San Francisco Health Plan℠

Provider Newsletter



November 2026

UPDATES INCLUDE:

- **Provider Reminder:** Reporting and Addressing Modivcare Transportation Concerns
- **Introducing the New Provider Overview & Resources Page**
- **Facility Site Review Provider Pearl -** Maternal & Infant Health: Essential Provider Workflow

Provider Reminder: Reporting and Addressing Modivcare Transportation Concerns

Transportation challenges can be frustrating for both providers and patients. The following guidance explains how to report Modivcare concerns and support members who wish to file a grievance.

Please report Modivcare transportation concerns to **Provider Relations** so issues can be tracked, reviewed, and addressed in a coordinated manner.

Reporting Modivcare Transportation Concerns
Providers should report Modivcare-related complaints or concerns through one of the following channels:

- **Provider Relations Department, direct line:** 1 (415) 547-7818, ext. 7084
- **Email:** provider.relations@sfhp.org
    - Contact your assigned Provider Relations representative. If you do not know your assigned representative, email the Provider Relations department.

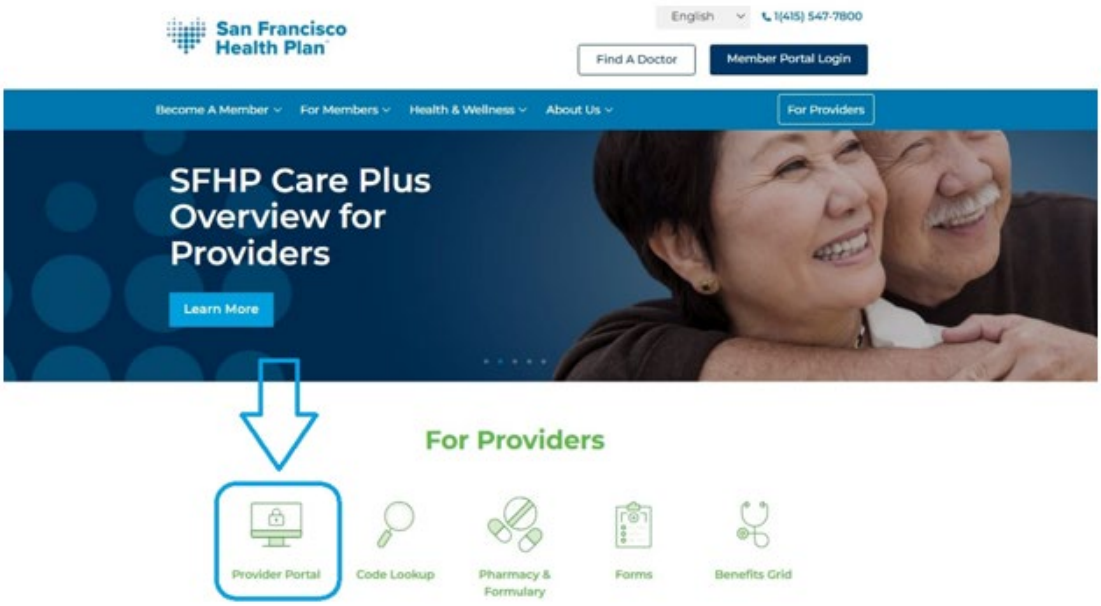
Supporting Members Who Wish to File a Grievance
Providers **may not** submit grievances on behalf of members, but they can help members understand their rights and available options.

