



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

San Francisco Health Plan

Evidence of Coverage and
Disclosure Form

2011-2012

Medi-Cal

Welcome to the San Francisco Health Plan

San Francisco Health Plan (SFHP) is here to help you with your health care needs.

Let's work together to keep you in good health. This Handbook will help you understand what services are provided by SFHP and how to get them. Please read it carefully.

You have the right to review this Handbook prior to enrollment. If you have special health care needs, pay particular attention to parts that apply to you.

Some of the words in this Handbook have special meanings. Read Section 12, page 62 Important Words You Should Know," of the Evidence of Coverage section of this Handbook to understand how these words are used.

Information about our providers and contracted hospitals and other facilities and services is included in the Provider Directory.

Keep in mind:

This Combined Evidence of Coverage and Disclosure Form constitutes only a summary of SFHP policies and coverage under the Medi-Cal Program. The Medi-Cal Program regulations (Title 22 of the California Code of Regulations, Division 3, Health Care Services) issued by the State of Department of Health Care Services (DHCS), should be consulted to determine the exact terms and conditions of coverage.

SFHP makes it easy to get health care.

This Handbook should answer most of your questions about your health care benefits. If you want more detailed information, check the Evidence of Coverage section in this Handbook. You may also direct questions concerning your health plan benefits to Customer Service at (415) 547-7800 (local) or (800) 288-5555 from Monday through Friday, 8:30am to 5:30pm.

Information for Members Who Have Trouble Reading

SFHP will get you this Handbook and other important Plan materials in alternate formats like Braille, large size print and audio if you can't see well, or we can read parts to you over the telephone. For alternate formats, or for help in reading SFHP materials, please call SFHP Customer Service at **(415) 547-7800** (locally) or **(800) 288-5555**.

San Francisco Health Plan Location and Contact Information:

San Francisco Health Plan
201 Third Street, 7th Floor
San Francisco, CA 94103

(415) 547-7800 (local)
(800) 288-5555 (toll free)

memberservices@sfhp.org

Who Should I Call?

Call San Francisco Health Plan (SFHP) at (415) 547-7800 (local) or **(800) 288-5555** (or email us at memberservices@sfhp.org) to:

- To change your primary care provider
 - To get a new member ID card
 - To inform us of a change to your name, address, phone number or social security number
 - If you are unhappy with your provider or another health care service
 - If you need help filling your prescriptions
 - To ask questions about getting services or health benefits
 - To talk about a problem or file a complaint
 - If you need help with nutrition, parenting, breastfeeding, or other topics
 - To get information about community resources
 - To find out how to get to your primary care provider's office
 - To ask any other questions you may have
 - If your eligibility is put on hold
 - If you are cut off from Medi-Cal
 - If you have medical billing issues with SFHP
 - If you want to check eligibility with SFHP
- Call San Francisco Health Plan's Nurse Advice Line at **1-877-977-3397**:
- If you cannot reach your doctor during the day or after hours
 - To speak with a trained registered nurse who can help to answer your health care questions, give you advice, and instruct you to go to the urgent care center if needed
 - This service is free of charge and available to you in your language

- Is available 24-hours a day, 7 days a week

If you are a Kaiser member, call Kaiser's Call Center at **(415) 833-2200** to:

- speak to an advice nurse who can give you advice and instruct you to go the urgent care center if needed,
- get medication refills
- Schedule appointments
- You may call this number 24-hours a day, 7 days a week.
- This service is free of charge and available to you in your language.
- You must have your Kaiser member number available when you call.

For members of SFHP that are hearing impaired, please call **(415) 547-7830** (TDD) or **(888) 883-7347**.

Call the Medi-Cal Program at **(415) 558-1853** to:

- Change your address, phone number, or name
- To correct your social security number

Call San Francisco Community Behavioral Health Services (SFCBHS) at **(415) 255-3737** or **(888) 246-3333** (toll free) or **(888) 484-7200** (TDD) to:

- Get mental health counseling
- Access a substance abuse counselor

Call Vision Service Plan (VSP) at **(800) 438-4560** to get more information about your vision service benefit.

- Vision benefits for children under the age of twenty one (21) include eye exams from an Optometrist once every 24 months and have frames and lenses covered.
- Vision benefits for adults age twenty one (21) and older include eye exams from an Optometrist once every 24 months. Frames and lenses are not covered.

Because of the risk that diabetes poses to vision, it is important for SFHP members with diabetes to get their routine eye exams. Routine dilated eye exams by VSP optometrists are covered annually every 12 months. There is no limitation to the frequency of medically necessary exams by ophthalmologists, nor limitations on the treatment of abnormal retinal exams. If you need more frequent exams, your doctor can refer you to an ophthalmologist. Call Denti-

Cal at **(800) 322-6384**, for children under the age of twenty (21). Services are not covered for adults age twenty one (21) and older. Dental coverage is a limited benefit for certain members only. See page 47, "Medi-Cal Members That Still Have Optional Benefits" for a description of the limitations and exceptions.

to:

- Get information about dental coverage
- Get a list of dentists near you

You may call SFHP with any questions at **(415) 547-7800** (local) or **(800) 288-5555**. We are here for you.

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A. Quick Guide

1. Getting Started

About Your SFHP Member Handbook

Your SFHP Member Handbook contains important information. It tells you:

- How to choose or change your primary care provider or PCP
- How your PCP will help you get primary, specialty, and hospital care
- What you should do if you have a question or problem

Detailed information about your benefits and services available to you are in the Summary of Benefits and Evidence of Coverage sections of this Handbook.

How Managed Care Works

San Francisco Health Plan (SFHP) is a managed care plan. It provides care to members who live or work in its service area which is the City and County of San Francisco. In managed care, your primary care provider (PCP), clinic, hospital, and specialist work together to care for you.

Your PCP provides basic health care needs. Your PCP is the main provider of your health care. Your PCP is part of a medical group. A medical group is a group of doctors who have business together and have a contract with SFHP to give services to SFHP members. A medical group consists of physicians who are primary care providers (PCPs), specialists and other providers of health care services. A hospital is also connected with the medical group. Your PCP and medical group direct the care for all of your medical needs. This includes approvals (if required) to see specialists, or to receive medical services such as lab tests, X-rays, and/or hospital care.

When you choose a PCP, you are also selecting the specialists and other health professionals who work for that medical group. Sometimes there may not be a physician available in the medical group who can treat you. In that case, you will be referred to a provider from another medical group. Your PCP will get the permission for you to see this provider, because you must always have a prior approval from either your PCP, medical group or SFHP before you can see

a different provider (See page 28 for exceptions).

Help in Other languages and for the Hearing Impaired

If English is not your main language, or you would be more comfortable speaking another language, Customer Service can help you find a provider who speaks your language. Our Customer Service representatives speak many languages. If we don't have a representative who speaks your language, we have interpreters available by telephone. You have a right to interpreter services, including sign language interpreters on a 24-hour basis at no cost to you when you receive medical care or use medical services. You also have a right to ask for face-to-face or telephone interpreter services and to not use friends, family members, or minors as interpreters unless you request it.

SFHP has availability of linguistic services and members can request to receive information documents translated into threshold languages.

Customer Service also uses the Telecommunications Device for the Deaf (TDD) and the California Relay Services to help callers with a hearing impairment. To access the TDD services, please call **(415) 547-7830** (local), or **(888) 883-7347** (toll free).

Your Member ID Card

SFHP mails a member ID card to all members. Check the information on your member ID card as soon as you receive it to make sure it is correct. Call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** if:

- Any information is not correct
- You move, or any information changes
- The card is lost or stolen


Keep the member ID card with you so you have it when you are getting care for yourself or your child. The member ID card, and your Medi-Cal ID card must be shown at the provider's office, clinic, hospital, pharmacy, or wherever else services are provided.

The picture below shows you what the member ID card looks like.

Your SFHP ID Card has important information on it including:

- Your doctor's name (or the name of your clinic)

- Your doctor's phone number
- San Francisco Health Plan's 24-hour Nurse Advice Line
- Kaiser's 24-hour Call Center/Nurse Advice Line (for Kaiser members only)

 SAN FRANCISCO HEALTH PLAN	Member ID #: 100000000 DOB: 29-Sep-81 Medical Group: CHN Language: English
	Pat Lee Program: Medi-Cal Primary Care Provider (PCP): M Gonzales MD PCP Address: 1234 Main Street, #101 PCP Phone #: 415-777-9992
Co-payments: None	
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 Member Services: 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 to you. TDD for People who are Deaf, Hard-of-Hearing, or have Speech Disabilities call (415) 547-7830 Emergency Care: Go to any hospital (no referral is necessary) or call 911. If you are admitted as a result of an emergency, call (415) 397-3190 within 24 hours or as soon as possible. Vision Care: To find an eye doctor or for information on vision services, call Vision Service Plan (VSP) toll-free at (800) 877-7195. When you visit the eye doctor, be sure to mention VSP. Dental Care: To find a dentist or for more information on dental services, call Denti-Cal toll-free at (800) 322-6384. Behavioral Health Services: (415) 255-3737 or (888) 246-3333 Prescriptions: Go to your network pharmacy & show your ID card(s). Medical Group: Community Health Network	
For Provider Use Only	Authorization Phone: 415-547-7818 ext. 400 Pharmacy Authorization: PCN (800) 777-0074 Pharmacy BIN#: Use Account #00670

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED

2. Choosing Your Primary Care Provider (PCP)

What is a Primary Care Provider (PCP)?

A primary care provider (PCP) is your personal doctor or health professional. Your PCP works with you to keep you healthy. A PCP will provide all your basic health care, including:

- Regular check-ups and preventive services such as immunizations (shots), hearing tests, and laboratory tests
- Care when you are sick or injured
- Help with ongoing health problems like asthma, allergies, or diabetes

Also, the PCP will send (refer) you to a specialist and arrange for hospital care if it is needed.

If you think you need medical care, call your PCP first, unless it is an emergency. The PCP will advise you on what to do. Your PCP is available 24 hours a day, 7 days a week. If you need care, your PCP will provide treatment, refer you to a specialist or arrange for hospitalization. Your PCP's phone number is on your member ID card.

What Kind of Provider Can Be a PCP?

Your PCP can be in:

- Pediatrics: Health care for children
- General Practice: Health care for the whole family
- Family Practice: Health care for the whole family
- Internal Medicine: Health care for adults
- Obstetrics/Gynecology (OB/GYN): Health care for women and pregnant women
- Nurse practitioners, certified nurse midwives, and physician assistants are also available as primary care providers, as long as they practice with an SFHP physician.

How Do I Choose a Nurse Practitioner or Physician's Assistant As My PCP?

You can request to receive your primary care services from a nurse practitioner, certified nurse midwife or a physician assistant. These types of providers are called mid-level providers. You can select a mid-level provider from the SFHP Provider Directory. Mid-level providers also work closely with a primary care physician. If you are pregnant or you are planning to become pregnant, you also have the right to select an out-of-plan Certified Nurse Midwife. You will also be assigned to the primary care physician who supervises the nurse practitioner, certified nurse midwife or physician assistant. When you get your ID card, the supervising physician's name and the mid level provider's name you are assigned to will appear on your ID card.

You can contact your PCP or medical group to find out what healthcare practitioners are available for you to see.

Where Do PCPs Work?

Your PCP may work in a:

- Private Office
- Health Center

- Hospital Clinic
- Federally Qualified Health Center
- Native American Health Service Facility (Indian Clinic)

Your PCP's Medical Group

Every PCP and clinic in SFHP is part of a medical group. A medical group is made up of many providers and other health professionals who work together. Each medical group works with an assigned hospital.

When you choose a PCP, you are also assigned to the specialists in the PCP's medical group and the hospital they work with. Your PCP will refer you to those specialists for most specialty care.

If you have to go to the hospital, you will go to the hospital that works with the PCP's medical group. Your PCP will obtain the necessary permissions for care that you need. If you go to a specialist without approval from your PCP, the cost of that visit may not be covered by SFHP. Refer to page 18 of the Evidence of Coverage section for a complete description of the approval process. If you prefer a particular specialist or hospital, make sure your PCP and their medical group works with those providers. If you see a specialist or PCP who is not with your medical group, without permission or in a situation that is not an emergency, SFHP will not pay for it. Always go to your PCP and stay with the providers in that medical group, unless SFHP or the medical group approves services elsewhere.

Remember, an approval is never needed to see your PCP, emergency services, preventive services, OB/GYN care, family planning services or other sensitive services. You do need to stay within your medical group if you need an abortion. Refer to page 28, "What Does It Mean to 'Get an Authorization'?" for a complete description of when you need to get a permission for services and when you do not.

Choosing Your PCP

Every member has a primary care provider (PCP). You may have already chosen a PCP for yourself when you joined SFHP. If you did not choose your own primary care provider (PCP) when you became a member or within 30 days of joining SFHP, SFHP will assign one to you.

You will be notified by mail through the issuance of a new ID card with your PCP information. You will be informed if you

were not assigned to the PCP that you selected, based on the following reasons:

- The PCP that you chose is no longer active
- The PCP that you chose is not accepting new members
- The PCP that you chose is not a part of SFHP's provider network

You can always call SFHP and ask to change to a different PCP if you do not like the PCP we assigned you.

You can also look in the Provider Directory to choose another PCP.

Here are some things you may want to think about when choosing a PCP:

- Is the PCP close to home, school, or work?
- Is it easy to get to the PCP by MUNI, bus, or BART?
- Does the office staff speak your language?
- Does the PCP work with a hospital that you like?
- Does the PCP see children of all ages?

Call us at **(415) 547-7800** (local) or **(800) 288-5555** and tell us which PCP you would like to choose. If you have more than one child, you may choose a different PCP for each child. We will send you a member ID card that includes the PCP's name and phone number. SFHP wants you to have a PCP who is right for you. If you did not choose your own primary care provider (PCP) when you became a member or within 30 days of joining SFHP, SFHP will assign one to you.

Using the Provider Directory

The provider directory is available in English, Spanish, Chinese, Vietnamese, and Russian.

It contains the address and telephone number of each service location (e.g., locations of hospitals, Primary Care Physicians (PCP), Specialists, Optometrists, Pharmacies, Skilled Nursing Facilities, Urgent Care Facilities, FQHCs and Indian Health Centers). In the case of a medical group/foundation or independent practice association (IPA), the medical group/foundation or IPA name, address and telephone number appears for each Physician provider.

It also has the hours and days when each of these service locations is open,

the services and benefits available, the telephone number to call after normal business hours, and identifies providers that are not accepting new patients.

Changing Your PCP

If you are not happy with your PCP for any reason, call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** at any time to request a change. A new member ID card will be issued and mailed to you. The new card will have the name and phone number of your new PCP.

IMPORTANT NOTE: If you need to see a PCP before you get a new card with the name of the new PCP on it, call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. A representative will tell you which PCP to see.

Why Can a Provider Request a Change in Member's PCP?

- Irreconcilable breakdown in physician-patient relationship
- Physical assault and violent behavior by member including physical threatening and verbal and physical abuse
- Member fraud
- Non-compliance with PCP's care management plan
- Member habitually uses providers not affiliated with SFHP for non-emergency services without required approvals or communication with the PCP.

3. Getting Care Under Your New Health Plan

Getting Care

As a member of San Francisco Health Plan, you will find getting health care is simple.

Just follow these steps:

1. Schedule check-ups and routine care.
2. Do not wait until you are sick to see your PCP. Schedule an appointment for a health assessment (check-up) within 120 days of enrollment. For children under the age of two, please make an appointment with your child's PCP within 60 days of enrollment with SFHP or as soon as possible. Your PCP will

advise you about the best time for routine appointments and shots.

3. Call and make an appointment,
4. Call your PCP on your member ID card to schedule an appointment. Show your member ID card, and your Medi-Cal ID card at the PCP's office or clinic. Please give at least 24 hours notice if you need to cancel or change the appointment. If English is not your main language or you would be more comfortable speaking another language, please let your PCP's office know so that they can make plans for an interpreter to be on hand.
5. Contact your PCP when you are sick
6. Except in the case of an emergency, always call the PCP first when you get sick or hurt. Your PCP or a substitute provider, is available 24 hours a day, 7 days a week. Your PCP will make sure you get the health care you need, either by providing treatment or sending you to a specialist.

Specialty Care

The PCP will arrange most types of specialty care that you may need. After talking with you, the PCP will send (refer) you to a specialist. The specialist is a member of your medical group. If your PCP determines that a specialist is not available within the medical group, your PCP will send you to another specialist. If you go to another provider without a referral from the PCP, these services may not be paid for by SFHP.

Unless it is an emergency, always call your PCP first if you are able to. For specialty care referrals in which you need medical tests or treatment that your doctor cannot perform, you should be able to schedule an appointment within 14 business days. Urgent specialty care referrals in situations where you need important medical tests or when your health is at risk, you should be able to schedule an appointment within 2 business days. If it takes longer to see a Specialist, please call SFHP Customer Service at **(800) 288-5555/TDD** **(888) 883-7347** for help.

Family Planning

Family planning services are provided for all members, men and women without a referral from your PCP. These services can help you decide if and when you want to have children. Family planning includes birth control and testing for pregnancy, sexually transmitted diseases and HIV

testing and counseling. You can get family planning services from your PCP or any other provider within the SFHP network who offers family planning services. You can also obtain family planning services from out-of-network family planning providers.

Female members can get direct access and make an appointment for women's health care directly with an OB/GYN or a family practice provider within their medical group, without a referral from their PCP for women's routine and preventive health care services (such as pap smears, breast checks, mammograms, etc.). If you would like help with family planning services, you can call your PCP. The phone number is listed on your member ID card. You can also call San Francisco Health Plan or any family planning provider within or outside of SFHP's network who you want to see.

Second Opinions

If you would like to talk to another provider about a health problem, you may ask your PCP for a second opinion. SFHP will pay for an opinion from another specialist when the PCP refers you. The specialist usually is within your medical group or another medical group that has a contract with SFHP.

Pharmacy Services

When you need medication, your PCP or referred specialist will prescribe it. To get the medication, take the prescription to a pharmacy listed in the Pharmacies section in the San Francisco Health Plan Medi-Cal Provider Directory and show your member ID card to the pharmacist. SFHP has a drug formulary. The drug formulary is the list of drugs that SFHP will pay for. You can request information whether a specific drug is on the formulary by calling Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. Even if a drug is listed on the SFHP drug formulary, it does not make certain that it will be ordered by your doctor for a particular condition.

If your medication is not part of the SFHP formulary, your provider must submit a special form to SFHP. SFHP will review the request and decide if you can use a non-formulary drug.

PRIOR AUTHORIZATION PROCESS:

The SFHP Prior Authorization (PA) form may be filled out by the prescribing doctor, doctor's assistant or the pharmacist. A Prior Authorization form can be found on the SFHP website at <http://www.sfhp.org>.

A complete request form may be sent to SFHP three ways.

