



**Healthy**SF

OUR HEALTH ACCESS PROGRAM

# **Healthy San Francisco Policies and Procedures**

## **February 2022**

**HSF Program Administration  
Office of Managed Care, Box #16  
375 Laguna Honda Boulevard  
San Francisco, CA 94116**

# Table of Contents

<b>1. DEVELOPING POLICIES &amp; PROCEDURES</b>	<b>1</b>
1.1 Developing Policies and Procedures	1
<b>2. ELIGIBILITY</b>	<b>1</b>
2.1 Determining Eligibility	1
2.2 Eligibility Exceptions	2
2.3 Eligibility Screening Tool	2
2.4 Eligibility Screening Requirements for Other Public Programs	2
2.5 SF City Option Eligibility and Procedures (Employer Spending Requirement Participants)	3
2.6 Managing Ineligibility for Medi-Cal & Medicare,	4
2.7 Eligibility of Non-Immigrants for HSF	5
<b>3. INCOME DETERMINATION</b>	<b>6</b>
3.1 Calculating Household Income and Federal Poverty Level (FPL)	6
3.2 Self-Employment Income Calculation and Documentation	7
3.3 Rental Income Calculation and Documentation	8
3.4 Self-Declared Income Calculation and Documentation	9
3.5 Calculating Seasonal/Variable Income	9
3.6 Review of Applications Reporting No Income	10
3.7 Affidavit of Support Form Protocols	10
3.8 Application Redetermination	11
<b>4. VERIFICATION DOCUMENTS</b>	<b>11</b>
4.1 Required Verification Documents	11
4.2 Verification Document Submission and Storage	12
<b>5. ENROLLMENT PROCEDURES</b>	<b>13</b>
5.1 Enrollment Procedures	13
5.2 Primary Informants and Appointed Representatives	13
5.3 Enrollment Verification	14
<b>6. ENROLLMENT SITES</b>	<b>14</b>
6.1 Enrollment Site Designation	15
6.2 Enrollment Site Readiness	15
<b>7. APPLICATION ASSISTORS</b>	<b>16</b>
7.1 Healthy San Francisco Application Assistor Training	16

7.2 Healthy San Francisco Application Assistance Responsibilities .....	16
<b>8. APPLICATION AUDITS.....</b>	<b>17</b>
8.1 HSF Application Audits .....	17
<b>9. FEES.....</b>	<b>18</b>
9.1 Fee Schedule.....	18
9.2 Participation Fee Collection and Billing .....	19
9.3 Refunds .....	20
<b>10. DISENROLLMENT .....</b>	<b>21</b>
10.1 Disenrollment Procedures.....	21
10.2 Disenrollment Notification .....	22
<b>11. RENEWAL.....</b>	<b>22</b>
11.1 Renewal Procedures.....	22
11.2 Renewal Outreach .....	23
<b>12. RE-ENROLLMENT .....</b>	<b>24</b>
12.1 Re-Enrollment.....	24
<b>13. REPORTS.....</b>	<b>25</b>
13.1 Enrollment Reports .....	25
13.2 Enrollment Report Distribution .....	25
<b>14. COVERED SERVICES .....</b>	<b>26</b>
14.1 Covered Services.....	26
14.2 Eligibility for Services .....	27
<b>15. PROVIDERS.....</b>	<b>27</b>
15.1 Provider Network Design and Development.....	27
<b>16. MEDICAL HOMES.....</b>	<b>28</b>
16.1 Medical Home Selection and Medical Home Changes.....	28
16.2 Medical Home Capacity for New Patients and Enrollment System Tracking .....	29
<b>17. APPOINTMENTS.....</b>	<b>30</b>
17.1 Appointment Availability .....	30
17.2 Appointment Scheduling Process .....	30
<b>18. BEHAVIORAL HEALTH .....</b>	<b>30</b>
18.1 Behavioral Health Provider Network.....	30
18.2 Community Behavioral Health Services Program Structure and Visits .....	31
18.3 Behavioral Health Fees.....	32
18.4 Behavioral Health Pharmacy Services .....	32

<b>19. PHARMACY .....</b>	<b>32</b>
19.1 Pharmacy Network, Access, and Formulary.....	32
<b>20. EMERGENCY MEDICAL SERVICES .....</b>	<b>33</b>
20.1 Emergency Medical Services Transport.....	33
20.2 Emergency Care .....	34
<b>21. PARTICIPANT MATERIALS .....</b>	<b>34</b>
21.1 Participant Materials .....	34
21.2 Program Materials for the Public .....	35
<b>22. CUSTOMER SERVICE .....</b>	<b>35</b>
22.1 Customer Service and Provider Relations Inquires .....	35
22.2 Medical Bills Received by Participants .....	37

## 1. Developing Policies & Procedures

<b>Policy:</b>	<b>1.1 Developing Policies and Procedures</b>
<b>Last Updated:</b>	12/26/2014

Healthy San Francisco (HSF) Program Administration is based at the San Francisco Department of Public Health (DPH) within the Office of Managed Care and is under the Director of the Office of Managed Care. HSF Program Administration is responsible for developing, maintaining, and distributing policies and procedures for the HSF program. Policies and procedures provide a high-level summary of program rules and do not address operations. HSF Program Administration will review and re-issue all policies and procedures on a bi-annual basis. All updates to policies and procedures will clearly note the author(s) and the dates of modification.

## 2. Eligibility

<b>Policy:</b>	<b>2.1 Determining Eligibility</b>
<b>Last Updated:</b>	07/31/2021

The Department of Public Health (DPH) determines eligibility rules for HSF in conformance with the governing regulations as adopted by the San Francisco Health Commission. DPH authorizes trained Certified Application Assistors at designated enrollment sites to screen applicants for HSF eligibility, according to program rules. Detailed information regarding eligibility screening is available in the **Healthy San Francisco Application Assistor Eligibility Reference Manual**.

Eligible applicants must:

- (1) Be deemed ineligible for local, state, and federal full-scope (share of cost and no-share of cost) public health insurance programs, such as Medi-Cal or Medicare. Applicants must be deemed ineligible by the California Healthcare Eligibility Enrollment and Retention System (CalHEERS), if available, or have written proof of denial (excludes denials related to failure to cooperate).
- (2) Lack health insurance (i.e. uninsured). Individuals with time-limited or restricted health insurance benefits from a state/federal program, such as emergency Medi-Cal or pregnancy-related Medi-Cal, may be considered eligible. However, Individuals enrolled in private restricted health insurance, such as catastrophic coverage plans, are not eligible for HSF.
- (3) Be a current San Francisco City and County resident, with proof of San Francisco residency. Any individual with an active I-94 form, (unless a refugee, asylee, in possession of a certification letter from the Office of Refugee Resettlement, or U or T visa holder) is not considered a San Francisco resident.
  - a) Homeless applicants can provide verbal proof of San Francisco residency.
  - b) If a household member is away at school but is 1) claimed as a dependent on a San Franciscan's tax return, and 2) currently and will in the future spend at least part of the year in San Francisco, they are considered a San Francisco resident.

- (4) Be age 18 or over, 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.
- (5) Have a household income of 500% of the Federal Poverty Level (FPL) or below. Countable income includes all earned and unearned taxable income and non-retirement related liquid assets. **However, there is no income limit for individuals participating in HSF as part of SF City Option, offered under the Employer Spending Requirement (See section 2.5).**
- (6) Not have been covered by employer-paid or privately purchased health insurance within the last 90 days, except for individuals who lost coverage due to the following circumstances:
  - o *Job loss and health insurance terminated*
  - o *Moved and no insurance available*
  - o *Individual providing coverage is deceased, or relationship has changed due to, legal separation, domestic partnership termination or divorce*
  - o *Aged-out of parent's or guardian's health insurance*
  - o *COBRA coverage ended or dropped*
  - o *Employer terminated employee's health insurance*

There is no enrollment waiting period for those covered by public coverage within the last 90 days. There is no enrollment waiting period for those who drop, disenroll, or decide not to enroll in Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Health Coverage after job loss. Individuals must disenroll from COBRA coverage and be uninsured to be eligible for HSF.

<b>Policy:</b>	<b>2.2 Eligibility Exceptions</b>
<b>Last Updated:</b>	07/07/2014

HSF Administration collectively may, at its sole discretion and for good cause, waive one or more eligibility requirements to certain individuals or populations for HSF program participation. The criteria and duration for exceptions will be established by HSF Administration and will be documented and distributed prior to the effective date to all stakeholders, including HSF Medical Homes and the Training Leads Committee. Exceptions, if made available by HSF Administration, will only be granted to those individuals that meet all requirements established by HSF Administration. Nothing in this policy requires HSF Administration to make any eligibility exceptions.

<b>Policy:</b>	<b>2.3 Eligibility Screening Tool</b>
<b>Last Updated:</b>	12/30/2014

One-e-App is the web-based eligibility and enrollment application for HSF and is also the system of record for HSF providers. DPH will determine the HSF eligibility rules to be housed in One-e-App for the application and the eligibility determination process.

HSF enrollment will not occur when an applicant is found to have eligibility for, or is enrolled in another full-scope (share of cost and no-share of cost) public health insurance program such as Medi-Cal or Medicare during the application process. Applicants for HSF will be screened for other full scope benefit programs first when appropriate. See Section 2.1 for eligibility requirements.

<b>Policy:</b>	<b>2.4 Eligibility Screening Requirements for Other Public Programs</b>
<b>Last Updated:</b>	07/31/2021

Screening Requirements Due to Change in Circumstances

If an HSF participant’s eligibility for a public insurance program changes due to a new medical condition (e.g. pregnancy) or circumstance (hospital admission) 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 HSF Applicant Acknowledgement Form at the time of enrollment. Specifically, HSF participants may become eligible for Presumptive Eligibility (Pregnant Women or Hospital) and restricted Medi-Cal during their HSF term due to changes in their medical needs and condition.

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 for this condition.

Coordination of HSF with Pregnancy Related Services

If a pregnant HSF participant is approved for Presumptive Eligibility Medi-Cal, Pregnancy-Related Medi-Cal, or the Medi-Cal Access Program,, pregnancy services, including abortion, will be covered by Medi-Cal. Non-pregnancy related services will continue to be provided by HSF if they are not qualified for and enrolled in full-scope (share of cost and no-share of cost) or restricted Medi-Cal. Providers will direct patients seeking pregnancy-related services to the appropriate eligibility staff and enrollment site 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. HSF is the program of last resort and **will only include pregnancy-related services in the event the participant is screened and is not found eligible for pregnancy-related coverage programs.**

<b>Policy:</b>	<b>2.5 SF City Option Eligibility and Procedures (Employer Spending Requirement Participants)</b>
<b>Last Updated:</b>	02/28/2022

In addition to creating the Healthy San Francisco program, the Health Care Security Ordinance (HCSO) passed by the San Francisco Board of Supervisors in July 2006 and signed into law by the mayor in August 2006, requires San Francisco for-profit employers with 20 or more employees and non-profit employers with 50 or more employees to pay a minimum amount of money per hour worked for health care expenditures on behalf of their San Francisco employees, regardless of where their employees live. This minimum spending requirement contained within the HCSO is called the Employer Spending Requirement (ESR). Current expenditure rates can be found on the Office of Labor Standards Enforcement (OLSE) website: [www.sfgov.org/olse/hcso](http://www.sfgov.org/olse/hcso).

Employers can comply with the ESR of the HCSO in a number of ways, including by paying into SF City Option.

