



Network Operations Manual

January 2017 – December 2017

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Introduction

Purpose of the Manual

The purpose of this manual is to:

- Provide medical home administrators and staff with a reference guide to HSF administrative requirements and operational policies and procedures, including encounter data reporting requirements, enrollment and eligibility rules, quality improvement initiatives, non-included services, and Participant complaint procedures.
- Clarify the roles of HSF program staff and medical home staff

What is Healthy San Francisco (HSF)?

Healthy San Francisco is an innovative health access program designed to make health care services accessible and affordable to uninsured San Francisco residents. Established in 2006, Healthy San Francisco is operated by the [San Francisco Department of Public Health](#) (DPH) within the Office of Managed Care.

Healthy San Francisco is not insurance. HSF enables and encourages residents to access primary and preventive care by providing a medical home and primary care provider to every program participant. HSF includes the following services:

- Primary and specialty care
- Inpatient hospitalization
- Prescription drugs
- Radiology and laboratory services
- Durable medical equipment
- Family planning
- Substance abuse and mental health
- Emergency medical transportation within San Francisco

HSF services are available to San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

Network

Medical Home Network

A medical home is the facility (a clinic or doctor's office) that the HSF participant selects upon enrollment. The medical home is responsible for providing primary care services and coordinating care for the HSF participant.

The medical home network of HSF is limited to the geographic confines of the City and County of San Francisco and consists of:

- 15 San Francisco Health Network (SFHN) Clinics
- 10 San Francisco Community Clinic Consortium (SFCCC) Clinics at 18 sites
- Sister Mary Philippa Health Center
- Kaiser Permanente San Francisco Medical Center

San Francisco Health Network

- Castro Mission Health Center
- Chinatown Public Health Center
- Cole Street Youth Clinic
- Curry Senior Center
- Family Health Center @ ZSFG
- Richard H. Fine People's Clinic @ ZSFG
- Larkin Street Youth Clinic
- Maxine Hall Health Center
- Ocean Park Health Center
- Potrero Hill Health Center
- Positive Health Program @ ZSFG
- Silver Avenue Family Health Center
- Southeast Health Center
- Young Adult and Teen Health Center @ ZSFG Children's Health Center
- Tom Waddell Urban Health Clinic

San Francisco Community Clinic Consortium Clinics

- Haight Ashbury Free Medical Clinic (HealthRIGHT360)
- Haight Ashbury Integrated Care Center (HealthRIGHT360)
- Tenderloin Health Services (HealthRIGHT360)
- Lyon-Martin Health Services (HealthRIGHT360)
- Mission Neighborhood Health Center - Shotwell
- Mission Neighborhood Health Center - Excelsior
- Mission Neighborhood Resource Center
- Native American Health Center
- North East Medical Services - Chinatown
- North East Medical Services - Portola
- North East Medical Services – Richmond (Clement)
- North East Medical Services – Sunset (Noriega)
- North East Medical Services – Sunset (Taraval)
- North East Medical Services - Visitacion Valley
- St. Anthony's Medical Clinic
- South of Market Health Center
- South of Market Senior Clinic
- Women's Community Clinic

Other Medical Homes

- Kaiser Permanente San Francisco Medical Center
- Sister Mary Philippa Health Center

Medical Home Status

Healthy San Francisco medical home open/closed status is determined by appointment availability.

A HSF medical home is considered “open” when it is accepting all new and existing patients and when clinical appointments for new patients are available within 60 days upon calling for an appointment. A HSF medical home is considered “closed” when it is accepting only **existing** patients and when clinical appointments for new patients are **not** available within 60 days upon calling for an appointment. A “new patient” is a participant who states they have not been seen at the medical home in the past two years. When HSF medical homes provide information on their open/closed status, they must take into account clinical appointment needs for patients with other payor sources such as Medi-Cal, Healthy Kids, Healthy Workers, self-pay, etc.

Aside from new and existing patient status, there are no other patient restrictions for a medical home with a status of “closed” unless enrollment for the medical home is done solely by SFHP or the medical home has a population restriction (e.g. only open to young adults). In these cases, medical homes are listed as closed to prevent non-SFHP CAAs from enrolling participants to these medical homes.

HSF medical homes are responsible for providing clinical appointments to all new HSF participants who have selected their clinic. If a new HSF participant attempts to schedule their first clinical appointment after their medical home has closed, it remains the responsibility of the medical home to ensure that the patient gets a clinical appointment within the 60 day requirement. All medical homes (open or closed) with a Certified Application Assistor (CAA) are required to enroll, renew, and modify applications for any medical home requested by potential and existing HSF participants.

Medical Home Restrictions

Certain medical homes may be permitted to restrict enrollment to special populations under limited circumstances. HSF will only consider requests by medical homes to restrict medical home selection to particular populations in the following circumstances:

- The legal scope of services offered by the medical home is limited to a particular population
- Medical home services are explicitly targeted to one unique patient population

Medical Home Coordinators are responsible for submitting requests to add/modify medical home restrictions to the Coverage Programs Coordinator as-needed via the open/closed medical home process. The HSF Program Officer reviews and issues a decision on the medical home restriction requests.

- Communication of Decision on Medical Home Restriction Requests:
 - The HSF Program Officer notifies the Medical Home Coordinator who requested a change to the Medical Home Restriction of the decision. The HSF Program Officer also notifies the Coverage Programs Coordinator of the decision for tracking purposes.
 - If a Medical Home Restriction request is approved, then the Coverage Programs Coordinator updates the HSF Medical Home Directory to reflect the updated Medical Home Restriction. Changes in Medical Home Restrictions are also communicated to the key stakeholders who are notified of changes to medical home open/closed status.

Medical Home Status, Profile, and Directory Changes

HSF Provider Relations sends e-mails on the 1st and 15th of every month to the designated medical home contact to verify medical home status, contact information, and directory description information. The e-mail includes the HSF medical home open/closed data spreadsheet that lists the current status of the HSF medical homes in One-e-App (OeA). Some medical homes restrict services to special populations (see Medical Home Directory).

Designated medical home contacts are responsible for reviewing the status of the HSF medical homes and communicating any changes to the Coverage Programs Coordinator. Medical home contacts may change open/closed status at any time, for any reason, but must provide that reason to the Coverage Programs Coordinator. The Coverage Programs Coordinator updates requests for status changes in the One-e-App system within two business days of receipt of the request. In the absence of a status change request, the open/closed status of the HSF medical home will remain the same.

As-needed updates may be requested by the designated medical home contact at any time during the month. In addition, if you anticipate a future reduction in capacity due to a planned event (e.g. electronic health record implementation, provider leave), please alert the Coverage Programs Coordinator as soon as possible. If you have changes to your medical home status, profile, or directory description, please contact your designated medical home contact listed below.

Affiliation	Staff Contact Name	Email
Tenderloin Health Services	Jack Cheng	jcheng@healthright360.org
DPH Primary Care Clinics	Hali Hammer, MD	HHammer@fcm.ucsf.edu
Kaiser Permanente San Francisco Medical Center	Elisabeth Altieri	Elisabeth.Altieri@kp.org
San Francisco Community Clinic Consortium	Merrill Buice	mbuice@sfccc.org
Sister Mary Philippa Health Center	Barry Lawlor	Barry.Lawlor@DignityHealth.org

Facility Network

The facility network of HSF consists of:

- Zuckerberg San Francisco General Hospital (ZSFG) for San Francisco Health Network (SFHN) and select San Francisco Community Clinic Consortium (SFCCC) clinics
- St. Francis Memorial Hospital (Dignity Health) for Tenderloin Health Services *
- St. Mary's Medical Center (Dignity Health) for Sister Mary Philippa Health Center *
- California Pacific Medical Center (California, Davies, Pacific & St. Luke's) for North East Medical Services (NEMS)*,
- Kaiser Foundation Hospital San Francisco for Kaiser Permanente San Francisco Medical Center
- University of California San Francisco (UCSF) Radiology Services (by ZSFG referral only)*

* Some services may not be available at the associated facility. Consult with the medical home network's Utilization Management department for referral authorization. Please refer to the table below for Medical Home/Facility Network Utilization Management contacts.

Medical Home/Facility Network	UM Contact Name	Email
San Francisco Health Network Clinics	Maria Chavez Lagasca/Maria Stone	utilization@sfdph.org
Tenderloin Health Services	Jack Cheng	jcheng@healthright360.org
Kaiser Permanente San Francisco Medical Center	Elisabeth Altieri	Elisabeth.Altieri@kp.org
North East Medical Services	Ken Tai, MD	kenneth.tai@NEMS.org
Select San Francisco Community Clinic Consortium Clinics using ZSFG	Maria Chavez Lagasca/Maria Stone	utilization@sfdph.org
Sister Mary Philippa Health Center	Barry Lawlor	Barry.Lawlor@DignityHealth.org

Medical Home Staffing/Credentialing

HSF utilizes the existing Medi-Cal health plan credentialing process to verify the credentials of HSF medical home network providers and does not perform additional credentialing of providers.

Medical Home Site Reviews

Since most HSF medical home sites receive full-scope facility site and medical record reviews through their health plan contracts, HSF does not perform site reviews. HSF accepts the existing health plan site review process to ensure quality standards are met at HSF medical home sites.