Fax standard requests to Informed Rx at **(866) 511-2202**; fax urgent requests to **(877) 636-9001**.

E-mail requests to **IncomingPAsUrg@sxc.com**.

Fill out request form online at: www.nmhcrx.com

The pharmacist and/or the SFHP Medical Director review prior authorizations and decide to approve, deny or change the request or ask the doctor for more information. The SFHP pharmacist or Medical Director makes the final decision to deny or change the request or ask the doctor for more information.

If the request form is complete, standard requests are often done within 24 hours or one business day and urgent requests are often done within four business hours. Requests that cannot be read or do not have complete information may take longer.

If the prior authorization is approved, a message is sent by fax to the person who sent the prior authorization form and the claim will be covered by SFHP. If the prior authorization is denied, changed, or more information is needed, SFHP will send a letter to the member and prescribing physician and/or PCP. This letter includes the reason for SFHP's decision.

Facilities

For the name and locations of all contracted SFHP facilities, please call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** or please refer to the Provider Directory.

Hospital Care

If you are sick or hurt, call your PCP. Your PCP will either see you, send you to a specialist, or send you to the hospital. If you have to go to the hospital, it will be the hospital where your PCP works. If you have special health care needs, your PCP or specialist may need to send you to another hospital that provides the services needed. (If there is a particular hospital that you prefer, be sure and check the hospital listed when choosing your PCP). Remember, you do not need to call your PCP first if it is an emergency.

Emergency Medical Care

An emergency is when you:

- Have a condition where it looks like your life is in danger
- Are in extreme or intense pain
- Have serious difficulty breathing
- May have a broken bone

Please refer to page 63 for a full definition of Emergency Medical Condition.

When you have a medical emergency:

1. Call **9-1-1** or go to the closest emergency room for help
2. Show your member ID card to the hospital staff
3. Ask the hospital staff to call your PCP

If you are not sure if it is an emergency, call your PCP to find out if you need to go to the emergency room. If you go to the hospital emergency room for care when you truly believed that it was an emergency, SFHP will pay for the visit, even if it later turned out not to be an emergency.

Nurse Advice Line

You should always go to your doctor for care or call with your questions, but sometimes you can't reach your doctor during the day or after hours. When this happens, call San Francisco Health Plan's Nurse Advice Line at **1-877-977-3397**. It is staffed by trained registered nurses who are available 24-hours a day and seven days a week to help answer your health care questions. The service is free of charge and available to you in your language. The nurse can answer your questions, give you helpful advice, instruct you to go to the urgent care center if needed, and more.

If you are a Kaiser member, call Kaiser's Call Center at **(415) 833-2200** to speak to an advice nurse who can give you advice and instruct you to go to the urgent care center if needed. This service is free of charge and available to you in your language. You may call this number 24-hours a day, 7 days a week. You must have your Kaiser member number available when you call.

Urgent Care after Regular Hours and on Weekends

Some medical problems may require urgent care but are not emergencies. Urgent medical problems are problems that usually need attention within 24 to 48 hours. If you think you have an urgent medical problem, call your PCP's office. Your PCP, or a

substitute provider, is always available 24 hours a day, 7 days a week, to help if there is an urgent medical problem. They will tell you what to do.

You have a right to interpreter services at no cost to you on a 24-hour basis when you receive medical care or use medical services. For more information, please call SFHP Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

Health Care Away From Home

If you need emergency care while not in San Francisco County, SFHP will pay for it.

1. Call **9-1-1** or go to the nearest emergency room
2. Show them your member ID card
3. Have your PCP call SFHP as soon as possible.

The number for SFHP is also listed on your member ID card. If you need urgent care while you are away from home, call your PCP and he or she will tell you what to do.

Follow-Up Care After Emergency Services or Urgent Care

Follow-up care received after emergency services or urgent care must be arranged by your primary care provider. If you need follow-up care after you have received emergency services or urgent care, you should call your PCP so that he or she can arrange the care that you need. Your PCP may see you or may refer you to a specialist who can provide you with the care that you need. If you receive follow-up care after receiving emergency services or urgent care from any provider who is not a participating provider and SFHP has not authorized the services, you may be responsible for the cost of those services. Contact your primary care provider after receiving emergency services or urgent care to find out what you should do.

Vision, Dental Care and Mental Health

Children under the age of twenty one (21) enrolled in the SFHP Medi-Cal Program, should already be enrolled in mental health and dental plans.

SFHP will cover select hospital services required for special dental care. All other dental and mental health services for children under the age of twenty one (21) are covered under separate Medi-Cal sponsored Dental and Mental Health plans and providers.

- For more information on your dental plan, call Denti-Cal at **(800) 322-6384**.
- For more information on your mental health benefits, call San Francisco Community Behavioral Health Services (SFCBHS) at **(415) 255-3737** or **(888) 246-3333** (toll free).
- As of July 1, 2009, most adults age twenty one (21) and older on Medi-Cal have limited access to dental and mental health services. Please call the numbers above for more information about the services available to you.

For vision services, SFHP members are automatically enrolled in Vision Service Plan. Children under the age of twenty one (21) can receive an eye exam once every 24 months and have frames and lenses covered. Adults age twenty one (21) and older can receive an eye exam once every 24 months, but frames and lenses are not covered. Diabetic adults age twenty one (21) and over can receive an eye exam once every 24 months from an optometrist and medically necessary eye exams from an ophthalmologist in their medical group every 24 months alternating with VSP eye exams. Because of the risk that diabetes poses to vision, it is important for SFHP members with diabetes to get their routine eye exams. Routine dilated eye exams by VSP optometrists are covered annually every 12 months. There is no limitation to the frequency of medically necessary exams by ophthalmologists, nor limitations on the treatment of abnormal retinal exams. If you need more frequent exams, your doctor can refer you to an ophthalmologist. For more information about the vision plan, please call SFHP Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

Vision, Dental Care, and Mental Health coverage are limited benefits for certain members only. Please see page 46 for a description of the limitations and exceptions.

American Indian Services

If you are an American Indian, you have the right to receive your services from a Federally Qualified Health Center (FQHC) or an Indian Health Service facility. If you would like to receive services from an FQHC, SFHP can tell you which of the clinics in our network are FQHC's. To get information on FQHC's or an Indian Health Service facility, call SFHP Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. You have the right to disenroll from SFHP at any time, without cause. You also have the right to not participate in a managed care

plan (See page 52 for information on how to disenroll from SFHP).

Fee-for-Service Medi-Cal (“Regular Medi-Cal”)

When you are a member of a managed care plan, the State pays the Plan on a monthly basis even if you do not receive services. You must see the providers who participate with the Plan except in cases of emergencies or when getting family planning or sensitive services.

With Fee-for-Service Medi-Cal, (sometimes called regular Medi-Cal) you can see any provider that will accept Medi-Cal patients. The State pays the providers for the services they provide to you. If you think that you should be receiving care through regular Medi-Cal, call Health Care Options at **(800) 430-4263**.

Some services are not covered by managed care Medi-Cal and are only provided by regular Medi-Cal. These services include some mental health benefits, dental services, acupuncture, chiropractic services, and organ transplants (except kidney and corneal transplants). There are other services that are only covered by regular Medi-Cal. You can still continue to be a member of SFHP while you receive some of these managed care non-covered services from regular Medi-Cal. You can get more information about these services by calling SFHP Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

4. Health Plan Services

Covered Services

SFHP will pay only for services that are emergent, urgent or that are medically necessary and provided by the PCP, or specialist to whom the PCP referred you, as required and authorized according to SFHP's procedures. Please see the detailed description of how to use your covered services in the Evidence of Coverage section on page 18, “How To Get Care,” in the Handbook.

San Francisco Health Plan is responsible to pay for all covered services including emergency services. You are not responsible to pay a provider for any amount owed by the health plan for any covered service.

If San Francisco Health Plan does not pay a non-participating provider for covered services, you do not have to pay the non-participating provider for the cost of the covered services. Covered services are those services that are provided according to this Evidence of Coverage booklet. The non-participating provider must bill San Francisco Health Plan, not you, for any covered service. But remember, services from a non-participating provider are not covered services unless they fall within the situations allowed by this Evidence of Coverage booklet.

If you receive a bill for a covered service from any provider, whether participating or non-participating, contact the San Francisco Health Plan Customer Service department at (415) 547-7800 (local) or (800) 288-5555.

Services Not Covered by the Plan

You may have to pay for services you receive that are NOT covered services, such as:

- Non-emergency services received in the emergency room;
- Non-emergency or non-urgent services received outside of San Francisco Health Plan's service area if you did not get authorization from San Francisco Health Plan before receiving such services
- Specialty services you receive if you did not get a required referral or authorization from San Francisco Health Plan before receiving such services (see page 20, section H. How to See a Specialist)
- Services from a non-participating provider, unless the services are for situations allowed in this Evidence of Coverage booklet (for example, emergency services, urgent services outside of San Francisco Health Plan's service area, or specialty services approved by San Francisco Health Plan (see page 7, How Managed Care Works)
- Services you received that are greater than the limits described in this

Evidence of Coverage booklet unless the services were authorized by San Francisco Health Plan

We may be able to help you get services that are not covered. Even though some services are not covered by SFHP, it may be covered through regular Fee-For-Service Medi-Cal. We may be able to help you get them through regular Medi-Cal. Please refer to page 46 in the Evidence of Coverage section of this Handbook for services that are not covered. For more information, **please contact Customer Service at (415) 547-7800 (local) or (800) 288-5555.**

The full range of benefits is available through SFHP's provider network. None of SFHP's contracted provider raise an objection to performing or otherwise supporting any covered service. SFHP will respond with timely referrals and coordination in the event that a benefit/covered service is not available within from a SFHP provider because of religious, ethical or moral objections to the covered service.

5. Problems, Complaints, and Grievances

Solving Problems

SFHP wants you to have the best care and service possible. We want to hear from you when you are happy with your health care services. We also want to help you work out any problems you may have.

If there is a problem, try to talk about it when it first happens. Talking with your PCP or other providers may be the best way to get an issue settled quickly.

If the problem is not resolved, call us. Customer Service will work with you to fix the problem. If we still cannot resolve the problem, you may file a formal complaint or "grievance."

The Complaint/Grievance Process

If you have a complaint about any services that you receive from SFHP or its providers, you may file a grievance with SFHP. This complaint may be made verbally, by telephone, in writing, or through SFHP's website at www.sfhp.org. Grievance forms are available online, at each PCP's office or from Customer Service. If you need assistance with filling out the form, require

translation services, or want a referral to community advocates, please call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** (toll free)-. SFHP has availability of linguistic services and members have the right to receive information documents translated into threshold languages.

Any expression of dissatisfaction is considered a grievance. Filing a complaint or grievance is your right. SFHP will not discriminate against you. You will not be disenrolled or lose eligibility for the Medi-Cal Program coverage because you filed a complaint or a grievance.

You do not have to participate in the SFHP's grievance process before going to the Department of Managed Health Care (DMHC) or to the **Department of Health Care Services (DHCS)** if you have an urgent grievance. Urgent grievances are those cases involving, but not limited to, severe pain, potential loss of life, limb or major bodily function. When you call us with an urgent grievance, we will inform you of your right to go to the DMHC or **DHCS**.

Please see pages 53 to 57 of the Evidence of Coverage section in the Handbook for more information about the grievance process, or call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

State Oversight of the Grievance Process

The California Department of Managed Health Care (DMHC) is responsible for regulating SFHP and other health care service plans. The DMHC has a toll-free telephone number at **(888) 466-2219** to hear complaints about health plans. The hearing and speech impaired may use the California Relay Service's toll-free number **1(877) 688-9891** (TDD) to contact DMHC. The DMHC's Web site (www.hmohelp.ca.gov) has complaint forms and instructions online.

If you have a grievance against SFHP, you should contact SFHP and use SFHP's grievance process. You may call DMHC if you need help with a complaint involving an emergency grievance or with a grievance that has not been resolved by SFHP within 30 days or to your satisfaction.

You also have the right to contact the **Department of Health Care Services** for a complaint about your Medi-Cal benefits. You may contact the State Ombudsman's office to complain or you can call the State to request a State Fair Hearing.

You may call the State Ombudsman for help with a grievance. The Ombudsman Office is reached toll-free at **(888) 452-8609**. The TDD number is **(800) 430-7077**. Its office hours are Monday-Friday, 8:00am to 5:00pm, closed on State holidays.

Information regarding the State Fair Hearing process is available by calling **(800) 952-5253**, **(800) 430-7077** (TDD) or by writing:

California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 19-37
Sacramento, CA 94244-2430

The Member Advisory Committee

San Francisco Health Plan's Member Advisory Committee (MAC) is the place for SFHP members to share concerns and give advice to the SFHP Governing Board about how SFHP can better serve its members. MAC is made up of SFHP members and health care advocates. It works to improve the quality of care and to discuss the concerns of SFHP members. MAC promotes quality health care and invites you to join the committee. The Committee meets the first Friday of every month at the SFHP office.

Call the Member Advisory Committee at **(415) 547-7818 x 4235**, to attend a meeting or to ask about joining.

B. Summary of Benefits

A Chart To Help You Compare Coverage Benefits

This CHART BELOW is to help you compare coverage benefits and is a summary only. You should look at the Evidence of Coverage (EOC) for a detailed description of coverage benefits and limitations. Limitations are the most that SFHP will cover in terms of cost and services. For all covered services, there are no co-payments.

Benefit	Covered Services	Member Pays
Deductibles		No deductibles
Lifetime Maximum		Unlimited
Professional Services	Provider visits including primary care, specialty care, inpatient and outpatient medical and surgical services	No co-payment
Outpatient Services	In a medical provider's office, surgery center, or other designated facility	No co-payment
	Chemotherapy, dialysis, and radiation	No co-payment
Hospitalization Inpatient Services	Medically necessary facility charges, room and board, general nursing care, ancillary services including operating room, intensive care unit, prescribed drugs, laboratory, and radiology during inpatient stay	No co-payment
Outpatient Services	Medically necessary facility charges, general nursing care, ancillary services including operating room, prescribed drugs, laboratory, chemotherapy, and radiology	No co-payment
Emergency Health Coverage	24-hour care for emergency services including psychiatric screening, examination and treatment, injury or condition requiring immediate diagnosis in and out of the Plan	No co-payment
Ambulance Services	Ambulance transportation when medically necessary	No co-payment
Prescription Drug Coverage	Maximum 30 day supply for most drugs; up to 100 day supply of maintenance drugs; tobacco cessation drugs for one cycle per benefit year with completion of an SFHP approved tobacco cessation program Inpatient drugs and drugs administered in a provider's office, as well as FDA approved contraceptive drugs and devices	No co-payment
Durable Medical Equipment	Crutches, wheelchairs, walkers and home oxygen equipment	No co-payment
Home Health Services	Medically necessary skilled care (not custodial); nursing care, home visits, physical, occupational and speech therapy	No co-payment
OTHER Diagnostic X-ray and Laboratory Services	Therapeutic radiological services, ECG, EEG, mammography, other diagnostic laboratory and radiology tests, laboratory tests for the management of diabetes	No co-payment

Benefit	Covered Services	Member Pays
Preventive Care	Immunizations, periodic health exams, well-child visits, STD tests, cytology exams, prenatal care	No co-payment
Perinatal/Maternity Care	Prenatal and postnatal care, inpatient, newborn nursery care while the mother is hospitalized and for the first month and the following month of life. Genetic testing is covered for PKU only.	No co-payment
Family Planning	Counseling surgical procedures for sterilization, contraceptives, elective abortion	No co-payment
Skilled Nursing Facilities	Medically necessary skilled care; room and board; X-ray, laboratory and other ancillary services; medical social services; drugs, medications and supplies. Skilled nursing services are covered from the day of admission and up to one month after the month of admission.	No co-payment
Kidney Transplants	Medically necessary kidney transplant; medical and hospital expenses of a donor or prospective donor; testing expenses and charges associated with procurement of donor organ	No co-payment
Health Education	Health education materials and classes	No co-payment
CCS	Benefits provided through California Children's Services for benefits related to CCS eligible conditions	No co-payment
Hospice	Medically necessary skilled care; counseling, drugs and supplies; short-term inpatient care for pain control and system management; bereavement services, physical, speech and occupational therapies; medical social services short-term inpatient and respite care	No co-payment
Hearing Aids/Services	Audiological evaluations, hearing aids, supplies, visits for fitting, counseling, adjustments, and repairs.	No co-payment
Eye Exams/Supplies Covered through your Vision Service Plan	<p>Eye examinations are covered for all members from a VSP Optometrist once every 24 months.</p> <p>Diabetic members can receive an eye exam once every 12 months from a VSP Optometrist. There is no limitation to the frequency of medically necessary exams by ophthalmologists, nor limitations on the treatment of abnormal retinal exams.</p> <p>Refractions test are covered to determine the need for corrective lenses; dilated retinal eye exams; cataract spectacles and lenses.</p> <p>Eyeglass frames and lenses are covered for children under the age of twenty one (21) only. Eyeglass frames and lenses are not covered for adults age twenty one (21) and older. Medically necessary eye examinations, from an Ophthalmologist, for all members.</p>	No co-payment

C. Evidence of Coverage

1. About San Francisco Health Plan (SFHP)

San Francisco Health Plan (SFHP) is a licensed health plan for people living in San Francisco. Please refer to page 67 for boundaries of San Francisco. The health plan does not provide the medical care, but arranges for health care services to be provided to its members. All health care services you receive are offered by independent providers, clinics, hospitals, and other health professionals who do not work for SFHP. These providers and hospitals have agreed to provide services to SFHP members.

Check Your SFHP Member ID Card

SFHP will send you a member ID card. It is important to check the card to make sure all the information is right. If anything is wrong, or if you move, or if the card is lost or stolen, call us right away. Show your ID card, and Medi-Cal ID card anywhere you get medical care. Call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** if you have any questions about your health coverage.

2. How to Get Care

A. About Your Primary Care Provider

A primary care provider (PCP) is your personal doctor or health professional. A PCP can be a physician, an OB/GYN who provides primary care services, a nurse practitioner, a certified nurse midwife, or a physician's assistant. Nurse practitioners, certified nurse midwives, and physician assistants must be supervised by an SFHP PCP.

Your PCP works with you to keep you healthy. A primary care

provider will provide all your basic healthcare, including:

- Check-ups and services to keep you healthy, like shots for children
- Care when you are sick or hurt
- Help with ongoing health problems like asthma, allergies, or diabetes
- Sending you to a Specialist or the hospital if you need it

As an SFHP member, you have to pick a primary care provider (PCP). Your PCP will manage your care, sending you to specialists or a hospital when needed.

