



**SAN FRANCISCO
HEALTH PLAN**

Part II Section G

San Francisco Health Plan (SFHP)

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**San Francisco Health Plan (SFHP)
Medi-Cal & Healthy Kids Program**

San Francisco Health Plan Medi-Cal & Healthy Kids Program

The San Francisco Health Plan (SFHP) currently provides health insurance coverage to its members through several programs including Medi-Cal, and the Healthy Kids Programs. Medi-Cal is a program that offers services to people that make under 100% of the Federal Poverty Level whereas the Healthy Kids Program is the state's health insurance program for children and adolescents between ages 1 through 18 whose families are between 100% and 300% of the Federal Poverty Level.

The Healthy Kids Program became effective in January 2002 and is a health care program for uninsured children aged 0-18 in San Francisco, who are not eligible for Medi-Cal, up to 300% of the Federal Poverty Level and provides access to medical, dental and vision care services. Cost is \$48 to \$189 a year depending on income and family size.

CCHCA and San Francisco Health Plan

CCHCA and Chinese Hospital are participants as partners in the San Francisco Health Plan (SFHP). Both partners receive capitation for enrollees. Beneficiaries choosing SFHP will make a choice of physician-hospital. CCHCA will pay claims based on the Medi-Cal fee schedule for professional services. The CCHCA board will consider a retrospective increase if there is any residual from the program. You will be listed in the SFHP booklet under the CCHCA, with a distinct identifying number. If you belong to more than one IPA, you will also be listed with a second identifying number with that IPA and hospital.

All claims, and authorizations for SFHP members enrolled under the CCHCA medical group will be processed by the Health Plans Office. Refer to Part I, Section 2 for the mailing address for paper and electronic claims. *(Do not submit claims to SFHP. This will only cause delay in payment of your claims, as the claims will be returned to our office for processing.)*

New Physician Orientation and Training of SFHP Medi-Cal Program

CCHCA will provide an SFHP Medi-Cal Program orientation and training to all new CCHCA physicians within the first ten business days of the physician's credentialing approval by CCHCA.

Verifying SFHP Member Eligibility and Benefits

For questions on patient eligibility, benefits, or copayment, please call SFHP at 415-547-7810. Member eligibility and benefits information, clinical guidelines and forms found in this section may also be obtained through the SFHP website at: www.sfhp.org



Sample SFHP Welcome Letter

Dear _____,

Welcome to the San Francisco Health Plan and to the Chinese Hospital and Chinese Community Health Care Association (CCHCA) medical group. The CCHCA has over 170 physicians to serve your needs. I am your Primary care physician (PCP) who will be assisting you in meeting your health care needs.

You should have received a Member I.D. Card from the San Francisco Health Plan with my name on it. Please keep this card with you at all times and bring this card to all medical appointments. If you do not have this I.D. Card with my name on it, call the San Francisco Health Plan at 1-800-288-5555.

Because you are a new patient, please call my office to make arrangements for a visit so that we can evaluate your health care needs. Our office will also give you information concerning the hours we are open, or any other information you need. Please call our office for any of your medical needs. If however you need urgent or emergent care, and are unable to reach the office, please go to the Chinese Hospital Treatment Room where we have physicians 24 hours a day or, if necessary, to the nearest plan emergency room (including California Pacific Medical Center, San Francisco General Hospital, UCSF, and St. Luke's Hospital).

The San Francisco Health Plan Member Handbook that was sent to you in the mail also has important information about your health benefits. Please call the San Francisco Health Plan if you have any questions. The Chinese Hospital Health Plans Member Services is also available at (415) 834-2118 to help you with questions.

We look forward to serving you.

Yours truly,



Sample SFHP Welcome Letter (Chinese)

歡迎您加入「三藩市保健計劃」，謝謝您選擇了「東華醫院」及「華美醫師協會」做您的醫療機構。您的主治醫生姓名已印在會員卡上，請盡快與您的主治醫生連絡作健康檢查，他(她)的地址和電話已經列在這封信的前頁下面。當您需要任何醫療服務時，請記得出示您的會員卡。

有關您的保健福利，請仔細閱讀您的會員手冊。如有急診需要，您可以去華埠的「東華醫院」、或加省太平洋醫院、三藩市市立醫院、加州大學醫院或聖錄克斯醫院求助。

有關保健計劃的問題或加州醫療福利的問題，請打電話到「三藩市保健計劃」華語部 547-7805，或打電話到東華醫院保健會員部 834-2118。他們會以華語為您服務。



SFHP Sample Member Identification Card (ID Card)

Each San Francisco Health Plan member receives a Member ID card. The member is asked to keep their card with them at all times and to present the card as identification when requesting services. The State Department of Health Services will also continue to send a Medi-Cal BIC Identification card. Members are instructed to keep both cards with them.

SFHP redesigned the Member ID Cards in 2013. Below is a sample of the old and new ID cards. SFHP will not be reissuing new cards to all members; new cards will be issued to new members or to members who have requested replacement cards. Please note that both old and new ID cards will be in circulation when members present their ID card.

San Francisco Health Plan Member ID Card (Old)

<p>SAN FRANCISCO HEALTH PLAN</p>	Member ID #: 000000000 DOB: 19-Dec-01 Medical Group: CHI Language: Chinese
	<p>JANE Q PUBLIC Program: Healthy Kids Clinic: Office At 1518 Noriega Street Suite 200 Primary Care Provider (PCP): Carol Ka Lok Lee MD PCP Address: "1518 Noriega Street Suite 200, San Francisco, CA 94122"</p>
PCP Phone #: 4155667556 Co-payments: *\$10 Office visit, waived for preventive visits and for children under 24 months; \$15 Emergency room visit; \$15/\$10 Prescription Medicine Preferred/Non Preferred*	
This card is for identification only. It does not guarantee eligibility for services. To verify member eligibility call (415) 547-7810 or (800) 288-5555 or log on to www.sfhp.org	

San Francisco Health Plan Customer Service:
 M-F 8:30am-5:30pm (415) 547-7800 or (800) 288-5555

You have the right to an interpreter at every medical visit at no charge. TDD for people with any hearing or speech disabilities (415) 547-7830

Emergency Care: Go to any hospital (no referral needed) or call 911. If you are admitted with an emergency, call (415) 547-7818 ext 400 within 24 hours.

24-hours a day Nurse Advice Line: (877) 977-3397

Vision Care: To find an eye doctor or vision services information, call Vision Service Plan (VSP) at (800) 877-7195.

Dental Care: To find a dentist or for more information on dental services, call Delta Dental toll-free at (877) 580-1042 and mention Healthy Kids group number SF60.

