San Francisco Health Plan℠

Provider Newsletter

August 2026

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Help Shape the Future of Provider Digital Services — Survey Due August 14

Have you completed the **Provider Digital Maturity Assessment Survey** yet?

As part of our commitment to improving provider support and enhancing digital tools and services, we're seeking feedback on your organization's current digital capabilities. Your insights will help us identify opportunities for improvement and guide future investments that support a more efficient provider experience.

⏱️ **Time to complete:** Approximately 10 minutes
🔗 **Take the Survey:** Provider Digital Maturity Assessment
🗓️ **Survey Due Date: August 14, 2026**

Thank you for your partnership and for helping us shape the future of digital engagement for our provider community. Your feedback truly makes a difference!

If you have any questions or need assistance, please contact your Provider Relations representative or email provider.relations@sfhp.org

Make the Most of the SFHP Provider Portal

Did you know that many common provider tasks can be completed quickly and securely through the SFHP Provider Portal? Providers can use the portal to:

- Submit new claims
- Submit authorization requests
- Check claim status
- View Provider Dispute status
- View, save or print Remittance Advice (RA) details

The Provider Portal is available 24/7, providing convenient access to important information and helping reduce administrative workload for your office.

Need access or additional support? If you do not currently have portal access or

would like to schedule a one-on-one training session, please contact your designated Provider Relations Representative directly or email provider.relations@sfhp.org for assistance.

Sign up today at: Health Portals - Provider Registration - User Information

Log in today and take advantage of the tools available through the SFHP Provider Portal!

Timely Access to Care Surveys Begin 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 timeframes 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 August through December to contact some of our provider groups*. 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 (example) and emailed surveys that are not responded to in five business days will be followed by a live phone survey (from 585-498-7499).

This is the outreach timeline:

a. Day 0: The survey invitation is sent via email, electronic communication, or fax.

b. Days 1-5: Sutherland waits for a response to survey invitation via email, electronic communication, or fax.

c. Days 2-15: A reminder notice may be sent. (This optional notice does not impact or extend the time to complete the survey.)

d. Days 6-15: A telephone call survey is initiated on day 14, but 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.

e. 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.

*****_Some provider groups have chosen to complete the PAAS this year via one administrative staff over email. This means that their staff will not be contacted by Sutherland on behalf of San Francisco Health Plan to take the PAAS this year. If you have questions, please contact Provider Relations representative or email provider.relations@sfhp.org_.

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.

Pharmacy Updates

Treatment of ADHD in Children and Adolescents, Legislative Changes for Immunizations, Medi-Cal Rx Early Refill Policy Changes

Treatment of ADHD in Children and Adolescents

The Department of Health Care Services released an article summarizing updates on the diagnosis, evaluation, and treatment of ADHD in children.

ADHD is the most common childhood-onset neurodevelopmental disorder with symptoms related to hyperactivity, impulsiveness, and inattention affecting children's academic/social life and mental health. An estimated 7% of children and adolescents in California and 11% nationwide have been diagnosed with ADHD.

The American Academy of Pediatrics (AAP) guideline emphasizes pharmacological and behavioral interventions for all children which varies across the different stages of childhood which is stratified by three age groups of preschool (4-5 years), elementary school (6-11 years), and adolescents (12-18 years).

Variety of behavioral interventions are available for the patient, parent, and educational support in school. Evidence-based parent training in behavior management (PTBM) and behavioral classroom interventions are highly effective in developmental expectations, strengthening relationships, and management of problem behaviors. Organizational skills training (OST) teaches students to organize learning materials, track assignments, and plan work completion which is suggested in children 9-18 years of age.

First-line pharmacological treatments are stimulants which include methylphenidate and amphetamine preparations which reduce the risk of poor outcomes associated with ADHD. Adverse effects associated with stimulants are increased blood pressure or heart rate, decreased appetite, weight loss, growth restriction, sleep disturbance, and dizziness.

Non-stimulant medications which include clonidine, guanfacine, and atomoxetine

are alternative options for patients who have contraindications, cannot tolerate stimulants, or as an adjunctive therapy. Adverse effects can vary based on medication choice.

