



Summary of Key Information for Practitioners

Revised 02/2019

This document highlights some of San Francisco Health Plan's (SFHP) programs and requirements. **This document is for training purposes only, and does not replace or change contractual obligations between Providers and SFHP.** More details are available in the SFHP Network Operations Manual (NOM) or on the SFHP web site www.sfhp.org/providers. Should you find any discrepancies between this document and the NOM, please follow the NOM's specifications. SFHP also has specific policies and procedures for each subject highlighted in this document. If you have any questions regarding the information following, please contact SFHP's Provider Relations Department at 415-547-7818 ext. 7084.

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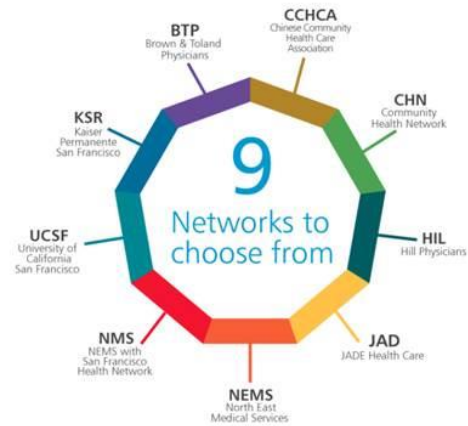
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Welcome to the SFHP Provider Network!

San Francisco Health Plan (SFHP) is a local, not-for-profit, Knox-Keene licensed health plan providing affordable health care coverage to low income residents of San Francisco. The SFHP network includes eight independent medical groups and their affiliated hospitals. Most of the utilization management, credentialing, and claims processing functions are delegated to these contracted groups.

Providers must promptly notify their medical group of any changes in their practice location, hours of operation, or if they plan to terminate their relationship with their medical group or SFHP. It is especially important for a Primary Care Provider (PCP) to provide at least 30 calendar days' notice of termination to their medical group, as the medical group and SFHP are required by law to re-assign patients to another PCP and to provide 30-day advance notification to members of this transition.



Contact Information

Provider Network Operations Department

Please contact the Provider Network Operations department for any questions or concerns about provider issues, network and contracting, credentialing, payment disputes, etc.

Hours of Operation: Monday through Friday, 8:30am to 5:00pm

Telephone: 1(415) 547-7818 ext. 7084

Email: provider.relations@sfhp.org

Customer Service Department

The Customer Service Department is available to assist with any general questions about member benefits, eligibility, covered services, claims payments, etc.

Hours of Operation: Monday through Friday, 8:30am to 5:30pm.

Customer Service Telephone: 1(415) 547-7800 or 1(800) 288-5555 or 1(415) 547-7830 TTY/TDD

Claims Department

Providers in the Brown and Toland, CCHCA, Hill, Jade, Kaiser, and NEMS networks may contact their medical group for assistance with any questions related to claims and reimbursement.

SFHP Contact Information:

Hours of Operation: Monday through Friday, 8:30am to 5:00pm

Claims Telephone: 1(415) 547-7818 ext. 7115

Customer Service Telephone: 1(415) 547-7800 or 1(800) 288-5555

Provider Relations Telephone: 1(415) 547-7818 ext. 7084

Utilization Management Department

Providers in the Brown and Toland, CCHCA, Hill, Jade, Kaiser, and NEMS networks may contact their medical group for questions about prior authorizations and inpatient concurrent review.

Providers in the UCSF and CHN (SFHN, SFCCC, and independent clinics and providers) networks may contact SFHP for questions about prior authorizations and inpatient concurrent review.

SFHP Hours of Operation: Monday through Friday, 8:30am to 5:00pm

SFHP Telephone: 1(415) 547-7818 ext. 7080

SFHP Email: authorizations@sfhp.org

Telemedicine

Primary Care Providers (PCPs) and clinics are always the first point of contact for our members' routine and urgent care. However, when members can't see you or get to you, they can receive care from a doctor from anywhere using their phone, smartphone app, or computer with our FREE telemedicine service, Teladoc.

Teladoc physicians are available 24 hours a day, seven days a week, year round. The average wait time for a Teladoc appointment is under 10 minutes. Teladoc physicians can prescribe medications, but will not prescribe controlled substances.

After the consultation, Teladoc will fax a summary of the visit (Clinical Consult Report) to the member's PCP/clinic.

To access services, members can go to teladoc.com/sfhp, call 1(800) 835-2362, or download the Teladoc smartphone app.

Our Programs

Medi-Cal: provides free and low-cost health care coverage services that are funded by State and Federal dollars. These services are available to individuals with low-income or limited resources. The Medi-Cal Program offers health services ranging from limited scope coverage to full scope coverage (inclusive of vision and dental for children). All SFHP members are enrolled in Managed Medi-Cal receiving full-coverage benefits at no cost. Managed Medi-Cal beneficiaries are required to choose a managed care health plan (Anthem Blue Cross or SFHP). Most Seniors and Persons with Disabilities, receiving services under Managed Medi-Cal are also required to choose a health plan. There are no premiums or co-pays for beneficiaries enrolled in Managed Medi-Cal. Eligibility is determined by the eligibility workers at the local Department of California Human Services Agency (HSA) or linked by other social services programs, such as CalWORKs, TANF, and SSI.

Healthy Workers HMO (HW) Program: is a health coverage program partly administered by SFHP. It is offered to individuals providing In-Home Support Services (IHSS) and a select category of temporary, exempt as-needed employees of the City and County of San Francisco. HW members have access to medical services through the San Francisco Department of Public Health (DPH). Eligibility is determined through the IHSS Authority or the Department of Human Resources and is based on length of time employed and hours worked.

Healthy Kids HMO (HK) Program: is a health coverage program for low to moderate income children ages 0 to 18 (inclusive) living in San Francisco who are not eligible for Medi-Cal. Health Kids offers coverage regardless of immigration status and up to 300% of the Federal Poverty Level. The program provides comprehensive health, vision and dental care. SFHP is the only health plan in San Francisco administering the HK Program. To remain in the program, an annual premium must be paid to the program; premium assistance is available. Additionally, there are

co-pays for certain services. Eligibility is determined by the HK Program located at SFHP. To remain in the program, children must renew coverage every 12 months.