1. Call your PCP to schedule a check up for a new patient as soon as possible. It's important for you and your PCP to get to know each other so your PCP can keep you healthy.
2. Unless it is an emergency, or you require out-of-area urgent services, you must only use the hospital, clinic, or specialist that is in your medical group that your PCP sends you to.
3. Always show your SFHP member ID card, and your Medi-Cal ID card when you go to see any provider, go to the hospital, or get your prescription filled.
4. Your PCP may need to get permission, from SFHP or from the medical group you belong to, for some services he or she recommends for you. If SFHP or the medical group decides not to authorize a service, and you are unhappy with the decision, you can file a grievance.
5. You cannot go to any provider or hospital that you want. Unless you need emergency care, family planning, or sensitive services, you must speak with your primary care provider or OB/GYN provider first. If you receive services that are not an emergency, family planning or sensitive services without first talking to your PCP, SFHP may not pay for those services.
6. Call **9-1-1** for an emergency and you can call your own PCP or other providers for family planning or

sensitive services. Your PCP or a substitute provider is available 24 hours a day, seven days a week. Your PCP will make sure you get the health care you need. Your PCP will treat your problem or refer you to a specialist.

B. What to Do if Your PCP's Office is Closed

If you feel sick or have some other urgent medical problem, call your PCP's office even when your PCP's office is closed. Your PCP or a provider-on-call will always be available to tell you how to handle the problem or if you should go to an urgent care center or a hospital emergency room.

C. What to Do If You Are Out of the Area

If you are out of the area and get sick, but it is not an emergency, call your PCP if possible to find out what to do. If you are in need of urgent care, you are encouraged to contact your PCP first, but it is not required. SFHP will cover care that you get outside of San Francisco, California if you have an emergency or urgently needed services. Urgently needed services are those necessary to prevent serious deterioration of your health, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy for which treatment cannot be delayed until you return to see your PCP in San Francisco.

What to Do in Case of Emergency

An emergency is a sudden medical or psychiatric problem with severe signs that need treatment right away. Not seeking immediate care, in the event of an emergency, would place a person's life, health, or body organ or part in serious danger. Please refer to page 63 for a full definition of Emergency Medical Condition.

You do not have to call your PCP before seeking emergency services. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you if you need

to go to the emergency room. You have the right to obtain emergency services from any hospital or other setting in cases of true emergency. If you go to the hospital emergency room for care that is NOT a true emergency, the emergency room may send you to your PCP's office or clinic.

D. Post-Stabilization and Follow-up Care After an Emergency

Once your emergency medical condition is stabilized, your treating health care provider may believe that you require additional medically necessary services prior to your being safely discharged. If the hospital is not part of San Francisco Health Plan's contracted provider network, the hospital will contact your assigned medical group or San Francisco Health Plan to obtain timely authorization for these post-stabilization services. If the Plan determines that you may be safely transferred to a San Francisco Health Plan contracted hospital, and you refuse to consent to the transfer, the hospital must provide you written notice that you will be financially responsible for 100% of the cost for services provided to you once your emergency condition is stable. Also, if the hospital is unable to determine your name and contact information at San Francisco Health Plan in order to request prior authorization for services once you are stable, it may bill you for such services.

IF YOU FEEL THAT YOU WERE IMPROPERLY BILLED FOR SERVICES THAT YOU RECEIVED FROM A NON-CONTRACTED PROVIDER, PLEASE CONTACT SAN FRANCISCO HEALTH PLAN AT (415) 547-7800 (local) OR (800) 288-5555 (toll free).

E. Changing Your PCP or Medical Group

If you are not happy with your PCP or medical group for any reason, call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**, and we will

help you pick a new one. The change may be effective the first day of the next month.

Keep in mind: If you change your PCP to one who belongs to a different medical group, when you need to see a specialist or need to go to the hospital, you will have to go see the specialists and the hospital in the medical group that your new PCP works with.

F. Going to the Correct Hospital

If you have to go to the hospital, you will be sent to the hospital linked to your medical group. If there is a particular hospital that you prefer, be sure to check that your PCP is linked to it. If she or he doesn't work at the hospital you want, pick another PCP who does. Remember, you never have to call your PCP or get prior approval for any emergency services. If you have an emergency medical condition, you can go to any hospital that is closest to you and SFHP will pay for it.

G. How to See a Specialist

Your PCP arranges most types of specialty care for you. At your visit, your PCP will decide right away to send you to specialist or not. Your PCP will send you to a specialist who is part of SFHP. If you go to another provider without a referral from your PCP, these services may not be paid for by SFHP. Always call your PCP first. If your PCP does not arrange the care you need, call SFHP for help.

If you need to see a specialist often because you have a life-threatening, degenerative, or disabling condition that requires coordination of care by a specialist instead of your PCP, you can get a standing referral to that specialist. To get a standing referral, your PCP must get permission for it. If you think you need a standing referral, talk to your PCP.

You can make an appointment with a specialist once your PCP gives you a referral. You should be able to get an appointment with the specialist within thirty (30) days.

H. Getting a Second Opinion

SFHP allows you to get a second opinion. If you want a second opinion about care you are getting from your PCP or Specialist, you may choose any provider who is specially trained to treat your condition (appropriately qualified health professional) from the same medical group. If there is no SFHP provider within the medical group who can offer a second opinion, then you can get a second opinion by a provider with another medical group, or if needed, outside of SFHP's list of providers.

SFHP will pay for an opinion from another specialist when the PCP refers you.

Requests for second opinions will be approved quickly. In urgent cases, a second opinion will be approved as soon as possible, usually within 72 hours.

I. Why Are Initial Health Assessments (IHAs) And Check-Ups Important?

An Initial Health Assessment (IHA) lets your PCP get to know you and your medical history. They enable your PCP to comprehensively assess your current acute, chronic and preventive health needs. This will help your PCP take better care of you when you are sick. It can also help your PCP find problems before they get more serious.

Do not wait until you are sick to see your PCP. Make an appointment for an initial health assessment (check-up) with your PCP within 120 days of signing up with SFHP. For children under the age of two, please make an appointment with your child's PCP within 60 days of enrollment with SFHP or as soon as possible. It is important to build a good relationship with your PCP.

Some things you can do to help are:

- Schedule regular checkups for yourself and for your children after your first check up

- Talk openly with your PCP
- Ask your PCP questions if you do not understand something
- Follow the advice of your PCP

J. Getting Prescriptions Filled

When you need medication, your PCP or specialist will prescribe it. Take the prescription to a drugstore listed in the SFHP Provider Directory. Be sure to show your SFHP member ID card to the pharmacist.

K. Getting Eye Exams and Glasses

To get eye exams, glasses, and other eye-related help, call VSP at **(800) 438-4560**.

L. Getting Dental Exams and Other Dental Care

To get dental care for children under the age of twenty one (21), or limited emergency dental care for adults, call Denti-Cal at **(800) 322-6384**. Effective July 1, 2009, adults age twenty one (21) and older will have limited emergency dental care. Dental coverage is a limited benefit for certain members only. See page 47, "Medi-Cal Members That Still Have Optional Benefits" for a description of limitations and exceptions.

Topical Fluoride Varnish is a Medi-Cal benefit for children younger than 6 years of age, up to three times in a 12-month period. The early application of fluoride varnish protects the primary teeth from tooth decay, and ideally should be performed as soon as possible after the teeth first erupt. Contact your child's PCP first to see if they provide the topical fluoride varnish in their office. If not provided in your child's PCP office, you can get it at a dental clinic in SFHP's provider network. Call SFHP at **(415) 547-7800** or **(800) 288-5555 (toll free)** for more information.


M. Getting Help for Mental or Emotional Problems

If you are having emotional or mental problems, call the San Francisco Community Behavioral Health Services' Access Team at **(888) 246-3333 (toll free)** or **(888) 484-7200 (TDD)**. They will help you find the right care. SFHP PCP's can also provide outpatient mental health services within their scope of practice.

N. Getting Help for Alcohol or Drug Abuse

If you are struggling with drug or alcohol abuse, call the San Francisco Community Behavioral Health Services' Access Team at **(888) 246-3333 (toll free)** or **(888) 484-7200 (TDD)**. They will help you find the right care.

O. If You Have a Disability

If you have a disability and need to locate a provider's office that you can get to, please call SFHP's Customer Service for a complete listing of accessible provider offices. We try to list accessible provider's offices in our Provider Directory also. Look for the  symbol. If you need help finding an accessible provider office, please call SFHP's Customer Service at **(415) 547-7800 (local)** or **(800) 288-5555 (toll free)**.

P. Information for Members Who Are Hearing Impaired

Customer Service uses the Telecommunications Device for the Deaf (TDD) and the California Relay Services to help callers who don't hear well. To use the TDD services to talk to Customer Service call **(415) 547-7830 (local)**, or **(888) 883-7347 (toll free)**.

Q. Information for Members Who Speak English as a Second Language

If English is not your main language, or you would be more comfortable speaking another language, Customer

Service can help. Our Customer Service representatives speak many languages. If we don't have a representative who speaks your language, we have interpreters available by telephone. Call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

Customer Service can also help you find a provider who speaks your language. You have a right to interpreter services, including sign language interpreters at no cost to you on a 24-hour basis when you receive medical care or use medical services. You also have a right to ask for face-to-face or telephone interpreter services and to not use friends or family members as interpreters unless you request it. You can use the Provider Directory to find a provider who speaks your language. SFHP has availability of linguistic services and members have the right to receive information documents translated into threshold languages.

Customer Service also uses the Telecommunications Device for the Deaf (TDD) and the California Relay Services to help callers with a hearing impairment. To access the TDD services, please call **(415) 547-7830** or **(888) 883-7347** (toll free).

R. Information for Members Who Are Pregnant or Have Just Had a Baby

If you are pregnant, go see your prenatal provider (OBGYN, family physician, or midwife) right away. It is important for your baby and you to see a provider as early as possible while you are pregnant. If you do not have a prenatal provider, you can call your PCP for the name of a good provider. Or you can call us at SFHP and we will help you find a provider. You do not need to get permission to see a prenatal provider, but you do need to see one who is part of your medical group.

SFHP will cover all the services you need before you give birth and for the birth. It is very important that when you go to the hospital to have the baby, that you go to the hospital that is part of your medical group.

If you have a baby while you are a member of SFHP, your baby will be covered by SFHP under your name only during the month coverage for the baby's birth and the following month. Be sure to apply for Medi-Cal for your baby as soon as possible after birth to make sure your baby gets all the health care your baby needs.

As soon as your baby is born, you can enroll your baby in SFHP. If you do not enroll your baby in SFHP, your baby will not be eligible for any benefits from SFHP after the end of the month following the baby's birth. For example, if your baby is born on January 15, your baby will be covered for January and February, but will not be covered in March unless you apply for Medi-Cal for the baby before March.

The Women, Infants and Children (WIC) Program is a nutrition/food program that helps young children and women to eat well and stay healthy. Children under five years of age, pregnant women, women who are breastfeeding or who have just had a baby should call WIC to get free food vouchers, nutrition education, and breastfeeding support. Ask your PCP to help you apply or call to make an appointment at **(888) WIC-WORKS** or **(888) 942-9675**.

S. If You Need An Abortion

SFHP covers abortions. You do not need to see your PCP first or get permission for an abortion. You may obtain outpatient abortion services from an SFHP network provider or from a non-network provider. Prior authorization for outpatient abortions is not required. Inpatient hospitalization for abortions may be subject to prior authorization procedures as per our current policies and procedure specific to each medical group and hospital contract. You do not need the

permission of your parents/guardian to get an abortion.

If you need help finding someone to perform the abortion, you can call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. You can also call the Department of Health Care Services (DHCS). DHCS can offer advice and give you a list of nearby family planning clinics. The DHCS number is **(800) 942-1054**.

T. Birth Control and Other Family Planning Services

SFHP covers birth control and other family planning services. If you need birth control or other family planning services, you can get them from any provider who is willing to take Medi-Cal. You do not need to check with your primary care provider first or get an approval. You do not need to see a provider who is with your medical group. You do not need the permission of your parents or guardian.

If you need help finding a provider to help you with birth control or family planning, call Member Services at **(415) 547-7800** (local) or **(800) 288-5555**. You can also call the Department of Health Care Services (DHCS). DHCS has people who can provide advice and give you a list of nearby family planning clinics. The DHCS number is **(800) 942-1054**.

U. HIV/AIDS Testing and Treatment For Sexually Transmitted Diseases

If you need HIV/AIDS testing and/or counseling, or testing for or treatment of a sexually transmitted disease, you can get these services from any provider who is willing to take Medi-Cal. You do not need to check with your PCP first. You do not need to see a provider who is with your medical group. You do not need to get an approval. You do not need permission from your parents/guardian.

Local Health Department confidential HIV testing services are available to you. If you need help getting an HIV test or STD test, call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. We will provide you with a list of confidential and alternative test sites. You can also call the Department of Health Care Services (DHCS). DHCS has people who can provide advice and give you a list of nearby family planning clinics. The DHCS number is **(800) 942-1054**.

V. Direct Access To A Women's Health Specialist

If you are a female member, you can see a women's health specialist such as an obstetrician/gynecologist (OB-GYN) or other women's health provider directly for routine and preventive health care services. You can look in the Provider Directory for an OB-GYN or a family practice physician or nurse practitioner/physician's assistant within your medical group to access services like pregnancy care, well-woman gynecological exams, primary and preventive gynecological care and acute gynecological conditions. Coverage for an annual cervical cancer screening test may include the conventional Pap test, human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA) and the option of any cervical cancer screening test approved by the FDA. You do not need approval from another provider. The OB-GYN or family practice provider will share information with your PCP about your condition, treatment and any need for follow-up care.

W. For Members Under 18 Years of Age

If you are under the age of 18, there are some important kinds of medical care you can get without your parents'/guardian's permission some of which are listed below. For these services, you also do not need to check with your PCP first

or do not need to get prior approval. For most other services, your parents/guardian usually have to OK any medical care you get.

Some of the services you may be able to get without your parents'/guardian's permission include:

- Services related to sexual assault, including rape;
- Drug or alcohol abuse for children 12 years of age or older;
- Family planning services;
- Services related to the treatment of sexually transmitted diseases (STDs) for children 12 years of age or older.

If you have questions about this, talk to your provider or call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. You can also call Planned Parenthood at **(800) 230-7526** or the Adolescent Health Working Group at **(415) 554-8429**.

Minor Consent Services

There are services that minors who are 12 years of age and older do not need parental consent to receive. These services can be obtained from both in-network and out-of-network providers (who accept Medi-Cal). Minors have the right to control the disclosure of their medical records related to services for which they have the authority to consent.

In California, minors 12 years and older have the authority to consent to the following services:

Mental Health Services

We cover mental health services that you get from your PCP. Services your PCP can provide are limited to short-term care in a primary care setting. Specialty mental health services and Short-Doyle Mental health services can be obtained through the San Francisco Community Behavioral Health Services. To learn more call **(415) 255-3737** or **(888) 246-3333**.

Mental Health coverage (services from a psychologist) is a limited benefit for certain members only. See page 47, "Medi-Cal Members That Still Have Optional Benefits" for a description of the limitations and exceptions.

Minors 12 years of age or older have the authority to consent to mental health treatment or counseling on an outpatient basis, if both of the following requirements are satisfied:

- (1) the minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.
- (2) The minor (a) would present a danger or serious physical or mental harm to self or to others without mental health treatment or counseling, or (b) is the alleged victim of incest or child abuse.

All medically necessary Medi-Cal covered psychotherapeutic drugs, for the treatment of mental health services are covered by San Francisco Health Plan, except for excluded drugs which are covered by fee-for-service Medi-Cal.

Family Planning and Sensitive Services

Sensitive Services include services for diagnosis and treatment for STDs, HIV/AIDS services and treatment for rape or sexual assault. Family Planning and Sensitive Services can be obtained from a provider who accepts Medi-Cal. Your SFHP PCP does not have to authorize these services. SFHP will pay for all the covered Family Planning and Sensitive Services that you may get from both an in-network or out-of-network provider (who accepts Medi-Cal). The California Office of Family Planning Information and Referral Service can help in finding a Family Planning provider. To learn more call **(800) 942-1054**.

All medically necessary Medi-Cal covered drugs for the treatment of HIV/AIDS are covered by San Francisco Health Plan except for excluded drugs, which are covered by fee-for-service Medi-Cal.

Note: Minors 12 years and older do have the authority to consent to services for abortions, birth control (except sterilization), HIV testing (except when deemed incompetent to consent), rape, sexual assault, diagnosis and treatment for pregnancy and STDs. For sterilization, the minor's guardian must consent and be notified and can have access to those records. Abortion services do not require pre-approval but must be provided by an SFHP provider contracted with your medical group.

Treatment for Drugs and Alcohol Abuse (chemical dependency services)

Chemical dependency services are services for alcohol or drug addiction. We cover services in an SFHP hospital for medically necessary management of withdrawal symptoms. All other chemical dependency services can be accessed through the San Francisco Community Behavioral Health Services. To learn more, call **(415) 255-3737 (local)** or **(888) 246-3333**.

Parental consent is not needed except for cases of methadone treatment.

Parental/Guardian Notification

Parental or guardian notification is not allowed without consent of minor in abortion, birth control, pregnancy, STDs, HIV testing, alcohol/drug abuse treatment and rape. For outpatient mental health treatment, an attempt should be made except when the provider believes it is inappropriate. In cases of sexual assault, an attempt should be made, except when the provider believes parent or guardian was responsible.

X. If Your Child Has Severe Medical Problems or Doesn't Seem to Be Developing the Right Way

As an SFHP Medi-Cal member, you may be able to take part in other programs to help you. These programs are from organizations other than SFHP,

but we want to tell you about them because they can be very helpful. Call the programs directly or call SFHP if you have any questions.

1. California Children's Services (CCS)

California Children's Services (CCS) is a medical program that treats children with certain physically handicapping conditions and who need specialized medical care. As part of the services provided through the Medi-Cal Program, children needing specialized medical care may be eligible for the California Children's Services Program (CCS). A Medi-Cal member must be under the age of 21 and your PCP must suspect or identify a possible CCS eligible condition. The member may be referred to the local CCS Program by the PCP or by the member's parent or guardian.

The CCS Program (local or the CCS Regional Office) will determine if your condition is eligible for CCS services. If determined to be eligible for CCS services, you will continue to stay enrolled with SFHP, but will receive treatment for the CCS eligible condition through the specialized network of CCS providers and CCS approved specialty centers. SFHP will continue to provide primary care and preventive services that are not related to the CCS eligible condition. SFHP will also work with the CCS Program to coordinate care provided by both the CCS Program and SFHP. The CCS Program will provide all of the services necessary to treat the CCS eligible condition and SFHP will provide all medically necessary covered services not covered by CCS.

