

# Provider Newsletter



May 2026

**UPDATES INCLUDE:**

- **New Feature Available:** Track ModivCare Transportation in Real Time with *Live Ride*
- **Physician Administered Drugs (PADs) Requests Process Change**
- **Diabetes Prevention Program (DPP)**
- **Important Medi-Cal Billing Update:** Action Required for non-Medi-Cal Fee-For-Service (FFS) Providers
- **Pharmacy Update:** Reminder to Include ICD-10-CM Diagnosis Codes on Pharmacy Claims
- **Facility Site Review Provider Pearl-** Initial Health Appointment (IHA) Excellence: Coding and the IHA

## New Feature Available: Track ModivCare Transportation in Real Time with *Live Ride*

In partnership with ModivCare, San Francisco Health Plan (SFHP) is pleased to share a new functionality now available through **TripCare™ Live Ride**.

**Live Ride** allows provider offices to view a member's scheduled ModivCare trip **in real time**, offering increased visibility into ride status and location on the day of service. This feature is intended to improve coordination and reduce uncertainty when transportation delays or missed pickups occur.

### **What Live Ride Can Do**

With Live Ride, provider offices may:

- View a scheduled ModivCare ride on a live map
- See ride status updates (e.g., en route, arrived)
- Better anticipate delays impacting appointment flow

### **Important Notes**

- Live Ride is **view-only** and does not allow providers to modify trips.
- Provider access is available through **TripCare®**.
- This tool is optional and intended to support care coordination—not replace ModivCare's standard dispatch and member communication processes.

### **How to Learn More**

ModivCare has provided a short **demo video** that walks through how Live Ride works and answers common questions: 🖱️ [TripCare Live Ride-DEMO](#)

[TripCare Live Demo](#)

You can also visit SFHP's transportation page for more information on transportation services and ModivCare at [Transportation Services - San Francisco Health Plan](#).

For assistance with ModivCare transportation scheduling, cancellations, or urgent ride issues, please continue to contact ModivCare directly using existing channels.

SFHP will continue working with ModivCare to identify additional opportunities to improve transportation reliability and visibility for providers and members. If you have questions, please contact **Provider Relations** at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org).

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## Physician Administered Drugs (PADs) Requests Process Change

Effective **May 1, 2026**, SFHP requires providers to submit Physician Administered Drugs (PADs) authorization requests separately from non-PAD service codes, using designated forms or the SFHP Provider Portal, to ensure compliance with mandated 24-hour turnaround times and proper departmental processing; providers can verify PAD codes via the SFHP Code Lookup Tool and seek assistance from the Utilization Management Department if needed .

### What does this mean for you:

- Submission Method for PAD Service Codes Requests:
  - If your authorization request includes a PAD service code, you must:
    - Submit only the PAD service codes through the SFHP Provider Portal **OR**
    - Fax [PADS/Medicare Part B Request Form](#) to **1(415) 943-9710**.
- Submission Method for All Other (non-PAD) Service Codes Requests:

- Submit all other authorization requests for non-PAD service codes through the SFHP Provider Portal **OR**
- Fax [Pre Authorization Request Form](#) to **1(415) 357-1292**.

**Why SFHP is implementing this process:**

- PADs have a mandated 24-hour turnaround time which requires immediate attention from SFHP staff. Your partnership in submitting them correctly will help us ensure we are meeting the mandated turnaround time.
- Different departments may be responsible for the management of specific services. Separating the request for PADs and non-PADs ensures they are processed in a timely manner by the correct department.

To determine whether a PAD requires prior authorization from SFHP, please use the [SFHP Code Lookup Tool](#).

If you have questions or need support with documentation requirements, please contact the SFHP Utilization Management Department at **1(415) 547-7818 ext. 7080**.

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## **Diabetes Prevention Program (DPP)**

SFHP partners with the YMCA of San Francisco to offer a no-cost [Diabetes Prevention Program \(DPP\)](#). The YMCA Diabetes Prevention Program is a CDC-recognized lifestyle change program that helps participants build healthier habits, increase physical activity, and reduce their risk of type 2 diabetes.

