



Network Operations Manual

January 2025 – December 2025

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Introduction

Purpose of the Manual

The purpose of this manual is to:

- Provide Medical Home administrators and staff with a reference guide to Healthy San Francisco (HSF) administrative requirements and operational policies and procedures, including encounter data reporting requirements, enrollment and eligibility rules, quality improvement initiatives, non-included services, and participant complaint procedures.
- Clarify the roles of HSF program staff and Medical Home staff.

What is HSF?

HSF is an innovative health access program designed to make health care services accessible and affordable to uninsured San Francisco residents. Established in 2006, HSF is operated by the [San Francisco Department of Public Health](#) (DPH) within the Office of Managed Care. DPH contracts with San Francisco Health Plan (SFHP) to serve as its third-party administrator (TPA) for HSF. These TPA functions include program administration support such as billing, marketing and communications, customer service, provider contracting, data and reporting, and other information technology support.

HSF is not insurance. It is a health access program that enables and encourages residents to access primary and preventive care by providing a Medical Home and a primary care provider to every program participant. HSF includes the following services:

- Primary and Specialty Care
- Inpatient Hospitalization
- Prescription Drugs
- Radiology and Laboratory Services
- Durable Medical Equipment
- Family Planning
- Substance Use and Mental Health Treatment
- Emergency Medical Transportation within San Francisco

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

Network

Medical Home Network

A Medical Home is the facility/clinic that HSF participants select upon enrollment. The Medical Home is responsible for providing primary care services and coordinating care for the HSF participant.

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

- 13 San Francisco Health Network (SFHN) clinics
- 15 San Francisco Community Clinic Consortium (SFCCC) clinics
- Kaiser Permanente San Francisco Medical Center (Kaiser)
- Sister Mary Philippa Health Center (SMP)

San Francisco Health Network

- Castro-Mission Health Center
- Chinatown Public Health Center
- Curry Senior Center
- Family Health Center at Zuckerberg San Francisco General Hospital & Trauma Center (ZSFG)
- Maxine Hall Health Center
- Ocean Park Health Center
- Positive Health (Ward 86 at ZSFG)
- Potrero Hill Health Center
- Richard H. Fine People’s Clinic at ZSFG
- Silver Avenue Family Health Center
- Southeast Family Health Center
- Tom Waddell Urban Health Clinic
- Young Adult and Teen Health Center at ZSFG Children’s Health Center

San Francisco Community Clinic Consortium

- HealthRIGHT 360 - Haight Ashbury Integrated Care Center
- Lyon-Martin Community Health Services
- Mission Neighborhood Health Center – 240 Shotwell St
- Mission Neighborhood Health Center – 4434 Excelsior St
- Mission Neighborhood Resource Center
- Native American Health Center
- North East Medical Services – 1520 Stockton
- North East Medical Services – 2574 San Bruno Ave
- North East Medical Services – 1033 Clement
- North East Medical Services – 1450 Noriega
- North East Medical Services – 3431 Taraval
- North East Medical Services – 82 Leland
- St. Anthony’s Medical Clinic
- Equity Health Main Clinic (formerly South of Market Health Center)
- Equity Health Senior Clinic (formerly South of Market Senior Clinic)

Other Medical Homes

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

Medical Home Status

An HSF Medical Home can have an “open” or “closed” status, which is determined by various factors. An HSF Medical Home is considered “open” when it is accepting all new and existing patients and when clinical appointments for new patients are available within 60 days upon calling for an initial appointment. An HSF Medical Home is considered “closed” when it only accepts **existing** patients or when clinical appointments for new patients are **not** available within 60 days upon calling for an initial appointment. A “new patient” is a participant who states that they have not been seen at the Medical Home in the past two years. An “existing patient” is a participant who states that they have been seen at the Medical Home within the past two years. When HSF Medical Homes provide information on their “open” or “closed” status, they must consider clinical appointment needs for patients with other payor sources such as Medi-Cal, Healthy Workers HMO and self-pay.