**SF City Option**

- (1) SF City Option is the name for a program that the City offers employers as an option for meeting their ESR under the HCSO. The HCSO specifically requires that this option include access to HSF and access to a Medical Reimbursement Account for eligible employees of employers using SF City Option.
- (2) DPH has contracted with the San Francisco Health Plan (SFHP) as a third-party administrator to operate SF City Option.
- (3) Employers who choose to use SF City Option to comply with the HCSO submit a roster of employees and payments for each listed employee.

- An employer may contribute funds to SF City Option for any subset of its covered employees.
  - An employer may contribute any portion of the required spending per employee to SF City Option.
  - An employer must make health care expenditure payments at least quarterly and within 30 days of the end of the preceding quarter.
  - The employer is required to notify each employee for whom a contribution has been made.
- (4) The employer contribution for each employee is initially assigned to an “employer contribution pool,” until the employee takes an action to enroll in the SF City Option health care benefit, also known as their SF Medical Reimbursement Account (SF MRA). Once the employee completes an SF MRA Enrollment Form and enrolls in the SF MRA benefit the employer contributions are assigned to their account, and the employee is able to access the funds to pay for eligible health care expenses, including their HSF quarterly participant fees and point-of-service fees.

**Enrollment Policies for SF City Option-linked HSF applicants**

- (1) HSF enrollment is limited to eligible applicants up to 500% FPL, except for SF City Option-linked HSF participants, who may enroll in HSF regardless of FPL. An SF City Option-linked applicant is defined as an applicant with an employer contribution of any amount within the past six months at the time they completed the HSF application.
- SFHP has been designated as the enrollment site for all SF City Option-linked new applicants. All HSF eligibility and enrollment sites will pre-screen to identify SF City Option-linked HSF applicants and will re-direct them to enroll at SFHP if they are new to the program.
  - SFHP Assistors verify if each applicant is SF City Option-linked by viewing their status via the ESR Administration Portal.
  - Once enrolled in HSF, SF City Option HSF participants can go to their Medical Home or SFHP for modification or renewal of their application.
- (2) Once enrolled in HSF, the employee will not be disenrolled even if his/her employer stops making ESR payments. In such a case, the HSF participant will remain enrolled (unless s/he is disenrolled for another reason).

**Modification to Policy 2.5 Due to SF City Option Program Changes**

HSF and SF City Option programs eliminated a discount on HSF quarterly fees for SF City Option-linked participants on 09/20/2021. Previously, these individuals received a 75% discount on their quarterly fee if there were at least \$0.01 in employer contributions during the six months preceding the date on which an HSF fee invoice was created. If the 75% discount resulted in a quarterly fee of \$50 or less, the entire fee was waived.

<b>Policy:</b>	<b>2.6 Managing Ineligibility for Medi-Cal &amp; Medicare,</b>
<b>Last Updated:</b>	12/30/2015

At enrollment appointments, applicants will first be screened (through CalHEERS, if available) for public health insurance eligibility. Individuals who are found preliminarily eligible for full-scope

(share of cost and no-share of cost) Medi-Cal may not enroll in HSF until it is determined that they are ineligible for full-scope (share of cost and no-share of cost) Medi-Cal. Applicants who are determined eligible for discounted health insurance through Covered California may enroll or remain in HSF if they express affordability concerns with the insurance offered through Covered CA. If an applicant declines to be screened through CalHEERS, they will be referred to HSA for public health insurance eligibility determination prior to enrolling in HSF.

Those applicants determined ineligible for full-scope (share of cost and no-share of cost) Medi-Cal through Covered California or CalHEERS will receive notice from either Covered California or Medi-Cal documenting their ineligibility or eligibility for another public health insurance program. Applicants who were denied from Medi-Cal for a reason other than “failure to cooperate” may be eligible for HSF.

These applicants can bring their official notice to their HSF Application Assistor. The Application Assistor will update this information in the HSF enrollment system and complete an HSF enrollment for the individual. The letter must be dated within the last 45 days and must include the name of the applicant applying for HSF.

As part of the enrollment process, applicants aged 65 and over are asked if they are currently eligible for Medicare. Application Assistors will provide additional information on Medicare eligibility if the applicant is unsure of eligibility status. Upon being found preliminarily eligible for Medicare, applicants are referred to the Social Security Administration for formal Medicare eligibility determination. If applicants report Medicare ineligibility, Application Assistors will enroll the applicant in HSF if all other eligibility requirements are met. See Section 2.1 for eligibility requirements.

<b>Policy:</b>	<b>2.7 Eligibility of Non-Immigrants for HSF</b>
<b>Last Updated:</b>	07/31/2021

Applicants with a temporary visa on an active I-94 arrival/departure record **are ineligible** for HSF, as they are residing in the United States temporarily. These applicants include tourists, students, diplomats and applicants on work visa. However, the following applicants **are** eligible, regardless of whether they are within the dates of their I-94 record:

**Asylees and Refugees**

All asylees and refugees are eligible for HSF, provided they meet all other program eligibility requirements, as these applicants are eligible for all State and Federal programs, CalFresh and General Assistance in San Francisco. Applicants must present an I-94 form stamped with one of the following Immigration and Nationality Act (INA) sections:

- Section 106: Indefinite Stay of Deportation
- Section 203(a)(7): Conditional Entrant
- Section 207: Refugee
- Section 208: Asylee
- Section 212(d)(5): Parolee
- Section 242 (b): Voluntary Departure
- Section 243(h) or 241(b)(3): Withholding of Deportation or Removal

HSF Application Assistors who encounter a complicated I-94 situation will be advised to suspend the applicant’s HSF application pending review by an HSF Program Manager trained in these immigration provisions.

**Applicants with a Certification Letter from the Office of Refugee Resettlement**

Applicants who receive a certification letter from the Office of Refugee Resettlement within the U.S. Department of Health and Human Services granting them the same eligibility for State and Federal benefits as a refugee are eligible for HSF, provided they meet all other program eligibility requirements. These requirements include being currently ineligible for full-scope (share of cost and no-share of cost) Medi-Cal and Medicare. These applicants are eligible even if they are within the dates on their I-94 arrival and departure form.

**U and T Visa Holders**

Applicants with an approved U or T visa or a Form I-797 Notice of Action indicating the submission of a U visa application which grants them eligibility for state and local benefits are eligible for HSF, provided they meet all other program eligibility requirements. These requirements include being currently ineligible for full-scope (share of cost and no-share of cost) Medi-Cal and Medicare. These applicants are eligible even if they are within the dates on their I-94 arrival and departure form.

**3. Income Determination**

<b>Policy:</b>	<b>3.1 Calculating Household Income and Federal Poverty Level (FPL)</b>
<b>Last Updated:</b>	4/20/12

An applicant’s household size, countable income and countable liquid assets determines their Federal Poverty Level (FPL) and participant fees for Healthy San Francisco (HSF). Detailed information on calculating FPL is available in the **Healthy San Francisco Application Assistor Eligibility Reference Manual**.

The HSF Application Assistor must use One-e-App, the eligibility and enrollment system to:

- ◆ Determine the number of applicant’s countable family members to calculate family size
- ◆ Determine the countable monthly income received by each countable family member
- ◆ Determine total countable liquid assets for each countable family member and divide by 12 to obtain a monthly figure

Only the incomes and assets of those people counted in the family size are considered. An individual must live in the home to be part of the HSF family size, with the exception of children who are claimed as tax dependents and are away at school, and adults away for work who intend to return to the household. The chart below outlines countable family members:

<b>Countable Household Members</b>	<b>Not Countable Household Members</b>
<ul style="list-style-type: none"> <li>• Spouses/domestic partners (certified or self-declared)</li> <li>• Biological or adopted children under age 21 (0-20 inclusive, including unborn) living in the household or away at school and claimed as tax dependents</li> </ul>	<ul style="list-style-type: none"> <li>• Caretaker relatives (grandparents or other relatives)</li> <li>• Legal guardians or foster parents</li> <li>• Recipients of most forms of public assistance (i.e., SSI/SSP, CalWORKS, TANF or General Relief)</li> <li>• Unmarried father of an unborn child if he has no other children with the pregnant woman</li> <li>• Roommates, friends, and others who are not self-declared domestic partners</li> </ul>

The charts below outline the types of earned and unearned income and liquid assets (assets easily convertible into cash) that are counted towards a household’s calculated Federal Poverty Level (FPL) for HSF:

Countable Income – Included in FPL Calculation		
Earned Income	Unearned Income	Liquid Assets
<ul style="list-style-type: none"> <li>• Job earning (gross) for those aged 16 and older</li> <li>• Self-employment net income for those aged 16 and older</li> <li>• Rental income</li> </ul>	<ul style="list-style-type: none"> <li>• Taxable Government Benefits (Social Security Administration or Railroad Retirement Benefits)</li> <li>• Veterans' benefits</li> <li>• Alimony payments</li> <li>• Unemployment benefits</li> <li>• State disability insurance (SDI)</li> <li>• Payments from annuities</li> <li>• Interest income/ordinary (taxable) annuity income</li> <li>• Payments/distributions from pension, retirement, or 529 college savings accounts</li> <li>• Other gross taxable income</li> </ul>	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Stocks</li> <li>• Bank accounts</li> <li>• Mutual funds</li> <li>• Certificate of Deposit</li> </ul>

Non-Countable Income – Excluded from FPL Calculation		
Earned Income	Unearned Income	Liquid Assets
<ul style="list-style-type: none"> <li>• Job earning (gross) for those aged under age 16</li> <li>• Self-employment net income for those under age 16</li> </ul>	<ul style="list-style-type: none"> <li>• Education grants, scholarships, or financial aid</li> <li>• Child support</li> <li>• County Adult Assistance (GA, etc.)</li> <li>• State and Federal public assistance: <ul style="list-style-type: none"> <li>○ Supplemental Security Income (SSI)</li> <li>○ State supplementary payment program (SSP)</li> <li>○ Aid to Adoption Payments (AAP)</li> <li>○ Refugee Cash Assistance (RCA)</li> <li>○ Foster care payments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Value or pension, retirement, or college 529 accounts</li> <li>• Business assets</li> <li>• Life insurance</li> <li>• Property/autos</li> </ul>

### **Additions to Income**

Total countable liquid assets are added to the applicant's gross income. However, liquid assets at or below the following thresholds are excluded from HSF income calculation:

- Single Applicant = \$2000
- Married Applicant (or applicant with certified or non-certified domestic partner) = \$3000
- Each additional household member = \$150

The electronic eligibility system automatically subtracts this amount from the household's total countable liquid assets, divides by 12, and adds the result to the household's gross monthly income. The **Healthy San Francisco Application Assistor Eligibility Reference Manual** contains a list of acceptable documents to provide proof of liquid assets.

### **Deductions to Income**

Countable income for household members that are not self-employed is their gross monthly income plus their calculated liquid assets. There are no deductions applied to the household's calculated monthly income for living expenses of any kind, such as rent, food, childcare, or utilities.

<b>Policy:</b>	<b>3.2 Self-Employment Income Calculation and Documentation</b>
<b>Last Updated:</b>	07/31/2021

HSF treats average monthly **net income** as income for self-employed applicants. Net income is defined as revenue minus employment-related expenses, plus disallowable expenses, such as

depreciation, meals, and entertainment expenses. There are no deductions applied to the household's calculated monthly income for living expenses of any kind, such as rent, food, childcare, or utilities.

**Documentation**

Household members who are self-employed are not permitted to submit affidavits to prove income. Household members who are self-employed must submit one of the following documents:

**1) Recent Federal Tax Form 1040 with Schedule C (Profit or Loss from Business)**

Both documents must be faxed or scanned into the One-e-App enrollment system to prove their annual income for HSF via self-employment. (See Section 4.2 for instructions on document submission)

- Annual income for a self-employed HSF applicant with a 1040 tax return is calculated by taking the applicant's total annual net profit or loss, after business income and expenses, reported on the 1040 **(Line 12)** and adding back depreciation **(Line 13)** and deductible meals and entertainment expenses **(Line 24b)**.
- Negative net income should be reported as zero.
- Annual income is divided by 12 in the eligibility system to derive an average monthly income.

