



Network Operations Manual

January 2022 – December 2022

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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](#) (SFPDH) within the Office of Managed Care.

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 Abuse and Mental Health Services
- 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:

- 15 San Francisco Health Network (SFHN) Clinics
- 9 San Francisco Community Clinic Consortium (SFCCC) Clinics at 16 sites
- Sister Mary Philippa Health Center
- Kaiser Permanente San Francisco Medical Center

San Francisco Health Network

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

San Francisco Community Clinic Consortium

- HealthRIGHT 360 - Haight Ashbury Integrated Care Center
- HealthRIGHT 360 - Lyon-Martin Health Services
- HealthRIGHT 360 - Women's Community Clinic
- Mission Neighborhood Health Center - Shotwell
- Mission Neighborhood Health Center - Excelsior
- 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 – 2308 Taraval
- North East Medical Services – 82 Leland
- St. Anthony's Medical Clinic
- South of Market Health Center
- 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, in addition to 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 is only accepting **existing** patients and 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 they have not been seen at the Medical Home in the past two years. For the SFHN network, an SFHN Medical Home is considered “closed” when it is only accepting patients who have a past or present medical history with that Medical Home, and when clinical appointments for new patients are not available within 60 days upon calling for an initial appointment. When HSF Medical Homes provide information on their open/closed status, they must take into account clinical appointment needs for patients with other payor sources such as Medi-Cal, Healthy 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 San Francisco Health Plan (SFHP) or if the Medical Home has a population restriction (e.g. only open to young adults). In these cases, Medical Homes are listed as closed to prevent non-SFHP Application Assistors (Assistors) from enrolling participants to these Medical Homes.

HSF Medical Homes are responsible for providing clinical appointments to all new HSF participants who have selected their clinic. If a new HSF participant attempts to schedule their first clinical appointment after their Medical Home has closed, it remains the responsibility of the Medical Home to ensure that the patient gets a clinical appointment within the 60 day requirement. Assistors are required to enroll, renew, and modify applications for all Medical Homes (open or closed) requested by potential or existing HSF participant.

Medical Home Restrictions

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

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

If applicable, Medical Home Coordinators are responsible for submitting requests to add/modify Medical Home restrictions to the Coverage Programs 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 Coverage Programs Coordinator of the decision for tracking purposes.
 - If a Medical Home Restriction request is approved, the Coverage Programs Coordinator 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 Lead Committee via

monthly TLC meetings, who are notified of changes to Medical Home open/closed status.

Medical Home Status, Profile, and Directory Changes

The Coverage Programs Coordinator 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 One-e-App (OeA). Some Medical Homes restrict services to special populations (see Medical Home Directory).

Designated Medical Home contacts are responsible for reviewing the status of the HSF Medical Homes and communicating any changes to the Coverage Programs Coordinator. Medical Home contacts may change open/closed status at any time, for any reason, but must provide that reason to the Coverage Programs Coordinator. The Coverage Programs Coordinator updates requests for status changes in the OeA 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.

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

Affiliation	Staff Contact Name	Email
HealthRIGHT 360 Clinics	Ana Valdés	avaldes@healthRIGHT360.org
SFHN Primary Care Clinics	Anna Robert	anna.robert@sfdph.org
Kaiser Permanente San Francisco Medical Center	Kithika A. St. John	Kithika.A.St-John@kp.org
San Francisco Community Clinic Consortium	Merrill Buice	mbuice@sfccc.org
Sister Mary Philippa Health Center	Toni Lockett	toni.lockett@commonspirit.org

Facility Network

The Facility Network of HSF consists of:

- Zuckerberg San Francisco General Hospital (ZSFG) for San Francisco Health Network (SFHN) and select San Francisco Community Clinic Consortium (SFCCC) clinics
- St. Mary's Medical Center (Dignity Health) for Sister Mary Philippa Health Center ¹
- California Pacific Medical Center (California, Davies, Pacific & Mission Bernal) for North East Medical Services (NEMS)¹
- Kaiser Foundation Hospital San Francisco for Kaiser Permanente San Francisco Medical Center
- University of California San Francisco (UCSF) Radiology Services (by ZSFG referral only)¹

Please refer to the following table for Medical Home/Facility Network Utilization Management contacts.