If enrollment for the Medical Home is done solely by SFHP or if the Medical Home has a population restriction (e.g., specific diagnosis), it will be listed as “closed” to prevent non-SFHP Certified Application Assistors (CAAs) from enrolling participants in these Medical Homes.

HSF Medical Homes are responsible for providing clinical appointments to all new HSF participants who have selected their clinic. If a new HSF participant attempts to schedule their first clinical appointment after the 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. Assistors are required to enroll, renew, and modify applications for all Medical Homes (open or closed) requested by potential or existing HSF participants.

Medical Home Restrictions

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

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

If applicable, Medical Home Coordinators are responsible for submitting requests to add or modify Medical Home restrictions to the HSF Program Specialist via the open/closed Medical Home process. The HSF Program Manager reviews and issues a decision on the Medical Home restriction requests.

- Communication of decision on Medical Home restriction requests:
 - The HSF Program Manager notifies the Medical Home Coordinator who requested a change to the Medical Home restriction of the decision. The HSF Program Manager also notifies the HSF Program Specialist of the decision for tracking purposes.
 - If a Medical Home restriction request is approved, the HSF Program Specialist will update the HSF Medical Home Directory to reflect the updated Medical Home restriction. Changes in Medical Home restrictions are also communicated to key stakeholders, including the Training Leads Committee (TLC) via monthly TLC meetings, who are also notified of changes to Medical Home open/closed status.

Medical Home Status, Profile, and Directory Changes

The HSF Program Specialist sends e-mails on the 1st and 15th of every month to designated Medical Home contacts to verify Medical Home statuses, contact information, and directory description information. The e-mail includes the HSF Medical Home open/closed data spreadsheet that lists the current status of the HSF Medical Homes in HSF Connect, the HSF eligibility and enrollment system. Some Medical Homes restrict services to special populations (see Medical Home Directory).

Designated Medical Home contacts are responsible for reviewing the status of the HSF Medical Homes and communicating any changes to the HSF Program Specialist. Medical Home contacts may change open/closed status at any time, for any reason, but must provide that reason to the HSF Program Specialist. The HSF Program Specialist updates requests for status changes in the HSF Connect system within two business days of receipt of the request. In the absence of a status change request, the open/closed status of the HSF Medical Home will remain the same.

The designated Medical Home contact may request ad-hoc updates at any time during the month. In addition, if a Medical Home anticipates a future reduction in capacity due to a planned event (e.g., electronic health record implementation, provider leave), the Medical Home should alert the HSF Program Specialist as soon as possible. Medical Homes that have changes to their status, profile, or directory description should contact the designated Medical Home contact listed here:

Affiliation	Staff Contact Name	Email
HealthRIGHT 360 Clinics	Ana Valdés	avaldes@healthRIGHT360.org
SFHN Primary Care Clinics (SFHN)	Carol Taniguchi	carol.s.taniguchi@sfdph.org
Kaiser Permanente San Francisco Medical Center (Kaiser)	Kithika A. St. John	Kithika.A.St-John@kp.org
San Francisco Community Clinic Consortium (SFCCC)	Merrill Buice	mbuice@sfccc.org
Sister Mary Philippa Health Center (SMP)	Toni Lockett	toni.lockett@ucsf.edu

Facility Network

The HSF facility network consists of:

- ZSFG for SFHN and select SFCCC clinics
- UCSF Health St. Mary's Hospital for SMP
- ZSFG for North East Medical Services (NEMS)
- Kaiser Foundation Hospital San Francisco for Kaiser Permanente San Francisco Medical Center
- University of California San Francisco (UCSF) Radiology Services (by ZSFG referral only)

Please refer to the following table for Medical Home/facility network utilization management (UM) contacts:

Medical Home/Facility Network	UM Contact Name	Email
SFHN Clinics	Carol Taniguchi	carol.s.taniguchi@sfdph.org
HealthRIGHT 360 Clinics	Ana Valdés	avaldes@healthRIGHT360.org
Kaiser	Kithika A. St. John	Kithika.A.St-John@kp.org
NEMS	Jim Thai	Jim.Thai@nems.org
Select SFCCC using ZSFG	Merrill Buice	mbuice@sfccc.org
SMP	Toni Lockett	toni.lockett@ucsf.edu

Standard of Care

HSF Medical Homes and their health professionals must comply with all applicable federal and state laws, licensing requirements, and existing local health care standards in accordance to their HSF grant agreement.