Monitoring of treatment for ADHD, that ideally includes clinicians on the care team, including primary care clinicians, nurses, and other support staff, should be made after initiation of medications to assess improved outcomes and monitoring side effects. Education for both the patient and family members is critical in the care plan.

For more information, see the DHCS article.

2025 Immunization Update: Legislative Changes and Updates to COVID-19, Influenza, RSV, HepB, MMRV, and HPV

The Department of Health Care Services released an article summarizing updates on immunization guidelines, products, and legislative policies.

Assembly Bill 144 allows health insurance plans in California to cover immunizations based on the California Department of Public Health (CDPH). The CDPH and West Coast Health Alliance (WCHA) recommends vaccination for children and adults following the immunization schedules in the American Academy of Pediatrics and Family Physicians.

COVID-19 vaccination is recommended for individuals 6 months of age or older. Additional doses are recommended for older adults and those who are moderate/severely immunocompromised. Maternal vaccination is critical as infants younger than 6 months are not eligible for vaccination and are at increased risk for disease. Medi-Cal will continue to cover COVID-19 vaccinations for everyone 6 months of age or older.

Influenza vaccination is recommended for all 6 months of age or older. Adults 65 years of age or older and solid organ transplant recipients 18-64 years of age receiving immunosuppressive therapy should preferentially receive a high/boosted-dose inactivated vaccine but can receive any age-appropriate inactivated product. Influenza vaccination is also recommended during any

trimester of pregnancy. Children 6 months through 8 years of age require two doses of influenza vaccine administered at least 4 weeks apart during their first vaccination season for optimal protection.

RSV vaccination is recommended as a single lifetime dose for all adults 75 years of age or older and for adults 50-74 years of age who are at increased risk of severe RSV disease. CDPH recommends maternal RSV vaccination (Abrysvo) during weeks 32 through 36 of pregnancy or an RSV monoclonal antibody to infants after birth and to certain children 8 through 19 months of age.

Hepatitis B (HepB) vaccination is recommended for all adults 19-59 years of age and for adults 60 years of age or older with risk factors for HepB infection but can still receive the vaccine even without risks. HepB vaccination is also recommended during pregnancy if not previously vaccinated and to children as early as possible (including at birth).

CDPH and WCHA recommend routine childhood vaccination with measles, mumps, and rubella (MMR) and varicella-containing vaccines. Adults without evidence of immunity should also receive vaccinations.

CDPH and WCHA recommend HPV vaccination for adolescents at age 11-12 years but can begin as early as age 9. HPV vaccination is also recommended for all 26 years of age and younger not previously vaccinated. Vaccination for adults 27-45 years of age may be considered through shared clinical decision making.

For more information, see the DHCS article.

Medi-Cal Rx Early Refill Policy Changes, Effective August 21, 2026

Effective August 21, 2026, Medi-Cal Rx will implement updated early refill limits for members 21 years and older. Early refill claims will deny if less than 75% of the previous supply has been used (or 90% for opioids) or if cumulative early refills exceed 20 days within a 180-day period for the same medication. Limited overrides will be available for clinically appropriate situations (overutilization, vacation supply, or lost medication), but each override type may only be used once every 365 days before prior authorization is required. These changes are

intended to strengthen program integrity while maintaining appropriate access to pharmacy benefits.

For more information, see the DHCS article.

IHA Excellence: Four Common IHA Documentation Gaps and How to Avoid Them

This month, our Initial Health Appointment (IHA) Excellence series continues with a closer look at common IHA documentation gaps with some best practice suggestions to ensure compliance with DHCS requirements and to support continuity of care through standardization of workflows. During the health plan's recent DHCS audit that included medical record IHA criteria, incomplete documentation related to behavioral health screenings, SDOH follow-up, health education, and referral tracking were among the most frequently observed opportunities for improvement.

Common Documentation Gaps

1. Behavioral Health Screening Not Documented

- Documentation should clearly show that the screening was performed, the tool used, the results, and any follow-up actions taken. A documented screening score alone is not enough. Positive screening results should include the provider's assessment, follow-up actions, and treatment plan.
- **Example Documentation Checklist:**
- Behavioral health screening completed
  ☐ Screening tool documented (e.g., PHQ-2, PHQ-9, GAD-7, SWYC, ASQ-SE, SDQ)
  ☐ Score/result documented
  ☐ Follow-up action documented, if positive. (Document referrals, treatment recommendations, care management involvement, crisis resources, or follow-up appointments.)
- Include behavioral health findings in the overall diagnosis and treatment plan when applicable.