Behavioral Health Services: (415) 255-3737 or (888) 246-3333

Prescriptions: Go to your network pharmacy & show your ID card(s).

Medical Group: Chinese Community Health Care Association

For Provider Use Only Authorization Phone: 415-955-8800 x3286
 Pharmacy Authorization: PCN (800) 777-0074
 Pharmacy BIN#: Use Account #00669

San Francisco Health Plan Member ID Card (New in 2013)

<p>SAN FRANCISCO HEALTH PLAN</p>	Language: English Member ID #: 000000000 DOB: 19-Dec-01 Medical Group: Chinese Community Health Care Association Hospital: Chinese Hospital
	<p>JANE Q PUBLIC Program: Healthy Kids Clinic: Office At 1518 Noriega Street Suite 200 Primary Care Provider (PCP): Carol Ka Lok Lee MD PCP Address: 1518 Noriega Street Suite 200, San Francisco, CA 94122</p>
<p>PCP Phone #: 415-566-7556</p> <p>Show this ID card when you visit the doctor, hospital or pharmacy.</p>	
Co-payments: *\$10 Office visit, waived for preventive visits and for children under 24 months; \$15 Emergency room visit; \$15/\$10 Prescription Medicine Preferred/Non Preferred*	

MEMBER INFORMATION

In case of emergency, call 9-1-1. No referral is needed.
 Prescriptions: Go to your network pharmacy & show your ID card(s).

(415) 547-7800 SF Health Plan Customer Service. Toll-free call (888) 837-8799
 (877) 977-3397 24-hour Free Nurse Help Line
 (800) 877-7195 Vision Care
 (800) 880-5305 Dental Care
 (415) 547-7830 Behavioral Health Services
 (415) 547-7830 TDD/TTY for the Deaf

FOR PROVIDER USE ONLY

This card does not guarantee eligibility for services. Please check for eligibility. Member has the right to an interpreter at every medical visit at no charge.
 Eligibility (415) 547-7810 or www.sfhp.org/providers
 Authorizations (415) 547-7818 ext. 400 or www.sfhp.org/providers
 Notify plan immediately if member is admitted to inpatient facility at (415) 615-4525
 Pharmacy Authorizations (888) 989-0091
 Pharmacy BIN#: 000428 PCN# 0630000



Enrollment/Disenrollment

Health Care Options (HCO), (800-430-4263) is the Department of Health Service's contractor responsible for enrolling and disenrolling Medi-Cal beneficiaries into managed care plans. HCO notifies beneficiaries of their choices and provides enrollment/disenrollment forms and informational packets. San Francisco Health Plan receives enrollment information monthly.

Transition of Medi-Cal Recipients to Managed Medi-Cal

The State is beginning the mandatory enrollment of seniors and persons with disabilities (those without Medicare) into managed Medi-Cal beginning in June 2011. Any Fee-for-Service (FFS) Medi-Cal patients who do not have Medicare will also be required to enroll in managed care in the month following their birth month. Medi-Cal recipients with June birthdays will begin receiving their packets in April and will be in a managed care plan by July 1st, and so on. Patients who do not choose a managed care plan would be auto assigned by the State.

The Medi-Cal patient has a choice of two plans in San Francisco: Anthem Blue Cross or San Francisco Health Plan (SFHP). For SFHP, if a physician belongs to two IPAs, the patient would need to specify which IPA-Hospital the patient wishes to enroll in. A separate identifying number is in the SFHP physician directory for each IPA-Hospital pairing. Members who wish to switch health plans may do so as frequently as they like, but must send an enrollment form to HCO indicating that they are changing their health plan. HCO will take about 15 to 45 days to process changes.

For Primary Care Physicians, if you have any FFS Medi-Cal patients who wish to continue seeing you as their current Primary Care Physician under CCHCA, the patient should complete the Medi-Cal Choice Form using your SFHP provider ID number under CCHCA. Your office may assist the beneficiary in filling out the enrollment/change of health plan form, however, the beneficiary must mail the form to HCO. If your patients have any questions or needs assistance with completing the enrollment form in choosing you as their Primary Care Physician under CCHCA, please refer them to our Member Services. Our Member Services at (415) 834-2118 is available to assist your patients in completing the enrollment form.

Members who need to disenroll from SFHP immediately

Emergency disenrollments are facilitated by SFHP. If individuals move out of the area, have a medical condition that is covered primarily by Fee-for-Service Medi-Cal, or other special circumstances they should contact the SFHP as soon as possible. SFHP coordinates with Health Care Options to expedite member disenrollments.



PCP Selection

During the Health Care Options enrollment process, each family member enrolling in a Health Plan is asked to choose a PCP. Members are allowed to choose a different PCP for each family member. When a member is enrolled under SFHP and a PCP selection is not indicated, SFHP will assign a PCP to the member based upon the member's preferred language, address, age and other demographics.

Verifying PCP Assignment

To verify PCP assignment, SFHP enrollment and eligibility, information can be obtained 24 hours/day by calling SFHP at 415-547-7810.

Changing Primary Care Providers

A member can request to change their primary physician selection at any time, and there are no limits to the number of times a member can request a new PCP. Members wishing to change their PCPs should contact the SFHP directly, or they may complete a PCP change form (see following page). The effective date of change is usually on the 1st day of the following month if the request is received by the 22nd of the month.

PCP Indicated Reassignment or Disenrollment of Members

SFHP has the right to recommend to Department of Health Services the disenrollment of a member in the event of a breakdown in the "doctor-patient relationship" which makes it impossible for SFHP and SFHP providers to render services adequately to a member. Except in cases of violent behavior or fraud, SFHP and SFHP providers must make every effort to resolve the problem with the member. This may include reassignment of a PCP, member education, or referral services such as mental health or substance abuse programs. Physicians should contact SFHP Provider Services to report all incidences of member abuse or fraud. SFHP will initiate disenrollment proceedings in accordance with policy and procedures as outlined by the DHS.

Complaints/Grievances/Appeals

SFHP members who wish to file a complaint/grievance may do so by completing the SFHP complaint form. A sample copy of both the English and Chinese complaint forms can be found in the ensuing pages. Members may also call the SFHP directly for assistance in completing the form over the phone.



San Francisco Health Plan Program



MEDI-CAL CHOICE FORM

Use this form to join or change health plans. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

1) Head of Household Name (First Name, Last Name) _____

2) Sex M F

3) Telephone Number _____

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code) _____

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.