Provider Grant Payments

HSF Medical Homes have different models of payment. HSF's Third-Party Administrator, SFHP, administers HSF provider agreements and grant payments to non-SFHN Medical Homes and facilities.

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

Provider Inquiry Procedure

HSF is committed to serving its network of dedicated providers. The Provider Inquiry Procedure is the process where HSF providers can request clarification or raise concerns with HSF Program Management on program policies and procedures, grant payments, benefit

interpretation matters, or other issues related to the interpretation of the terms and conditions of the HSF program. HSF provider inquiries are answered within two business days.

Please initiate all provider inquiries by contacting the HSF Program at (415) 615-4555 Option 5 (Monday-Friday, 8:30am-5:30pm) or info@healthysanfrancisco.org.

COVID-19 Related HSF Program Policies

During the COVID-19 pandemic, HSF implemented a number of temporary policies affecting participant eligibility, renewal process, participant fees and network access that are intended to ensure HSF participants are able to maintain coverage and access to care. These temporary policies, while in effect, superseded policies described within the Network Operations Manual. Participating providers should refer to HSF policy memos for latest information on COVID-19 related HSF program policies.

Participant Eligibility

Enrollment

DPH determines all eligibility rules for HSF. HSF Program Management administers these eligibility rules and authorizes CAAs at designated enrollment sites to screen for eligibility and enroll applicants. Participants can stay enrolled in HSF for a one-year term provided that the individual continues to meet HSF eligibility requirements and submits payments for quarterly participant fees. A participant may renew their coverage for an additional one-year term during their renewal period, which begins 90 days before the current coverage term ends.

Eligible applicants must meet all of the following criteria:

- Be deemed ineligible for local, state, and federal public full-scope health insurance programs, such as Medi-Cal or Medicare.
 - Applicants eligible to purchase insurance through Covered California, the state's health insurance exchange, can enroll in HSF if they meet all other program criteria.
- Be uninsured. Individuals with time-limited, restricted health insurance benefits from a state or federal program may be eligible.
- Be a current City and County of San Francisco resident with proof. Homeless applicants can provide verbal proof of San Francisco residency.
- Be at least 18 years of age, an emancipated minor, or a minor applying for coverage on his or her own behalf who is not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent.
- Have a household income of 500% of the Federal Poverty Level (FPL) or below. Countable income includes all earned and unearned taxable income.
 - **Exception:** There is no income limit for individuals participating in San Francisco City Option, offered under the Employer Spending Requirement (ESR). For more information about the City Option Program and ESR, please see the FAQ's on page 21.
- Have no other employer sponsored, dependent coverage, or individually purchased health insurance, including subsidized insurance purchased through the exchange.

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

Submission of documents proving U.S. Citizenship or Legal Permanent Residency are not required for program enrollment.

Eligibility Screening Requirements for Other Programs

Screening Requirements Due to Change in Circumstances

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

Renewal

HSF participants must complete a renewal application at their original HSF enrollment site or selected Medical Home to continue program enrollment beyond one year. Failure to complete the renewal process prior to the end of the one-year enrollment period will result in disenrollment. Participants must undergo an in-person or phone interview appointment with a CAA to complete a renewal. Participants can renew as early as 90 days prior to term end.

Renewal Reminder Communications

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

- Renewal reminder notice by mail at 30 and 60 days prior to term end.

Renewal Process

The HSF Connect system retains all information collected during the initial enrollment to expedite renewals and rescreening. CAAs are responsible for updating information in the system to reflect new demographic information (e.g., change of address) or changes that may link the applicant to a different program (e.g., income, pregnancy, citizenship, and family size).