Provider Grant Payments

HSF medical homes have different models of payment. HSF's third-party administrator (TPA), San Francisco Health Plan, administers HSF provider agreements and grant payments to non-SFDPH HSF medical homes and facilities.

Providers are required to submit their monthly invoices with the required enrollment and encounter data information. Payment is processed by the fifteenth (15th) of each month, provided that an invoice has been submitted with the required information.

Provider Inquiry Procedure

Healthy San Francisco is committed to serving its network of dedicated providers. The Provider Inquiry Procedure is the process where HSF providers can request clarification or raise concerns with HSF Program Administration on program policies and procedures, grant payments, benefit interpretation matters, or other issues related to the interpretation of the terms and conditions of the HSF program. HSF provider inquiries are answered within 2 business days.

Please initiate all provider inquiries by contacting the Coverage Programs Coordinator at (415) 615-5671 (Monday-Friday, 8:30am-5:00pm) or info@healthysanfrancisco.org.

Participant Eligibility

Enrollment

The San Francisco Department of Public Health (SFDPH) determines all eligibility rules for Healthy San Francisco. SFDPH authorizes trained Certified Application Assistors (CAAs) at designated enrollment sites to screen and enroll applicants for HSF eligibility according to program rules. Once enrolled and provided they continue to meet HSF eligibility requirements (such as San Francisco residency, paying quarterly participant fees), participants are enrolled in HSF for a term of one year, where upon a renewal application is required.

Detailed information regarding eligibility and enrollment is available in the **Healthy San Francisco Application Assistor Eligibility Reference Manual**. Contact the Health Coverage Programs Training Specialist for more information:
Shelly Grimaldi, sgrimaldi@sfhp.org, 1(415) 615-4265

Eligible applicants must meet all of the following guidelines:

- Be deemed ineligible for local, state and federal public full-scope health insurance programs, such as Medi-Cal or Medicare.
 - Applicants eligible to purchase insurance through Covered California, the state's health insurance exchange, can enroll in Healthy San Francisco if they meet all other program criteria. These applicants may be subject to a federal tax penalty for not having health insurance.
- Be uninsured. Individuals with time-limited, restricted health insurance benefits from a state/federal program may be considered eligible.
- Be a current City and County of San Francisco resident, with proof of San Francisco residency, and not a person with an active I-94 (**exception:** refugees, asylees, and T and U visas are accepted). Homeless applicants can provide verbal proof of San Francisco residency.
- Be at least 18 years of age, an emancipated minor, or a minor applying for coverage on his or her own behalf who is not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent.
- Have a household income of 500% of the Federal Poverty Level (FPL) or below. Countable income includes all earned and unearned taxable income and liquid assets.
 - **Exception:** There is no income limit for individuals participating in HSF as part of the City Option, offered under the Employer Spending Requirement. For more information about the City Option Program and the Employer Spending Requirement, please see the FAQ's on page 29.
- Have not had employer sponsored, dependent coverage or individually purchased health insurance, including subsidized insurance purchased through the exchange, within the prior 90 days, except for individuals who lost coverage due to the following circumstances:
 - Job loss
 - Moved and no insurance available
 - Death, legal separation, termination of domestic partnership or divorce that resulted in termination of dependent coverage
 - COBRA eligibility ended or dropped
 - Aged out of parent's health insurance coverage

There is no enrollment waiting period for those covered by public coverage, excluding coverage purchased through Covered California, the state's health insurance exchange, within the last 90 days. There is no enrollment waiting period for those who drop, disenroll, or decide

not to enroll in COBRA coverage after job loss. Individuals must disenroll from COBRA coverage, however, and be uninsured to be eligible for HSF.

Persons interested in applying for HSF should be referred to an HSF enrollment site or the HSF Customer Service Center, 1 (415) 615-4555. Providers can use One-e-App to verify a participant's current eligibility status.

Submission of documents proving U.S. Citizenship or Legal Permanent Residency are not required for program enrollment, but this documentation will be requested from applicants who self-identify as U.S. citizens or Legal Permanent Residents during the application process.

Eligibility Screening Requirements for Other Programs

Screening Requirements Due to Change in Circumstances

If a HSF participant develops a linkage to a public insurance program due to a change in medical condition (e.g. pregnancy) or circumstances, they are required to be screened for eligibility for these programs as part of the conditions of their enrollment in HSF. The participant agrees to this program requirement of rescreening by signing the Healthy San Francisco Applicant Acknowledgement form at the time of enrollment. Specifically, HSF participants may become eligible for Presumptive Eligibility and Medi-Cal Limited Services during their HSF term due to changes in their medical needs and condition. Healthy San Francisco is the payor of last resort. If a HSF participant is found to be eligible for another program, they will be required to apply for this program at the time they contact their provider to obtain services for this condition.

Renewal

Healthy San Francisco participants must complete a renewal application at their original HSF enrollment site or selected medical home to continue program enrollment beyond one year. Failure to complete the renewal process prior to the end of the one-year enrollment period will result in disenrollment. Participants must undergo an in-person interview with a Certified Application Assistor (CAA) to complete a renewal. Participants can renew as early as 90 days prior to term end.

Participants who wish to change their medical home at renewal should confirm the availability of their desired medical home by calling HSF Customer Service, 1 (415) 615-4555.

Renewal Reminder Communications

Healthy San Francisco sends reminder notifications to participants approaching their term end by mail, phone and e-mail. The following communications are sent to participants who have not yet renewed:

- Renewal reminder letter by mail at 60 and 30-days prior to term end
- Automated phone call reminder at 60-75 days prior to term end to participants who prefer phone and have a valid preferred phone number on file
- Live call reminder at 15-30 days prior to term end to participants who prefer phone and have a valid preferred phone number on file
- E-mail reminder at 15-45 days prior to term end, to participants who prefer e-mail and have a valid e-mail address on file

Renewal Process

The One-e-App system retains all information collected during the initial enrollment to expedite renewals and rescreening. Assistors are responsible for updating information in the system to

reflect new demographic information (change of address) or changes that may link the applicant to a different program (pregnancy, citizenship, family size).

Participants found eligible for HSF during rescreening must:

1. Update their existing HSF application
2. Submit recent copies of S.F. residency, asset and income documents
3. Provide copies of a divorce decree if removing a spouse from household size
4. Confirm assignment to their existing or select a new medical home
5. Sign a new HSF Applicant Acknowledgment form
6. Sign a new Health Coverage Programs Acknowledgement form if the applicant is eligible to purchase health insurance through Covered California and is choosing not to

Changing Medical Homes

All participants select a medical home upon initial enrollment and annual reenrollment.

Participant requests to change their medical home during the enrollment year can only be made by contacting HSF Customer Service Center and only for at least one of the following reasons:

- A participant has a change of status (e.g. change of home or work address)
- A provider or participant requests assignment to the Positive Health Program at ZSFG
- An OBIC provider requests participant assignment to a HSF medical home with a provider certified to prescribe buprenorphine
- A participant ages out of a HSF medical home which exclusively serves young adults 18-25 (Young Adult and Teen Health Center at ZSFG Children's Health Center, Larkin Street Youth Clinic, Cole Street Youth Clinic)
- Pursuant to a complaint
- Pursuant to a documented agreement between two medical homes
- A participant is assigned to the ZSFG Urgent Care Clinic
- A participant identifies an error that occurred during the medical home selection process
- A participant was defaulted to a medical home as a result of a HSF Medical Home Network change

Participants must contact HSF Customer Service Center to make a medical home change. Participants will be notified by HSF Customer Service or the Coverage Programs Coordinator whether their request has been approved. Medical home change requests that meet at least one of the above criteria are granted upon approval and the new medical home is effective once the change is completed in the One-e-App system. Medical home changes are not granted retroactively.

A new ID card with the new medical home information will be automatically generated and sent to the participant when a medical home change occurs.

Disenrollment

Participants no longer meeting program eligibility requirements are disenrolled from HSF by HSF Administration, HSF Customer Service or CAA supervisors. Participants may also voluntarily disenroll by contacting HSF Customer Service Center.

Examples of disenrollment reasons:

- Insufficient Payment of Participant Fees
- Not a San Francisco Resident
- Enrolled in Public Coverage
- HSF program has identified enrollment in Medi-Cal
- Enrolled in Employer-Sponsored Insurance
- Enrolled in Private Insurance
- Did Not Complete Renewal - Incomplete Documentation
- Did Not Complete Renewal- Failure to Complete Rescreening
- Participant is Deceased
- Cannot Afford Participant Fee
- Program Dissatisfaction (administration, services, medical home, etc)
- False or Misleading Information on HSF Application
- Determined Eligible For Other Programs During Renewal or Modification

Disenrolled participants receive a letter via mail within one week of their disenrollment date confirming that they are no longer enrolled in the Healthy San Francisco program. If requested by the participant/applicant in person, an Assistor can also print this letter using the HSF enrollment system. This letter clearly states the reason for the disenrollment and is provided in English, Spanish, and Chinese. Participants who did not submit payment are alerted to potential disenrollment prior to the disenrollment notification through the invoice, which contains language regarding the notice of potential disenrollment.

Providers should use One-e-App to verify a patient's HSF program status at the point of service or for billing purposes. The system will indicate if a participant has been disenrolled and displays the disenrollment effective date.