Eligibility

Eligibility and PCP Assignment

Eligibility can change from month-to-month. Although SFHP members are issued ID cards, **providers are responsible for verifying member eligibility on the day of service and prior to providing care.**

SFHP providers have three options for verifying eligibility:

- SFHP Secure Provider Portal found on our web site at www.sfhp.org/providers
- Interactive Voice Response 415-547-7810
- Customer Service Department at 415-547-7800, Monday-Friday, 8:30am-5:30pm

Questions regarding member's PCP assignment status can also be directed to Customer Services at (415) 547-7800 or 1-800-288-5555 between the hours of 8:30 am and 5:30 pm, Monday through Friday.

PCP Selection, Assignment, and Change

At the time of enrollment, new members are encouraged to select a PCP. When this does not happen, SFHP will automatically assign a PCP following an assignment algorithm that takes into account the members place of residence, primary spoken language, and other similar factors. SFHP members who are auto-assigned to a PCP may select another PCP at any time. All members may change PCP, to a PCP of their choosing and who is accepting new patients. In most cases, PCP changes will be effective on the first day of the following month. Changes are made through SFHP's Customer Service department.

Newborn Coverage

For the Managed Medi-Cal program, newborns are covered for eligible services under their mother's membership during the month of birth and the month following. All other programs cover newborns for only 30 days following birth.

Access to Care

Appointment Availability

The California Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) set forth access requirements for all health plans and their contracted providers which include maintaining availability standards for appointments.

APPOINTMENT TYPE	PROVIDER TYPE	STANDARD
Routine Care	PCP	10 business days
	Specialty	15 business days
	Ancillary	15 business days
	Mental Health	10 business days
Urgent Care	All Provider Types	48 hours
		96 hours if Prior Authorization is needed
Prenatal Care	PCP	14 calendar days
Wait Time in Provider Office	All Provider Types	Not to exceed 30 min
Time to Answer Phone at Provider Office	All Provider Types	Not to exceed 10 min

After-Hours Access to Care

All PCPs are required to have after-hours phone coverage 24 hours a day, 7 days a week. After-hours access must include triage for emergency care and direction to call 9-1-1 for an emergency medical condition. A physician or mid-level provider must be available for contact after-hours, either in person or via telephone. All after-hours member calls must be documented in the member's permanent medical records. If a provider who is not the member's PCP treats the member, the treating provider must forward documentation of services received to the member's PCP.

After Hours Availability	All Provider Types	<ul style="list-style-type: none">• Voice message must provide instructions to call 911 or the Emergency Room.• Voice message call back not to exceed 30 min.• Voice message must provide a call back number.
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Emergency Services and Urgent Care

An emergency medical condition is defined as one that is manifested by acute symptoms of sufficient severity (e.g., severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention could result in one of the following situations:

- Placing the health of the individual (or, in case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions,
- Serious dysfunction of any bodily organ or part,
- Any psychiatric emergency and related medical condition(s).

Emergency services include medical screening, examination, and medical and psychiatric evaluation by a physician, or – to the extent permitted by applicable law – by other appropriate personnel under the supervision of a physician, and within the scope of his/her licensure and clinical privileges, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition within the capability of the facility.

In all instances when a member presents at an emergency room for diagnosis and treatment of illness or injury, pre-established guidelines for hospitals require appropriate triage of the severity of illness/injury.

An authorization is not required for emergency situations as defined by the examining physician. The examining physician determines required treatment to stabilize the patient.

In routine and non-urgent situations, treatment authorization by the PCP is required after completing the medical screening exam and stabilizing the condition. If the PCP does not respond, the Emergency Room/Department will proceed with treatment. Documentation and proof of the Emergency Department's attempt to reach the PCP and medical group and failure of response within 30 minutes of the first contact attempt will be accepted as authorization to diagnose and treat.

SFHP benefits include the dispensing of a sufficient supply of medications to cover the member's treatment until the member can be reasonably expected to have a prescription filled.

Referrals, Prior Authorization, and Appeal to UM Decisions

Referrals

In most cases, PCPs must refer SFHP members to specialists within their medical group network. In some instances, a specific specialty may not be available within the medical group's network. When this occurs, contact your medical group to find an appropriate specialist. Your medical group should provide you with a list of contracted specialists and referral forms if required.

Prior Authorization

All requests for Prior Authorization must be sent to your medical group. Contact your medical group for a current list of services requiring Prior Authorization. Requests for non-emergent services subject to prior authorization should be submitted at least 14 calendar days prior to the anticipated service date.

Prior Authorization Exceptions

The following services do not require prior authorization:

- **Sensitive services** (see section Sensitive Services for more information).
- **Obstetrical and gynecological services**, including basic prenatal care and support services available through the member's medical group. The member will deliver in the hospital affiliated with her medical group. The member's obstetrical provider will request authorization for required testing.
- **Emergency care** (in or out of network).
- **Preventive care** (in network).

Appeal of UM Decisions

Providers may appeal authorization denials for clinical services that do not meet administrative policy requirements, medical criteria, or other reason(s), and were denied by the SFHP or delegated medical group Medical Director or designated physician. Provider appeals should be submitted in writing to SFHP's UM department by fax, e-mail, or U.S. mail, and be accompanied by a completed Provider Request for an Appeal Form. The request for appeal form is available on-line at www.sfhp.org/providers (click on "Downloadable Forms"). Contracted and non-contracted providers have the right to appeal the authorization review determination, except in the following instances:

- The appeal is submitted more than 90 calendar days following the date of the Notice of Action (NOA).
- The denial was based on untimely notification for inpatient admission.
- The service was not covered by Medi-Cal (under the Evidence of Coverage) at the time of the authorization request.

