

# Provider Newsletter



**June 2026**

**UPDATES INCLUDE:**

- **Support for Members with Limited English Proficiency**
- **Free Haircuts & Blood Pressure Screening at Local Barbershops**
- **2026 Timely Access to Care Surveys Beginning August 3rd**
- **Provider Fraud, Waste, and Abuse (FWA) Training**
- **Facility Site Review Provider Pearl - IHA Excellence: Essential Strategies for Your Clinic**

## **Support for Members with Limited English Proficiency**

All SFHP contracted providers are required to provide interpreter services for members.

According to SFHP's annual Interpreter Services Survey results, 70.6% of members are "Always" offered interpreter services when their providers did not speak the same language as them. According to enrollment data, 52.68% of SFHP members speak a language other than English. SFHP strives to provide the best service to all our members, including members with limited English proficiency.

Best practices for using interpreters include:

- Ask members if they require an interpreter while scheduling the appointment.
- Use in-person interpreters whenever possible.
- Allow extra time whenever possible.
- Speak to the patient, not the interpreter: Use 2nd person (Do you...? ), not 3rd person (Does she...?).
- Be prepared to repeat, rephrase, and summarize. Be patient.
- Ask the patient to "teach back" to ensure comprehension, as you do with your English-speaking patients.

Refer to [UCSF's Interpretation best practices](#) for more tips and information.

If you have any questions about SFHP's Interpreter Services Survey or would like more information, please contact Edgar Rodriguez, Population Health Program Manager, at [erodriguez@sfhp.org](mailto:erodriguez@sfhp.org) for more information.

## **Free Haircuts & Blood Pressure Screening at Local Barbershops**

SFHP is partnering with the [Roots Cut Hypertension Program](#) to offer free blood pressure screening and free haircuts for eligible members, bringing care directly into trusted neighborhood barbershops.

### **Program Highlights**

- Free blood pressure screening, health education, and referrals
- Free haircuts for participating members
- Transportation is covered for members going to participating barbershops
  - Members may call SFHP Customer Service to coordinate transportation to a participating barbershop

### **Participating Barbershops**

- **Chicago 2 Barbershop** – 1000 Divisadero St., San Francisco, CA 94115, (415) 921-1303
- **B&F Barbershop** – 1600 Palou Ave. San Francisco, CA 94124, (415) 504-4883

### **Eligibility**

- SFHP Medi-Cal members part of San Francisco Health Network
- Members with a hypertension diagnosis

Refer eligible members today at [cuthypertension.org](http://cuthypertension.org).

## **2026 Timely Access to Care Surveys Beginning August 3rd**

San Francisco Health Plan (SFHP) administers the Provider Appointment Availability Survey (PAAS) and Provider Daytime and After-Hours Surveys to randomly selected network providers. Under the [DMHC Timely Access Regulations](#), health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames and compliance with the availability of emergency and after-hours services.

**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.** Please refer to [this guide](#) that clarifies the timely access regulations.

**Urgent care appointment time frames will include holidays and weekends (Saturdays and Sundays). Urgent care appointments for all non-PCP providers do not require prior-authorization and will be held at a 48-hour standard [per new DMHC guidelines](#).**

**Note: Telehealth appointments and Same-Day appointments or Walk-Ins are considered as a next available appointment.**

SFHP contracts with vendor, Sutherland Healthcare Solutions, to conduct surveys from August through December. The survey, delivered by fax (from 973-996-4562) or email (from [SutherlandPaasTeam@sutherlandglobal.com](mailto:SutherlandPaasTeam@sutherlandglobal.com)), will ask provider offices to identify individual provider's next available appointment (date/time) for various types of non-emergency care. Fax ([example](#)) and emailed surveys that are not responded to in **five business days** will be followed by a live phone survey (from 1(585) 498-7499).

Outreach timeline:

- Day 0: The survey invitation is sent via email, electronic communication, or fax.
- Days 1-5: Sutherland waits for a response to survey invitation via email, electronic communication, or fax.
- Days 2-15: A reminder notice may be sent. (This optional notice does not impact or extend the time to complete the survey.)
- Days 6-15: A telephone call survey is initiated on day 14. If there is no answer, a call is made again during the next business day (on day 15), and a message is left requesting a callback within two business days.

- Days 16-17: Wait for the provider to respond to the survey via email, electronic communication, fax, or telephone. If no response is received by the end of day 17, the provider shall be identified as a non-responder.

For any questions about the Timely Access Regulations or the Appointment Availability Survey, please reach out to our Quality Improvement Access representatives via email at [AccessCAPS@sfhp.org](mailto:AccessCAPS@sfhp.org).

## Provider Fraud, Waste, and Abuse (FWA) Training

This article educates providers on preventing Fraud, Waste, and Abuse (FWA) in Medicaid Managed Care by defining FWA, highlighting common billing risks, and outlining provider responsibilities such as submitting accurate claims and maintaining documentation. It recommends best practices like verifying coding and eligibility before submission, staying informed through training, and reporting suspected FWA confidentially to protect patients, reduce improper payments, and uphold program integrity.

### **Fraud, Waste, and Abuse (FWA)**

#### **✔ Protecting Program Integrity Starts with You**

Fraud, Waste, and Abuse (FWA) prevention is a shared responsibility between Managed Care Plans and network providers. Following billing and documentation requirements helps ensure accurate payment and protects Medicaid resources.