If your child is referred to the CCS Program, you will be asked to complete a short application to verify residential status and ensure coordination of your child's care after the referral has been made. Additional information about the CCS Program can be obtained by calling

Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

2. Golden Gate Regional Center (GGRC)

Golden Gate Regional Center (GGRC) was created to meet the needs of people who are developmentally disabled. Disabling conditions include: mental retardation, epilepsy, autism, cerebral palsy, Down's Syndrome, speech and language delays. GGRC helps their clients and their families to find housing, schools, day programs for adults, transportation, health care and social activities. Most of their services are free to eligible clients. A member's primary care provider will connect him or her with GGRC. If you have a family member who was diagnosed with a disabling condition before age 18, call GGRC at **(415) 546-9222**. You should see your PCPs if you think you or your child may have a disabling condition.

3. Early Start

Early Start is a program for children from birth to three years old who need early intervention services and:

- Show a developmental delay in one of the following areas: cognitive, physical, communication, social/emotional, adaptive/self-help
- Have a diagnosed developmental disability that is expected to continue indefinitely
- Are at high risk for a developmental disability

For more information about this program, call **(415) 546-9222**.

4. Women, Infants and Children (WIC)

Women, Infants, and Children (WIC) is a nutrition/food program that helps young children and, pregnant, postpartum (women who have just had a baby), or breastfeeding women to eat well and stay healthy. Children under five years of age, pregnant women, women who are

breastfeeding or who have just had a baby can receive free food vouchers, nutrition education, and breastfeeding help. Ask your primary care provider to help you apply or call to make an appointment at **(888) WIC-WORKS** or **(888) 942-9675**.

SFHP also offers services that can help you with breastfeeding your baby. For more information on these and other health education services, contact Customer Service at **(415) 547-7800** or **(800) 288-5555**.

5. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and EPSDT Supplemental Services

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and EPSDT Supplemental Services is a benefit for individuals under the age of 21. This benefit allows for period screenings to determine health care needs. Based upon those health care needs, provides medically necessary diagnostic and treatment services.

Your doctor is responsible for identifying and referring members who are eligible for EPSDT and EPSDT supplemental services during regular health assessment screenings or visits

EPSDT provides the following medically necessary services for qualified individuals under the age of 21:

- Routine well child checks
- Diagnosis and treatment for persons with specific medical conditions
- Private duty nursing
- Physical, occupational and speech therapies
- Pediatric day health care facilities

Y. Waiver Programs

AIDS Waiver Program

The AIDS Medi-Cal Waiver Program provides comprehensive nurse case management, home and community-based care to Medi-Cal recipients with mid to late-stage HIV/AIDS. These services are provided in lieu of placement in a nursing facility or hospital. The purpose of the program is to maintain clients safety in their homes and to avoid costly institutional care.

The AIDS Waiver Program serves adult and children who meet the following requirements:

- Are Managed Medi-Cal or Medi-Cal recipients on the date of enrollment
- Have mid to late-stage HIV/AIDS
- Are certified at the Nursing Facility level of care or above
- Adults must have a 60 or below performance level rating on the Karnofsky acuity level scale
- Children must be in category A, B or C (i.e. mildly, moderately or severely symptomatic) on the Centers for Disease Control Classifications System for HIV Infection in children under 13 years of age
- Have a safe home setting
- May not be simultaneously enrolled in the AIDS Case Management or Medi-Cal Hospice programs

The PCP or Specialist submits appropriate medical records and referrals to the AIDS Waiver programs.

IMPORTANT NOTE: SFHP members are NOT disenrolled in order to participate in this waiver program

Multipurpose Senior Service Program (MSSP) Waiver Program

The Multipurpose Senior Service 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 a skilled nursing facility (SNF) or intermediate care facility (ICF) level. MSSP assists with a wide array of services that include: personal housing assistance (nurses, home health aids, social workers, senior companions), Home Safety Modifications, Legal Assistance, Meal Delivery, Housing, Counseling and Crisis Intervention, Transportation, Assistance with Eviction or Elder Abuse, Respite Care.

The MSSP Waiver Program serves adults who meet the following requirements:

- Aged 65 years or older
- Eligible with Managed Medi-Cal or Medi-Cal on date of enrollment
- Certifiable for skilled nursing care that can be safely provided in the home setting

The medical group staff and doctors case manage and assist with the coordination and communication of services between the MSSP and Adult Day Health Care Center. SFHP is not financially responsible for the MSSP services provided. A SFHP member who is eligible for MSSP services remains enrolled with SFHP, and the medical group, and PCP maintain responsibility for coordination of services and for continued medical care.

The PCP or Specialist submits appropriate medical records and the MSSP referral to the Institute on Aging, Multipurpose Senior Service Program and Adult Day Health Care.

IMPORTANT NOTE: SFHP members are NOT disenrolled in order to participate in this waiver program

Home and Community Based Waiver Programs (HCBS)

The Home and Community Based Waiver Programs (HCBS) keep members out of skilled, intermediate or subacute facilities. Each provides the following services: case management, respite personal care, waiver coordinators, private duty nursing, home health aids, and family training.

There are three Home and Community Based Waiver Programs (HCBS)

1. **In-Home Medical Care Waiver (IHMC):** This waiver is primarily for children or adults with disabilities who need acute hospital care. The program is for persons who are physically disabled and who, in the absence of the waiver, would be expected to require at least 90 days or more of acute hospital care. Persons enrolled in this waiver program typically have a catastrophic illness, may be technology dependent, and have a risk for life-threatening incidences.
2. **Nursing Facility Waiver (NF/AB):** The NF/AB waiver is for persons who are physically disabled and, in the absence of the waiver, would be expected to require at least 365 days of nursing facility care at the intermediate or skilled nursing level.
3. **Nursing Facility Waiver (NF Sub-acute):** The NF Sub-acute waiver is for technology dependent adults and children (primarily adults) who are physically disabled and, in the absence of the waiver, would be expected to require at least 180 days or more of nursing facility care at the adult sub-acute or the pediatric sub-acute level.

The PCP or Specialist submits appropriate medical records and referrals to Golden Gate Regional Center.

IMPORTANT NOTE: SFHP members are NOT disenrolled in order to participate in this waiver program

3. Frequently Asked Questions

A. What Is the Difference Between Medi-Cal and SFHP?

SFHP is different than Medi-Cal. Medi-Cal is the government program that decides whether you can get your

health care paid for by the government. If Medi-Cal says you can, you are then able to sign up for a Medi-Cal managed care health plan. SFHP is one of the two Medi-Cal managed care health plans in San Francisco that you can join if you have Medi-Cal. SFHP does not decide whether or not you can enroll into a managed care plan. SFHP delivers the health care you are entitled to once you qualify for enrollment in a Medi-Cal managed care health plan and sign up with SFHP.

B. Why Can't I See Any Provider I Want?

Every primary care provider (PCP) and clinic in SFHP is part of a medical group. A medical group is a group of providers who work together. Each medical group mainly works with one hospital.

When you choose a PCP, you are also choosing the specialists in the PCP's medical group and the hospital they work with. Your PCP will refer you to those specialists for most specialty care. If you have to go to the hospital, you will go to the hospital that works with the PCP's medical group.

SFHP contracts with various medical groups. Medical groups get paid by SFHP when you choose them. The payment covers the services you receive from these providers. If you go to a different medical group provider, those providers are not being paid to give you services even if they are a part of the SFHP network. You must see the providers that SFHP pays to provide your services.

C. What Does It Mean to Get "Authorization"?

In this Handbook, we use the words "authorize" or "authorization" to mean getting a written OK or approval from your medical group, or in some cases from SFHP, before you receive some services. Usually your PCP's office will get the authorization for you.

Your medical group decides what services require prior authorization based on whether the services you want are covered and whether the services are medically necessary. Prior authorization is the process of getting approval before you get access to medicine or services. Your medical group uses standard medical rules to decide if a service is medically necessary. SFHP or your medical group will give you a copy of the information used to decide whether the care you wanted was medically necessary.

Generally, you do not need a referral from your PCP or an authorization for the following services:

- Emergency services
- OB/GYN care
- Family planning
- Abortion (except for the use of general anesthesia for an abortion)
- Other sensitive services (see page 43 for a description of which services these are)
- Preventive care

For a complete list of services requiring prior authorization, please check with your medical group.

D. What Should I Do If I Didn't Get a Member ID Card, I Lost It, or I Don't Want to See the Provider Listed on the Card?

SFHP mailed an SFHP member ID card to you. Show it wherever you go for health care. Check the information on your member ID card to make sure it is correct. Call Customer Service at **(415) 547-7800 (local)** or **(800) 288-5555 (toll free)** if:

- You don't want to go to the provider listed on your card
- Any information on your member ID card is not right
- You move or any other information changes

- Your member ID card is lost or stolen

You will continue to get a Medi-Cal Beneficiary Identification Card (BIC) from the Department of Health Care Services (DHCS). It is important to keep your BIC card too, but you must always show your SFHP member ID card when you are seeking health services. For more information and a sample of your SFHP ID card, refer to the section, "Your Member ID Card" on page 7.

E. What Happens If My Primary Care Provider Leaves SFHP?

1. Continuity Of Care By A Terminated Provider

Members who are being treated for certain conditions can ask for continuation of covered services in certain situations with a provider who is no longer a participating provider with SFHP. These health conditions include acute illness, serious chronic illnesses, pregnancies (including immediate postpartum care) and terminal illness. Children from birth to 36 months of age or members who have received approval from a now-terminated provider for surgery or another procedure as part of a documented course of treatment. If the *terminated provider* is not willing to continue to provide services, then the *member* will not be able to receive continued care from the *terminated provider*. Contact Customer Service at **(415) 547-7800 (local)** or **(800) 288-5555 (toll free)**. If you have any questions or problems in receiving covered services from a provider who is no longer part of SFHP.

2. Continuity of Care for New Members by Non-Contracting Providers

Newly covered members who are being treated for certain health conditions can request continuation of covered services in certain

situations with a SFHP non-contracting provider who was providing services to the member at the time the member joined SFHP even though this provider is a not a part of SFHP's network. These health conditions include acute illness, serious chronic illnesses, pregnancies (including immediate postpartum care), terminal illness, or children from birth to 36 months of age or who have received approval from a provider for surgery or another procedure as part of a documented course of treatment. If the *non-contracted provider* is not willing to continue to provide services, then the *member* will not be able to receive continued care from the *non-contracted provider*. Contact Customer Service to receive information on the process for requesting continuity of care from a non-contracting provider.

Call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** for more information.

F. How Does SFHP Get Paid and How Does SFHP Pay Its Providers and Hospitals?

SFHP generally pays your medical group and its hospital by a method called capitation. Capitation means that SFHP pays your medical group and your hospital a set amount of money each month. In return, your medical group and hospital provide covered services to you at no cost to you. Just as SFHP gets the same amount of money from the Department of Health Care Services whether you are sick that month or not, so your medical group and hospital get the same amount of money each month whether you need covered services or not.

While SFHP does not reward your primary care provider or medical group if the cost of covered services is less than an agreed upon amount,

your hospital may enter into such an arrangement with your medical group. Under such an arrangement, your hospital and your medical group may share in the cost of hospital services, and your medical group may receive a bonus if the cost of such services is below a fixed amount.

SFHP pays other providers for the services they deliver. However, if the total amount these providers get paid by SFHP is less than what they would have received under capitation, then SFHP may have to make up the difference. Similarly, if the providers get paid more for their services than they would have received under capitation, then the providers may have to pay SFHP back the difference.

SFHP has provider incentive programs. SFHP's physician incentive programs encourage providers to provide preventive care services such as well-adolescent visits and well-baby visits. You may request additional information about these programs by calling SFHP Customer Service or contacting your PCP, or your PCP's medical group.

G. What Happens If SFHP Doesn't Pay For My Medical Care?

By law, SFHP providers must agree that if SFHP does not pay the SFHP provider for a covered service, you still do not owe any money. But, if you get services that are not covered services, or you do not follow the authorization and other rules in this Handbook, SFHP will not pay for the services. If you receive a bill for services that you feel you should not have received, please call SFHP Customer Service - If you are unsatisfied with SFHP, you may file a grievance. Please see page 53 of the Evidence of Coverage for information on how to file a grievance

H. What Should I Do If I Get a Bill For Medical Care?

If you get a bill for medical services, call Customer Service at **(415) 547-7800** (local) or at

(800) 288-5555. We will help you figure out who has to pay the bill. If you received emergency services and you are sent a bill for the services, you should send us a copy along with all of your records (including your receipt of payment) within 90 days after you received the services, or as soon as possible. If we don't receive your bill within 90 days, we may not be able to pay for the services. If the services you are being billed were not authorized, SFHP will review the claim for coverage. SFHP will cover services as medically necessary, or where you reasonably believed that an emergency did in fact, exist. If SFHP determines that emergency services obtained by you are covered, SFHP will pay the providers directly or repay you if you have paid for these services.

I. Is There Any Way For Me to Tell People What I Want Done If I Get So Sick or I Can't Make Decisions For Myself?*
 (*Adapted from Department of Health Care Services)

Advance Health Care Directives help you to make health care decisions for yourself in case you get sick and cannot speak for yourself. There are two kinds of Advance Directives that will help you do this.

The Power of Attorney for Health Care lets you choose someone who will make health care decisions for you in case you can't make decisions for yourself because of a serious medical condition.

The Individual Health Care Instruction lets you write down what kind of health care services you do and don't want your provider to perform for you in case you get really sick. If you know you wouldn't want certain kinds of treatment, you can put it down in writing so that the provider will know what to do in case you can't speak for yourself.

SFHP will keep you informed regarding any changes to California state law

regarding advance directives as soon as possible, but no later than 90 calendar days after the effective date of change.

Please read the following information about Advance Directives:

1. Who Decides About My Treatment?

Your providers will give you information and advice about treatment. You have the right to choose. You can say "yes" to treatment you want. You can say "no" to any treatment that you don't want—even if the treatment might help you to recover faster or keep you alive longer.

2. How Do I Know What I Want?

Your provider must tell you about your medical condition and about what different treatments and pain management choices can do for you. Many treatments have "side effects." Your provider must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you and people have different ideas about which is best.

Your provider can tell you which treatments are available to you, but your provider can't choose for you. That choice is yours to make and it depends on what is important to you.

3. Can Other People Help with My Decisions?

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the providers and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

4. Can I Choose a Relative or Friend to Make Health Care Decisions For Me?

Yes. You may tell your provider that you want someone else to make health care decisions for you. Ask the provider to list that person as your health care “surrogate” in your medical record. The surrogate’s control over your medical decisions is effective only during treatment of your current illness or injury or, if you are in a medical facility, until you leave the facility.

5. What If I Become Too Sick to Make My Own Health Care Decisions?

If you haven’t named a surrogate, your provider will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you can’t speak for yourself.

6. Do I Have to Wait Until I am Sick to Express My Wishes About Health Care?

No, in fact, it is better to choose the kind of treatment you would like before you get very sick or have to go into a hospital, nursing home, or other health care facility. You can use an Advance Health Care Directive to say who you want to speak for you and what kind of treatments you want. These documents are called “advance” because you prepare one before health care decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California the part of an Advance Directive you can use to appoint an agent to make health care decisions is called a Power of Attorney for Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

7. Who Can Make an Advance Directive?

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

8. Who Can I Name as My Agent?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

9. When Does My Agent Begin Making My Medical Decisions?

Usually a health care agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

10. How Does My Agent Know What I Would Want?

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your Advance Directive.

11. What If I Don’t Want to Name An Agent?

You can still write out your wishes in an Advance Directive, without naming an agent. For example, you can say that you want to have your life continued as long as possible, or you can say that you would not want treatment to continue your life. Also, you can express wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your family members or friends. But, it will probably be easier to follow your wishes if you write them down.

12. What If I Change My Mind?

You can change or cancel your Advance Directive at any time as long as you can communicate your wishes. To change the person you want to make your health care decisions, you must sign a statement or tell the provider in charge of your care.

13. What Happens When Someone Else Makes Decisions About My Treatment?

The same rules apply to anyone who makes health care decisions on your behalf—a health care agent, a surrogate whose name you gave to your provider. Or a person appointed by a court to make decisions for you. All people speaking on your behalf are required to follow your Health Care Instructions or, if you have left no Health Care Instructions, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to decide what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another health care provider to take over your treatment.

14. Will I Still Be Treated If I Don't Make an Advance Directive?

Absolutely. You will still get medical treatment. You are not required to fill out an Advance Health Care Directive. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Remember that:

- A Power of Attorney For Health Care lets you name an agent

to make decisions for you. Your agent can make most medical decisions—not just those about life sustaining treatment—when you can't speak for yourself. You can also let your agent make decisions earlier if you wish.

- You can create an Individual Health Care Instruction by writing down your wishes about health care or by talking with your provider and asking the provider to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your provider and to anyone else who may be involved in deciding about treatment on your behalf. These two types of Advance Health Care Directives may be used together or separately.

15. How Can I Get More Information About Making an Advance Directive?

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You may also contact Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. *Adapted from Department of Health Care Services.

4. Care That SFHP Covers

This part tells you about services that we cover. Services described in this section are covered only if all of the things below are true:

- The services are medically necessary
- To the extent required by your medical group, the medical group OKs (authorizes) the services, except that you do not need an approval for:

- Emergency care. Look in the Emergency Medical Care section on page 19 to learn more.
- Family planning services and most sensitive services. Look on page 36, to learn more.
- Care at an Indian Health Center. Look on page 13, to learn more.

Keep in mind that if you have questions, call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**, or for the hearing impaired, call **(415) 547-7830** or **(888) 883-7347** (TDD). We can answer your questions Monday through Friday, from 8:30am to 5:30pm.

A. Hospital Inpatient Care

Hospital inpatient cares are services that you get when you are admitted to a SFHP hospital. We cover:

- A room you share with one or more people
- A private room, if medically necessary
- Meals
- Special care units
- Services of SFHP providers
- Nursing services
- Anesthesia
- Operating room and related services
- Medical supplies
- Blood and blood products
- Respiratory therapy
- Planning for care after you leave the hospital

We also cover other hospital services only as further described in this “Care That SFHP Covers” section. Remember, if you have an emergency medical condition, you may be admitted to any hospital and treated by any provider. Look in these headings to learn more:

- Chemical Dependency Services on page 35
- Dialysis Care on page 35
- Durable Medical Equipment on page 35

- Health Education on page 37
- Hospice Care on page 38
- Imaging and Lab Services on page 39
- Medical Transportation on page 39
- Ostomy and Urological Supplies on page 40
- Pharmacy Services on page 40
- Prosthetic Devices and Orthotic Devices on page 42
- Reconstructive Surgery on page 43
- Services Related to Clinical Trials on page 44
- Skilled Nursing Facility Care on page 44
- Therapy and Rehabilitation Services on page 45
- Transplant Services on page 45

B. Labor and Delivery

SFHP covers inpatient labor and delivery services.