Medical Group Prior Authorization and Claims Matrix

MEDICAL GROUP	WHO PROCESS CLAIMS?	WHO MAKES UM DECISIONS?
Brown & Toland (BTP)	Professional: BTP Phone: 1(415) 972-6000 Mail Claims to: PO Box 640469, SF, CA 94107	All UM Decisions: BTP Phone: 1(415) 972-6002 Fax: 1(415) 972-6011
	Facility and DME: SFHP Phone: 1(415) 547-7818 x 7115 Mail Claims to: PO Box 194247, SF, CA 94119	
Community Health Care Network (CHN)	All Claims: SFHP Phone: 1(415) 547-7818 x 7115 Mail Claims to: PO Box 194247, SF, CA 94119	All UM Decisions: SFHP Phone: 1(415) 547-7818 x 400 Outpatient Fax: 1(415) 357-1292 Inpatient Fax: 1(415) 547 7822
Chinese Community Health Care Association (CCHCA)	Professional and Technical: CCHCA Phone: 1(888) 467-4390, Option 4 Mail Claims to: Excel MSO Claims Department PO Box 2337, San Leandro, CA 94577	All UM Decisions: CCHCA Phone: 1(888) 467-4390, Option 3 Fax: 1(888) 467-6802
	Facility and DME: CCHP Phone: 1(415) 955-8800 Fax: 1(415) 955-8812 Mail Claims to: Excel MSO Claims Department 445 Grant Ave. Ste. 700, San Francisco, CA 94133	
Hill Physicians (HILL)	Professional: Hill Phone: 1(800) 445-5747 Mail Claims to: PO Box 8001, Park Ridge IL 60068	All UM Decisions: Hill Fax: 1(925) 820-4311 Face Sheets: 1(925) 362-6577
	Facility and DME: SFHP Phone: 1(415) 547-7818 x 7115 Mail Claims to: PO Box 194247, SF, CA 94119	
Jade Health Care Medical Group	All Claims: CCHP Phone 1(415) 955-8800 Fax 1(415) 955-8812 Mail claims to: 445 Grant Ave, Suite 700, SF, CA 94108	All UM Decisions: CCHP Phone 1(877) 208-4959 Fax 1(415) 398-3669
Kaiser	Professional, Facility and DME: Kaiser Member Services 1(800) 390-3510 Mail Claims to: 2425 Geary Blvd., SF, CA 94115	All UM Decisions: Kaiser Phone: 1(415) 833-2801 Fax: 1(415) 833-2657
North East Medical Services (NEMS)	Professional, Facility and DME: NEMS Phone: 1(415) 391-9686 x 5241 Mail Claims to: 1520 Stockton St., SF, CA 94133	All UM Decisions: NEMS Phone: 1(415) 352-5045 Fax: 1(415) 398-1742
UCSF	All Claims: SFHP Phone: 1(415) 547-7818 x 7115 Mail Claims to: PO Box 194247, SF, CA 94119	All UM Decisions: SFHP Phone: 1(415) 547-7818 x 400 Outpatient Fax: 1(415) 357-1292 Inpatient Fax: 1(415) 547 7822

Members Rights

SFHP members have the right to:

- Be treated respectfully regardless of gender, culture, language, appearance, sexual orientation, race, disability and transportation ability; given due consideration to a right to privacy and the need to maintain confidentiality of medical information.
- Receive quality, appropriate medical care, including preventive health services and health education.
- Take part actively in decisions about medical care. To the extent permitted by law, members also have the right to refuse or discontinue treatment.
- Know and understand his or her medical condition, treatment plan, expected outcome, and the effects these have on daily living.
- Formulate advance directives.
- Have access to family planning services, sexually transmitted disease services, and emergency services outside of the SFHP network pursuant to the federal law.
- Minors of any age have the right to receive sexual assault treatment (including rape), drug or alcohol abuse, pregnancy testing, family planning, and sexually transmitted infections (STI) treatment without parental consent.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to a member's condition and ability to understand.
- Have the meaning and limits of confidentiality explained, and that if a member is under 18 that a provider or other staff may need to discuss treatment and associated issues with the member's parent or guardian. The member will also be notified if the parent or guardian is to be contacted.
- Confidential health records, except when disclosure is required by law or permitted in writing by the member. With adequate notice, a member has the right to review his or her own medical records with a primary care provider.
- Know about any transfer to another hospital, including information as to why the transfer is necessary and any alternatives available.
- Receive a referral from a primary care provider for a second opinion.
- Receive professional interpreter services at no charge. Members may choose if they prefer to use a family member or friend for interpretation, but only after being offered a professional interpreter at no charge first.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Freedom to exercise these rights without adversely affecting how a member is treated by San Francisco Health Plan, providers or the state.

Member Complaints and Grievances

Members are encouraged to bring their concerns to the attention of their PCP. If a member wants to file a complaint or grievance, providers may help them complete the *SFHP Grievance Form*, found in the SFHP website <http://www.sfhp.org/members/report-problem-file-grievance/>, or direct the member to SFHP's Customer Services at 415-547-7800.

Benefits

Pharmacy Benefits

San Francisco Health Plan provides pharmacy benefits for members in all SFHP programs. Pharmacy benefits cover outpatient and self-administered medications that are listed in the program formularies.

The formulary for SFHP members, with the exception of the Kaiser group, is managed by the SFHP Pharmacy Services Department with oversight from the SFHP Pharmacy and Therapeutics Committee.

For provider questions about the pharmacy network or for assistance with pharmacy claims processing, the Pharmacy Benefits Manager below should be contacted.

PROGRAM	PHARMACY BENEFITS MANAGER (PBM)	PHONE NUMBER
SFHP Medi-Cal Healthy Kids HMO Healthy Workers HMO	PerformRx	1(888) 989-0091

For information about program-specific pharmacy benefits, exclusions or the pharmacy network visit www.sfhp.org or contact the SFHP Pharmacy Services Department at 1(415) 547-7818 x 7085.

Behavioral Health Services

San Francisco Health Plan covers outpatient mental health services for members with mild to moderate conditions.

Beacon Health Strategies (Beacon) manages behavioral health services for all SFHP Medi-Cal members, including non-specialty (mild to moderate) mental health services, and behavioral health therapy (BHT) for members under age 21 diagnosed with Autism Spectrum Disorder. To refer a member for mental health services, call Beacon’s toll-free Access Line at (855) 371-8117.