Participants found eligible for HSF during rescreening must:

1. Update their existing HSF application.
2. Submit recent copies of San Francisco residency and income documents.
3. Provide copies of a divorce decree or legal separation agreement if removing a spouse from the household size.
4. Confirm assignment to their existing Medical Home or select a new Medical Home.
5. Sign a new HSF Applicant Acknowledgment form.
6. Sign a new Health Coverage Programs Acknowledgement form if the applicant is eligible to purchase health insurance through Covered California and chooses not to.

Changing Medical Homes

All participants select a Medical Home upon initial enrollment and annual re-enrollment.

Participant requests to change their Medical Home during the enrollment year can only be made by contacting HSF Customer Service and only for the following reasons:

- A participant:
 - has a change of status (e.g., change of home or work address);
 - is assigned to the ZSFG Urgent Care Clinic;
 - identifies an error that occurred during the Medical Home selection process;
 - was defaulted to a Medical Home as a result of an HSF Medical Home network change; or

- ages out of an HSF Medical Home which exclusively serves young adults 18-25 (Young Adult and Teen Health Center at ZSFG Children’s Health Center).
- A provider or participant requests assignment to the Ward 86 at ZSFG.
- An OBIC (Office-Based Buprenorphine Induction Clinic) provider requests participant assignment to an HSF Medical Home with a provider certified to prescribe buprenorphine.
- Pursuant to a complaint.
- Pursuant to a documented agreement between two Medical Homes.

HSF Customer Service or the HSF Program Specialist will notify the participants of whether their request has been approved. Medical Home changes are not granted retroactively, and such changes will become effective once these are recorded in the HSF Connect system. A new ID card with the new Medical Home information will be automatically generated and sent to the participant when a Medical Home change occurs.

Disenrollment

Participants no longer meeting program eligibility requirements are disenrolled from HSF by HSF Program Management, HSF Customer Service, or CAA Supervisors. Participants may also voluntarily disenroll by contacting HSF Customer Service.

Examples of disenrollment reasons:

- Insufficient payment of participant fees
- Not a San Francisco resident
- Enrolled in a public health coverage program
- Enrolled in Medi-Cal
- Enrolled in employer-sponsored insurance
- Enrolled in private insurance
- Did not complete renewal - incomplete documentation
- Did not complete renewal - failure to complete rescreening
- Deceased participant
- Participant cannot afford participant fee.
- Program dissatisfaction (e.g., dissatisfaction with administration, services, Medical Home, etc.).
- False or misleading information on HSF application.
- Determined eligible for other programs during renewal or modification.

Disenrolled participants are sent a letter via mail within one week of their disenrollment date confirming that they are no longer enrolled in the HSF program. If requested by the participant or applicant in person, an CAA can also print this letter using HSF Connect. This letter clearly states the reason for the disenrollment and is provided in English, Spanish, Chinese, and Tagalog.

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

If an HSF Medical Home obtains information indicating that an HSF participant no longer meets program eligibility requirements during their enrollment term (e.g., change in Medi-Cal eligibility), a disenrollment request may be initiated by the Medical Home by contacting HSF Customer Service. 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 and a staff member is designated a CAA Supervisor in HSF Connect.

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

Reenrollment

Individuals can re-enroll in 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.

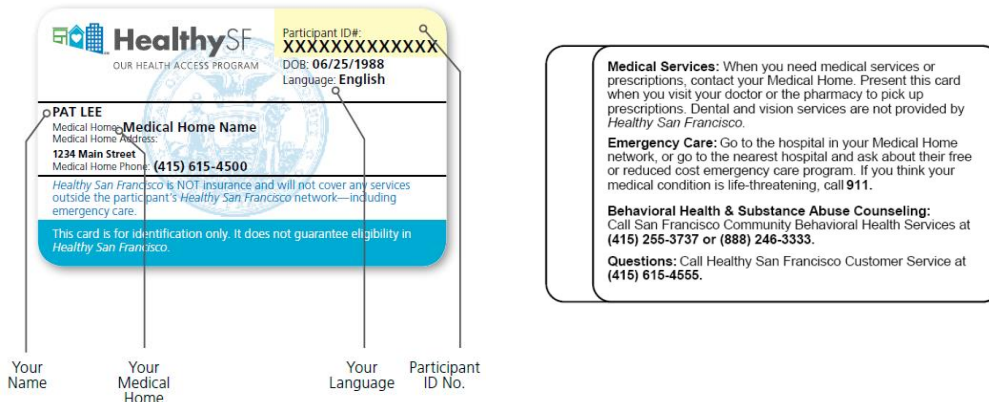
Proof of income and San Francisco residency will be collected from the applicant by the CAA. The applicant is not required to re-submit proof of identification, provided that this documentation is electronically stored, viewable, and clear in HSF Connect. The re-enrollment application will be pre-populated with information from the person's most current application, and the CAA will modify the application to reflect any recent demographic or household changes.

