

Provider Newsletter



March 2026

UPDATES INCLUDE:

- **PCP Change Request Form – Now Available for Use in Clinic**
- **Pharmacy Updates – Healthy Workers HMO Drug Formulary Changes and Medi-Cal Rx Updates**
- **Facility Site Review Provider Pearl – IHA Excellence: Essential Strategies for Your Clinic**

PCP Change Request Form – Now Available for Use in Clinic

San Francisco Health Plan (SFHP) encourages providers to support members in updating their Primary Care Provider (PCP) during clinic visits. The PCP Change Request Form allows members to request assignment to a new PCP when a different provider or clinic better meets their needs.

Using this form in the clinic helps ensure:

- Accurate collection of required provider information, including NPI and practice details.
- Complete member information (including SFHP ID number), which is necessary to process the request.
- Proper routing of the completed form for timely processing—generally within 3 business days.

Providers may also help members determine whether the PCP change will be effective the first of the current month (if no recent care activity is reported) or the first of the following month if the member had appointments, ER visits, hospitalizations, or other services in the current month.

Completed forms should be sent securely to PCPChangeRequest@sfhp.org. For urgent or escalated cases, such as members with upcoming appointments, please contact **SFHP Customer Service at 1(415) 547-7800**.

Forms & Provider Materials

- [SFHP Provider Forms - PCP Change Request Forms](#)
- [PCP Change Request Completion Guide](#)
- [Provider Directory Tool](#) (to look up PCP NPI, fax, and required details)

Pharmacy Updates

Healthy Workers HMO and Medi-Cal Rx

Healthy Workers HMO Drug Formulary Change: Effective February 1, 2026

On February 1, 2026, Healthy Workers HMO changed its Pharmacy Benefit Manager (PBM) to MedImpact. As such, there have been changes to the drug formulary with the goal of providing our members with access to safe, high-quality, and cost-effective prescription benefits. If a member was already on a medication that is no longer on the formulary as of 2/1/26, they have been authorized to continue their treatment with no disruption.

Please see the most up-to-date Healthy Workers HMO Formulary on the SFHP website at <https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>. The updated prior authorization criteria can be found at <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.

Medi-Cal Rx Update: Include ICD-10-CM Diagnosis Codes on Pharmacy Claims

Effective fall 2026, ICD-10-CM diagnosis code(s) will be required for pharmacy claim adjudication to better implement appropriate UM controls, including prior authorization (PA) requirements. This policy will apply to all pharmacy claims submitted on and after the implementation date, including claims for refills. Prescribers should provide the appropriate ICD-10-CM diagnosis code(s) with the prescription to ensure pharmacy providers have access to the information and document the ICD-10-CM diagnosis code(s) in the member's electronic health record for auditing purposes. Pharmacy providers should immediately begin including ICD-10-CM diagnosis code(s) on pharmacy claim submissions. Pharmacy providers may contact the prescriber if the ICD-10-CM diagnosis code(s) is not listed on the prescription.

For more information, see the [DHCS article](#).

Medi-Cal Rx Update: Action Required - Enroll as a Medi-Cal Provider

Effective June 26, 2026, for a Medi-Cal Rx enrolled pharmacy to dispense medications prescribed to a Medi-Cal member, the prescriber must be enrolled in Medi-Cal Fee-for-Service (FFS) using their Type 1 National Provider Identifier (NPI). Beginning June 26, 2026, Medi-Cal Rx will not process claims or PAs if the prescriber is not enrolled in Medi-Cal FFS with a Type 1 NPI.

For instructions on how to enroll, please see the [DHCS article](#).

The SFHP Formulary is available at <https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>. If you have any questions, please call SFHP Pharmacy Team at **1(415) 547-7818** or **1(800) 288-5555**, Monday through Friday, 8:30am to 5:30pm.

Facility Site Review Provider Pearls



IHA Excellence: Essential Strategies for Your Clinic

The **Initial Health Appointment (IHA)** is more than a regulatory requirement; it is the foundation of the provider-patient relationship. For new members, particularly those in complex programs like Medi-Cal and D-SNP, this first encounter is a vital opportunity to assess health risks, address immediate needs, and establish a medical home. By streamlining IHA workflows, clinics can ensure that every new patient receives the comprehensive care they need within the critical first 120 days of enrollment.