**2) Three Month Profit and Loss Statement**

If a self-employed applicant lacks a copy of their tax return OR their income has significantly changed since the completion of their last tax return, the applicant can prepare and submit a signed **Three Month Profit and Loss Statement** for the past three months. The statement should itemize expenses to ensure that Application Assistors can remove disallowable expenses.

- A sample **Three Month Profit and Loss Statement** is available for applicants or Application Assistors in the enrollment system.
- Disallowable expenses, such as depreciation, meals and entertainment expenses must be added back to the monthly sum.
- The Application Assistor must then sum the past three months of countable income, divide by three, and enter this monthly figure in the eligibility system.

<b>Policy:</b>	<b>3.3 Rental Income Calculation and Documentation</b>
<b>Last Updated:</b>	1/15/10

Rental income may include rents received from renting out a room in the applicant's home or from renting out a secondary residence. HSF counts net rental income, or rents received less countable rental expenses. Countable rental expenses include the following expenses itemized on a Schedule E tax return:

- Cleaning and maintenance
- Insurance
- Mortgage interest paid to banks
- Other interest
- Repairs
- Taxes
- Utilities

**Documentation**

Applicants who receive rental income must provide one of the following documents as supporting documentation:

**1) Previous Year’s Federal Tax Form 1040 with a Schedule E**

Rental income is calculated by subtracting countable rental expenses detailed on Schedule E (lines 7,9,12,13,14,16, and 17) from rents received (line 3).

**2) Signed and Dated “Rental Income Worksheet,” if a 1040 tax return and Schedule E are not available, with rents received and countable rental expenses detailed**

Rental income is calculated by subtracting countable rental expenses, as detailed on the rental income worksheet, from rents received. Blank “Rental Income Worksheets” are printable from the online enrollment system. Worksheets must be signed and dated within the last 45 days.

Additional details are in the **Healthy San Francisco Application Assistor Eligibility Reference Manual**.

<b>Policy:</b>	<b>3.4 Self-Declared Income Calculation and Documentation</b>
<b>Last Updated:</b>	1/15/10

A signed SF County Programs **Income Statement** can be used as proof of income for individuals who are not self-employed and who lack a formal paystub, tax return or other proof of income outlined in the **Healthy San Francisco Application Assistor Eligibility Reference Manual**. An **SF County Programs Income Statement** is only acceptable if no other forms of documentation can be provided. The signed **SF County Programs Income Statement Form** documents their last three months of income. Blank **SF County Programs Income Statement Forms** are printable from the online enrollment system.

Application Assistors must average the three monthly amounts listed on the Income Statement to obtain a figure for gross monthly income.

<b>Policy:</b>	<b>3.5 Calculating Seasonal/Variable Income</b>
<b>Last Updated:</b>	2/14/11

HSF defines seasonal income as income that is received during only part of the year or income that varies significantly during the year due to variations in hours worked. Employees with seasonal income may include, but are not limited to:

- 1) employees who work on an on-call/as needed/temporary basis,
- 2) employees who work in seasonal professions, such as teachers, farm workers, etc.,
- 3) employees with variable hours/wages, such as waiters.

Application Assistors must calculate average monthly income from applicants with seasonal income.

**Documenting Seasonal Income**

Applicants with seasonal income should provide proof of income for the three months prior to the application date from all employers. Acceptable verification documents include paystubs or a signed **HSF Income Statement** for those applications paid in cash.

**Calculating Monthly Income for Seasonal Employees**

Calculations vary according to the type of documentation available from the applicant as follows:

- *Applicants with a Year-to-Date (YTD) Figure on Most Recent Paystub*  
For individuals with a formal paystub with a “year-to-date” earnings figure, divide the year-to-date figure by the total number of months that have passed in the calendar year, and obtain average monthly income.
- *Applications without a YTD Figure on Most Recent Paystub*  
For individuals who lack a paystub with a YTD earning figure, sum all income reported on all paystubs/checks received over the past three months from all employers and divide by 3 to obtain an average monthly income figure.
- *Applications with an HSF Income Statement*  
For individuals with a HSF Income Statement who are paid in cash, sum all income reported on the statement over the past three months and divide by three to obtain an average monthly income figure.

<b>Policy:</b>	<b>3.6 Review of Applications Reporting No Income</b>
<b>Last Updated:</b>	1/15/10

HSF requires all applicants to provide detailed income and asset information to appropriately assess eligibility and assign income-based participation fees. Application Assistors request detailed documentation from all applicants during eligibility screening.

Individuals reporting no household income or assets after initial screening who do not self-identify as homeless will be required to provide additional eligibility information to ensure all countable forms of potential income are captured:

- Applicants who report business or rental income losses that result in a personal income of zero for HSF eligibility may be asked to provide additional documentation to indicate their means of non-business/personal support.
- Applicants who indicate they are recently unemployed may be asked to provide information about unemployment insurance payments, if they do not volunteer this information initially.
- Applicants who indicate they are not employed and are not homeless will be asked about their means of financial support. Documentation of possible forms of income for the unemployed may include, but not be limited to:
  - Gift income
  - Award letter from a public assistance program
  - Liquid assets (checking/savings account)

Application Assistors are permitted to suspend these applications pending further review by a supervisor if the applicant is unwilling to document their means of support.

<b>Policy:</b>	<b>3.7 Affidavit of Support Form Protocols</b>
<b>Last Updated:</b>	2/14/11

Applicants receiving in-kind support from a party outside of their household must submit an SF County Program Affidavit of Support form. In-kind support is defined as free housing, food, and clothing. The applicant must indicate on the form the type(s) of support being provided and must obtain a signature from the individual providing the support.

If the applicant is receiving free housing from a third party in San Francisco, the SF County Program Affidavit of Support form can be submitted as proof of their San Francisco residency if the applicant lacks another document which proves residency. This form must be signed by the third party providing the support and must be accompanied by formal residency documentation (utility bill, lease, etc.) with the name of the third party. The language on the SF County Program

Affidavit of Support form indicates that the individual providing the support may be contacted to confirm their provision of support.

In cases in which the applicant submits recent income or asset documentation displaying a conflicting non-San Francisco address (e.g. tax forms) in conjunction with a SF County Program Affidavit of Support for proof of S.F. residency, the HSF Training Lead for the enrollment site should notify HSF Administration after performing the enrollment. HSF Administration will work with HSF Customer Service to contact the individual listed on the Affidavit of Support form to verify that they are indeed providing housing to the participant. If HSF Customer Service is unable to reach the individual providing support after 2 telephone attempts or the individual indicates they are not providing this support during this call, HSF Customer Service will contact the HSF participant by phone to request submission of a new form of proof of residency within 20 business days at their enrollment site. HSF Customer Service will alert HSF Administration on a monthly basis regarding the status of these cases. HSF Administration will disenroll participants who do not provide this information within the required time frame for the reason “False or Misleading Information.”

<b>Policy:</b>	<b>3.8 Application Redetermination</b>
<b>Last Updated:</b>	12/26/2014

Enrolled participants and denied applicants with a change in household income or household demographics can request a redetermination at any time at their original enrollment site or their current Medical Home. Rescreening the participant may result in the participant being eligible for a different health program (e.g. Medi-Cal or Medicare) or ineligible for any health care program, which will result in disenrollment from HSF.

A modification of an application in which the participant is still eligible for HSF but has a change in FPL that results in a participant fee increase or decrease will have new terms of enrollment for the participant, with a new eligibility date. Individuals who need to update their income must provide the appropriate supporting documentation for their income type during a redetermination, such as a recent paystub for an employed applicant.

Application Assistors are responsible for updating information in One-e-App to reflect new demographic information (change of address) or circumstances that may link the applicant to a different program (pregnancy, naturalization, 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 current Medical Home or select a new Medical Home
- 5) Sign a new HSF Applicant Acknowledgment Form.
- 6) Sign a Health Care Programs Acknowledgement Form, if applicable

Permanent documents (identity, citizenship, if applicable) are retained in One-e-App and do not need to be re-submitted unless the stored documents are difficult to read or have been misplaced.

## 4. Verification Documents

<b>Policy:</b>	<b>4.1 Required Verification Documents</b>
<b>Last Updated:</b>	07/31/2021

Healthy San Francisco (HSF) applicants must submit each of the following document types listed in the **Healthy San Francisco Application Assistor Eligibility Reference Manual** to prove:

- Identity (Signed **HSF Affidavit of Identity** accepted for homeless applicants)
- San Francisco residency status (Verbal self-declaration accepted for homeless applicants, **SF County Programs Affidavit of Support with 3<sup>rd</sup> Party Proof of S.F. Residency** accepted for those supported by and residing with a S.F. Resident)
- Household income
- Household assets
- HSF Program Eligibility Exemption Acknowledgement Form when applicable
- Health Care Programs Acknowledgement Form, if applicable

Proof of Identity documents can be used permanently, even if they are expired, so long as the scanned image of the ID is legible.

All temporary documents (Proof of SF County Residency, Income, Assets, signed Affidavits and Acknowledgement Forms) must be dated within 45 days of the applications submission date. If an applicant uses a formal lease agreement as proof of SF County Residency, the document can be dated more than 45 days before the application submission date as long as the agreement is for the current year of the applicant’s upcoming eligibility period. If an applicant uses an ID as Proof of SF County Residency, the ID may not be expired.

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.

Applicants must provide proof of all household assets during the application process, including non-countable assets for HSF, such as the balance of retirement accounts.

Current participants seeking a modification of their current application due to a divorce or termination of a certified domestic partnership must provide proof of divorce or termination of a certified domestic partnership to their Application Assistor. Assistors are required to indicate in the “Notes” section of the enrollment system that they have viewed this documentation but are not required to fax or scan these materials into the enrollment system.

If an HSF enrollment site is not qualified to screen applicants for health insurance on CalHEERS, applicants may also need to show proof of ineligibility for full-scope (share of cost and no-share of cost) Medi-Cal. See Section 2.6 for detailed information. If an applicant is determined ineligible for a full-scope coverage program after formal agency denial, and provides documentation stating such, the applicant can return to the HSF enrollment site to enroll or renew in HSF. The applicant must show proof indicating that in the last 45 days the applicant is ineligible for full-scope (share of cost and no-share of cost) Medi-Cal and the Application Assistor must formally indicate that the applicant has a proof in the system.

**Temporary modification to Policy 4.1 in response to the COVID-19 pandemic**

To accommodate the technical needs of the remote appointments now offered by HSF enrollment sites, verification documents are not required at the time of enrollment. Per Memo “Healthy San Francisco Enrollment Completed via Phone Appointments,” issued by the Manger of the Office of Managed Care, applicants must submit all verification documents within 90 days of their enrollment.

<b>Policy:</b>	<b>4.2 Verification Document Submission and Storage</b>
<b>Last Updated:</b>	07/31/2021

HSF Application Assistors must fax or scan the required documentation into the Department of Public Health (DPH) electronic eligibility and enrollment system (One-e-App) to store electronic images of verification documents to retain key applicant personal information for auditing and expedited renewal purposes. All HSF Application Assistors must fax or scan the documents to the address provided on the One-e-App standard fax cover sheets.

