



Health Education Compensation Program (HECP) 2011-2012

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SECTION I – Background and Goals

The Health Education Compensation Program (HECP) provides financial incentives for primary care sites and community health resource centers who offer health education to SFHP members and caregivers. The goal of HECP is to support ongoing and sustainable health education activities by rewarding efforts that help keep our members healthy. Education is a critical element of preventative care and necessary to provide quality, comprehensive health care to our members.

SECTION II – Eligibility Criteria

Participation in HECP is limited to San Francisco Health Plan primary care sites and community health resource centers providing health education services to San Francisco Health Plan members. The payment structure and participation requirements are different for each group.

Sites must meet the following criteria to participate:

- (a) **Primary care sites** must have SFHP members assigned directly to the clinic or its providers. (Please see pages 2-3 for information regarding primary care site payments).
- (b) **Health education programs or initiatives** must offer services to SFHP members or caregivers. (Please see page 4 for information regarding health education program payments).

SECTION V – Enrollment/Application Instructions

1. Eligible primary care sites must complete the **HECP Enrollment Form for Primary Care Sites (Attachment A)**.
2. Health education programs interested in applying for the seed money funds must complete the attached **HECP Application Form for Health Education Programs (Attachment B)**.

All HECP Enrollment and Application Forms for 2011-2012 are due by **Friday, July 29, 2011**.

SECTION IV - Primary Care Sites Payment Information

Primary care sites enrolled in HECP receive quarterly reimbursement payments for health education related individual counseling sessions or group classes.

Quarterly Submission Process

HECP will reimburse for dates of service in the 2011-2012 fiscal year (7/1/2011 - 6/15/2012). Until 6/15/2012, participating sites can claim reimbursement for health education services performed during that time frame. Submissions are accepted on an ongoing basis but will only be reviewed and reimbursed quarterly.

1. Sites will use the **HECP Submission File (Attachment C)** to record SFHP member participation in each patient health education class or individual counseling session.
2. In order to receive reimbursement payments, sites must submit the **HECP Submission File** quarterly via encrypted email or fax. For detailed instructions on how to complete the Submission File, please refer to the **HECP Submission File Template Specifications (Attachment D)**.
3. SFHP will process the submission files and make reimbursement payments to designated payees quarterly. Quarterly submissions are due the 15th of the month following the end of the quarter (see due dates below):

| Quarter | Timeframe | Due Date |
|---------|------------------------|------------------|
| 1 | 7/1/2011 – 9/31/2011 | October 15, 2011 |
| 2 | 10/1/2011 – 12/31/2011 | January 15, 2012 |
| 3 | 1/1/2012 – 3/31/2012 | April 15, 2012 |
| 4 | 4/1/2012 – 6/15/2012 | June 15, 2012* |

*Note early deadline for final quarter, due to SFHP's need to complete program payments within the fiscal year.

All HECP documents should be sent to:

Suzanne Bruun, Clinical Services and Improvement Coordinator

Email: sbruun@sfhp.org

Fax: (415) 615-5304

Phone: (415) 615-5104

San Francisco Health Plan

201 Third St, 7th Floor

San Francisco, CA 94103

Reimbursement Rates for Primary Care Sites

| Individual Counseling | | | |
|-----------------------|------------|------------|-------------|
| Time | 15 Minutes | 30 Minutes | 60 Minutes |
| Reimbursement Amount | \$20 | \$40 | \$80 |
| Group Classes | | | |
| Time | 60 Minutes | 90 Minutes | 120 Minutes |
| Reimbursement Amount | \$40 | \$60 | \$80 |

The total potential value of reimbursement for health education provided at a primary care site enrolled in HECF will be determined by the total number of members assigned to the clinic as of 7/1/2011 and the number of sites that enroll in HECF. Clinics are guaranteed a **minimum** of \$2.00/member/year. The rates may increase depending on the total number of sites that enroll in the program.

Example: CLINIC A has 1000 active members. The **minimum** amount of reimbursement available through HECF for fiscal year 2011-2012 will be $\$2.00 \times 1000 = \2000 .

