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December 3, 2024

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Modivcare for Transportation is Live



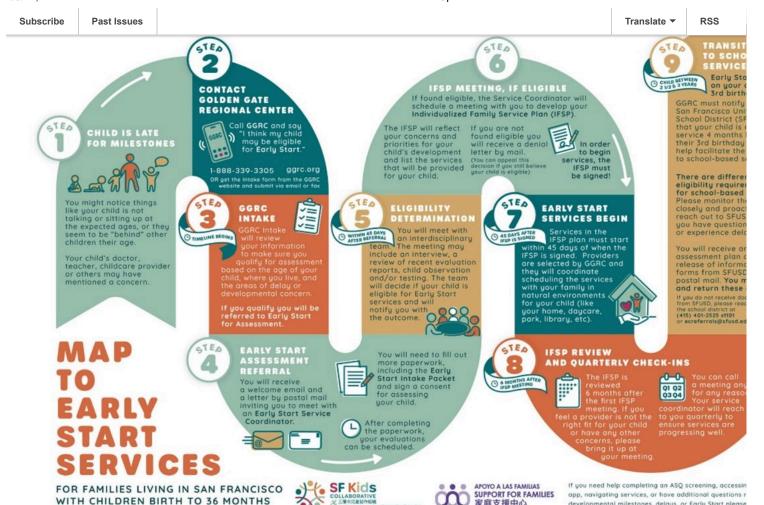
Happy Holidays, Providers! We are pleased to bring you this announcement from Travis Tiani, Sr. Manager, Member Services.

We're excited about our new partnership with **Modivcare** to provide transportation to and from healthcare appointments for your SFHP Patients **at no cost.** Transportation has been a covered benefit since 2 **Modivcare** we improve scheduling and coordination for YOU, our Providers.

Please read the Provider Notice using the link below or visit our <u>Transportation Services</u> webpage for more information, including details to <u>schedule rides for your patients online</u>. And if you have questions, put to contact us.

 $\underline{\text{https://mcusercontent.com/ba4c3a4b50b7267d07808ae43/files/98ee51af-fda5-40f1-18df-4d42b394a512/Modivcare} \ \underline{\text{Provider Notice December.pdf}}$

Children's Development - Map to Early Start Services



Children grow and develop in truly remarkable ways from birth to age 5. It is important to pay special attention to how your child is developing during these early years of life to understand if they need any ad best way to do this is to track your child's developmental milestones — simple things, like taking a first step, smiling for the first time, and waving "bye-bye". These milestones matter because if children do no reach them much later than other children, it can be a helpful signal that they may need extra support to reach their full potential.

Early Start is the program in California that provides this support for infants and toddlers with developmental concerns. Support for Families and the SF Kids Collaborative have created a map to show you ho important Early Start services for your child.

Download the Map to Early Start Services at: https://sfkidscollaborative.org/family-resources/entering-and-exiting-early-start-services/

HEDIS Pursuit Season 2025

SFHP's Healthcare Effectiveness Data and Information Set (HEDIS) pursuit season begins in January 2025! HEDIS is a performance improvement tool used by more than 90% of America's health plans to mon important dimensions of care and service within our provider network. Thanks to the quality of care you provide, SFHP ranks among the top performing Medi-Cal Managed Care Plans in California.

To collect data not provided through claims and encounters, our team will be reaching out to your organization's HEDIS contacts soon to either:

- Set up/confirm remote access to your EHR. Our HEDIS virtual site visits will be scheduled from February to the beginning of May 2025.
- Send you a list of members that require medical record documentation. Please send the medical record documentation within ten business days of receipt of the list via secure fax or secure email.

We look forward to another successful HEDIS season. We cannot do it without you. Please contact José Méndez, Manager, Quality Data Analytics, at jmendez@sfhp.org or 1(415) 615-5118 with any question

SFHP Grievance Process Explained

The Department of Managed Health Care (DMHC) defines a grievance as any expression of dissatisfaction regarding SFHP and/or provider, including quality of care, concerns, disputes, and requests for rec made by the member or the member's representative. When SFHP, delegated medical group, or provider is unable to determine whether a member's issue is a grievance or an inquiry, the member's issue m grievance.

SFHP staff may ask providers to provide additional information or directly respond to allegations brought forth in a member grievance. This may include medical records, a clear and concise written response allegations and questions, medical records, as well as any additional information that may be available from the member or provider.

Support for Families at 415-920-5040 or info@support

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by law. It a response is not to be provided expeditiously, providers must make reasonable effort to communicate the status of the grievance response to SFHP staff.