If a HSF medical home obtains information indicating that a HSF participant no longer meets program eligibility requirements during their enrollment term, a disenrollment request may be initiated by the medical home. Medical homes which are also HSF enrollment sites can complete the disenrollment directly, provided they maintain or have access to supporting documentation for the disenrollment on-site (e.g. Medi-Cal status).

Medical homes without enrollment sites must contact the Coverage Programs Coordinator and submit documentation (e.g. proof of enrollment in full-scope insurance, proof of residency outside of San Francisco) showing the participant no longer meets program eligibility requirements. The Coverage Programs Coordinator will review the documentation and will disenroll the participant if it is confirmed that the documentation supports a mid-term disenrollment.

Reenrollment

Participants can reenroll in Healthy San Francisco after being disenrolled from the program by scheduling an appointment at a HSF enrollment site. Reenrollment in the program is contingent upon meeting all Healthy San Francisco eligibility and enrollment criteria.

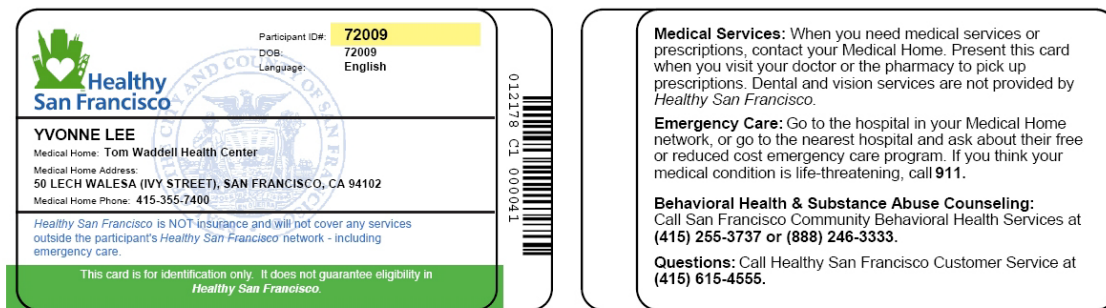
The applicant is not required to re-submit proof of citizenship (if applicable) or identification, provided that this documentation is electronically stored, viewable, and clear in One-e-App. The applicant's re-enrollment application will be pre-populated with information from the participant's most current application, and the Application Assistor will modify the application to reflect any recent demographic or household changes.

HSF Participant ID Card

Newly enrolled Healthy San Francisco participants are mailed a HSF Participant Identification (ID) Card. When presented, this is an indicator to the medical home that a participant intends to access services through their enrollment in Healthy San Francisco. The Participant ID Card is not a guarantee of eligibility, and medical homes are encouraged to follow all established protocols necessary to determine current eligibility using One-e-App.

Participants are advised to carry this ID Card at all times, but most importantly when:

- Visiting their medical home
- Accessing medical services of any kind



One-e-App Technical Issues/CAA Responsibilities & Questions

For One-e-App Technical Issues, contact One-e-App at 866-429-1979 or ttpro@oneapp.org

All HSF Assistors are trained to enroll, modify, and renew applications for HSF participants.

1. **New Applications:** New HSF applicants should be encouraged to apply at their current or desired medical home when seeking application assistance **except:**
 - Applicants with an employer contribution through the City Option should be directed to the San Francisco Health Plan's Service Center.
 - New applicants who desire to choose Kaiser Permanente San Francisco Medical Center must also be directed to the San Francisco Health Plan's Service Center to apply.

Enrollment sites may pre-screen applicants and redirect applicants seeking a specific medical home to the appropriate enrollment site. If an assistor begins a new application in One-e-App and the applicant selects a medical home outside of the assistor's enrollment location, the assistor should proceed in submitting the application.

2. **Modification/Renewal Applications:** HSF Assistors should assist HSF participants who are assigned to their medical home or who originally enrolled at their site with application modifications and renewals. HSF applicants should not be turned away when seeking this type of application assistance at their medical home or original HSF enrollment site, even if they are seeking a new medical home.

For HSF Application Assistor Training, contact the Health Coverage Programs Training Specialist: Shelly Grimaldi, sgrimaldi@sfhp.org, 1(415) 615-4265.

Participant Fees

Participants with household incomes above 100% of the FPL are assessed a quarterly participant fee. This fee must be paid to maintain enrollment in the program.

Participants receive an invoice by mail after they successfully enroll in HSF. The Premium Billing Unit at the San Francisco Health Plan manages the HSF participant fee process. Medical homes are not responsible for collecting, reconciling or managing quarterly participant fee payments.

Healthy San Francisco Participant Fees		
FPL	Quarterly	Annual
0-100%	\$0	\$0
101-200%	\$60	\$240
201-300%	\$150	\$600
301-400%	\$300	\$1200
401-500%	\$450	\$1800

Participants whose employers participate in the City Option and make contributions to HSF on their behalf are not subject to the HSF FPL maximum of 500% and may receive a 75% discount on quarterly participation fees when they enroll in the program. Enrollment fees are calculated as follows:

If an employee's income is at this percentage of the Federal Poverty Level	0-100%	101-200%	201-300%	301-400%	401-500%	501%+
<i>The participant fee with the 75% discount is...</i>	\$0	\$0	\$0	\$75	\$112.50	\$168.75

Refer questions about quarterly participant fees and billing to HSF Customer Service at 1 (415) 615-4555.

Point of Service Fees

A Point of Service (POS) fee is what HSF participants pay to their medical home for medical services at the time he or she receives them. The POS fee amount depends on the participant's medical home, household income, and medical service being provided. Medical homes are responsible for collection of point-of-service fees and for determining rules governing collection of these fees.

Refer questions about POS fees and billing to the applicable medical home contact listed on page 7.

Accessing Services

Included Services

- Emergency Medical Transportation – see *Ambulance*
- Durable Medical Equipment (DME) – see *Durable Medical Equipment*
- Emergency Care – see *Emergency Care*
- Family Planning – see *Family Planning*
- Hospital Care – see *Hospital Care*
- Laboratory – see *Laboratory Services*
- Mental Health – see *Mental Health*
- Prescription Drugs – see *Pharmacy*
- Preventive Care – see *Preventive Care*
- Short-Term Acute Rehabilitation – see *Short-Term Acute Rehabilitation Services*
- Specialty Care – see *Specialty Care*
- Alcohol and Drug Abuse – see *Substance Abuse*
- Urgent Care – see *Urgent Care*

Ambulance

Healthy San Francisco includes transportation by ambulance **only for life-threatening emergencies**, and **only within San Francisco**. If transportation by ambulance is for anything other than a life-threatening emergency, or if transportation is outside of San Francisco for any reason, Healthy San Francisco will not pay for the ambulance.

Healthy San Francisco participants who receive emergency medical transport via the San Francisco Fire Department (SFFD) are screened for eligibility for the Fire Department's Financial Hardship Program for no-cost emergency ambulance transport. HSF participants who qualify for the Financial Hardship Program are not liable for the cost of emergency ambulance transport to **any** inpatient hospital in San Francisco, if transported by the San Francisco Fire Department.

Healthy San Francisco participants must be identified as enrolled in HSF to have any bills for ambulance transport services written-off by SFFD. HSF Administration sends a monthly HSF enrollment file with patient identifiers such as date of birth, name, and social security number to the Fire Department's billing vendor for upload into their billing system. If sufficient data elements are available to allow billing staff to identify an emergency services patient as an HSF participant, the **invoice is written off, and no invoice is sent to the patient**.

A subset of HSF participants will receive a bill if the Fire Department's billing vendor lacks sufficient identifying information to identify HSF enrollment in their billing system. **Participants who receive a bill should contact the Fire Department's billing vendor (APDI) at 1-800-339-1159. All inquiries regarding emergency ambulance transport bills from SFFD should be directed to this number.**

Healthy San Francisco participants who receive emergency medical transport via other ambulance companies should ask to be considered for the ambulance company's free or reduced-cost care program.

Providers and participants are encouraged to **contact 9-1-1 for all emergency transportation** because it is likely that the responding ambulance will be from the SFFD. **HSF discourages directly calling private emergency transport companies for pick-up in the event of an emergency** because participants may be assessed a full bill. Private ambulance companies maintain individual fee schedules and are not required to discount a participant's bill. HSF, via the Department of Public Health, will attempt to negotiate with a private ambulance company if it responds to a 9-1-1 call for a HSF participant but the company is not required to make any adjustment to the bill.

Durable Medical Equipment (DME)

A prescription is required for durable medical equipment and each medical home has a designated resource for pick up. Participants may only receive DME with a referral. Please refer to the appendix for *Durable Medical Equipment Services Memo*.

Emergency Care

Care at a hospital Emergency Department is for medical emergencies only. This includes life-threatening or serious illness or injury. HSF only covers emergency services provided at a hospital associated with a participant's medical home. If the participant is being treated at a hospital not associated with their medical home, he or she should ask to be considered for that facility's free or reduced-cost care programs as HSF will not pay for these services.

Family Planning

Family planning services are available at most HSF medical homes. These generally include:

- Birth control
- Pregnancy testing
- Sexually transmitted disease treatment
- Pregnancy related services—see page 26 for more information

Hospital Care

Healthy San Francisco provides hospital care at the hospital associated with the participant's medical home. Except in an emergency, the participant will need a doctor or a specialist in their medical home network to refer them for hospital care.

