).**

As part of the CA Department of Health Care Services (DHCS) CalAIM requirements, DHCS has set a policy requiring all Medi-Cal plans to offer a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) to serve dually eligible members in their service area starting January 1, 2026. To prepare for this requirement, SFHP is building its Medicare Advantage D-SNP capabilities in preparation for entering the market in 2026.

What is a D-SNP?

The D-SNP plan for which SFHP is preparing is an Exclusively Aligned Enrollment (EAE) Model, meaning that only residents eligible for Medicare and receiving Medi-Cal through SFHP would be eligible for our EAE D-SNP. The EAE D-SNP model promotes alignment between Medi-Cal and Medicare and provides a unique opportunity to coordinate and manage care for our complex members, supporting and advancing SFHPs vision. Members will need to reside in San Francisco County to enroll in SFHPs EAE D-SNP offering. There are approximately 53K dual eligibles residents who have both Medi-Cal and Medicare in San Francisco County.

Can I be in the D-SNP network?

We will start contracting with providers in 2024 to build a robust network that effectively addresses our community's needs, preserves care continuity, and will meet CMS network adequacy requirements. If you are interested in learning more and contracting with SFHP for Medicare, please contact us at provider.relations@sfhp.org.

Pharmacy Updates for December 2023

No Added Benefit from Concomitant Use of GLP-1 Agonists and DPP-4 Inhibitors

DHCS has published a [new article](#) on the concomitant use of glucagon-like peptide-1 (GLP-1) receptor agonists and dipeptidyl peptidase-4 (DPP-4) inhibitors in the treatment of type 2 diabetes (T2DM). Both GLP-1 agonists and DPP-4 inhibitors work to manage T2DM by increasing GLP-1 to promote insulin secretion and decrease glucagon release. The FDA, ADA and AACE do not recommend the concomitant use of GLP-1 agonists and DPP-4 inhibitors due to the lack of evidence for beneficial outcomes on combined therapy and increased risk for side effects. If a patient is on both a GLP-1 agonist and DPP-4 inhibitor, the ADA and AACE recommend to continue the GLP-1 agonist and to discontinue the DPP-4 inhibitor without the need for a taper due to lack of strong evidence in decreasing CV events and weight loss in DPP-4 inhibitors.

2023 Immunization Update: COVID-19, Influenza, RSV, HepB, Pneumococcal, HPV, Polio, Mpox and MMR

The California Medi-Cal Drug Use Review (DUR) program has issued their annual summary of updates on immunization guidelines, products, and research in collaboration with the California Department of Public Health (CDPH) Immunization Branch.

Highlights include:

- This is the first fall/winter season where vaccines are available for SARS-CoV-2 (COVID-19), influenza, and RSV. Patients should be encouraged to stay up to date on all vaccinations.
- Everyone 5 years of age or older should get one dose of an updated COVID-19 vaccine to protect against serious illness from COVID-19.

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- People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine.
- For the 2023 – 2024 season, inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are available (all quadrivalent).
- Previously, ACIP had recommended additional safety measures when administering egg-based influenza vaccine to people who have had severe allergic reactions to egg. In June 2023, ACIP and CDC recommended that people with an egg allergy may receive any influenza vaccine (egg-based or non-egg based) that is otherwise appropriate for their age and health status.
- Hepatitis B (HepB) screening is recommended at least once during a lifetime for all adults and for anyone who requests testing.
- All children 2 through 23 months of age with no previous pneumococcal conjugate vaccine (PCV) vaccination should receive either PCV15 or PCV20, according to recommended PCV dosing and schedules.
- For children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 for catch-up vaccination is recommended for:
 - Healthy children 24 through 59 months of age
 - Children 24 through 71 months of age with specified health conditions
- Both the AAP and the American Cancer Society have endorsed the strategy of offering HPV vaccine to children at 9 years of age.
- In June 2023, the ACIP recommended that all adults who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary vaccination series with inactivated polio vaccine (IPV).
- In February 2023, the ACIP recommended the two-dose JYNNEOS vaccine series for people 18 years of age or older who are at increased risk of mpox infection.
- In June 2022, the FDA licensed a second MMR vaccine. Both MMR vaccines are interchangeable for all indications for which MMR vaccination is recommended.
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The full text is available on the [DHCS bulletin](#).

Diabetes Care: Annual Eye Exam

The CDC recommends patients with diabetes to get a dilated eye exam each year. People with diabetes are at increased risk for diabetic retinopathy, foot infection, and gum disease, especially if diabetes remains uncontrolled. [Diabetic retinopathy](#) occurs when chronic elevated blood glucose damages blood vessels in the retina causing blurry vision and ultimately vision loss if it goes untreated. Symptoms to monitor include spots, blurring, flashes, blind spots, and distortion. In the October proactive run for HEDIS performance monitoring, the percentage of diabetic adults who had a retinal eye exam to screen for diabetic retinal disease was 49.12% (50 percentile – 52.31%). Measurement year ends December 31. Further diabetes management strategies include checking [A1c](#) at least twice yearly, having a [dental check](#) yearly and reminding patients to check their [feet](#) daily for any wounds.