Please see pages 25 to 27 in the 2024 Provider Manual for more information. 2024 Provider Manual

Facility Site Review Provider Pearls





Vaccine Compliance with Advisory Committee on Immunization Practices (ACIP)

A 2024 major landmark study published by The Lancet reported that "in the context of strengthening primary health care, our results show that equitable universal access to immunization remains crucial to su and continue to save future lives from preventable infectious mortality". Since 1974, vaccination has averted 154 million deaths![i]

The SFHP Facility Site Review (FSR) team retrospectively monitors primary care vaccination compliance at your initial and periodic medical record reviews every three years. Practitioners are required to ens immunizations according to the Centers for Disease Control and Prevention's (CDC) most recent Advisory Committee on Immunization Practices (ACIP) guidelines[ii], unless medically contraindicated or refu member/parent.[iii]

Your site reviewer evaluates proper medical record documentation for vaccine practices to include the following:

- 1. Each vaccine documents the following items:
 - a. Name
 - b. Manufacturer
 - c. Date of Administration
 - d. Lot Number
 - e. Vaccine Information Statement (VIS) given or offered with date
 - i. Publication date of the VIS

Note that for <u>adult</u> vaccinations, the medical record review audit requires evidence of documentation for specifically the following vaccinations:

- Td/Tdap (every 10 years)
- 2. Flu (annually)
- 3. Pneumococcal (ages 65 and older; or anyone with underlying conditions)
- Zoster (starting at age 50)
- Varicella and MMR documented evidence of immunity (i.e. titers, childhood acquired infection)
- COVID-19
- 2. Use of a Local Immunization Registry: The California Immunization Registry (CAIR)
 - a. Providers are able to submit patient immunization information automatically though their electronic health record (EHR) system.
 - b. Providers who are not yet using CAIR should consult with their EHR vendor
 - c. Providers must create an account to review the patient's immunization record even if the clinic does not offer vaccine administration.
- 3. Vaccination exemptions documented through the California Immunization Registry Medical Exemption (CAIR-ME) (cair-me.cdph.ca.gov)
 - a. In California, a student is only exempted from the vaccination requirement for medical purposes.
- 4. Documentation if parental refusal to have child vaccinated
 - a. Document the conversation[i]
 - i. The parent was informed of why the vaccine is recommended
 - ii. The parent was informed of the risks and benefits of vaccination
 - iii. The parent was informed of the possible consequences of not vaccinating
 - iv. Patient educational materials were provided
 - b. Vaccine Information Statement (VIS) given or offered with date
 - c. Parent/guardian signs a vaccine refusal form (formal documentation but this is not a legal form)
 - d. Keep the form in the patient's medical record
 - e. Continue the conversation about vaccines during the next visit and restate your strong recommendation

Barriers to optimal vaccine administration practices can occur due to multiple reasons such as inconsistent compliance with standing orders or clinician prompts, access issues, vaccine hesitancy, or vaccine-misinformation. A report from a 2021-2023 National Immunization Survey provided some suggestions for addressing these disparities, and include: [iii]

- 1. Offer accurate information on vaccine benefits
- 2. Assess for needed vaccines and give catch-up vaccines
- 3. Strengthen relationships with families
- 4. Use reminder recall systems to inform patients and guardians of upcoming and/or missed vaccines
- $5. \ Implement \ standing \ orders \ and \ clinician \ prompts$
- [i] American Academy of Pediatrics Reducing Vaccine Liability: Strategies for Pediatricians, Link
- [ii] Hill HA, Yankey D, Elam-Evans LD, et al. Decline in Vaccination Coverage by Age 24 Months and Vaccination Inequities Among Children Born in 2020 and 2021 National Immunization Survey-Child, Ur 2023. MMWR Morb Mortal Wkly Rep 2024;73:844–853. DOI: http://dx.doi.org/10.15585/mmwr.mm7338a3

December Provider Update from SFHP

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Past Issues "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, no

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 qu

For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact fsr@sfhp.org.

[I] Hill HA, Yankey D, Elam-Evans LD, et al. Decline in Vaccination Coverage by Age 24 Months and Vaccination Inequities Among Children Born in 2020 and 2021 — National Immunization Survey-Child, Un 2023. MMWR Morb Mortal Wkly Rep 2024;73:844-853. DOI: http://dx.doi.org/10.15585/mmwr.mm7338a3

[ii] Vaccines National Strategic Plan 2021-2025

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[i] American Academy of Pediatrics Reducing Vaccine Liability: Strategies for Pediatricians, Link

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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