



## MEMO

**Date:** February 22, 2011

<b>To</b>	<b>SFHP Provider</b>
<b>From</b>	<b>San Francisco Health Plan Medical Management Dept.</b>
<b>Regarding</b>	<b>Transition of FFS Medi-Cal Patients to Managed Medi-Cal</b>

Dear Provider,

The State is beginning the mandatory enrollment of seniors and persons with disabilities (those without Medi-Care) into managed Medi-Cal in June 2011. Any of your Fee for Service (FFS) Medi-Cal patients who do not have Medicare will be required to enroll in managed care on their birth month.

Many providers have expressed concern, wanting to make sure their patients are able to select them as PCPs and make sure care is not disrupted. We want to work with you to make sure continuity of care is maintained.

Medi-Cal beneficiaries will be enrolled on their birth month, but can voluntarily enroll at any time. San Francisco Health Plan has developed the attached materials to assist your patients with the shift into managed care.

**Your FFS Medi-Cal patients must contact Health Care Options to enroll in managed Medi-Cal.** It may be more convenient for your patients to fill out the Medi-Cal Choice form (attached) and mail it to the address on the top of the form, as Health Care Options may receive a high volume of calls.

Feel free to distribute the attached resources to your patients to help them better understand the changes with Medi-Cal.

### **Health Care Options**

**(800) 430-4263**

[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)

*How Beneficiaries will be notified:*

<http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDBeneInfCounty.aspx>

*Letters & Notifications:*

<http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDSanFran.aspx>

**Enrollment Application Form:**

[http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/content/en/forms/SF\\_0MM3452.pdf](http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/content/en/forms/SF_0MM3452.pdf)

Please contact the *Provider Relations Department* at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) or **415-547-7818 ext. 7084** if you have any questions.



# MEDI-CAL CHOICE FORM

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

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

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

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

2) Sex  M  F

3) Telephone Number

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

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

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

6) Sex  M  F

6a) Due Date (if pregnant)

6b) Social Security Number

**HEALTH PLANS**

I wish to JOIN or change my plan to:

307 San Francisco Health Plan

343 Anthem Blue Cross Partnrshp

000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

Enter plan change reason code\*   KA

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

6) Sex  M  F

6a) Due Date (if pregnant)

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INTERNAL USE ONLY

**\*PLAN CHANGE REASON CODES:**

<b>Code 1:</b> I could not choose the doctor or dentist I wanted	<b>Code 4:</b> Too far to go	<b>Code 7:</b> Indian Health Program Exemption
<b>Code 2:</b> The health/dental plan did not meet my needs	<b>Code 5:</b> I did not choose this plan	<b>Code 8:</b> Medical/Dental Exemption
<b>Code 3:</b> My doctor/dentist did not meet my needs	<b>Code 6:</b> Moving out of the county	<b>Code 9:</b> Other

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

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

Head of Household's Signature \_\_\_\_\_ Date \_\_\_\_\_ Other Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Highly Confidential





**SAN FRANCISCO  
HEALTH PLAN™**

*Here for you*



## What you need to know about the changes in Medi-Cal.

### **Do I have to pick a health care plan?**

Yes, seniors and people with disabilities with Medi-Cal only (not Medicare beneficiaries) will need to enroll in a Medi-Cal health plan. If you are already in one, you do not need to do anything. But if you are not in a health plan, you will have to pick one by the end of your birthday month. If you do not pick one then one will be chosen for you.

### **How is this change going to affect my coverage?**

These changes are being made to connect you with a Medi-Cal health plan and to ensure a greater range of benefits to you. A coordinated care plan such as San Francisco Health Plan offers years of experience in organizing and supporting medical clinics for seniors and people with disabilities. In a Medi-Cal health plan, you will have access to a wide network of providers, care coordination programs, assurance of quality care and services.

### **Am I going to lose my doctor, my specialist and therapies or pay more for my medications?**

Our network of providers includes over 400 doctors and over 1,800 specialists, who combined, speak over 20 languages. There are over 185 pharmacies to choose from, including a hospital-based pharmacy or a large pharmacy like Walgreens or Safeway. See if your doctor or pharmacy is in our network or find a specialist in your neighborhood by looking through the San Francisco Health Plan Medi-Cal Provider Directory. Or call San Francisco Health Plan Customer Service to find out if your doctor or specialist is in our network.

continued on next page >

## Why is San Francisco Health Plan the health plan for me?

We are required to provide members access to physicians in a timely matter with language assistance, provide evaluations of physical accessibility to doctor's offices and medical clinics. We provide referrals to specialists, nurse advice line, support groups and have a customer service center. We provide chronic care assistance. San Francisco Health Plan is ready to answer your questions.

