



January 2, 2025

UPDATES INCLUDE:

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Modivcare for Transportation Services Benefit

WHAT IS THE TRANSPORTATION BENEFIT?

San Francisco Health Plan (SFHP) covers rides for members who need transportation to and from covered services. This includes:

- Non-emergency medical transportation (NEMT)
 - NEMT is available to members who are unable to use public transportation due to functional limitations and requires a [Physician Certification Statement \(PCS\) form](#).
 - Requires SFHP authorization prior to scheduling.
- Non-medical transportation (NMT)
 - NMT is available to members who do not require medical supervision or assistance from the driver.
 - No prescription is required and members or providers may request NMT directly from SFHP.

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behalf of members through the online platform, [TripCare](#). Facility [registration](#) is required to access the TripCare portal.

For more information regarding NEMT and NMT, please visit our [SFHP transportation page](#) or see our [FAQ guide](#).

LEVELS OF SERVICE

Transportation Type and Levels of Service			
Transport Type/ Level of Service	Applicable Line of Business	Assigned Medical Groups	Transportation Responsibility
Non-Emergency Medical Transportation (NEMT) <ul style="list-style-type: none"> • Wheelchair <ul style="list-style-type: none"> › Door-through-Door • Stretcher • Ambulance • Air 	<ul style="list-style-type: none"> • Medi-Cal • Healthy Workers HMO 	SFN, CLN, UCS, SDN, HIL, BTP	Modivcare
		NEM, NMS, JAD, AMG	Modivcare implementation does not impact NEMT members assigned to these Medical Groups. Follow historical process. Contact delegated group or delegated group transportation provider.
Non-Medical Transportation (NMT) <ul style="list-style-type: none"> • Public Transportation • Ambulatory <ul style="list-style-type: none"> › Curb-to-Curb › Door-to-Door • Ride Share 	<ul style="list-style-type: none"> • Medi-Cal only 	ALL	Modivcare

- **Wheelchair Van/Door-through-Door:**
 - For members who need assistance to and from a residence, vehicle, and place of treatment.
 - Ambulatory members needing supervision or an escort into a building, facility, or residence (e.g. members diagnosed with dementia, members experiencing weakness after dialysis, etc.) may be prescribed the wheelchair van level of service or higher as appropriate.
- **Gurney/Stretcher:**
 - If a member's home or appointment facility does not have wheelchair access and has five (5) or more steps, members will be transported at the gurney/stretcher level of service for proper safety precautions.
 - As a Provider, please ensure the Gurney/Stretcher level of service is prescribed on the PCS form if applicable.
- **Ambulatory Curb-to-Curb:**
 - For members who are fully ambulatory, can walk unassisted, and do not require any assistance from driver.
 - This level of service does not require a PCS form.
- **Ambulatory Door-to-Door:**
 - For members who can walk with use of cane, walker, or crutches, or require limited support from driver.
 - This level of service does not require a PCS form.

TRANSPORTATION REQUESTS

Non-Emergency Medical Transportation (NEMT)

- A PCS form must be on file and approved by SFHP prior to requesting NEMT.

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529-2128.

- Member Requests:
 - Members should call Modivcare Customer Service at 1(855) 251-7098.

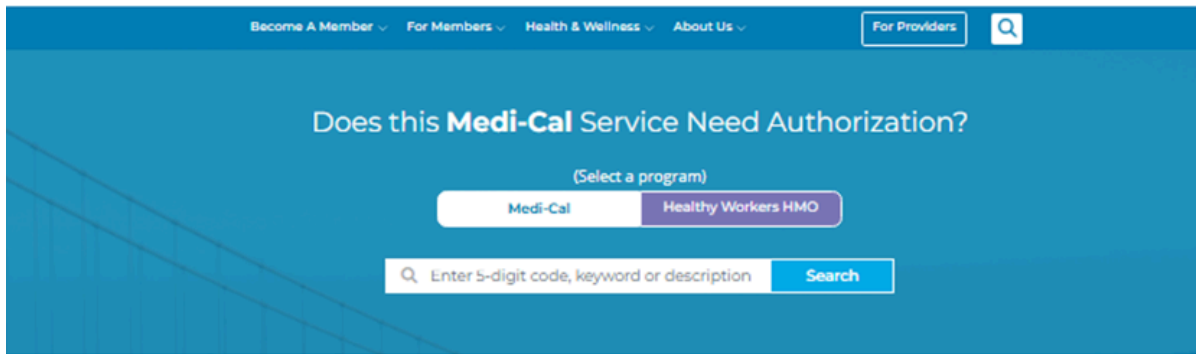
Non-Medical Transportation (NMT)

- Providers may directly request NMT without pre-approval from SFHP. A PCS form is not required.
- Provider Requests:
 - Use the [TripCare](#) Portal or call the Modivcare Facility Line at 1(866) 529-2128.
- Member Requests:
 - Members should call SFHP Customer Service at 1(415) 547-7800, Monday–Friday, from 8:30am–5:30pm.