HSF Participant ID Card

Newly enrolled HSF participants are mailed an HSF Participant Identification (ID) Card. When presented, this is an indicator to the Medical Home that a participant intends to access services through their enrollment in HSF. The Participant ID Card is not a guarantee of eligibility, and Medical Homes are encouraged to follow all established protocols necessary to determine current eligibility using HSF Connect.

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

- Visiting their Medical Home
- Accessing medical services of any kind



HSF Connect Technical Issues, CAA Responsibilities & Questions

For HSF Connect technical issues, CAA responsibilities, and questions, please contact the following:

- First Contact: Your Supervisor
- Second Contact: Your TLC Lead
- Third Contact: Email: hsfassistorsupport@sfhp.org
Phone: (415) 615-4555 Option 5

All HSF CAAs are trained to enroll, modify, and renew applications.

1. **New Applications** - New HSF applicants should be encouraged to apply at their current or desired Medical Home when seeking application assistance **except:**

- Applicants with an employer contribution through the SF City Option program should be directed to the SFHP's Service Center.
- New applicants who desire to choose Kaiser Permanente San Francisco Medical Center as their Medical Home must also be directed to SFHP's Service Center to apply.

Enrollment sites may pre-screen applicants and redirect applicants seeking a specific Medical Home to the appropriate enrollment site (e.g. redirect those requesting Kaiser to SFHP's Service Center). If an CAA begins a new application in HSF Connect and the applicant selects a Medical Home outside of the CAA's enrollment location, the CAA should proceed in submitting the application.

2. **Modification/Renewal Applications** – HSF CAAs 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.

Participant Fees

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

Participants receive an invoice by mail after they successfully enroll in HSF. The HSF program manages the HSF participant fee process. Medical Homes are not responsible for collecting, reconciling, or managing quarterly participant fee payments.

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

Participants who receive employer health care contributions through the SF City Option program are not subject to the HSF FPL maximum of 500%. Those with an FPL of over 500% will be invoiced for a quarterly participant fee of \$675.

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

Point of Service Fees

A Point of Service (POS) fee is what HSF participants pay to their Medical Home or network hospital for medical services at the time of their visit. The POS fee amount depends on the participant's Medical Home, household income, and medical service being provided. Medical Homes are responsible for collection of POS fees and for determining rules governing collection of these fees. Please refer POS fees and billing questions to the applicable Medical Home contact listed on page 6.

Accessing Services

Included Services

- Preventive Care
- Specialty Care
- Hospital Care
- Urgent Care
- Emergency Care
- Emergency Medical Transportation within San Francisco
- Prescription Drugs
- Durable Medical Equipment (DME)
- Family Planning
- Laboratory Services
- Mental Health and Substance Use Treatment
- Short-Term Acute Rehabilitation Services

Ambulance

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

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

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

HSF participants who receive emergency medical transport within San Francisco and receive an invoice from the ambulance company, including SFFD, should immediately escalate the bill to HSF Customer Service to determine if their bill is covered by HSF. HSF Customer Service will escalate all billing issues to HSF Program Management, who will assess each case in a timely manner. Each billing issue will be handled on a case-by-case basis.

Durable Medical Equipment (DME)

A prescription is required for durable medical equipment and each Medical Home has a designated resource for pick up. Participants may only receive DME with a referral.