Facility Site Review Provider Pearls



SEXUALLY TRANSMITTED INFECTIONS (STI) SCREENING & COUNSELING

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screenings, behavioral counseling, and education and prevention.

According to the CDC, there were 1,644,416 cases of Chlamydia, 710,151 cases of Gonorrhea, and 176,713 cases of Syphilis (all stages) reported in 2021 ([Source](#)). A sample of 485 eligible charts reviewed by SFHP FSR Team from 7/1/2022-11/10/2023, STI screening compliance was 92% (46) for the pediatric charts and 66% (288) for the adult charts.

Per the California Department of Health Care Services (DHCS) APL 22-017 and updated Facility Site Review and Medical Record Standards and Tools, *Sexually Transmitted Infection (STI) Screening and Counseling* are criteria in both pediatric and adult preventive sections. PCPs should assess sexual activity at every well child or health care visit for all members, discuss risk reduction and contraceptive care, if appropriate, and screen for STIs. By making STI/STD screenings a standard part of medical care, providers can provide timely treatment and prevent adverse health outcomes due to untreated STDs.

Providers should address prevention, screening, and treatment of STIs with sexually active patients as part of their regular health care visits. The following chart outlines the standards for STI screening and counseling for pediatric and adult members.

	Pediatric	Adult
Ages	11+	18+
Risk Assessment	Assess at each periodic well visit	
Sexual History	The Five P's approach for health care providers obtaining sexual histories: partners, practices, protection from sexually transmitted infections, past history of sexually transmitted infections, and pregnancy intention. (Source, Page 5)	
Screening Considerations	<p><u>Chlamydia & Gonorrhea</u></p> <ul style="list-style-type: none"> Test all sexually active women under 25 years old <p><u>Syphilis, HIV, chlamydia, gonorrhea, and Hepatitis B</u></p> <ul style="list-style-type: none"> Pregnant women <p><u>Syphilis, HIV, chlamydia, gonorrhea</u></p> <ul style="list-style-type: none"> Men who have sex with men (MSM) <p><u>Syphilis</u></p> <ul style="list-style-type: none"> People who are pregnant Male adolescents and young adults in settings with high prevalence rates (e.g., jails or juvenile correction facilities) MSM at least annually (every 3 to 6 months if high risk because of multiple or anonymous partners, 	<p><u>Chlamydia & Gonorrhea</u></p> <ul style="list-style-type: none"> Test all sexually active women under 25 years old Older women who have new or multiple sex partners MSM regardless of condom use or persons with HIV shall be tested at least annually <p><u>Syphilis</u></p> <ul style="list-style-type: none"> MSM or persons with HIV shall be screened at least annually <p><u>Trichomonas</u></p> <ul style="list-style-type: none"> Sexually active women seeking care for vaginal discharge Women who are IV drug users Exchanging sex for payment HIV+, have History of STD, etc. <p><u>Herpes</u></p>

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		participated in these activities)	partners shall be tested <ul style="list-style-type: none"> • HIV+ • MSM w/ undiagnosed genital tract infection 	
		<p><u>Sex workers:</u> This population is at higher risk for HIV and other STIs than others and should be tested at least annually for HIV.</p> <p><u>Transgender & Gender Diverse Persons:</u> Screening recommendations should be adapted based on anatomy, (i.e., annual, routine screening for Chlamydia in cisgender women < 25 years old should be extended to all transgender men and gender diverse people with a cervix. Consider screening at the rectal site based on reported sexual behaviors and exposure.</p> <p><u>Persons with HIV:</u> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.</p>		
	Behavioral Counseling	Offer and provide contraceptive care with the goals of helping teens reduce risks and negative health consequences associated with adolescent sexual behaviors, including unintended pregnancies and STIs.	Provide intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle.	
	Documentation	Document risk assessment screening, identified risks, STI screening results, and appropriate follow-up intervention(s) for members whose screening reveals STI.		

Resources:

1. [Sexually Transmitted Infections: Behavioral Counseling \(USPSTF\)](#)
2. [Adolescent Sexual Health \(AAP\)](#)
3. [California Sexually Transmitted Infections \(STI\) Treatment Guidelines for Adults and Adolescents \(CDPH\)](#)
4. [Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources \(CDC\)](#)
5. [A Guide To Taking a Sexual History \(CDC\)](#)
6. [STI Screening and Treatment Guidelines Issued by Health Professional Societies](#)
7. [Preventive Services – CPT/ICD-10 Codes](#)

Graphic Source: Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 2019

If you have any questions, your FSR team is here to help. Please find contact information below.

“**Provider Pearls**” are monthly articles written with the intent 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 fsr@sfhp.org.

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