Use SFHP's Authorization Code Lookup Tool

Have you been using SFHP's tool to help you quickly determine whether a service code requires authorization? If not, check out the [Code Lookup Tool!](#)

The tool displays authorization requirements for SFHP members in the SFN, CLN, UCSF, and SDN networks. You can look up the specific CPT and HCPCS codes, see what services are always covered without authorization, and find UM links to SFHP's delegated networks. Bookmark the Tool's link from this Newsletter, or find the [Code Lookup Tool](#) on the "For Providers" main page at sfhp.org.



Authorization Guide

The search tool is for services to SFN, CLN, UCSI, and SDN members. For patients in other networks, contact the network directly for authorizations information. The data in this lookup tool reflects whether a service requires authorization as of this day. If you need to find out whether a service required authorization on a specific date in the past, please contact Customer Service for assistance.

[Frequently Asked Questions](#)

[Play Video - Authorization Code Lookup Tool](#)

Outpatient Out of Network Provider Always Needs Authorization

[Search for Providers](#)

Contact medical groups network below for authorizations out of network.

- AAMG
- Brown & Toland
- Hill Physicians
- Jade Health Care
- **Mental Health**
- NEMS
- NEMS with SFHN
- **Pharmacy Prescriptions**

Needs Authorization for SFN/CLN/UCS/SDN members

[Pre-Authorization Request](#)

- Any service performed by a provider not contracted with SF Health Plan.
- Hospital Admissions
- Skilled Nursing Facility
- Post-Acute Care Facility
- Select outpatient surgeries, procedures, infusions, and Durable Medical Equipment do not require authorization. Use the search tool for specific services.
- Dental Anesthesia
- Acupuncture - No referral needed
- Non-emergency Medical Transportation (NEMT) From Home - Wheelchair van,

Always Covered Without Authorization

- Emergency Services
- Urgent Services in Urgent Care Setting
- Services related to HIV and other STIs, family planning (contraception), and pregnancy termination
- Services for which the billing provider is capitated
- Please contact Provider Relations at **1(415) 547-7818 ext. 7084** regarding claims for these services
- Non-Medical Transportation Members can call SFHP Customer Service at **1(415) 547-7800** to access assistance with car, taxi and bus transport for needed medical care.

Member Appeal Policy - We Need Member Consent

DHCS technical guidance requires a change to our appeals policy: appeals filed by a third party, like a provider, on behalf of a Member require *written consent* for the appeal to be processed to completion.

If written consent is not received, SFHP will try to ensure that the appeal moves forward. The Grievance & Appeals team will ask the member if they would like to file an appeal solely on their own behalf. Filing on their own behalf does not require written consent. If the member agrees to file their own oral appeal, SFHP will document this information, begin processing the appeal, and close the appeal filed by the provider or third party.

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Consumer Assessment of Healthcare Providers and Systems (CAHPS®) will be coming to members from **February through May 2025**

Encourage your patients to complete the CAHPS survey if they receive one this year. SFHP uses feedback to collaborate with its Providers and improve patient experience.

CAHPS is a standardized and validated patient experience survey created by AHRQ and required for San Francisco Health Plan to maintain accreditation by the National Committee for Quality Assurance (NCQA). **The survey measures multiple domains of healthcare, including**

1. Access to Care
2. Provider Communication
3. Coordination of Care
4. Rating of Physicians and all Healthcare
5. Customer Service

>> View a copy of the 2025 Health Plan Survey for [Adult](#) and [Child](#).

Why it matters

- CAHPS is part of the HEDIS measurement system. It makes up roughly 1/3 of the NCQA score and factors into both the Medi-Cal rates setting and auto-assignment for health plans.
- CAHPS is used by Centers for Medicare & Medicaid Services (CMS) and Medicare Advantage plans to calculate Star ratings.
- In 2024, CAHPS makes up 20 percent of Department of Health Care Services (DHCS) Quality Withhold for health plans, and in 2025 is projected to increase to 30 percent.
- Starting in 2024, SFHP includes specific CAHPS measures in its Provider Quality Program (PQP). This ties financial payment to performance and incentivizes providers to prioritize improvements to these measures.

Questions about the CAHPS survey at SFHP?

Contact Emily Srock, Program Manager Care Experience, at emsrock@sfhp.org

Refer Your SFHP Patients to Enhanced Care Management

Designed for your SFHP Patients – adults, children, and youth – with the most complex medical and social needs, ECM is a person-centered, interdisciplinary approach that provides systematic coordination of services including primary care, behavioral health, developmental-, oral-, and social needs, as well as long-term services.