2. <u>Social Drivers of Health (SDOH) Needs Identified but No Follow-Up</u>

- Identifying an SDOH need is only the first step. When housing, food, transportation, financial, or safety concerns are identified, document the actions taken, resources provided, referrals made, or the member's decision to decline assistance. Documentation should clearly demonstrate how the identified need was addressed and, when possible, whether the member connected to the recommended service or resource.
- **Examples of Follow-Up Actions:**

☐ Housing insecurity → Referred to housing resources or care management.
☐ Food insecurity → Provided CalFresh information, food pantry resources, or nutrition assistance referral.
☐ Transportation needs → Educated member on available transportation benefits.
☐ Safety concerns → Referred to appropriate community, behavioral health, or social service resources.
☐ Financial barriers → Discussed available assistance programs and community resources.

- **Example Documentation Checklist**

- SDOH screening completed
  ☐ Positive needs identified (if applicable)
  ☐ Resources/referrals offered
  ☐ Member accepted or declined assistance documented
  ☐ Follow-up plan documented
  ☐ Care management or social work referral made (if indicated)
  ☐ SDOH findings included in treatment plan (if applicable)

3. <u>Health Education Not Recorded</u>

- Consider using a standardized IHA Health Education Checklist to improve consistency and ensure commonly required topics are addressed and documented.
- **Example Documentation Checklist**
- Preventive care and recommended screenings

☐ Immunization status and vaccine recommendations
☐ Medication review and medication adherence
☐ Chronic disease management (e.g., diabetes, hypertension, asthma)
☐ Healthy lifestyle and wellness recommendations
☐ Primary Care Provider (PCP) role and access to care
☐ After-hours care and urgent care options
☐ Behavioral health resources and services
☐ Pharmacy benefits and medication access
☐ Transportation benefits and assistance
☐ Referrals to specialty care (if applicable)
☐ Community resources and social services (food, housing, etc.)
☐ Member-specific health concerns and self-management education
☐ Follow-up care plan discussed with member

4. <u>Referrals Lack Follow-Up Documentation</u>

- A referral order alone does not tell the whole story. All referrals generated during the IHA should be tracked to disposition, including completed, scheduled, pending, declined, no-show, or unable-to-contact status. Documentation should demonstrate that referrals were placed, discussed with the member, and appropriately followed through whenever possible.

- **Referral Tracking Status Options**

☐ Completed
☐ Scheduled
☐ Referral submitted/pending
☐ Member declined
☐ Unable to contact member
☐ Not clinically indicated after further review
☐ No-show/cancelled appointment
☐ Alternative resource provided

- **Examples of Referrals Requiring Follow-Up**

☐ Behavioral health services
☐ Substance use disorder treatment
☐ Care management (ECM/CCM)
☐ Specialty care
☐ Social work
☐ Transportation assistance
☐ Housing resources
☐ Food assistance programs
☐ Community-based services and supports

- **Example Documentation Checklist**

☐ Referral reason documented
☐ Referral placed/ordered
☐ Referral discussed with member
☐ Member accepted or declined referral documented
☐ Scheduling assistance provided (if applicable)
☐ Referral status tracked
☐ Follow-up documented
☐ Outcome recorded (completed, scheduled, declined, or unable to contact)
☐ Included in care plan when appropriate

FSR Takeaway: If a service, screening, referral, or discussion occurred during the IHA, ensure it is documented clearly in the medical record. Complete documentation supports continuity of care and demonstrates the full scope of services provided.

Disclaimer: These suggestions are for educational purposes only. It is not a mandate and does not replace your organization's clinical policies or contractual obligations. Users are responsible for ensuring their specific processes remain compliant with all applicable state and federal regulations.

"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.

Contacts: SFHP Facility Site Review and Medical Record Review. Address questions to: fsr@sfhp.org

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