Medical Home/Facility Network	UM Contact Name	Email
San Francisco Health Network Clinics	Anna Robert	anna.robert@sfdph.org
HealthRIGHT 360 Clinics	Ana Valdés	avaldes@healthRIGHT360.org
Kaiser Permanente San Francisco Medical Center	Kithika A. St. John	Kithika.A.St-John@kp.org
North East Medical Services	Christina Ng	Christina.Ng@nems.org
Select San Francisco Community Clinic Consortium Clinics using ZSFG	Merrill Buice	mbuice@sfccc.org
Sister Mary Philippa Health Center	Toni Lockett	toni.lockett@commonspirit.org

Standard of Care

HSF Medical Homes and its 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 (TPA), 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

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interpretation matters, or other issues related to the interpretation of the terms and conditions of the HSF program. HSF provider inquiries are answered within 2 business days.

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

COVID 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 meant to ensure HSF participants are able to maintain coverage and access care. These temporary policies, while in effect, supersede policies described within the Network Operations Manual. Participating providers should refer to HSF policy memos for latest information on COVID related HSF program policies.

Participant Eligibility

Enrollment

SFDPH determines all eligibility rules for HSF. HSF Program Management administers these eligibility rules and authorizes trained Assistors at designated enrollment sites to screen and enroll applicants for HSF eligibility. Once enrolled and provided they continue to meet HSF eligibility requirements, such as San Francisco residency and paying quarterly participant fees, participants are enrolled in HSF for a term of one year, where upon a renewal application is required.

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/federal program may be considered eligible.
- Be a current City and County of San Francisco resident, with proof of San Francisco residency. HSF participants cannot have an active I-94 (**Exception:** refugees, asylees, and T and U visas are accepted). Homeless applicants can provide verbal proof of San Francisco residency.
- Be at least 18 years of age, an emancipated minor, or a minor applying for coverage on his or her own behalf who is not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent.
- Have a household income of 500% of the Federal Poverty Level (FPL) or below. Countable income includes all earned and unearned taxable income and liquid assets.
 - **Exception:** There is no income limit for individuals participating in HSF as part of the City Option, offered under the Employer Spending Requirement (ESR). For more information about the City Option Program and ESR, please see the FAQ's on page 27.
- Have not had employer sponsored, dependent coverage, or individually purchased health insurance, including subsidized insurance purchased through the exchange, within the prior 90 days, except for individuals who lost coverage due to the following circumstances:
 - Job loss
 - Moved and no insurance available
 - Death, legal separation, termination of domestic partnership, or divorce that resulted in termination of dependent coverage
 - COBRA eligibility ended or dropped

- Aged out of parent's health insurance coverage

There is no enrollment waiting period for those covered by public coverage, excluding coverage purchased through Covered California, the state's health insurance exchange, within the last 90 days. There is no enrollment waiting period for those who drop, disenroll, or decide not to enroll in COBRA coverage after job loss. Individuals must disenroll from COBRA coverage, however, and be uninsured to be eligible for HSF.

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

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

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 condition. 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 an Assistor 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 60 and 30-days prior to term end.
- Automated phone call at 45 days before term.
- Live call reminders at 15-30 days prior to term end to participants who prefer phone and have a valid preferred phone number on file.
- E-mail reminder at 15-45 days prior to term end, to participants who prefer e-mail and have a valid e-mail address on file.

Renewal Process

The OeA 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 (e.g. change of address) or changes that may link the applicant to a different program (e.g. pregnancy, citizenship, family size).

