



**San Francisco
Health PlanSM**

Member Handbook

What you need to know about your benefits

San Francisco Health Plan (SFHP)
Combined Evidence of Coverage (EOC)
and Disclosure Form

2025

San Francisco County

Medi-Cal

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. SFHP provides written translations from qualified translators. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). The call is free. Read this Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

Other format

You can get this information in other formats such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). The call is free.

Interpreter services

SFHP provides oral interpretation services, including sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this handbook in a different language, call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). The call is free.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

ENGLISH - ATTENTION: If you need help in your language, call **1(415) 547-7800** (TTY: **1(415) 547-7830** or **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1(415) 547-7800** (TTY: **1(415) 547-7830** or **711**). These services are free.

العربية (ARABIC) - يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1(415) 547-7800** (TTY: **1(415) 547-7830** أو **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1(415) 547-7800** (TTY: **1(415) 547-7830** أو **711**). هذه الخدمات مجانية.

Հայերեն (ARMENIAN) - Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1(415) 547-7800** (TTY: **1(415) 547-7830** կամ **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1(415) 547-7800** (TTY: **1(415) 547-7830** կամ **711**): Այս ծառայություններն անվճար են:

ខ្មែរ (CAMBODIAN) - ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1(415) 547-7800** (TTY: **1(415) 547-7830** ឬ **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាច រកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1(415) 547-7800** (TTY: **1(415) 547-7830** ឬ **711**)។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

简体中文标语 (CHINESE - SIMPLIFIED) - 请注意：如果您需要以您的母语提供帮助，请致电 **1(415) 547-7800** (TTY: **1(415) 547-7830** 或 **711**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1(415) 547-7800** (TTY: **1(415) 547-7830** 或 **711**)。这些服务是免费的。



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繁體中文 (CHINESE - TRADITIONAL) - 請注意：如果您需要以您的母語提供幫助，請致電 **1(415) 547-7800** (TTY: **1(415) 547-7830** 或 **711**)。另外還提供針對殘障人士的說明和服務，例如盲文和需要較大字體閱讀，也是方便取用的。請致電 **1(415) 547-7800** (TTY: **1(415) 547-7830** 或 **711**)。這些服務是免費的。

فارسی (FARSI) - توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1(415) 547-7800** (TTY: **1(415) 547-7830** یا **711**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1(415) 547-7800** (TTY: **1(415) 547-7830** یا **711**) تماس بگیرید. این خدمات رایگان هستند.

हिंदी (HINDI) - ध्यान दें: यदि आपको अपनी भाषा में मदद चाहिए, तो **1(415) 547-7800** (TTY: **1(415) 547-7830** पर कॉल करें या **711**)। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। **1(415) 547-7800** (TTY: **1(415) 547-7830** पर कॉल करें या **711**)। ये सेवाएँ निःशुल्क हैं।

HMOOB (HMONG) - CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1(415) 547-7800** (TTY: **1(415) 547-7830**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1(415) 547-7800** (TTY: **1(415) 547-7830** los sis **711**). Cov kev pabcuam no pub dawb.

日本語 (JAPANESE) - 注記: あなたの言語でサポートが必要な場合は、**1(415) 547-7800** (TTY: **1(415) 547-7830** または **711** までお電話ください)。また、点字や大きな活字で作成したドキュメントなど、障害をお持ちの方のための補助やサービスもご利用いただけます。**1(415) 547-7800** (TTY: **1(415) 547-7830** または **711** までお電話ください)。これらのサービスは無料です。



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한국어 (KOREAN) - 주의: 자국어로 도움이 필요한 경우, **1(415) 547-7800** (TTY: **1(415) 547-7830** 또는 **711** 으로 전화하십시오). 점자 및 큰 글씨로 된 문서 등 장애인을 위한 보조 도구와 서비스도 제공됩니다. **1(415) 547-7800** (TTY: **1(415) 547-7830** 또는 **711** 으로 전화하십시오). 이러한 서비스는 무료입니다.

ພາສາລາວ (LAO) - ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ (TTY: **1(415) 547-7830** **1(415) 547-7800** ຫຼື **711**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ແມ່ນຍັງມີຢູ່. ໂທ (TTY: **1(415) 547-7830** **1(415) 547-7800** ຫຼື **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

MIEN (MIEN) - LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1(415) 547-7800** (TTY: **1(415) 547-7830** a'fai **711**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzaih bun longc. Douc waac daaih lorx **1(415) 547-7800** (TTY: **1(415) 547-7830** a'fai **711**). Naaiv deix gong benx wangv henh tengx oc.

ਪੰਜਾਬੀ (PUNJABI) - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **1(415) 547-7830** ਜਾਂ **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **1(415) 547-7830** ਜਾਂ **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

РУССКИЙ (RUSSIAN) - ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1(415) 547-7800** (линия TTY: **1(415) 547-7830** или **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1(415) 547-7800** (линия TTY: **1(415) 547-7830** или **711**). Эти услуги являются бесплатными.



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Or call the California Relay Line at **711**. Visit online at sfhp.org.

ESPAÑOL (SPANISH) - ATENCIÓN: si necesita ayuda en su idioma, llame al **1(415) 547-7800** (TTY: **1(415) 547-7830** o al **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1(415) 547-7800** (TTY: **1(415) 547-7830** o al **711**). Estos servicios son gratuitos.

TAGALOG (TAGALOG-FILIPINO) - ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1(415) 547-7800** (TTY: **1(415) 547-7830** o **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1(415) 547-7800** (TTY: **1(415) 547-7830** o **711**). Libre ang mga serbisyonang ito.

ภาษาไทย (THAI) - โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1(415) 547-7800** (TTY: **1(415) 547-7830** หรือ **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1(415) 547-7800** (TTY: **1(415) 547-7830** หรือ **711**) บริการไม่มีค่าใช้จ่ายใด ๆ

УКРАЇНСЬКОЮ (UKRAINIAN) - УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1(415) 547-7800** (TTY: **1(415) 547-7830** або **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1(415) 547-7800** (TTY: **1(415) 547-7830** або **711**). Ці послуги є безкоштовними.

TIẾNG VIỆT (VIETNAMESE) - CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1(415) 547-7800** (TTY: **1(415) 547-7830** hoặc **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1(415) 547-7800** (TTY: **1(415) 547-7830** hoặc **711**). Những dịch vụ này đều là miễn phí.



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Welcome to San Francisco Health Plan!

Thank you for joining SFHP. SFHP is a health plan for people who have Medi-Cal. SFHP works with the State of California to help you get the health care you need.

SFHP contracts with medical groups, which are made up of primary care providers, specialists, and other providers who work together to provide health care services to SFHP members. For more information about medical groups, read the “How your plan works” section in this handbook.

Member Handbook

This Member Handbook tells you about your coverage under SFHP. Please read it carefully and completely. It will help you understand your benefits, the services available to you, and how to get the care you need. It also explains your rights and responsibilities as a member of SFHP. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. This EOC and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. To learn more, call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

In this Member Handbook, SFHP is sometimes referred to as “we” or “us.” Members are sometimes called “you.” Some capitalized words have special meaning in this Member Handbook.

To ask for a copy of the contract between SFHP and the California Department of Health Care Services (DHCS), call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). You may ask for another copy of the Member Handbook for free. You can also find the Member Handbook on the SFHP website at **sfhp.org**. You can also ask for a free copy of the SFHP non-proprietary clinical and administrative policies and procedures. They are also on the SFHP website.