Emergency Care

Care at a hospital Emergency Department is for medical emergencies only. This includes life-threatening or serious illness or injury. HSF only covers emergency services provided at a hospital associated with a participant's Medical Home. For example, a participant who is assigned to Mission Neighborhood Health Center and ZSFG and is accessing services at Kaiser Permanente San Francisco Medical Center (Kaiser) will not have their care covered by HSF. On the other hand, another participant who is assigned to Kaiser and accessing

emergency services at Kaiser, will be covered by the HSF program. When being treated at a hospital not associated with their Medical Home, the participant should ask to be considered for that facility's free or reduced-cost care programs, as HSF will not pay for these services.

Family Planning

Family planning services are available at most HSF Medical Homes. These generally include:

- Birth Control
- Pregnancy Testing
- Sexually Transmitted Infection Treatment
- Pregnancy Related Services—See page 20 for more information

Hospital Care

HSF provides hospital care at the hospital associated with the participant's Medical Home. Except in an emergency, the participant will need a doctor or a specialist in their Medical Home network to refer them for hospital care.

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

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

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

Laboratory Services

Medical tests may be performed either at a participant's Medical Home or at the hospital associated with her Medical Home. Not all Medical Homes provide testing or laboratory work on site. For questions regarding laboratory services, contact the designated Medical Home contact listed on page 6.

Mental Health and Substance Use Services

HSF participation includes access to inpatient and outpatient mental health and substance use services. The HSF Medical Home is responsible for providing primary care level behavioral health services, such as assessment and medication management. Participants requiring a higher level of behavioral health services may be referred to [San Francisco City and County's Community Behavioral Health Services \(CBHS\)](#) via the Central Access Hotline:

- Local callers: (415) 255-3737
- Toll-free callers: (888) 246-3333
- TDD for people who are deaf, hard-of-hearing, or have speech disabilities: (888) 484-7200

CBHS benefits include:

- Standard benefit (capped) – 20 individual therapy sessions per year; 30 inpatient days per year.
- Specialty benefit (uncapped) – There are no limits on individual/group treatment for severe and persistent mental illness; or severe or persistent substance use disorder.
- Psychiatric hospitalizations are available at CBHS affiliated facilities.

Process for Authorization of Additional Mental and Behavioral Health Services

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

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

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

Pharmacy

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

Participants Receiving Behavioral Services through the CBHS

HSF participants receiving behavioral health services 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 management company to confirm that the patient is eligible for services and that the prescribing provider is a CBHS provider. Only CBHS providers can access specialty psychiatric medications on the CBHS formulary.

Participants Receiving Behavioral Health Services at HSF Medical Home

HSF participants receiving behavioral health services 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.

Preventive Care

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

Short-Term Acute Rehabilitation Services

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

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

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

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

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

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

If there is no bed available at LHH to provide short-term rehabilitation services to a potential HSF patient/resident, then the participant will be placed on LHH's waitlist. Admission criteria and information can be found here: [Laguna Honda Admission & Discharge Forms](#). Refer questions about short-term acute rehabilitation services to (415) 682-5683.

Specialty Care

Participants can be referred only to specialists at the Medical Home or facility associated with the participant's Medical Home. Participants may not see a specialist without an authorized referral from their Medical Home. If a participant sees a specialist without an authorized referral from their Medical Home, HSF will not pay for the treatment received.

Urgent Care

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

Authorizations and Referrals

Each Medical Home network has their own referral and authorizations process. If a participant receives services from a provider who is not part of their HSF Medical Home network, with or without an authorized referral from the Medical Home, HSF will not pay for the services received. For questions regarding authorizations and referrals, contact the designated Medical Home contact listed on page 6.

Out of Network Care within San Francisco

Each HSF Medical Home network has their own policies and procedures for authorizing and referring medical care outside of their network. For questions regarding out of network services, contact the designated Medical Home contact listed on page 6.