5) Applicant's Name (First Name, Last Name) _____

6) Sex M F

6a) Due Date (if pregnant) _____

6b) Social Security Number _____

I wish to JOIN or change my plan to:

307 San Francisco Health Plan

343 Anthem Blue Cross Partnrshp

000 Regular Medi-Cal (FFS)

HEALTH PLANS

Doctor/Clinic Code _____

Plan Partner Name (see back of choice form) _____

KA

Enter plan change reason code*:

5) Applicant's Name (First Name, Last Name) _____

6) Sex M F

6a) Due Date (if pregnant) _____

6b) Social Security Number _____

I wish to JOIN or change my plan to:

307 San Francisco Health Plan

343 Anthem Blue Cross Partnrshp

000 Regular Medi-Cal (FFS)

HEALTH PLANS

Doctor/Clinic Code _____

Plan Partner Name (see back of choice form) _____

KA

Enter plan change reason code*:

5) Applicant's Name (First Name, Last Name) _____

6) Sex M F

6a) Due Date (if pregnant) _____

6b) Social Security Number _____

I wish to JOIN or change my plan to:

307 San Francisco Health Plan

343 Anthem Blue Cross Partnrshp

000 Regular Medi-Cal (FFS)

HEALTH PLANS

Doctor/Clinic Code _____

Plan Partner Name (see back of choice form) _____

KA

Enter plan change reason code*:

***PLAN CHANGE REASON CODES:**

- Code 1: I could not choose the doctor or dentist I wanted
- Code 2: The health/dental plan did not meet my needs
- Code 3: My doctor/dentist did not meet my needs

- Code 4: Too far to go
- Code 5: I did not choose this plan
- Code 6: Moving out of the county

- Code 7: Indian Health Program Exemption
- Code 8: Medical/Dental Exemption
- Code 9: Other

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits through the medical plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to change my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature _____ Date _____ Other Adult's Signature _____ Date _____ Other Adult's Signature _____ Date _____

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Highly Confidential



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**PRIMARY CARE PROVIDER
ADD/CHANGE FORM**

Please fill out this form to add or change your Primary Care Provider (your current Primary Care Provider is listed on your Member I.D. Card) The San Francisco Health Plan's (SFHP) **Provider Directory** has the names of all of the San Francisco Health Plan Primary Care Providers (PCPs) that you can choose from. Also look at your **Member Handbook** which describes the PCP change process in detail.

You may choose one Primary Care Provider (PCP) for all of your family members or each family member may choose their own Primary Care Provider (PCP). For example, you may select a Pediatrician for your child and an Internist for yourself. Please list each family member and their PCP choice below. **Please call 800-288-5555 or (415) 547-7805 if you have any questions about choosing a new PCP.**

Your Name	Your San Francisco Health Plan ID Number	New PCP 1st Choice	Provider ID Number	New PCP 2nd Choice	Provider ID Number
EXAMPLE: Jane Doe	EXAMPLE: 123456789	EXAMPLE: Dr. Susan Smith	10164	EXAMPLE: Dr. Joe Smith	10165

The San Francisco Health Plan will make every effort to see that the PCP that you choose as your 1st choice will be available to accept you as their patient . In case this is not possible, please list your 2nd PCP choice as well. When we have received this form, we will send you and each member of your family that is a San Francisco Health Plan Member, a new Member I.D. Card with the name of the new PCP. If we receive this form by the 22nd of the month, the change will be effective the 1st of the next month.

Your Signature

Date

Telephone Number



Member Grievance Form

Phone: (415) 547-7800 or (800) 288-5555
Fax: (415) 547-7825



SAN FRANCISCO HEALTH PLAN 201 Third Street, 7th Floor
San Francisco, CA 94103
www.sfhp.org

Member name:		Member ID Number:	Today's date:
Street Address		City	Zip
Daytime phone:	Message phone:		Date of birth:
Name of person filing if different than above / relationship:			Telephone:
Describe the problem in detail: (use and attach additional sheets if necessary)			Date of problem:
How have you tried to solve the problem? (use and attach additional sheets if necessary)			
What would you like someone to do about this problem? (use and attach additional sheets if necessary)			
Will you need language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		What language?	
Do you have any physical disabilities that need accommodation?			
Do you have a problem that needs medical attention in the next three days, or are you in severe pain?			
Signature:		Date:	
SFHP USE ONLY: <input type="checkbox"/> GRIEVANCE <input type="checkbox"/> APPEAL		SFHP RECEIPT DATE:	



Staff at San Francisco Health Plan (SFHP) is "Here for You." We can help you fill-out this form over the phone. Call us Monday through Friday at (415) 547-7800 or (800) 288-5555 from 8:30am to 5:30pm. Or, someone will contact you by phone or mail as soon as we receive this form. We will work closely with you to understand your complaint. We want to understand the problem and help to solve it. We will assist you in any way we can and answer any questions that you have. We can help you in any language.

We want you to know that:

- It is your right to complain. No one will "punish" you.
- You can complain about your doctor, your nurse, or San Francisco Health Plan.
- We will assist you with filing your complaint verbally or in writing.
- Every complaint is important to San Francisco Health Plan.
- Your doctor or nurse will still give you medical care while we look into your complaint.
- We try to answer serious complaints within 24 hours and in no more than 72 hours, so bad things do not happen to you while you wait for an answer.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at (800) 288-5555 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (888) HMO-2219

and a TDD line (877) 688-9891 for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

If you are a Medi-Cal beneficiary:

You can request a State Fair Hearing. If you decide to request a hearing, you must do so within 90 days of the mailing of this notice. Please contact San Francisco Health Plan for the forms that you need. They are also available from the San Francisco Department of Social Services.

Information about the State Fair Hearing process is also available by writing:

California Department of Social Services (CDSS)
State Hearing Division
PO Box 944243,
MS 19-37
Sacramento, CA 94244-2430

Or by calling (800) 952-5253. The TDD number is (800) 952-8349.

You have a right to examine the materials that make up the record for the State Fair Hearing decision. Any information you provide may be shared with the Department of Social Services or with the United States Department of Health and Human Services. You can locate your record by contacting the Public Inquiry and Response Unit at (800) 952-5253. The Public Inquiry and Response Unit also can help you find someone to represent you at the hearing, or you can ask someone to represent you, or represent yourself.

The State of California Office of the Ombudsman will also help you with your grievance and State Fair Hearing. You can call them, toll-free, at (888) 452-8609. The TDD number is (800) 952-8349. Its office hours are Monday-Friday, 8:00am to 5:00pm, closed on State holidays.