Providers can support members by:

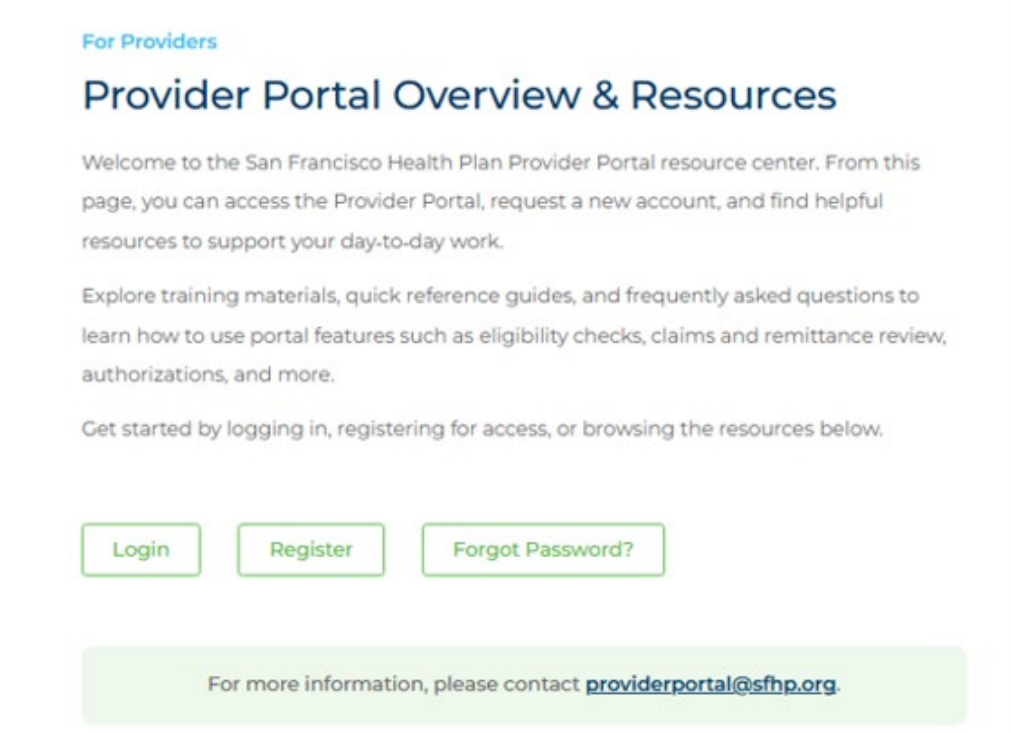
- Explaining their right to file a grievance.
- Directing them to Customer Service at **1 (415) 547-7800** to submit a verbal grievance.
- Sharing relevant details with Provider Relations so recurring trends and issues can be reviewed.

Introducing the New Provider Overview & Resources Page

To support a better provider experience, we've launched a new **Provider Overview & Resources** page within the **'For Providers'** section of the San Francisco Health Plan website. This page serves as a one-stop shop for portal training materials, frequently asked questions, user guides, and support resources. By providing quick access to commonly requested information, we aim to help providers find answers faster and make the most of available self-service tools.



Visit the **Provider Overview & Resources** page in the Provider Portal to explore available tools, guides, and support resources.





Facility Site Review Provider Pearls

November 2026

As part of our commitment to whole-person care, this month's FSR Provider Pearl highlights the importance of ongoing maternal risk assessment and timely infant screening.

Navigating maternal-infant health screening requirements doesn't have to be a guessing game. Adhering to quality standards is critical to closing care gaps and improving outcomes for families across San Francisco.

To support clinical workflows and care coordination, SFHP offers streamlined referral pathways with no prior authorization requirements for urgent diagnostic services through approved Prenatal and Pediatric Diagnostic Centers. When clinical or social risks are identified, providers are encouraged to leverage community resources such as WIC, Nurse-Family Partnership, and SFHP Care Management programs, including Enhanced Care Management and Community Health Workers. Clinical smart-texts, CDPH refusal forms, and provider guidance are also available through the Provider Portal and Litmos training library to support compliance and equitable, family-centered care.

To help your practice implement these requirements, including universal CUES-model IPV screening and newborn hearing and CCHD milestones, review our quick-reference workflow guide here.