#### **📌 What Is FWA?**

**Fraud** 🚫 Intentional deception or misrepresentation to obtain payment (e.g., billing for services not rendered).

**Waste** 🔄 Overuse or inefficient use of services that results in unnecessary costs.

**Abuse** ⚠️ Practices inconsistent with Managed Care or Medicaid policies that lead to improper payment, even if unintentional.

#### **🔍 Common Program Integrity Risk Areas**

 **High-Risk Billing Areas.** Providers should be aware of these frequent compliance issues:

- Services not supported by documentation
- Lack of medical necessity
- Duplicate or overlapping claims
- Incorrect CPT/HCPCS codes, modifiers, or units
- Missing required authorizations
- Billing under unenrolled or ineligible providers

 **Your Responsibilities.** Providers are required to:


- ✓ Submit accurate, complete, and timely claims
- ✓ Maintain documentation supporting services billed
- ✓ Verify member eligibility and coverage
- ✓ Correct billing errors and return overpayments

 **Best Practices to Prevent FWA. Before you submit:**

- Use end-of-charge-entry checklists
- Confirm coding, modifiers, and units
- Verify authorization and eligibility

 **Stay Informed.**

- Participate in required FWA training
- Review Plan's updates regularly
- Seek guidance when requirements are unclear

 **See Something? Say Something.**

Report suspected FWA the following ways:

- Email: [Program\\_Integrity@sfhp.org](mailto:Program_Integrity@sfhp.org)
- [Online Complaint Form](#)

🔒 Reports may be made confidentially ● **Non-retaliation protections apply**



## Facility Site Review Provider Pearls



## IHA Excellence: Essential Strategies for Your Clinic

The Initial Health Appointment (IHA) is a critical first step in establishing effective, whole-person care for new Medi-Cal and Medicare Advantage (including D-SNP) members. Completing the IHA on time—and documenting it correctly—supports regulatory compliance, improves patient outcomes, and reduces avoidable emergency and inpatient utilization.

This article highlights the required documentation elements of a compliant Initial Health Appointment (IHA). These elements are not optional—they are the specific components Facility Site Review (FSR) Certified Nurse Reviewers must be able to verify in the medical record to demonstrate IHA compliance. Providers should use this guidance to plan, implement, and regularly monitor office workflows.

### **Key IHA Requirements at a Glance**

- **Timeliness**
  - **Medi-Cal:** Complete the IHA within 120 days of enrollment.
  - **Medicare Advantage/D-SNP:** Complete the Health Risk Assessment (HRA) within 90 days of enrollment.

- **Urgent findings** (e.g., suicidality, uncontrolled BP) require follow-up within 48 hours.
- **Outreach & Exceptions**
  - Use monthly eligibility rosters to identify all newly enrolled members within [e.g., 5-7 business days] of receiving the roster. Clinic staff will make a documented attempt to contact the new member to schedule the IHA. See [Provider Portal User Guide](#) for instructions on generating member rosters.
  - Make at least 3 outreach attempts (minimum 2 phone calls + 1 written method) and document each attempt.
  - Acceptable exceptions must be clearly documented: early disenrollment, member refusal (with narrative), or unsuccessful outreach.

### **Required IHA Components**

Providers must document the following during the IHA:

- Health Risk Assessment (HRA) (each tool's name and date) covering medical, behavioral, functional, and Social Determinants of Health (SDOH) risks (e.g., AAFP Social Needs Screening Tool, PRAPARE, Cognitive Health Assessment (65+), ACEs with scores)
- Comprehensive history and updated problem list
- Medication reconciliation with an explicit attestation statement
- Behavioral health screening (e.g., PHQ-9/GAD-7 with scores)
- Preventive screenings/immunizations review
- Health education including anticipatory guidance specific to the members' needs
- Diagnosis and treatment plan established
- Care plan for treatment of any identified conditions with referrals and follow-up clearly documented

- Interpreter details if language services are used (Culturally and Linguistically Appropriate Care)

### **Coding & Billing Reminders**

- Use age-appropriate preventive visit CPT codes (99381–99387 new; 99391–99397 established).
- Assign Z00.00 (Adult) or Z00.12 (Child) as the primary diagnosis for the IHA.
- Report identified social needs using SDOH Z-codes (Z55–Z65) to support care coordination and CalAIM services.
- For Medicare, applicable G-codes include G0402 (IPPE), G0438/G0439 (AWV), and G0136 (SDOH).

### **Audit Readiness Tips**

- **EMR Templates:** Use standard EMR templates with required fields (“hard stops”).
- **Attestation:** Ensure signed provider attestation, complete outreach logs, and closed-loop referral tracking.
- **Problem List:** Keep the problem list current to support quality and risk adjustment.
- **Regular Training:** All clinical and administrative staff will receive regular training on the IHA process, including the specific requirements of the managed care plans with which the clinic contracts. IHA training module is available on Litmos LMS. Please refer to [San Francisco Health Plan - Self Sign Up](#).
- **Monitoring:** The clinic manager will conduct regular internal audits of member records to ensure compliance with IHA timeliness and documentation requirements.

**Bottom Line:** Timely IHAs with complete, accurate documentation help ensure compliance—and set new members up for success from day one. For tools, training, and templates, refer to the **IHA Toolkit** and SFHP provider resources. **This will be available on the SFHP website in Summer 2026.**

*“**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.*

**For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact [fsr@sfhp.org](mailto:fsr@sfhp.org).**

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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