Mild to moderate mental health benefits include:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing, when clinically indicated to evaluate a mental health condition (prior authorization required)
- Outpatient services for the purpose of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies, and supplements (continuation of current benefit)

Chiropractic and Acupuncture

For Medi-Cal members age 20 years and younger, chiropractic benefits are provided through fee-for-service Medi-Cal. These members must call to make their own appointments and utilize their blue-and-white or “California poppies” Medi-Cal card for services.

For Medi-Cal members, acupuncture benefits are available for treatment of chronic pain. Benefit limits apply for members 21 and over. There are no benefit limits for services obtained through EPSDT.

Healthy Workers HMO and Healthy Kids HMO members do not have coverage for acupuncture or chiropractic care.

Vision Benefits

Vision Service Plan (VSP) administers vision benefits for SFHP Medi-Cal, Healthy Workers HMO, and Healthy Kids HMO members. Optometry services are a vision benefit and are available every 24 months. Ophthalmology services are a medical benefit through SFHP and there is no age restriction for these services for any line of business.

Providers can refer a member to a participating VSP provider. For questions regarding vision benefits or to find a VSP provider, please contact VSP at 1-800-877-7195 or visit www.vsp.com.

Dental Services

For Medi-Cal members age 20 years and younger, dental services are provided by Denti-Cal. A pediatric Medi-Cal member can self-refer for dental services and should call 1-800-322-6384 for questions. A dental screening (by the PCP) is part of the Initial Health Assessment and CHDP check-ups.

Healthy Workers HMO members who are IHSS Independent Providers have dental coverage through Liberty Dental via IHSS/Public Authority. Refer IHSS Independent Providers to the IHSS/Public Authority if they have questions regarding their dental coverage or need to enroll in the dental plan. Healthy Workers HMO members currently enrolled with Liberty Dental can call 1-888-703-6999 to find a participating dental provider.

Healthy Kids HMO members have dental coverage through Delta Dental. Specific dental benefits may be obtained by calling Delta Dental at 1-800-838-4337.

Fluoride Varnish

Fluoride varnish is the safest and newest form of topical fluoride that is now available to dentists, physicians, nurses and medical assistants to prevent tooth decay.

- Fluoride varnish may be applied during a routine office visit for San Francisco Health Plan Medi-Cal members under six years of age.
- It does not need refrigeration and has a shelf life of about two years.
- The application requires no special equipment and is easier and more conveniently applied using a prepackaged single use (unit dose) tube, which comes with a disposable applicator brush. It is swabbed directly onto the teeth in less than three minutes and sets within one minute of contact with saliva.

Since many dentists are not willing to see children this young, medical providers offer the best hope for preventing and controlling tooth decay through the application of fluoride varnish.

For provider and clinic staff training please contact Margaret Fisher, RDHAP, BS, Oral Health Consultant from the San Francisco Child Health and Disabilities Prevention Program at (415) 575-5719. If you are a CHDP provider, she can set up 1-hour training in your office. If you are not, inquire about becoming a certified CHDP provider or ask if they could make an exception.

Sensitive Services

Services listed below should be provided to Medi-Cal members without a referral or authorization in order to protect patient confidentiality and promote easy access. Sensitive Services include family planning, screening and treatment for sexually transmitted infections (STI), HIV testing, and abortion. Medi-Cal members may go outside of their medical group network for these services, except for prenatal care. For Healthy Kids HMO and Healthy Workers HMO, the member is encouraged to use family planning, HIV testing, and sexually transmitted disease services provided by their medical group, and referral or authorization may be required.

Sterilization Services

California law requires that men or women who request sterilization (surgery that will end their ability to have children) complete a form (PM-330) attesting that they are giving informed consent for this procedure. These forms must be completed and signed prior to the surgery and filed in the medical record. Medi-Cal members may not waive the 30-day waiting period. A copy of the form must be attached to the claim when submitted for payment. Please consult your medical group or call SFHP for any clarification.

Abortion

Abortion services are available to all SFHP members without referral or authorization. Outpatient abortion services are not subject to prior authorization, medical justification or any other utilization management procedures. Inpatient hospitalization for the performance of an abortion requires prior authorization. Authorization for general anesthesia associated with abortion services is not required by SFHP; however a medical group may require a prior authorization.

Minor Consent Services

Members of any age have the right to access some services without parental consent. Medical records and/or information regarding medical treatment specific to these services will not be released to parents and guardians, without the minor's consent. These services include:

- Sexual assault, including rape
- Drug and alcohol abuse (note: methadone treatment requires guardian notification and consent)
- Pregnancy, including abortions
- Family planning services (note: sterilization requires guardian notification and consent)
- Sexually transmitted diseases

Health Assessments

Initial Health Assessment (IHA)

An IHA is a initial comprehensive preventive clinical visit with a primary care practitioner. DHCS requires that PCP's complete an IHA with new SFHP members within 120 calendar days of enrollment for all ages. The IHA, at a minimum, includes a history of the member's physical and mental health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases. It enables the member's PCP to assess and manage the acute, chronic, and preventative health needs of the member.

Staying Healthy Assessment (SHA)

In addition to an IHA, the DHCS requires that PCPs and members also complete a SHA tool/questionnaire. The SHA is an age-specific risk assessment tool that is repeated at specific age intervals. It is used to assess a member's health habits and status, such as nutrition, physical activity, environmental safety, and sexual health and substance use as appropriate. The SHA forms can be found at www.sfhp.org/providers. For information on how to deem a provider's existing IHA forms, please contact Provider Relations at (415) 547-7818 ext. 7084 or email provider.relations@sfhp.org.

Child Health and Disability Program (CHDP):

The Child Health and Disability Prevention (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.

When billing for these Well Child exams, please refer to CHDP's crosswalk of HIPAA-compliant codes and submit claims according to the patient's medical group listed in the Claims Matrix above.