- **Duration:** 26 one-hour sessions over 12 months
- **Group Support:** Small groups of 8-15 participants
- **Expert Guidance:** Led by trained Lifestyle Coaches using a CDC-approved curriculum

- **Focus Areas:** Healthy eating, increased physical activity, and modest weight loss
- **Language and location options:** Classes offered in different languages, in-person and online, and various YMCA of San Francisco locations.

**Refer your patients who are:**

- SFHP Medi-Cal members, and
- Age 18 years or older, and
- Have a body mass index (BMI) of  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  kg/m<sup>2</sup>, if Asian or Asian American), or
- Have a positive screening for prediabetes based on the [online Prediabetes Risk Test](#) or a blood test result within the past year. Blood test results must meet one of the following specifications:
  - Fasting glucose of 100 to 125 mg/dl;
  - Plasma glucose of 140 to 199 mg/dl measured 2 hours after a 75 gm glucose load;
  - A1C of 5.7 to 6.4; or,
  - Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy

Refer [online here](#) to connect your patients today! A YMCA staff member will follow up with your patient for a 20-minute readiness assessment.

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## **Important Medi-Cal Billing Update: Action Required**

Enroll as a Medi-Cal Fee-For-Service Provider for Medi-Cal Rx

DHCS has issued a new Medi-Cal requirement that directly impacts prescription reimbursement.

**Starting Fall 2026, Medi-Cal will only reimburse prescriptions written by**

**prescribers who are enrolled as Medi-Cal Fee-For-Service (FFS) providers.**

Prescriptions submitted by non-enrolled prescribers may be **denied**, resulting in payment disruption. Additionally, Prior Authorizations (PAs) will not be processed by Medi-Cal Rx if the prescriber is not enrolled in Medi-Cal FFS.

To ensure continued reimbursement, all prescribers must enroll in Medi-Cal through the Provider Application and Validation for Enrollment (PAVE) system. We strongly encourage prescribers to [verify their enrollment status](#) as soon as possible and [complete PAVE enrollment](#) if not already enrolled.

Early action is critical to avoid claim denials and interruptions in payment. For any questions, please email the Medi-Cal Rx Education & Outreach team at [MediCalRxEducationOutreach@primetherapeutics.com](mailto:MediCalRxEducationOutreach@primetherapeutics.com).

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

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## Pharmacy Update:

### Reminder to 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](#).

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.

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## IHA Excellence: Coding and the Initial Health Appointment (IHA)



### Facility Site Review Provider Pearls



This month's Provider Pearl is about Initial Health Appointment (IHA) coding. Completion rates for the IHA remain an important focus area. The IHA is required to be completed within 120 days of a member's enrollment, and it is reviewed as part of DHCS Medical Record Review and Medicare compliance.

A new IHA Clinical Guide with Coding Tips has been developed to support primary care teams and billing staff in navigating the specific documentation and coding requirements necessary to meet state and federal regulatory standards. A common compliance gap occurs when an Initial Health Appointment (IHA) is completed and clinically documented, but the preventive visit and corresponding diagnosis codes are not submitted, resulting in the encounter not being captured as an IHA.

Accurate coding is essential to ensure visits are properly reflected in Medi-Cal and Medicare Advantage reporting and that providers receive appropriate credit for required IHA services already performed. By using the IHA Clinical Guide below, practices can promote consistent documentation and billing practices while ensuring new members receive a high-quality, comprehensive evaluation that addresses both clinical needs and the social drivers impacting health outcomes.

## IHA Clinical Guide with Coding Tips



### References

California Department of Health Care Services (DHCS), [All Plan Letter \(APL\) 26-001: Initial Health Appointment. January 7, 2026](#). (Primary governing guidance defining the IHA, required components, documentation standards, timeliness, and allowable settings-including telehealth.)

California Code of Regulations (CCR), Title 22, §53851(b)(1). (Regulatory authority requiring Medi-Cal managed care plans and providers to complete and document an Initial Health Appointment for newly enrolled members.)

[DHCS CaAIM, Population Health Management \(PHM\) Policy Guide](#). (Establishes expectations for risk assessment, preventive screening status review, health education, care planning, and culturally and linguistically appropriate services as part of the IHA.)

**“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](mailto:fsr@sfhp.org).**

Please do not hesitate to contact Provider Relations at

**1(415) 547-7818** ext. **7084** or [Provider.Relations@sfhp.org](mailto:Provider.Relations@sfhp.org)

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