SFHP Member Grievance Form (Chinese)

三藩市保健計劃 會員投訴表格

電話： (415) 547-7800 or (800) 288-5555
傳真： (415) 547-7825



SAN FRANCISCO HEALTH PLAN 201 Third Street, 7th Floor
San Francisco, CA 94103
www.sfhp.org

會員姓名：	會員號碼：	今天日期：
地址：街名及號數	城市	郵區號碼
日間電話：	口信電話：	出生日期：
投訴人姓名，如與上述不同，並請說明關係：		電話：
詳細說明問題（如需要可用額外紙張）：		發生問題日期：
你有沒有嘗試解決問題？（如需要可用額外紙張）		
你希望如何解決此問題？（如需要可用額外紙張）		
你需不需要翻譯？	什麼語言？	
你有沒有任何傷殘情況需提供方便？		
你有沒有問題需要在未來三天內接受醫療，或有特別的痛楚？		
簽名：		日期：
此處由三藩市保健計劃填寫： <input type="checkbox"/> 投訴 <input type="checkbox"/> 上訴 三藩市保健計劃收到日期：		



三藩市保健計劃的職員隨時為你服務。我們可以幫助你在電話填交表格。請於星期一至星期五上午八時三十分至下午五時三十分來電，電話 **(415) 547-7800** 或 **(800) 288-5555**。或者，在我們收到表格後，會有人儘快聯絡你。我們將與你緊密合作，了解你的投訴。我們希望明白問題，和幫助解決問題。我們將盡力用任何方法幫助你和解答你的問題。我們通曉不同的語言。

我們想你知道：

- 你有權投訴。無人因此而會「懲罰」你。
- 你可以投訴你的醫生、護士、或三藩市保健計劃。
- 我們將口頭或書面的幫助你提交投訴。
- 三藩市保健計劃重視每宗投訴。
- 在調查投訴期內，你的醫生和護士將繼續為你提供醫療服務。
- 我們嘗試在二十四小時以內和不超過七十二小時以內回應嚴重的投訴，免致你因等候答案而使情況惡化。

加州管理性醫療護理部負責管制醫療護理服務計劃。如你投訴醫療計劃，你應先在聯絡部門之前，打電話給你的保健計劃，電話 **(800) 288-5555**，及使用保健計劃的投訴程序。使用此投訴程序不會禁止你使用其他法律權利和補救方法。如在緊急情況下你需要投訴協助、或不滿意保健計劃解決投訴的結果、或在投訴提出後超過三十天仍未解決，你可以致電該部要求協助。你亦可能符合獨立醫療評審 (IMR) 的資格。如你符合 IMR 資格，IMR 就保健計劃做出與醫療有關的服務和醫療建議決定、實驗性或調查性治療承保決定、緊急或急切情況付款糾紛決定，會作出一個不偏私的評審。該部門設有一個免費的電話號碼 **(888) HMO-2219** 和服務有聽覺或講話困難人士的 TDD 專線 **(877) 688-9891**。部門的網頁 <http://www.hmoHELP.ca.gov> 刊有投訴表格、IMR 申請表和指示。

如果你是加州醫療保險的受益人：

你可以要求一個州政府的公平聽訊。如你決定要求聽證，你必須在收到此通知的九十天內提出。請聯絡三藩市保健計劃索取所需表格。三藩市社會服務局亦備有這些表格供索取。

有關州公平聽訊程序資料，可書面向加州社會服務部索取，

California Department of Social Services (CDSS)

State Hearing Division
PO Box 944243,
MS 19-37
Sacramento, CA 94244-2430

或打電話索取，**(800) 952-5253**。TDD 專線電話號碼：**(800) 952-8349**。

你有權查閱州政府公平聽證做出決定的材料。任何你提供的資料，我們均可與社會服務部或美國衛生和福利部使用。你可以聯絡公共查詢和回應中心 (Public Inquiry and Response Unit) 查找你的紀錄，電話 **(800) 952-5253**。公共查詢和回應中心亦可幫助找人在聽訊中代表你，或你可以找人代表你，或你代表自己。

加州政府調查辦事處 (Office of the Ombudsman)，亦可以幫助你有關投訴和州公平聽訊事宜。你可以打免費電話

(888) 452-8609 聯絡他們。TDD 專線是 **(800) 952-8349**。他們的辦公時間是星期一至五，上午八時至下午五時。州定公眾假期休息。



SFHP Member Grievance Form (Vietnamese)

Mẫu đơn Khiếu nại của Thành viên

Điện thoại: (415) 547-7800 hoặc (800) 288-5555
 Fax: (415) 547-7825



SAN FRANCISCO HEALTH PLAN

201 Third Street, 7th Floor
 San Francisco, CA 94103
 www.sfhp.org

Tên thành viên:		Số Nhận dạng Cá nhân của thành viên:	Hôm nay ngày:
Địa chỉ Đường phố		Thành phố	Zip
Điện thoại ban ngày:	Điện thoại nhắn tin:		Ngày sinh:
Tên người gửi đơn nếu khác với người có tên ở trên / quan hệ:			Số điện thoại:
Mô tả lại chi tiết sự việc: (nếu cần thì viết vào tờ khác và đính kèm theo đơn)			Ngày xảy ra sự việc:
Quý vị đã cố gắng giải quyết sự việc như thế nào? (nếu cần thì viết vào tờ khác và đính kèm theo đơn)			
Quý vị muốn có người giải quyết sự việc này như thế nào? (nếu cần thì viết vào tờ khác và đính kèm theo đơn)			
Quý vị có cần sự hỗ trợ về ngôn ngữ không? <input type="checkbox"/> Có <input type="checkbox"/> Không		Ngôn ngữ nào?	
Quý vị có bị khuyết tật cơ thể nào phải cần đến trợ giúp không?			
Quý vị có vấn đề gì cần đến chăm sóc y tế trong ba ngày tới hay quý vị có đang bị đau nặng không?			
Chữ ký:		Ngày:	
DÀNH CHO NỘI BỘ SFHP: <input type="checkbox"/> GRIEVANCE <input type="checkbox"/> APPEAL		SFHP RECEIPT DATE:	

MẪU ĐƠN KHIẾU NẠI CỦA THÀNH VIÊN CHƯƠNG TRÌNH BẢO HIỂM SỨC KHỎE SAN FRANCISCO
 6093 1007



Nhân viên tại Chương Trình Bảo Hiểm Sức Khỏe San Francisco (SFHP) "Sẵn sàng Phục vụ Quý vị". Chúng tôi có thể giúp quý vị điền vào mẫu đơn này qua điện thoại. Hãy gọi cho chúng tôi từ Thứ Hai đến Thứ Sáu theo số **(415) 547-7800** hoặc **(800) 288-5555** từ 8:30 sáng đến 5:30 chiều. Hoặc, có người sẽ liên lạc với quý vị qua điện thoại hoặc bằng thư ngay sau khi chúng tôi nhận được đơn. Chúng tôi sẽ làm việc kỹ lưỡng cùng quý vị để tìm hiểu về khiếu nại của quý vị. Chúng tôi muốn tìm hiểu và giúp giải quyết sự việc. Chúng tôi sẽ hỗ trợ quý vị bằng bất cứ cách nào trong khả năng của mình và trả lời mọi thắc mắc của quý vị. Chúng tôi có thể giúp quý vị bằng mọi ngôn ngữ.