All San Francisco hospitals (with the exception of Veterans Hospital) adhere to [Emergency Medical Treatment and Active Labor Act](#) (EMTALA) for patient care, including care for Healthy San Francisco participants. Under EMTALA, patients needing emergency treatment can be discharged only under their own informed consent or when their condition requires transfer to a hospital better equipped to administer the treatment. Hospitals should *not* transfer a HSF participant to another facility if they can provide the necessary services to stabilize and discharge the HSF participant, even if the HSF participant belongs to another medical home network. Please refer to the appendix for the *Hospital Repatriation Memo*.

Hospitals may accept level-of-care transfers for HSF participants if the transferring hospital does not have a bed available at the needed acuity level. An inter-facility transfer for a HSF participant is subject to availability of appropriate-level beds at the receiving hospital AND agreement between the two facilities.

Services at hospitals not associated with a participant's medical home are not paid for by Healthy San Francisco, even if the participant is transferred from the hospital partnered with their medical home to a different hospital. In these circumstances, participants should work with the hospital's charity care program to see if they qualify.

Laboratory Services

Medical tests may be performed either at a participant's medical home or at the hospital associated with their medical home. Not all medical homes provide testing or laboratory work on site. For questions regarding laboratory services, contact the designated medical home contact listed on page 7.

Mental Health

HSF participation includes access to inpatient/outpatient mental health services. The HSF medical home is responsible for providing primary care level behavioral health services, such as assessment and medication management. Participants requiring a higher level of behavioral health services may be referred to San Francisco Community Behavioral Health Services (SFCBHS) via the Central Access Hotline:

- Local Callers: (415) 255-3737
- Toll-Free Callers: (888) 246-3333
- TDD for People who are Deaf, Hard-of-Hearing, or have Speech Disabilities: (888) 484-7200

SFCBHS benefits include:

- Standard benefit (capped) – 20 individual therapy sessions per year; 30 inpatient days per year
- Specialty benefit (uncapped) – for severely and persistently mentally ill or severe or persistent substance abuse disorder, no limits on individual/group treatment
- Psychiatric hospitalizations at any CBHS affiliated facility

Process for Authorization of Additional Mental and Behavioral Health Services

Participants are allotted up to 20 behavioral health visits per year under the HSF Standard Benefit, and unlimited visits as part of the specialty benefit. The 20 visit annual cap applies to HSF participants accessing services through SFCBHS only and does not apply to primary-care level behavioral services rendered at the primary care medical home.

Healthy San Francisco participants who exhaust the standard benefit can be evaluated for potential authorization for additional services or assignment to the specialty benefit. HSF participants must contact Central Access at SFCBHS at (415) 255-3737 to be authorized for therapeutic services through SFCBHS. HSF participants or their providers who believe they will exceed 20 visits limit should contact Central Access to request re-evaluation for the specialty benefit. Central Access will route the request to the SFCBHS Medical Directors, who will determine if additional services are medically appropriate.

Seriously mentally ill participants assigned to the specialty benefit will be assigned to one of SFCBHS's contracted clinics for treatment.

SFCBHS's Point of Service (POS) fees are assessed on the [Uniform Method of Determining Ability to Pay](#) (UMDAP) scale.

Pharmacy

Participants are eligible for prescription medicines on their medical home's formulary when prescribed by their medical home network provider. Any medications that have not been approved are not covered by Healthy San Francisco. Each medical home has a designated pharmacy or other resource for picking up prescription medicines. See the HSF Medical Home Directory for the list of designated pharmacies.

Participants Receiving Behavioral Services through San Francisco Community Behavioral Health Services

HSF participants receiving behavioral health services through San Francisco Community Behavioral Health Services (SFCBHS) can obtain medication through the SFCBHS licensed pharmacy at 1380 Howard Street or through the SFCBHS network of community pharmacies. The pharmacy will consult the SFCBHS pharmacy benefits management company (PBM) to confirm the patient is eligible for services and that the prescribing provider is a SFCBHS provider. **Only SFCBHS providers can access specialty psychiatric medications on the SFCBHS formulary.**

Participants Receiving Behavioral Health Services at HSF Medical Home

HSF participants receiving behavioral health services at their primary care home are authorized to receive only those medications listed on their medical home's Drug Formulary. Each provider organization may have a different formulary.

Preventive Care

Regular check-ups and health screenings help prevent illness and are an important part of ongoing health care treatment. All of these services are provided by HSF medical homes.

Short-Term Acute Rehabilitation Services

HSF participation includes access to short-term rehabilitation services at Laguna Honda Hospital and Rehabilitation Center (LHH). These services include:

- Acute rehabilitation of up to 30 days; and/or
- Skilled nursing facility rehabilitation of up to 30 days.

If a HSF participant receiving care in an acute care hospital subsequently needs short-term rehabilitation services that cannot be provided by the acute care hospital, then the HSF participant may be referred to LHH.

HSF uses the LHH admission criteria for short-term rehabilitation services. Admission to LHH will be decided based on the following criteria:

- Primary diagnosis of a non-psychiatric medical condition that their physician has verified requires nursing facility care
- Existing physical or cognitive functional limitation requiring care that cannot be provided at a lower level facility (e.g., a board & care home or other intermediary facility)
- Need for active daily rehabilitation on an inpatient basis
- Need for ongoing rehabilitation aimed at raising functional status

HSF does not include long-term rehabilitation services of any kind (including those received in a skilled nursing facility). If a HSF participant requires long-term rehabilitation services, the participant should be referred for Medi-Cal eligibility determination. If the person is found to be Medi-Cal eligible, they will be enrolled in Medi-Cal and disenrolled from HSF.

If there is no bed available at LHH to provide short-term rehabilitation services to a potential HSF patient/resident and the individual meets LHH's admission criteria, then the potential HSF patient/resident will be placed on LHH's wait list. Once a bed becomes available and if the patient is still appropriate for rehabilitation services, they will be admitted into LHH. As noted above, HSF does not cover short-term rehabilitation services provided at any rehabilitation facility other than Laguna Honda.

Admission criteria and information can be located here: [Laguna Honda Admission & Discharge Forms](#). Refer questions about short-term acute rehabilitation services to (415) 682-5682 or (415) 682-5681.

Please refer to the appendix for *Short-Term Acute Rehabilitation Services Memo*.

Specialty Care

Participants can be referred ONLY to specialists at the medical home or facility associated with their medical home. Participants may not see a specialist without an authorized referral from their medical home. If a participant sees a specialist without an authorized referral from their medical home, Healthy San Francisco will not pay for the treatment received.

Substance Abuse

HSF participation includes access to outpatient substance abuse services. Participants requiring a higher level of behavioral health services may be referred to San Francisco Community Behavioral Health Services (SFCBHS) via the Central Access Hotline:

- Local Callers: (415) 255-3737
- Toll-Free Callers: (888) 246-3333
- TDD for People who are Deaf, Hard-of-Hearing, or have Speech Disabilities: (888) 484-7200

SFCBHS includes:

- Standard benefit (capped) – 20 individual therapy sessions per year; 30 inpatient days per year
- Specialty benefit (uncapped) – for severely and persistently mentally ill or severe or persistent substance abuse disorder, no limits on individual/group treatment

SFCBHS Point of Service (POS) fees are assessed on the [Uniform Method of Determining Ability to Pay](#) (UMDAP) scale.

Urgent Care

Urgent care services are provided by medical homes. If a medical home is unable to provide urgent care, a participant is referred to a hospital associated with a participant's medical home. HSF only pays for services provided at a hospital associated with a participant's medical home, even for urgent care services. If the participant is being treated at a hospital not associated with their medical home, he or she should ask to be considered for that facility's free or reduced-cost care programs as HSF will not pay for these services.

Authorizations and Referrals

Each medical home network has their own referral and authorizations process. If a participant receives services from a provider who is not part of their HSF medical home network, with or without an authorized referral from the medical home, HSF will not pay for the services received. For questions regarding authorizations and referrals, contact the designated UM contact listed on page 9.

Out of Network Care within San Francisco

Each HSF medical home network has their own policies and procedures for authorizing and referring medical care outside of their network. For questions regarding out of network services, contact the designated medical home contact listed on page 7.

Excluded Services

The following services are NOT provided by Healthy San Francisco:

- Acupuncture
- Allergy testing and injections
- Chiropractic
- Cosmetic services – see appendix for *Cosmetic Services Memo*
- Dental
- Gastric by-pass surgery and services
- Genetic testing and counseling
- Infertility
- Long-term care
- Non-emergency transportation
- Organ transplants – see appendix for *Organ Transplant Services Memo*
- PhenoSense Integrase Resistance Testing for HIV
- Services not available within the medical home network
- Sexual reassignment surgery – see appendix for *Sexual Reassignment Surgery Memo*
- Speech and hearing services
- Travel immunizations
- Vision

Medical Encounters

All HSF medical homes and facilities are required to submit monthly encounter data to the San Francisco Health Plan in order to receive their monthly provider grant payments for services rendered to HSF participants. The data should be uploaded to San Francisco Health Plan's secured FTP site by the 30th of every month. The monthly data file submitted shall be for encounters with dates of service no more than 90 days prior from the date of submission. In the event a medical home has medical encounter data with dates of service beyond 90 days, the medical home should not wait for the monthly submission and instead, submit that data as soon as it is available.