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Contact us

SFHP is here to help. If you have questions, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

You can also visit online at any time at **sfhp.org**.

Thank you,
San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119-4247



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1. Getting started as a member

How to get help

SFHP wants you to be happy with your health care. If you have questions or concerns about your care, SFHP wants to hear from you!

Customer services

SFHP Customer Service is here to help you. SFHP can:

- Answer questions about your health plan and SFHP covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats

If you need help, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free. SFHP must make sure you wait less than 10 minutes when calling.

You can also visit Customer Services online at any time at **sfhp.org**.

You can also sign up for an SFHP Member Portal account. The SFHP Member Portal lets you ask to change your PCP, get a new SFHP ID card, and view your personal health record online. To sign up, visit **sfhp.org** and click on “Member Portal Login.”

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

You qualify for SFHP because you qualify for Medi-Cal and live in San Francisco County. For help with your Medi-Cal eligibility, contact the San Francisco Human Services Agency at **1(855) 355-5757** or visit **sfhsa.org/services/health-food/Medi-Cal**. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

For questions about enrollment, call Health Care Options at **1(800) 430-4263** (TTY **1(800) 430-7077** or **711**). Or go to www.healthcareoptions.dhcs.ca.gov.

For questions about Social Security, call the Social Security Administration at **1(800) 772-1213**. Or go to www.ssa.gov/locator.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money, or
- Your family started getting more child or spousal support

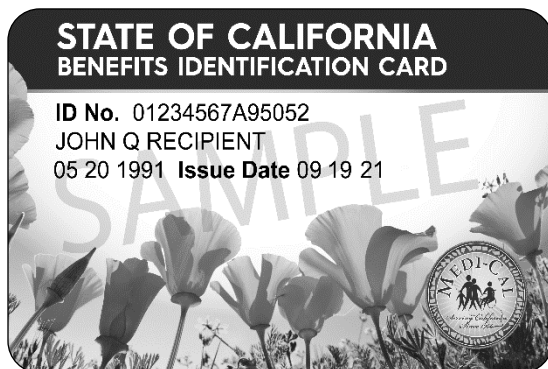
You can ask questions about qualifying for Transitional Medi-Cal at your local county office at www.dhcs.ca.gov/services/Medi-Cal/Pages/CountyOffices.aspx.

Or call Health Care Options at **1(800) 430-4263** (TTY **1(800) 430-7077** or **711**).

Identification (ID) cards

As a member of SFHP, you will get our SFHP Identification (ID) card. You must show your SFHP ID card **and** your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should always carry all health cards with you. Your Medi-Cal BIC and SFHP ID cards look like these:

Medi-Cal Benefits Identification Card




Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at sfhp.org.

SFHP ID Card

SAN FRANCISCO HEALTH PLAN 		Member ID #: 12345678901 Member CIN #: 123456789
DOB: 26-Jan-74 Medical Group: San Francisco Health Network Language: English Hospital: Zuckerberg San Francisco General Hospital and Trauma Center		
PAT LEE Program: Medi-Cal sfhp.org Clinic: Richard H. Fine People's Clinic Primary Care Provider (PCP): Richard H. Fine People's Clinic PCP Address: 1001 Potrero Avenue, San Francisco, CA 94110 PCP Phone #: 1(415) 547-7800 Show this ID card when you visit the doctor, hospital, or pharmacy.		
CO-PAYMENTS: NONE		

MEMBER INFORMATION	PROVIDER USE
1(415) 547-7800 SFHP Customer Service 1(800) 288-5555 (toll-free)	This card does not guarantee eligibility for services. Please check for eligibility.
1(800) 835-2362 Teladoc 24/7 Phone or teladoc.com/sfhp Video Doctor Visits	Member has the right to an interpreter at every medical visit at no charge.
1(800) 877-7195 Vision Care	Eligibility: 1(415) 547-7810 sfhp.org/providers
1(800) 322-6384 Dental Care	Authorizations: 1(415) 547-7818 ext. 7080 sfhp.org/providers
1(855) 371-8117 Mental Health Care and Autism Treatment	Notify plan prior to post-stabilization care at 1(415) 615-4525
1(415) 547-7830 TTY for the Deaf In case of emergency, call 911	Medi-Cal Rx: Medi-CalRx.dhcs.ca.gov Pharmacy BIN#: 022659 PCN#: 6334225
ER services are covered at no cost to you. ER services outside of San Francisco are also covered. No prior authorization is needed. Pharmacy Benefit is not managed by SFHP. Contact Medi-Cal Rx: 1(800) 977-2273	

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
- Your Medical Group
- Your Hospital
- How to access Teladoc® 24/7 phone or video doctor visits (members who have Medicare Part B coverage are not eligible for Teladoc services)

If you do not get your SFHP ID card within a few weeks after your enrollment date, or if your SFHP ID card is damaged, lost, or stolen, call Customer Service right away. SFHP will send you a new card for free. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). If you do not have a Medi-Cal BIC card or if your card is damaged, lost or stolen, call the local county office. Go to www.dhcs.ca.gov/services/Medi-Cal/Pages/CountyOffices.aspx to locate the local county office.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
 SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
 Or call the California Relay Line at **711**. Visit online at sfhp.org.

2. About your health plan

Health plan overview

SFHP is a health plan for people who have Medi-Cal in San Francisco County. SFHP works with the State of California to help you get the health care you need.

Talk with one of the SFHP Customer Service representatives to learn more about the health plan and how to make it work for you. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

When your coverage starts and ends

When you enroll in SFHP, we will send your SFHP Identification (ID) card within two weeks of your enrollment date. You must show both your SFHP ID card and your Medi-Cal BIC when you get health care services or prescriptions.

Your Medi-Cal coverage will need renewing every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county will send you a pre-populated Medi-Cal renewal form. Complete this form and return it to your local county office. You can return your information in person, by phone, by mail, online, or by other electronic means available in your county.

If you are a new SFHP member you will receive helpful tools to get started.

- Welcome Packet: All new members are mailed a welcome packet. Inside is important member information about how to obtain electronic and hard copies of the Summary of Benefits and Member Handbook. These documents explain your benefits, rights, and responsibilities as a member of SFHP.

You can end your SFHP coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at **1(800) 430-4263** (TTY **1(800) 430-7077** or **711**). Or go to www.healthcareoptions.dhcs.ca.gov.

SFHP is a health plan for Medi-Cal members in San Francisco County. Find your local county office at <https://www.dhcs.ca.gov/services/Medi-Cal/Pages/CountyOffices.aspx>.

SFHP Medi-Cal coverage may end if any of the following is true:

- You move out of San Francisco County
- You no longer have Medi-Cal



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at sfhp.org.

- You become eligible for a waiver program that requires you to be enrolled in Fee-for-Service (FFS) Medi-Cal
- You are in jail or prison

If you lose your SFHP Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by SFHP, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to FFS Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from SFHP while getting health care services from these locations. To learn more about enrollment and disenrollment, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP must provide care coordination for you, including out-of-network case management. If you ask to get services from an IHCP and there is no available in-network IHCP, SFHP must help you find an out-of-network IHCP. To learn more, read “Provider network” in Chapter 3 of this handbook.