Chúng tôi muốn quý vị biết rằng:

- Quý vị có quyền khiếu nại. Sẽ không ai "phạt" quý vị.
- Quý vị có thể khiếu nại về bác sĩ, y tá của mình hoặc Chương Trình Bảo Hiểm Sức Khỏe San Francisco.
- Chúng tôi sẽ hỗ trợ quý vị gửi thư khiếu nại bằng lời hoặc bằng văn bản.
- Mọi khiếu nại đều rất quan trọng với Chương Trình Bảo Hiểm Sức Khỏe San Francisco.
- Bác sĩ hoặc y tá vẫn tiếp tục chăm sóc y tế cho quý vị trong khi chúng tôi xem xét khiếu nại của quý vị.
- Chúng tôi cố gắng trả lời những khiếu nại nghiêm trọng trong vòng 24 giờ và không quá 72 giờ, do đó sẽ không có điều gì xấu xảy ra cho quý vị trong thời gian quý vị đợi hồi âm.

Bộ Y Tế Điều Quản của Tiểu Bang California (DMHC) có trách nhiệm quy định các chương trình dịch vụ chăm sóc sức khỏe. Nếu có khiếu nại đối với chương trình bảo hiểm sức khỏe của mình, thì trước hết nên gọi điện đến chương trình bảo hiểm sức khỏe của quý vị theo số (800) 288-5555 và tiến hành quy trình khiếu nại theo chương trình bảo hiểm sức khỏe đó trước khi liên lạc với bộ. Khi sử dụng thủ tục khiếu nại này, quý vị không bị mất các quyền hạn pháp lý hoặc biện pháp giải quyết có thể có sẵn cho quý vị. Nếu quý vị cần giúp giải quyết một khiếu nại liên quan tới trường hợp khẩn cấp, một khiếu nại chưa được chương trình bảo hiểm sức khỏe của quý vị giải quyết thỏa đáng hoặc sau ba mươi ngày (30) khiếu nại vẫn không được giải quyết, thì quý vị có thể gọi DMHC để yêu cầu

MẪU ĐƠN KHIẾU NẠI CỦA THÀNH VIÊN CHƯƠNG TRÌNH BẢO HIỂM SỨC KHỎE SAN FRANCISCO
6093 1007

giúp đỡ. Quý vị cũng có thể hội đủ điều kiện để yêu cầu một buổi Duyệt Xét Y Khoa Độc Lập (IMR). Nếu quý vị hội đủ điều kiện cho IMR, thì thủ tục IMR sẽ đưa ra xét duyệt khách quan về các quyết định y tế của một chương trình bảo hiểm sức khỏe liên quan tới sự cần thiết về mặt y tế của dịch vụ hoặc biện pháp điều trị được đề nghị, các quyết định về bảo hiểm cho các biện pháp điều trị mang tính chất nghiên cứu hoặc thử nghiệm và các tranh chấp về việc thanh toán cho các dịch vụ y tế khẩn cấp và cấp cứu. DMHC cũng có một số điện thoại miễn phí (888) HMO-2219 và đường dây TDD (877) 688-9891 dành cho những người khiếm thính và khiếm thanh. Trang thông tin trên mạng Internet của DMHC tại <http://www.hmohelp.ca.gov> có sẵn mẫu đơn khiếu nại, mẫu đơn đăng ký tham gia IMR và các hướng dẫn trực tuyến."

Nếu là người được hưởng Medi-Cal:

Quý vị có thể yêu cầu một cuộc Điều trần Công bằng cấp Tiểu Bang. Nếu quyết định yêu cầu một cuộc điều trần, thì quý vị phải gửi yêu cầu trong vòng 90 ngày kể từ khi gửi đơn khiếu nại. Vui lòng liên hệ Chương Trình Bảo Hiểm Sức Khỏe San Francisco để lấy mẫu đơn quý vị cần. Quý vị cũng có thể lấy mẫu đơn ở Bộ Dịch vụ Xã hội San Francisco.

Thông tin về quy trình Điều trần Công bằng cấp Tiểu Bang cũng được cung cấp bằng cách gửi thư về:

Bộ Dịch vụ Xã hội California (CDSS)

Ban Điều trần Tiểu Bang
PO Box 944243,
MS 19-37
Sacramento, CA 94244-2430

Hoặc bằng cách gọi số **(800) 952-5253**. Số TDD là **(800) 952-8349**.

Quý vị có quyền kiểm tra những tài liệu dùng để lập hồ sơ cho Ban Điều trần Công bằng cấp Tiểu Bang ra quyết định. Bất kỳ thông tin nào quý vị cung cấp có thể được sao chép và gửi tới Bộ Dịch vụ Xã hội hoặc Bộ Dịch vụ Y tế và Con Người Hoa Kỳ. Quý vị có thể tìm hồ sơ của mình bằng cách liên lạc với Ban Điều tra và Phúc đáp Công chính theo số **(800) 952-5253**. Ban Điều tra và Phúc đáp Công chính này cũng có thể giúp tìm một người đại diện cho quý vị tại phiên điều trần, hoặc quý vị có thể đề nghị một người đại



diện cho mình hoặc quý vị đại diện cho chính mình.

Văn phòng Thanh tra Tiểu Bang California cũng sẽ giúp quý vị trong việc khiếu nại và Điều trần Công bằng cấp Tiểu Bang. Quý vị có thể gọi cho họ theo số miễn phí **(888) 452-8609**. Số TDD là **(800) 952-8349**. Giờ làm việc của văn phòng từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 5 giờ chiều, không làm việc vào các ngày lễ theo quy định của Tiểu Bang.



Pharmacy and Vision Benefit

Pharmacy Benefits

The pharmacy benefit for all SFHP members is administered by PerformRx. Members or providers should call PerformRx at (888) 989-0091 for further information on the pharmacy coverage. Members may also contact SFHP's Member Service Representatives at (415) 547-7805 or 1-800-288-5555 for assistance.

PerformRx is responsible for:

- Clinical pharmacy oversight of the program
- Prior authorization review
- Claims processing for the SFHP members
- Eligibility file maintenance
- Pharmacy network management
- Help desk services
- Formulary development and management in conjunction with SFHP

Vision Benefits

Vision benefits for all SFHP members are administered by Vision Service Plan (VSP). Members or providers should call VSP at (800) 877-7195 for further information on the vision coverage. Members may also contact SFHP's Member Service Representatives at (415) 547-7805 or 1-800-288-5555 for assistance.



