We hope you all had a great Thanksgiving!

The holidays are upon us and we at San Francisco Health Plan are looking forward to an exciting new year! We have several important updates to deliver as we head into the end of November:

**Improving Providers’ Experience**

We are committed to improving your experience with SFHP and will be highlighting specific changes and information that we will be implementing as a result of YOUR feedback!

**SFHP ID cards have been redesigned!** The new design below makes the ID Card easier to read and more useful to both members and providers. Besides providing our members with physical proof of health insurance, the SFHP ID Card contains valuable information including contact and emergency phone numbers and a Nurse Help Line number. As a provider, you can use the ID card to efficiently process insurance claims and to quickly determine eligibility of our members. We will not be reissuing new cards to everyone, new cards will be for new members or members that have requested replacement cards. Both current and new cards will co-exist.

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*Our Provider Satisfaction Survey is coming soon!* We will send you more information in the coming months. Have suggestions for improvement? Please email Provider Relations at provider.relations@sfhp.org.

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**San Francisco Health Plan Program Update**

**Healthy Families Program Changes**

In our August and October provider updates, we informed you that the California Legislature agreed to the governor’s proposal to move all current Healthy Families Program members into Medi-Cal no sooner than January 1, 2013. Both the Healthy Families Program and the Medi-Cal Program have completed their plan for the transition. In the plan, they continue to encourage families that the Healthy Families Program is still open and accepting applications. Families with children should be encouraged to apply for the program and also complete their annual renewal packets. During the transition, these transitioning members will NOT lose their benefits. Please see the attached Healthy Families Transition Provider FAQ for more information about your Healthy Families patients’ coverage. For more information, visit the [Healthy Families Program website](#).
CBAS Program Information

California Department of Aging sent out the attached CBAS Center Requirements for Participant Discharge to provide the requirements for a discharge plan for CBAS participants:

1. CBAS/ADHC Centers are required to complete a discharge plan as they have done in the past, but need to be aware of the individual’s managed care enrollment to know where to send it.
   a. If in a managed care plan, the discharge plan is to be sent to the health plan.
   b. If in Medi-Cal FFS, the discharge plan is to be sent to the CDA
2. If the person is opting out of managed care, and is choosing to be discharged from the center, the notice states that the centers are not required to send the discharge plan to the CDA, but they have to keep the discharge plan in their records for seven years.

If you have any questions, please contact Provider Relations at provider.relations@sfhp.org or (415) 547-7818 ext. 7084.

Clinical Care Best Practices Update
Pharmacy Update

Many of our members use ACE inhibitors as first line agents for hypertension. Our formulary ACE inhibitors include benazepril, captopril, fosinopril, enalapril, and lisinopril. If your patient has an allergy or intolerance to ACE inhibitors and requires an ARB, a prior authorization request needs to be submitted to SFHP. Pharmacy Prior Authorization Request Form can be found at www.sfhp.org/providers under “Download Forms” link. To ensure a timely review of your request, please be sure to describe the nature of trial and failure with ACE inhibitor therapy or explain why your patient is not a good candidate for ACE inhibitors. If treatment with an ARB is required, please use our preferred ARB: losartan.

If you have any questions, please contact our Pharmacy Department at (415) 547-7818 ext 7085 or pharmacy@sfhp.org.

Health Improvement Update
Pay for Performance 2013

Are you planning on participating in a pay-for-performance program with SFHP next year? Registration for both the 2013 Performance Improvement Program (PIP) and the Strength in Numbers program for safety net clinics will occur simultaneously through a joint application process, with applications scheduled for release the first week of December. In an ongoing effort to reduce the administrative burden for those who participate in both programs, we have also aligned reporting deadlines and payment scheduled for both programs throughout the coming year. Please contact Cari Jarbouai at cjARBouai@sfhp.org or (415) 615-4465 with any questions.

Save the Date!
Upcoming Events

Industry Collaboration Effort (ICE) Annual Conference (December 3-4 @ San Francisco Hyatt Regency Hotel) An annual conference focused on healthcare industry trends and developments and the opportunities they present for health plans, physician groups, and healthcare administrators. To register, click here.