ECM eligible patients must be referred, then will be assigned an ECM provider and a Care Manager. **Individuals must meet criteria** for at least one of the following Populations of Focus:

- Experiencing homelessness
- Diagnosed with SMI or SUD
- Transitioning from incarceration
- At risk for long-term care institutionalization
- At risk for avoidable ED and hospital utilization

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- Pregnant and postpartum and at risk for adverse perinatal outcomes and who also qualify for another ECM Population of Focus
- Adult nursing facility residents transitioning to the community
- Children/youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs
- Children/youth involved in Child Welfare

Additional information about ECM eligibility criteria is available in the [DHCS ECM Policy Guide](#)

To refer your patients

1. Call the SFHP ECM Intake Line at **1(415) 615-4501** weekdays from 8:30am to 5:00pm
2. Email or fax a ECM Referral Form [Adult](#) or [Child](#) to caremanagement_referrals@sfhp.org

January Pharmacy Update

New Medi-Cal Rx Secured Provider Portal Resource: Full Drug Price Lookup Tool

As of December 16, 2024, a new Full Drug Price Lookup Tool available on the Medi-Cal Rx Secured Provider Portal. Registered Medi-Cal Rx providers can access the Full Drug Price Lookup Tool by logging in to the Medi-Cal Rx Secured Provider Portal and selecting Full Drug Price Lookup Tool from the list of tabs or from the Tools & Resources drop-down menu.

For more information, see the Medi-Cal Rx Alert [HERE](#).

Addition of Vaccines to the Healthy Workers HMO Pharmacy Benefit

Starting December 20, 2024, SFHP Healthy Workers members may receive vaccines at pharmacies. Covered vaccines include seasonal COVID and flu, Tdap, hepatitis A and B, and many others. To verify whether a vaccine is covered, visit the [searchable formulary](#). On behalf of the SFHP pharmacy team, we wish you a healthy and happy holiday season!

Screening Diagnosis and Treatment of Chronic Hepatitis C Virus Infection

DHCS has released an article on HCV. Although current AASLD/ISDA guidance recommends universal HCV screening in all adults, there has been a sharp decline in screening since the COVID-19 pandemic. Universal direct-acting antiviral (DAA) treatment continues to be the recommendation for all patients with a life expectancy > 12 months. Most HCV treatments are 95% effective when given for the entire 8 to 12 weeks, with limited side effects. AASLD/ISDA has created simplified treatment algorithms for both choice of initial agent and for patients with incomplete treatment due to non-adherence. Despite improvements in HCV screening, the treatment rate for HCV infection among Medi-Cal members continues to remain relatively stagnant. However, among members newly diagnosed with chronic HCV in 2023, treatment rates in 2023 did appear higher (35.0%) than among all members diagnosed with chronic HCV (15.4%). For more in-depth information, please see the [article posted on the DHCS website](#).

Drug-Drug Interaction: Amlodipine with Simvastatin or Lovastatin

[DHCS has released an article](#) on the risk of DDI for patients on both amlodipine and either simvastatin or lovastatin. Pharmacokinetic data has shown that amlodipine, a calcium channel blocker frequently used for hypertension, significantly raises plasma levels of simvastatin and lovastatin through CYP450 enzyme inhibition. For patients currently prescribed amlodipine, it is recommended that the statin be switched to an alternative, such as rosuvastatin, atorvastatin, or pravastatin. If combination therapy with amlodipine and lovastatin or simvastatin is deemed necessary, the dose of simvastatin or lovastatin should not exceed 20 mg per day.

Facility Site Review Provider Pearls



Medical Record Review: Initial Health Appointment (IHA) and Health Risk Assessment (HRA)

The Initial Health Appointment (IHA) occurs during a patient’s visit with a provider in the primary care setting. The IHA is used to assess and manage any acute, chronic, and preventative health needs of the patient. Completing the Initial Health Assessment (IHA) timely provides an opportunity for members to establish a relationship with their PCP and obtain necessary health care and preventative services, which can lead to positive health outcomes and improvement in their overall health status

The California Department of Health Care Services (DHCS) Medical Record Review (MRR) process includes an evaluation of a primary care provider’s (PCP) documentation of a member’s comprehensive physical examination, including a review of systems with a plan for treatment for any identified acute or chronic diseases or conditions. But that is just the beginning. Comprehensive visits for new members and for their subsequent periodic well visits also are to include behavioral health assessments, social determinants of health (SDOH) assessments, identification of preventive screenings, immunization review, provide health education and anticipatory guidance.

In addition, as part of the Facility Site Review (FSR) component of the review process, the site reviewer will evaluate office management practices on appointment guidelines for same-day appointments, after hours availability, how members receive care when they are sick, advice guidelines, complex health care needs guidance, care coordination, complex case management, enhanced care management, or community supports, language interpretation guidance, and transportation guidance. These factors ensure that any needs of members identified through the IHA process can be addressed and remedied through strong office management practices.

