



CHILDREN FIRST MEDICAL GROUP,
INC.

NEWSFLASH



~Newsflash~

July 17, 2025

Safe Kids Day

This Saturday, July 19, 2025, from 10 am – 2pm, is the Safe Kids Day event. This event is open to the public. The only portion needing pre-registration is for boosters. For the boosters, the minimum age is 5 years old, weight between 50-100 pounds and measure 46-55 inches tall. There will be 500 FREE bicycle helmets (while supplies last), free diaper distribution (while supplies last), games, booths, and face painting. Please see the attached flyer. Free parking at the Oakland Coliseum.

Booster Links:

English- <https://form.jotform.com/251415366131146>

Spanish- <https://form.jotform.com/250966910255158>

Chinese- <https://form.jotform.com/251417222406144>

Reminder: Children First Medical Group, Inc. Change for Claims Submission Date

Effective August 1, 2025, Children First Medical Group, Inc, (CFMG) will change to a preferred 90-day claims submission date from the date of service. This was approved by the CFMG Board in April. *For example, if you submit a claim on August 1, 2025, the date of service should not be for claims with dates of service before May 1, 2025.*

Shareholder Voting for Children First Medical Group (CFMG) Board of Directors

The shareholder election for the CFMG Board of Directors is underway. If you receive an email from **Simply Voting**, that is the platform that sends out the email with a link to vote. If you have any questions, please email Sharon Wright at sharon.wright@ucsf.edu

Diversity, Equity, and Inclusion (DEI) Training

You will be receiving a separate email and link for the Diversity, Equity, and Inclusion training. All provider offices must complete this training as required by the California Department of Health Care Services (DHCS) All Plan Letter 24-016 titled Diversity, Equity, and Inclusion Training Program Requirements.



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Utilization Management/Prior Authorizations Reminder

CFMG will not accept **retroactive authorizations for more than ninety calendar days**. If your claim is denied, please submit through the claims appeal process.

You can reach Utilization Management through a secure phone line at **(510) 428-3489** or by secure email at **CFMGUM@ucsf.edu**. Please leave all details on the voice mail so we can research your request. Here is the link to the UM section of the provider website: <https://childrenfirstmedicalgroup.com/contact-cfm/um-practices/>

Provider Appointment Availability Survey (PAAS)

Alameda Alliance for Health (AAH) has launched their **Provider Appointment Availability (PAAS) Survey** which runs from **July 2025 – December 2025**. The Alliance uses a vendor for the survey. The survey is first faxed or emailed. If the vendor does not receive a response within one week, they will call you. It is important to respond, **as no response will mean a corrective action plan for Children First Medical Group**. Attached is the notice from the Alliance and the **Timely Access Standards**.

Tuberculosis Screening

Attached is a one-page summary from the DHCS on tuberculosis screening.

Resources for Primary Care Physicians/Med-Cal for Children

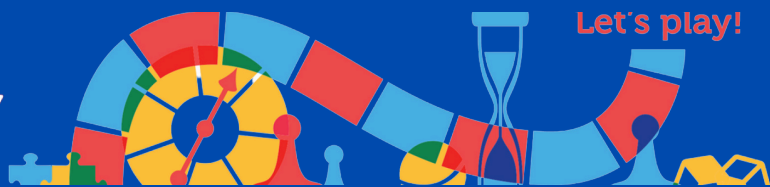
Below are two links on how children qualify for Medi-Cal:

Please scroll down to the bottom of the page:

<https://www.alamedacountysocialservices.org/our-services/Health-and-Food/Medi-Cal/index#eligibilitymedical>

Thank you for taking care of the children!

SAFE K:DS DAY



HEALTH AND WELLNESS FAIR

Saturday, July 19, 2025
10:00AM-2:00PM

**Oakland Arena and
 Oakland-Alameda County Coliseum**
 FREE Parking
7000 Coliseum Way, Oakland, CA

FREE CHILDREN'S SAFETY FAIR

- Bike city safety activity.
- Diaper distribution.
- Spin wheels of fun, trivia games & prizes!
- Bounce houses, face painting, and other fun activities.
- Opportunities to meet local health and wellness non-profits.
- And much, much more!

**Come and
 enjoy the fun!**

**This Health
 and Wellness
 Fair is open to
 the public!**

FREE CHILDREN'S HELMETS

- We will have helmets to giveaway!
- All helmets will be properly fitted by our team of experts.
- Have your kids personalize their new helmets at the helmet decorating station!

This event is proudly sponsored by:





Important Reminder: 2025 Provider Appointment Availability Survey (PAAS) – July 2025 through December 2025

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction. We have an important reminder to share with you.

QMetrics on behalf of the Alliance, will administer the Provider Appointment Availability Survey (PAAS) annually. All health plans in California must survey providers to assess the availability of routine and urgent appointments.

About The PAAS Survey

Providers: Alliance network providers include primary care providers (PCPs), non-physician medical practitioners, specialist physicians, psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (imaging/radiology or physical therapy).

Methodology: The Alliance contacts a randomized sample (and oversample, as appropriate) of contracted network providers as of **January 14 of the current year**. The Alliance will first fax or email the PAAS survey. We encourage our provider partners to respond to the initial fax or email survey request to avoid additional outreach phone calls. If we do not receive a fax or email response within the first week of the survey request, the Alliance will follow up with a phone call.

Aside from the methodology above, providers have the option to participate in electronic data extraction for the survey. For more information, please reach out to the Alliance.