Your SFHP PCP may order follow-up visits if you go home sooner than:

- 48 hours after delivery
- 96 hours after a cesarean section

C. Outpatient Care

Outpatient care is service that you get:

- In a SFHP provider’s office/ in a SFHP clinic
- In a SFHP hospital, when you have not been admitted to the hospital

These can be services:

- To keep you from getting sick (“preventive care”)
- To find out what is wrong (“diagnosis”)
- When you are sick or hurt (“treatment”)

We cover:

- Primary care visits, such as well-child care, including services covered by CHDP (Child Health

and Disability Prevention Program), well-adult care, including tests for cervical cancer (“pap smears”) and breast cancer (“mammograms”).

- Services when you are sick or hurt
- Services when you are pregnant (“prenatal care”) and after you have your baby (“postpartum care”)
- Specialty care visits
- Outpatient surgery
- Anesthesia
- Respiratory therapy
- Blood and blood products
- Medical social services
- House calls in San Francisco when your SFHP PCP finds that you can best get services in your home
- Emergency care

We also cover other outpatient services only as described in this “Care That SFHP Covers” section.

Look at these headings to learn more:

- Dialysis Care on page 35
- Durable Medical Equipment on page 35
- Family Planning Services on page 36
- Health Education on page 37
- Hearing Services on page 37
- Home Health Care on page 37
- Hospice Care on page 38
- Imaging and Lab Services on page 39
- Medical Transportation on page 39
- Mental Health Services on page 39
- Ostomy and Urological Supplies on page 40
- Pharmacy Services on page 40
- Prosthetic and Orthotic Devices on page 42
- Reconstructive Surgery on page 43
- Sensitive Services on page 43

- Services Related to Clinical Trials on page 44
- Therapy and Rehabilitation Services on page 45
- Transplant Services on page 45
- Vision Services on page 45

D. Chemical Dependency Services

Chemical dependency services are services for alcohol or drug addiction. We cover services in an SFHP hospital for medically necessary management of withdrawal symptoms.

Exclusions: We do not cover any other chemical dependency services. You must get these services from the San Francisco Community Behavioral Health Services. To learn more, call toll free at **(888) 246-3333**.

If you are age 12 and over, your parent does not have to give approval for you to use these services.

E. Dialysis Care

We cover equipment and supplies if:

- The services are provided in San Francisco (unless it is an emergency or an urgent out-of-area need)
- You meet all medical criteria created by your medical group and by the facility providing the dialysis
- The facility is certified by Medicare

We will also cover training needed for home dialysis, if you are able to receive your dialysis at home

F. Durable Medical Equipment (DME)

DME is something that is:

- For repeat use
- Used for a medical purpose
- Not useful to someone who is not ill or hurt
- Safe for use in the home

We cover durable medical equipment (DME) that is *authorized* and

prescribed by your *SFHP provider*. Following our formulary and Medi-Cal guidelines, we cover DME for use in:

- Your home (or an institution used as your home)
- A SFHP hospital
- A skilled nursing facility
- Coverage is limited to the lowest cost DME that meets your medical needs.

Keep in mind:

- We decide whether to rent or buy the DME, and whom we will rent or buy it from
- We will fix or replace DME unless you lose or misuse it
- You must give the DME back to us when we are no longer covering it

Exclusions: We do not cover:

- Comfort or convenience items
- Luxury items
- Items used for exercise
- Items used for hygiene (unless Medi-Cal criteria have been met. SFHP will cover incontinence creams and washes when there is a medical need)
- Household or furniture items
- Changes to your home or car
- Items that test blood or other fluids (except blood glucose monitors)
- Items that monitor the heart or lungs (except infant apnea monitors)
- More than one item of DME that does the same thing

G. Family Planning Services

Family planning services are medically necessary services that prevent or delay pregnancy. If you are age 12 and over, your parent does not have to give approval for you to get family planning services. Family planning includes birth control and testing for pregnancy, sexually transmitted

diseases and HIV testing and counseling.

We cover the visits to talk about family planning services options as well as the services listed below:

- Birth control drugs and items. Look under “Pharmacy Services” on page 40 in this “Care That SFHP Covers” section to learn more.
- Care for medical problems related to birth control methods.
- Lab services related to covered family planning services. Look under “Imaging and Lab Services” on page 39 in this “Care That SFHP Covers” section to learn more.
- Surgical birth control (called “tubal ligation” for women and “vasectomy” for men)
- Pregnancy tests and counseling

You can get family planning services from an SFHP provider. You can also get family planning services from a non-SFHP provider that accepts Medi-Cal.

- Your PCP does not have to OK (authorize) these services
- We will pay the non-SFHP provider for the covered services you get

Call California Office of Family Planning Information and Referral Service’s toll free number at **(800) 942-1054** if you want help in finding a provider.

H. Food/Vitamins/Diet Items

We only cover:

- Nutritional supplements and formulas for the treatment of Phenylketonuria (PKU) when they are prescribed for you by your primary care provider or specialist.
- Nutritional supplements or replacements (called “enteral formula”) to prevent sickness or death if you cannot take any regular, blended, or pureed food by mouth.

- SFHP covers medically necessary infant formulas when prescribed by a provider.

Exclusions (we do not cover):

- Any special foods or diet items.

The Women, Infants and Children (WIC) Program is a nutrition/food program that helps young children and women to eat well and stay healthy. Children under five years of age, pregnant women, women who are breastfeeding or who have just had a baby should call WIC to get free food vouchers, nutrition education, and breastfeeding support. Ask your PCP to help you apply or call to make an appointment at **(888) WIC-WORKS** or **(888) 942-9675**.

I. Health Education

We cover programs that can help you protect and improve your health. This includes programs to help you:

- Stop smoking
- Manage stress
- Live better with a chronic condition like asthma, diabetes, or heart disease

To find out more, call Customer Service and ask for the Health Education Department at **(415) 547-7800** (local) or **(800) 288-5555**, or log on to <http://www.sfhp.org>.

J. Hearing Services

1. Hearing Tests

SFHP covers Audiology (hearing tests) for members when there is a medical need.

We cover tests to find out:

- If you need a hearing aid
- Which hearing aid will be best for you

2. Hearing Aids

We cover, when prescribed by an SFHP provider or audiologist:

- One hearing aid, or

- One aid for each ear, if both are needed as determined by an audiologist

We cover a new aid, if:

- Your hearing loss is such that your current aid is not able to correct it
- Your aid is lost, stolen, or broken (and cannot be fixed), and it was not your fault. You must give us a note that tells us how this happened

We also cover:

- Visits to make sure that the aid is working right
- Visits for fitting and cleaning
- Repair of your aid
- Initial hearing aid batteries

Keep in mind:

- We will choose who will supply the aid
- Coverage is limited to the lowest cost aid that meets your medical needs

Exclusions: We do not cover:

- Comfort and convenience items
- Aids that are implanted
- Replacement batteries. For members under the age of 21, EPSDT Supplemental; Services does cover quarterly replacement of certain hearing aid batteries.

K. Home Health Care

We cover home health services only:

- In San Francisco
- If you are housebound (“substantially confined” to your home)
- If a SFHP provider finds that it is possible to monitor your care in your home
- Home health services are medically necessary services that:
- Are prescribed by a SFHP provider

- Can be provided by home health staff in a safe and effective way in your home

Home health services are limited to services that Medi-Cal covers, such as:

- Part-time skilled nursing care
- Part-time home health aide
- Medical social services
- Medical supplies

We also cover other home health services in accord with other parts of this “Care That SFHP Covers” section. Look under these headings to learn more:

- Durable Medical Equipment, page 35
- Ostomy Supplies and Urological Supplies, page 40
- Pharmacy Services, pages 40 and 41
- Therapy and Rehabilitation Services, page 45
- Prosthetic Devices and Orthotic Devices, page 42

Exclusions: We do not cover:

- Personal care services

L. Hospice Care

Members who are dying can choose to get hospice care for their terminal illness. This care:

- Helps the discomforts of someone who is dying
- Also helps that person’s caregiver and family

Keep in mind:

- If you choose to get hospice care, you get care to relieve pain and other symptoms, but not to cure your terminal illness
- You can change your decision to get hospice care at any time

We cover hospice care only if:

- A SFHP provider finds that you have a terminal illness and you are expected to live 12 months or less, and

- The services are provided in San Francisco by a hospice agency approved by your medical group.

If the above requirements are met, we cover the following hospice services, which are available on a 24-hour basis as needed:

- Services of SFHP providers
- Skilled nursing care, such as evaluation and case management of nursing needs, treatment for pain and symptom control, emotional support for you and your family, and instructions for caregivers
- Physical therapy, occupational therapy, or speech therapy for symptom control or to help you maintain activities of daily living
- Respiratory therapy
- Medical social services
- Home health aide and help with eating, bathing, and dressing

We cover drugs for pain control and to help with other symptoms of your terminal illness:

- In accord with our drug formulary guidelines
- You must get these drugs from a SFHP pharmacy or another pharmacy we choose
- For some drugs we cover a 30-day supply in any 30 day period

We also cover:

- Durable medical equipment (DME)
- Respite care when needed to relieve your caregivers. Respite care is occasional short term inpatient care limited to no more than five consecutive days at a time
- Counseling to help with loss
- Advice about diet
- Nursing care at home (for as much as 24 hours a day) or short-term inpatient care (at a level that cannot be provided at home) during periods of crisis when you need continuous care for pain control or management of acute medical symptoms

M. Imaging and Lab Services

We cover imaging and lab services only if they are related to other covered services (except as noted below). Imaging and lab services must be done by providers in your medical group.

We cover imaging:

- To keep you from getting sick (“preventive care”)
- To help find out what is wrong (“diagnostic imaging”)
- For treatment (“therapeutic imaging”)

We cover lab services ordered by an SFHP provider, as long as they are performed within your medical group. This includes tests for genetic disorders for which you can get genetic counseling. Fetal genetic screening and counseling are covered. We cover lab services ordered by a non-SFHP provider only if the services are related to:

- Specialty mental health services and Short-Doyle Mental Health Services. Look in the “Mental Health Services” section on page 39 to learn more
- Covered family planning services. Look in the “Family Planning Services” section on page 36, to learn more.
- Emergency Medical Condition

We cover other tests, such as those that check the heart (“electrocardiograms”) or brain (“electroencephalograms”). We also cover UV (“ultraviolet”) light treatment when medically necessary.

N. Medical Transportation

1. Ambulance Services

We cover emergency ambulance services that are not ordered by us if you reasonably believe all of the following:

- You are experiencing acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who has an

average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part
- Your condition requires ambulance transport

We also cover ambulance services if a SFHP provider finds that the use of any other kind of transport might harm your health. A SFHP provider must OK (authorize) these services in writing.

Please discuss your transportation needs with your provider or call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** from Monday through Friday, 8:30am to 5:30pm.

2. Other Medical Transportation Services

We cover a wheelchair van or gurney van, if:

- A SFHP provider finds that transport by car, taxi, or bus might harm your health, and
- A SFHP provider transport is medically necessary, and
- The transport is to get to a SFHP provider or facility for covered services

Exclusions: We do not cover:

- Transport by car, taxi, or bus, even if it is the only way to get to a SFHP provider
- Non-medical transportation is not covered.

O. Mental Health Services

We cover mental health services that you get from your PCP:

- Services your PCP can provide are limited to short-term care in a primary care setting
- If you are age 12 and over, your parent does not have to give approval for you to get these services

We do not cover specialty mental health services (services outside the scope of practice of Primary Care Physicians) or Short-Doyle Mental Health Services (community mental health services). These services are covered by State Medi-Cal through San Francisco Community Behavioral Services. However, we cover related services in accord with other parts of the “Care That SFHP Covers” section. Look under these headings to learn more:

- Pharmacy Services on page 40
- Imaging and Lab Services on page 39

Exclusions: We do not cover:

- Specialty mental health services and Short-Doyle Mental Health Services. You must get these services through the San Francisco Community Behavioral Services. To learn more, call toll at **(415) 255-3737 (local)** or **(888) 246-3333 (toll free)**.
- Services that are not provided in a medical setting (“residential treatment”)

Mental Health services from psychologists are a limited benefit for certain members only. See page 47, “Medi-Cal Members That Still Have Optional Benefits” for a description of the limitations and exceptions.

P. Ostomy and Urological Supplies

Ostomy supplies are medically necessary supplies that take waste out of the body. Urological supplies are medically necessary supplies that capture urine outside the body. We cover ostomy and urological supplies that are prescribed in accord with our

durable medical equipment formulary and Medi-Cal guidelines.

We cover ostomy and urological supplies for use in:

- Your home
- A SFHP hospital
- A SFHP medical office
- A skilled nursing facility
- We select from whom we will buy the supplies. Coverage is limited to the lowest cost item that meets your medical needs.

Exclusions: We do not cover:

- Comfort or convenience items
- Luxury items

Q. Pharmacy Services

We cover the drugs, supplies, and supplements per the following:

- When prescribed by a SFHP provider (except as noted under “Outpatient Drugs” on page 41)
- In accord with SFHP and Medi-Cal under “Food/Vitamins/Diet Items” on page 36
- In accord with SFHP formulary (list of approved drugs) guidelines
- Emergency contraception, dispensed by a pharmacist

Keep in mind; you must get these drugs and items from a SFHP pharmacy.

R. Administered Drugs

Administered drugs, supplies, and supplements are drugs or items:

- You get in a SFHP hospital or a skilled nursing facility
- You get in a SFHP provider office or during home visits, when the drug must be given (“administered”) by health staff
- You give to yourself at home

We cover:

- Vaccines and shots (“immunizations”)

- Allergy tests and treatments
- Drugs that must be infused

S. Diabetes Urine-Testing Supplies

We cover:

- Test strips
- Test tablets or tapes

T. Insulin-Administration Devices

We cover:

- Disposable needles, lancets, lancet puncture devices, syringes and insulin pumps when medically necessary
- Pen devices when medically necessary
- Visual aids needed to see the dose
- Glucose monitors for the visually impaired

U. Birth Control Drugs and Devices

We cover prescription and OTC drugs and devices including, but not limited to:

- Birth control drugs that go under the skin
- Birth control pills, patches, and rings
- Emergency contraceptive pills
- IUDs (“intrauterine devices”)
- Diaphragms
- Cervical caps
- Condoms and other barrier methods
- Spermicides (foam, film, etc)
- Sterilization

V. Outpatient Drugs

We cover drugs, supplies, and supplements when medically necessary and covered under your SFHP benefit plan. The following items are covered when prescribed by a SFHP provider:

- Prescription drugs
- Medical supplies
- Nutritional supplements in select circumstances as listed on page 36
- Other drugs that Medi-Cal covers, such as vitamins when you are pregnant
- Drugs to help you stop smoking, if you take part in a health education program that we approve
- Disposable needles needed for covered drugs
- Special packaging of drugs for example easy-open containers
- Medically necessary drugs needed to treat a complication from a service that is not covered

We also cover medically necessary drugs prescribed by these non-SFHP providers when covered under your SFHP benefit plan:

- Drugs related to dental care that are prescribed by dentists
- Drugs related to covered emergency care. Look in the “Emergency Care” section on page 12, to learn more
- Drugs and items related to covered family planning services. Look in the “Family Planning Services” section on page 36, to learn more.
- Drugs related to specialty mental health services and Short-Doyle Mental Health Services. Look in the “Mental Health Services” section on page 39, to learn more.

W. Our Drug Formulary

Our drug formulary is a list of drugs that have been approved by our Pharmacy and Therapeutics Committee for our members. The Pharmacy and Therapeutics Committee:

- Picks drugs for the list based on how safe the drug is and how well it works
- Meets every three months to see if drugs need to be added or taken off the list

- Makes changes to the list if there are new facts about a drug or if there is a new drug

Our drug formulary guidelines say:

- Drugs listed in the formulary must be tried and failed before SFHP can approve a non-formulary drug
- Limits may apply to formulary agents. Some examples of limits include member age, amount of medicine, and dosage form (tablet, liquid, capsule, cream) limits

You must be getting the drug for a use approved by the FDA (Food and Drug Administration)

- You can get drugs that are not on the list if SFHP finds that the drug is medically necessary
- You must take part in a health education program for some conditions
- You must use a generic form of a brand-name drug when a generic is available

Exclusions:

We do not cover drugs related to services that are not covered.

If a drug is no longer covered, we will keep giving it to you until your SFHP provider stops prescribing it for the same condition, as long as it is medically necessary. You must be getting the drug for a use approved by the FDA (Food and Drug Administration).

For more information, call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** from Monday through Friday, 8:30am to 5:30pm.

X. Prosthetic and Orthotic Devices

Prosthetic devices are medically necessary items that replace all or part of an organ or limb. Orthotic devices are medically necessary items that support or correct a body part.

We cover the prosthetic and orthotic devices if they are:

- In general use
- For repeat use
- Used for a medical purpose
- Not useful to someone who is not ill or hurt

Coverage is limited to the lowest cost item that meets your medical needs.

Keep in mind:

- We cover services to find out if you need an item
- We decide who will supply and repair the item
- We cover visits to fit and adjust the item
- We will fix or replace the item unless you lose or misuse it

Y. Internally Implanted Devices

We cover items implanted during a covered surgery. The item must be approved by the FDA (Food and Drug Administration) for general use. Please see page 56 for information on having the DMHC review a denial of an experimental or investigational device under the IMR process.

Z. External Devices

We cover:

- Prosthetic devices to restore a way of speaking after all or part of the larynx has been removed
- Breast prostheses after a breast has been removed (a "mastectomy"), including custom-made items when medically necessary and up to three bras per year
- Medically necessary footwear to prevent or treat problems related to diabetes
- Burn wraps and wraps for swelling after lymph nodes have been removed ("lymphedema")
- Prosthetic devices needed to replace an organ or limb
- Orthotic devices needed to support or correct a body part

- Medically necessary braces and special shoes if they are attached to the brace

Exclusions: We do not cover:

- Prosthetic and orthotic devices related to services that are not covered
- Items that are not rigid, such as stockings and wigs (unless Medi-Cal criteria have been met)
- Comfort or convenience items
- Luxury items
- Shoes or arch supports that are not medically necessary

AA. Reconstructive Surgery

SFHP covers reconstructive surgery that corrects or repairs problems with parts of the body that are caused by birth defects, abnormal development, trauma, infection, tumors, or disease.

BB. Mastectomy

After medically necessary removal of all or part of a breast (a “mastectomy”), we cover:

- Reconstructive surgery of the breast
- Reconstructive surgery of the other breast for a more similar look
- Services for swelling after lymph nodes have been removed (“lymphedema”).

Exclusions: We do not cover surgery:

- If a SFHP provider finds that it will cause only a small change in how you look
- On normal parts of the body to change how you look

CC. Sensitive Services

We cover:

- STD (“sexually transmitted disease”) services
- HIV/AIDS services
- Services for victims of sexual assault

- Family planning services (as described under “Family Planning Services,” on page 36)
- Abortions

If you are age 12 and over, your parent does not have to give approval for you to get these services.