Webinar on Expanded Roles of Medical Assistants (MAs) (December 7 from 11-12:30pm) This webinar will explore some promising workforce models that enhance the roles of medical assistants (MAs) and integrate them into the primary care team. The webinar will be conducted and presented by staff from the Center for the Health Professions at the University of California, San Francisco and they will take questions from the audience in this interactive online event. To register, please contact Jessica Lin at Jlin@thecenter.ucsf.edu
Helpful Information

Golden Gate Regional Center (GGRC) is a private, non-profit agency that serves people with developmental disabilities in Marin, San Francisco and San Mateo Counties. GGRC has provided the information below to help you determine your patients’ eligibility for GGRC programs:

State law defines a developmental disability as a disability that originates prior to the age of 18, can be expected to continue indefinitely, and constitutes a substantial disability for the individual in the areas of intellectual disability (mental retardation), cerebral palsy, epilepsy, autism or a condition closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation. The condition cannot be solely physical or psychiatric in nature.

GGRC serves people from birth to death and there is no means test for eligibility. The regional center was designed to be the “safety net” for individuals with developmental disabilities and as such is the payor of last resort. Services are determined by a planning team based on the needs of the individual under one of two programs.

Infants and toddlers from birth to 36 months of age are eligible for the Early Start program under the federal Individuals with Disabilities Education Act (IDEA) and demonstrate significant delays in one or more of the following areas of functioning: cognitive; physical, including fine motor, gross motor, vision and hearing; communication; social or emotional; adaptive. More information about the Early Start program can be found on the Department of Developmental Services website www.dds.ca.gov/earlystart. Individuals age 3 years and above are served by the state program administered under the Lanterman Developmental Disabilities Services Act and must have a disability that meets the state definition of developmental disability. More information on this program can be found at www.ggrc.org.

GGRC is located at 875 Stevenson Street, 6th floor, San Francisco, CA, 94103. The main telephone number is (415) 546-9222. Referrals can be made by calling (888) 339-3305 for both Early Start and Lanterman programs. Referrals for the Early Start program can also be faxed to (888)-339-3306.

Should you have any other concerns or need assistance with Provider Relations or Medical Management issues, please do not hesitate to contact myself by any means below or Kelly Pfeifer, MD, Chief Medical Officer, at kpfeifer@sfhp.org.

Thank you for your commitment to community health, and your ongoing partnership with San Francisco Health Plan.

Sincerely,

Min R. Matson
Director, Provider Relations, San Francisco Health Plan
(415) 615-5146
mmatson@sfhp.org
Healthy Families Program
Transition to Medi-Cal
Providers’ Frequently Asked Questions

November 30, 2012

Overview
In June 2012 the California Legislature agreed to the governor’s proposal to move ALL current Healthy Families Program members into Medi-Cal beginning January 1, 2013.

The Medi-Cal program is developing plans for the transition. The following is a list of questions we may receive from SFHP Healthy Families Program providers.

HFP Demographics (as of October 2012)
- Membership: 7,344
- Language: Chinese (59.2%), English (22.3%), Spanish (14.7%), Vietnamese (2.3%), Russian (0.3%), Other (1.1%)
- Medical Group: CCHCA (36.4%), NEMS (34.6%), CHN (16.1%), UCSF (5.6%), HILL (5.4%), BTP (1.8%), Unassigned (0.1%)