SFHP will inform sites of their total allotted cap for 2011-2012 by August 15, 2011 once all enrollment forms have been processed and the budget set.

The reimbursements from HECF are intended to be used by the clinic site and will not be distributed to the specific individual that provided the health education services. For example, if a health coach from Clinic A conducts three 60 minute individual counseling sessions, the reimbursement will be included in the next reimbursement payment check to Clinic A and will **not** be made payable to the individual health coach.

SFHP will distribute any surplus funds as of 7/1/2012 to participating primary care sites, based on membership volume. In there are surplus funds left over, we will reimburse for services above the cap.

SECTION V - Health Education Program Eligibility & Funding Information

Health Education programs or initiatives that are open to SFHP members or caregivers are eligible to apply for financial support in the form of an upfront seed money payment. There is also an option for an additional payment at the end of the fiscal year if certain data is collected and submitted by June 15, 2012. See detailed description below. Health education programs eligible for this option are not required to submit quarterly submission files. SFHP will notify accepted programs by August 15, 2011. For the accepted programs, seed money will be issued without any required reporting. A one-time annual report is due June 15, 2012 in order to receive additional funds.

Seed Money: \$2,500

If the health education program is approved as qualifying for HECP, organizations will receive \$2,500 up front as seed money. These funds are intended to support the administration costs associated with the qualifying program providing health education services for SFHP members. To qualify, **programs must agree to offer classes free of charge for SFHP members**; therefore any co-pays or class fees must be waived.

Additional Funding: \$2,500 (combined with seed money totals \$5,000 for FY 2010-2011)

Programs that are able to check eligibility (to confirm SFHP membership) at the time of the service are eligible for an additional \$2,500 for FY 2011-2012. To receive this additional payment, organizations must submit service data by the close of the fiscal year (June 15, 2012). The site must have provided at least 50 health education services to SFHP members to receive this additional payment. This additional option incentivizes organizations to keep a complete count of SFHP members seen, and to submit complete records; this helps SFHP keep track of the Health Education services used by our members. Participants choosing this option will use the **HECP Submission File (Attachment C)** to record SFHP member participation in each patient health education class or individual counseling session.

| Data Source | Due Date |
|--|---------------|
| Health Education Submission Files for FY 2011-2012 | June 15, 2012 |

SECTION VI - Requirements for HECP Payments

- Members or their care givers must be active in one of the following SFHP programs on the date of service: Medi-Cal, Healthy Families, Healthy Workers or Healthy Kids.
- Reimbursement for the counseling of the caregivers of SFHP members who are minors must be related to general wellness impacting the family and/ or education specific to the needs of the minor.
- HECP does not apply to Healthy San Francisco participants.
- HECP will cover classes and counseling related to the following health topics: diabetes, asthma, hypertension, hyperlipidemia, nutrition and weight management, pregnancy, dental hygiene/ fluoride varnish, tobacco abuse, parenting/ family centered education, and behavioral counseling. There is also an “Other” category to include other health education topics.
- Individual counseling reimbursement (per member and per caregiver) is capped at 60 minutes per day.
- Group class reimbursement (per member and per caregiver) is capped at 120 minutes per day.
- SFHP reserves the right to request documentation of classes and counseling.
- HECP participants must agree to offer health education classes free of charge to San Francisco Health Plan members in order to receive funding through HECP.

SECTION VII - HECP FAQs

Q: What is the Health Education Compensation Program?

A: HECP was created to reimburse providers and clinic sites for group and individual health education counseling services.

Q: Is there much paperwork involved?

A: The process for applying and submitting for reimbursement has been made as simple as possible. An initial application/enrollment form is required at the start of the program year as well as a quarterly submission of information about the patients served and the services provided. For additional assistance, SFHP staff can walk you through the process over the phone or in person at your clinic site.

Q: Does this program also cover Healthy San Francisco Participants?

A: No. HECP reimbursement is limited to SFHP members.

Q: How much can I bill for? Is there a limit?

A: Total reimbursement value is determined by number of members assigned to the clinic and number of clinics participating in HECP. Total reimbursement value is guaranteed to be a minimum of \$2 per member/per year. This means that you have 1,000 SFHP members assigned to your clinic site; you are eligible to receive at least \$2,000.