1. STD Services

SFHP covers STD services from a SFHP provider or a non-SFHP provider that accepts Medi-Cal:

- Your PCP does not have to OK (authorize) these services
- We will pay the non-SFHP provider for the covered services you get
- If a Gonorrhea, Chlamydia, or other diagnosis of infection is made at the first visit with either a SFHP provider or a non-SFHP provider, SFHP will help you get care with a SFHP provider for treatment.
- If not presumptively diagnosed and treated at the time of the first visit but found to have Gonorrhea, Chlamydia or other sexually transmitted infection by either a SFHP provider or a non-SFHP provider, a second visit to a SFHP provider or a non-SFHP provider will be covered.
- For all other STD’s, SFHP will cover additional visits with SFHP providers and through the Local Health Department.

2. HIV/AIDS Services

We cover the first visit for HIV/AIDS testing and consultation from a SFHP provider or from a non-SFHP provider that accepts Medi-Cal.

- Your PCP does not have to OK (approve) these services
- We will pay the non-SFHP provider for the covered services you get
- If you need follow-up services, you must get these services from a SFHP provider.
-

3. Abortions

We cover abortions that you get from a SFHP provider in your medical group or from a non-network provider. Prior authorization for outpatient abortions is not required. Inpatient hospitalization for abortions may be subject to prior authorization procedures as per our current policies and procedure specific to each medical group and hospital contract

DD. Services Related to Clinical Trials

We cover services that are related to a cancer clinical trial if:

- You have been diagnosed with cancer
- You are accepted into a clinical trial for cancer
- The SFHP provider who is treating you believes that the clinical trial will benefit you
- The services are covered in this booklet
- The clinical trial is to treat cancer and not just to find out if a drug is safe

The clinical trial must:

- Involve a drug that does not need a new drug application, or
- Be approved by the National Institutes of Health, the FDA (Food and Drug Administration), the Department of Defense, or the Veterans' Administration

Exclusions: We do not cover:

- Services that are provided only for data collection and analysis
- Services that someone in a clinical trial usually gets from the sponsors of the trial free of charge
- Services related to drugs or items that have not been approved by the FDA. Please see page 56 for information on having the DMHC review a denial of an experimental

or investigational device or therapy under the IMR process.

EE. Skilled Nursing Facility Care

We cover services in a skilled nursing facility that we contract with only when:

- Services are medically necessary
- Services are prescribed by a SFHP provider
- You do not need to be in a hospital to get the services
- Services are for the month of admission plus the next month

The services must be at a level of care that people normally get in a skilled nursing facility including:

- Skilled services
- Subacute services, in accord with Medi-Cal standards
- Custodial care services, in accord with Medi-Cal standards

We cover:

- Services of SFHP providers
- Nursing services
- Room and meals
- Medical social services
- Blood and blood products
- Medical supplies
- Therapy and rehabilitation services as part of a care plan

We also cover services in accord with other parts of this "Care That SFHP Covers" section on page 33. Look under these headings to learn more:

- Durable Medical Equipment on page 35
- Imaging and Lab Services on page 39
- Pharmacy Services on page 40

If you need skilled nursing facility care longer than the month of admission plus the next month, you must get this care through regular Medi-Cal with the exception of hospice services that are not considered long term regardless of the length of stay in a nursing facility. Timeframes do not apply for members

who have elected hospice that are in a nursing home. Look in the “Termination of Coverage” Section on page 51, to learn more.

FF. Therapy and Rehabilitation Services

1. Physical Therapy, Occupational Therapy, and Speech Therapy

We cover physical therapy, occupational therapy, and speech therapy when a SFHP provider prescribes the services, they are medically necessary and delivered by a contracted provider. Services are to be provided within medical group and authorization is required. Children three years or older are referred to their school districts for speech therapy services, physical and occupational therapy. SFHP will work with the school districts to coordinate care.

We only cover these services:

- In a SFHP hospital
- In a skilled nursing facility that we contract with
- As part of home health care
- In an outpatient setting

Limitation: Occupational therapy is limited to services for better self-care and activities of daily living which help you to live independently.

2. Rehabilitation Services

We cover medically necessary services in a special rehabilitation services program when:

- A SFHP provider prescribes the services
- In a SFHP facility
- In a skilled nursing facility that we contract with

GG. Transplant Services

We cover kidney and corneal transplants if:

- You are age 21 or older

- Your medical group gives an OK (authorizes) for your transplant at a transplant facility. Look under “Getting a Referral” and “Authorization Procedure” in the “How to Get Care” section on page 18, to learn more.
- If you are under the age of 21, your transplant will be provided by California Children Services (CCS). Please see page 25 for a complete description of how the Plan coordinates care with CCS.

Keep in mind:

- If your medical group or the referral facility finds that you do not meet the criteria for a transplant, we will pay only for services you get before that finding is made
- We are not responsible for making sure an organ is available

Also, we cover certain services for a donor for you or someone your medical group finds might be a donor for you (even if they are not a member).

These services must be:

- In accord with our rules for donor care
- For your covered transplant

Exclusions: We do not cover any other transplant services, such as lung, heart, liver, heart/lung, or any other organ transplant. You must get these services through regular Medi-Cal or CCS (California Children’s Services). Please call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** for any questions.

HH. Vision Services

Vision services are covered by Vision Service Plan (VSP). For vision services, SFHP members are automatically enrolled in VSP. All members may receive an eye exam once every 24 months. Frames and lenses are covered for children under the age of twenty one (21). Frames and lenses are not covered for adults age twenty one (21) and older. Because of the risk that diabetes poses to vision, it is important for SFHP members with diabetes to get their routine eye exams. Routine dilated eye

exams by VSP optometrists are covered annually every 12 months. There is no limitation to the frequency of medically necessary exams by ophthalmologists, nor limitations on the treatment of abnormal retinal exams. If you need more frequent exams, your doctor can refer you to an ophthalmologist.

SFHP does cover medically necessary eye examinations, from an ophthalmologist, for all members. For more information about the vision plan, Contact VSP toll free at **(800) 438-4560**. Vision coverage is a limited benefit for certain members only. See page 47, “Medi-Cal Members That Still Have Optional Benefits” for a description of the limitations and exceptions.

5. Care That SFHP Does Not Cover

This section tells you about:

- Services that we do not cover (“Exclusions”)
- Limits to services that we cover (“Limitations”)

This section also tells you what happens:

- If you have other health care coverage
- If another source must pay for services that we cover (“Reductions”)

Exclusions: The services listed below are not covered by us. They may be covered by another program. In some cases, like CCS (California Children’s Services), your SFHP provider may refer you to a non-SFHP provider. If the services are covered by regular Medi-Cal:

- Find a Medi-Cal provider who offers the services
- Bring your Medi-Cal member ID card when you go to that provider

Keep in mind that when something is not covered, all related services are not covered. The only exception is that we cover certain medically necessary services related to:

- Dental care (see “Dental Care,” on page 48)
- Specialty mental health services and Short-Doyle Mental Health Services. Look under “Mental Health Care” in the “Care That SFHP Covers” section on page 39 to learn more.

Due to a change in California law, starting July 1, 2009, Medi-Cal will be reducing benefits. This change will affect Medi-Cal beneficiaries age 21 and older. See page 47, “Medi-Cal Members That Still Have Optional Benefits” for exceptions.

Benefits will not change for those less than 21 years old.

Medi-Cal will no longer pay for the following benefits and services for most adults (there are some exceptions):

- Dental services
- Speech therapy services
- Podiatric services
- Audiology services
- Chiropractic services
- Acupuncture services
- Services by a psychologist (psychiatric services, and all services through county mental health programs will continued to be covered)
- Incontinence creams and washes

While the Medi-Cal program will no longer cover the benefits and services for most adults as listed above, SFHP will still provide you, at no cost, the following services when your doctor or clinic decides these benefits are needed:

- Speech therapy services
- Podiatric services
- Audiology services
- Incontinence creams and washes

6. Medi-Cal Members That Still Have Optional Benefits

The above benefits and services will NOT change for Medi-Cal beneficiaries who are:

- Under the age of 21; Or
- Living in a skilled nursing facility (Level A or B; this includes sub-acute care facilities); or
- Pregnant. (If you are pregnant you can continue to receive pregnancy-related benefits and services. You can also receive other benefits and services listed above to treat conditions that, if left untreated might cause difficulties in the pregnancy. This includes dental exams, cleanings and gum treatment. Dental and other benefits and services may also be available up to 60 days after the baby is born); or
- Receiving benefits through the California Children's Services program; or
- Receiving benefits through a Program of All-Inclusive Care for the Elderly; or
- Receiving hospital outpatient services; or Receiving services provided by a physician.

For further information on the Medi-Cal reduction of benefits, please call SFHP Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** (toll free).

In addition to exclusions and limitations of previous sections, **SFHP also does not cover:**

A. Acupuncture Services

Acupuncture is the procedure of inserting needles into various points of the body to relieve pain or for therapy.

You must get these services through regular Medi-Cal. Acupuncture services are a limited benefit for certain members only and are generally not covered for adults age twenty one (21) and older. See page 47, "Medi-Cal

Members That Still Have Optional Benefits" for a description of the limitations and exceptions.

B. Adult Day Health Care

Services you get through an adult day health care program are not covered by SFHP.

C. Case Management Services

Case management services that are for lead poisoning case management are not covered by SFHP. You must get these services from the San Francisco Department of Public Health. Call them at **(415) 863-9892**.

D. CCS Services

Services you get through CCS (California Children's Services) are not covered by SFHP. To learn more about CCS, see page 25.

E. Chiropractic Services

Chiropractic services that are used for the treatment and prevention of mechanical disorders of the musculoskeletal system, especially the spine are not covered by SFHP.

You must get these services through regular Medi-Cal. Chiropractic services are a limited benefit for certain members only and are generally not covered for adults age twenty one (21) and older. See page 47, "Medi-Cal Members That Still Have Optional Benefits" for a description of the limitations and exceptions.

F. Cosmetic Services

Cosmetic Services are plastic surgery or other cosmetic services to change the way you look and cosmetic services are not covered by SFHP. This exclusion does not apply to services covered under "Reconstructive Surgery" in the "Care That SFHP Covers" section on page 43.

G. Dental Care

Dental services that are normally done by a dentist, orthodontist, or oral surgeon, and dental appliances are not covered by SFHP. You must get dental services through Denti-Cal.

This exclusion does not apply to medically necessary covered services. This exclusion also does not apply to certain services needed to get your jaw ready for radiation treatment, as long as a SFHP provider gives you a referral to a dentist. You may contact the Denti-Cal Beneficiary Telephone Service Center at **(800) 322-6384** directly for more information about covered dental care. Effective July 1, 2009, adults, age twenty one (21) and older will only have limited emergency dental care through Denti-Cal, with some exceptions. Dental coverage is a limited benefit for certain members only. See page 47, "Medi-Cal Members That Still Have Optional Benefits" for a description of the limitations and exceptions.

H. Exams and Services

Exams or other services specifically for the following situations are not covered by SFHP:

- To get or keep a job
- To get insurance
- To get any kind of license
- By order of a court, or if for parole or probation

This exclusion does not apply if an SFHP provider finds that the services are medically necessary.

I. Experimental or Investigational Care

Experimental or Investigation care is not covered by SFHP. Experimental or Investigational care is a service that:

- Is not seen as safe and effective by generally accepted medical standards to treat a condition, or
- Has not been approved by the government to treat a condition.

This exclusion does not apply to services covered under "Services Related to Clinical Trials" in the "Care That SFHP Covers" section on page 44. Look in the "Help In Solving Problems" section on page 53 to learn about Independent Medical Review for denied requests for experimental or investigational services.

J. Hair Loss or Growth Treatment

Services to make hair grow or for hair loss are not covered by SFHP.

K. Infertility Services and Conception by Artificial Means

Services that help someone get pregnant by artificial means are not covered by SFHP.

L. Lab Services

Lab services (called "serum alphafetoprotein testing") that you get through a State program for pregnant women is not covered by SFHP. These services are paid for by DHCS (Department of Health Care Services). SFHP will coordinate with DHCS for appropriate billing.

M. Local Education Agency Assessment Services

Services that you get through the local education agency (LEA) are not covered by SFHP. LEA services include various assessments like nutritional, vision, hearing, developmental, and psychosocial status.

N. Personal Care Services

Services that are not medically necessary, such as help with activities of daily living are not covered by SFHP. This includes services that can be done by people who do not need a medical license or do not have to be supervised by a nurse. This exclusion does not apply to services covered under "Skilled Nursing Facility Care" section on page

44 or “Hospice Care” in the “Care That SFHP Covers” section on page 38.

O. Prayer Healing

You must get Prayer Healing services through regular Medi-Cal. They are not covered through SFHP.

P. Reversal of Sterilization

Services to reverse voluntary surgical birth control (called “tubal ligation” for women and “vasectomy” for men) are not covered by SFHP.

Q. Routine Foot Care Services (Podiatry)

Podiatry is the diagnosis and treatment of disorders of the foot, ankle, and lower leg. Foot care services that are not medically necessary are not covered. SFHP will cover podiatry (foot care services) when there is a medical need.

R. Services Not Available in San Francisco

Services that are not a covered benefit and are not provided in San Francisco. This exclusion does not apply if you are authorized outside of San Francisco for care that is medically necessary or you receive emergency services while outside of San Francisco.

S. Sexual and Erectile Dysfunction drugs

Drugs used for the treatment of sexual or erectile dysfunction are not covered by SFHP. If one of these drugs is used to treat a condition other than sexual or erectile dysfunction and it is approved by the Food and Drug Administration (FDA), then you must get these drugs through regular Medi-Cal.

T. Sexual Reassignment Surgery

SFHP only covers the change of anatomical sex, which is the surgical conversion of the penis or vagina. SFHP does not cover other

reassignment surgeries or related surgical procedures such as facial or neck feminization and/or breast enhancement/reduction. These procedures are considered cosmetic and therefore are not a benefit under the Medi-Cal program.

U. Surrogacy

SFHP does not cover services for anyone related to the member in a surrogacy arrangement. SFHP will cover services listed in this booklet when provided to a member who is a surrogate. A surrogacy arrangement is when a woman (the “surrogate”) agrees to become pregnant and give the baby to someone else to raise.

V. Targeted Case Management Services

Services that you get through the targeted case management program are not covered by SFHP e.g. California Children’s Services (CCS).

W. Travel and Lodging Costs

SFHP does not cover travel and lodging costs related to covered services. This exclusion does not apply if your medical group authorizes care from a non-SFHP provider and we OK (approve) the costs in advance. This exclusion also does not apply to services covered under “Medical Transportation” in the “Care That SFHP Covers” section on page 39.

X. Tuberculosis

Some TB services including directly observed therapy are available through the San Francisco Department of Public Health and are not covered by SFHP. Call them at **(415) 863-9892**.

Y. Waiver Programs

SFHP does not cover services you get through certain waiver programs, such as:

- In-Home Medical Care Waiver Program;

- Skilled Nursing Facility Waiver Program;
- AIDS and AIDS Related Conditions Waiver Program, and
- Multipurpose Senior Services Waiver Program.

To learn more, look in the “Waiver Programs” section on page 27.

Z. Limitations

Coordination of Benefits (COB)

If you have other health care coverage, we will coordinate the coverage you get under this Plan with your other coverage. We will use the COB rules of the DMHC (the Department of Managed Health Care):

- The COB rules decide which coverage pays first
- Medi-Cal always pays last
- We will only pay up to an amount that, when added together with the payment from the other coverage, would be equal to the Medi-Cal benefit

Keep in mind:

- You must let us know if you have other coverage
- You must fill out any forms we need to coordinate your benefits

AA. Reductions

If the cost of services is paid by another source (a “third party”), DHCS (the Department of Health Care Services) may have a right to get the money back from the third party. If DHCS does not recover these costs, SFHP may do so.

DHCS Has **The Right to Recover** and can ask a third party for money related to services you get from us if:

- You are hurt on the job (“workers compensation”)
- You are sick or hurt due to someone else, such as a car accident (“Third Party tort liability”)
- There is money owed through your estate (estate recovery)

When DHCS has the right to recover due to a third party’s action:

- We will give you any medically necessary services at the time services are needed
- We will let DHCS know about the third party’s action if we know about it
- We will ask the third party to pay us back for the services provided
- You will need to help us get the necessary information from the third party so that we can get paid back

Keep in mind:

- If the third party pays you money, you must pay DHCS for services that we paid for or gave to you
- The amount you owe DHCS will never be more than the amount you get from the third party

SFHP will not pay for the following:

1. Services Covered by an Employer

We will not pay for services that your employer must give to you by law. If we give you any of these services, we may ask your employer to pay us back for the cost of these services.

2. Services Covered by Government Agencies

We will not pay for services that a government agency must give to you by law. If we give you any of these services, we may ask the agency to pay us back for the cost of these services.

3. Services Covered by Medicare

If you are eligible for Medicare, you must let us know. The Medicare Program may have to pay for certain services you get from us. Medi-Cal always pays last.

4. Services Covered by the Veterans’ Administration

We will not pay for services needed due to military service that the Veterans’ Administration (“VA”)

must give you by law. If we give you any of these services, we may ask the VA to pay us back for the cost of these services.

5. Immigration Medical Exams

You are responsible for paying all costs of the medical exam, including the cost of any follow-up tests or treatment that may be required. Payments are made directly to the civil surgeon or other health care facility. A civil surgeon is a board certified medical doctor or doctor of osteopathy who meets the requirements to be designated as such by the U.S. Citizenship and Immigration Services Department.

7. Termination of Coverage

A. If You Get Cut-Off From Medi-Cal

Medi-Cal decides when you join SFHP, when you leave SFHP, and when you are “on hold.” SFHP has nothing to do with these decisions. Please call the San Francisco Medi-Cal Office at **(415) 558-1853**, if you have questions about your Medi-Cal eligibility.

B. Start of Coverage

You become a member of SFHP at 12:01am on the first day of the month in which your name is added to the approved list of members sent to SFHP by Medi-Cal. As soon as possible, but at least within seven days after the first day you become a member SFHP will mail you membership materials. You should get a SFHP member ID card, an SFHP Medi-Cal Provider Directory that lists all the SFHP providers, hospitals, clinics, and pharmacies and this Handbook. If you need another copy of any of these materials, just call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**.

C. When Your Coverage Ends

If the Department of Health Care Services disenrolls you from SFHP, your coverage will end at midnight on the first day of the second month following receipt by DHCS of all documentation necessary to process and determine your disenrollment. Except for disenrollments regarding Major Organ Transplants, for which disenrollments shall be effective the beginning of the month in which the transplant is approved.

1. Health Care Options

Health Care Options (HCO) is the organization that processes your application into SFHP and your request for disenrollment from SFHP. If you would like help with a disenrollment request, you can call HCO at **(800) 430-4263**.