Coordination of Care for Medi-Cal Members

Golden Gate Regional Center (GGRC)

Golden Gate Regional Center (GGRC) is a nonprofit private corporation that contracts with the State Department of Developmental Services to provide or coordinate services and supports for individuals with developmental

disabilities. According to Title 17, Section 54000 of the California Code of Regulations, a “Developmental Disability” is defined as a disability that is attributable to

- Mental retardation
- Cerebral palsy
- Epilepsy
- Disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation

To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability as defined in Section 4512 of the California Welfare and Institutions Code. Eligibility is established through diagnosis and assessment performed by regional centers.

Some of the services and supports provided by the regional centers include:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Resource development
- Outreach
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil and service rights
- Early intervention services for at risk infants and their families
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home care
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities

San Francisco Health Plan is not financially responsible for the GGRC services provided to its members. A SFHP member who is eligible for GGRC services remains enrolled with SFHP, and the medical group and PCP maintain responsibility for coordination of services and for continued medical care.

Medical group physicians can refer to GGRC by contacting:

Golden Gate Regional Center
875 Stevenson Street, 6th Floor
San Francisco, CA 94103
1(415) 546-9222

For additional information you can visit the GGRC website at www.ggrc.org.

Early Start Program (ES)

Infants and children under three years of age who have a developmental delay or disability or an established risk condition with a high probability of resulting in a delay may be eligible to receive early intervention, or “Early Start”, services in California through Golden Gate Regional Center. Early Start provides a wide range of services including speech therapy. For a list of Early Start services, please visit Golden Gate Regional Center at www.ggrc.org.

The medical group and primary care physicians are responsible for coordination of services with the Early Start Program and financially responsible for covering the initial evaluation and two speech sessions per month.

Speech therapy sessions in excess of two per month and other therapy services may be covered by the Early Start Program. A SFHP member who is eligible for Early Start services remains enrolled with SFHP, and the medical group and PCP maintain responsibility for coordination of services and for continued medical care.

Medical group physicians and case managers may refer to Early Start by contacting:

Golden Gate Regional Center
875 Stevenson Street, 6th Floor
San Francisco, CA 94103
1(415) 546-9222

Additional information about the Early Start Program can be found at www.dds.ca.gov/earlystart

Women, Infants, Children Program (WIC)

WIC is a nutrition/food program that helps pregnant, breastfeeding or postpartum women, and children less than 5 years of age to eat well and stay healthy. WIC eligibility is determined by federal income guidelines. Medi-Cal and many Healthy Kids HMO members are eligible. Services include free food vouchers, nutrition education, and breast-feeding support. To assist your patients in applying for the WIC program, you can fill out the WIC form (Referral for Children or Referral for Pregnant Women), and advise your patient to make an appointment with WIC by calling 415-575-5788 or visit www.sfdph.org.

California Children's Services (CCS)

CCS provides special medical care for children age 21 years and younger who have physical disabilities and complex medical conditions. Services provided under the CCS program are reimbursed through the CCS program. SFHP is not financially responsible for the CCS services provided to its members. A SFHP member who is eligible for CCS services remains enrolled with SFHP, and the PCP coordinates and continues to provide care for all needs unrelated to the CCS condition.

Physicians and medical group staff are responsible for identification, referral, and case management of members with CCS eligible conditions. Until eligibility is established with the CCS program, the PCP and medical group continue to provide medically necessary covered services related to the CCS eligible condition. The member's PCP is responsible for all primary care and other services unrelated to the CCS-eligible condition and for coordinating care with CCS program staff and specialists.

Some eligible conditions include physical disabilities and complex medical conditions such as sickle cell anemia, cancer, diabetes, HIV, and major complications of prematurity.

Send the member's clinical information and the CCS referral form to:

California Children's Services
30 Van Ness Avenue, Suite 200
San Francisco, CA 94102

Telephone: 415-575-5700
Fax: 415-575-5790
www.dhcs.ca.gov

Comprehensive Perinatal Services Program (CPSP)

The Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal reimbursement program that funds a wide range of services for pregnant women, from conception through 60 days postpartum. Medi-Cal providers may apply to become approved CPSP providers. In addition, to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial and health education from approved CPSP providers. This approach has shown to reduce both low birth weight rates and health care costs in women and infants. For more information, call the San Francisco Department of Public Health, Maternal, Child and Adolescent Health, Perinatal Services Coordinator at 1(415) 575-5681.

Local Education Agency (LEA)

The San Francisco Unified School District's Local Education Agency (LEA) provides services in San Francisco schools for low-income children (3-18 years of age) with one or more of the following conditions:

- Vision or Hearing Impairment
- Orthopedically Challenged
- Developmentally Delayed

Children who have received the Early Start (ES) or Golden Gate Regional Center (GGRC) services are assessed between 2–3 years of age for referral to the San Francisco Unified School District Special Intake Unit for continued assistance.

Medical group physicians and the ES or GGRC must obtain written consent from the parents prior to referral and to release any clinical information.

Services provided during the school year, under the LEA program are reimbursed by the San Francisco Unified School District. San Francisco Health Plan is not financially responsible for the LEA services provided to its members. A SFHP member who is eligible for LEA services remains enrolled with SFHP, and the medical group and PCP maintain responsibility for coordination of services and for continued medical care. As LEA provides services during the school year only, SFHP and its medical groups authorize and provide medically necessary services during the summer months. LEA services include:

- Nutritional assessment and non-classroom nutritional education
- Education and psychosocial assessments
- Developmental assessments
- Speech services
- Audiology services
- Physician and occupational therapy
- Medical transportation
- School health aides

Local Education Agency, Special Education Therapy Unit- Telephone: 1(415) 759-2895 or 1(415) 379-7693.

DHCS Waiver Programs

HIV/AIDS Waiver Program provides Medi-Cal recipients with a written diagnosis of symptomatic HIV or AIDS with case management, in-home skilled nursing care, home-delivered meals, and non-emergency transportation. Qualified persons *cannot* be simultaneously enrolled in either the Medi-Cal hospice or the AIDS Case Management Program. For more information, call West Side Community Services at 1(415) 355-0311, Option 8 or www.westside-health.org.

Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) the purpose of this program is to provide in-home care and support to persons with disabilities. Services provided include: homemakers for chores, home health aides and/or nurses, family training, vehicle 57 SFHP Network Operations Manual adaptation, respite care, day habitation, transportation and more. For referral and eligibility review contact Golden Gate Regional Center at (415) 546-9222. For more information visit www.dhcs.ca.gov/services/lrc/Pages/DD.aspx.