MATERNAL & INFANT HEALTH: ESSENTIAL PROVIDER WORKFLOWS

Key Screening & Follow-Up Protocols for Network Providers

1. IPV SCREENING

INTIMATE PARTNER VIOLENCE (IPV) SCREENING

Rationale: Universal trauma-informed screening enables early detection and connection to plan benefits (ECM, BH).

Workflow:

- **Educate & Screen:** Use CUES Framework (Confidentiality, Universal Education, Support). Sprink, explain confidentiality. Administer validated tool (e.g., HITS).
- **Document & Refer:** Record findings, statements, and outcome. Use ICD-10 SDOH Z-codes (e.g., Z69.11). Offer warm handoffs to National DV Hotline (1-800-799-SAFE) or health plan support.

2. CALIFORNIA PRENATAL SCREENING

CALIFORNIA PRENATAL SCREENING (cfDNA & MSAFP)

Rationale: State law requires offering screening to all pregnant members.

Workflow:

- **Educate & Order** CDPH materials; order cfDNA (10w-21w) and/or MSAFP (15w-21w).
- **Document & Follow-Up:** Record counseling in EHR using ICD-10 Z36.0; refer positive screens immediately to **CDPH Prenatal Diagnosis Center (PDC)** without prior authorization.

3. CALIFORNIA NEWBORN SCREENING (NBS)



Rationale: Mandated blood-spot screening for >80 disorders to prevent irreversible damage or death.

Workflow:

- **Collection:** Collect heel-stick specimen on CDPH form 12-48 hours after birth. Submit to contracted lab within 24 hours.
- **Documentation & Follow-Up:** Log collection and parent notification in EHR. If refused, complete **CDPH Parental Refusal Form**. Upon out-of-range results, arrange urgent confirmatory testing and notify Health Plan Complex Care Management.

4. PULSE OXIMETRY SCREENING (CCHD)

PULSE OXIMETRY SCREENING FOR CCHD

Rationale: Universal pulse oximetry identifies severe hypoxemia in asymptomatic newborns prior to discharge.

Workflow:

- **Screening:**
  Measure SpO2 at ≥24 hours of age.
  - Pre-ductal (Right Hand) & Post-ductal (Either Foot).
- **Algorithm & Action:**
  - **Pass:** ≥95% AND ≤3% diff.
  - **Repeat:** 90-94% or >3% diff (max 3 tries).
  - **Fail:** <90% (Do Not Repeat; Echo & Cardiology consult immediately).

5. NEWBORN HEARING SCREENING & FOLLOW-UP

NEWBORN HEARING SCREENING & FOLLOW-UP (NHSP)

Rationale: Early detection of hearing loss (1-3-6 goals) is critical for development and intervention.

Workflow:

- **Screening (In-Hospital):** Screen (AABR/OAE) before discharge. Document results.
- **Follow-Up Benchmarks:**
  - **1 Month:** Screen completed or Outpatient rescreen.
  - **3 Months:** Diagnostic audiology evaluation completed.
  - **6 Months:** Early intervention services initiated.
- **Referral:** For failed screens, refer to CCS / Type C CDC.

References:

DHCS APL 26-005 and CalAIM standards
DHCS Birthing Care Pathway
ACOG Clinical Guidance
CDPH Prenatal Screening Program
California Newborn Screening Program
Newborn Hearing Screening Program
CMQCC Maternal Warning Signs
Association of Women's Health, Obstetric and Neonatal Nurses
American College of Obstetricians and Gynecologists
International Board Certified Lactation Consultant
Certified Lactation Counselor
The Healthy Children Project, Inc. - The Center for Breastfeeding

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

Please do not hesitate to contact Provider Relations at **1(415) 547-7818** ext. **7084** or Provider.Relations@sfhp.org
To access updates from previous months or subscribe to SFHP's Monthly Provider Update, please visit our Provider Update archive page.
Register for SFHP ProviderLink here.

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P.O. Box 194247, San Francisco, CA 94119-4247

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