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February 3, 2025

UPDATES INCLUDE:

- **CAHPS Survey February - May 2025**
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CAHPS Survey February - May 2025



Measuring Patient Experience February through May 2025
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

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CAHPS is a 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 the 2025 Health Plan Survey at www.ahrq.gov/cahps/surveys-guidance/hp/index.html

Why it matters

- CAHPS is part of the HEDIS measurement set. 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.

>> Learn more about the SFHP CAHPS Survey at www.sfhp.org/providers/improving-quality/cahps/

February Pharmacy Update

Pharmacy Update Quarterly Formulary and Prior Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on January 15, 2025.

The summary of formulary and prior authorization criteria changes is available on the SFHP website at (<https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/>).

A complete list of approved formulary and prior authorization criteria are available on SFHP website at (<https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>).

All changes are effective February 20, 2025. For formulary or criteria information, please visit our website or call SFHP pharmacy department at 415-547-7818 ext. 7085, option 3.

Facility Site Review Provider Pearls

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Provider Training: Pediatric Preventive Screening

Changes to the Facility Site Review (FSR) and Medical Record Review (MRR) Standards became effective in January 2024 following the cessation of the Child Health & Disability Prevention (CHDP) Program. This update reflects an expansion to the FSR Standards, Personnel Domain, Criteria C.1 and C.4, which include pediatric preventive training documentation and demonstration of competencies and appropriate application of screenings and services. The revised Standards relating to personnel training for pediatric preventive services are outlined below.

PERSONNEL STANDARDS	
Criteria	Revised Standard
II.C.1) Documentation of education/training for non-licensed medical personnel is maintained on site.	For facilities that have pediatric patients (under 21 years old) obtain evidence of completed training (valid for 4 years) in: <ul style="list-style-type: none"> • Audiometric screening • Vision screening • Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile • Dental screening and fluoride varnish application
II.C.4) Only qualified/trained personnel operate medical equipment.	For facilities that see pediatric patients (under 21 years old), the facility staff responsible for conducting hands on preventive screening, specifically: audiometric screening, vision screening, anthropometric measurements, including obtaining Body Mass Index (BMI) percentile, dental screening, and fluoride varnish application, must demonstrate competency and appropriate application of these screenings/services. <ul style="list-style-type: none"> • Reviewers may interview site personnel regarding the appropriate use of equipment and/or request demonstrated use of equipment, as appropriate. • Reviewers may utilize Competency Guidelines for Audiometric screening, Vision screening, Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile, and Dental screening and fluoride varnish application

Approximately three months prior to the due date for your customary periodic FSR site review, the FSR team will reach out to the provider or delegated point person to verify the mentioned DHCS required preventive screening trainings, in addition to other mandatory staff training topics. However, the focus of this article is only about pediatric preventive screening trainings.

Our team will work with you to collect the following information:

1. List of all current staff working in the clinic, to include their name, job title, date of hire, etc. (Staff Examples: Front Desk, MA, LVN, RN, etc.)
2. List of all current providers to include their name, job title, date of hire, NPI, and DEA, if applicable. (Provider Examples: MD, DO, PA, NP, CNM, CPM, Doula, etc.)
3. Human Resources (HR) contact person if licensed staff records are kept in an HR application or not accessible by the clinic point of contact.

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- a. Relias/Workday (or other Learning Management System) training transcripts.
- b. Evidence of Staff Training Attestations (Example, SFHP attestation form completed by employee's manager).
- c. Certificates of training completion.
- d. Participant rosters (i.e. clinic in-services).
- e. Assignment of employee to the appropriate in-house training module(s), with date assigned and the completed date, to occur prior to pending scheduled periodic review.
- f. Assignment of employee to the appropriate training module in SFHP's Litmos Learning Management System, with date assigned and the completed date, to occur prior to pending scheduled periodic review.
 - i. Your site reviewer would provide instructions for this process.

Compliance with the evidence of staff training is only one part of the preventive services training requirement. At the day of your onsite review, expect clinic staff to be approached and asked to demonstrate the use of the relevant equipment. They may also be asked to demonstrate knowledge of relevant clinic policy and procedures or minimally how to locate the appropriate policies and procedures. During the Medical Record Review (MRR), the site reviewer may also identify abnormal findings stemming from documented anthropometric, hearing, vision, or dental screenings. In those cases, the member's record would need to have documented evidence of any follow-up interventions, such as follow-up visits, referrals, or consultation reports, etc.

Without compliance with these steps, a Corrective Action Plan (CAP) may be required as outlined in the scoring procedure of APL 22-017 and DHCS FSR and MRR standards. The site reviewer may also issue a CAP focused on these four trainings regardless of the composite or section scores to address any issues identified. Link to standards: [Facility Site Review Survey Resources - San Francisco Health Plan](#)

References:

All Plan Letter ([APL 22-017](#)): Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review

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.