Participants found eligible for HSF during rescreening must:

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

Changing Medical Homes

All participants select a Medical Home upon initial enrollment and annual 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 at least one of the following reasons:

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

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

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

Disenrollment

Participants no longer meeting program eligibility requirements are disenrolled from HSF by HSF Program Management, HSF Customer Service or Application Assistor 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.
- HSF program has identified enrollment in Medi-Cal.
- Enrolled in employer-sponsored insurance.
- Enrolled in private insurance.
- Did not complete renewal - incomplete documentation.
- Did not complete renewal - failure to complete rescreening.
- Participant is deceased.
- 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 receive 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/applicant in person, an Assistor can also print this letter using OeA. This letter clearly states the reason for the disenrollment and is provided in English, Spanish, and Chinese.

Providers should use OeA 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, 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 status).

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

Reenrollment

Participants can re-enroll in HSF after being disenrolled from the program by scheduling an appointment at a 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 (if applicable) or identification, provided that this documentation is electronically stored, viewable, and clear in OeA. The applicant's re-enrollment application will be pre-populated with information from the

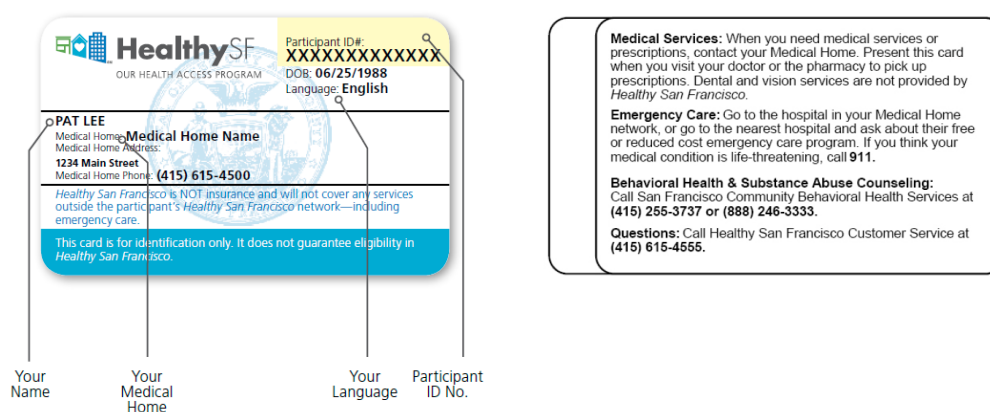
participant’s most current application, and the Assistor will modify the application to reflect any recent demographic or household changes.

HSF Participant ID Card

Newly enrolled HSF participants are mailed a HSF Participant Identification (ID) Card. When presented, this is an indicator to the Medical Home that a participant intends to access services through their enrollment in 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 OeA.

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

- Accessing medical services of any kind



One-e-App Technical Issues, Assistor Responsibilities & Questions

For OeA Technical Issues, contact OeA at 1 (866) 429-1979 or tpro@oneapp.org

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

1. **New Applications** - New HSF applicants should be encouraged to apply at their current or desired Medical Home when seeking application assistance **except**:
 - Applicants with an employer contribution through the City Option should be directed to the SFHP’s Service Center.
 - New applicants who desire to choose Kaiser Permanente San Francisco Medical Center 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. If an Assistor begins a new application in OeA and the applicant selects a Medical Home outside of the Assistor's enrollment location, the Assistor should proceed in submitting the application.

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

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%. Their quarterly participant fee will be \$675.

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

Point of Service Fees

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

Refer POS fees and billing questions to the applicable Medical Home contact listed on page seven.

Accessing Services

Included Services

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

Ambulance

HSF includes transportation by ambulance **only for life-threatening emergencies within San Francisco**. If transportation by ambulance is for anything other than a life-threatening emergency, or if transportation is outside of San Francisco for any reason, 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** because it is likely that the responding ambulance will be from the SFFD. **HSF discourages directly calling private emergency transport companies for pick-up in the event of an emergency** because participants may be assessed a full bill. Private ambulance companies maintain individual fee schedules and are not required to discount a participant's bill. HSF, via SFDPH, 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 with SFDPH. Each billing issue will be handled on a case-by-case basis, but should be escalated to HSF Customer Service by participants and/or providers as soon as possible to remedy any billing concerns in a timely manner.