Electronic images of the faxed and scanned documents should appear in the applicant's file in the enrollment system within five minutes. Application Assistors must verify that the uploaded documents are viewable in the system and should immediately contact their supervisor for assistance if the image is not viewable or clear. Supervisors are trained to consult a special queue of unassociated images uploaded by all Application Assistors to match an unassociated fax or scan to the applicant's file. After an Application Assistor confirms that there is a clear electronic image for all documents uploaded into the system, hard copies of these documents can be shredded.

If an organization has an internal policy to retain these hard copies for a period of time, they must have a secure storage location (e.g. locked filing cabinet, secure closet, etc.) to protect participants' Protected Health Information (PHI).

## 5. Enrollment Procedures

<b>Policy:</b>	<b>5.1 Enrollment Procedures</b>
<b>Last Updated:</b>	07/31/2021

One-e-App, the Department of Public Health web-based eligibility and enrollment system, is programmed with Healthy San Francisco eligibility rules outlined in Section 2.1. Enrollment is effective immediately after submission of a complete application and the enrollment term is one year. Participants can be disenrolled during their term for the reasons outlined in Section 10.1.

Applicants who provide required verification documents and are found eligible for HSF during a One-e-App screening will be immediately enrolled in the program by an Application Assistor. Applicants must agree to and sign program requirements, as outlined in the **HSF Application Acknowledgment Form**.

Applicants must select a Medical Home for primary care services and will receive a printed application approval notice displaying their selected Medical Home. Participants receive an identification card by mail within 2 weeks of enrollment.

### **Temporary modification to Policy 5.1 in response to the COVID-19 pandemic**

To accommodate the technical needs of the remote appointments now offered by HSF enrollment sites, verification documents are not required at the time of enrollment. Per Memo "Healthy San Francisco Enrollment Completed via Phone Appointments," issued by the Manger of the Office of Managed Care, applicants must submit all verification documents within 90 days of their enrollment.

<b>Policy:</b>	<b>5.2 Primary Informants and Appointed Representatives</b>
<b>Last Updated:</b>	07/31/2021

Only one applicant per household is required to meet with an Application Assistor. This applicant is the primary informant and must show all required verification documents (listed in Section 4.1) for each individual whose eligibility is to be screened on One-e-App.

If an applicant is unable to complete the application and enrollment process, an Authorized Representative Form can be completed to appoint a representative who may accompany, assist, and/or represent the applicant when meeting with an Application Assistor. Application Assistors must fax or scan the Authorized Representative Form into the Department of Public Health electronic eligibility and enrollment system, One-e-App. If the applicant is not physically present, the appointed representative should possess all required verification documents (listed in Section 4.1) when meeting with the Application Assistor.

The primary informant does not need to be seeking coverage in order to enroll another household member who is eligible for HSF so long as the primary informant has all necessary documents for the eligible household member.

**Temporary modification to Policy 5.2 in response to the COVID-19 pandemic**

To accommodate the technical needs of the remote appointments now offered by HSF enrollment sites, verification documents are not required at the time of enrollment. Per Memo “Healthy San Francisco Enrollment Completed via Phone Appointments,” issued by the Manger of the Office of Managed Care, applicants must submit all verification documents within 90 days of their enrollment.

<b>Policy:</b>	<b>5.3 Enrollment Verification</b>
<b>Last Updated:</b>	07/31/2021

One-e-App is the system of record for current HSF enrollment status. HSF Administration grants access to the One-e-App system to participating organizations for enrollment verification. All One-e-App users can use the system to verify real-time HSF enrollment status for participants.

Participating HSF providers must use One-e-App or interfaced systems to verify patient enrollment in HSF at the time of service (<https://thecenter.oneeapp.org>). This process ensures that encounter data sent by participating providers to the Department of Public Health’s Third Party Administrator (TPA), the San Francisco Health Plan (SFHP), includes only those services provided to patients enrolled in HSF at the time of the encounter. The HSF participant ID card is not a guarantee of enrollment in HSF.

System users include Application Assistors, HSF Customer Service staff, providers, billing departments, and clinic staff and administration. Enrollment information from One-e-App is also fed to external systems used by Zuckerberg San Francisco General (ZSFG) Hospital and the San Francisco Fire Department to verify patient payor status for a variety of coverage programs in a centralized fashion. HSF Administration approves all interfaces and file exchanges of enrollment information from One-e-App to external systems.

**HSF Verification Inquiry Training**

Organizations who use One-e-App as an “enrollment verification tool” must undergo HSF Verification Inquiry training and HSF System Administrator training to obtain access to the system and provide front-line support to their users. San Francisco Health Network (SFHN) HSF Verification Inquiry users are trained by Patient Financial Services, and non-SFHN users are trained by SFHN’s One-e-App Super System Administrators.

**6. Enrollment Sites**

<b>Policy:</b>	<b>6.1 Enrollment Site Designation</b>
<b>Last Updated:</b>	6/30/17

The Department of Public Health designates enrollment sites for Healthy San Francisco. A current list of enrollment sites can be located on the HSF Enrollment Site Flyer at [http://healthysanfrancisco.org/files/EnrollmentSiteFlyerUpdate\\_ENG\\_Final\\_LR.pdf](http://healthysanfrancisco.org/files/EnrollmentSiteFlyerUpdate_ENG_Final_LR.pdf).

<b>Policy:</b>	<b>6.2 Enrollment Site Readiness</b>
<b>Last Updated:</b>	07/31/2021

HSF enrollment sites must demonstrate technical, organizational, and Application Assistor readiness to enroll applicants in the HSF program and support and renew/modify HSF participants.

Completing the steps in the table on the following page ensures sites can:

- Screen and submit applications for a variety of state and local coverage programs
- Enroll persons who are not qualified for other programs into HSF
- Access current HSF enrollment status for patients (providers and billing staff)
- Modify existing HSF applications
- Renew HSF participants
- Support enrollment/application system users

Step	Description	Process
<b>Organizational Readiness</b>		
1	<b>Confirm Technical Readiness</b>	Meet One-e-App system equipment (computer/fax/printer) and connectivity requirements at all user sites. [See “ <b>Equipment Requirements for One-e-App</b> ”]
2	<b>Designate HSF Training Lead</b>	Identify staff member who will serve as the <b>Site HSF Training Lead</b> . Training Leads represent enrollment organizations at monthly Training Lead Committee (TLC) meetings (2 hours), disseminate HSF communications to staff, and assist with monthly HSF audits (8 hours).
<b>Application Assistor Readiness</b>		
3	<b>Healthy San Francisco Application Assistor Training</b>	One-e-App users must be trained to complete applications using One-e-App for the Healthy San Francisco program.
<b>One-e-App User Readiness</b>		
4	<b>Identify and Classify Staff for One-e-App Use</b>	Identify and assign staff user types for One-e-App, the eligibility and enrollment system for HSF. All Enrollment Sites must designate at least 3 system administrators who can support One-e-App users on-site by creating accounts, changing passwords, etc. Please create a <b>Site User Spreadsheet</b> (first name, last name, user type(s), work address, work location, e-mail, phone).
5	<b>Schedule System Administrator Training</b>	Please contact the HSF program at <a href="mailto:info@healthysanfrancisco.org">info@healthysanfrancisco.org</a> to schedule a 2-hour on-site <b>System Administration Training</b> session for system administration users. This training should be held in a training room with computer and a projector.
6	<b>Schedule HSF Verification Inquiry Training</b>	Staff at HSF Verification Inquiry sites can look-up HSF participant status information online using One-e-App. Users may include providers, billing staff, and Application Assistors. Please contact the HSF program at <a href="mailto:info@healthysanfrancisco.org">info@healthysanfrancisco.org</a> to schedule a 2-hour on-site <b>HSF Verification Inquiry Training</b> for these users.

## 7. Application Assistors

<b>Policy:</b>	<b>7.1 Healthy San Francisco Application Assistor Training</b>
<b>Last Updated:</b>	07/31/2021

Training is required to ensure Healthy San Francisco (HSF) Application Assistors can successfully refer and submit applications to existing local and state programs and successfully enroll and renew eligible applicants into HSF via One-e-App.

### **Training Leads**

Each participating HSF provider organization must designate an individual(s) who will serve in a lead role with respect to One-e-App and HSF in their organization. These persons will be HSF Training Leads.

HSF Training Leads are responsible for tracking Application Assistor progress toward the completion of training requirements. Designated Training Leads for each HSF enrollment organization are responsible for 1) certifying Application Assistor readiness to complete HSF applications, application modifications and renewals, 2) conducting training outreach to organizational users, and 3) completing monthly HSF application audits. In addition, organizational Training Leads act as resources for Application Assistors after completion of training and represent their organizations at monthly Training Lead meetings.

### **New Application Assistor Trainings**

Staff at participating HSF enrollment organizations must undergo eligibility and system training to become HSF Application Assistors. All-day centralized trainings for new HSF Application Assistors will be conducted quarterly. These all-day sessions introduce the Application Assistor to the HSF program and the One-e-App system. One-e-App system administrators will only create a user account in One-e-App for Application Assistors who have completed these training requirements.

### **Refresher Trainings**

Centralized refresher trainings for existing HSF Application Assistors will be conducted on an “as needed” basis. Assistors must attend and complete these trainings or attend organization specific trainings as part of HSF Application Assistor requirements.

### **Application Assistor Communications**

Application Assistors will receive a quarterly HSF Application Assistor newsletter with critical information regarding repairs/enhancements to One-e-App and HSF eligibility changes. Training Leads are responsible for distribution of these newsletters to all of their respective Application Assistors in a timely manner.

<b>Policy:</b>	<b>7.2 Healthy San Francisco Application Assistance Responsibilities</b>
<b>Last Updated:</b>	7/7/2014

All HSF Application Assistors are trained to enroll, modify, and renew applications. HSF application assistance services include, but are not limited to: 1) new applications and 2) modification and renewals of applications.

1. **New Applications:** New HSF applicants should be encouraged to apply at their current or desired Medical Home when seeking application assistance. Applicants with an employer contribution through SF City Option should be directed to the San Francisco Health Plan

(SFHP) Service Center. Sites may employ pre-screening to re-direct applicants seeking a specific Medical Home to the appropriate enrollment site. If a site proceeds with a new application and the applicant selects a Medical Home outside of the Application Assistor's enrollment location, the Assistor should proceed in submitting the application.

2. **Modifications and Renewals of Applications:** HSF Application 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.

## 8. Application Audits

<b>Policy:</b>	<b>8.1 HSF Application Audits</b>
<b>Last Updated:</b>	07/31/2021

The HSF Administration, in conjunction with HSF Training Leads, may audit a random sample of all new HSF applications submitted each month to ensure data integrity, accuracy of participant contact information, and adherence to **HSF Application Assistor Training Manual** instructions.

A monthly audit process is conducted to validate that practices in the field align with program policy. Audit outcomes inform training areas for upcoming HSF Application Assistor newsletters and HSF refresher trainings.

### Audit Process

The HSF Program Manager reviews a minimum of 10% of Healthy San Francisco applications submitted at the enrollment site location OR at least 3 applications submitted at the enrollment site if 10% of the enrollment site's submitted HSF application volume is less than 3. The Zuckerberg San Francisco General (ZSFG) Enrollment & Eligibility Unit (EEU) is a high-volume submitter and therefore only 5% of HSF applications submitted are audited monthly. This system ensures that at least 5% of HSF applications submitted across all enrollment sites are audited each month.

Applications are reviewed based on the following criteria:

- All necessary verification documents for proof of Identity, SF Residency, Income, and Assets are attached, legible, and are acceptable verification documents per HSF rules.
- All necessary temporary documents for SF Residency, Income, and Assets are dated within 45 days of the application's submission date and reflect accurate and up to date applicant information.
- There are no data entry errors in the Universal Summary, including all dates of birth matching dates on verification documents, all bank account balances match values listed on bank statements, etc.
- Based on the citizenship, age, and income information in the application, it appears that the participant was pre-screened correctly and is eligible for the HSF program.

