



Healthy San Francisco
Our Health Access Program



CHAPTER 9

Healthy San Francisco:

Policies and Procedures

Eligibility Guidelines for Healthy San Francisco

Who Can Qualify?

- Live in San Francisco and provide proof of residency.
- Are ineligible for state and/or federally-funded health insurance or assistance programs, such as Medi-Cal.
- Applicants ages 18-64
- Have been without employer-based or individually-purchased health insurance for at least 90 days from the date of submitting an application, or have lost employer-based health care coverage within 90 days of date of submitting an application due to a change in employment, or who have lost COBRA coverage within 90 days of submitting an application

When Can the Applicant Enroll in Healthy San Francisco?

- Applicants must be at or below 100% of the Federal Poverty Level to qualify for the Healthy San Francisco in September and October 2007.
- Enrollment for Healthy San Francisco is only available via One-e-App.

What do I Do if an Applicant over 100% FPL Requests Enrollment in September or October 2007?

- Inform the uninsured applicant that they may still receive services under the clinic's sliding scale program but can not enroll in Healthy San Francisco at this time.
- Evaluate the uninsured applicant according to your clinic's existing sliding scale policy if the applicant is seeking care in September and October

Neither employment status, immigration status nor the existence of pre-existing health conditions are used to determine eligibility in Healthy San Francisco.

PRIOR TO SUBMISSION

Step 1: Collect all HSF Verification Documents and Review

- Assistors may be subject to an audit by Healthy San Francisco to ensure submitted verification documents meet program criteria.
- The only acceptable Healthy San Francisco verification documents are listed on **Appendix C** of the training manual, and include the following:
 - » Income
 - » Assets
 - » Identity
 - » Residency
 - » Citizenship (If Available)

Step 2: Print HSF Application Acknowledgment form in English, Spanish, or Chinese, and review with applicant:

- Assistors are required to print out the HSF Application Acknowledgment form and provide a copy to the applicant.
- The assistor should review the document with the applicant, stressing:
 - Healthy San Francisco is NOT insurance
 - Services received outside of San Francisco are not covered
 - Disenrollment will occur (with refund if applicable) if participant obtains coverage (private or public)
 - Payment is required (if applicable)



Healthy

San Francisco

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HSF Application Acknowledgement Form

Healthy San Francisco Applicant Acknowledgement Form

Application ID: 1234567891234

Participant ID: 12345678912345

- I, **Curious George**, am eligible for the Healthy San Francisco program. I have read and agree to each of the following:
1. I am a current resident of San Francisco City and County.
 2. I am ages 18-64 or an emancipated minor (includes minors not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent).
 3. I am not currently enrolled or eligible for any full-scope public health insurance program. If I am found eligible for any other full-scope public coverage program, I will be dis-enrolled from Healthy San Francisco.
 4. I am not enrolled in, and I have not dropped health insurance provided by my employer or individual health insurance within the last 90 days.
 5. I understand that Healthy San Francisco *is not* an insurance program and is only valid at *pre-approved* Healthy San Francisco providers. If I obtain care at a non-Healthy San Francisco provider, I understand that I will be responsible for all assessed charges related to my treatment/care.
 6. I understand that I will be dis-enrolled for the reasons stated in the Healthy San Francisco Participant Handbook.
 7. If I become eligible for full-scope public health insurance during the year, gain insurance through an employer or individual coverage, or have a change of income, I will notify Healthy San Francisco customer service immediately.
 8. I understand that my eligibility will be reviewed, at least once a year. I also agree to have my eligibility re-determined as needed.
 9. If I am asked to apply for any other public coverage program, I must do so. If I refuse to cooperate when requested to apply for a public coverage program, I will be dis-enrolled from Healthy San Francisco and may be responsible for all charges related to my treatment/care.
 10. I understand that, based on the information I provided for income and assets, I may be charged an annual participant fee payable on a quarterly basis. I understand that I am responsible for paying all Healthy San Francisco participant fees and point-of-service fees for which I may be billed.
 11. I understand that if the information I provide as part of my application is found to be inaccurate, I will be immediately dis-enrolled and may be billed retroactively for all services previously covered under the Healthy San Francisco program.
 12. Participation in Healthy San Francisco is based on the availability of funding from the State and the City and County of San Francisco.
 13. I state that I have read the information on this form and have been given the opportunity to discuss any of the above items with an eligibility worker or application assistor. I declare that the above information is true and correct. Further, by signing below, I authorize County personnel, agents or contractors to verify my eligibility.

Applicant Signature

Date

Application Assistor Signature

Date

How to close a successful HSF applicant process for an enrolled participant

1. Confirm that HSF Status = Enrolled on the applicant's HSF Program Summary
2. Print the HSF Program Summary for the Applicant
3. Provide a Application Completion Handout to Applicant
4. Inform applicant that their eligibility date begins today
5. Inform participant that they will receive a ID card in the mail; this not required for services
6. Direct participant to go to assigned medical home listed on their Healthy San Francisco Program Summary for services