Durable Medical Equipment (DME)

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

Emergency Care

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

Family Planning

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

- Birth Control
- Pregnancy Testing
- Sexually Transmitted Disease Treatment
- Pregnancy Related Services—See page 25 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. Please refer to the appendix for the *Hospital Repatriation Memo*.

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

Services at hospitals not associated with a participant's Medical Home are not paid for by 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 their Medical Home. Not all Medical Homes provide testing or laboratory work on site. For questions regarding laboratory services, contact the designated Medical Home contact listed on page seven.

Mental Health

HSF participation includes access to inpatient/outpatient mental health services. The HSF Medical Home is responsible for providing primary care level behavioral health services, such as assessment and medication management. Participants requiring a higher level of behavioral

health services may be referred to San Francisco Community Behavioral Health Services (SFCBHS) via the Central Access Hotline:

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

SFCBHS benefits include:

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

Process for Authorization of Additional Mental and Behavioral Health Services

Participants are allotted up to 20 behavioral health visits per year under the HSF Standard Benefit, and unlimited visits as part of the specialty benefit. The 20 visit annual cap applies to HSF participants accessing services through SFCBHS only and does not apply to primary-care level behavioral services rendered at the 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 SFCBHS at (415) 255-3737 to be authorized for therapeutic services through SFCBHS. HSF participants or their providers who believe they will exceed 20 visits limit should contact Central Access to request re-evaluation for the specialty benefit. Central Access will route the request to the SFCBHS Medical Directors, who will determine if additional services are medically appropriate.

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

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

Pharmacy

Participants are eligible for prescription medicines on their Medical Home's formulary when prescribed by their Medical Home network provider. Any medications that have not been approved are not covered by 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 San Francisco Community Behavioral Health Services

HSF participants receiving behavioral health services through SFCBHS can obtain medication through the SFCBHS licensed pharmacy at 1380 Howard Street or through the SFCBHS network of community pharmacies. The pharmacy will consult the SFCBHS pharmacy benefits management company (PBM) to confirm the patient is eligible for services and that the prescribing provider is a SFCBHS provider.

Only SFCBHS providers can access specialty psychiatric medications on the SFCBHS formulary.

Participants Receiving Behavioral Health Services at HSF Medical Home

HSF participants receiving behavioral health services at their 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 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 their physician has verified requires nursing facility care.
- Existing physical or cognitive functional limitation requiring care that cannot be provided at a lower level facility (e.g., a board & care home or other intermediary facility).
- Need for active daily rehabilitation on an inpatient basis.
- Need for ongoing rehabilitation aimed at raising functional status.

HSF does not include long-term rehabilitation services of any kind (including those received in a skilled nursing facility). If 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 and the individual meets LHH's admission criteria, then the potential HSF patient/resident will be placed on LHH's wait list. Once a bed becomes available and if the patient is still appropriate for rehabilitation services, they will be admitted into LHH. As noted above, HSF does not cover short-term rehabilitation services provided at any rehabilitation facility other than Laguna Honda.

Admission criteria and information can be located here: [Laguna Honda Admission & Discharge Forms](#). Refer questions about short-term acute rehabilitation services to (415) 682-5683.

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

Specialty Care

Participants can be referred **ONLY** to specialists at the Medical Home or facility associated with 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.

Substance Abuse

HSF participation includes access to outpatient substance abuse services. Participants requiring a higher level of behavioral health services may be referred to SFCBHS via the Central Access Hotline:

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

SFCBHS includes:

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

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

Urgent Care

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

Authorizations and Referrals

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

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 seven.

Excluded Services

The following services are NOT provided by Healthy San Francisco:

- Acupuncture
- Allergy Testing and Injections
- Chiropractic Services
- Cosmetic Services – see appendix for *Cosmetic Services Memo*
- Dental Services
- Gastric By-Pass Surgery and Services
- Genetic Testing and Counseling
- Infertility
- Long-Term Care
- Non-Emergency Transportation
- Organ Transplants – see appendix for *Organ Transplant Services Memo*
- PhenoSense Integrase Resistance Testing for HIV
- Services Not Available Within the Medical Home Network
- Gender Affirming Surgery – see appendix for *Sexual Reassignment Surgery Memo*
- Speech and Hearing Services
- Travel Immunizations
- Vision Services

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 FTP site by the 30th of every month. The monthly data file submitted shall be for encounters with dates of service no more than 90 days prior from the date of submission. In the event a Medical Home has medical encounter data with dates of service beyond 90 days, the Medical Home should not wait for the monthly submission and instead, submit that data as soon as it is available.