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<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>Will my Healthy Families patient lose his/her healthcare?</td>
<td>No. The state’s transition plan notes that all Healthy Families Program members with San Francisco Health Plan would be transitioned to Medi-Cal in January 2013, at the earliest. The benefits in each program are essentially the same. More information will be communicated to you by San Francisco Health Plan when details are known. A general notice has been sent to all Healthy Families members by the state.</td>
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<td>Why is San Francisco Health Plan canceling the program?</td>
<td>San Francisco Health Plan is not canceling the program. The Healthy Families Program is a state-run program. The ultimate decision is made by the State not the health plan. San Francisco Health Plan has no say in the decision.</td>
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<td>Will my Healthy Families patient get to keep me as his/her current doctor?</td>
<td>Most providers in the San Francisco Health Plan network serve both the Healthy Families Program and Medi-Cal. To check to see if you currently serve SFHP Medi-Cal members, please contact SFHP Provider Relations at <a href="mailto:provider.relations@sfhp.org">provider.relations@sfhp.org</a> or (415) 547-7818 ext 7084. Note: if a patient is with Kaiser in Healthy Families (not part of SFHP), they will need to join SFHP to keep Kaiser. In San Francisco, this transition will take place in April 2013.</td>
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<td>Can I still refer my Healthy Families patients to the same hospital?</td>
<td>Most hospitals in the San Francisco Health Plan network serve both the Healthy Families Program and Medi-Cal. It’s not likely that your patient will have to change hospitals, but if that becomes necessary we will let you know.</td>
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<td>What is Medi-Cal?</td>
<td>Medi-Cal is a health care coverage program similar to the Healthy Families Program with many of the same services. Medi-Cal pays for a variety of medical services for children and adults with limited income and resources, and is supported by federal and state taxes.</td>
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<td>Will it cost my Healthy Families patients more to be in Medi-Cal?</td>
<td>No. The premiums your patients currently pay while enrolled in Healthy Families will probably remain the same or will be lower. These members will also have no copays in Medi-Cal. More information will be sent to members by the State, and San Francisco Health Plan will provide more information to Healthy Families Program members and providers when details are known.</td>
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<td>Will my Healthy Families patients be transferred to Medi-Cal automatically?</td>
<td>The State’s transition plan notes that members won’t need to take any action to be transferred to the Medi-Cal program. If that changes for any reason, members will either be notified by the State or by San Francisco Health Plan.</td>
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<td>Will my Healthy Families patients still be San Francisco Health Plan members?</td>
<td>Yes, your patients will still be San Francisco Health Plan members when the transition occurs. Members will also have the option of choosing Anthem Blue Cross as their managed Medi-Cal health plan if they want to change after the transition.</td>
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<td>Will the authorization process change for my Healthy Families patients?</td>
<td>No, for all services that require a prior authorization please submit an authorization request to your patient’s SFHP medical group. For more information, please visit our website: <a href="http://www.sfhp.org/providers/provider_resources/authorizations.aspx">www.sfhp.org/providers/provider_resources/authorizations.aspx</a></td>
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<td>My Health Families patient has [ongoing medical condition]. Will he/she lose this benefit under Medi-Cal?</td>
<td>Not likely. The covered benefits of both programs are similar. If the transition occurs members will receive a summary of benefits and evidence of coverage for Medi-Cal that explains what the covered benefits are under Medi-Cal. If you would like to receive this information, please contact SFHP Provider Relations at <a href="mailto:provider.relations@sfhp.org">provider.relations@sfhp.org</a> or (415) 547-7818 ext 7084.</td>
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<td>My Health Families patient has [prescription medication]. Will he/she lose this drug under Medi-Cal?</td>
<td>Not likely. The formulary is the same for both the Healthy Families Program and for Medi-Cal. For SFHP’s formulary, please visit our website at <a href="http://www.sfhp.org/providers/formulary/">www.sfhp.org/providers/formulary/</a> and select the appropriate therapeutic class. Providers are requested to prescribe medications included in the formulary whenever medically appropriate. For more information, please contact SFHP Pharmacy at <a href="mailto:pharmacy@sfhp.org">pharmacy@sfhp.org</a> or (415) 547-7818 ext 7085.</td>
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<td>Will there be any changes to my Healthy Families patients’ dental benefit?</td>
<td>San Francisco Health Plan only provides information on medical benefits. For information about your patient’s dental benefits, please call the Healthy Families Program at (800) 880-5305.</td>
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<td>Will there be any changes to my Healthy Families patients’ vision benefit?</td>
<td>After the transition, your patients will have access to Medi-Cal vision benefits. Medi-Cal vision benefits differ slightly from the Healthy Families vision benefits. Instead of having access to glasses once per year, vision benefits in Medi-Cal provides access to glasses once every two years.</td>
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<td>I am against this change. Who can I talk to?</td>
<td>If you would like to voice your opinion about the decision to transition Healthy Families Program members into Medi-Cal, you can call or email your legislative representative or the Governor’s Office.</td>
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<td>Will this change impact the Healthy Kids program?</td>
<td>At this time, we do not expect any changes to the Healthy Kids program.</td>
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<td>Will my Healthy Families patients have to reapply or provide verification documents for Medi-Cal?</td>
<td>We have been informed that current Healthy Families Program members will not need to take any action to be transferred to Medi-Cal. If that changes for any reason, members will be notified by the State or by San Francisco Health Plan. However, families need to continue to renew their coverage in a timely manner to maintain program eligibility.</td>
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<td>My patient has California Children Services (CCS) coverage with the Healthy Families Program. Will this change his/her CCS coverage?</td>
<td>For information about your patient’s CCS coverage, you can call the CCS local office at (415) 575-5700. If your patient does not have an open CCS case, but their condition may make them eligible for CCS services, please submit an authorization request to CCS and encourage your patient to apply to CCS. You may refer SFHP members with potential CCS diagnoses to CCS. California Children Services 30 Van Ness Avenue, Suite 210 San Francisco, CA 94102 Phone: (415) 575-5700 Fax: (415) 575-5790 To find out more information regarding CCS or to apply for CCS coverage, please refer to the following website: <a href="http://www.sfdph.org/dph/comupg/oprograms/PHP/CCS/default.asp">www.sfdph.org/dph/comupg/oprograms/PHP/CCS/default.asp</a></td>
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The purpose of this letter is to clarify CBAS center requirements for participant discharge.