Benefits and Exclusions for SFHP (Medi-Cal Program) Members

The scope of benefits for Medi-Cal beneficiaries enrolled in SFHP is identical to Fee-for-service Medi-Cal. The main difference being that SFHP Medi-Cal members must utilize providers through their medical group. In some instances, members receive Medi-Cal benefits through fee-for-service Medi-Cal.

Services that are not covered through SFHP

There are some benefits that are never Medi-Cal benefits, even through the prior-authorization process. These include, but are not limited to:

- cosmetic plastic surgery
- experimental/investigational treatments
- infertility services and treatment
- reversal of sterilization
- custodial care

Services covered through Fee-for-Service Medi-Cal

The services below are covered under fee-for-service:

- Acupuncture
- California Children's Services (CCS). Providers should call (415) 554-9952
- Dental services/Denti-Cal. Providers should call 1-(800) 423-0507 and members may call 1(800) 322-6384
- Detoxification services
- Chiropractic services
- Behavioral Health for emergencies, inpatient mental health services and outpatient mental health for severe mental health conditions. Providers should call the behavioral health information and referral line at 1-888-246-3333 for referral of these services.
- Prayer or spiritual healing
- Serum Alpha-feto Protein Testing Laboratory Services-which is provided under the State program administered by the Genetic Disease Branch of the Department of Health Services
- Tuberculosis Treatment Services -Direct Observed Therapy
- Adult Day Health Care Services
- Governmental Hospital Care-Any service provided in or by a Federal or State Governmental Hospital
- Skilled Nursing Facility/Intermediate Care Facility- (SFHP is responsible for the month of admission and following month)
- Organ Transplants (except renal and corneal)

Please note that the last two benefits result in managed care plan disenrollment. At this time, fee-for-service Medi-Cal covers individuals in these facilities, and with these types of conditions.



Access to Sensitive Services

The state of California created the Sensitive Services category to protect patient confidentiality and promote easy access to the following Medi-Cal/San Francisco Health Plan benefits:

- Family Planning: (e.g. pregnancy testing, provision of contraceptives, and health education and counseling.)
- Sexually transmitted disease screening & treatment
- HIV testing

These services can be accessed without a referral, within or outside of SFHP's network. SFHP members have the opportunity to access these Sensitive Services from "any willing provider." This differs from the general SFHP policy that requires members to receive care from their PCP or plan specialist.

Abortion services

Abortion services must be accessed within the member's medical group. However, PCP referral and medical group prior authorization is not required.

Topical Fluoride Varnish

Topical application of fluoride (prophylaxis not included) is a SFHP benefit for children younger than 6 years of age, up to three times in a 12-month period when provided in the primary care physician (PCP) office. When the service is provided in the PCP office, the PCP should document the dental assessment and fluoride varnish application in the medical chart. The PCP may also refer the children to a dentist for dental examination and care at 1 year of age per Child Health and Disability Prevention (CHDP) guidelines and coordinate the care with dental professionals. Please note that the referral to a dentist is not a SFHP benefit and is provided through Denti-Cal.

Initial Health Assessment (IHA)

PCP's must provide new SFHP members with an initial health assessment (IHA) within 120 days from the member's effective date. Pregnant women should have their IHA as soon as an appointment can be scheduled. The IHA should follow appropriate preventive health guidelines and should include a physical examination with referrals for lab work and tests as indicated, immunizations, anticipatory guidance, and a nutritional assessment.



Staying Healthy Assessment (SHA)/Individual Health Education Behavioral Assessment (IHEBA)

In addition to an IHA, Medi-Cal members must also complete the Staying Healthy Assessment (SHA) and review it with their PCP. 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/IHEBA forms can be found on the SFHP website at: www.sfhp.org/providers. For further information on the SHA/IHEBA forms, please contact SFHP Provider Relations at (415) 547-7818.

Outpatient Mental Health Coverage

Mental health coverage for SFHP members is a carved out service. Beginning January 1, 2015, outpatient mental health coverage to SFHP Medi-Cal members for mental health conditions considered as mild to moderate is provided through Beacon Health Strategies. SFHP members should call SFHP member services at 415-547-7805 for assistance on mental health coverage.

The following mental health care services for SFHP members will continue to remain carved out and provided through the San Francisco Department of Community Behavioral Health Services:

- 1) Emergency and inpatient mental health services
- 2) Outpatient mental health services for severe mental health conditions

Health Education Materials

SFHP offers various health education materials in several different languages including English, Spanish, Chinese, Russian and Vietnamese through their Health Education Library. To access their Health Education Library, please visit SFHP's website at: www.sfhp.org. SFHP members can also call SFHP member services at 415-547-7805 for assistance.



San Francisco Health Plan Community Resource Guide

Provider Resource Guide SAN FRANCISCO HEALTH PLAN Here for you

This guide is a list of community resources and waiver programs available to your patients. Some of these services are contingent on membership. It is not intended to be a comprehensive list.

Maternal and Child Services

Breast Pump and Lactation Services (SFHP members only)

San Francisco Health Plan: (800) 288-5555 www.sfhf.org

San Francisco Health Plan provides new mothers with free electric breast pumps, lactation supplies, counseling, and human breast milk, if medically necessary, from the Mothers' Bank of California. These services require a provider's prescription. Services are free for the first 60 days, but may be continued if medically justified.*

* Contact your medical group's authorization department to obtain these services.



California Children's Services (CCS) (415) 575-5700

www.dhcs.ca.gov or www.sfdph.org

The CCS program provides funding for diagnostic and treatment services, medical case management, physical and occupational therapy services to children under 21 years with CCS eligible medical conditions. Examples of CCS eligible conditions include, but are not limited to, chronic medical conditions such as: cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae.

Comprehensive Perinatal Services Program (CPSP)

311 or (800) 300-9950 www.cdph.ca.gov/programs/CPSP

CPSP is a Medi-Cal reimbursement program that funds a wide range of services to 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 for women and infants.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

San Francisco Children's Medical Services: (415) 575-5700

The following EPSDT services are available to low income children with Medi-Cal or managed Medi-Cal under age 21:

- Routine well child checks through the Child Health and Disability Prevention Program (CHDP)
• Diagnosis and treatment for persons with specific medical conditions
• Private duty nursing
• Physical, occupational and speech therapies
• Pediatric day health care facilities

First 5 California (California Children and Families Commission)

(415) 934-4849 www.first5sf.org

First 5 California is dedicated to improving the lives of California's young children, ages 0-5 years, and their families through a comprehensive system of education, health services, childcare, and other crucial programs. First 5 California assists public agencies, non-profit organizations and parent groups in nurturing early education, pediatric healthcare, systems change, and family support. The First 5 California Kit for New Parents is available at cfc.ca.gov/kit.asp or by calling (800) KIDS-025.

