

Provider Newsletter



September 2026

UPDATES INCLUDE:

- **Member Transitioning to Medi-Cal Fee-for-Service**
- **Doula Services for SFHP Healthy Workers**
- **MY2026 Quality Measure Guides Now Available**
- **Pharmacy Update** - Basaglar® (Insulin Glargine) Removal from the Medi-Cal Rx Contract Drugs List Postponed Until November 1, 2026
- **Facility Site Review Provider Pearl** - Advancing Health Equity Through Black Member Engagement

Member Transitioning to Medi-Cal Fee-for-Service

San Francisco Health Plan (SFHP) is conducting outreach to support the upcoming transition of certain members from managed care to Medi-Cal Fee-for-Service (FFS). As part of this effort, SFHP is conducting initial outreach to our

entire provider network to support transition planning and minimize disruptions in care for affected members.

We are asking providers to complete a brief questionnaire that will help us:

- Identify providers who currently accept Medi-Cal Fee-for-Service patients.
- Understand whether providers plan to accept Medi-Cal Fee-for-Service patients in the future.
- Determine whether providers are willing and able to continue caring for patients who transition from SFHP managed care to Medi-Cal Fee-for-Service.
- Assess any operational barriers that may affect continuity of care.
- Identify opportunities where SFHP can support providers and members throughout the transition.

Action Requested

Please complete the questionnaire by **9/15/26**.

Survey Link: [SFHP Provider Survey: Medi-Cal Fee-for-Service \(FFS\) Readiness & Continuity of Care Assessment](#)



Your participation is critical to helping us understand the Fee-for-Service landscape and ensuring we can effectively support both providers and members during this transition. As additional information becomes available, SFHP will continue communicating with providers regarding transition activities, continuity-

of-care considerations, and opportunities to support affected members.

We appreciate your partnership and commitment to serving Medi-Cal members throughout San Francisco. If you have questions regarding this outreach, please contact Provider.Relations@sfhp.org.

Doula Services for SFHP Healthy Workers

Effective October 1st, 2026, SFHP will cover Doula services for SFHP Healthy Worker members during a member's pregnancy; labor and delivery, including stillbirth, miscarriage, and abortion; and up to one year following the end of the member's pregnancy.

Doula providers are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during stillbirth, miscarriage, and abortion.

Any pregnant or postpartum SFHP Healthy Worker member may receive the following doula services from SisterWeb or Birthing Companions:

- One initial visit
- Up to eight additional visits can be a mix of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in stillbirth), abortion or miscarriage
- Up to two extended three-hour postpartum visits after the end of a pregnancy

Members may receive up to nine additional postpartum visits with an additional written recommendation from a physician or other licensed practitioner. Any pregnant or postpartum member who wants doula services may find a doula by calling 1-800-288-5555 (TTY: 711).

Doula services do not include determination of medical conditions, providing medical advice, or any type of clinical assessment, exam, or procedure. The following services are not part of the Doula benefit:

- Behavioral health services
- Belly binding after cesarean section by a clinician
- Clinical case coordination
- Childbirth education group classes
- Comprehensive health education, including orientation, assessment, and planning (Comprehensive Perinatal Services program services)
- Health care services related to pregnancy, birth, and the postpartum period
- Hypnotherapy (non-specialty mental health service (NSMHS))
- Lactation consulting, group classes, and supplies
- Medically Necessary Community Supports services
- Nutrition services (assessment, counseling, and care plan development)
- Transportation

If a member needs or wants doula or pregnancy-related services that are not covered, the member or doula can request care by calling the member's PCP or SFHP Customer Service at **1(415) 547-7800, 1(800) 288-5555** (toll-free), or **711** (TTY), Monday–Friday, 8:00am–5:00pm.

For provider questions, please contact your Provider Relations Representative or email Provider Relations at Provider.Relations@sfhp.org.

MY2026 Quality Measure Guides Now Available

The MY2026 Quality Measure Guides are now available in the SFHP Provider Portal under the **Provider Resources** page.