2. Expedited Disenrollment

In certain circumstances, HCO will process your request for disenrollment within 48 hours. If you are an American Indian, you have the right to disenroll from our Plan at any time, without cause. If you need services that you cannot get from SFHP, if you are receiving services through the Foster Care Program, or if you have been incorrectly enrolled in SFHP, call Health Care Options to request an expedited disenrollment. Other circumstances for disenrollment include major organ transplants and members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

D. Coverage for Your New Baby

If you have a baby while you are a member of SFHP, your baby will be covered by SFHP under your name during the month of the baby’s birth and the following month. Be sure to apply for Medi-Cal for your baby as soon as possible after birth to make sure your baby gets all the health care needs.

You may enroll your baby in SFHP. If you do not enroll your baby in SFHP, your baby will not be covered by SFHP after the end of the month following the baby's birth. For example, if your baby is born on January 15, your baby would be covered for January and February only.

E. Adopted Children

If you adopt a child while you are a member of SFHP, your adopted child will be covered by SFHP under your name during the month you adopted the child and the following month. Be sure to apply for Medi-Cal for your adopted child as soon as possible after adoption to make sure your baby gets complete health care.

You may enroll your adopted child in SFHP. If you do not enroll your adopted child in SFHP, your adopted child will not be covered by SFHP after the end of the month following the adoption. For example, if you adopt your child on January 15, your adopted child will be covered for January and February.

F. Foster Children

A child in a foster care or adoption assistance program or a child who is eligible for placement out of the home can be disenrolled from SFHP and enrolled in regular Medi-Cal. Regular Medi-Cal is often better for a child in this situation since the child can get care in more than one county. If you think this would be better for the child, contact the child's caseworker or SFHP to assist you in making this change. According to Medi-Cal, requests will be processed within 48 hours after Medi-Cal receives your disenrollment form. SFHP will cover the child until Medi-Cal tells us the child is on regular Medi-Cal.

G. How to Leave SFHP

If you did not choose a health plan when you enrolled, you were automatically assigned to SFHP. If you want to change health plans, you can do so at any time for any

reason by calling Health Care Options at **(800) 430-4263**. You can also call us and we will assist you. You may have to join another managed care plan.

If you are thinking about leaving SFHP, we would like to talk to you. SFHP wants you to have the best care and service possible. If you are unhappy with us, we want to know as soon as possible. We want to help you solve any problems. Please call Customer Service at **(415) 547-7800 (local)** or **(800) 288-5555**.

H. Disenrollment

In some cases, we may no longer be able to serve you and you will have to leave SFHP. This process is called disenrollment.

Some of the reasons for disenrollment are:

- You move out or do not work in San Francisco which is the only area we serve
- You lose your Medi-Cal eligibility (this decision is made by Medi-Cal, not by SFHP)
- If you are accepted as a transplant candidate, the state will disenroll you only if the transplant center's evaluation has concurred that you are a candidate for major organ transplant, and the major organ transplant is authorized by either the DHCS Medi-Cal field office (for adults) or the California Children's Services Program (CSS) (for children).
- You need to be in a nursing home for the month of admission plus the next month except in cases of hospice care which are not long term care regardless of the length of stay in a nursing facility. Timeframes do not apply for members who have elected hospice that are in a nursing home. (covered by regular Medi-Cal)
- You commit fraud or deception in the use of the services or facilities of SFHP
- You let someone else use your SFHP member ID card

- You present a false prescription
- Your behavior is such that it threatens the safety of SFHP employees, providers, members or other patients or your repeated behavior substantially impairs SFHP's ability to furnish or arrange services for members or other members or a provider's ability to provide services to other patients

A disenrollment request is processed by the Department of Health Care Services (DHCS). They may take up to 45 days to decide. During this time, you will continue to be covered by SFHP. Once your disenrollment is complete, you will no longer be able to get care from SFHP, but in most cases you will still be covered by regular Medi-Cal or by another managed care plan.

Complaints Regarding Disenrollment

If you think that you have been disenrolled from SFHP because of an illness you have or because you asked for medical services, you can complain to the **Department of Managed Health Care by calling them at (888) 466-2219. You can also call the Office of the Ombudsperson at the Department of Health Care Services at (888) 452-8609.** The Office of the Ombudsman (OMB) serves as a resource for you to solve issues related to health care access. The Office of the Ombudsman is also responsible for coordinating and processing State Fair Hearing requests. Although SFHP Customer Service department is the first and main resource to get your questions answered and to solve disputes, the Office of the Ombudsman is available to you at any time.

I. Losing Your Medi-Cal Eligibility

Transitional Medi-Cal (TMC) may be available to you if you lose cash aid or Medi-Cal eligibility because you are earning more money. If you lose eligibility for Medi-Cal, you should immediately ask your county caseworker, whether you may

continue your TMC. TMC is usually called "Medi-Cal for working people." TMC is only available to primary wage earners or caretaker relatives (as defined by Medi-Cal) and their children whose coverage is ended because of increased earnings from employment, marriage, or a spouse returning to the home. Parents, caretaker relatives, and children who meet the requirements for TMC may continue no-cost Medi-Cal coverage for up to 12 months of TMC for a total of 24 months.

J. Help With Legal Matters

Bay Area Legal Aid (BALA) is a non-profit law office which helps low-income people living in San Francisco including helping people get health care such as Medi-Cal, the Healthy Families Program, and In-Home Supportive Services. BALA can also help with other legal issues such as housing, domestic violence, and public benefits (CAL WORKS, SSI, Food Stamps, General Assistance/PAES and unemployment insurance). BALA is open Monday through Friday, 9:00am to 5:00pm. Call **(415) 982-1300** for more information.

8. Help In Solving Problems

A. What Do I Do If I Have a Complaint? Can I Just Call SFHP?

If you are having a problem with your provider, we suggest you talk to your provider first to see if you can get the problem solved quickly. If this does not work, or if you do not want to talk to your provider, call SFHP. We will do our best to help you fix the problem. You must file a grievance with San Francisco Health Plan within one hundred and eighty (180) days from the date the incident or action occurred which caused you to be dissatisfied. If you are dissatisfied with a Notice of Action letter from San Francisco Health Plan telling you that a medical service

has been denied, deferred or modified, you have ninety (90) days from the date of the Notice of Action to file an appeal. (see “What If I Don’t Like How SFHP Has Answered My Complaint?” On page 54)

Please note: SFHP cannot do anything about your Medi-Cal eligibility or the benefits you are entitled to under Medi-Cal. Medi-Cal eligibility and Medi-Cal benefits are determined by Medi-Cal, not by SFHP. If you have any questions about your Medi-Cal eligibility, please call Medi-Cal at **(415) 558-1853**.

You can ask for a State Fair Hearing if you want to complain about how Medi-Cal has handled your eligibility or benefits. A State Fair Hearing is an administrative procedure by which members with a grievance can present their cases directly to the State of California for resolution. You can also file for a State Fair Hearing directly by calling Department of Social Services’ Public Inquiry and Response Unit at **(800) 952-5253**, or by mail to the San Francisco County Department of Social Services (CDSS) at 1390 Market Street, Room 325, Fox Plaza Building, San Francisco, California. You can also call CDSS if you need legal assistance at **(415) 557-0180** or fax to **(415) 557-0182**.

Any kind of complaint you make about SFHP or an SFHP provider is called filing a grievance with SFHP. Filing a grievance is your right. Neither SFHP nor your provider will discriminate against you if you file a grievance. SFHP also will not disenroll you because you file a grievance.

You can file a grievance just by talking to us, or you can do it in writing and SFHP will provide assistance. You can file a grievance with SFHP by calling us at **(415) 547-7800** (local) or **(800) 288-5555**. The TDD number is **(415) 547-7830 (local)** or **(888) 883-7347 (toll free)** If you want to file a grievance in writing, send it to:

**San Francisco Health Plan
Grievance Coordinator**

**201 Third Street, 7th Floor
San Francisco, CA 94103**

Also, grievance forms are available from SFHP, on the SFHP Web Site (**www.sfhp.org**) or at your primary care provider’s office.

B. How Long Will It Take You to Look Into and Answer My Complaint?

In most cases, within five days after you file the grievance, we will mail you a letter letting you know we received your grievance. SFHP will tell you how we have handled it as soon as we can, but always within 30 days from when we got your grievance.

C. What If I Don’t Like How SFHP Has Answered My Complaint?

If you do not accept SFHP’s solution, or if we have taken longer than 30 days to resolve your grievance from the day you first filed, you can go directly to the Department of Managed Health Care or Department of Health Care Services for help. 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 SFHP at **(415) 547-7800** or **(800) 288-5555** and use The Plan’s grievance process before contacting DMHC. Using this grievance procedure does not change any 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 SFHP, or a grievance that has remained unresolved for more than 30 days, you may call DMHC 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. DMHC also has a toll-free telephone number, **(888) HMO-2219** and a TDD line **(877) 688-9891** for the hearing and speech impaired. DMHC's Internet Web Site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms, and instructions online.

If you receive a Notice of Action letter from San Francisco Health Plan, you have three options. (A Notice of Action letter is a formal letter telling you that a medical service has been denied, deferred, or modified).

- You have ninety (90) days from the date on the Notice of Action to file an appeal of the Notice of Action with San Francisco Health Plan
- You may request a State Hearing regarding the Notice of Action from the Department of Social Services (DSS) within ninety (90) days.
- You may request an Independent Medical Review (IMR) regarding the Notice of Action from the Department of Managed Health Care (DMHC) within one hundred and eighty (180) days.

You may file an appeal with San Francisco Health Plan regarding a Notice of Action and request a State Hearing regarding that Notice of Action at the same time. However, an IMR may not be requested if a State Hearing has already been requested for that Notice of Action.

You can also file a grievance that is not about a Notice of Action. You must file a grievance within one hundred eighty (180) days from the date the incident or action occurred which caused you to be dissatisfied.

D. Are There Any Rules You Have to Follow When You Look Into My Complaint?

SFHP has to follow very specific rules when we deal with grievances. If you want to know what those rules are, call us and we will send you a copy.

E. What If I Need You to Decide In Less Than 30 days?

You can ask that SFHP review your grievance or appeal within 72 hours when your request for an authorization (to see another provider or for a specific medical procedure) is denied, and a delay in your medical treatment could possibly harm your health. This is called an expedited medical review. SFHP will give you an expedited medical review if a delay in your medical care would pose an imminent and serious threat to your health including, but not limited to, loss of life or limb, major bodily function or severe pain. To file an expedited medical review, call SFHP at **(415) 547-7800** or **(800) 288-5555** and tell us that you want an expedited medical review. We will help you through the process and we will also provide you with information on how you can also immediately contact the Department of Managed Health Care for review. You do not have to participate in SFHP's grievance process for 30 days before you go to the Department of Managed Health Care for an expedited medical review. If SFHP does not resolve an expedited issue in 72 hours or its resolution is not favorable, you may file for an expedited State Fair Hearing. You may skip SFHP's grievance process and also apply for an expedited State Fair Hearing. You may do so at the same time you are using SFHP's grievance process. SFHP or your provider will provide records supporting the need for an expedited hearing. SFHP responds within two business days to requests for records pertinent to the expedited hearing and assigns a representative to participate

F. Do I Have to Help You with My Complaint?

In order for SFHP to consider your grievance as quickly as possible, you may be asked to provide information or to permit the release of medical records. SFHP asks that you respond to these requests as quickly as possible.

G. Do I Have to Complain Only to SFHP? Can I Complain Anywhere Else?

If you have a complaint, you can also contact the Office of the Patient Advocate at any time before, during or after the grievance or appeal process. You may contact them at **(800) 743-8525**. You can also request a Medi-Cal State Fair Hearing. You can do this instead of filing a grievance with SFHP, or at the same time. A State Fair Hearing is a process by which you can complain directly to the State of California and have someone judge your case. You can make this request for a State Fair Hearing by telephone at **(800) 743-8525** or by mail to the San Francisco County Department of Social Services (CDSS). You can also call CDSS if you need legal assistance. The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint to ensure that you receive all medically necessary covered services for which SFHP is contractually responsible. The Ombudsman does not automatically take sides in a complaint. It considers all sides in an impartial and fair way. Call **(888) 452-8609** or **(800) 430-7077** (TDD) for more information. You may also call SFHP for more information about the State Fair Hearing process or to request forms.

H. Can I Get Someone Besides SFHP to Look Into a Denial of Medical Services?

You may ask for an independent medical review (IMR) from the Department of Managed Health Care (DMHC) if you believe that SFHP or your medical group has improperly denied, changed, or delayed your health care services or a request for services that SFHP has described as being experimental or investigational in nature (see page 48 for more information on the IMR process for experimental or investigational services). You may apply for IMR within six months of any of the

qualifying events described below. An IMR may not be requested if a State Hearing has already been requested for that Notice of Action. Your decision not to participate in the IMR process may cause you to forfeit any lawful right to pursue legal action against SFHP regarding the health care services at issue.

The IMR process is in addition to any other procedures or remedies that are available, such as filing a grievance or an appeal of a grievance. The IMR process is free. You have the right to provide any information you have to support your request for an IMR. SFHP or your medical group must provide you with an IMR application form along with any grievance disposition letter that denies, modifies, or delays health care services.

If you submit an IMR application to the DMHC it will be reviewed to confirm that:

- Your physician has recommended a health care service as medically necessary, or
- You have received urgent care or emergency services that a provider determined was medically necessary, or
- You have been seen by a physician for the diagnosis or treatment of the medical condition for which you seek an IMR;
- The disputed health care service has been denied, changed, or delayed by SFHP or your medical group, based in whole or in part on a decision that the health care service is not medically necessary; and
- You have filed a grievance with SFHP or your medical group and the disputed decision is upheld or the grievance remains unresolved after 30 days. If your grievance requires expedited review you may bring it immediately to the DMHC's attention. The DMHC may waive the requirement that you follow SFHP's grievance process in extraordinary and compelling cases.

If your case is eligible for IMR, the dispute will be sent to a medical specialist who will make an independent determination of whether or not the care is medically necessary. You will receive a copy of the assessment made in your case. If the IMR determines the service is medically necessary, SFHP or your medical group will provide the health care services.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within 30 days of receipt of your application and supporting documents. For urgent cases involving imminent and serious threat to your health, including, but not limited to, serious pain, the potential loss of life, limb or major bodily function, or the immediate and serious deterioration of your health, the IMR organization must provide its determination within three business days.

For more information regarding the IMR process, or to request an application for an IMR, please call SFHP at **(415) 547-7800** (local) or **(800) 288-5555** call the Department of Managed Health Care at **(888) HMO-2219** or a TDD line at **(877) 688-9891** or go to the Department's Web Site at <http://www.hmohelp.ca.gov> for complaint forms, IMR application forms and instructions online.

I. What Do I Do If I Have Been Denied a Request for Services That SFHP Describes As Experimental or Investigational in Nature

The IMR process described on page 56 is also available if SFHP denies your request for health care services because we have stated that the services are experimental or investigational in nature. This applies for denials of services that include drugs, devices, procedures or other therapies recommended by your physician. If SFHP denies such a request, we will notify you in writing of

the opportunity to request an IMR with the DMHC within five business days of the decision to deny coverage. You do not have to participate in SFHP's grievance process before asking the DMHC for an IMR. If your provider decides that the proposed experimental or investigational services should be delivered promptly or they won't be as effective, the IMR panel will provide you with a decision within seven days of the request for an expedited review. You can contact the DMHC as described above on page 56 and for more information on how to request an IMR for experimental or investigational services.

9. Your Rights and Responsibilities

A. Your Rights

As a SFHP Medi-Cal member, you have the right to:

- Be treated respectfully no matter what your gender, culture, language, appearance, sexual orientation, race, disability and transportation ability is, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information about all health services available to you, including a clear explanation of how to get them.
- Select a primary care provider to provide or arrange for all the care you need.
- Receive good and appropriate medical care including preventive health services and health education
- Take part actively in decisions about your medical care. To the extent permitted by law, you also have the right to refuse or discontinue treatment.

- Know and understand your medical condition, treatment plan, expected outcome, and the effects these have on your daily living.
- Receive linguistics services and information documents translated into threshold languages
- Receive interpreter services, including sign language interpreters, at no cost to you.
Receive oral interpretation services in your language.
- Formulate advance directives.
- Have access to family planning services, Federally Qualified Health Centers, Indian Health Services Facilities, sexually transmitted disease services, and Emergency Services outside of the SFHP network pursuant to the federal law.
- File a complaint or grievance if your cultural and linguistic needs are not met.
- Request a State Medi-Cal fair hearing including information on the circumstances under which an expedited fair hearing is possible.
- Access minor consent services.
- Receive written Member informing materials in alternative formats, including Braille, large size print, and audio format upon request.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Have the meaning and limits of confidentiality explained to you. You understand that if you are a minor, your provider or other staff may need to talk with your parents or guardian about certain issues. If this happens, the information will be discussed fully with you as well.
- Have confidential health records, except when disclosure is required by law or permitted in writing by you. With adequate notice, you have the right to review your medical records with your primary care provider.
- Know about any transfer to another hospital, including information as to why the transfer is necessary and any alternatives available
- Get a referral from your primary care provider for a second opinion.
- Be fully informed about SFHP's appeals procedure and understand how to use it without fear of interruption of health care and present your appeal in person.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Take part in establishing public policy of SFHP, by attending and/or joining the SFHP Member Advisory Committee and attending any SFHP Governing Board meeting.
- Freedom to exercise these rights without adversely affecting how you are treated by San Francisco Health Plan, providers, or the State.
- To disenroll upon request.

B. Your Responsibilities

As an SFHP Medi-Cal member, you have the responsibility to:

- Carefully read all SFHP materials immediately after you are enrolled so you understand how to use your SFHP benefits.
- Ask questions when needed.
- Follow the provisions of your SFHP membership as explained in this Handbook
- Be responsible for your health.
- Follow the treatment plans your provider develops for you and consider and accept the possible consequences if you refuse to follow with the treatment plans or recommendations.
- Ask questions about your medical condition and make certain that you understand the explanations and instructions you are give

- Make and keep medical appointments and let your provider know ahead of time when you must cancel.
- Communicate openly with your physician so you can develop a strong partnership based on trust and cooperation.
- Offer suggestions to improve SFHP.
- Help SFHP maintain accurate and current medical records by providing information promptly about changes in address, family status, and other health plan coverage.
- Notify SFHP as soon as possible if you are billed inappropriately or if you have any complaints.
- Treat all SFHP staff and health professionals respectfully and courteously.
- As required by Medi-Cal Program, pay any premiums, co-payments and charges for non-covered services on time.
- You may refuse, for personal reasons, to accept procedures or treatment recommended by your medical group or primary care provider. If you refuse to follow a recommended treatment or procedure, your medical group or primary care provider will let you know if he or she believes that there is no acceptable alternative treatment. You may seek a second opinion as provided in this Handbook. If you still refuse the recommended treatment or procedure, then SFHP has no further responsibility to provide any alternative treatment or procedure that you seek.
- Using your ID cards properly. Bring your SFHP ID card, a photo ID, and your Medi-Cal ID card with you when you come in for care.
- Telling us if you receive care at a non-SFHP contracted facility/provider.
- If you require an interpreter, you should request an interpreter in advance prior to your appointment.