San Francisco Head Start & Early Head Start Programs

www.caheadstart.org

San Francisco Head Start/Early Start programs provide early childhood education and other services to low income children and families in San Francisco through its center-based and home-based programs as well as through delegated and partner agencies.

TALK Line Family Support Center (415) 441-KIDS (5437)

www.talklineforparents.org

The TALK Line Family Support Center works to promote the health of families through a variety of programs, including a 24-hour crisis and counseling line, parent and child counseling, parent drop-in center, children's playroom, respite program, support and education groups and family events.

Please contact Provider Relations at (415) 547-7818 ext. 7084 or provider.relations@sfhf.org with any questions.



Communicable Diseases

HIV Counseling, Education and Testing

(415) 487-5500
www.sfcityclinic.org

San Francisco City Clinic provides confidential HIV counseling, education, testing and follow-up services. Infants, children, and adolescents under age 21 who are confirmed HIV positive may be eligible for CCS. (See Page 1)

HIV/AIDS Waiver Program

West Side Community Services:
(415) 355-0311
www.westside-health.org

This 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.

STI Testing

(415) 487-5500
www.sfcityclinic.org

San Francisco City Clinic provides confidential Sexual Transmitted Infection prevention, screening, diagnosis, treatment, and counseling. Services for SFHP members do not require prior authorization. Anyone 12 years and older may obtain STI testing services without parental consent or disclosure.

Tuberculosis Direct Observed Therapy (DOT) Assistance Program

(415) 206-8524
www.sftbc.org

The Department of Public Health's TB Control Unit provides consultation, screening, evaluation of patients and their contacts with TB. The TB Control Unit provides trained personnel to assist patients who are eligible for direct observed therapy (DOT) services. TB DOT program staff will provide direct observation of the ingestion of prescribed anti-tuberculosis medication. If needed, they will deliver the medication to any location.

Government Sponsored Programs

Access for Infants and Mothers (AIM)

(800) 433-2611
www.AIM.ca.gov

AIM offers prenatal care, hospital care, preventive, primary, and specialty health care to qualifying pregnant women.

Every Woman Counts

(800) 511-2300
www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx

The Cancer Detection Program: Every Woman Counts gives low-income women access to screening and diagnostic services for breast and cervical cancer.

Family PACT

(800) 300-9950
www.familypact.org

Family PACT offers confidential comprehensive family planning services including STI testing and treatment, sterilization, and pregnancy testing.

Healthy Kids (HK)

San Francisco Health Plan:
(800) 288-5555

HK is a comprehensive program for children from birth through age 18 who are not eligible for other government health insurance programs due to income, immigration status, or age. HK offers complete medical, dental, and vision insurance.

Healthy Workers (HW)

IHSS Public Authority:
(415) 243-4477

City & County of San Francisco Department of Human Resources:
(415) 557-4942

HW is a health insurance program administered by San Francisco Health Plan. It is offered to providers of In-Home Support Services (IHSS) and a select category of temporary, exempt as-needed employees of the City and County of San Francisco.

Healthy San Francisco (HSF)

City Information Line: 3-1-1 or (415) 701-2311

www.healthysanfrancisco.org

HSF provides affordable health care services to uninsured people living in San Francisco. It's a new way for uninsured San Franciscans to access basic, ongoing, quality medical care.

Medi-Cal

Medi-Cal Health Connections:
(415) 863-9892
www.dhcs.ca.gov

Medi-Cal offers comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalizations and prescription medications.

Medi-Cal Health Care Options (HCO)

English	(800) 430-4263
Spanish	(800) 430-3003
Cantonese	(800) 430-6006
TDD	(800) 430-7077

www.healthcareoptions.dhcs.ca.gov

Health Care Options provides Medi-Cal beneficiaries with resources to make informed choices about Medi-Cal Managed Care. Contact HCO to enroll or disenroll from Medi-Cal Managed Care.

SAN FRANCISCO HEALTH PLAN



Here for you

Please contact Provider Relations at (415) 547-7818 ext. 7084 or provider.relations@sfp.org with any questions.

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Self Help for the Elderly

(415) 677-7600

www.selfhelpelderly.org

Self Help for the Elderly is a multi-service organization that provides a range of programs, including employment, training and social activities for those who are more independent and in-home assistance and residential board and care for those who are frail.

Community-Based Adult Services (CBAS)

(415) 547-7818 ext. 7084

CBAS is a Medi-Cal benefit that provides long-term community-based care for frail elders and disabled adults at nine certified CBAS centers. Basic CBAS benefits include nutrition services, professional nursing care, therapeutic activities (i.e., physical therapy, social therapy, etc.), social services, personal care services, and group and individual activities.

Disability Services

California Relay Services (CRS)

CRS operator: 711 or (800) 735-2929

When a TTY is not available in your office, you and a patient can communicate with one another using an operator. A person who is deaf, hard-of-hearing, deaf-blind, or speech-disabled uses an electronic medium, such as TTY or SMS, to type his/her conversation to a Relay Operator who then reads the typed conversation to a hearing person. The Relay Operator relays the hearing person's spoken words by typing them back to the caller. This service can also be used to call someone who uses a TTY. Service is available 24/7, 365 days a year, and all communications are confidential.

Early Start Program

(Part of Golden Gate Regional Center)

(415) 546-9222

www.ggrc.org

The Early Start program serves infants and children under age 3 who have developmental delays in cognitive, physical (motor, vision and hearing), communication, social/emotional, and adaptive functions. The program provides a wide range of services, including speech and hearing evaluations and treatment.

Genetically Handicapped Persons Program (GHPP)

(916) 327-0470 or (800) 639-0597

www.dhcs.ca.gov

GHPP is a state-funded program that coordinates care and pays medical costs for eligible persons over age 20 with genetically-transmitted diseases such as hemophilia, cystic fibrosis, and sickle cell disease, as well as metabolic disorders such as phenylketonuria (PKU).

Golden Gate Regional Center (GGRC)

(415) 546-9222

www.ggrc.org

GGRC is a state federally funded program that serves the needs of persons with developmental disabilities. GGRC also provides home and community-based services for eligible persons with a developmental disability diagnosed prior to the age of 18 that is likely to continue indefinitely.

Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) Waiver is one of 6 waiver programs available to Medi-Cal members. The purpose of this program is for GGRC 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 adaptation, respite care, day habitation, transportation and more.