How your plan works

SFHP is a managed care health plan contracted with DHCS. SFHP works with doctors, hospitals, and other providers in the SFHP service area to provide health care to our members. As a member of SFHP, you may qualify for some services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs, and some medical supplies through Medi-Cal Rx.

Customer Service will tell you how SFHP works, how to get the care you need, how to schedule provider appointments during office hours, how to request free interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). You can also find Customer Service information online at **sfhp.org**.

Changing health plans

You can leave SFHP and join another health plan in your county of residence at any time, if another health plan is available. To choose a new plan, call Health Care Options **1(800) 430-4263** (TTY **1(800) 430-7077**



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

or 711). You can call between 8:00am and 6:00pm Monday through Friday. Or go to <https://www.healthcareoptions.dhcs.ca.gov>.

It takes up to 30 days or more to process your request to leave SFHP and enroll in another plan in your county. To find out the status of your request, call Health Care Options at **1(800) 430-4263** (TTY **1(800) 430-7077** or **711**).

If you want to leave SFHP sooner, you can call Health Care Options to ask for an expedited (fast) disenrollment.

Members who can request expedited disenrollment include, but are not limited to, children getting services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You can ask to leave SFHP by contacting your local county office. Find your local county office at <https://www.dhcs.ca.gov/services/Medi-Cal/Pages/CountyOffices.aspx>.

Or call Health Care Options at **1(800) 430-4263** (TTY **1(800) 430-7077** or **711**).

Students who move to a new county or out of California

You can get emergency care and urgent care anywhere in the United States, including the United States Territories. Routine and preventive care are covered only in your county of residence. If you are a student who moves to a new county in California to attend higher education, including college, SFHP will cover emergency room and urgent care services in your new county. You can also get routine or preventive care in your new county, but you must notify SFHP. Read more below.

If you are enrolled in Medi-Cal and are a student in a different county from the California county where you live, you do not need to apply for Medi-Cal in that county.

If you temporarily move away from home to be a student in another county in California, you have two choices. You can:

- Tell your eligibility worker at the San Francisco Human Services Agency that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this if you want to keep getting routine or preventive care while you live in a new county. If SFHP does not serve the county where you will attend college, you might have to change health plans. For questions and to prevent delay in joining a new health plan, call Health Care Options at **1(800) 430-4263** (TTY **1(800) 430-7077** or **711**).

Or



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at sfhp.org.

- If SFHP does not serve the new county where you attend college, and you do not change your health plan to one that serves that county, you will only get emergency room and urgent care services for some conditions in the new county. To learn more, read Chapter 3, “How to get care.” For routine or preventive health care, you would need to use the SFHP network of providers located in San Francisco County.

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at San Francisco Human Services Agency by calling **1(855) 355-5757**. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Routine and preventive care services, including prescription drugs relating to these services, are not covered when you are outside of California. You will not qualify for Medi-Cal coverage for those out-of-state services. SFHP will not pay for your health care. If you want Medicaid in another state, you will need to apply in that state. Medi-Cal does not cover emergency, urgent, or any other health care services outside of the United States, except for emergency care requiring hospitalization in Canada and Mexico as noted in Chapter 3.

Continuity of care

Continuity of care for an out-of-network provider

As a member of SFHP, you will get your health care from providers in SFHP’s network. To find out if a health care provider is in the SFHP network, read the SFHP provider directory. Providers not listed in the directory may not be in the SFHP network.

In some cases, you might be able to get care from providers who are not in the SFHP network. If you were required to change your health plan or to switch from FFS Medi-Cal to managed care, or you had a provider who was in network but is now outside the network, you might be able to keep your provider even if they are not in the SFHP network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call SFHP to ask for continuity of care. You may be able to get continuity of care for up to 12 months or more if all of these are true:

- You have an ongoing relationship with the out-of-network provider before enrollment in SFHP
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with SFHP
- The out-of-network provider is willing to work with SFHP and agrees to SFHP’s contract requirements and payment for services



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- The out-of-network provider meets SFHP’s professional standards
- The out-of-network provider is enrolled and participating in the Medi-Cal program

To learn more, call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

If your providers do not join the SFHP network by the end of 12 months, do not agree to SFHP payment rates, or do not meet quality of care requirements, you will need to change to providers in the SFHP network. To discuss your choices, call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in SFHP’s network.

To learn more about continuity of care and if you qualify, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Completion of covered services from an out-of-network provider

As a member of SFHP, you will get covered services from providers in SFHP’s network. If you are being treated for certain health conditions at the time you enrolled with SFHP or at the time your provider left SFHP’s network, you might also still be able to get Medi-Cal services from an out-of-network provider.

You might be able to continue care with an out-of-network provider for a specific time period if you need covered services for these health conditions:

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time)	For up to 12 months from the coverage start or the date the provider’s contract ends with SFHP
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later
Care of a newborn child between birth and 36 months old	For up to 12 months from the start date of the coverage or the date the provider’s contract ends with SFHP



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
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 Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Health condition	Time period
Terminal illness (a life-threatening medical issue)	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with SFHP or the time the provider stops working with SFHP
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by SFHP as part of a documented course of treatment and recommended and documented by the provider	The surgery or other medical procedure must take place within 180 days of the provider's contract termination date or 180 days from the effective date of your enrollment with SFHP

For other conditions that might qualify, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

If an out-of-network provider is not willing to keep providing services or does not agree to SFHP's contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in SFHP's network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in SFHP's network, call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is not required to provide continuity of care for services Medi-Cal does not cover or that are not covered under SFHP's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Costs

Member costs

SFHP serves people who qualify for Medi-Cal. In most cases, SFHP members do not have to pay for covered services, premiums, or deductibles.

If you are an American Indian, you do not have to pay enrollment fees, premiums, deductibles, co-pays, cost sharing, or other similar charges. SFHP must not charge any American Indian member who gets an item or service directly from an IHCP or through a referral to an IHCP or reduce payments due to an IHCP by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.

If you are enrolled in the County Children's Health Initiative Program (CCHIP) in Santa Clara, San Francisco, or San Mateo counties or are enrolled in Medi-Cal for Families, you might have a monthly premium and co-pays.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Except for emergency care, urgent care, or sensitive care, you must get pre-approval (prior authorization) from SFHP before you visit a provider outside the SFHP network. If you do not get pre-approval (prior authorization) and you go to a provider outside the network for care that is not emergency care, urgent care, or sensitive care, you might have to pay for care you got from that provider. For a list of covered services, read Chapter 4, “Benefits and services,” in this handbook. You can also find the Provider Directory on the SFHP website at sfhp.org.

For members with long-term care and a share of cost

You might have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income. Each month, you will pay your own health care bills, including but not limited, to Long-Term Services and Supports (LTSS) bills, until the amount you have paid equals your share of cost. After that, SFHP will cover your long-term care for that month. You will not be covered by SFHP until you have paid your entire long-term care share of cost for the month.

How a provider gets paid

SFHP pays providers in these ways:

- Capitation payments
 - SFHP pays some providers a set amount of money every month for each SFHP member. This is called a capitation payment. SFHP and providers work together to decide on the payment amount.
- FFS payments
 - Some providers give care to SFHP members and send SFHP a bill for the services they provided. This is called an FFS payment. SFHP and providers work together to decide how much each service costs.
- SFHP has provider incentive programs. SFHP’s provider incentive programs encourage providers to provide preventive care services such as well-adolescent visits and well-baby visits.

