

Healthy Workers HMO Evidence of Coverage and Disclosure Form

Combined Evidence of Coverage and Disclosure Form

ERRATA

February 1, 2026

Healthy Workers HMO has made changes to the program. The changes are noted below. Please read these changes and keep this document with the 2026 Healthy Workers HMO Evidence of Coverage and Disclosure Form.

If you have any questions regarding the changes made to the Healthy Workers HMO Evidence of Coverage and Disclosure Form, please call San Francisco Health Plan Customer Service Department at **1(415) 547-7800** (local), or **1(800) 288-5555** (toll-free), Monday–Friday, 8:00am–5:00pm. TTY users can call **711**. We have staff that can assist in your language.

Prescription Benefit

Healthy Workers HMO benefit change will be available on February 1, 2026. The following information was added to the “Prescription Drugs” and “Pharmacy Prior Authorization Process” sections starting on page 47:

10. SFHP Covered Benefits

T. Prescription Drugs

- ~~Compounded drug products when there are FDA approved and marketed products available for the diagnosis. Compounded drug products must also be demonstrated to be safe, effective, and stable for consideration of an exception to this Exclusion.~~
- ~~Prescriptions for drugs or devices which have not received approval from the U.S. Food and Drug Administration (FDA) are excluded~~

Pharmacy Prior Authorization Process

SFHP requires Prior Authorization for drug therapies prescribed outside the Formulary limits, drug that have Step Therapy requirements, and drugs not listed in the Formulary (“non-Formulary drugs”). If there are Step Therapy requirements listed in the Formulary for a particular drug, SFHP may require that you try one or more other drugs to treat your medical condition before SFHP will cover the drug. If you want coverage for a particular drug before trying other drugs first, you or your Provider can submit a Step Therapy exception request. SFHP processes Step Therapy exceptions and requests for non-Formulary drugs using the same process as Prior Authorizations.



The SFHP Prior Authorization (PA) form must be completed to start the Prior Authorization process. The SFHP PA form may be filled out by the prescriber, doctor's assistant, the pharmacist. The SFHP PA form can be found on the SFHP website at **sfhp.org**.

A complete request may be sent by the prescriber, pharmacist, or Member to SFHP in three ways:

1. Fax requests to MedImpact at **1(858) 790-7100**
2. Phone requests: **1(877) 633-7943**
3. Web requests: Provider may submit a request online through **<https://mp.medimpact.com/emrf>**

A pharmacist and/or the Medical Director review Prior Authorizations and decide to approve, approve with changes, deny, or ask the doctor for more information.

If the request form is complete, standard requests are reviewed within 72 hours. When Exigent Circumstances exist, the request is expedited and reviewed within 24 hours.

If the Prior Authorization is approved, a message is sent by fax to the prescriber listed on the Prior Authorization request form and the medication will be covered by SFHP. If the Prior Authorization is denied, or changed, SFHP will send a letter to you and the prescribing Provider. This letter includes the reason for SFHP's decision. We also include instructions for how you may appeal if you disagree with our denial or the suggested alternative drug or treatment and how you may request a review by an independent review organization.

If you disagree with SFHP's decision, you may submit an appeal to SFHP or request a review by an independent review organization. For more information, see the "Grievance and Appeal Procedures" section starting on page 62.