## What type of services and health education does San Francisco Health Plan offer?

We provide free health education classes and materials with topics such as nutrition, colds and flu, and chronic conditions. Your doctor can approve non-emergency transportation for you. Our Customer Service and enrollment assistance teams communicate in English, Cantonese, Spanish, Vietnamese and Russian. We are prepared for people with hearing, speech and visual challenges, and wheelchair users.

## Does San Francisco Health Plan offer services outside of San Francisco?

Yes, San Francisco Health Plan does offer services outside San Francisco including specialist visits and sensitive services throughout the bay area and emergency care nationwide.

## Is someone going to help me with my health care?

Yes, we ensure overall coordination of care and case management of members throughout our services.

## What do I need to do to join San Francisco Health Plan?

You can contact the Health Care Options (HCO) Program office at **(800) 430-4263** or call our Customer Service at **(415) 547-7800** for enrollment information and assistance.



**SAN FRANCISCO  
HEALTH PLAN™**

*Here for you*

**Health Care Options (HCO)  
Program office at  
(800) 430-4263**

**San Francisco Health Plan Customer Service  
(415) 547-7800**

**TTY/TDD: (415) 883-7347**

**[www.sfhp.org](http://www.sfhp.org)**

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## Reasons to Choose Us



**SAN FRANCISCO  
HEALTH PLAN™**

*Here for you*

# At San Francisco Health Plan, we are here for you.

**1 Choice of Doctors:** More Medi-Cal members in San Francisco belong to San Francisco Health Plan than any other health plan. With over 2,500 providers, almost every doctor and clinic that accepts Medi-Cal is part of our network. So members can choose to keep seeing the doctors they know and trust.

**2 Our community:** Our doctors, clinics and hospitals are in your neighborhood, close to where you live or work. Whether you are in the city or not, if you have an emergency you can get urgent care. We also provide pharmacy and other medical services throughout the bay area.

**3 Great Customer Service:** SFHP is located in the heart of the city with an enrollment and member service staff ready to assist you, in your language. If you need help finding a doctor, pharmacy, hospital or specialist we will help you find one.

**4 24/7 Nurse Advice Line:** After hours, advice from a trained nurse is a toll-free call away. You can get your health questions answered and instructions if urgent care is needed.

**5 Coordinated Care:** Joining our program means overall coordination of your care with referrals to specialists, advice nurses, customer service and support groups that provide attentive, preventive and follow-up care.

For more information call

**(800) 288-5555** Customer Service  
**(415) 547-7800**

**(888) 883-7347** TTY/TDD (for people who are deaf or hard-of-hearing)

**Phone hours:**

Monday-Friday 8:30am – 5:30pm

**Lobby hours:**

Monday-Friday 8:00am – 5:00pm

To select San Francisco Health Plan as your Medi-Cal health plan, call:

**Health Care Options**

**(800) 430-4263**

**[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**

# San Francisco Health Plan

<b>Benefits Summary</b>	Doctor Visits Pharmacy Prenatal Care Specialty Care Health Education Well-Women Check-ups Vision Services (eye exams and glasses)	Hospital Care (inpatient and outpatient) Interpreter Services X-rays and tests Family Planning Services Shots for Children Newborn and Well-Baby Visits Emergency Services And more...
<b>Our Hospitals</b> (In the event of an emergency, call 911)	California Pacific Medical Center - Pacific Campus California Pacific Medical Center - Davies Campus California Pacific Medical Center - California Campus	Chinese Hospital St. Luke's Hospital Kaiser Permanente Medical Center UCSF/Mt. Zion Medical Center UCSF Medical Center San Francisco General Hospital
<b>Our Doctors</b>	San Francisco Health Plan has over <b>400 personal doctors</b> who work with over <b>1,800 specialists</b> to take care of you. Our doctors speak over 20 languages, including Cantonese, Mandarin, Spanish, Russian, and Vietnamese. To find a doctor in your neighborhood, ask for our Medi-Cal Provider Directory, or visit <b>www.sfhp.org</b>	
<b>Urgent Care</b>	Your doctor is available 24 hours a day, 7 days a week. You can also get your health questions answered with our 24/7, toll-free Nurse Advice Line. Contact San Francisco Health Plan Customer Service with any questions or concerns.	
<b>Pharmacies</b>	With over <b>185 pharmacies</b> to fill your prescription, you can find one close to your home or work. You can choose a neighborhood pharmacy, a hospital-based pharmacy or a large pharmacy like Walgreens or Safeway.	
<b>Vision Plan</b>	Choose from over 90 vision doctors listed in our Medi-Cal Directory for Medi-Cal covered services.	
<b>Assistance with Public Transportation</b>	If public transportation is not medically advisable, your doctor can approve non-emergency transportation for you.	
<b>Health Education</b>	Get free health education classes and brochures. Topics include pregnancy care, stopping smoking, asthma, reducing stress, nutrition, colds and flus, chronic conditions, and women's health. Our Member Newsletter: <i>Your Health Matters</i> and preventive health materials can be downloaded at <b>www.sfhp.org</b> .	
<b>Languages</b>	Our Customer Service Representatives speak: English, Cantonese, Vietnamese, Russian, Mandarin, Spanish and other languages.	
<b>Customer Services Hotline</b>	We are here for you to answer your questions! <b>(800) 288-5555</b> Customer Service Monday-Friday from 8:30am to 5:30pm <b>(415) 547-7800</b> <b>(415) 547-7830</b> TTY/TDD for People who are Deaf, Hard-of-Hearing or have speech Disabilities	