Multi-Purpose Senior Services Program (MSSP) provides in-home care to members as an alternative to placing them in an institution. The County's Department of Aging administers the program. Services are available to physically disabled or aged members over 65 years of age who would otherwise require care at skilled nursing facility (SNF) or intermediate care facility (ICF) level.

The PCP or specialist submits appropriate medical records and the MSSP referral to:
Institute on Aging for MSSP and Adult Day Health Care

3626 Geary Boulevard, Second Floor
San Francisco, CA 94118
1(415) 750-4150 or 1(415) 750-5330
www.ioaging.org
San Francisco Adult Day Services Network at 1(415) 808-7371 or www.sfadulthood.org

Nursing Facility Waiver services are provided to Medi-Cal recipients of any age who need in-home assistance with activities of daily living, protective supervision, private duty nursing, environmental adaptation, and case management. For more information, call 1(916) 552-9400 or visit their website at www.dhs.ca.gov/mcs/mcpd/rdb/HCBWU

Genetically Handicapped Persons Program is a state-funded program that coordinates care and pays medical costs for eligible persons age 21 years old or older with genetically-transmitted diseases such as hemophilia, cystic fibrosis, and sickle cell disease, as well as metabolic disorders such as Phenylketonuria (PKU). For more information, call 1(916) 327-0470 or 1(800) 639-0597 or visit their website at www.dhs.ca.gov/pcfh/cms/ghpp/.

Health Education

SFHP members must be provided with health education services at no cost. Health education services include but are not limited to primary and obstetrical care, clinical preventive services, education and counseling, and patient education and clinical counseling. These services can be provided through:

- Individual classes
- Group classes
- Workshops
- Support groups
- Peer education programs
- Disease management programs
- Educational materials

Health education services may include:

- Educational interventions designed to help members to access appropriate care
- Educational interventions that cover behaviors such as:
 - Tobacco use and cessation
 - Alcohol and drug use
 - Injury prevention
 - HIV/STI prevention
 - Family planning
 - Immunizations
 - Dental care
 - Nutrition
 - Weight control and physical activity
 - Parenting
- Educational interventions designed to assist members to follow self-care regimens and treatment therapies for existing medical conditions, chronic disease, or health conditions including:
 - Pregnancy
 - Asthma
 - Diabetes
 - Substance abuse
 - Tuberculosis
 - Hypertension

Visit SFHP’s website at www.sfhp.org to access SFHP’s Health Education Library. Health education resources are available in SFHP’s threshold languages (English, Chinese, Spanish, and Vietnamese). If you would like more information about health education, please contact SFHP Population Health Program Manager at 415-615-5149 or email HealthEducation@sfhp.org.

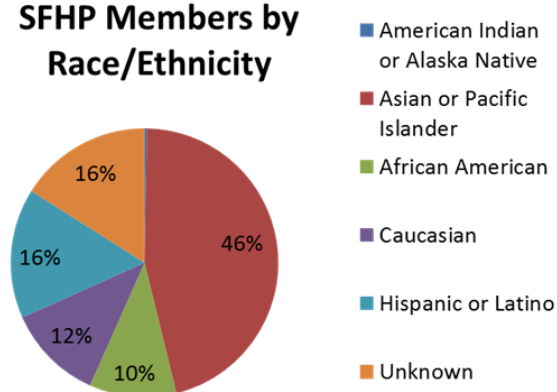
Cultural and Linguistics Training

Professional interpreter services for medical encounters must be offered to SFHP non-English speaking or limited English proficient Medi-Cal members. Members have the right to receive oral interpreter services on a 24-hour basis at no cost to them. Interpreter services may be provided through an in-person interpreter or telephone language service.

Your medical group is required to provide this service to SFHP Medi-Cal members. You must document a member’s preferred language (if other than English) in the medical record. You must document the request and refusal of language/interpretation services in the member’s medical record. You should discourage members from using friends, family and minors as interpreters.

About SFHP Membership Demographics

SFHP Members by Race/Ethnicity



Preferred Written Language	% of Members
English	45.26%
Chinese	29.55%
Spanish	18.80%
Vietnamese	2.15%
Russian	1.52%
Other/Unknown	2.72%

- SFHP members come from many racial/ethnic groups!
- Nearly Half of SFHP members have Limited English Proficiency (LEP)

Linguistic Services Terms

- **Limited English Proficient (LEP):** When an individual cannot speak, read, write, or understand the English language at a level that permits him or her to interact effectively with clinical or non-clinical staff in a health care setting.
- **Language Access Services:** Language access services is the collective name for any service that helps an LEP patient obtain the same access to and understanding of health care as an English speaker would have. This can include the use of bilingual staff and interpreters. It also includes the provision of translated documents.
- **Interpretation:** The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.
- **Translation:** The conversion of a written text into a corresponding written text in a different language.

Why is Linguistic Access Important?

Accurate communication between patient and health care provider is essential for proper diagnosis, treatment, and patient compliance. It also:

- ☺ Helps reduce health disparities
- ☺ Helps improve quality of care and patient satisfaction
- ☺ Makes business sense
- ☺ Is important for compliance with federal and state requirements

Linguistic Access Reduces Health Disparities. Patients with language barriers:

- ☹ Experience more outpatient drug complications,
- ☹ Experience an increase in other medical problems and lower medication compliance,
- ☹ More likelihood of serious side effects
- ☹ More likelihood of unnecessary and invasive tests

Business Value Linguistic Access

- ☺ Reduce medical errors
- ☺ Increase patient satisfaction
- ☺ Increase compliance
- ☺ Decrease costs for diagnostic testing
- ☺ Reduce unnecessary admissions
- ☺ More efficient member interactions
- ☺ Better community relations



Regulations Mandating the Use of Interpreters for LEP Patients

Federal

- Title VI of the Civil Rights Act of 1964
- EMTALA
- Hill-Burton Act
- Executive Order 13166
- CMS

State

- DMHC, SB853
- DHCS (Medi-Cal)

DHCS Medi-Cal Interpreter Services Requirements

- Interpreter services must be available 24/7 at no charge to patient
- The following should be documented in the medical record:
 - Patient's preferred language
 - Patient's refusal of interpreter services
- Discourage the use of friends, family members, or minors as interpreters (unless specifically requested by the member after being offered professional interpreter services at no charge)
- Patients have the right to file grievances or complaints if linguistic needs are not met
- Interpreters and bilingual staff should be qualified (assessed for language capacity)
- Train providers and office staff about linguistic access and cultural awareness

Asking about Language Preference

How you ask a patient about his or her language will affect the response you receive:

“You won’t need an interpreter, will you?”



