

### How does a pharmacy submit a prescription claim for a SFHP member?

- The pharmacy can submit the prescription claim using the following codes:
  - For SFHP-Medi-Cal, Healthy Kids HMO and Healthy Workers HMO members:
    - BIN: **600428**
    - PCN: **06300000**
    - The SFHP member ID number including the **01** (e.g. **XXXXXXXXX01**)
    - The Group number is not necessary
  - Please Note: Medi-Cal is always the payer of last resort and must be billed as secondary if any other prescription drug coverage exists.
  - Medi-Medi (Dual eligible) \*Medicare is primary and SFHP Medi-Cal is secondary
    - BIN: **600428**
    - PCN: **06300000**
    - The SFHP member ID number including the **01**(e.g. **XXXXXXXXX01**)
    - The Group number is not necessary
    - Please Note: That SFHP Medi-Cal can only be billed for drugs that are excluded from Medicare.

### What Pharmacies are in the SFHP Network?

- SFHP has a network of over 450 pharmacies in San Francisco and the five surrounding counties: Alameda, Contra Costa, Marin, Santa Clara and San Mateo. Our online searchable pharmacy directory to find a pharmacy can be found here:  
<http://www.sfhp.org/providers/formulary/find-pharmacy/>

### What medications are covered by SFHP?

- Use our online searchable formularies to check the coverage and formulary alternatives for each medication. Our online searchable formularies can be found here:  
[www.sfhp.org/providers/formulary/sfhp-formulary/](http://www.sfhp.org/providers/formulary/sfhp-formulary/)

### How can I request a prior authorization for a restricted medication for a SFHP member?

- SFHP Pharmacy prior authorization requests can be submitted in one of three different ways:
  1. Fax: Download a Prior Authorization Request Form and fax to **1(855) 811-9331** for both standard and urgent requests. Urgent requests should be clearly labeled “**URGENT**” at the top of the prior authorization request form.
  2. Call: Pharmacy Benefits Manager (PBM) PerformRx at **1(888) 989-0091** to submit a verbal request.
  3. Online: Submit using the Online Pharmacy Prior Authorization Request Form.
- Our prior authorization request forms can be found here: <http://www.sfhp.org/providers/formulary/prior-authorization-requests/>

### How can I check the status of a prior authorization request?

- Contact our PBM- PerformRx at **(888) 989-0091** if you have not yet received a faxed notice of action. Most prior authorization requests are completed within 24 hours of receipt with a notice of action immediately sent to the requestors fax number. If the pharmacy's fax number is included on the prior authorization request form, the pharmacy may also receive a faxed notice of action.

### Can a pharmacy fill an emergency supply of medication for a SFHP member who needs urgent access to a restricted medication?

- For urgently needed medications, the pharmacist can fill a five (5) day supply of most restricted formulary medications without an override up to twice per year per prescription. If more than two emergency supply fills are needed or more than a five day supply is needed, the pharmacist can contact our PBM-PerformRx at **(888) 989-0091** to request an emergency supply override.

### Can a SFHP member get a replacement for a lost or stolen prescription medication?

- Lost medication overrides are provided one time per year per prescription. The pharmacy can contact our PBM- PerformRx at **(888) 989-0091** to request an override 24 hours per day, 7 days per week. Please note: For controlled substances, the prescriber may need to approve the early refill.

### Can a SFHP member get a prescription filled if on vacation or out-of-network?

- Vacation overrides or out-of-network overrides are provided one time per year per prescription. The out-of-network pharmacy can contact our PBM- PerformRx at **(888) 989-0091** to request an override 24 hours per day, 7 days per week.

### Can a SFHP member get a larger quantity of their prescription medication for a vacation trip?

- SFHP routinely covers up to a 90 day supply for most chronic medications. The pharmacist can process up to a 90 day supply without requiring an override for these medications. Contact our PBM-PerformRx at **(888) 989-0091** for additional assistance with a vacation override. Please have the following information ready upon request:
  1. Destination the member will be traveling to
  2. Duration of travel (up to a 90 day supply may be covered)
  3. Names of medications that the member will be needing

### If a SFHP member moved out of San Francisco, can their prescriptions be filled at their current location?

- Yes, if a SFHP member is moving to a different county, they have up to 2 months to contact Medi-Cal and request to transfer their benefits to their new county
- SFHP can provide up to 2 months of override for prescriptions being filled at another county. For additional assistance contact the Health Care Options office at **(800) 430-4263**

### How can a pharmacy participate in the San Francisco Health Plan's pharmacy network?

- The SFHP Pharmacy Network includes retail pharmacies in San Francisco. Contact our Pharmacy Benefit Manager (PBM) - PerformRx network department at **(800) 555-5690**

### How does a pharmacy process a prescription claim for a newborn?

- The pharmacy must create a profile using the following information:
  - Name: Child's name
  - Date of Birth: Mother's DOB
  - Gender: Female (to reflect the mother's coverage)
  - SFHP member ID number: Mother's SFHP member ID number

- For claims rejected due to age restrictions (example: over the counter vitamins/supplements), the pharmacy must call our PBM-PerformRx at **(888) 989-0091** to get a temporary override for the age restriction.
- Pharmacies can use this billing process for newborns up to 2 months after birth.
- The parents must report the birth to Medi-Cal or San Francisco Health Plan within 2 months after the birth. When the birth is reported to Medi-Cal or San Francisco Health Plan, an ID card will be issued specifically for the newborn.

### How does a pharmacy process a prescription claim for newborn twins?

- The pharmacy must create a profile for each child using the following information:
  - Name: Child's name
  - Date of Birth: Mother's DOB
  - Gender: Female (to reflect the mother's coverage)
  - SFHP member ID number: Mother's SFHP member ID number
- If the twins are getting the same prescription, the pharmacy will then have to contact our PBM-PerformRx at **(888) 989-0091** to get a one-time override to bypass the 'refill too soon' rejection message.

### How does a pharmacy reverse a prescription claim for a SFHP member?

- SFHP requires prompt claim reversals on return-to-stock and other reversed claims. All reversals must be processed within 30 days of the original fill.
- Contact your pharmacy software vendor and you are unable to reverse a claim. Contact our PBM-PerformRx at **(888) 989-0091** if additional assistance is required.

### *For More Information:*

*Call our PBM-PerformRx: (888) 989-0091 for all Pharmacy questions including Prior Authorizations*

*Visit the SFHP Website: [www.sfhp.org](http://www.sfhp.org)*

*Call SFHP Customer Service Monday – Friday 8:30am – 5:30pm at (415) 547-7800 or call (415) 547-7830 for TTD/TTY services for people who are Deaf, Hard-of-Hearing or have Speech Disabilities*