Excluded Services

HSF does not cover the following services:

- Acupuncture
- Allergy Testing and Injections
- Chiropractic Services
- Cosmetic Services
- Dental Services
- Gastric By-Pass Surgery and Services
- Genetic Testing and Counseling
- Infertility Services
- Long-Term Care
- Non-Emergency Transportation
- Organ Transplants
- PhenoSense Integrase Resistance Testing for HIV
- Gender Affirming Surgery
- Speech and Hearing Services
- Travel Immunizations
- Vision Services

Medical and Pharmacy Encounter Data

Medical Encounters

All HSF Medical Homes and facilities are required to submit monthly encounter data to SFHP in order to receive their monthly provider grant payments for services rendered to HSF participants. The data should be uploaded to SFHP’s secured file transfer protocol (SFTP) site by the 30th of every month. The monthly data file submitted shall be for encounters with dates of service no more than 90 days prior to submission date. In the event a Medical Home has medical encounter data with dates of service beyond 90 days, the Medical Home should not wait for the monthly submission. Instead, the Medical Home should submit that data as soon as it is available.

Medical Homes and facilities that do not submit their encounters by the end of each month will be sent a 30-day reminder notice.

For January 2025 – December 2025, the following deadlines apply for the listed dates of service:

Dates of Service	Submission Deadline to SFHP
January 2025	On or before April 30, 2025
February 2025	On or before May 31, 2025
March 2025	On or before June 30, 2025
April 2025	On or before July 31, 2025
May 2025	On or before August 31, 2025
June 2025	On or before September 30, 2025
July 2025	On or before October 31, 2025
August 2025	On or before November 30, 2025
September 2025	On or before December 31, 2025
October 2025	On or before January 31, 2026
November 2025	On or before February 29, 2026
December 2025	On or before March 31, 2026

Medical Data Elements

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

- EDI – 837 Claims format (837I or 837P)

SFHP will provide 837 companion guides to Medical Homes. If the Medical Home cannot submit data in the 837 formats, SFHP will provide them with a data layout supporting the proprietary file format.

Providers are required to submit charity care encounters in addition to their regular encounters. For HSF, a charity care visit is defined as a participant’s visit to any non-assigned hospital. It is also based on the included and excluded services contained in their annual HSF contract and HSF Location of Services Grid of allowed or disallowed services within the hospitals and Medical Homes. Determination of charity care designation is made by submitting hospitals and SFHP per business logic approved by DPH.

Pharmacy Encounters

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

For January 2025 – December 2025 dates of service, the following deadlines apply:

Dates of Service	Submission Deadline to SFHP
January 2025	On or before April 30, 2025
February 2025	On or before May 31, 2025
March 2025	On or before June 30, 2025
April 2025	On or before July 31, 2025
May 2025	On or before August 31, 2025
June 2025	On or before September 30, 2025
July 2025	On or before October 31, 2025
August 2025	On or before November 30, 2025
September 2025	On or before December 31, 2025
October 2025	On or before January 31, 2026
November 2025	On or before February 28, 2026
December 2025	On or before March 31, 2026

Pharmacy Data Elements

Pharmacy encounter data should be submitted in the following listed file format.

- Proprietary Format Files (e.g., – Excel, Comma Delimited, etc.)

For questions regarding data submission, the primary contact is Wil Trevizo at wtrevizo@sfhp.org. The alternate contact is Paul Luu at pluu@sfhp.org. SFHP ITS will work closely with Medical Homes to facilitate the data submission process.

Health Education

HSF participants are provided with valuable health information throughout the year. All participant materials are available in English, Chinese, Spanish. For Tagalog speaking participants, participant materials will either be available in Tagalog or via a language line. Materials are available on the SFHP website: <https://www.sfhp.org/health-wellness/>.

Participant Customer Service

Participant Complaint Procedure

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

1. Telephone: HSF Customer Service Center (415) 615-4555
2. Mail: Healthy SF P.O. Box 194287
San Francisco, CA 94119-4287

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

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

HSF Customer Service coordinates with Medical Home and program resources as appropriate in order to resolve non-clinical complaints. Clinical complaints are coordinated by the HSF Program Specialist. The HSF Program Specialist works with HSF program and Medical Home resources as appropriate to resolve all clinical complaints.