10. Other Facts About SFHP

A. Arbitration of Disputes

If there is any dispute or disagreement between a member and SFHP (other than a claim of medical malpractice) that exceeds the jurisdiction of Small Claims Court, the member and SFHP shall settle the dispute by final and binding arbitration. The arbitration shall take place in San Francisco, California. A member shall request arbitration by written notice to SFHP within the same time limits provided by California law if a member were to file a civil lawsuit regarding the same matter.

If the total amount of damages claimed by the member is \$200,000 or less, the dispute shall be resolved by a single arbitrator selected by the parties within 30 days of the date SFHP receives your request for arbitration, or if the parties can not agree on a single arbitrator, then selected by the method provided in Section 1281.6 of the California Code of Civil Procedure. Such arbitrator shall have no jurisdiction to award more than \$200,000.

If the amount of damages claimed by the member exceeds \$200,000, then within 30 calendar days of the date SFHP receives your request for arbitration, you and SFHP shall attempt to agree upon a single arbitrator. If the parties can not agree upon a single arbitrator within this 15 day period, then one arbitrator will be named by SFHP and one arbitrator shall be named by you, and a third neutral arbitrator will be named by the arbitrators within 30 calendar days of your request for arbitration. If the two arbitrators cannot agree on a neutral arbitrator, or if for any other reason a neutral arbitrator is not selected within 30 days of your request for arbitration, the method set forth in Section 1281.6 of the California Code of Civil Procedure may be used by either party to select the neutral arbitrator.

Except as otherwise described in this section, "Arbitration of Disputes," the arbitration provisions set forth in Title 11 of Part 3 of the California Code of Civil Procedure, including Section 1283.05 thereof permitting expanded discovery proceedings, shall be applicable to all disputes or controversies which are arbitrated between you and SFHP.

The decision and award of the arbitrator shall be rendered as soon as possible after the hearing and submission of the matter by the parties, but not longer than 30 calendar days thereafter. The decision shall be in writing, shall indicate the prevailing party, the amount of any award, other relevant terms of any award, and the reasons for any award rendered. Judgment upon the award rendered by the arbitrators may be entered by either party in any court having jurisdiction thereof. The arbitrators shall have no authority to award punitive or exemplary damages. Each party shall be solely responsible for his/her/its own attorneys' fees and costs.

The costs of the neutral arbitrator shall be shared equally by you and SFHP, provided that in the case of extreme hardship, SFHP shall be responsible for all costs of the neutral arbitrator. An application for you to request that SFHP be responsible for all costs for of the neutral arbitrator may be obtained from Customer Service. If SFHP does not agree to be responsible for all costs of the neutral arbitrator when an application for such relief is made by the member, such determination shall be made by the neutral arbitrator.

It is understood that the parties are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. This requirement does not waive a member's right to a jury trial for claims of medical malpractice.

B. Public Policy Participation

SFHP is a publicly sponsored health plan. Meetings of its Governing Board

are open to the public. The Plan has established a Member Advisory Committee (MAC) to advise its Governing Board on policy decisions. Two members of this committee also are members of the Governing Board and one is a member of the SFHP Quality Improvement Committee. In conformance with Health and Safety Code, Section 1369, SFHP encourages its members to participate in the establishment of its policies related to acts performed by SFHP (and its employees and staff) to assure the comfort, dignity and convenience of patients who rely on the SFHP's facilities to provide health care services to them, their families and the public. The names of the members of the Member Advisory Committee and of the Governing Board may be obtained by calling Customer Service at **(415) 547-7800** (local) or **(800) 288-5555**. If the member is interested in participation in the future, please contact Customer Service.

C. Non-Assignability

Benefits of SFHP are not assignable without the written consent of SFHP.

D. Independent Contractors

SFHP providers are neither agents nor employees of SFHP but are independent contractors. Providers may be independent contractors to the medical group with which SFHP contracts. In no instance shall SFHP be liable for negligence or wrongful acts or omissions of any person who provides services to members, including any physician, hospital or other provider or their employees.

E. Confidentiality of Medical Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

San Francisco Health Plan (SFHP) is required by law to safeguard privacy

of your health information. We are also required to let you know of our privacy practices regarding your protected health information (PHI).

SFHP may use your health information to pay for your health care, to allow your provider to provide treatment to you or for other SFHP operations. You have the right to request a complete description of our policies describing how we use your information. You also have the right to see your medical record or to request a restriction on how we use or disclose your health information, except for purposes of treatment, payment or SFHP operations. Contact SFHP Customer Service and ask for the Plan's Compliance Officer to file a complaint about the SFHP's use of your health information, or to request a copy of our privacy policies.

SFHP and its *providers* are prohibited from intentionally sharing, selling, using or disclosing any medical information unrelated to a patient's health care without the patient's permission, unless the disclosure is legally compelled. Every SFHP *physician* handling medical records must preserve patient confidentiality.

Note: A statement describing SFHP's policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

F. Benefit Program Participation

SFHP shall have the power and discretionary authority to construe and interpret the provisions of the health plan contract and the Evidence of Coverage and to determine the benefits of SFHP. SFHP shall exercise this authority for the benefit of all persons entitled to receive benefits under the contract and Evidence of Coverage.

G. Governing Law

SFHP's Medi-Cal Program coverage is subject to the requirements of the California Knox-Keene Act, Chapter 2.2 of Division 2 of the California Health and Safety Code, and the regulations set forth Division 3 of Title 22 of the

California Administrative Code. Any provision required to be in this benefit program by either the Knox-Keene Act or the regulations shall be binding on SFHP, even if it is not included in this Evidence of Coverage or the health plan contract.

H. Natural Disasters, Interruptions, Limitations

In the event of a natural disaster or other unforeseeable circumstances, which are beyond SFHP's reasonable control, it may be impossible for SFHP to provide services to members. Examples of reasons beyond SFHP's control include natural disaster, war, riot, labor dispute involving a SFHP or other health professional, civil insurrection, or epidemic. In the event of a natural disaster, the member should proceed to the nearest emergency room if they believe they have an emergency medical condition. SFHP will reimburse the member for the services received.

11. Organ Donation

Donating organs and tissues provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your physician. The Department of Health and Human Services' Internet website (<http://www.organdonor.gov>) has additional information on donating your organs and tissues. You can also call **(800) 355-SHARE (7427)** to get a donor card and to obtain more information about organ donation.

12. Words You Should Know

Some words that are italicized in this booklet have special meaning. This section tells you the meaning of these words. If you have questions, call us at **(415) 547-7800** (local) or **(800) 288-5555**. Customer Service can answer your questions five days a week, from 8:00am to 6:00pm in any language you speak.

Acute: A health condition that is sudden and lasts a limited duration.

Adult: A beneficiary age twenty one (21) and over

Appropriately Qualified Health Care Professional:

A provider who is acting within his or her scope of practice and who has the clinical background related to the illness or condition.

Arbitration: A way to solve problems using a neutral third party. For problems that are settled through Arbitration, the third party hears both sides of the issue and makes a decision that both sides must accept. Both sides give up the right to a jury or court trial. To learn more, read "Arbitration" in the "Help in Solving Problems" section on page 59.

Authorization: Your medical group, or sometimes SFHP, giving written OK (authorization) for services before you get them.

Benefits (Covered Services): Medically necessary services, supplies, and drugs that a member is entitled to receive according to the terms of SFHP's contract and the Handbook.

CCS (California Children's Services): A program that covers services for people up to age 21 with certain health problems. See page 25 for more information

CHDP (Child Health and Disability Prevention Program): A program that covers checkups and shots ("immunizations") for children up to age 21.

Chemical Dependency Services: Certain medically necessary services for alcohol or drug addiction. Look in the "Care That SFHP Covers" section to learn more.

Child: A beneficiary under the age of twenty one (21)

Chronic: A health condition that is long-term and ongoing.

Clinical Trial: A study to find out if a new treatment is effective. Look in the "Care That SFHP Covers" section on page 44 to learn more.

Complaint: A complaint is also called a grievance or an appeal. Examples of a complaint can be when: you can't get a service, treatment, or medicine you need; your plan denies a service and says it is not medically necessary; you have to wait too long for an appointment; you received poor care or were treated rudely; your plan does not pay you back for emergency or urgent care that you had to pay for; you get a bill that you believe you should not have to pay

Co-pay: The amount you must pay when you get covered services.

Covered: SFHP will pay for the services if you follow all of the other rules in this Handbook like getting the care from an SFHP provider and getting approval for any specialty services or hospital care.

Dental Care and Services: Are services or treatment on or to the teeth or gums whether or not caused by accidental injury, including any appliance or device applied to the teeth or gums.

DHCS (Department of Health Care Services): The State office that oversees the Medi-Cal Program.

DMHC (California Department of Managed Health Care): The State office that oversees managed care health plans.

Durable Medical Equipment: Certain medically necessary equipment that is for repeat use, used for a medical purpose. Not useful to someone who is not ill or hurt. Safe for use in the home. Look in the "Care That SFHP Covers" section on page 35 to learn more.

Emergency Care: Includes medically necessary ambulance services, an exam to find out if an emergency medical condition exists. If such a condition exists, medically necessary services needed to make you clinically stable. Look in the “Emergency Medical Care” section on page 12 to learn more.

Emergency Medical Condition: A medical or psychiatric condition which is manifested by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who has an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): EPSDT provides medically necessary services to correct defects and physical and mental illness and conditions discovered by screening services for members under 21 years of age.

Exclusion: Services that we do not cover.

Experimental or Investigational: A service that we or your medical group find: Is not seen as safe and effective by generally accepted medical standards to treat a condition, or has not been approved by the government to treat a condition

Fair Hearing: A way to solve problems where you present your case to the State. Look in the “Solving Problems” section on page 53 to learn more.

Family Planning Services: Certain medically necessary services that prevent or delay pregnancy. Look in the “Care That SFHP Covers” section to learn more.

FDA (Food and Drug Administration): The Federal Agency that approves drugs and devices for use in health care.

Formulary: A list of brand-name and generic prescription drugs approved for coverage and available without prior approval from SFHP. The presence of a prescription drug on the formulary does not guarantee that it will be prescribed by your doctor for a particular condition.

Grievance: Means any expression of dissatisfaction made by a member in either verbal or written form and received by SFHP.

Handbook: A booklet that tells you what services are covered. It also tells you how to get services. This booklet is your Handbook.

Health Care Options (HCO): The State office that enrolls and disenrolls members.

Health Education: Programs and classes that can help you protect and improve your health. Look in the “Care That SFHP Covers” section on page 37 to learn more.

Hospital Inpatient Care: Services that you get when you are admitted to a Plan hospital. Look in the “Care That SFHP Covers” section on page 34 to learn more.

Hospital Inpatient Services: Include only those services which are medically necessary and satisfy the hospital requirements, require the acute bed-patient (overnight setting), and which could not have been provided in a physician’s office, the outpatient department of a hospital, or in another lesser facility without adversely affecting the patient’s condition or the quality of medical care rendered. SFHP does not cover inpatient services for medical observation and evaluation, if it is medically unnecessary.

- For diagnostic studies that could have been provided on an outpatient basis;
- For medical observation or evaluation
- To remove the patient from his/her customary work or home environment for personal comfort;
- In a pain management center to treat or cure chronic pain;
- In an eating disorder unit to treat eating disorders; or,
- For inpatient rehabilitation provided on an outpatient basis.

SFHP reserves the right to review all services to determine whether they are medically necessary.

Independent Medical Review:

An appeal process run by the DMHC (the California Department of Managed Health Care). Look in the “Solving Problems” section on page 53 to learn more.

Interpreter: Someone who translates what is said in one language to another language.

Life-threatening: Means either or both of the following: (a) Diseases or conditions where the likelihood of death is high unless the course of the disease or condition is interrupted; (b) Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

Limitation: A limit to services that we cover.

Medi-Cal: A health care program that is paid for by State and Federal funds. See “What is the Difference Between Medi-Cal and SFHP” on page 28 and Fee-for-Service Medi-Cal (“Regular Medi-Cal”) on page 13.

Medical Group: The group of primary care providers and specialists who work together. SFHP medical groups usually agree to send their members to just one hospital.

Medi-Cal Managed Care: A kind of Medi-Cal where the State pays health plans a fixed fee (called a “capitation”) for services that the plan provides.

Medical Transportation: Transport that is medically necessary. Look in the “Care That SFHP Covers” section on page 39, to learn more.

Medically Necessary: Services which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis, or treatment of disease, illness or injury. For members under the age of 21, medical necessity services also include EPSDT services necessary to correct defects and physical and mental illness and conditions discovered by screening services.

Mental Health: Includes psychoanalysis, psychotherapy, counseling, medical management or other services most commonly provided by a psychiatrist, psychologist, licensed clinical social worker, or marriage, family and child counselor, for diagnosis or treatment of mental or emotional disorders or the mental or emotional problems associated with an illness, injury, or any other condition.

Member: A person who is on the list of people that Medi-Cal gives SFHP to cover. In this Handbook, “you” or “your” means members (except in the “Arbitration of Disputes” section on page 59).

OB/GYN: SFHP providers who specialize in women’s health.

Occupational Therapy: Medically necessary services to help someone who is injured or disabled keep the ability to do, or get better at, activities of daily living. Look in the “Care That SFHP Covers” section on page 45, to learn more.

Orthotic Devices: Medically necessary items that support or correct a body part. Look in the “Care That SFHP Covers” section on page 42, to learn more.

Ostomy Supplies: Medically necessary supplies that take waste out of the body. Look in the “Care That SFHP Covers” section on page 40, to learn more.

Out-of-Area Urgent Care: Medically necessary services you get for an unexpected illness or injury when you are outside of San Francisco and:

- You need the services to prevent serious worsening of your health
- You have an unexpected illness, injury, or complication of an existing condition, including pregnancy care, for which treatment cannot be delayed until you return to San Francisco
- You are pregnant and need maternity services necessary to prevent serious worsening of your health or your fetus’ health based on your reasonable belief that you have a pregnancy-related condition for which treatment cannot be delayed until you return to San Francisco.

Outpatient Care: Medically necessary services that you get:

- In an SFHP clinic or provider’s office or
- In an SFHP hospital, when you do not stay overnight in the hospital

Look in the “Care That SFHP Covers” section on page 34, to learn more.

PCP (Primary Care Provider): Your SFHP doctor or nurse practitioner or certified nurse midwife or physician assistant.

Pharmacy Services: Medically necessary drugs, supplies, and supplements. Look in the “Care That SFHP Covers” section on page 40, to learn more.

Physical Therapy: Medically necessary services that use exercises and hands on care to help someone who is sick or hurt keep or improve function. Look in the “Care That SFHP Covers” section on page 45, to learn more.

Post-Stabilization Care: Services you get after the provider who is treating you finds that you are clinically stable after an emergency medical condition. Look in the “Emergency Medical Care” section on page 19, to learn more.

Prosthetic Devices: Medically necessary items that replace all or part of an organ or limb. Look in the “Care That SFHP Covers” section on page 42, to learn more.

Protected Health Information: Health information that includes your name, address, or something else that reveals who you are.

Psychiatric Emergency Medical

Condition: a mental disorder where there are acute symptoms of sufficient severity to render either an immediate danger to yourself or others, or you are immediately unable to provide for or use, food, shelter, or clothing due to the mental disorder.

Reconstructive Surgery: Medically necessary surgery to correct or repair parts of the body that are not normal. Look in the “Care That SFHP Covers” section on page 43, to learn more.

Reduction: When other sources must pay for services that we cover. See

Section titled “Fee-for-Service Medi-Cal (“Regular Medi-Cal” on page 13.

Referral: The process used by an SFHP provider to arrange for services by a specialist or other provider.

Regular Medi-Cal: A kind of Medi-Cal where the State pays providers a fee based on the services they provide. This kind of Medi-Cal is also called “fee-for service.”

Rehabilitation Services: Medically necessary services that help someone who is injured or disabled keep the ability to do, or get better at, activities of daily living. The services can include physical therapy, speech therapy, and occupational therapy. Look in the “Care That SFHP Covers” section on page 45, to learn more.

Respiratory Therapy: Medically necessary services that help with breathing. Look in the “Care That SFHP Covers” section on page 33 and 34, to learn more.

Routine Care: Medically necessary services that are not urgent care or emergency care.

Second Opinion: A consultation with an SFHP medical group physician other than the primary care provider or referred specialist before scheduling certain services, usually involving surgery.

Serious Chronic Condition: A medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature, and that does either of the following:

- Persists without full cure or worsens over an extended period of time.
- Requires ongoing treatment to maintain remission or prevent deterioration.

Services: include the medically necessary benefits that are covered by SFHP when requested and provided in accordance with the rules set forth in this EOC.

Sensitive Services: Medically necessary services for STDs (“sexually transmitted diseases”), HIV/ AIDS, sexual assault, and to end a pregnancy (an “abortion”). Look in the “Care That SFHP Covers” section on page 43, to learn more.

Services: Health care services or items.

SFHP (San Francisco Health Plan): Your Medi-Cal managed care health plan.

SFHP Contract: The contract between SFHP and the Medi-Cal Program that establishes the services, eligibility, and other terms and conditions of coverage. Call Customer Service at **(415) 547-7800** (local) or **(800) 288-5555** to request a copy.

SFHP Doctor/Physician: A doctor who agrees to give services to SFHP members.

SFHP Facility: A clinic, provider's office, or hospital that agrees to give services to SFHP members.

SFHP Pharmacy: A pharmacy that agrees to provide medications to SFHP members. SFHP pharmacies are listed in the SFHP Provider Directory or you can call SFHP to find an SFHP pharmacy near you.

SFHP Provider: A hospital, SFHP provider, or other health care provider who has agreed to give services to SFHP members and who belongs to your medical group.

Short-Doyle Mental Health Services: Certain medically necessary services for chronic and long-term mental illness. Look in the "Care That SFHP Covers" section on page 33, to learn more.

Skilled Nursing Facility: A facility we contract with that provides 24 hour a day skilled nursing care. The facility must be licensed by DHCS (the Department of Health Care Services) and meet MediCal and Medicare standards.

Specialty Mental Health Services: Certain medically necessary outpatient care or hospital inpatient care that you get from a mental health care specialist. Look in the "Care That SFHP Covers" section on page 39, to learn more.

Speech Therapy: Medically necessary services to help someone speak or swallow better. Look in the "Care That SFHP Covers" section on page 45, to learn more.

State: The State of California.

Urgent Care: Medically necessary services that are needed promptly, but are not an emergency medical condition. Look in the

"Urgent Care" section on page 12, to learn more.

Urological Supplies: Medically necessary supplies that capture urine outside the body. Look in the "Care That SFHP Covers" section on page 40, to learn more.

Neighborhoods Covered by SFHP