To learn more about how SFHP pays providers, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

If you get a bill from a health care provider

Covered services are health care services that SFHP must pay. If you get a bill for any Medi-Cal covered services, do not pay the bill. Call Customer Service right away at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). SFHP will help you figure out if the bill is correct.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at **1(800) 977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**,



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

Monday through Friday, 8:00am to 5:00pm. You can also go to the Medi-Cal Rx website at [Medi-Calrx.dhcs.ca.gov/home](https://www.Medi-Calrx.dhcs.ca.gov/home).

Asking SFHP to pay you back for expenses

If you paid for services that you already got, you might qualify to be reimbursed (paid back) if you meet **all** of these conditions:

- The service you got is a covered service that SFHP is responsible for paying. SFHP will not reimburse you for a service that SFHP does not cover.
- You got the covered service while you were an eligible SFHP member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you, or someone on your behalf, paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in SFHP's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

SFHP will tell you if they will reimburse you in a letter called a Notice of Action (NOA). If you meet all of the above conditions, the Medi-Cal-enrolled provider should pay you back for the full amount you paid. If the provider refuses to pay you back, SFHP will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim.

If the provider is enrolled in Medi-Cal but is not in the SFHP network and refuses to pay you back, SFHP will pay you back, but only up to the amount that FFS Medi-Cal would pay. SFHP will pay you back for the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval (prior authorization). If you do not meet one of the above conditions, SFHP will not pay you back.

SFHP will not pay you back if:

- You asked for and got services that are not covered by Medi-Cal, such as cosmetic services
- The service is not a covered service for SFHP
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at [sfhp.org](https://www.sfhp.org).

3. How to get care

Getting health care services

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

You can start getting health care services on your effective date of enrollment in SFHP. Always carry with you your SFHP Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards. Never let anyone else use your BIC or SFHP ID card.

New members with only Medi-Cal coverage must choose a primary care provider (PCP) in the SFHP network. New members with both Medi-Cal and comprehensive other health coverage do not have to choose a PCP.

The SFHP network is a group of doctors, hospitals, and other providers who work with SFHP. You must choose a PCP within 30 days from the time you become a member of SFHP. If you do not choose a PCP, SFHP will choose one for you.

You can choose the same PCP or different PCPs for all family members in SFHP, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the SFHP network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). You can also find the Provider Directory on the SFHP website at **sfhp.org**.

If you cannot get the care you need from a participating provider in the SFHP network, your PCP or specialist in SFHP's network must ask SFHP for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to go to an out-of-network provider to get sensitive care services listed under the heading "Sensitive care" later in this chapter.

Read the rest of this chapter to learn more about PCPs, the Provider Directory, and the provider network.

The Medi-Cal Rx program administers outpatient prescription drug coverage. To learn more, read "Other Medi-Cal programs and services" in Chapter 4.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free. Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Primary care provider (PCP)

Your primary care provider (PCP) is the licensed provider you go to for most of your health care. Your PCP also helps you get other types of care you need. You must choose a PCP within 30 days of enrolling in SFHP. Depending on your age and sex, you can choose a general practitioner, OB/GYN, family practitioner, internist, or pediatrician as your PCP.

A nurse practitioner (NP), physician assistant (PA), or certified nurse midwife can also act as your PCP. If you choose an NP, PA, or certified nurse midwife, you can be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you also have other comprehensive health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you might be able to choose one PCP for yourself and your other family members who are members of SFHP, as long as the PCP is available.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the SFHP network.

If you do not choose a PCP within 30 days of enrollment, SFHP will assign you to a PCP. If you are assigned to a PCP and want to change, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer you to a specialist if you need one
- Arrange for hospital care if you need it
- Ask SFHP or your medical group for pre-approval (prior authorization) if you need to see an out-of-network specialist or a specialist who is not part of your medical group

You can look in the Provider Directory to find a PCP in the SFHP network. The Provider Directory has a list of IHCPs, FQHCs, and RHCs that work with SFHP.

You can find the SFHP Provider Directory online at **sfhp.org**. Or you can request a Provider Directory to be mailed to you by calling **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). You can also call to find out if the PCP you want is taking new patients.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP. It is best to stay with one PCP so they can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the SFHP provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

You can also ask to change your PCP online through the SFHP Member Portal. Visit **sfhp.org** and click on “Member Portal Login.”

SFHP can change your PCP if the PCP is not taking new patients, has left the SFHP network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. SFHP or your PCP might also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If SFHP needs to change your PCP, SFHP will tell you in writing.

If your PCP changes, you will get a letter and new SFHP member ID card in the mail. It will have the name of your new PCP. Call Customer Services if you have questions about getting a new ID card. You can also get a temporary member ID card or ask for a new member ID card online through the SFHP Member Portal. Visit **sfhp.org** and click on “Member Portal Login.”

Some things to think about when picking a PCP :

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP’s office close to my home, work, or my children’s school?
- Is the PCP’s office near where I live and is it easy to get to the PCP’s office?
- Do the doctors and staff speak my language?
- Does the PCP work with a hospital I like?
- Does the PCP provide the services I need?
- Do the PCP’s office hours fit my schedule?
- Does the PCP work with specialists I use?

Initial Health Appointment 8117(MAC)

SFHP recommends that, as a new member, you visit your new PCP within 120 days for your first health appointment, called an Initial Health Appointment (IHA). The purpose of the first health appointment is to help your PCP learn your health care history and needs. Your PCP might ask you questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that can help you.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

When you call to schedule your first health appointment, tell the person who answers the phone that you are a member of SFHP. Give your SFHP ID number.

Take your Medi-Cal BIC and SFHP ID card to your appointment. It is a good idea to take a list of your medicine and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

If you have questions about your first health appointment, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups, screenings, immunizations, health education, and counseling.

SFHP recommends that children, especially, get regular routine and preventive care. SFHP members can get all recommended early preventive services recommended by the American Academy of Pediatrics and the Centers for Medicare and Medicaid Services. These screenings include hearing and vision screening, which can help ensure healthy development and learning. For a list of pediatrician-recommended services, read the “Bright Futures” guidelines from the American Academy of Pediatrics at downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Routine care also includes care when you are sick. SFHP covers routine care from your PCP.

Your PCP will:

- Give you most of your routine care, including regular checkups, immunizations (shots), treatment, prescriptions, required screenings, and medical advice
- Keep your health records
- Refer you to specialists if needed
- Order X-rays, mammograms, or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services SFHP covers, and what it does not cover, read Chapter 4, “Benefits and services,” and Chapter 5, “Child and youth well care,” in this handbook.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

All SFHP in-network providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or SFHP what you need.

Provider network

The Medi-Cal provider network is the group of doctors, hospitals, and other providers that work with SFHP to provide Medi-Cal covered services to Medi-Cal members.

SFHP is a managed care health plan. When you choose our Medi-Cal Plan, you are choosing to get your care through our medical care program. You must get most of your covered services through SFHP from our in-network providers. You can go to an out-of-network provider without a referral or pre-approval for emergency care or for family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area that we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the SFHP network.

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). For more about moral objections, read “Moral objection” later in this chapter.

If your provider has a moral objection to giving you covered health care services, they can help you find another provider who will give you the services you need. SFHP can also help you find a provider who will perform the service.