These guides help providers align with Measurement Year 2026 quality measure standards, apply best practices, and support improved member health outcomes.

What the Guides Include

- Measure descriptions
- Coding information
- Tips and best practices to address gaps in care
- Strategies to support your practice's quality performance and SFHP's overall quality goals

Reference Information

The guides are intended for general reference only. For complete technical specifications for any measure, please refer to [NCQA.org](https://www.ncqa.org) or [CMS.gov](https://www.cms.gov).

How to Access the Guides

- If you do not have a SFHP Provider Portal account, visit [Provider Portal Overview & Resources - San Francisco Health Plan](#) page to sign up.
- Select **New User Registration** and follow the instructions if you do not currently have access.
- After logging in, go to **Provider Resources > HEDIS Measure Guides** to view the guides.

Questions?

If you have any questions, you can contact the Quality Data Analytics team at QDA_Team@sfhp.org.

Pharmacy Update

Basaglar® (Insulin Glargine) Removal from the Medi-Cal Rx Contract
Drugs List Postponed Until November 1, 2026

Medi-Cal Rx has postponed the removal of Basaglar® (insulin glargine), NDC labeler code 00002, from the Medi-Cal Rx Contract Drugs List (CDL) until November 1, 2026. This postponement ensures that members will continue to have access despite the unanticipated supply chain concerns. Prescribers should consider alternate therapies that are listed on the CDL (such as Lantus® [insulin glargine] or insulin glargine-yfgh), if clinically appropriate. If a change in therapy is not appropriate, beginning November 1, 2026, providers should submit a prior authorization request demonstrating medical justification.

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



FSR Pearls: Advancing Health Equity Through Black Member Engagement

Black/African American members continue to experience disparities across multiple preventive and chronic care measures, including prenatal/postpartum care, well-child visits, blood pressure control, and cancer screening.

Recent population health analyses in our network identified persistent disparities among Black/African American members across preventive and chronic care measures. For example, Black/African American children and adolescents achieved a Well-Care Visit rate of just **44.4% (5th percentile)**, while breast cancer screening rates remained below **50%** and colorectal cancer screening rates below **34%**. These disparities are concentrated in neighborhoods such as **Bayview-**

Hunters Point, Tenderloin, and South of Market, highlighting opportunities for targeted outreach, care gap closure, and stronger primary care engagement.

Rather than approaching quality measures individually, clinics can improve outcomes by focusing on whole-person engagement and addressing multiple care gaps during a single patient interaction. This population health approach supports both quality improvement and health equity goals.

Clinic Pearls

☐ **Bundle care gaps whenever possible.**

When patients present for a visit, review all open preventive, chronic care, and screening opportunities rather than focusing on a single measure.

☐ **Prioritize primary care continuity.**

Patients connected to a primary care provider are more likely to receive preventive services and chronic disease management over time. Re-engaging patients who have not been seen recently can create opportunities to close multiple care gaps.

☐ **Use culturally responsive outreach strategies.**

Building trust and reducing barriers to care are critical components of successful engagement, particularly for populations experiencing longstanding health disparities.

☐ **Leverage care teams.**

Medical assistants, care coordinators, patient navigators, community health workers, and care management staff can support outreach, scheduling, care coordination, and follow-up activities.

☐ **Review performance through an equity lens.**

Race-stratified quality data can help identify improvement opportunities and guide targeted interventions where disparities are greatest.

Takeaway

Improving Black/African American health outcomes is not the responsibility of a single program, department, or quality measure. Successful disparity reduction requires coordinated efforts among providers, clinic staff, care management

teams, and community partners. Every primary care encounter is an opportunity to improve engagement, close multiple care gaps, and advance health equity.

FSR Pearl: *One patient. One visit. Multiple opportunities to improve health outcomes.*

Disclaimer: These suggestions are for educational purposes only. It is not a mandate and does not replace your organization's clinical policies or contractual obligations. Users are responsible for ensuring their specific processes remain compliant with all applicable state and federal regulations.

“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.

Contacts: SFHP Facility Site Review and Medical Record Review. Address questions to: 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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