SFHP has some tip sheets that you may wish to review and apply to your office management practices so that you are prepared and in compliance with all DHCS requirements for these criteria.

MRR Comprehensive Physical Exam with IHA & HRA: Click link below	IHA Tip Sheet: Click link below
https://mcusercontent.com/ba4c3a4b50b7267d07808ae43/files/afcc5081-6cf8-2009-6b3f-03e2a9f2f441/IHA_Link.pdf	Initial Health Appointment Tip Sheet

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Initial Visit (Prevention of Disease) (MOC)	Comments	Implementation/Requirements
<p>Initial Visit (Prevention of Disease) (MOC)</p> <ul style="list-style-type: none"> • Complete MOC documentation that includes "population of health" or "seeing doctor" needs PC visit • History of present illness (HPI) • Past medical history (PMH) • Occupational and/or social history • Psychological and/or behavioral history • Medication history • Allergies • Family history • Review of systems • Physical examination • Plan of treatment for any identified disease or health condition • Documentation of HPI and PMH <p>Behavioral Health Screening</p> <ul style="list-style-type: none"> • Behavioral health assessment (e.g., depression, anxiety, alcohol, suicidal ideation) (PHQ-9, GAD-7, PHQ-2, and PHQ-15) are completed and documented per department instrument • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician <p>Safe and Periodic Screening, Diagnostic and Treatment (SPDST) (Prevention)</p> <ul style="list-style-type: none"> • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument <p>Implementation/Requirements</p> <ul style="list-style-type: none"> • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument 	<p>Initial Visit (Prevention of Disease) (MOC)</p> <ul style="list-style-type: none"> • Complete MOC documentation that includes "population of health" or "seeing doctor" needs PC visit • History of present illness (HPI) • Past medical history (PMH) • Occupational and/or social history • Psychological and/or behavioral history • Medication history • Allergies • Family history • Review of systems • Physical examination • Plan of treatment for any identified disease or health condition • Documentation of HPI and PMH <p>Behavioral Health Screening</p> <ul style="list-style-type: none"> • Behavioral health assessment (e.g., depression, anxiety, alcohol, suicidal ideation) (PHQ-9, GAD-7, PHQ-2, and PHQ-15) are completed and documented per department instrument • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician • PHQ-9, GAD-7, PHQ-2, and PHQ-15 are completed by a clinician <p>Safe and Periodic Screening, Diagnostic and Treatment (SPDST) (Prevention)</p> <ul style="list-style-type: none"> • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument <p>Implementation/Requirements</p> <ul style="list-style-type: none"> • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument 	<p>Implementation/Requirements</p> <ul style="list-style-type: none"> • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument • SPDST (e.g., Cervical Cancer, Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Diabetes, Hypertension, Cholesterol, Vision, Hearing, and Dental) are completed and documented per department instrument <p>Implementation Checklist</p> <ol style="list-style-type: none"> 1. Identifying newly United members <ul style="list-style-type: none"> • Identify the list of newly added United members • Assign a person (e.g., office manager or center manager) to review the membership list • Review your patients why the list is accurate and measure them that the list of the list is correct to SFHP • Call listing and list updates to representatives of their list 10 days before the list 2. Preparing for the visit <ul style="list-style-type: none"> • Using an HPI system <ul style="list-style-type: none"> • Review the membership list and determine which an identification of new • An assessment of new for preventive screening or service • Health education • The diagnosis and plan for treatment of any disease • Using paper charts, create the patient appointment records specifically for this • Visit support or additional staff. Determine if you have the staff support staff is available to meet the number of new scheduled visit • Suggestions for making the visit go smoothly <ul style="list-style-type: none"> • Call patients in advance and to get their initial health history and any behavioral health needs or other screening over the phone or via your patient portal • Assign staff to support patients on arrival to the site • Breakroom with your patients connect with them on how they can assist with this

Accountable Health Communities Health-Related Social Needs Screening Tool Citation and Notification Information

- All Plan Letter (APL) 22-030 Initial Health Appointment
- All Plan Letter (APL) 23-021 Population Needs Assessment And Population Health Management Strategy
- All Plan Letter (APL) 24-015 California Children’s Services (CCS) Whole Child Model (WCM) Program
- All Plan Letter 21-009 (Revised) Collecting Social Determinants Of Health Data
- Factsheet: California Advancing and Innovating Medi-Cal (CalAIM) Population Health Management Initiative
- Risk-Stratification Algorithm, American Academy of Family Physicians (2019).
- Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature - PMC (nih.gov)
- The Accountable Health Communities Health-Related Social Needs Screening Tool
- United States Preventive Services Task Force (USPSTF) <https://uspreventiveservicestaskforce.org/uspstf/home>

“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.

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](#).
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 P.O. Box 194247, San Francisco, CA 94119-4247

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