To ensure participants' concerns are addressed, complaints must be closed within 45 calendar days. When a complaint is in reference to a clinical issue and no response has been received from an external resource such as a Medical Home site or an individual provider within 15 calendar days of the initiation of the complaint, the complaint will be escalated to the HSF Program Manager for intervention.

Coordination with Other Programs

What to Do if a Participant Has or Is Eligible for Insurance or Other Programs?

Insurance is always a better choice because HSF has limited services and operates in limited locations. Medical Homes should notify HSF Customer Service or the CAA Supervisor onsite if a participant becomes eligible for or is enrolled in public or private insurance. Most U.S. Citizens and legal permanent residents are required to have health insurance.

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

The Medical Home is also responsible for ensuring that the participant is enrolled in the appropriate program and that the program is billed accordingly. For example, if an HSF participant becomes pregnant, the Medical Home is responsible for identifying the eligible participant, assisting the participant in enrolling in a Medi-Cal program for pregnancy-related services and billing Medi-Cal appropriately.

Pregnancy Related Services

If a participant is approved for pregnancy-only Medi-Cal, their pregnancy-related services, including abortion, will be covered under Medi-Cal. Non-pregnancy related services will continue to be included under HSF. If a participant is approved for pregnancy and full scope Medi-Cal, her pregnancy-related services (including abortion) and non-pregnancy related services will be covered under Medi-Cal. Providers will direct patients seeking pregnancy-related services to the appropriate eligibility staff and enrollment site associated with the patient's Medical Home to complete applications for these full scope programs. Compliance with these application processes is required to ensure that the patient can receive these services under the correct health coverage program.

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

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

Because HSF is not insurance, many participants are still eligible for community resources, patient assistance programs, and charity care policies. Thus, please continue to refer patients to these programs.

Healthy San Francisco Contacts

General Program information and questions from HSF participants:

HSF Customer Service Center

Phone: (415) 615-4555 (Monday-Friday, 8:30am-5:30pm)

Email: info@healthysanfrancisco.org

Providers and Medical Home Administrative Staff questions:

HSF Program Specialist

Phone: (415) 615-4555 Option 5 (Monday-Friday, 8:30am-5:30pm)

Email: info@healthysanfrancisco.org

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

SF City Option Program Specialist

Phone: (415) 615-4492 (Monday-Friday, 8:30am-5:30pm)

Email: employerservices@sfcityoption.org

Frequently Asked Questions

What is the Employer Spending Requirement?

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

What is SF City Option?

SF City Option is a program offered by the City and County of San Francisco (the "City") as an option for employers to comply with the ESR of the HCSO. The program allows employers to deposit money with the City that will be used to fund a health benefit for their employees.

An employer participating in the SF City Option Program sends payments to SF City Option on behalf of their eligible employees. Employees might be eligible for an [SF Medical Reimbursement Account \(SF MRA\)](#). The employee must complete an [SF MRA Enrollment Form](#) to find out if eligible for an SF MRA. The employer's payments for each employee are held in an employer contribution pool until the employee enrolls in an SF MRA.



SFCityOption
 THE EMPLOYER'S HEALTH CARE CHOICE



SFMRA
 YOUR ACCOUNT FOR HEALTH COSTS

For more information regarding the Employer Spending Requirement or SF City Option, please visit the [SF City Option website](#) or contact SF City Option at (877) 772-0415 or info@sfcityoption.org.

Is it permissible to move a participant back to the hospital partnered with their Medical Home?

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

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

Can participants access services retroactively?

HSF does not provide access to services retroactively. However, some Medical Homes may offer access to their own sliding scale programs retroactively. For example, DPH addresses patient full bill accounts within the previous 3 months from the date of HSF enrollment by determining the person's eligibility for the DPH Sliding Scale Program based on HSF verification documents provided. Please have participants contact each Medical Home to ask about these types of programs.

Does HIPAA apply to HSF since it is not insurance?

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

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