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

For January 2022 – December 2022, the following deadlines apply for the listed dates of service:

Dates of Service	Submission Deadline to SFHP
January 2022	On or before April 30, 2022
February 2022	On or before May 30, 2022
March 2022	On or before June 30, 2022
April 2022	On or before July 30, 2022
May 2022	On or before August 30, 2022
June 2022	On or before September 30, 2022
July 2022	On or before October 30, 2022
August 2022	On or before November 30, 2022
September 2022	On or before December 30, 2022
October 2022	On or before January 31, 2023
November 2022	On or before February 28, 2023
December 2022	On or before March 30, 2023

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:

1. 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 visiting any hospital **not** assigned to the Medical Home of the participant. It is also based on the included and excluded services contained in their annual HSF contract and HSF Location of Services Grid of allowed/disallowed services within the hospitals and Medical Homes. Determination of charity care designation is made by submitting hospitals, and additionally at SFHP per business logic approved by DPH.

Pharmacy Encounters

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

For January 2022 – December 2022 dates of service, the following deadlines apply:

Dates of Service	Submission Deadline to SFHP
January 2022	On or before April 30, 2022
February 2022	On or before May 30, 2022
March 2022	On or before June 30, 2022
April 2022	On or before July 30, 2022
May 2022	On or before August 30, 2022
June 2022	On or before September 30, 2022
July 2022	On or before October 30, 2022
August 2022	On or before November 30, 2022
September 2022	On or before December 30, 2022
October 2022	On or before January 30, 2023
November 2022	On or before February 28, 2023
December 2022	On or before March 30, 2023

Pharmacy Data Elements

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

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

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

Participant Customer Service

Participant Complaint Procedure

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

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

All participant complaints are sent to the HSF Customer Service 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 HSF program resources as appropriate in order to resolve non-clinical complaints. Clinical complaints are handled by the Coverage Programs Specialist. The Coverage Programs Specialist works with HSF program and Medical Home resources as appropriate to resolve all clinical complaints.

To ensure participants' concerns are met, complaints must be closed within 45 calendar days. When a complaint is in reference to a clinical issue 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 locations to access health care. Medical Homes should notify HSF Customer Service or the Application Assistors' Supervisor 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 your site does not have an HSF Application Assistor, you must refer the patient to the enrollment site associated with your Medical Home for application assistance. If the HSF participant develops a linkage to another coverage program due to a change in medical condition (e.g. via pregnancy), they are required to be screened for eligibility for these programs as part of the conditions of their enrollment in HSF. If they are found to be eligible for another program, they will be required to apply for this program at the time they contact their provider to obtain services. The participant agrees to this program requirement by signing the Healthy San Francisco Application Acknowledgement form at the time of enrollment.

The Medical Home is also responsible for ensuring that the participant is enrolled in the 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 emergency Medi-Cal for pregnancy-related services and billing Medi-Cal appropriately.

Pregnancy Related Services

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

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

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

Healthy San Francisco Contacts

General Program information and questions from HSF participants:

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

Providers and Medical Home Administrative Staff questions:

Healthy San Francisco Programs Specialist
Phone: 1 (415) 615-5671 (Monday-Friday, 8:30am-5:30pm)
Email: info@healthysanfrancisco.org

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

San Francisco City Option Programs Specialist
Phone: 1 (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 as an option for employers to comply with the Employer Spending Requirement of the Health Care Security Ordinance. The program allows employers to deposit money with the City and County of San Francisco that will be used to fund a health benefit for their employees.

[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.



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

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

Can participants access services retroactively?

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

Does HIPAA apply to HSF since it is not insurance?

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

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

Appendices

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