Medical homes and facilities that do not submit their encounters by the end of each month will be sent a 30 day reminder notice about their failure to submit medical encounters on a timely basis. A 45-day notice will be sent on failure to submit within a subsequent 15 days and may result in a withholding of the monthly HSF grant payment.

For January 2017 – December 2017, dates of service the following deadlines apply:

Dates of Service	Submission Deadline to SFHP
January 2017	On or before April 30, 2017
February 2017	On or before May 31, 2017
March 2017	On or before June 30, 2017
April 2017	On or before July 31, 2017
May 2017	On or before August 31, 2017
June 2017	On or before September 30, 2017
July 2017	On or before October 30, 2017
August 2017	On or before November 30, 2017
September 2017	On or before December 31, 2017
October 2017	On or before January 31, 2018
November 2017	On or before February 28, 2018
December 2017	On or before March 31, 2018

Medical Data Elements

SFHP has provided medical homes with a list of required data elements needed for reporting and other purposes in their annual HSF contract. These elements are defined to eliminate any misinterpretation. Encounter data should be submitted in one of the three file formats listed below, with the HIPAA-compliant 837 file type being the preferred format:

1. EDI – 837 Claims format (837I or 837P)
2. Fixed length data format (DHCS Medi-Cal format)
3. Proprietary File Format (e.g. – Excel, Comma Delimited, etc.)

SFHP will provide 837 companion guides to medical homes. If the medical home cannot submit data in the 837 or the Medi-Cal fixed length formats, SFHP will provide them with a data layout supporting the proprietary file format.

Providers are required to submit Charity Care encounters in addition to their regular encounters. For Healthy San Francisco, a Charity Care visit is defined as a participant visiting any hospital **not** assigned to the medical home of the participant. It is also based on the included and excluded services contained in their annual HSF contract and HSF Location of Services Grid of allowed/disallowed services within the hospitals and medical homes. Determination of Charity Care designation is made by submitting hospitals, and additionally at SFHP per business logic approved by DPH.

Pharmacy Encounters

Pharmacy encounters must be separately reported to SFHP for participants receiving Included Services. This data should be uploaded to SFHP's secure FTP site on or before the 30th of every month. The monthly data file submitted should be for encounters with dates of service no more than 90 days from the date of submission. In the event a medical home has pharmacy encounter data with dates of service beyond 90 days, the medical home should not wait for the monthly submission and instead, submit that data as soon as available.

For January 2017 – December 2017 dates of service, the following deadlines apply:

Dates of Service	Submission Deadline to SFHP
January 2017	On or before April 30, 2017
February 2017	On or before May 31, 2017
March 2017	On or before June 30, 2017
April 2017	On or before July 31, 2017
May 2017	On or before August 31, 2017
June 2017	On or before September 30, 2017
July 2017	On or before October 30, 2017
August 2017	On or before November 30, 2017
September 2017	On or before December 31, 2017
October 2017	On or before January 31, 2018
November 2017	On or before February 28, 2018
December 2017	On or before March 31, 2018

Pharmacy Data Elements

Pharmacy encounter data should be submitted in one of the 3 file formats listed below, with the DHCS format being most preferred by SFHP. If the medical home cannot submit data using the fixed-length DHCS Medi-Cal Rx format, the comma-delimited SFHP Standard can be used.

1. Fixed-length DHCS Medi-Cal for Rx
2. Proprietary Format Files (e.g. – Excel, Comma Delimited, etc.)
3. NCPDP 2.2 Format

For questions regarding data submission, the primary contact is Travis Komoda at tkomoda@sfhp.org. The alternate contact is Paul Luu at pluu@sfhp.org. SFHP ITS will work closely with medical homes to facilitate the data submission process.

Quality Improvement QI Committee & Program

The focus of the HSF QI Program is to ensure access to high quality care for all participants. Each medical home network must send at least one clinical or quality improvement leader to the HSF Quality Improvement Committee that meets annually. The HSF QI Committee implements quality assurance and improvement initiatives through HSF's third party administrator, the San Francisco Health Plan. Improvement initiatives are then rolled out through existing QI structures in the San Francisco Health Network system, San Francisco Community Clinic Consortium provider system, and other provider systems.

Health Education

HSF participants gain valuable health information throughout the year. All HSF participant materials are available in English, Chinese, and Spanish. For Tagalog speaking participants, participant materials will either be available in Tagalog or via a language line. Materials are available on the SFHP website

<http://www.sfhp.org/members/health-wellness/health-education-library/>

Participant Customer Service Participant Complaint Procedure

There are three ways for HSF participants or their representatives to file a complaint:

1. Telephone: HSF Customer Service Center (415) 615-4555
2. Mail: Healthy San Francisco
 P.O. Box 194287
 San Francisco, CA 94119-4287
3. Online: <https://secure.sfhp.org/hsfcomments/>

All participant complaints are sent to the HSF Customer Service Center (CSC) for logging, tracking and resolution. Complaints are handled based on the type of complaint:

- *Non-clinical complaints* – Customer Service, Billing, Participant Materials, Eligibility, Enrollment
- *Clinical complaints* – Authorizations, Referrals, Coverage Interpretation, Provider Issues, Quality of Care, Access

The HSF CSC coordinates with medical home and HSF program resources as appropriate in order to resolve non-clinical complaints. Clinical complaints are handled by the Coverage Programs Coordinator. The Coverage Programs Coordinator works with HSF program and medical home resources as appropriate to resolve all clinical complaints.

To ensure participants' concerns are met, complaints must be closed within 45 calendar days. When a complaint is in reference to a clinical issue, if no response is received from an external resource such as a medical home site or an individual provider within 15 calendar days of the initiation of the complaint, the complaint will be escalated to the Coverage Programs Supervisor for intervention.

Coordination with Other Programs

What to do if a participant has or is eligible for insurance or other programs

Insurance is always a better choice because HSF has limited services and locations to access health care. Medical homes should notify HSF Customer Service Center or the CAA Supervisor for their medical home network if a participant becomes eligible for or is enrolled in public or private insurance. Most U.S. Citizens and legal permanent residents are now required to have health insurance. Individuals who fail to obtain health insurance may be subject to a federal tax penalty.

The medical home is responsible for identifying and providing application assistance when a participant may have a change in health status that qualifies them for a health insurance program. If your site does not have a HSF Application Assistor, you must refer the patient to the enrollment site associated with your medical home for application assistance. If the HSF participant develops a linkage to another coverage program due to a change in medical condition (e.g. via pregnancy), they are required to be screened for eligibility for these programs as part of the conditions of their enrollment in HSF. If they are found to be eligible for another program, they will be required to apply for this program at the time they contact their provider to obtain services. The participant agrees to this program requirement by signing the Healthy San Francisco Application Acknowledgement form at the time of enrollment.

The medical home is also responsible for ensuring that the participant is enrolled in the program and that the program is billed appropriately. For example, if a Healthy San Francisco participant becomes pregnant, the medical home is responsible for identifying the eligible participant, assisting the participant in enrolling in emergency Medi-Cal for pregnancy-related services and billing Medi-Cal appropriately.

Pregnancy Related Services

If a participant is approved for Pregnancy-Only Medi-Cal, her pregnancy-related services, including abortion, will be covered under Medi-Cal. Non-pregnancy related services will continue to be included under Healthy San Francisco. If a participant is approved for Pregnancy & Full Scope Medi-Cal, her pregnancy-related services (including abortion) and non-pregnancy related services will be covered under Medi-Cal. Providers will direct patients seeking pregnancy-related services to the appropriate eligibility staff and enrollment site associated with the patient's medical home to complete applications for these programs. Compliance with these application processes is required to ensure that the patient can receive these services under a coverage program.

Healthy San Francisco is the program of last resort and **will only include pregnancy-related services in the event the participant is screened and is found ineligible for pregnancy related coverage programs.**

Coordination with Community Resources, Patient Assistance Programs, and Charity Care

Because HSF is not insurance, many participants are still eligible for community resources, Patient Assistance Programs and charity care policies. Continue to refer patients to these programs.

Healthy San Francisco Contacts

General Program information and questions from HSF participants:

Healthy San Francisco Customer Service Center
Phone: 1 (415) 615-4555 (Monday-Friday, 8:30am-5:30pm)
Email: info@healthysanfrancisco.org

Providers and Medical Home Administrative Staff questions:

Tina Yu, Coverage Programs Coordinator
Phone: 1 (415) 615-5671 (Monday-Friday, 8:30am-5:00pm)
Email: tyu@sfhp.org

Provider Contract and Provider Payment questions:

Sumi Sousa, Officer, Policy Development & Coverage Programs
Phone: 1 (415) 615-5121 (Monday – Friday, 8:30 am-5:30 pm)
Email: ssousa@sfhp.org

Employer questions about HSF and compliance with the Health Care Security Ordinance:

Cynthia Flock, City Option Program Coordinator
Phone: 1 (415) 615-4492 (Monday-Friday, 8:30am-5:30pm)
Email: employerservices@sfcityoption.org

For HSF Application Assistor questions:

Shelly Grimaldi, Health Coverage Programs Training Specialist
Phone: (415) 615-4265 (Monday-Friday, 9:00am-5:00pm)
Email: sgrimaldi@sfhp.org

Frequently Asked Questions

What is the Employer Spending Requirement?