Applications fail the audit for one or more of the following reasons:

- Missing Verification Document(s) – one or more of the required verification documents are missing or are not legible.
- Inappropriate Verification Document(s) – one or more of the verification documents used to complete the application is not acceptable by the program. For example, the participant provided a cell phone bills as proof of residency.

- Data Entry Error(s) – data entered into One-e-App does not match the verification documents attached to the application. For example, the spelling of a participant’s name differs from the identification attached or a bank account balance in the Universal Summary does not match the account balance as it is listed on the attached verification document.
- Incorrect Income Calculation – the participant’s monthly gross income was calculated incorrectly due to incorrect use of income/asset information or pay frequency selection. For example, the participant’s net income was entered instead of the gross income or the participant’s pay stub indicates that they are paid weekly but the frequency entered is biweekly.
- Incorrect Eligibility Determination – based on the citizenship, age, and income information in the system, it appears that the participant was not pre-screened correctly and is not eligible for the HSF program.

Application audit results are shared with each enrollment site’s Training Lead at the monthly Training Leads Committee (TLC) meeting. Applications which fail the audit are sent to the submitting Assistor via their TLC representative for resolution by the next month’s audit date. The TLC members are responsible for following up with the submitting Assistor to confirm that actions are taken to resolve the application. The TLC is responsible for reporting audit resolutions to the HSF Program Manager, and the HSF Program Manager is responsible for recording when applications are reported as complete.

**Temporary modification to Policy 8.1 in response to the COVID-19 pandemic**

Effective July 1, 2020, the full application audit process has been put on hold to focus on conducting HSF monthly application audits to identify whether all necessary verification documents (proof of identity, San Francisco residency, income, and assets) are collected, legible, and acceptable per HSF rules.

**9. Fees**

<b>Policy:</b>	<b>9.1 Fee Schedule</b>
<b>Last Updated:</b>	02/28/2022

Healthy San Francisco (HSF) participants above 100% of the Federal Poverty Level (FPL) are assessed a quarterly participation fee according to their household income. This fee must be paid to maintain enrollment in the program.

<b>Healthy San Francisco Participant Fees</b>		
<b>FPL</b>	<b>Quarterly</b>	<b>Annual</b>
0-100%	\$0	\$0
101-200%	\$60	\$240
201-300%	\$150	\$600
301-400%	\$300	\$1,200
401-500%	\$450	\$1,800
501%+*	\$675	\$2,700

*\* There is no income limit for employees participating in HSF via SF City Option (see **Section 2.5**).*

Participants are responsible for paying a point-of-service fee that varies by Medical Home and type of service. Fees may vary according to income. Providers will be responsible for collection of point-of-service fees and for determining rules governing collection of these fees.

**Temporary modification to Policy 9.1 in response to the COVID-19 pandemic**

Per Memo “COVID-19 and Healthy San Francisco POS Fees,” issued by the Director of the Office of Managed Care, as of March 11, 2020, point-of-service fees are waived for COVID-19 testing.

Per Memo “Vaccinations for Healthy San Francisco Participants,” issued by the Director of the Office of Manage Care, as of February 24, 2021, point-of-service fees are waived for COVID-19 vaccinations.

<b>Policy:</b>	<b>9.2 Participation Fee Collection and Billing</b>
<b>Last Updated:</b>	07/31/2021

Participants above 100% FPL will receive a participation fee invoice via mail post-enrollment. Enrollment sites are not responsible for collecting, reconciling or managing quarterly participant fee payments. All questions regarding billing should be directed to the HSF Premium Billing Unit.

**Invoice Mailing Process and Billing Flow**

- Participants who owe participant fees are mailed an invoice for their first quarterly (Q1) fee no later than three business days after the Billing Unit receives the One-e-App eligibility file.
  - If the Q1 fee is not paid at eligibility date plus 30 days, a reminder notice is mailed, indicating the participant’s fee is due immediately.
  - If the Q1 invoice is returned, SFHP Customer Service will make an attempt to contact the participant by phone and obtain a new mailing address.
  - If the Q1 fee is not paid by the 60<sup>th</sup> day after the eligibility date, the Billing Unit transmits a notice of non-payment to One-e-App. Upon receipt, One-e-App processes a disenrollment from HSF.
  - The participant who is disenrolled for failure to pay the Q1 fee must reapply to enroll in HSF.
    - There is a gap in HSF enrollment until a new application is completed and a new eligibility date assigned.
    - Until re-enrollment, providers may bill for services provided during the participant’s disenrolled months. The participant may not retroactively pay a HSF participant fee to pay for services used during disenrolled months.
  
- Invoices for the second, third and fourth quarters (Q2, Q3, and Q4) are mailed 30 days before the beginning of the quarter.
  - If the Q2, Q3 or Q4 fee is not paid by the start of the quarter, a second invoice is mailed, indicating the participant’s fee is due immediately.
  - If the Q2, Q3 or Q4 fee is not paid after 30 days, a fee waiver is applied. When the waiver is applied, SFHP does not transmit a notice of non-payment to One-e-App.
  
- Participants who complete the renewal process by their anniversary date are mailed invoices on their anniversary date in their second and subsequent years of enrollment.
  - If the Q1 fee is not paid at anniversary date plus 30 days, a reminder notice is mailed, indicating the participant’s fee is due immediately.
  - If the Q1 fee is not paid by the 60<sup>th</sup> day after the anniversary date, the Billing Unit transmits a notice of non-payment to One-e-App. Upon receipt, One-e-App processes a disenrollment from HSF.

### **Fee Re-Determination**

An HSF participant may request a reassessment of their HSF participation fee at any time. The participant's application must be modified by an Application Assistor in the One-e-App system. Modification of the participant fee results in a new 12-month enrollment period for the participant and termination of the current application.

If the participant fee is modified, One-e-App disenrolls and then re-enrolls the participant for a new 12-month enrollment period, thus terminating the existing application.

- If, upon receipt of the One-e-App eligibility file, a participant's FPL level is at or below 100%, the Billing Unit will provide a refund of unused fees.
- If, upon receipt of the One-e-App eligibility file, the participant's FPL level is lowered, but is not at or below 100% FPL, the Billing Unit mails a Q1 invoice, and any previously paid but unused days are assessed at the new participant fee rate and any resulting credit balance is applied toward future quarters' invoices.

### **Temporary modification to Policy 9.2 in response to the COVID-19 pandemic**

Per Memo "Summary of HSF Responses to COVID-19," issued by the Director of the Office of Managed Care, as of March 20, 2020, the HSF program has placed a temporary hold on actively disenrolling participants that are unable to pay their quarterly participant fee.

<b>Policy:</b>	<b>9.3 Refunds</b>
<b>Last Updated:</b>	07/31/2021

Refunds will be granted to HSF participants under the following circumstances:

#### **1) Payment of at Least 2 Months Received after Disenrollment for Failure to Pay**

Failure to pay the Q1 participant fee in full within 60 days from the eligibility date results in disenrollment from the HSF. If the individual submits payment after their disenrollment date, they will receive a refund in the following situations:

- *Full Participant Fee Payment Received after Disenrollment.* Since the participant was eligible and enrolled for two months, the refund will be for one month only.
- *Partial Participant Fee Payment Received after Disenrollment.* Since the participant was eligible and enrolled for two months, only payments for amounts greater than two months of participant fee will be refunded.

#### **2) Payments for Unused Days**

If a participant is disenrolled from the program for any reason (voluntarily or due to ineligibility), any previously paid but unused days are refunded to the participant.

#### **3) If FPL is at or below 100% FPL after Fee Reassessment**

If, after reassessment by an Application Assistor, a participant's FPL level is at or below 100%, any previously paid but unused days are refunded to the participant.

Refunds will not be granted under the following circumstances:

#### **1) Payment of Less than 2 Months Received after Disenrollment for Failure to Pay**

Failure to pay the Q1 participant fee in full within 60 days from the eligibility date results in disenrollment from HSF. If a participant makes a partial payment but does not pay in full resulting in disenrollment, and that payment is for two months of participant fees or less, no refund will be granted since the participant was eligible for two months.

#### **2) If FPL is above 100% FPL after Fee Reassessment**

If, after reassessment by an Application Assistor, a participant's FPL level places them in a lower tier, but not at or below 100% FPL, any previously paid but unused days are assessed at the new participant fee rate and any resulting credit balance is applied toward future quarters' invoices.

**3) Participant's Payment Exceeds Balance**

Any overpayments are credited toward future quarters' invoices.

**4) No refunds under \$3.00 will be processed.**

**Temporary modification to Policy 9.3 in response to the COVID-19 pandemic**

Per Memo "Summary of HSF Responses to COVID-19," issued by the Director of the Office of Managed Care, as of March 20, 2020, the HSF program has placed a temporary hold on actively disenrolling participants that are unable to pay their quarterly participant fee.

**10. Disenrollment**

<b>Policy:</b>	<b>10.1 Disenrollment Procedures</b>
<b>Last Updated:</b>	07/31/2021

Participants who no longer meet program eligibility requirements will be disenrolled from Healthy San Francisco (HSF) by HSF Customer Service, HSF Administration, or by Certified Application Assistor (CAA) supervisors during their enrollment period.

Participants can voluntarily disenroll during their enrollment period by contacting HSF Customer Service. The customer service agent will disenroll the participant in the enrollment database, note the disenrollment reason, and coordinate refunds, if applicable, of pre-paid participant fees.

The following current disenrollment reasons will be tracked in the enrollment database for reporting purposes:

- HSF Program has identified enrollment in Medi-Cal
- Insufficient Payment of Participant Fees
- Not a San Francisco Resident
- Enrolled in Covered California
- Enrolled in Public Coverage
- Enrolled in Employer-Sponsored Insurance
- Enrolled in Private Insurance
- Enrolled in Medi-Cal
- Enrollee is Incarcerated
- Did Not Complete Renewal - Incomplete Documentation
- Did Not Complete Renewal- Failure to Complete Rescreening
- Participant is Deceased
- Can Not Afford HSF 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
- Currently Ineligible for any City and County of San Francisco Health Programs
- HSF Program has identified enrollment in Medi-Cal

The HSF enrollment database also maintains records of all historical disenrollment reasons, including those that are no longer utilized and reasons not available to front end users.

If an HSF Medical Home obtains information indicating that a participant no longer meets program eligibility requirements during their term, a disenrollment request may be initiated by the Medical Home. Medical homes that 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 or Medicare status). Medical homes without enrollment sites shall contact HSF Customer Service and submit documentation (e.g. proof of enrollment in full-scope (share of cost and no-share of cost) insurance, proof of non-San Francisco residence) showing the participant no longer meets program eligibility requirements. HSF Customer Service and/or HSF Administration will review the case and will disenroll the participant if they confirm the documentation supports a disenrollment.

**Temporary modification to Policy 10.1 in response to the COVID-19 pandemic**

Per Memo “Summary of HSF Responses to COVID-19,” issued by the Director of the Office of Managed Care, as of March 20, 2020, the HSF program has placed a temporary hold on actively disenrolling participants that are unable to pay their quarterly participant fee.

Per Memos “Summary of HSF Responses to COVID-19” and “Proposal for Additional Extensions of HSF Coverage in Response to Current COVID-19 Response Measures,” issued by the Director of the Office of Managed Care, extensions and reinstatements of coverage were performed for participants with termination dates between March 17, 2020 and December 31, 2021. Participants were not required to complete renewals to avoid disenrollment during this time.