The information is being provided for INFORMATIONAL purposes only.  
 To order an enrollment package, or for assistance filling one out, call **(800) 430-4263**.  
 Translators are available. For TTY/TDD users, call **(800) 430-7077**.

# Next Steps



## Choosing San Francisco Health Plan as your Medi-Cal Health Plan

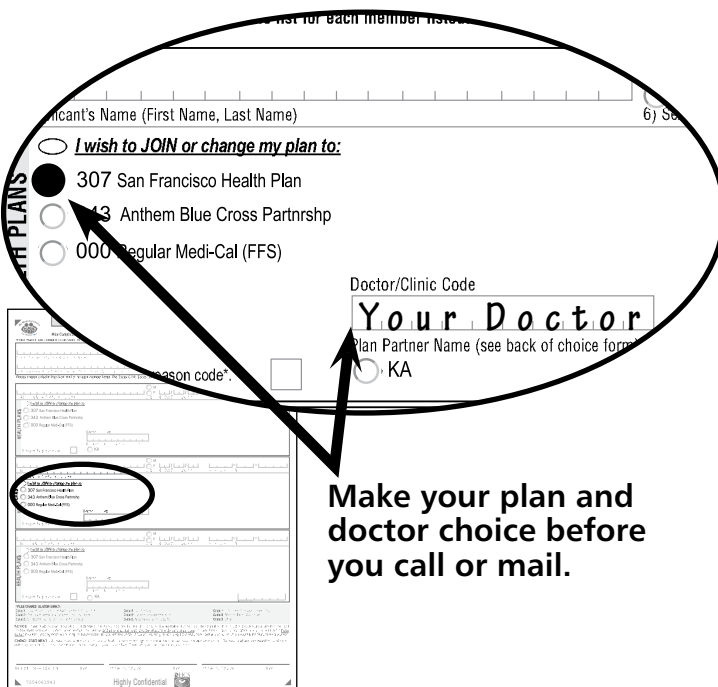
Important changes in Medi-Cal may mean that you will enroll in a Medi-Cal Health Plan soon.

Those enrolling in a Medi-Cal Health Plan from regular Medi-Cal, will receive a letter in the mail 90 days before their birthday with information about the upcoming changes.

## 2 ways to enroll

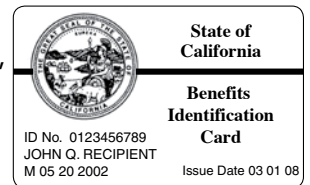
### 1. Mail

Then 60 days before your birthday, you will receive an enrollment packet in the mail. The packet will have information about the different Health Plans you can join and an enrollment form. You must enroll in a Health Plan by the end of your birthday month or Medi-Cal will choose a Health Plan for you. Complete the form and mail it back as instructed.



**Make your plan and doctor choice before you call or mail.**

- Once you have enrolled, check your mail regularly for your Welcome Letter and new San Francisco Health Plan ID card.
- To access health care from your chosen provider, be sure to bring both your new Medi-Cal Card (White Card) and your San Francisco Health Plan ID Card with you.



### San Francisco health plan is a Medi-Cal Health Plan.

More Medi-Cal members in San Francisco belong to San Francisco Health Plan than any other plan. With over 2,200 providers, almost every doctor and clinic that accepts Medi-Cal is part of San Francisco Health Plan. So members can choose to keep seeing the doctors they know and trust.

**For more information:**

**San Francisco Health Plan Customer Services**  
 (800) 288-5555 (415) 547-7800  
 TTY/TDD: (415) 547-7830 www.sfhp.org

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**Help Center**  
 (888) 466-2219

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**Medi-Cal Managed Care Ombudsman**  
 (888) 452-8609

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**Health Care Options**  
 (800) 430-4263  
 www.healthcareoptions.dhcs.ca.gov

### 2. Phone

If you are ready to enroll now, you may call **Health Care Options at (800) 430-4263** and enroll over the phone. Be sure to know which plan and doctor you want before you call.