Effective 2008, the Health Care Security Ordinance (HCSO) requires San Francisco for-profit businesses with 20 or more employees and nonprofit organizations with 50 or more employees to satisfy the Employer Spending Requirement (ESR) by making minimum health care expenditures on behalf of employees who work in San Francisco, regardless of where the employees reside.

What is the City Option?

The City Option is a program offered by the City and County of San Francisco as an option for employers to comply with the Employer Spending Requirement of the Health Care Security Ordinance. The program allows employers to deposit money with the City and County of San Francisco that will be used to fund health care for their employees.

Employees might be eligible for one of three health care programs: [SF MRA](#), [SF Covered MRA](#), or [Healthy San Francisco](#). The Employee must complete an [SF City Option Program Finder Form](#) to find out which program they are eligible for. The Employer's payments for each Employee are held in an employer contribution pool until the Employee enrolls in an SF City Option health care program.



For more information about the City Option program, please visit the [City Option website](#).

For employees who are eligible for Healthy San Francisco, their employer's contribution may be applied towards a discount on quarterly participation fees in Healthy San Francisco if they enroll in HSF.

For more information regarding the Employer Spending Requirement or City Option program, please contact San Francisco City Option at (415) 615-4492 or employerservices@sfcityoption.org.

Is it permissible to move a participant back to the hospital partnered with their medical home?

Hospitals (including ZSFG) may accept level-of-care transfers for HSF participants if the transferring hospital does not have a bed available at the needed acuity level. An inter-facility transfer for an HSF participant is subject to availability of appropriate-level beds at the receiving hospital and agreement between the two facilities.

Services at hospitals not associated with a participant's medical home are not paid for by Healthy San Francisco, even if the participant is transferred from the hospital partnered with their medical home to a different hospital, due to bed shortages. In these circumstances, participants should be referred to the hospital's charity care program to see if they qualify.

Please refer to the appendix for *Hospital Repatriation Memo*.

Can participants access services retroactively?

HSF does not provide access to services retroactively. However, some medical homes may offer access to their own sliding scale programs retroactively. For example, the Department of Public Health (DPH) addresses patient full bill accounts within the previous 3 months from the date of Healthy San Francisco enrollment by determining the person's eligibility to the DPH Sliding Scale Program based on HSF verification provided. Please have participants contact each medical home to ask about these types of programs.

Does HIPAA apply to Healthy San Francisco since it is not insurance?

Yes. It is important to remember that HIPAA (Health Insurance Portability and Accountability Act) applies to Healthy San Francisco participant information. Please use, disclose, and request only the minimum amount of protected health information (PHI) needed to accomplish the intended purpose of the use, disclosure, or request. Examples of PHI include health conditions of individual and patient identifiers (e.g. address, phone number, social security number, medical record number, etc.). Notification requirements of breaches of PHI also apply to HSF data.

If you have any questions, contact Nina Maruyama at nmaruyama@sfhp.org.

Appendices

1. Durable Medical Equipment Services Memo
2. Hospital Repatriation Memo
3. Short-Term Acute Rehabilitation Services Memo
4. Cosmetic Services Memo
5. Organ Transplant Services Memo
6. Sexual Reassignment Surgery Memo



MEMO

Date: April 2010

To	Healthy San Francisco Providers and San Francisco Non-Profit Hospitals
From	Tangerine Brigham, Director of Healthy San Francisco Sharon Kwong, Director, Medical Social Services Department, San Francisco General Hospital
Regarding	Referral Process for HSF Patients Needing Durable Medical Equipment, Orthotics and/or Prosthetics

This memorandum outlines the procedures for referring Healthy San Francisco (HSF) participants for specified Durable Medical Equipment, Orthotics and/or Prosthetics benefits under the program.

The Healthy San Francisco (HSF) uses the DME, Orthotics and Prosthetics Formularies maintained by San Francisco General Hospital and Trauma Center (SFGH).

The following should be noted with respect to DME, orthotics and prosthetics benefits under HSF:

1. The DME, Orthotics and Prosthetics formularies are limited and do not contain every available DME, orthotics and prosthetics item/device.
2. There is an approval and authorization process for any DME, orthotic and/or prosthetic provided to a HSF participant.
3. A HSF participant will not receive DME, orthotics or prosthetics without approval and authorization.
4. HSF point-of-service fees for DME, orthotics or prosthetics apply to some HSF participants based on income. This is consistent with the HSF policy.
5. If a provider makes a request for a DME, orthotic and/or prosthetic item that is not on the applicable formulary, then the item is not a benefit under the HSF program.
6. The HSF program has no obligation to provide or obtain an item for a HSF participant that is not on the applicable formulary.
7. The HSF program will not reimburse providers or participants for the cost of obtaining non-formulary DME, orthotic and/or prosthetic from another DME, orthotic and/or prosthetic suppliers.
8. DME does not include either routine or non-routine outpatient supplies.

The information contained in this memorandum with respect to accessing DME, orthotic and/or prosthetic items is the same information provided by SFGH's Medical Social Services Department to all providers.

HSF uses the SFGH Medical Social Services Department approval and authorization process for DME, orthotic and/or prosthetic items/devices for HSF participants. Any changes to the SFGH Medical Social Services Department approval and authorization process for DME, orthotic and/or prosthetic items/devices are communicated by the SFGH Medical Social Services Department staff to the HSF program for adoption.

PROCEDURES

The procedures below outline the DME, orthotic and/or prosthetic approval and authorization process that must be used by providers.

DME Procedures

Providers interested in having DME provided to a patient must complete a prescription and the attached Durable Medical Equipment Request Form (see Appendix A). The form must include diagnosis, and appliance needed. The form must be signed by a HSF physician with a California medical license number or national provider identification number.

The procedure is as follows:

- The prescription and Durable Medical Equipment Request Form must be submitted to the Medical Social Services Department at San Francisco General Hospital. The form should be faxed to 415.206.5230 and followed by a phone call to 415.206.8485 and/or 415.206.5194 notifying staff that a Durable Medical Equipment Request Form has been faxed.
- A health worker within the Medical Social Services Department is responsible for handling requests for durable medical equipment patient needs. The health worker will complete the bottom portion of the Durable Medical Equipment Request Form. The health worker will notify the requesting provider if the DME request has been approved or denied (with reason).
- If approved, the health worker will:
 - Give the provider information on when the DME will be delivered to the patient at the destination indicated on the Durable Medical Equipment Request Form
 - Inform the provider if a patient fee is required and the amount of the fee
 - It is the responsibility of the provider to notify the patient of: (1) the delivery date of the DME or, if applicable, where to pick-up the DME – San Francisco General Hospital and Trauma Center, 1001 Potrero Avenue, Room 1C12 and (2) the patient fee for the DME [patient will be required to pay patient fee for DME at time of pick-up at SFGH before DME will be provided].
- The Medical Social Services Department is not responsible for notifying patients about the approval of DME. The Medical Social Services Department will instruct those patients who have a patient fee on how to make the fee payment at SFGH's Main Cashier Office when they come to pick-up their DME.

Note the following:

- In the case of oxygen, blood gas or ABG needed for HSF patients and room air oxygen saturation needs, the Durable Medical Equipment Request Form must specify oxygen usage liter flow per minute and whether it is needed continuous or as needed.
- In the case of a request for a CPAP or BIPAP machine, the provider must provide a copy of the sleep apnea study result with the Durable Medical Equipment Request Form. If an actual sleep apnea study has not been performed, then the Medical Social Services Department will contact the physician/provider and inform them of the need for the physician/provider to schedule a sleep apnea study for the patient and obtain and provide Medical Social Services Department with those results before the DME equipment can be reviewed and if appropriate, authorized.
- Rental DME is ordered on monthly intervals and must be renewed by a physician/provider at the end of requested period. If the renewal is not done, the DME rental will be terminated.

Orthotic and Prosthetic Procedures

Providers interested in having an orthotic or prosthetic device for their patient must complete a prescription and give the prescription to the patient. The procedure is as follows:

- The provider should instruct the patient to take the prescription to the UCSF Orthotics and Prosthetics Center in Room GQ3 at San Francisco General Hospital and Trauma Center (SFGH).
- Staff will verify that the patient is enrolled in the HSF program. Staff will also determine if the patient is required to pay a fee for the orthotic or prosthetic.
- If no patient fee is required, the patient is provided with the orthotic or prosthetic.
- If a patient fee is required, the staff member completes a payment request receipt which includes the patient's name and amount of the fee to be paid. Staff will instruct the patient to make their payment at the Main Cashier's Office at SFGH. The patient proceeds to the Main Cashier and makes the payment; the cashier signs the receipt and gives the receipt back to the patient.
- The patient takes the signed receipt back to the UCSF Orthotic & Prosthetic Center, Room GQ3 to have the prescription for orthotic or prosthetic filled.