For More Information:
Access the following websites:

- [DHCS.ca.gov/ADHCtransition](http://DHCS.ca.gov/ADHCtransition)
- [www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp](www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp)

Contact DHCS or CDA by email at:

- DHCS – CBAS@dhcs.ca.gov
- CDA – CBAScda@aging.ca.gov
Date: November 2, 2012

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: CBAS Center Requirements for Participant Discharge

Purpose

The purpose of this letter is to clarify CBAS Center responsibilities for discharge of participants, including those who dis-enroll from the CBAS program by choosing to remain in Fee-For-Service (FFS) Medi-Cal and those discharged in the event of Center closure.

Discharge Plan Requirements for All Participants

CBAS Center participant discharge responsibilities include:

1. Conducting ongoing discharge planning based on the assessment of the participant by the Center’s multidisciplinary team in accordance with Title 22, California Code of Regulations (CCR), §54213, §78345, and §78437, and as prescribed in the Center’s policy and procedures for discharge.

2. Developing participant discharge plans that meet the requirements of Title 22, CCR, §78345, and contain the following per the California Bridge to Reform 1115 Demonstration waiver Special Terms and Conditions (# 91.c-pg 45):
   - The participant’s Client Identification Number (CIN)
   - The name(s) of the participant’s physician(s)
   - The date the participant received notice of pending discharge
   - The date CBAS services are to end
   - Specific information about the participant’s current medical condition, treatments, and medication regimen
   - A statement about Enhanced Case Management services and how they are available to eligible beneficiaries
   - The signature of the beneficiary or representative and the date signed

Discharge Plan Submission Requirements

Participants Who Opt-Out of Managed Care:

Do NOT submit discharge plans to CDA for those participants who have chosen not to enroll in a Medi-Cal managed care plan. The center should maintain discharge plans in the participant health records for a minimum of seven years in accordance with Title 22, CCR §78435.

Additional Note: Participants who choose to remain in FFS Medi-Cal are not eligible to transfer to other CBAS centers and are not eligible for Enhanced Case Management. For these participants, the CBAS center should make referrals for available services and ensure that participants know to contact...
their personal health care provider for any medical needs.

Information regarding available local resources can be found on the CDA webpage at: www.aging.ca.gov/ProgramsProviders/ADHC-CBAS

**Discharge Plan Submission For All Other Participants:**

Upon discharge from the center, provide copies of the participant discharge plan to:

- The participant; and
- The managed care plan that serves the participant

*or, if not served by managed care*

- CDA at:
  
  California Department of Aging  
  Community-Based Adult Services Branch  
  1300 National Drive, Suite 200  
  Sacramento, CA 95834  
  FAX (916) 928-2507

**Requirements in the Event of Center Closure**

In the event of a Center closure, the center shall meet requirements specified in the “Activities Prior to Closure” letter located on CDA’s website at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/2012/Activities_Prior_to_Closure_Letter.pdf

Centers anticipating closure should notify CDA as far in advance of projected closure date as possible to receive assistance with orderly closure and discharge and referral of center participants.

**Questions**

For questions please call the CBAS Branch at (916) 419-7545.