Q: How will I know when I have reached my reimbursement cap?

A: SFHP will review submissions on a quarterly basis. If you have reached your reimbursement cap, we will let you know at that time.

Q: When will I receive reimbursement?

A: SFHP will process all reimbursement submissions and distribute checks on a quarterly basis.

Q: I am in solo practice and do not have a health educator on staff. Can I still apply?

A: Yes. HECP is designed to reimburse for counseling that goes beyond a standard office visit. If, in addition to the standard visit, you do 15 minutes of health education counseling, you are eligible for reimbursement.

Q: Where do I find HECP materials, submission forms, and additional instructions?

A: Click on the following link to view the SFHP website:
http://www.sfhp.org/providers/health_education/HECP

Q: I still have more questions. Who do I contact?

A: Contact Suzanne Bruun, Clinical Services and Improvement Coordinator at (415) 615-5104 or email SBruun@sfhp.org.

ATTACHMENT A: Enrollment Form for Primary Care Sites



HECP Enrollment Form Primary Care Site 2011-2012

INSTRUCTIONS: Please complete this enrollment form and mail, email or fax to Suzanne Bruun at the address below. **The enrollment form is due July 29, 2011.**

Mail to:

Attn: Suzanne Bruun
San Francisco Health Plan
201 Third Street, 7th floor
San Francisco CA 94103

Email: sbruun@sfhp.org

Phone: (415) 615-5104

Fax: 415-615-5304

| 1 - Contact Information (Health Education Lead) | | | | |
|---|--|-----------|-----|--|
| Primary Care Site Name | | | | |
| Contact Name | | | | |
| Email (required) | | Phone | | |
| Street Address | | | | |
| City | | State: CA | Zip | |
| 2 - Payment Information (HECP checks will be made payable to) | | | | |
| Make Checks Payable to | | | | |
| Memo | | | | |
| Tax ID / SSN* | | | | |
| Street Address | | | | |
| City | | State: CA | Zip | |
| 3 - Mailing Information (HECP checks will be sent to) | | | | |
| Attn: | | | | |
| Clinic/Foundation Name: | | | | |
| Street Address | | | | |
| City | | State: CA | Zip | |

*If you are new to HECP, please attach a W9 Form. **Complete back side of form if you offer group classes.**

ATTACHMENT A: Enrollment Form for Primary Care Sites

Only complete this side if you offer health education classes.

| Classes Offered Please list health education class topics* offered at your site. *Topics will be advertised on the SFHP website. For example: Clinic A offers health education classes on diabetes, nutrition, and smoking cessation. For more information, please call (415) XXX-XXXX. | | | |
|---|---|--------------------------|--|
| Class Name | Health Topic | Language Availability | Okay to post on SFHP website? |
| | | | Y / N |
| | | | Y / N |
| | | | Y / N |
| | | | Y / N |
| | | | Y / N |
| Our classes are open to (check all that apply): | ALL-SFHP | <input type="checkbox"/> | Hill Physicians <input type="checkbox"/> |
| | Brown and Toland Physicians | <input type="checkbox"/> | North East Medical Services <input type="checkbox"/> |
| | Chinese Community Health Care Association | <input type="checkbox"/> | UCSF <input type="checkbox"/> |
| | Community Health Network | <input type="checkbox"/> | |
| Health education contact phone number for patients: | | | |
| By participating in HECP, we agree to offer health education classes free of charge to SFHP members. | | | |
| Signature | | Date | |
| Okay to post on SFHP website? | Y / N | | |
| Program website (if available) | | | |

ATTACHMENT B: Application Form for Health Education Programs



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

HECP Application Form for Health Education Programs

2011-2012

This program is for sites that offer health education programs to SFHP members free of charge.