<b>Policy:</b>	<b>10.2 Disenrollment Notification</b>
<b>Last Updated:</b>	12/26/2014

Disenrolled participants receive a letter via mail within one week of their disenrollment date confirming that they are no longer in the HSF program. If requested by participant/applicant in person, an Application 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, Chinese, and Tagalog. Participants who did not submit payment on time are alerted to potential disenrollment prior to receiving the disenrollment notification through the invoice, which contains language regarding the notice of potential disenrollment.

Providers can 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 display the disenrollment effective date.

**11. Renewal**

<b>Policy:</b>	<b>11.1 Renewal Procedures</b>
<b>Last Updated:</b>	02/28/2022

Healthy San Francisco (HSF) participants must complete a renewal application at their original HSF enrollment site or assigned 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 who intend to change their Medical Home at their renewal

appointment should confirm the availability of their desired Medical Home by calling HSF Customer Service. Renewal can occur either at their current Medical Home or their desired Medical Home.

Participants must undergo an in-person interview with an Application Assistor to complete a renewal. Participants can renew as early as 90 days prior to term end.

All HSF Application Assistors at certified enrollment entities are trained to rescreen the applicant for eligibility for public programs through CalHEERS, or through an established process approved by the Department of Public Health and to process renewal applications for HSF via One-e-App.

The 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 other changes that may link the applicant to a different program (pregnancy, citizenship, family size).

Participants found eligible for HSF during rescreening must:

1. Update existing HSF application
2. Submit recent copies of S.F. residency, assets and income documents
3. Provide copies of a divorce decree if removing a spouse from household size
4. Confirm assignment to existing Medical Home or select a new Medical Home
5. Sign a new HSF Applicant Acknowledgment Form
6. Sign a new HSF Healthcare Programs Acknowledgement Form when applicable.

Permanent documents (identity, citizenship, if applicable) are retained in the system and do not need to be re-submitted unless the stored documents are difficult to read or have been misplaced.

Participants will only receive an identification card at renewal if one of the following occurs:

- Any information is incorrect
- Card is lost or stolen
- Change in Medical Home
- Medical Home address or other information changes

**Temporary modification to Policy 11.1 in response to the COVID-19 pandemic**

Per Memos “Summary of HSF Responses to COVID-19,” “Proposal for Additional Extensions of HSF Coverage in Response to Current COVID-19 Response Measures,” and “Proposal for HSF Redetermination Strategy Starting January 1, 2022” issued by the Director of the Office of Managed Care, extensions and reinstatements of coverage were performed for participants with termination dates between March 17, 2020 and March 31, 2022. Participants were not required to complete renewals to avoid disenrollment during this time.

<b>Policy:</b>	<b>11.2 Renewal Outreach</b>
<b>Last Updated:</b>	02/28/2022

HSF participants can renew between ninety and one day prior to the end of their current term.

The renewal becomes active on the 1<sup>st</sup> day following their end of their current term. HSF conducts renewal reminder outreach activities to encourage continuous enrollment in the program. Participants do not receive additional renewal-related communications after they have completed the renewal process.

The program tailors outreach efforts to align with the participant’s preferred mode of contact (mail, e-mail, text message, or cell phone). These activities begin up to seventy-five days before a participant’s current term concludes and may include the following:

**Mailings**

HSF Administration mails HSF participants who have not yet renewed a renewal reminder letter prior to the end of their annual term. Participants who complete a renewal will not receive reminder notices. These notices alert the participant to contact the following locations to schedule a renewal appointment, according to the enrollment site organization:

- If the participant enrolled at a San Francisco Health Network (SFHN) enrollment site, they are directed to call their Medical Home or the SFHN Eligibility and Enrollment Unit (EEU) to schedule a renewal appointment
- If the participant selected Kaiser as their Medical Home, they are directed to call their original enrollment site, San Francisco Health Plan (SFHP), to schedule a renewal appointment
- If the participant did not enroll at a SFHN enrollment site, they are directed to call their Medical Home or their original enrollment site to schedule a renewal appointment

**Centralized E-Mail and Phone Outreach**

The HSF program customizes additional renewal outreach to participants based on their documented communications preferences. Specifically:

- E-Mail: Participants who designate e-mail as their preferred mode of contact will receive an e-mail reminder message in addition to mailed notices. The e-mail will not include any Protected Health Information (PHI).
- Phone: Participants who designate phone as their preferred mode of contact will receive an automated phone call and a live telephone call prior to term end.

**Additional Outreach**

HSF Application Assistors are encouraged to contact participants who have not yet renewed and are 30 days before term end. Application Assistors can obtain a call list of participants at their enrollment site 30 days from term end in One-e-App.

**Temporary modification to Policy 11.2 in response to the COVID-19 pandemic**

Per Memos “Summary of HSF Responses to COVID-19,” “Proposal for Additional Extensions of HSF Coverage in Response to Current COVID-19 Response Measures,” and “Proposal for HSF Redetermination Strategy Starting January 1, 2022” issued by the Director of the Office of Managed Care, extensions and reinstatements of coverage were performed for participants with termination dates between March 17, 2020 and March 31, 2022. Participants were not required to complete renewals to avoid disenrollment during this time.

**12. Re-Enrollment**

<b>Policy:</b>	<b>12.1 Re-Enrollment</b>
<b>Last Updated:</b>	7/1/10

Participants can re-enroll in Healthy San Francisco (HSF) after being disenrolled from the program by scheduling an appointment at an HSF enrollment site. Re-enrollment in the program is contingent upon meeting all HSF eligibility and enrollment criteria.

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

All services rendered in the period between disenrollment and re-enrollment are not paid for by HSF, unless the disenrollment was due to administrative or system error (see Section 12.2).

### 13. Reports

<b>Policy:</b>	<b>13.1 Enrollment Reports</b>
<b>Last Updated:</b>	6/30/17

SF DPH produces the following set of Healthy San Francisco (HSF) standard enrollment and retention reports on a monthly basis:

- Key demographics
- Medical Home participation
- Organizational participation
- Enrollment
- Disenrollment

These reports are developed to assess issues such as program enrollment, retention, utilization, patient satisfaction, and provider relations. Certain data from these reports is available on the HSF website, on the Key Facts and Reports section.

<b>Policy:</b>	<b>13.2 Enrollment Report Distribution</b>
<b>Last Updated:</b>	8/1/08

Standard reports will be sent to appropriate departmental/organizational staff on a regular basis. These individuals will then send the reports to other staff in their department/organization.

All requests for reports that are not part of the standard set of reports must go through a formal process that includes completion of the HSF Report Request Form. **Ad-hoc reporting requests will only be permitted from HSF administrators, organizational leads, and clinicians.** The HSF Report Request Form cannot be used to obtain Protected Health Information (PHI) data. HSF does not release PHI data.

The HSF Report Request Form includes the following:

- Name of person requesting report along with contact information
- Approval of request from the person’s division supervisor
- Purpose of report request
- Use of report once generated
- Information on whether report request is needed to satisfy a funder, evaluation component or governmental entity
- Frequency of report

- Time parameter in which report is needed
- Confidentiality and data use agreement

All report requests will be sent to HSF staff. HSF staff will review the request to determine if the requested information is contained in any existing standard report. If not, the request will be forwarded to HSF Administration for review and decision-making.

The request will be approved or denied and Administration will provide the reason for the action. The report may be denied based on:

1. Information requested can be obtained from standard reports
2. Lack of staff resources to generate the report -- generally for non-urgent, non-critical requests
3. Information requested is inconsistent with program priorities

However, if the report is approved, staff will contact the requester to develop a timeline for completion.

## 14. Covered Services

<b>Policy:</b>	<b>14.1 Covered Services</b>
<b>Last Updated:</b>	07/31/2021

The Healthy San Francisco (HSF) program provides medical services for “the prevention, diagnosis, and treatment of medical conditions, excluding vision, dental, infertility, and cosmetic services”, in alignment with Section 14.2 of the City and County of San Francisco’s Health Care Security Ordinance. The following is a list of included and excluded services:

<b>Included Services Within the Participant’s Medical Home Network*</b>	<b>Excluded Services</b>
<ul style="list-style-type: none"> <li>• Emergency care**</li> <li>• Urgent care</li> <li>• Ambulance services**</li> <li>• Hospital care</li> <li>• Primary and preventive care</li> <li>• Pharmacy</li> <li>• Prescription drugs, excluding drugs for excluded services</li> <li>• Specialty care</li> <li>• Mental health services</li> <li>• Alcohol and drug treatment</li> <li>• Laboratory services and tests</li> <li>• Family planning</li> <li>• Durable medical equipment</li> <li>• Inpatient, including mental health</li> <li>• Outpatient</li> <li>• Diagnostic</li> </ul>	<p>The program excludes the following services:</p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Allergy testing and injections</li> <li>• Chiropractic</li> <li>• Cosmetic services</li> <li>• Vision</li> <li>• Dental</li> <li>• Gastric bypass surgery and services</li> <li>• Genetic testing and counseling</li> <li>• Infertility</li> <li>• Long-term care</li> <li>• Organ transplants</li> <li>• Travel immunizations</li> <li>• Gender-affirming surgery</li> <li>• Non-emergency transportation</li> <li>• Vision</li> </ul>

*\*There are exceptions to the included services as well as limitations on coverage areas. HSF participants should consult [www.healthysanfrancisco.org](http://www.healthysanfrancisco.org), their Participant Handbook, and/or HSF Customer Service for more detailed information on available/covered services.*

*\*\*Only emergency ambulance services for life threatening needs within the City and County of San Francisco are covered by HSF.*

Because HSF is not a health insurance program and is only valid at HSF pre-approved providers, any costs incurred by care received by non-HSF providers or non-HSF associated facilities will be the responsibility of the patient. Medical bills for non-HSF providers or non-HSF associated facilities that are sent to HSF Administration will not be paid.

<b>Policy:</b>	<b>14.2 Eligibility for Services</b>
<b>Last Updated:</b>	1/1/2013

Participants must be currently enrolled in the program on the date of service to receive care under HSF and must obtain care at the specific site of care affiliated with their selected Medical Home.

HSF Providers are responsible for consulting the program’s eligibility and enrollment system before rendering services to a HSF participant to confirm that 1) the participant is currently enrolled on the date of service, and 2) the participant is seeking care at a site affiliated with their Medical Home. The participant’s HSF identification card is not a guarantee that the participant is currently enrolled in the program.

Providers can verify a patient’s current HSF enrollment status by entering a combination of demographic data in the “HSF Verification Inquiry” menu of One-e-App at (<http://thecenter.oneeapp.org>), including:

- Name
- Date of Birth
- Participant ID Number

The Department of Public Health (DPH) is responsible for granting One-e-App system access to HSF provider organizations (See “5.4 Enrollment Verification”). Select providers may verify HSF enrollment by consulting eligibility systems which receive regular enrollment rosters of HSF participants or which directly interface with One-e-App.

## 15. Providers

<b>Policy:</b>	<b>15.1 Provider Network Design and Development</b>
<b>Last Updated:</b>	07/31/2021

The Healthy San Francisco (HSF) Provider Network is comprised of public and private providers.

### Primary Care

- *San Francisco Health Network (SFHN)* – includes eleven community-oriented primary care clinics and four hospital-based primary care clinics at fifteen total sites that serve as Medical Homes. All SFHN Medical Homes provide primary care, specialty and pharmacy services.
- *San Francisco Community Clinic Consortium (SFCCC)* – includes nine community-based primary care clinics at eighteen sites that serve as Medical Homes. All SFCCC Medical Homes provide primary care, specialty and pharmacy services.
- *Sister Mary Philippa Health Center* – serves as a Medical Home and provides primary care, specialty and pharmacy services.
- *Kaiser Permanente San Francisco Medical Center* – serves as a Medical Home and provides primary care, specialty and pharmacy services.