In-network providers

You will use providers in the SFHP network for most of your health care needs. You will get preventive and routine care from in-network providers. You will also use specialists, hospitals, and other providers in the SFHP network.

To get a Provider Directory of in-network providers, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). You can also find the Provider Directory online at **sfhp.org**. To get a copy of the Contract Drugs List, call Medi-Cal Rx at **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**). Or go to the Medi-Cal Rx website at **Medi-Calrx.dhcs.ca.gov/home**.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

You must get pre-approval (prior authorization) from SFHP before you go to a provider outside the SFHP network, including inside the SFHP service area, except in these cases:

- If you need emergency care, call **911** or go to the nearest emergency room.
- If you are outside the SFHP service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network provider or a county mental health plan provider, without pre-approval (prior authorization).

If you are not in one of the cases listed above and you do not get pre-approval (prior authorization) before getting care from a provider outside the network, you might be responsible for paying for any care you got from out-of-network providers.

Out-of-network providers who are inside the service area

Out-of-network providers are providers that do not have an agreement to work with SFHP. Except for emergency care, family care, sensitive care, and care for pre-approved by SFHP, you might have to pay for any care you get from out-of-network providers inside your service area.

If you need medically necessary health care services that are not available in the network, you might be able to get them from an out-of-network provider for free. SFHP may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the SFHP service area, you must go to a SFHP in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the SFHP service area.

If you get urgent care from an out-of-network provider inside SFHP service area, you might have to pay for that care. You can read more about emergency care, urgent care, and sensitive care services in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral. An out-of-network IHCP can also refer American Indian members to an in-network provider without first requiring a referral from an in-network PCP.

If you need help with out-of-network services, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Outside the service area

If you are outside of the SFHP service area and need care that is not an emergency or urgent, call your PCP right away. Or call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

For emergency care, call **911** or go to the nearest emergency room. SFHP covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency care requiring hospitalization, SFHP will cover your care. If you are traveling abroad outside of Canada or Mexico and need emergency care, urgent care, or any health care services SFHP will **not** cover your care.

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask SFHP to pay you back. SFHP will review your request. To learn more about being paid back, read Chapter 2, “About your health plan” in this handbook.

If you are in another state or are in a United States Territory such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or United States Virgin Islands, you are covered for emergency care. Not all hospitals and doctors accept Medicaid. (Medi-Cal is what Medicaid is called in California only.) If you need emergency care outside of California, tell the hospital or emergency room doctor as soon as possible that you have Medi-Cal and are a member of SFHP.

Ask the hospital to make copies of your SFHP ID card. Tell the hospital and the doctors to bill SFHP. If you get a bill for services you got in another state, call SFHP right away. We will work with the hospital and/or doctor to arrange for SFHP to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at **1(800) 977-2273**.

Note: American Indians may get services at out-of-network IHCPs.

The California Children’s Services (CCS) Program is a state program that treats children under 21 years of age who have certain health conditions, diseases, or chronic health problems and meet the CCS program rules. If you need health care services for a CCS-eligible medical condition and SFHP does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network for free. To learn more about the CCS Program, read Chapter 4, “Benefits and services,” in this handbook.

If you have questions about out-of-network or out-of-service-area care, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). If the office is closed and you want help from a representative, call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, or go to **sfhp.org/teladoc**.

If you need urgent care out of the SFHP service area, go to the nearest urgent care facility. If you are traveling outside the United States and need urgent care, SFHP will not cover your care. For more on urgent care, read “Urgent care” later in this chapter.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Delegated Model

SFHP also contracts with other organizations to provide specialized health care services that are delegated:

- SFHP partners with Carelon Behavioral Health (new name for Beacon Health Options) to provide outpatient mental health services. For more information, read “Outpatient mental health services” in the “Medi-Cal benefits covered by SFHP” section in Chapter 4 of this handbook. You can contact Carelon Behavioral Health at **1(855) 371-8117**, TTY **1(800) 735-2929** or visit **carelonbehavioralhealth.com**.
- SFHP partners with VSP Vision Care to provide vision care. For more information, read “Vision benefits” in the “Medi-Cal benefits covered by SFHP” section in Chapter 4 of this handbook. You can call VSP at **1(800) 877-7195** or visit **vsp.com**.
- SFHP partners with American Specialty Health (ASH) to provide expanded chiropractic services. For more information, read “Chiropractic services” in the “Medi-Cal benefits covered by SFHP” section in Chapter 4 of this handbook. You can call ASH at **1(800) 678-9133**, **1(877) 710-2746** TTY, or visit **ashlink.com/ash/sfhp**.

How managed care works

SFHP is a managed care health plan. SFHP provides care to members who live in San Francisco County. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

SFHP contracts with medical groups to provide care to SFHP members. A medical group is made up of doctors who are PCPs and specialists. The medical group works with other providers such as laboratories and durable medical equipment suppliers. The medical group is also connected with a hospital. Check your SFHP ID card for the names of your PCP, medical group, and hospital.

When you join SFHP, you choose or are assigned to a PCP. Your PCP is part of a medical group. Your PCP and medical group direct the care for all of your medical needs. Your PCP may refer you to specialists or order lab tests and X-rays. If you need services that require pre-approval (prior authorization), SFHP or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. Except for emergencies, you must also get hospital care from the hospital connected with your medical group.

Sometimes, you might need a service that is not available from a provider in the medical group. In that case, your PCP will refer you to a provider who is in another medical group or is outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

In most cases, you must have prior authorization from your PCP, medical group, or SFHP before you can go to an out-of-network provider or a provider who is not part of your medical group. You do not need pre-approval (prior authorization) for emergency services, family planning services, or in-network mental health services.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Members who have both Medicare and Medi-Cal

If you are in both Medicare and Medi-Cal, Medicare is your primary insurance and pays for your care before Medi-Cal pays. Members who have Medicare and Medi-Cal should have access to providers who are part of their Medicare coverage as well as providers who are included in the Medi-Cal plan coverage. The services that SFHP and Medi-Cal pay for depends on what kind of Medicare coverage you have. For example, you might have Original Medicare Part A and/or B, or you might be enrolled in a Part C Medicare Advantage Plan. SFHP pays for care covered by Medi-Cal that your Medicare does not cover. Medi-Cal always pays last. For more information about other health coverage, see the “Notice about Medi-Cal as a payer of last resort, other health coverage and tort recovery” in this handbook. Also refer to your Medicare Advantage EOC and Medicare Advantage Provider Directory if you are in a Medicare Advantage plan.

Doctors

You will choose a doctor or other provider from the SFHP Provider Directory as your PCP. The PCP you choose must be an in-network provider. To get a copy of the SFHP Provider Directory, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Or find it online at **sfhp.org**.

If you are choosing a new PCP, you should also call the PCP you want to make sure they are taking new patients.

If you had a doctor before you were a member of SFHP, and that doctor is not part of the SFHP network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

If you need a specialist, your PCP will refer you to a specialist in the SFHP network. Some specialists do not require a referral. For more on referrals, read “Referrals” later in this chapter.

Remember, if you do not choose a PCP, SFHP will choose one for you, unless you have other comprehensive health coverage in addition to Medi-Cal. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP from SFHP.

If you want to change your PCP, you must choose a PCP from the SFHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

You can also ask to change your PCP online through the SFHP Member Portal. Visit **sfhp.org** and click on “Member Portal Login.”



