



~Newsflash~

November 6, 2024

Children First Medical Group, Inc. (CFMG) Provider Satisfaction Survey

We will be sending reminders this month to complete the Annual CFMG Annual Provider Satisfaction Survey. We value your feedback. If you would like to participate in the survey but did not receive an email, please email Claudia.deleongabaldon@ucsf.edu

Alameda Alliance for Health (AAH) Provider Appointment Availability Survey (PAAS)

AAH is conducting their annual timely access survey for routine and urgent appointments (July – December 2024). Please respond to the survey and let your front office know. If you do not respond it will be considered non-compliant. The survey is based on the Department of Managed Health Care (DMHC) Timely Access Guidelines (attached).

https://www.childrenfirstmedicalgroup.com/files/ugd/0abdd2_72d250bb0a7c4d7691401badae4b3f11.pdf

If you would like a laminated version of the Timely Access Standards, please email: Sharon.wright@ucsf.edu

Lead Screening – HEDIS

Lead screening is a HEDIS measure. **The HEDIS measure is to have one or more capillary or venous lead blood tests for lead poisoning on or before the second birthday, using CPT code 83655. CFMG is close to reaching the 50th percentile this year. Please review your Cozeva report sent today to check who is due for a lead screening by the second birthday.**

AAH has developed a Blood Lead Testing Refusal form (attached). The Alliance is asking that members complete this form, and this be documented. This Voluntary Refusal Form is also available in other languages and is posted under the CFMG Provider website under HEDIS.



[Initial Health Appointment \(IHA\)](#)

Our primary care physician offices will receive a list of AAH members by the fifteenth each month for newly enrolled members. The IHA should **be completed within 120 calendar days** of enrollment. We are adding a column in the report to track your calls and follow-up. **There should be two attempts made to schedule an appointment.** Please keep the reports and documentation in case the Alliance asks about it for their audits.

The IHA must include a history of the member's physical and mental health, identification of risks, assessment of need for preventative screens, health education and diagnosis and plan for treatment of any diseases. If you have any questions about the IHA report, please email: Claudia.deleongabaldon@ucsf.edu or call her at (510) 428-3443.

[HEDIS and submission of Medical Records for W15 \(W30A\)](#)

You will receive a November report for children who are 0-15 months of age who still need six visits to complete this measure. **Please be sure to submit any medical records for visits under the mother's name to count for the six visits which must be at least 14 days apart.** These medical records can be sent by email to: hedis@alamedaalliance.org (Sender must encrypt the email prior to sending PHI) **BY November 30, 2024.**

[Childhood Immunization Status \(CIS\) 10](#)

IF you have a CAIR2 account and if it is a read only, please upgrade to regular account (by user), so you can input historical vaccines such as Hepatitis B (HepB). Below is the link:

<https://accountupdate.cairweb.org/>

There is an on-line training to enter historical vaccines. It may take a few weeks. If you need help, please contact:

Contact CAIR Help Desk at 800-578-7889 or reach Destiny Sepulveda at (510) 951-1828 or destiny.sepulveda@cdph.ca.gov for questions.



Utilization Management/Prior Authorizations Reminder

Please send prior authorization requests by secure email, preferred, or FAX the CFMG UM team with any authorizations or questions you may have at **CFMGUM@ucsf.edu**.

If you are sending prior authorizations by secure email, please do not fax it as well to avoid duplications. Please allow five business days for routine requests and do not mark a request ***Urgent*** unless it is medically urgent.

You can reach Utilization Management by phone at **(510) 428-3489**, a **secure line**. Please leave all details on the voice mail so we can research your request.

If you have any questions, please call Sharon Wright at (510) 428-3492 or email me at Sharon.wright@ucsf.edu

Thank you for taking care of the children!



Timely Access Standards*

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> require PA	48 Hours of the Request
Urgent Appointment that <i>requires</i> PA	96 Hours of the Request
Non-Urgent Primary Care Appointment	10 Business Days of the Request
First Prenatal Visit	2 Weeks of the Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of the Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of the Request
Non-Urgent Appointment with an Ancillary Services for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Time	60 minutes
Call Return Time	1 business day
Time to Answer Call	10 minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines

PA – Prior authorization

Urgent Care – Services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-urgent Care – Routine appointments for non-urgent conditions.