## Hospitals

- *Zuckerberg San Francisco General Hospital* – provides inpatient services to those with SFHN, SFCCC, and North East Medical Services (all sites).
- *Saint Mary's Medical Center (Dignity Health)* – provides inpatient services to those with Sister Mary Philippa Health Center Medical Home.
- *Kaiser Foundation Hospital* - provides specialty, pharmacy, diagnostic and inpatient services to those with Kaiser Permanente San Francisco Medical Center Medical Home.
- *University of California at San Francisco Medical Center* – provides referral-based diagnostic imaging services at China Basin facility for HSF participants.

## Behavioral Health

- Primary care level behavioral health services such as medication management and assessment are provided on-site at the participant's Medical Home. Participants requiring a higher level of care receive augmented behavioral health services through Community and Behavioral Health Services (CBHS) at SFHN (**See Section 18.1**).

Current HSF provider networks who exit the HSF Provider Network may be asked to provide explanation of their decision to the San Francisco Health Commission upon request of the HSF program administration.

## 16. Medical Homes

<b>Policy:</b>	<b>16.1 Medical Home Selection and Medical Home Changes</b>
<b>Last Updated:</b>	6/30/17

All participants select a Medical Home during initial enrollment and annual reenrollment. A Medical Home is where Healthy San Francisco (HSF) participants receive all of their primary care services. Participants retain the same Medical Home for a full year to ensure continuity of care.

If the renewing participant selects a new Medical Home during their renewal appointment, this change will officially occur on the eligibility date of the participant's re-enrollment year.

A **participant** will be able to request a change in their Medical Home during their enrollment year only by contacting HSF Customer Service.

HSF Customer Service will only approve a Medical Home change during the enrollment year for any one of the following reasons:

- A participant has a change of status (e.g. change of home or work address)
- A provider or the participant requests assignment to a SFHN-specific specialty Medical Home (e.g. Positive Health)
- An OBIC provider requests participant assignment to an HSF Medical Home with a provider certified to prescribe buprenorphine
- A participant requests assignment to Women's Community Clinic for sensitive services and/or for specialty services pursuant to referrals made after sensitive services. A participant ages out of an HSF Medical Home which exclusively serves young adults 18-25 (Teen and Young Adult Health Center at Children's Health Center at SFGH, 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
- Participant was defaulted to a Medical Home as part of an HSF administrative disenrollment.

Changes will be made after approval.

Participants need to contact HSF Customer Service to make a Medical Home change. No retroactive Medical Home change can be made. Participants seeking a Medical Home change that may impact their eligibility for other coverage programs will be required to undergo a formal determination at the appropriate enrollment site.

Participants will be notified by HSF Customer Service or the Coverage Programs Coordinator of the status of the Medical Home change request. If the request is approved, a new ID card with the new Medical Home information will be automatically generated and sent to the participant.

<b>Policy:</b>	<b>16.2 Medical Home Capacity for New Patients and Enrollment System Tracking</b>
<b>Last Updated:</b>	6/30/17

HSF Medical Home open/closed status is coordinated centrally through the San Francisco Health Network (SFHN) and the Healthy San Francisco (HSF) Provider Relations and is determined by appointment availability. A HSF Medical Home is considered “open” in the program’s electronic enrollment system 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. When HSF Medical Homes provide information on their open or closed status, they take into account clinical appointment needs for patients with other payor sources such as Medi-Cal, 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 the San Francisco Health Plan (SFHP) or the Medical Home has a population restriction (e.g. only open to homeless participants). In the former case, Medical Homes are listed as “closed” to prevent non-SFHP certified Application Assistors from enrolling participants to these Medical Homes.

The SFHP monitors enrollment into Kaiser and updates open/closed status accordingly to ensure that capacity for new participants at those sites aligns with the number of available allotted spots.

The HSF Program tracks each Medical Home’s open/closed status, contact information, and services offerings by sending an e-mail twice a month (every 15-calendar days) to the designated point person at each of the following locations: San Francisco Health Network primary care clinics, Kaiser Permanente San Francisco Medical Center, Sr. Mary Philippa Health Center and San Francisco Community Clinic Consortium (SFCCC) clinics. The e-mail includes an attachment from One-e-App (OeA) that displays each of the Medical Home’s open/closed status.

The HSF Medical Home data spreadsheet is monitored by HSF Administration and includes the values currently recorded in the program’s enrollment system, Medical Home contact information, and site services offerings. Requests for status changes will be made in the HSF enrollment system within two business days of receipt of the request. In the absence of a status change request, the contact information of the HSF Medical Home will remain the same. If Medical Homes have changes to their status or contact/description information, they may submit changes to their

designated point person or directly to HSF Provider Relations. **See Section 23.1 on Provider Inquiries.**

## 17. Appointments

<b>Policy:</b>	<b>17.1 Appointment Availability</b>
<b>Last Updated:</b>	4/1/09

All Healthy San Francisco (HSF) participants considered ‘new’ can select any open Medical Home during enrollment. Open Medical Homes are those able to accommodate new patients and provide an appointment within 60 days. A new HSF participant is someone that states during the enrollment process that they have not been seen at a HSF Medical Home as a HSF participant in the past two years from the date of enrollment during the enrollment process. Application Assistors are not required to confirm that a patient is new by consulting the Medical Home’s practice management system or other external systems (**See Section 16.1 and 16.2**).

HSF Medical Homes are responsible for providing clinical appointments within 60 days to all new HSF participants that 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 are required to enroll, renew, and modify applications for any Medical Home requested by potential participants.

<b>Policy:</b>	<b>17.2 Appointment Scheduling Process</b>
<b>Last Updated:</b>	4/1/09

HSF participants with a non-San Francisco Health Network (non-SFHN) Medical Home who want to make a clinical appointment are instructed during enrollment to contact their Medical Home directly at the number provided on their HSF Identification Card.

HSF participants with a SFHN Medical Home who are new to the SFHN network are instructed to contact SFHN’s New Patient Appointment Unit (NPAU) to make their first clinical appointment at their assigned Medical Home. The NPAU assists all new patients in making their first clinical appointment with the San Francisco Health Network. New HSF patients are individuals that self-declare that they have not been seen at any SFHN clinic in the past two years from the date that they enroll in HSF.

## 18. Behavioral Health

<b>Policy:</b>	<b>18.1 Behavioral Health Provider Network</b>
<b>Creation/Update:</b>	2/1/13

Healthy San Francisco (HSF) participation includes access to outpatient substance abuse and inpatient and outpatient mental health therapy.

- Primary care level behavioral health services such as medication management and assessment are provided on-site at the participant’s Medical Home. Additional behavioral health services may be offered on-site at select Medical Homes.
- Participants requiring a higher level of care than is available at their Medical Home receive augmented behavioral health services through Community and Behavioral Health Services (CBHS) at the San Francisco Health Network (SFHN).

Patients requiring an augmented level of behavioral health care are authorized by their Medical Home and CBHS staff to receive medication management, individual or group therapy, case management, and other forms of care from specialized mental health professionals.

<b>Policy:</b>	<b>18.2 Community Behavioral Health Services Program Structure and Visits</b>
<b>Last Updated:</b>	7/7/2014

Augmented behavioral health services are coordinated through the participant’s Medical Home and CBHS.

**Benefits**

Behavioral Health Access Center (BHAC) will assign the participant to the appropriate benefit and site of care (outpatient mental health clinic or private provider), appropriate for their care needs and functional status.

- ❑ Standard Benefit (Capped)
  - Participant meets Medical Necessity Criteria for CBHS
  - A maximum of 20 individual therapy sessions/year (20 session/year limit does not include medication management which may be authorized separately)
  - Referrals to outpatient mental health clinics for group visits, medication management, and case management
- ❑ Specialty Benefit (Uncapped)
  - Participant meets criteria for severely persistent mental illness or severe persistent substance use disorder
  - Uncapped individual/group treatment and medication management through CBHS System of Care Clinics as determined by care providers

Participants seeking mental health services outside their Medical Home can self-refer or be referred by their primary care physician to the Behavioral Health Access Hotline at 415-255-3737. Access Line clinicians will screen the participant for their mental health care needs and refer the participant for services at the appropriate site of care.

Participants seeking substance abuse treatment can walk into the BHAC at 1380 Howard St (at 10th St). There, Treatment Access Program (TAP) staff will screen the participant for their recovery care needs and refer the participant for services at the appropriate site of care. Specialized substance abuse treatment (including outpatient, methadone, residential) is provided under the Specialty Benefit.

**Process for Authorization of Additional Services**

Participants are allotted a total of 20 outpatient visits (maximum) per year under the HSF Standard Benefit, and uncapped visits as part of the specialty benefit (number of visits determined by care providers based on need). The 20 annual visit cap under the HSF Standard Benefit applies to HSF participants accessing services through CBHS only. This does not apply to primary-care level behavioral services rendered at the primary care Medical Home.

HSF participants who exhaust the Standard Benefit can be evaluated for assignment to the Specialty Benefit or for additional services under the Standard Benefit. HSF participants or providers should call the Mental Health Access Line Hotline (415-255-3737) to be assessed and referred for the appropriate therapeutic services through CBHS. Participants determined to be appropriate for the Specialty Benefit may be assigned to one of CBHS's system of care clinics for treatment.

<b>Policy:</b>	<b>18.3 Behavioral Health Fees</b>
<b>Last Updated:</b>	2/1/13

Participants must pay a point-of-service fee when accessing behavioral health services at their Medical Home. Fees vary according to the client’s income level and the Medical Home.

Participants must pay a state mandated share of cost, the Uniform Method of Determining Ability to Pay (UMDAP), to access behavioral health services through CBHS. This fee is a state mandated annual liability which varies according to the client’s income. CBHS billing staff deduct the participant’s HSF participant fees from their annual UMDAP liability amount. Fees for services rendered by private providers may vary.

<b>Policy:</b>	<b>18.4 Behavioral Health Pharmacy Services</b>
<b>Last Updated:</b>	7/7/2014

***Participant Receiving Care through CBHS***

HSF Participants receiving care through CBHS can obtain medication through the CBHS licensed pharmacy at 1380 Howard Street or through the CBHS network of community pharmacies. The pharmacy will consult the CBHS Pharmacy Benefits Manager (PBM) to confirm the patient is eligible for services, the medication is on the CBHS formulary, and that the prescriber is a CBHS provider. Only CBHS providers can access specialty psychiatric medications on the CBHS formulary.

***Participant Receiving Behavioral Health Care at the Medical Home***

HSF participants receiving behavioral health care at their Medical Home are authorized to receive only those medications listed on their Medical Home’s Drug Formulary. Each provider organization may have a different formulary.

See Section 19.1 for the designated pharmacies for each Medical Home.

## 19. Pharmacy

<b>Policy:</b>	<b>19.1 Pharmacy Network, Access, and Formulary</b>
<b>Last Updated:</b>	07/31/2021

All Healthy San Francisco (HSF) Medical Homes have a designated pharmacy or pharmacy network. Participants must go to the pharmacy designated for their Medical Home to obtain medications. The formulary for each Medical Home organization determines what medications have been approved for use.