The IHA is an essential driver of clinic success and patient safety through early patient interventions, optimal quality metrics and reimbursement, patient retention, and solid regulatory standing. Clinics must establish a rigorous process using monthly rosters—sourced via the Delegated Group or Provider Portal—to identify new members requiring an IHA. This report streamlines your internal workflow by flagging members for outreach and documentation review. ([Provider Portal User Guide](#), page 15)

Compliance components include:

1. A workflow to identify all newly enrolled (eligible) members and designated staff that ensure actionable operational tools that support timely outreach, scheduling, and compliance monitoring
2. Maintaining "Outreach and Refusal" Logs or standardized documentation fields in the Electronic Medical Record (EMR)

- a. Within 5–7 business days, staff must document at least two phone attempts and one written attempt to schedule the member’s IHA.
 - b. If a member refuses an IHA, document the refusal in their medical record.
 - c. If an appointment is missed, staff must conduct and document one phone and one written follow-up attempt in the medical record.
3. Completing IHAs within 120 days of enrollment
 - a. Medical records must contain detailed IHA documentation that supports the diagnosis, treatment, and billing.
 4. Pending IHAs
 - a. IHAs may span multiple visits, provided the PCP's final assessment is documented in the medical record.
 5. Exceptions
 - a. Not required if the PCP determines the member's medical record has been updated with complete information in the last 12 months and is documented in the medical record.
 6. All documentation be maintained and made available for audit purposes

While this article focuses on the **Initial Health Appointment (IHA)** as the primary clinical encounter between a provider and member, it is important to note that Managed Care Plans must also complete separate administrative screenings. These include the **Health Information Form (HIF)/Member Evaluation Tool (MET)** and the **Health Risk Assessment (HRA)**. These tools are used by the health plan for risk stratification and are governed by different regulatory timelines (90 days vs. 120 days for the IHA). They cannot be substituted for the clinical IHA visit.

SFHP is dedicated to supporting your clinic’s success. Through this new article series, we provide actionable best practices and resources to help you streamline the Initial Health Appointment (IHA) process and ensure seamless compliance.

If you have questions about the IHA, accessing the New Member Monthly Roster, or navigating the Provider Portal, SFHP’s Provider Relation’s team is ready to assist.

- Contact us:

- Portal questions, submit a request via providerportal@sfhp.org
- General questions, email [Provider Relations](#) or call 1(415) 547-7818 ext. 7084
- Questions about the Medical Record Review IHA [criteria](#) (Search IHA), email fsr@sfhp.org

Streamline Your Workflow: An IHA Oversight Snapshot

Monitoring Action	Frequency	Goal
New Member Review & Scheduling	Weekly	All new members added to workflow; no members unscheduled past 30 days.
Red-Zone Member Prioritization	Weekly	Zero members reaching 60+ days without a scheduled IHA.
Outreach Attempt Documentation	Monthly	Minimum 2 phone + 1 written outreach attempts documented for all members without a complete IHA.
Refusal / Unable to Reach (UTR) Log Maintenance	Monthly	100% of refusals documented (signed or verbal note) and UTR attempts logged.
IHA Documentation Accuracy Check	Monthly	100% of completed IHAs contain required elements (SDOH, BH screening, Physical Exam) completed within 120 days of enrollment.
Missed Appointment Follow-up	Monthly	Two additional outreach attempts (phone + written) documented for all missed appointments.
Claims-to-Chart Reconciliation	Quarterly	100% match between preventive claims (99381–99397) and chart documentation.
Model of Care (MOC) Gap Analysis-D-SNP	Quarterly	100% of high-risk IHA findings added to Care Plans within 30 days .
IHA Coding Review	Semi-Annually	Proper use of Z00-series codes ; reduced improper E&M coding for IHAs.

References

[SFHP Provider Manual](#)

[Provider Portal User Guide](#), page 15

[Population Health Management \(PHM\) Policy Guide: CalAIM Policy Guide](#), January 2026

[DHCS All Plan Letter \(APL\) 26-001: Initial Health Appointment](#): The primary authority. Mandates the 120-day completion requirement and defines the shift from "Assessment" to "Appointment."

[DHCS APL 24-004: Quality Improvement And Health Equity Transformation Requirement](#): Outlines the performance measures and quality indicators that the IHA data supports.

[DHCS APL 24-016: Diversity, Equity, And Inclusion Training Program](#): Ensures the IHA is conducted in the member's preferred language and that translated materials are provided. National Committee for Quality Assurance (NCQA) Standards, Standard PHM 2 (Population Identification), Standard MBS 1 (Medicaid Benefits and Services), and Standard QI 1 (Quality Management and Improvement) USPSTF A and B Recommendations, AAP/Bright Futures Periodicity Schedule, and CDC/ACIP Immunization Schedules

“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.

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

Please do not hesitate to contact Provider Relations at
1(415) 547-7818 ext. **7084** or Provider.Relations@sfhp.org

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