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Hospitals

In an emergency, call **911** or go to the nearest emergency room.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the SFHP provider network. The Provider Directory lists the hospitals in the SFHP network.

Women's health specialists

You can go to a women's health specialist in SFHP's network for covered care necessary to provide women's preventative and routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women's health specialist, you can call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). You can also call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, or go to **sfhp.org/teladoc**.

For family planning services, your provider does not have to be in the SFHP provider network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization). For help finding a Medi-Cal provider who is outside the SFHP provider network, call **1(800) 288-5555**.

Provider Directory

The SFHP Provider Directory lists providers in the SFHP network. The network is the group of providers that work with SFHP.

The SFHP Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, FQHCs, outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), IHCPs, and RHCs.

The Provider Directory has SFHP in-network provider names, specialties, addresses, phone numbers, business hours, and languages spoken. It tells you if the provider is taking new patients. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. To learn more about a doctor's education, professional qualifications, residency completion, training, and board certification, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

You can find the online Provider Directory at **sfhp.org**.

If you need a printed Provider Directory, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at **Medi-Calrx.dhcs.ca.gov/home**. You can also find a pharmacy near you by calling Medi-Cal Rx at **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**).



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At minimum, they must offer you an appointment listed in the time frames shown in the table below.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness, or other health condition	15 business days

Other wait time standards	You should be able to get connected within:
Customer Service telephone wait times during normal business hours	10 minutes
Telephone wait times for 24/7 SFHP Nurse Health Line	30 minutes (connected to nurse)

Sometimes waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. You can choose to wait for a later appointment or call SFHP to go to another provider of your choice. Your provider and SFHP will respect your wish.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
 SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
 Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Your doctor may recommend a specific schedule for preventive services, follow-up care for ongoing conditions, or standing referrals to specialists, depending on your needs.

Tell us if you need interpreter services, including sign language, when you call SFHP or when you get covered services. Interpreter services are available for free. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call Medi-Cal Rx Customer Service at **1(800) 977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8:00am to 5:00pm.

Travel time or distance to care

SFHP must follow travel time or distance standards for your care. Those standards help make sure you can get care without having to travel too far from where you live. Travel time or distance standards depend on the county you live in.

If SFHP is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For SFHP's time or distance standards for where you live, visit sfhp.org. Or call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

It is considered far if you cannot get to that provider within the SFHP's travel time or distance standards for your county, regardless of any alternative access standard SFHP might use for your ZIP Code.

If you need care from a provider located far from where you live, call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). They can help you find care with a provider located closer to you. If SFHP cannot find care for you from a closer provider, you can ask SFHP to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

If you need help with pharmacy providers, call Medi-Cal Rx at **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**).

Appointments

When you need health care

- Call your PCP
- Have your SFHP ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your Medi-Cal BIC and SFHP ID card to your appointment
- Ask for transportation to your appointment, if needed



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at sfhp.org.

- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit
- Be on time for your appointment, arrive a few minutes early to sign in, fill out forms, and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready

If you have an emergency, call **911** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the 24/7 SFHP Nurse Health Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, sfhp.org/teladoc.

Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, SFHP can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or for Non-Medical Transportation. These transportation services are not for emergencies and may be available for free.

If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care.

To learn more, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Canceling and rescheduling

If you can't get to your appointment, call your provider's office right away. Most providers require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your provider might stop providing care to you and you will have to find a new provider.

Payment

You do **not** have to pay for covered services unless you have a share of cost for long-term care. To learn more, read “For members with long-term care and a share of cost” in Chapter 2. In most cases, you will not get a bill from a provider. You must show your SFHP ID card and your Medi-Cal BIC when you get health care services or prescriptions, so your provider knows who to bill. You can get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

If you do get a bill, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). If you get a bill for prescriptions, call Medi-Cal Rx at **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**). Or visit the Medi-Cal Rx website at **Medi-Calrx.dhcs.ca.gov/home**.

Tell SFHP the amount you are being charged, the date of service, and the reason for the bill. SFHP will help you figure out if the bill was for a covered service or not. You do not need to pay providers for any amount owed by SFHP for any covered service. If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from SFHP, you might have to pay for the care you got.

You must get pre-approval (prior authorization) from SFHP before you visit an out-of-network provider except when:

- You need emergency services, in which case dial **911** or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization)
- You need mental health services, in which case you can go to an in-network provider or to a county mental health plan provider without pre-approval (prior authorization)

If you need to get medically necessary care from an out-of-network provider because it is not available in the SFHP network, you will not have to pay as long as the care is a Medi-Cal covered service and you got pre-approval (prior authorization) from SFHP for it. To learn more about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay you do not think you have to pay, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). If you pay the bill, you can file a claim form with SFHP. You will need to tell SFHP in writing about the item or service you paid for. SFHP will read your claim and decide if you can get money back.

For questions, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

If you get services in the Veterans Affairs system or get non-covered or unauthorized services outside of California, you might be responsible for payment.

SFHP will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You ask to be paid back for Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Referrals

If you need a specialist for your care, your PCP or another specialist will give you a referral to one. A specialist is a provider who focuses on one type of health care service. The doctor who refers you will work with you to choose a specialist. To help make sure you can go to a specialist in a timely way, DHCS sets time frames for members to get appointments. These time frames are listed in “Timely access to care” earlier in this chapter. Your PCP’s office can help you set up an appointment with a specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work, and other diagnostic tests, second opinions, surgeries, and any services provided by an out-of-network provider or a provider who is not part of your medical group’s network.

Your PCP might give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment. If pre-approval (prior authorization) is also required, the PCP or specialist will submit a request for prior authorization to SFHP or your medical group. For more information, read “Pre-approval (prior authorization)” in this handbook. If you have a health problem that needs special medical care for a long time, you might need a standing referral. Having a standing referral means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the SFHP referral policy, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

You do **not** need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call the Office of Family Planning Information and Referral Service at **1(800) 942-1054**)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs, and IHCPs)
- Initial mental health assessment
- Acupuncture

Minors can also get certain outpatient mental health services, sensitive services, and substance use disorder services without a parent or guardian’s consent. To learn more, read “Minor consent services” later in this chapter and “Substance use disorder treatment services” in Chapter 4 of this handbook.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

California Cancer Equity Act referrals

Effective treatment of complex cancers depends on many factors. These include getting the right diagnosis and getting timely treatment from cancer experts. If you are diagnosed with a complex cancer, the new California Cancer Care Equity Act allows you to ask for a referral from your doctor to get cancer treatment from an in-network National Cancer Institute (NCI)-designated cancer center, NCI Community Oncology Research Program (NCORP)-affiliated site, or a qualifying academic cancer center.

If SFHP does not have an in-network NCI-designated cancer center, SFHP will allow you to ask for a referral to get cancer treatment from one of these out-of-network centers in California, if the out-of-network center and SFHP agree on payment, unless you choose a different cancer treatment provider.

If you have been diagnosed with cancer, contact SFHP to find out if you qualify for services from one of these cancer centers.

**Ready to quit smoking? To learn about services in English, call 1(800) 300-8086.
For Spanish, call 1(800) 600-8191.
To learn more, go to www.kickitca.org.**

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask SFHP for permission before you get the care. This is called asking for pre-approval or prior authorization. It means SFHP must make sure the care is medically necessary (needed).