Independent Living

Resource Center (ILRCFSF)

(415) 543-6222

www.ilrcsf.org

Independent Living Resource Center (ILRCFSF) is a disability rights advocacy and support organization serving people with all disabilities. Programs and services include information and referrals services, assistive technology education and support, peer counseling, housing counseling, benefits and employment planning, individual advocacy, benefits eligibility, transitioning from institutional living, and self advocacy training.

LightHouse for the Blind and Visually Impaired

(415) 431-1481 or

TTY: (415) 431-4572

www.lighthouse-sf.org

LightHouse provides services for those experiencing vision loss or impairment. Services include social workers, rehabilitation specialists who provide life skills training (e.g. magnification and lighting to enhance vision; negotiating steps, stairs and curbs; using public transportation; walking with a cane), access to video magnifiers and audio or Braille books, adaptive aids and volunteers who can assist with weekly tasks. Adaptive aids are available in person or online at www.adaptionsonline.org

Products available include talking watches and clocks, magnifiers, video magnifiers, white canes and more.

Video Relay Services

866-FAST-VRS

www.sorensonvri.com

Videoconferencing is commonly used by the signing deaf. Services such as Video Relay Services facilitate communication between signers and non-signers. The signer communicates with the interpreter via video camera, whereupon the interpreter relays the conversation to the non-signer via voice.

San Francisco Health Plan members may call (800) 288-5555 for additional information about any of the programs listed in this Provider Resource Guide.

Inclusion of a service in this guide does not guarantee that it is a benefit for San Francisco Health Plan members. For specific information on covered and excluded services, please refer to the SFHP Member Evidence of Coverage at www.sfhp.org.



Vaccines for Children (VFC)

(877) 243-8832
www.eziz.org

The VFC program provides free vaccines to enrolled providers for administration to children eligible for Medi-Cal, CHDP, or to uninsured children ages 0-18. SFHP Medi-Cal providers must call Vaccines for Children to enroll to receive vaccines by mail for Medi-Cal patients.

Vaccine Information Statements (VIS)

VIS are information sheets produced by the Centers for Disease Control and Prevention (CDC) that explain to vaccine recipients, their parents, or their legal representatives both the benefits and risks of a vaccine. Federal law requires that the most current VIS be given to and read by the patient or the parent/legal representative prior to giving any vaccine.

To download current VIS:
www.cdc.gov/vaccines/pubs/vis

Women, Infants and Children (WIC) Supplemental Nutrition Program

(415) 575-5788
www.sfdph.org

WIC serves pregnant or breast feeding women, women who have recently had a baby, and children under 5. Services include free food vouchers, nutritional counseling, and breastfeeding support.

Dental Benefits (Carve Out)

To make a dental referral, instruct the patient to contact the appropriate dental service provider as listed below:

- **Medi-Cal:**
Denti-Cal (20 years old and under)
(800) 322-6384
- **Healthy Kids:**
Delta Dental
(866) 212-2743
- **Healthy Workers:**
Liberty Dental Plan
(888) 703-6999
(In-Home Supportive Services members only)

Specialty Mental Health Benefits (Carve Out)

San Francisco Community Behavioral Health Services (SFCBHS)

Access Hotline: (888) 246-3333
www.sfdph.org

SFCBHS services include assessment, diagnosis, and treatment for an array of mental health and/or substance abuse problems.

Requesting Services:

A directory of clinics can be obtained by calling **(415) 255-3737**.

For Crisis Services:

1. **For crisis services for clients under the age of 18**, call Comprehensive Child Crisis Services. They provide 24/7 services and can be reached at **(415) 970-3800**.
2. **For crisis services for clients 18 years old and over**, call the Mobile Crisis Unit at **(415) 355-8300**.

Vision Benefits (Carve Out)

Vision Service Plan (VSP)
(800) 877-7195
www.vsp.com

Persons assigned to VSP may obtain eye exams through VSP. Frames and lenses are covered for members 21 years and younger.



Living Assistance Services

Department of Aging and Adult Services (DAAS) Intake Center
(415) 355-6700 or (800) 510-2020
TTY (415) 355-6756
www.sfgov.org/daas

Intake Services provide 24-hour services for older adults and adults with disabilities, caregivers, and community-based organizations. The intake program also processes referrals for Adult Protective Services, In-Home Supportive Services, home delivered meals for seniors (60+ years), and the community Living Fund.

Multi-Purpose Senior Services Program

Institute on Aging: (415) 750-4111
www.ioaging.org

This state and federally-funded program is an alternative to institutionalization for eligible adults 65 years old and over. It is designed to help them remain independent while living at home. Services include: adult day care, case management, protective supervision, chore and personal care assistance, meal assistance, transportation, housing, legal help, and respite care.

Nursing Facility Waiver Program
(916) 552-9400
www.dhcs.ca.gov

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.

Please contact Provider Relations at **(415) 547-7818 ext. 7084** or **provider.relations@sfp.org** with any questions.



Claims Submission Guidelines

The following protocol should be followed when submitting SFHP claims:

1. All claims for payment are to be submitted on CMS 1500 forms with the appropriate CPT, HCPS or Medi-Cal only codes when applicable.
2. Use the SFHP member number when submitting claims. *Do not use the beneficiary's Medi-Cal number.*
3. Submitting Claims – Refer to Part I, Section 7 for the mailing address for paper and electronic claims. *(Do not submit claims to SFHP. This will only cause delay in payment of your claims, as the claims will be returned to our office for processing.)*
4. For questions regarding SFHP claims, please call the claims Department at (415) 955-8800.

Sterilization Claims:

Claims for sterilization must be submitted on CMS 1500 using appropriate CPT, HCPS or Medi-Cal only codes. The physician must keep a copy of the completed sterilization consent form PM330 on file in the office.

CHDP Claims:

Claims for CHDP services are to be submitted on CMS 1500 using CHDP codes. A CHDP form PM160 PHP must also be completed and submitted along with the claim. The PM160 form is collected by the State and Local CHDP offices for administrative purposes.

Maternity Claims:

Claims for prenatal and maternity services are to be billed on CMS 1500 forms using the appropriate CPT, HCPS, and/or Medi-Cal only codes. Maternity services may be billed using global maternity codes, unless total OB care had not been rendered. In these instances, claims received using global maternity codes must be mailed back to the submitting provider with a request to re-code and resubmit the claim using itemized codes.

CPSP Claims:

If a certified provider, CPSP services must be billed using CPSP specific procedure codes.



Family Planning and Sensitive Services Claims:

Claims for consultation for Family Planning services and STD services must be submitted on CMS 1500 using the appropriate CPT, HCPCS, or Medi-Cal only codes.