INSTRUCTIONS: Please complete this application form and mail, email or fax to Suzanne Bruun at the address below. **The enrollment form is due July 29, 2011.**

Mail to:

Attn: Suzanne Bruun
San Francisco Health Plan
201 Third Street, 7th floor
San Francisco CA 94103

Email: sbruun@sfhp.org

Phone: (415) 615-5104

Fax: (415) 615-5304

| 1 - Contact Information (Health Education Lead) | | | | |
|---|--|-----------|-----|--|
| Primary Care Site Name | | | | |
| Contact Name | | | | |
| Email (required) | | Phone | | |
| Street Address | | | | |
| City | | State: CA | Zip | |
| 2 - Payment Information (HECP checks will be made payable to) | | | | |
| Make Checks Payable to | | | | |
| Memo | | | | |
| Tax ID / SSN* | | | | |
| Street Address | | | | |
| City | | State: CA | Zip | |
| 3 - Mailing Information (HECP checks will be sent to) | | | | |
| Attn: | | | | |
| Site/Foundation Name: | | | | |
| Street Address | | | | |
| City | | State: CA | Zip | |

* If you are new to HECP, please attach a W9 Form.

Complete back side of form. →

ATTACHMENT B: Application Form for Health Education Programs

| 4 - Application Form for Health Education Programs | | | |
|---|---|--------------------------|--|
| Program Name | | | |
| Program Description | | | |
| Health Topics Covered (check all that apply): | Asthma | <input type="checkbox"/> | Nutrition and weight management <input type="checkbox"/> |
| | Behavioral Counseling | <input type="checkbox"/> | Parenting/ family wellness <input type="checkbox"/> |
| | Dental hygiene/ fluoride varnish | <input type="checkbox"/> | Perinatal <input type="checkbox"/> |
| | Diabetes | <input type="checkbox"/> | Tobacco Abuse <input type="checkbox"/> |
| | Hyperlipidemia | <input type="checkbox"/> | Other(Please explain) <input type="checkbox"/> |
| | Hypertension | <input type="checkbox"/> | |
| Estimated # of SFHP members served by program | | | |
| Our classes are open to (check all that apply): | ALL-SFHP | <input type="checkbox"/> | Hill Physicians <input type="checkbox"/> |
| | Brown and Toland Physicians | <input type="checkbox"/> | North East Medical Services <input type="checkbox"/> |
| | Chinese Community Health Care Association | <input type="checkbox"/> | UCSF <input type="checkbox"/> |
| | Community Health Network | <input type="checkbox"/> | |
| Contact phone number that patients can call for information | | | |
| Language availability | | | |
| Okay to post on SFHP website? | | Y / N | |
| Program website (if available) | | | |
| By participating in HECP, we agree to offer health education classes free of charge to SFHP members. | | | |
| Signature | | Date | |

ATTACHMENT D

HECP Submission File Template Specifications

| Field Name | Description | Format | length |
|---|---|------------------------|-------------|
| Provider/Billing Name | Clinic Site Name or Provider Name | text | 50 |
| Provider Type | MD, PA, NP, RN, RD, MA, MEA, etc. | text | 50 |
| Date of Service | Date of class or counseling | mm/dd/yyyy | 10 |
| Quantity | Duration of Class (In general, round to the nearest 30 minute increment - up to 120) | numeric | 1 |
| Program Name (If applicable) | Name of health education initiative or program at clinic site | text | 50 |
| CPT Code | Individual Counseling CPT Codes: - 99402 Group Class CPT Codes: - 99411 | numeric | 5 |
| ICD 9 Code | ICD9 codes will be used to identify the type of class: - Diabetes: 250.0 - Asthma: 493.0 - Perinatal: V22.2 - Nutrition and weight management: V65.3 - Hyperlipidemia: 272.4 - Hypertension: 401.9 - Tobacco Abuse: 305.1 - Behavioral Counseling: V65.40 - Dental hygiene/ fluoride varnish: V72.2 - Parenting/ family wellness: V61 - Other: 999.9 | text | 4 |
| Member First Name | Member's first name | text | 50 |
| Member Last Name | Member's last name | text | 50 |
| DOB | Patient's date of birth | mm/dd/yyyy | 10 |
| SFHP ID or CHN Medical Record Number | San Francisco Health Plan Identification Number (11 digits) Community Health Network Medical Record Number (8 digits) | numeric numeric | 11 8 |