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under age 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services **always** need pre-approval (prior authorization), even if you get them from a provider in the SFHP network:

- Hospitalization, if not an emergency
- Services out of the SFHP service area, if not an emergency or urgent care
- Most outpatient surgeries
- Long-term care or skilled nursing services at a nursing facility (including adult and pediatric Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or



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intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), and ICF/DD-Nursing (ICF/DD-N))

- Most specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency
- Medications given in the doctor's office
- Some durable medical equipment and medical supplies
- Durable medical equipment, such as powered wheelchairs and hospital beds
- Acute rehabilitation
- Long-term acute care
- Services provided by out-of-network providers, if not an emergency or for sensitive services
- Services provided by SFHP providers that are not part of your medical group, if not an emergency, urgent, or for sensitive services

Emergency ambulance services do not require pre-approval (prior authorization).

SFHP has 5 business days from when SFHP gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. When a pre-approval (prior authorization) request is made by a provider and SFHP finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, SFHP will make a pre-approval (prior authorization) decision in no longer than 72 hours. This means that after getting the request for pre-approval (prior authorization), SFHP will give you notice as quickly as your health condition requires and no later than either 72 hours or 5 days after the request for services, depending on your condition. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

SFHP does not influence the reviewers' decision to deny or approve coverage or services in any way. If SFHP does not approve the request, SFHP will send you a Notice of Action (NOA) letter. The NOA will tell you how to file an appeal if you do not agree with the decision.

SFHP will contact you if SFHP needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the SFHP network or out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you might want a second opinion if you want to make sure your diagnosis is



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correct, you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked. SFHP will pay for a second opinion if you or your in-network provider asks for it, and you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from SFHP to get a second opinion from an in-network provider. If you want to get a second opinion, your PCP or specialist will refer you to a qualified in-network provider who can give you a second opinion.

To ask for a second opinion and to get help choosing a provider, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Your in-network provider can also help you get a referral for a second opinion if you want one.

If there is no provider in the SFHP network who can give you a second opinion, SFHP will pay for a second opinion from an out-of-network provider. SFHP will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, SFHP will tell you in writing within 72 hours.

If SFHP denies your request for a second opinion, you can file a grievance. To learn more about grievances, read “Complaints” in Chapter 6 of this handbook.

Sensitive care

Minor consent services

If you are under age 18, you can get some services without a parent’s or guardian’s permission. These services are called minor consent services.

You may get these services without your parent or guardian’s permission:

- Services for rape and other sexual assaults
- Pregnancy testing and counseling
- Contraception services such as birth control (excludes sterilization)
- Abortion services

If you are 12 years old or older, you may also get these services without your parent or guardian’s permission:

- Outpatient mental health services and counseling, or residential shelter services based on your maturity and ability to participate in your own health care
- HIV/AIDS counseling, prevention, testing, and treatment
- Sexually transmitted infection prevention, testing, and treatment which may include sexually transmitted diseases such as syphilis, gonorrhea, chlamydia, and herpes simplex



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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- Substance use disorder treatment for drug and alcohol abuse including screening, assessment, intervention, and referral services
 - To learn more, read “Substance use disorder treatment services” in Chapter 4 of this handbook.

For pregnancy testing, contraception services, or services for sexually transmitted infections the provider or clinic does not have to be in the SFHP network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization).

Services from an Out-of-Network Provider that are not related to Sensitive Care may not be covered. For help finding a Medi-Cal provider who is outside the SFHP Medi-Cal network, or to ask for transportation help to get to a provider, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). For more information related to contraceptive services, please read “Preventive and wellness services and chronic disease management” in Chapter 4 of this handbook.

For minor consent services that are outpatient mental health services, you can go to an in-network or out-of-network provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from SFHP to get covered minor consent services.

SFHP does not cover minor consent services that are specialty mental health services. The county mental health plan for the county where you live covers minor consent services that are specialty mental health services. For specialty mental health services, call your county mental health plan or your SFHP Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties’ toll-free telephone numbers online, go to <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Minors can talk to a representative in private about their health concerns by calling the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, or go to sfhp.org/teladoc.

If you are able to consent to your own care without the consent of a parent or guardian under the law, SFHP will not give information on your sensitive care services to your SFHP plan policyholder or primary subscriber or to any SFHP enrollees without your written permission. You can also ask to get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Adult sensitive care services

As an adult 18 years or older, you do not have to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control including sterilization for adults 21 and older



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Or call the California Relay Line at **711**. Visit online at sfhp.org.

- Pregnancy testing and counseling and other pregnancy-related services
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

For sensitive care, the doctor or clinic does not have to be in the SFHP network. You can choose to go to any Medi-Cal provider for these services without a referral or pre-approval (prior authorization) from SFHP. If you got care not listed here as sensitive care from an out-of-network provider, you might have to pay for it.

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Or call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, or go to **sfhp.org/teladoc**.

SFHP will not give information on your sensitive care services to your SFHP plan policyholder or primary subscriber, or any SFHP enrollees, without your written permission. You can get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to request confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Moral objection

Some providers have a moral objection to some covered services. They have a right to **not** offer some covered services if they morally disagree with the services. These services are still available to you from another provider. If your provider has a moral objection, they will help you find another provider for the needed services. SFHP can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

- Family planning
- Contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Ask if the provider can and will provide the services you need. Or call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

These services are available to you. SFHP will make sure you and your family members can use providers (doctors, hospitals, and clinics) who will give you the care you need. If you have questions or need help finding a provider, call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Urgent care

Urgent care is not for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization). If you ask for an urgent care appointment, you will get an appointment within 48 hours. If the urgent care services you need require a pre-approval (prior authorization), you will get an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Or you can call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397** to learn the level of care that is best for you. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, or visit **sfhp.org/teladoc**.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever
- Ear pain
- Sprained muscle
- Maternity services

When you are inside SFHP's service area and need urgent care, you must get the urgent care services from an in-network provider. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside SFHP's service area.

If you are outside the SFHP service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care outside the service area. Go to the nearest urgent care facility.

Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Call your county mental health plan or your SFHP Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to **<https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>**.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
 SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
 Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

If you get medicines as part of your covered urgent care visit while you are there, SFHP will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read “Prescription drugs covered by Medi-Cal Rx” in “Other Medi-Cal programs and services” in Chapter 4 of this handbook.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do not need pre-approval (prior authorization) from SFHP.

Inside the United States, including any United States Territory, you have the right to use any hospital or other setting for emergency care.

If you are outside the United States, only emergency care requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you do not get care right away, you would place your health (or your unborn baby’s health) in serious danger. This includes risking serious harm to your bodily functions, body organs or body parts. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do **not** go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. You do not need to ask your PCP or SFHP before you go to the ER. However, if you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362**, or visit **[sfhp.org/teladoc](https://www.sfhp.org/teladoc)**.

If you need emergency care outside the SFHP service area, go to the nearest ER even if it is not in the SFHP network. If you go to an ER, ask them to call SFHP. You or the hospital that admitted you should call



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Or call the California Relay Line at **711**. Visit online at **[sfhp.org](https://www.sfhp.org)**.

SFHP within 24 hours after you get emergency care. If you are traveling outside the United States other than to Canada or Mexico and need emergency care, SFHP will **not** cover your care.

If you need emergency transportation, call **911**.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call SFHP.