Questions: The survey solicits answers about the next available appointment¹ date and time for:

1. **Urgent and non-urgent services** for PCP, specialist physicians, psychiatrist, and NPMH providers
2. **Non-urgent services** for ancillary providers

Appointment dates and times are collected at the location level for those providers practicing at Federally Qualified Health Centers (FQHCs).

Provider offices are **contractually obligated** to complete the survey. Please note that non-responsiveness or refusal to comply with the survey may result in a corrective action plan.

This notice includes the required appointment time frames (Timely Access Standards).

We appreciate your attention and assistance in completing the PAAS.

Thank you for your continued partnership. We appreciate the high quality care you provide your patients and our members. Together we are creating a healthier community for all.

¹ Appointments can be either in-person or via telehealth.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



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:
PCP/specialist urgent appointment that <i>does not</i> require PA	48 hours
PCP/specialist urgent appointment that <i>requires</i> PA	96 hours
Non-urgent primary care appointment (including OBGYN as PCP)	10 business days
First prenatal visit	2 weeks of request
Non-urgent appointment with a specialist physician (includes OBGYN specialty care)	15 business days of request
Non-urgent appointment with a behavioral health provider	10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of request
ALL PROVIDER WAIT TIMES/TELEPHONE/LANGUAGE PRACTICES	
Timely Access Category:	Timely Access Standard:
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 the California Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS) regulations, and the National Committee for Quality Assurance (NCQA) Health Plan (HP) Accreditation standards and guidelines.

PA = Prior Authorization

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 triage or screen 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.

Urgent Care (or urgent services) – 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).

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In partnership with the Department of Health Care Services Medi-Cal Program, the California Department of Public Health (CDPH) Tuberculosis Control Branch would like to provide guidance regarding tuberculosis screening as part of preventive care.

Despite being preventable, tuberculosis (TB) disease continues to cause significant [suffering and death in the state of California](#). **Medi-Cal enrollees account for 68% of patients with TB disease.** TB is a health disparity, with a disproportionate impact on Asian, Black, Latinx, and Native American people.

TB disease can be prevented. More than 80% of TB in California can be prevented by testing and treatment for asymptomatic TB infection (also known as latent TB infection or LTBI).

Primary care providers serve a critical role in identifying patients with risk factors for TB infection. Because we do not have an effective vaccine (the Bacille Calmette-Guerin or BCG vaccine does not offer lifelong protection from TB disease), the most promising tool in the fight against TB is diagnosing and treating LTBI.

To protect patients from TB disease, CDPH recommends:

- 1) **Screen** all patients for risk factors of TB infection, using the [California TB Risk Assessment](#)
- 2) **Test** for TB infection if a risk factor is identified, preferably using an interferon gamma release assay (IGRA)^{1,2}
- 3) **Ensure patient does not have active TB disease**, using symptom screen and chest x-ray, before treating LTBI
- 4) **Treat LTBI** with [3-4 month rifamycin-based therapies](#).
 - 4 months of rifampin OR 12 weeks of isoniazid plus rifapentine preferred for most patients

¹Commercially available interferon gamma release assays (IGRA) include T-SPOT.TB (Oxford Immunotec Global), and QuantiFERON-Gold Plus (Qiagen)

²Patients who have received BCG vaccine should be tested using IGRA; they are not protected from developing TB disease later in life

Risk-based testing for TB infection and **treating with 3- to 4-month LTBI treatment regimens is recommended** by the [US Preventative Services Task Force](#), the [Centers for Disease Control and Prevention](#), the [Infectious Diseases Society of America](#) and the [American Academy of Pediatrics](#) in order to protect patients from developing TB disease.

[Assembly Bill 2132](#), which took effect on January 1, 2025, **requires all adult patients receiving primary care services to be offered a TB screening test if TB risk factors are identified and the patient's health insurance covers it.** For those who test positive, offer of further follow-up or referral is then required for latent TB infection treatment. Please note those not eligible for full Medi-Cal coverage may qualify to receive outpatient TB-related services at zero share of cost under aid code 7H through the Medi-Cal Tuberculosis Program. (For more information, see [Medi-Cal Tuberculosis Program](#).)

CDPH TB Control Branch hosts semi-annual webinar trainings about LTBI best practices, aimed at primary care clinicians. To learn more about our next training, please write us at: TBFreeCATraining@cdph.ca.gov.

For questions about TB clinical care or for additional resources, please contact CDPH TB Control Branch at: TBCB@cdph.ca.gov



Building Blocks of Quality

FOR UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Point-of-Care Glucometer Cleaning and Disinfection



Nova StatStrip - 2 Wipe Process to Clean and Disinfect Glucometer

- Clean the Meter – 1st Wipe
 - Remove a fresh hospital approved germicidal wipe from the canister.
 - Wipe the external surface of the meter thoroughly and discard the used wipe into approved waste container.
- Disinfect the Meter – 2nd Wipe
 - Using a new, fresh hospital approved germicidal wipe, thoroughly wipe the surface of the meter (top, bottom, left and right sides) avoiding the bar code scanner and electrical connector. A minimum of 3 times horizontally and 3 times vertically must be completed to meet manufacturer instruction for use (IFU).
 - Gently wipe the surface area of the test strip port making sure that no fluid enters the port.
- Observe Surface Contact Time
 - Ensure the meter surface stays wet for appropriate contact time (per IFU).
 - Patients on enteric precautions require a 3 minute “wet time” using bleach wipes.
- Dispose of Wipe and Gloves
- Sanitize Hands
 - Sanitize hands thoroughly and put on a fresh set of protective gloves before proceeding to perform testing on next patient.
- Cleaning Documentation
 - Add the comment “CLEANED” following either a patient or QC test at least once a day.