Canes and Crutches Procedures

Providers interested in having a cane or crutch provided to a patient must complete a prescription and give the prescription to the patient. The procedure is as follows:

- The provider should instruct the patient to take the prescription to the Medical Social Services Department of San Francisco General Hospital and Trauma Center at 1001 Potrero Avenue in Room 1C12.
- A health worker will verify that the patient is enrolled in the HSF program. The health worker will also determine if the patient is required to pay a fee for the cane or crutch.
- If no patient fee is required, the patient is provided a HSF cane/crutch approval form and directed to the Materials Management window to pick up the cane or crutch. If a patient

fee is required, the health worker completes a payment request receipt which includes the patient's name and amount of the fee to be paid. The health worker instructs the patient to make their payment at the Main Cashier's Office at SFGH. The patient proceeds to the Main Cashier and makes the payment; the cashier signs the receipt and gives the receipt back to the patient.

- The patient takes the signed receipt to Materials Management window where they will receive the cane or crutch.

Appendix A:
DURABLE MEDICAL EQUIPMENT REQUEST FORM
(fax to SFGH Medical Social Services Department at 206.5230
followed by a phone call to 206-8485 and/or 206-5194)

Name of Social Worker _____ Date _____

Name of Patient _____

MRN# _____ DOB _____ Height _____ Weight _____

Patient Social Security # _____ Telephone _____

Patient Address _____

Primary Care Medical Home _____

Name of Doctor Requesting DME Appliance _____ Pager # _____

California License # _____ or National Provider # _____

Primary Care Provider _____ Clinic _____ Telephone _____

Requested DME _____

Diagnosis _____ Appliance is needed on _____

Knowledge of Eligibility Factors

1. Medical Applied _____ Certified _____
2. Medi-Cal/ HMO _____
3. Medicare _____
4. Private Insurance _____
Authorization # _____
5. Private Pay _____
6. Healthy San Francisco PID _____

Provider Delivery Instructions (to be reviewed and approved by Medial Social Services Dept):

THIS SECTION TO BE COMPLETED BY SFGH MEDICAL SOCIAL SERVICES DEPARTMENT

Name of Health Worker _____ Date Referral Received _____

Authorization Status

Approved No Patient Co-Pay/POS Required _____ Patient Co-Pay/POS Required \$ _____
 Denied Not on Formulary _____ Other _____

Date Ordered _____ Medical Company _____

Date Delivered _____ Name of Representative _____



MEMORANDUM

To	Healthy San Francisco Providers and Participating Hospitals
From	Lindsey Angelats, Interim Director of Healthy San Francisco
Regarding	Hospital Repatriation
Date	April 2013

This memorandum restates existing Healthy San Francisco (HSF) program policy related to hospital repatriation as outlined in the *Healthy San Francisco Network Operations Manual (January 2013 - June 2013 version)*.

Hospitalization

The Healthy San Francisco (HSF) coverage includes hospital care at the hospital associated with the participant's medical home.

EMTALA Provisions

All San Francisco hospitals (with the exception of Veterans Hospital) adhere to the Emergency Medical Treatment and Active Labor Act (EMTALA) for patient care, including care for HSF participants. Under EMTALA, patients needing emergency treatment can be discharged only under their own informed consent or when their condition requires transfer to a hospital better equipped to administer the treatment.

Hospital Repatriation

There may be instances in which a hospital participating in HSF is required to provide emergency or inpatient care to a HSF participant that is not part of the HSF medical home network affiliated with the hospital.

Hospitals should *not* transfer a HSF participant to another facility if they can provide the necessary services to stabilize and discharge the HSF participant, even if the HSF participant belongs to another medical home network.

Level of Care Transfers

Hospitals may accept level-of-care transfers for HSF participants if the transferring hospital does not have a bed available at the needed acuity level. An inter-facility transfer for an HSF participant is subject to availability of appropriate-level beds at the receiving hospital AND agreement between the two facilities.

Use of Hospital Charity Care Provisions

Services at hospitals not associated with a participant's medical home are not paid for by HSF, even if the participant is transferred from the hospital partnered with their medical home to a different hospital. In these circumstances, participants should work with the hospital's charity care program to see if they qualify.

If a hospital or provider needs further assistance, please contact HSF Provider Relations at (415) 547-7818 ext. 7084.



MEMO

Date: December 2009

To	Healthy San Francisco Providers and San Francisco Non-Profit Hospitals
From	Tangerine Brigham, Director of Healthy San Francisco Ilma Batres, Laguna Honda Hospital Admitting Coordinator
Regarding	Referral Process for HSF Patients Needing Short-Term Acute Rehabilitation Services

This memorandum outlines the policies and procedures for referring Healthy San Francisco participants to short-term rehabilitation services at Laguna Honda Hospital and Rehabilitation Center (LHH) from another facility.

Healthy San Francisco (HSF) coverage is as follows:

1. The program covers short-term rehabilitation services at LHH, including:
 - acute rehabilitation of up to 30 days and/or
 - skilled nursing facility rehabilitation of up to 30 days.
2. The program does not cover any short-term rehabilitation services provided at other similar rehabilitation facilities.

HSF does not cover long-term rehabilitation services of any kind (including those received in a skilled nursing facility). This memorandum does not concern procedures for referrals for long-term care or long-term rehabilitation. Note that if a HSF participant requires long-term rehabilitation services, then Medi-Cal eligibility will be determined for the person. If the person is found to be Medi-Cal eligible, then they will be enrolled in Medi-Cal and disenrolled from HSF.

The information contained in this memorandum with regards to admission to LHH is the same information provided by LHH Admissions Department staff to all hospital discharge planners and other referral sources. HSF uses the LHH admission criteria for short-term rehabilitation services. Any changes to the LHH admission criteria for short-term rehabilitation services are communicated by the LHH Admissions Department staff to the HSF program for adoption.

Short-Term Rehabilitation Services

If a Healthy San Francisco (HSF) participant receiving care in an acute care hospital subsequently needs short-term rehabilitation services that cannot be provided by the acute care hospital, then the HSF participant may be referred to LHH.

Admission to LHH will be decided based on the following criteria:

- Residence in the City & County of San Francisco
- Primary diagnosis of a medical condition (not psychiatric) that requires nursing facility care (MD verified)
- Existing physical or cognitive functional limitation requiring care that cannot be provided at a lower level (e.g., a board & care home or other intermediary facility)
- Need for active daily rehabilitation on an inpatient basis
- Need for ongoing rehabilitation aimed at raising functional status

Note that the admission criteria for a HSF participant are the same as the criteria used for any other uninsured and insured patient requiring short-term rehabilitation services. The website for the admission criteria and Admission Referral Packet forms is at: <http://www.lagunahonda.org/admissions/admissionDischargeForms.asp>. Questions may be directed to 415.759.4670 or 759.2327; fax number 415.759.3012.

Referral Process

The process for referring a HSF participant to LHH for short-term acute rehabilitation services is as follows:

1. Use the Admission Referral Packet which contains all the necessary forms.
2. Fully complete and sign the Admission Referral Packet:
 - Referral Form – Parts A, B, C, D
 - Pre-admit “Agreement for Treatment & Compliance with LHH Regulations”
 - Financial agreement for private pay or Medi-Cal coverage or commercial insurance
 - Patient information and rules for care units at LHH
 - Medicare Secondary Payer Screening Form
 - Department of Public Health HIPAA Privacy Notice
3. For referrals from a hospital or other healthcare facility, completion of Part D of the Referral Form may be substituted with the following most recent documents as attachments: (1) one week of the most current nursing notes and progress notes, (2) a complete list of medications and dosages, and (3) medical history and physical with findings. If the referral is for rehabilitation services, then the most recent Physical Therapy and Occupational Therapy notes must be attached.

To comply with Hudman vs. Kizer state regulation, before a person is referred to a distinct-part skilled nursing facility, such as LHH, all efforts should be made to place the person in a free-standing facility.

Hospital and facility discharge planners should duplicate the Admission Referral Packet forms that are available at website address listed above. The forms are also available electronically upon request.

Admission Criteria

LHH has admission criteria which apply to all patients, including HSF participants. Applicants to LHH are individually screened by the LHH Admissions Department team

on a case-by-case basis for medical necessity and level of care using the criteria described above under **Short-Term Rehabilitation Services**.

The facility where the applicant is receiving treatment is responsible for sending medical and financial information to the LHH Admissions Department team to review for a determination on admissions. This information includes:

- completed Inter-Facility Referral Form,
- completed Medi-Cal application,
- complete and latest medical information, including medication list and tuberculosis status, and
- physician and nursing assessments, including current Activities of Daily Living ability level.

If there is no bed available at LHH to provide short-term rehabilitation services to a potential HSF patient/resident and the individual meets LHH's admission criteria, then the potential HSF patient/resident will be placed on LHH's wait list. Once a bed becomes available and if the patient is still appropriate for rehabilitation services, they will be admitted into LHH. As noted above, HSF does not cover short-term rehabilitation services provided at other similar rehabilitation facilities.