Asking the question this way discourages the patient, or the person who is making the appointment, from asking for the language assistance that he or she may need.



“What language do you speak at home?”

This question will get you information about the patient’s home language, but ignores the possibility that the patient may be bilingual in English as well.

“Will an interpreter be needed? In what language?”

Patients may say no because they believe they have to either bring their own interpreter or have a family member interpret.

“In what language do you prefer to receive your health care?”



Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation.

If the answer is a language other than English, you can plan to have language assistance available for the patient, and you should add this information to the record.

Best Practices for Providing Interpreter Services



Avoid using family, friends or minors as interpreters

- They may withhold information from patient from embarrassment, protection, emotional involvement
- May have their own agenda
- Children: parent disempowerment, role reversal
- Can cause guilt & trauma
- May not be familiar with medical vocabulary
- Serious mistakes can occur

Documenting Language Preference

It is important to record information on interpreter needs and language preference in the patients’ medical record.



Basic: Add a color or letter code to the patient’s chart, noting that he or she needs an interpreter. Designate a code or color for each language.

Better: Add the information under “Notes” in a patient’s entry in your patient database, so that when a receptionist calls up the patient’s record to make an appointment, the information about the need for an interpreter and the language can be noted as well.



BEST: Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen.

Working with Interpreters On-site

- Greet the patient first, not the interpreter.
- Face and talk to the patient directly.
- Speak at an even pace in relatively short segments.
- Speak in standard English and avoid medical terminology and jargon.
- Ask one question at a time.
- Avoid interrupting the interpretation.
- Don’t make assumptions about the patient’s education level. An inability to speak English does not necessarily indicate a lack of education.

Working with Interpreters by Phone

- When working with an interpreter over the phone, many of the principles of on-site interpreting apply. The only additional thing to remember is that the interpreter is “blind” to the visual cues in the room.
- When the interpreter comes onto the line, let the interpreter know who you are, who else is in the room, what sort of office practice this is, what sort of appointment this is.
- For example, “Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez’ annual exam.”
- Give the interpreter the opportunity to quickly introduce him/herself to the patient.
- If you point to a chart, a drawing, a body part or a piece of equipment, verbalize what you are pointing to as you do it.

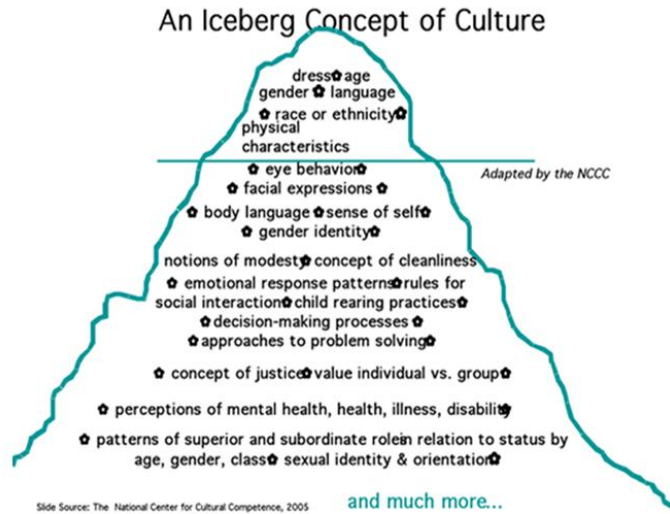
What is Culture?

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that is shared among members of a particular group, and that group members use to interpret their experiences of the world.



- **Cultural awareness** is being cognizant, observant, and conscious of similarities and differences among and between cultural groups.
- **Cultural and linguistic competence** is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that **enables effective work** in cross-cultural situations.
- **Cultural humility** is a commitment and active engagement in a **lifelong process** that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.

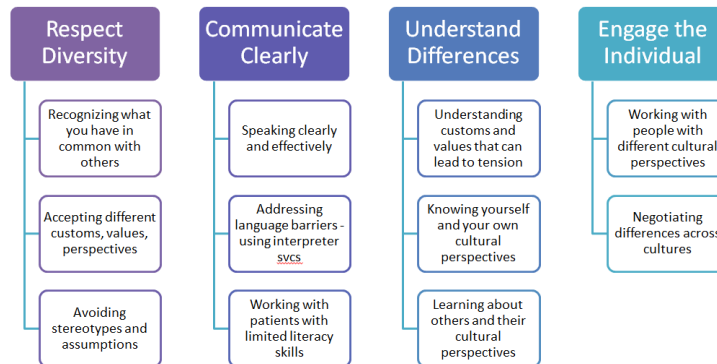
Influences can be above or below the surface, seen and unseen



What is Cultural Competence in Health Care?

- Recognition that people of different cultures have different ways of communicating, behaving, interpreting, and problem-solving.
- Recognition that cultural beliefs impact patient's health beliefs, help-seeking activities, interactions with health care professionals, health care practices, and health care outcomes, including adherence to prescribed regimens.