Any medications that have not been approved are not paid for. The following chart displays the pharmacy locations designated for each Medical Home:

<b>Medical Home</b>	<b>Designated Pharmacy</b>
San Francisco Health Network (SFHN) Clinic	Zuckerberg San Francisco General Hospital (ZSFG) Outpatient Pharmacy or a Walgreens pharmacy associated with the participant’s Medical Home* *A list of 30 Walgreens Pharmacy locations in the HSF Pharmacy Network is available on the HSF website
North East Medical Services (NEMS)	NEMS Pharmacy (Chinatown, Portola, or Sunset Clinic)

San Francisco Community Clinic Consortium (SFCCC) clinics (excluding NEMS and Tenderloin Health Services)	ZSFG Outpatient Pharmacy. In order to access the HSF pharmacy program through the ZSFG Outpatient Pharmacy, patients of SFCCC clinics must first register with the ZSFG registrar.
Sr. Mary Philippa Health Center	Sr. Mary Philippa Outpatient Pharmacy
Women's Community Clinic (WCC) and St. Anthony's Medical Clinic	<p>Walgreens 1301 Market Street San Francisco, CA 94103 1(415) 861-4010</p> <p>Walgreens 498 Castro Street San Francisco, CA 94114 1(415) 861-3136</p> <p>Walgreens 1899 Fillmore Street San Francisco, CA 94115 1(415) 771-4603</p> <p>Walgreens 300 Gough Street San Francisco, CA 94102 1(415) 581-0600</p> <p>Walgreens 1100 Van Ness Avenue San Francisco, CA 94109 1(415) 783-1909</p> <p>CVS 1101 Market Street San Francisco, CA 94103 1(415) 558-1538 (only if prescribed by a WCC or St. Anthony's clinician)</p>
Kaiser Permanente San Francisco Medical Center	Kaiser Permanente San Francisco Medical Center (2238 Geary Blvd for Main Pharmacy, 4 <sup>th</sup> floor, 6 <sup>th</sup> floor, and 4141 Geary Blvd for French Campus)

## 20. Emergency Medical Services

<b>Policy:</b>	<b>20.1 Emergency Medical Services Transport</b>
<b>Last Updated:</b>	7/7/2014

Healthy San Francisco (HSF) covers 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 is outside of San Francisco for any reason, HSF will not pay for the ambulance services. Participants should call 9-1-1 if they have a life-threatening emergency.

**If transportation by ambulance is not for a life-threatening emergency or is outside of San Francisco:**

- HSF participants who receive emergency medical transport via the San Francisco Fire Department may be eligible for the Fire Department’s Financial Hardship Program for no-cost emergency ambulance transport, depending on their income level (<http://sf-fire.org/index.aspx?page=43>). HSF participants transported by the Fire Department and determined eligible for the Financial Hardship Program are not liable for the cost of emergency ambulance transport to any inpatient hospital in San Francisco. A subset of HSF participants eligible for the Financial Hardship Program may receive a bill if the Fire Department’s billing vendor, APDI, lacks sufficient identifying information to identify HSF enrollment. **Participants who receive a bill or who have any questions regarding emergency ambulance transport bills from the San Francisco Fire Department should contact APDI at 1-800-339-1159.** All inquiries regarding emergency ambulance transport bills from the Fire Department should be directed to this number.
- Participants transported by ambulance providers other than the Fire Department may be assessed a reduced or full bill, as private companies maintain individual fee schedules and are not required to offer discounted services care. When they enroll in HSF, participants agree to comply with all ambulance companies’ application policies and processes for free or reduced services in the HSF Applicant Acknowledgment Form and to contact HSF Customer Service for assistance in the event they receive a bill.

<b>Policy:</b>	<b>20.2 Emergency Care</b>
<b>Last Updated:</b>	7/7/2014

Medical care provided at a hospital’s Emergency Department will only be covered by HSF for life-threatening and/or serious illnesses and injuries and only if the care is being provided at the hospital associated with the participant’s Medical Home. If medical care is received at a hospital not associated with the participant’s Medical Home, the participant should inquire about the hospital’s free, reduced cost, and/or charity care programs at the hospital because HSF will not pay for these services.

Under the Emergency Medical Treatment and Active Labor Act (EMTALA), patients needing emergency treatment can be discharged only under their own informed consent or when their condition requires transfer to a better-equipped hospital for the needed treatment. HSF participants should not be transferred if the hospital has appropriate resources to stabilize and discharge the HSF participant, even if the HSF participant belongs to another Medical Home network.

## **21. Participant Materials**

<b>Policy:</b>	<b>21.1 Participant Materials</b>
<b>Last Updated:</b>	6/30/17

All Healthy San Francisco (HSF) participants receive the following materials at the end of the enrollment appointment:

- **HSF Approval Notice:** The HSF Approval Notice is printed by the Application Assistor at the conclusion of the enrollment, renewal, or re-enrollment process and includes the name of the participant’s selected Medical Home and the start date of their one-year term.

- **HSF “Next Steps” Guide:** The “Next Steps” Guide is a one-page hand-out distributed at enrollment, renewal and re-enrollment that emphasizes program scope and how to access services.

All HSF participants receive the following materials by mail within 7-10 business days after their enrollment appointment:

- **Participant Handbook:** The Participant Handbook provides information and explanation about HSF services and how to obtain services. Supplemental program information includes explanation of program fees, instructions on reapplying for the program, and who to call for additional information or assistance.
- **Participant ID Card:** The HSF ID card is presented by the participant when accessing medical services at a Medical Home or pharmacy. The ID card includes the participant name, person identification number, and Medical Home information. Participants receive the ID card within one month of enrolling, and may request a replacement card at any time by contacting HSF Customer Service.

All HSF participants receive the following materials by mail 75 days before the end of their current eligibility term:

- **Renewal Reminder Notices:** Participants approaching the anniversary of their HSF participation receive a notice in the mail inviting them to schedule an appointment to renew for HSF.

All essential HSF participant materials are available in English, Chinese, Spanish, and Tagalog.

<b>Policy:</b>	<b>21.2 Program Materials for the Public</b>
<b>Last Updated:</b>	4/1/09

Current information on HSF and details on how to apply are available publicly at [www.healthysanfrancisco.org](http://www.healthysanfrancisco.org) or by HSF Customer Service at 415-615-4555.

## 22. Customer Service

<b>Policy:</b>	<b>22.1 Customer Service and Provider Relations Inquires</b>
<b>Last Updated:</b>	07/31/2021

Healthy San Francisco (HSF) Customer Service serves as the first point of contact for all customer calls, including calls from applicants, participants, providers and employers. If HSF Customer Service cannot answer a caller’s question, they will refer the call to the appropriate resource, such as:

- HSF Provider Relations or Coverage Programs Coordinator
- HSF Premium Billing Unit
- SF City Option Employer Services
- Office of Labor Standards Enforcement (OLSE)
- Medical Reimbursement Account (SF MRA) vendor
- Other program offices (Medi-Cal, Medicare, etc.)
- HSF Medical Home or other provider (e.g. pharmacy or associated HSF Medical Home hospital)

The following table highlights which phone lines and email addresses should be used for each category of inquiry. When calling about a participant, **provide the participant’s identifying information (name, date of birth, HSF participant ID number) to ensure a proper response.**

Audience	Typical Inquiries	Phone	Email
Current HSF Participants	<ul style="list-style-type: none"> <li>• ID card requests</li> <li>• Participant billing questions</li> <li>• Demographics changes</li> <li>• Complaints</li> <li>• Medical home changes</li> </ul>	415-615-4555	<a href="mailto:info@healthysanfrancisco.org">info@healthysanfrancisco.org</a>
Potential HSF Participants	<ul style="list-style-type: none"> <li>• Requests for general program information</li> <li>• Phone screening for HSF</li> <li>•</li> </ul>		
Potential City Option Participants	<ul style="list-style-type: none"> <li>• Enrollment appointments for SF City Option employees</li> </ul>	415-615-5720	<a href="http://info@sfcityoption.org">info@sfcityoption.org</a> (SF City Option participants)
Providers	<ul style="list-style-type: none"> <li>• HSF included services and program information – basic inquiries only</li> <li>• Complex questions regarding services, referrals, and access referred to Medical Homes</li> <li>• Medical home-pharmacy linkage</li> <li>• Eligibility verification requests participant disenrollment</li> </ul>	415-615-4555, Option 5 for Providers	<a href="mailto:info@healthysanfrancisco.org">info@healthysanfrancisco.org</a>
Employers	<ul style="list-style-type: none"> <li>• How to use SF City Option to comply with HCSO</li> <li>• Employer Portal inquiries</li> </ul>	415-615-4492	<a href="mailto:employerservices@sfcityoption.org">employerservices@sfcityoption.org</a>
Application Assistors	One-e-App Errors/Bugs	866-429-1979	<a href="mailto:GetHelp@Alluma.net">GetHelp@Alluma.net</a>
	General HSF Eligibility Questions	415-615-5430	<a href="mailto:hsfassistorsupport@sfhp.org">hsfassistorsupport@sfhp.org</a>

The Coverage Programs Coordinator manages forwarded calls from the HSF Customer Service from:

- Medical home providers (e.g. direct care physicians, Nurse Practitioners, Registered Nurses)
- Medical home administrators (e.g. clinic managers and directors)
- Medical home administrative staff members (e.g. reception and eligibility staff)
- Provider group administrators (e.g. Kaiser)

- Non-HSF providers (e.g. hospitals, ambulance, and outside medical facilities that are not associated with the HSF Medical Home network)

In addition, emails sent to [info@healthysanfrancisco.org](mailto:info@healthysanfrancisco.org) are routed directly to HSF Provider Relations.

The Coverage Programs Coordinator can answer questions about the following topics:

- SFHP/Medical home HSF grant agreements
- General program operations (e.g. general referrals, general Point of Service (POS) fees, general location of services (LOS), HSF provider network)
- HSF covered services that fall under basic scope (e.g. not a utilization management (UM) decision)
- Pharmacy services
- Pharmacy formulary for Medical Homes that have delegated pharmacy benefits management to SFHP (will consult SFHP Pharmacy as needed)

The Coverage Programs Coordinator CANNOT assist with inquiries about the following topics:

- SFHN- or SFCCC-specific policies
- HSF policies that have not yet been finalized
- Detail about Community Behavioral Health Services (CBHS) network or policies
- Medical home-specific questions (e.g. formulary, POS fees)

<b>Policy:</b>	<b>22.2 Medical Bills Received by Participants</b>
<b>Last Updated:</b>	07/07/2014

Participants should contact HSF Customer Service with questions or concerns regarding medical and emergency transport bills. Participants will be required to provide a copy of their bill(s) to HSF Customer Service to receive assistance. The response will vary based on the site of care and nature of the service, as described below:

- 1. Services Rendered Outside of San Francisco:** HSF Customer Service will notify the patient that they are financially responsible for the bill. Per program rules, HSF does not cover services rendered outside of San Francisco.
- 2. Services Rendered Outside of HSF Network:** HSF Customer Service will notify the patient that they are financially responsible for the bill. Per program rules, HSF does not cover services rendered at sites outside of the HSF network.
- 3. Services Rendered Within San Francisco:**
  - a. Services Rendered at Affiliated Medical Home/Hospital:** HSF Customer Service and HSF Administration will work with the billing entity to resolve the bill after confirming that the service rendered was a HSF covered service and the participant was enrolled in HSF on the date of service. The participant must provide HSF Customer Service with a copy of the bill.
  - b. Services Rendered at a Hospital Unaffiliated with Medical Home:** HSF Customer Service will work with the billing entity to connect the participant to charity care programs for which they may be eligible. HSF is not responsible for services rendered at a hospital unaffiliated with the participant's Medical Home.

HSF Customer Service will track these cases in a bi-weekly log sent to HSF Administration in conjunction with supporting documentation. HSF Administration will return the log on a bi-weekly basis with progress updates, as needed, provided in the status field to HSF Customer Service for all cases. After a case is resolved, HSF Customer Service will inform the participant.