Exclusion Criteria

An applicant, including a HSF participant, is precluded from admission to LHH if any of the following exists:

- Person has a communicable disease for which an appropriate isolation room is unavailable at LHH.
- Person is under police hold (unless a 24-hour guard is provided by the Sheriff's Department).
- Person has a mental illness or developmental disability requiring an organized program of active psychiatric intervention, according to Title A of the California Administrative Code, paragraph 278.2(1), (b), (c).
- Person has a need for most types of chemotherapy.
- Person is ventilator dependent
- Person requires TPN (total parenteral nutrition).
- Person has an active medical problem requiring ICU care.
- Person has a primary psychiatric diagnosis without co-existing dementia or other medical diagnosis requiring SNF or acute care.
- Person requires highly restrictive restraints such as 4-point soft.
- Person has or displays significant likelihood of unmanageable behavior:
 - Actively suicidal
 - Dangerous to self or others
 - Violent or assaultive behavior
 - Criminal type behavior, including but not limited to, possession of weapons, drug trafficking, possession or use of illegal drugs or drug paraphernalia
 - Sexual predation
 - Prone to elopement or wandering (unless admitted to a secure unit or a unit with a wander guard).



MEMORANDUM

To	Healthy San Francisco Providers
From	Tangerine Brigham, Director of Healthy San Francisco
Regarding	Cosmetic and Reconstructive Services and Surgery
Date	April 2010

This memorandum restates existing Healthy San Francisco program policy related to cosmetic plastic and reconstructive surgery and services.

Cosmetic Surgery

For the purposes of the HSF program, cosmetic surgery refers to any and all procedures designed to enhance appearance through surgical and medical techniques.

Cosmetic surgery is not a HSF benefit.

Specifically, the excluded cosmetic services and surgery include, but are not limited to:

1. Abdominoplasty ("tummy tuck")
2. Blepharoplasty ("eyelid surgery")
3. Buttock augmentation ("butt implant") or buttock lift
4. Cheek augmentation ("cheek implant")
5. Chemical peel
6. Chin augmentation ("chin implant")
7. Correction or modification of sexual reassignment treatment and/or surgeries
8. Fillers injections
9. Labiaplasty
10. Laser skin resurfacing
11. Lip enhancement
12. Mammoplasty (see below for reduction mammoplasty):
 - o Breast augmentations
 - o Mastopexy ("breast lift")
13. Otoplasty ("ear surgery")
14. Rhinoplasty ("nose job")
15. Rhytidectomy ("face lift")
 - o Browplasty ("brow lift" or "forehead lift"):
 - o Midface lift ("cheek lift")
16. Skin removal after gastric bypass
17. Suction-assisted lipectomy ("liposuction")

Breast Reduction Surgery

For the purposes of the HSF program, reduction mammoplasty (breast reduction) refers to the surgical excision of a portion of the breast until a clinically normal size is obtained.

Reduction mammoplasty for the purpose of solely improving appearance or self-esteem, or to treat psychological symptomatology (for females and males with gynecomastia) is not a benefit under HSF. In addition, HSF does not cover reduction mammoplasty on non-diseased/contra-lateral breast when performed to produce a symmetrical appearance following a mastectomy or lumpectomy.

Reduction mammoplasty is a HSF benefit if **all** the following criteria have been met:

- Individual is at least 18 years old and breast growth is complete.
- Symptomatic macromastia is present.
- Macromastia is causing at least one of the following symptoms:
 - shoulder, upper back/neck pain or ulnar nerve palsy
 - intertrigo, dermatitis, eczema or hidradentitis at the inframammary fold.
- The causes of the symptoms noted above, other than breast size, have been evaluated and ruled out or breast size has been documented as exacerbating underlying condition (e.g., arthritis, intervertebral disc disorder, etc.) contributing to symptoms.
- Documentation that non-surgical methods to address macromastia have been tried and have been unsuccessful in addressing symptoms. This includes, but is not limited to, weight loss, supportive brassiere, medication and physical therapy.
- Documentation of a weight loss to reduce body mass index to 30. Obesity is a body mass index of 30 or greater.
- Pre-operative photographs confirm the presence of: (1) significant breast hypertrophy **and** (2) shoulder grooving from brassiere straps and/or intertrigo, if stated as present.
- Average weight of tissue planned to be removed in each breast is above the 22nd percentile on Schnur Sliding Scale based on the individual's body surface area.

All breast reduction surgery procedures require prior authorization from the HSF program.

Reconstructive Surgery

For the purposes of the HSF program, reconstructive surgery refers to procedures performed to correct functional impairments caused by burns, traumatic injuries, congenital abnormalities (congenital or developmental), infection and disease, and cancer/tumors.

The HSF program covers some reconstructive surgical procedures.

All reconstructive surgery procedures require prior authorization from the HSF program, with the exception of reconstructive surgery performed in the delivery of services related to trauma cases.



MEMORANDUM

To	Healthy San Francisco Providers
From	Tangerine Brigham, Director of Healthy San Francisco Todd May, MD, Chief of Staff, San Francisco General Hospital Ana Sampera, RN, MSN, CNS, Nursing Dir., Utilization Management
Regarding	Organ Transplant Services
Date	February 2012

This memorandum

- (1) restates existing Healthy San Francisco (HSF) program policy related to organ transplant services and
- (2) outlines procedures that medical homes can use to assist HSF participants identified as needing organ transplant services.

Organ Transplants Services Not Available

The Healthy San Francisco (HSF) coverage does not cover organ transplants services (including transplant evaluations, pre-transplant services and post-transplant services).

For the purposes of the HSF program, organ transplant includes, but is not limited to bone marrow, cornea, small bowel, lung, kidney, heart and liver.

Medical homes should not refer to HSF participants identified as needing organ transplant care to San Francisco General Hospital and Trauma Center (SFGH). SFGH does not provide organ transplant related care. In addition, the HSF program does not cover or provide for organ transplant services through agreements with any community provider, including the University of California at San Francisco.

HSF Participants Needing Post-Transplant Care

HSF does not cover post-transplant care.

Post-transplant services include, but are not limited to special transplant medications, supplies and devices related to transplants including evaluation and follow-up care, and ventricular assist devices when used as a bridge to transplant surgery.

HSF participants who previously had a transplant at another location and need post-transplant services must follow-up and receive that care at their transplant center. Transplant centers are responsible for providing follow-up care.

Medical homes should not refer to HSF participants identified as needing post-transplant care to SFGH. SFGH does not provide post-transplant care.

Medi-Cal Eligibility Assistance to HSF Participants Needing Organ Transplant Care

Medi-Cal covers certain organ transplant and post-transplant services for eligible and authorized individuals.

To the fullest extent possible, HSF medical homes should assist their HSF participants who have organ transplant needs with applying for Medi-Cal.

A HSF participant with organ transplant needs will remain on HSF during the time that their Medi-Cal application is under review.

The following outlines the procedures that HSF medical homes can use in the case of a HSF participant has a transplant or post-transplant need:

- 1. Medical Home Uses San Francisco General Hospital (SFGH) for Specialty Care*
If the medical home utilizes SFGH specialty care services for their HSF participants and it has a HSF participant who is in need of transplant services, then the HSF participant will automatically be referred to the San Francisco Department of Public Health's Patient Financial Services for assistance with Medi-Cal eligibility.
- 2. Medical Home Uses Other Hospital for Specialty Care*
If a medical home utilizes a hospital other than SFGH for specialty care services and has a HSF participant who is in need of transplant services, then the medical home or the hospital's social work department should assist the HSF participant in applying for Medi-Cal eligibility. The HSF participant can also contact the San Francisco Medi-Cal Office to initiate an application in-person (1440 Harrison Street) or via the Medi-Cal Hotline telephone number (415-863-9892).

Please note that neither HSF nor the San Francisco Department of Public Health determine Medi-Cal eligibility or enroll eligible individuals into Medi-Cal. Medi-Cal eligibility is overseen by the San Francisco Human Services Agency.

Customer Service

If a provider needs further assistance regarding this policy, then please contact HSF Provider Relations at 415.615.5180.

If an HSF participant needs further assistance regarding organ transplant and post-transplant services, then please have them contact HSF Customer Service at 415.615.4555.



MEMORANDUM

To	Healthy San Francisco Providers
From	Tangerine Brigham, Director of Healthy San Francisco
Regarding	Sexual Reassignment Surgery or Treatment
Date	April 2010

This memorandum restates existing Healthy San Francisco program policy related to sexual reassignment services.

The Healthy San Francisco (HSF) coverage does not cover sexual reassignment services, treatment or surgery.

For the purposes of the HSF program, sexual reassignment surgery refers to any and all surgical and medical procedures taken to align intersex and transsexual individuals' physical appearance and genital anatomy with their gender identity. Sexual reassignment surgery may also be termed: genital reassignment surgery, genital reconstruction surgery, gender confirmation surgery, gender realignment surgery and/or transsexual surgery.

This service exclusion applies to: (1) males seeking a female gender change and (2) females seeking a male gender change.

Specifically, the excluded services include, but are not limited to, any and all procedures required to alter the genital and sex organs or other features from one sex to another:

- Breast augmentation/construction
- Facial feminization surgery
- Hysterectomy (removal of uterus)
- Inguinal orchiectomy (testicle removal)
- Mastectomy (breast removal)
- Oophorectomy (removal of ovaries)
- Phalloplasty (penile construction/implantation)
- Castration (penile removal)
- Permanent hair removal
- Scrotoplasty (testicle implantation)
- Vaginal closure
- Vaginoplasty and Labiaplasty (vaginal construction)

A diagnosis of Gender Identity Disorder or any other clinical diagnosis related to a recommended sexual reassignment will not be viewed by the HSF program as qualifying authorization for the provision of sexual reassignment therapy, services and/or surgery for any HSF participant under the HSF program.