Triage or Screening – The assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member's need for care.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Blood Lead Testing Voluntary Refusal Form

The Alameda Alliance for Health (Alliance) Blood Lead Testing Voluntary Refusal Form is confidential. This form must be completed by a provider and signed by the pediatric patient's parent/guardian.

INSTRUCTIONS

1. Print clearly or type responses in all the fields below.
2. Have the parent or guardian review and sign the information below.
3. Once signed, please keep this form in the patient's medical records.

For questions about this form or blood lead testing, please speak with your doctor.

SECTION 1: PATIENT/CHILD INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____

Alliance Member ID Number: _____

Medical Record Number: _____

SECTION 2: PARENT/GUARDIAN REVIEW

I attest (certify) that the following information has been reviewed with me by a doctor:

- The serious and long-term health effects of lead poisoning.
- My child should be tested for lead from the age of six (6) months to six (6) years old if they were never tested before or the results are not known.
- A blood test is the only way to know if my child has been exposed to lead.

SECTION 3: PARENT/GUARDIAN SIGNATURE

I voluntarily refuse blood lead testing for my child.

Signature: _____ Date: _____

SECTION 4: FOR CLINIC USE ONLY

Reasons why parent/guardian is not able to sign this form:

Provider/Clinic Signature/Stamp: _____ Date: _____

Year-Round Medical Record Retrieval Process: Pediatric & Adolescent Measures

Record Submission Process

Please provide the following information for each member that you are submitting records for:

- Member Demographic Page that contains:
 - Child's Name
 - Child's DOB
 - Child's Subscriber ID
 - Child's Address and Phone Number
 - Name of Parent or Guardian
- Copy of Alliance Insurance Card (If available)
- All office visit/progress notes, immunization records, or lead test results.
- For receipt confirmation, **you must** include a contact email on the fax cover sheet.

Information must be submitted using one of the following methods:

- Fax: **510-373-5998** or
- Email: hedis@alamedaalliance.org (Sender must encrypt the email prior to sending PHI)
- Remote EMR Retrievals, email hedis@alamedaalliance.org

Upon receipt, the Alliance's Analytics Department will evaluate and process records in the order received and will reach out if any questions arise. Please note that upon receipt of compliant documentation, processing time may take up to 2-3 months before results are reflected in the monthly gap-in-care report.

Well-Child Visits Reference Guide

Measure Abbreviation	HEDIS® Measure	Measure Description	Documentation Requested
W30	Well-Child Visits in the First 15 Months of Life: 6 or More Visits	Children who turned 15 months old during 2024 and had 6 or more well-child visits with a PCP during their first 15 months of life.	Please provide documentation for all well-child visits from birth to 12/31/2024.
W30	Well-Child Visits for Age 15 Months to 30 Months: 2 or More Visits	Children who turned 30 months old during 2024 and had 2 or more well-child visits.	Please provide documentation for all well-child visits from 15 months to 12/31/2024.
WCV	Child and Adolescent Well-Care Visits	Members 3-21 years of age who had a least one comprehensive well-care visit in 2024.	Please provide documentation for all well-care visit completed by 12/31/2024.

Year-Round Medical Record Retrieval Process: Pediatric & Adolescent Measures

Lead Screening Reference Guide

Measure Abbreviation	HEDIS® Measure	Measure Description	Documentation Requested
LSC	Lead screening in Children	Children who turn 2 years old during 2024 and had 1 or more capillary or venous lead blood test before their 2 nd birthday.	Please provide lead test results from birth to 12/31/2024.

Immunization Reference Guide

Measure Abbreviation	HEDIS® Measure	Measure Description	Documentation Requested
CIS	Childhood Immunization Status	<p>Children who turn 2 years old in 2024 and received the following vaccines by their 2nd birthday:</p> <ul style="list-style-type: none"> 4 DTaP 3 IPV 1 MMR 3 HiB 3 HepB 1 VZV 4 PCV 1 HepA RV: 2-dose or 3-dose schedule 2 Influenza 	Please provide immunization records.
IMA	Immunizations for Adolescents	<p>Members who turn 13 in 2024 and received the following vaccines by their 13th birthday:</p> <ul style="list-style-type: none"> 1 Meningococcal 1 Tdap 2 HPV 	Please provide immunization records.