San Francisco Health Plan℠

Provider Newsletter

April 2026

UPDATES INCLUDE:

- **Pharmacy Updates:** Healthy Workers Formulary & PA Guidelines, Medi-Cal Rx, and Guidelines on Hypertension Treatment
- **Facility Site Review Provider Pearl:** INITIAL HEALTH APPOINTMENT (IHA): New Resource & Workflow Tips for Your Practice

Pharmacy Updates

Healthy Workers HMO formulary and Prior Authorization (PA) guidelines

Please see the most up-to-date Healthy Workers HMO formulary on the SFHP website: https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/. The updated prior authorization guidelines 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, in order for a Medi-Cal Rx enrolled pharmacy to dispense medication that are 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, claims and PAs will not be processed by Medi-Cal Rx 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.

Updated Guidance for the Treatment of High Blood Pressure

The Department of Health Care Services (DHCS) released an article summarizing recommendations from the 2025 ACC/AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, focusing on diagnosis, treatment goals, medication strategies, and adherence to improve cardiovascular outcomes.

High blood pressure (HBP) remains a leading modifiable risk factor for cardiovascular disease (CVD), diabetes, and chronic kidney disease. Although effective treatment of high blood pressure significantly lowers the risk of major cardiovascular events (MACE) and overall mortality, appropriate prescribing and adherence to antihypertensive therapy in the United States remain below 50%. Lifestyle modification is foundational for all patients with HBP. Recommended interventions include adherence to the DASH (Dietary Approaches to Stop Hypertension) eating plan, regular physical activity, sodium reduction, and limiting or avoiding alcohol.

Pharmacologic therapy is recommended for patients with Stage 2 hypertension and for those with Stage 1 hypertension who have elevated CVD risk (those with diabetes, chronic kidney disease, estimated 10-year CVD risk ≥7.5%) or persistent blood pressure elevation (≥130/80 mm Hg) despite 3-6 months of lifestyle modifications. For assessment of 10-year CVD risk, the 2025 ACC/AHA Guideline recommends using the PREVENT-CVD outcome-specific equation instead of the previously recommended pooled cohort equations (PCE). The general treatment goal for most adults is <130/80 mm Hg with encouragement to achieve SBP <120

mm Hg when feasible to reduce cardiovascular morbidity and mortality. First-line antihypertensive agents include ACEIs, ARBs, long-acting DHP CCBs, and thiazide diuretics. For many patients, initiation with two first-line agents, preferably as a single-pill combination tablet, is recommended to improve blood pressure control and adherence.

Providers should individualize therapy based on comorbidities, tolerability, drug interactions, and patient preference. Ongoing monitoring, home blood pressure measurement, and adherence support are essential to achieving sustained blood pressure control.
For more information, 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 the SFHP Pharmacy Team at **1(415) 547-7818** or **1(800) 288-5555**, Monday through Friday, 8:30am to 5:30pm.

INITIAL HEALTH APPOINTMENT (IHA): New Resource & Workflow Tips for Your Practice

This month's Provider Pearl is about the Initial Health Appointment (IHA). This is an important requirement for both DHCS Medical Record Review and Medicare. Soon, the SFHP website will include several IHA resources to help you follow best practices for complying with IHA requirements.

What is the IHA?

The IHA is a comprehensive first visit designed to assess a patient's overall health, identify risks, and establish a care plan. It can be completed through multiple visits but must be completed within 120 calendar days of enrollment with SFHP. Telehealth visits can be used as an option for completing one or more components of the Initial Health Appointment(s) requirement, but not

all the requirements. The PCP's assessment must be documented in the medical record, including outcome of referrals, if any, and all outreach attempts. Proper IHA documentation ensures regulatory compliance and supports effective care planning.