Tips for Cross Cultural Communication



Source: QualityInteractions

Caring for LGBTQ+ Communities

- SFHP's members have diverse sexual orientations
 - *Identify your own LGBTQ+ perceptions and biases as a first step in providing the best quality care.*
 - *Many LGBTQ+ people do not disclose their sexual orientation or gender identity because they don't feel comfortable or they fear receiving substandard care.*
- SFHP's members have diverse gender identities
 - *Cisgender – people whose gender identity and gender expression align with their assigned sex at birth*
 - *Transgender – people whose gender identity and/or gender expression differs from their assigned sex at birth (people may or may not choose to alter their bodies hormonally and/or surgically)*

Source: Fenway Health

Tips for Working with Transgender Patients

- Treat transgender people as you would want to be treated.
- Always refer to transgender people by the name and pronoun that corresponds to their gender identity.
- If you are unsure about the person's gender identity, ask:
 - *"How would you like to be addressed?"*
 - *"What name would you like to be called?"*
- Focus on care rather than indulging in questions out of curiosity.
- The presence of a transgender person in your treatment room is not an appropriate "training opportunity" for other health care providers.
- It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care.
- Never disclose a person's transgender status to anyone who does not explicitly need information for care.



Source: Transgender Law Center

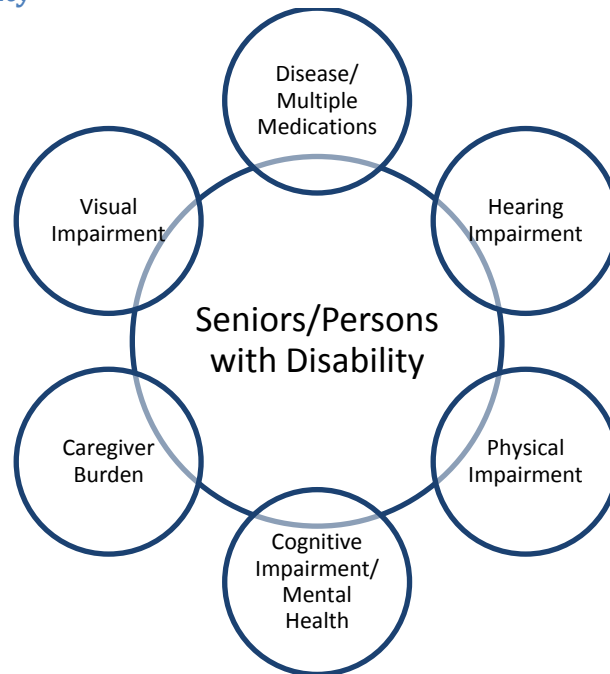
Caring for Seniors and Persons with Disabilities (SPDs)

- Meeting the individual accommodation needs of SPDs to the extent possible ensures the following:
 - *The practice provides appropriate and effective care*
 - *Compliance with the federal Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act.*
 - *The ADA and Section 504 require that healthcare services provide certain accommodations that ensure equitable and non-discriminatory access to care.*
 - *70% of SFHP members with disabilities live with 2+ chronic conditions and 16% of these members have diabetes (compared with 7% in gen. pop.)*
 - *About 25% have 4+ chronic conditions*
 - *30% of beneficiaries with disabilities receive treatment for mental health conditions annually*

Accommodations: What Patients May Need

- Physical accessibility
- Effective communication
- Sign language interpreters, assistive listening devices, print materials in accessible formats
- Policy modification (for example, to allow more time for an office visit)
- Accessible medical equipment

Dimensions of Disability



Source: US Dept. of Health and Human Services, 2007

Examples of Preferred Terms



- He had polio
- A person who uses a wheelchair
- She has a disability
- A person with a spinal curvature



- He was stricken with or a victim of polio
- Confined to a wheelchair, wheelchair-bound
- She is crippled
- Hunchback, Humpback

Interacting with Seniors

- Avoid ageist assumptions when providing information and recommendations about care.
- Offer information in a clear, direct, and simple manner.
- Don't assume limitations exist just based on age.
- Recognize the senior as the expert in their own life.

Quote from a senior activist: *"As Seniors we know our capabilities and energy are diminishing, but want to retain the right to limit ourselves when the time comes, and not have young people put those limitations on us, to make them feel better."*

Interacting with People with Physical Disabilities

- Mobility and physical disabilities range from people who have mild to those with significant limitations.
- If shaking hands is appropriate, do so. People with limited hand use or who use prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
- When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so you are at the same eye level.
- Ask for permission before moving someone's cane, crutches, walker, or wheelchair.

Interacting with People with Speech Disabilities

- Some (not all) people with limited speech have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties and/or language differences.
- Don't raise your voice. People with speech disabilities can hear you.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions one at a time. Give individuals extra time to respond.
- Pay attention to pointing, gestures, nods, sounds, eye gaze, and blinks.
- If you have trouble understanding a person's speech, it's ok to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand, than to make an error.



Interacting with People with Cognitive, Intellectual, or Psychiatric Disabilities

- A cognitive, intellectual, or psychiatric disability can affect a person's understanding, memory, language, judgment, learning and related information processing and communication functions. These disabilities include individuals with intellectual disabilities, head injury, strokes, autism, Alzheimer's disease, and emotional disabilities.
- Offer information in a clear, concise, concrete, and simple manner.
- If you are not being understood, modify your method of communicating. Use common words and simple sentences.
- Allow time for people to process your words, respond slowly, or in their own way.
- Make sure the person understands your message.

Interacting with People with Visual Disabilities

- People can have a range of visual disabilities, from having no vision to people who have low vision and may be able to read large print.
- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them so they will not be talking to empty space.
- Speak directly facing the person. Your natural speaking tone is sufficient.
- When giving directions, be specific. Clock clues may be helpful, such as "the desk is at 6 o'clock." When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.
- People who are blind or have visual impairments may request (from SFHP) print materials in accessible formats such as digital, audio, large print, or Braille.

Need more information? Contact HealthEducation@sfhp.org



Practitioner Orientation Attestation Form

By signing below, I _____ attest that I have received materials and training on the following subjects:

- About to SFHP Provider Network
- Key Contacts
- SFHP Programs
- Eligibility
- Access to Care
- Referrals, Prior Authorization, and Appeal to UM Decisions
- Member Complaints and Grievances
- Medi-Cal Benefits
- Sensitive Services
- Initial Health Assessment (IHA)
- Staying Healthy Assessment (SHA)
- Coordination of Care for Medi-Cal Members
- DHCS Waiver Programs
- Health Education
- Cultural and Linguistics Training

Signature

Date

Print Name

Address, City, St, Zip