Key Components to Include

During the IHA, providers should ensure that required screenings and risk assessments are completed and documented in the medical record. These include:

- History of member's physical and mental health
    - Behavioral Health Assessment such as PHQ-2, PHQ-9, GAD-7, etc.
- Identification of risks
    - Health Plan's Health Risk Assessment, AAFP Social Needs Screening Tool, PEARLS ACE, Cognitive Health Assessment 65+, etc.
- Assessment of need for preventive screens or services
- Health Education and anticipatory guidance
- Diagnosis and plan for treatment of any diseases
- Referrals, if any, and follow-up

Identify Members Who Need an IHA

- Practices can also identify patients who need an IHA through the SFHP Provider Portal. Instructions can be found on page 15 of the Provider Portal User Guide. We encourage practices to regularly review the list monthly and conduct outreach to schedule appointments. A minimum of two documented telephone attempts and one written attempt will be made to schedule the IHA and must be documented in the member's medical record. If a member refuses, the refusal must be noted in the chart. If the member misses a scheduled PCP appointment, two additional documented attempts including by phone and written must be conducted.

Improving Workflow: How Office Staff Can Help

The IHA can be more efficient when key steps are completed before the provider enters the room. Clinic staff play an important role in preparing patients and gathering information.

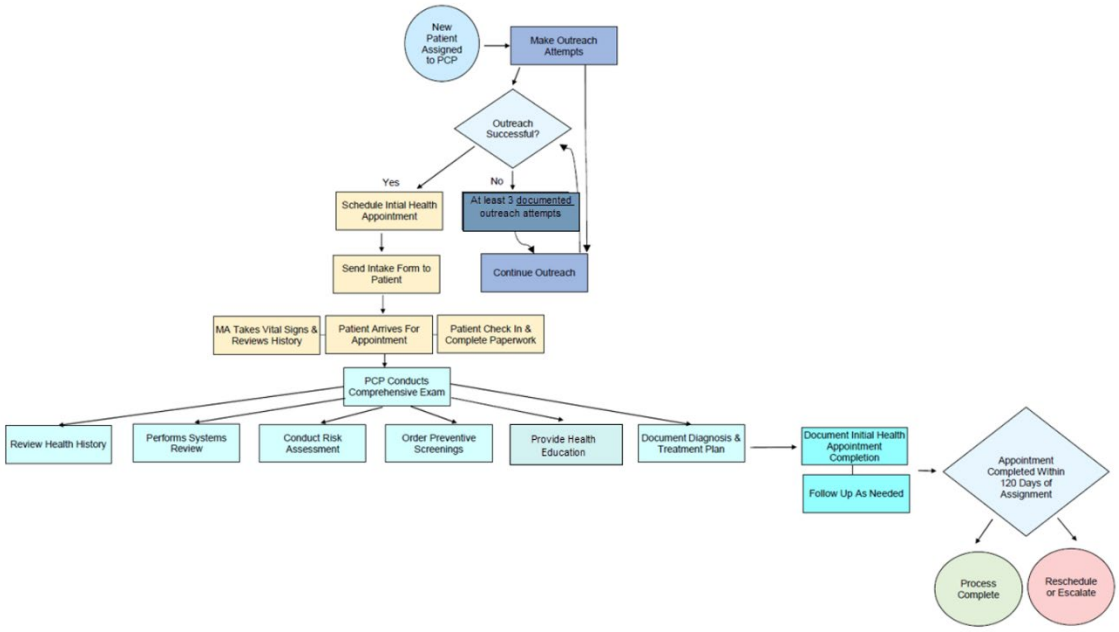
- Before the visit, provide IHA questionnaires to patients during check-in or through the patient portal prior to the appointment.
- During Rooming:
    - Review completed questionnaires with the patient
    - Enter responses into the Electronic Health Records or intake forms

- Flag any positive Social Determinants of Health (SDOH) needs or cognitive concerns for the provider
- Update vitals, medication reconciliation, and preventive screening history

- Before the provider enters:
  - Ensure all questionnaires are scanned or documented in the chart
  - Highlight any risk factors or care gaps identified during intake

This team-based approach helps providers focus on clinical decision-making and care planning, while ensuring the IHA documentation requirements are met.

Another Sample IHA Clinic Workflow



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.

REFERENCES:

- California Department of Health Care Services (DHCS)- Medi-Cal Managed Care Medical Record Review (MRR) Standards

- Centers for Medicare & Medicaid Services (CMS). Preventive Services and Health Risk Assessment Guidelines.
- 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. If a clinic manager, office manager, nurse manager, or operations person can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS guidelines at least annually, we can all work together to strive toward improved quality standards in office practice operations.

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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