If you or someone you know is in crisis, please contact the 988 Suicide and Crisis Lifeline: Call or text **988** or chat online at **988lifeline.org/chat**. The 988 Suicide and Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people who are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Remember: Do not call **911** unless you reasonably believe you have a medical emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest ER.

The 24/7 SFHP Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call the 24/7 SFHP Nurse Advice Line at 1(877) 977-3397 (or 711). Or you can call Teladoc® for a phone or video consultation with a doctor at 1(800) 835-2362 or visit sfhp.org/teladoc.

24/7 Nurse Advice Line

The 24/7 SFHP Nurse Advice Line can give you free medical information and advice 24 hours a day, every day of the year. Call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397** (TTY **711**) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The 24/7 SFHP Nurse Advice Line **cannot** help with clinic appointments or medicine refills. Call your provider's office if you need help with these.

You can also call Teladoc® for a 24/7 phone or video consultation with a doctor at **1(800) 835-2362** or visit sfhp.org/teladoc.



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Or call the California Relay Line at **711**. Visit online at sfhp.org.

Advance health care directives

An advance health care directive or advance directive is a legal form. You can list on the form the health care you want in case you cannot talk or make decisions later. You can also list what health care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might have to pay for the form. You can also find and download a free form online. You can ask your family, PCP, or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. SFHP will tell you about changes to the state law no longer than 90 days after the change.

To learn more, you can call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.



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Or call the California Relay Line at **711**. Visit online at sfhp.org.

4. Benefits and services

What benefits and services your health plan covers

This chapter explains benefits and services covered by SFHP. Your covered services are free as long as they are medically necessary and provided by a SFHP in-network provider. You must ask SFHP for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask SFHP for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, “Child and youth well care” in this handbook.

Some of the basic health benefits and services SFHP offers are listed below. Benefits and services with a star (*) need pre-approval (prior authorization).



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology
- Behavioral health treatments*
- Biomarker testing
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy*
- Cognitive health assessments
- Community health worker services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning services (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care
- Hospice care at hospitals
- Inpatient medical and surgical care*
- Intermediate care facility services
- Lab and radiology
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services*
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices*
- Skilled nursing services, including subacute care services
- Specialist visits
- Speech therapy
- Surgical services*
- Telemedicine/Telehealth
- Transgender (gender affirming) services*
- Urgent care
- Vision services*
- Women's health services

Definitions and descriptions of covered services are in Chapter 8, "Important numbers and words to know" in this handbook.



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Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury.

Medically necessary services include those services that are necessary for age-appropriate growth and development, or to attain, maintain, or regain functional capacity.

For members under age 21, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member's condition to keep it from getting worse.

Medically necessary services do not include:

- **Treatments that are untested or still being tested**
- **Services or items not generally accepted as effective**
- **Services outside the normal course and length of treatment or services that do not have clinical guidelines**
- **Services for caregiver or provider convenience**

SFHP coordinates with other programs to be sure you get all medically necessary services, even if those services are covered by another program and not SFHP.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life,
- Prevent significant illness or significant disability,
- Alleviate severe pain,
- Achieve age-appropriate growth and development, or
- Attain, maintain, and regain functional capacity.

For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, screening, immunizations, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the Medi-Cal for Kids and Teens benefit requires. This benefit is known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Medi-Cal for Kids and Teens provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under 21 years old. Medi-Cal for Kids and Teens covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems. The goal of Medi-Cal for Kids and Teens is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

SFHP will coordinate with other programs to make sure you get all medically necessary services, even if another program covers those services and SFHP does not. Read “Other Medi-Cal programs and services” later in this chapter.

Medi-Cal benefits covered by SFHP

Outpatient (ambulatory) services

Adult immunizations (shots)

You can get adult immunizations (shots) from an in-network provider without pre-approval (prior authorization) when they are a preventive service. SFHP covers immunizations (shots) recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as preventive services, including immunizations (shots) you need when you travel.

You can also get some adult immunization (shots) services from a pharmacy through Medi-Cal Rx. To learn more about Medi-Cal Rx, read “Other Medi-Cal programs and services” later in this chapter.

Allergy care

SFHP covers allergy testing and treatment, including allergy desensitization, hypo-sensitization, or immunotherapy.

Anesthesiologist services

SFHP covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an anesthesiologist who may require pre-approval (prior authorization).

Chiropractic services

SFHP covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month, or combination of 2 services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy.



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Limits do not apply to children under age 21. SFHP may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month that includes 60-days after the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at county hospital outpatient departments, outpatient clinics, Federally Qualified Health Center (FQHCs), or Rural Health Clinics (RHCs) in the SFHP's network. Not all FQHCs, RHCs, or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

SFHP covers a yearly cognitive health assessment for members 65 years old or older who do not otherwise qualify for a similar assessment as part of a yearly wellness visit under the Medicare program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.

Community health worker services

SFHP covers community health worker (CHW) services for individuals when recommended by a doctor or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. CHW services have no service location limits and members can receive services in settings, such as the emergency department. Services may include:

- Health education and individual support or advocacy, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and violence or injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management
- Health navigation, including providing information, training, and support to assist with accessing health care and community resources
- Screening and assessment services that assist in connecting a member to the appropriate services to improve their health.

CHW violence prevention services are available to Members who meet any of the following circumstances as determined by a licensed practitioner:

- The Member has been violently injured as a result of community violence.
- The Member is at significant risk of experiencing violent injury as a result of community violence.
- The Member has experienced chronic exposure to community violence.



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CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to Members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

Dialysis and hemodialysis services

SFHP covers dialysis treatments. SFHP also covers hemodialysis (chronic dialysis) services if your doctor submits a request and SFHP approves it.

Medi-Cal coverage does not include:

- Comfort, convenience, or luxury equipment, supplies, and features
- Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

Doula services

SFHP covers doula services provided by in-network doula providers during a member's pregnancy; during labor and delivery, including stillbirth, miscarriage, and abortion; and within one year of the end of a member's pregnancy. Medi-Cal does not cover all doula services.

Doula providers are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during, stillbirth, miscarriage, and abortion.

As a preventive benefit, doula services require a written recommendation from a physician or other licensed practitioner of the healing arts within their scope of practice. DHCS issued a standing recommendation for doula services that fulfills the requirement for an initial recommendation. The initial recommendation for doula services includes the following authorizations:

- One initial visit
- Up to 8 additional visits that can be a mix of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage
- Up to 2 extended 3-hour postpartum visits after the end of a pregnancy

Members may receive up to nine additional postpartum visits with an additional written recommendation from a physician or other licensed practitioner.

SFHP must coordinate for out-of-network access to doula services for members if an in-network doula provider is not available.



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Dyadic services

SFHP covers medically necessary dyadic behavioral health (DBH) care services for members and their caregivers. A dyad is a child and their parents or caregivers. Dyadic care serves parents or caregivers and the child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include:

- DBH well-child visits
- Dyadic comprehensive Community Supports services
- Dyadic psycho-educational services
- Dyadic parent or caregiver services
- Dyadic family training, and
- Counseling for child development, and maternal mental health services

Outpatient surgery

SFHP covers outpatient surgical procedures. For some procedures, you will need to get pre-approval (prior authorization) before getting those services. Diagnostic procedures and certain outpatient medical or dental procedures are considered elective. You must get pre-approval (prior authorization).

Physician services

SFHP covers physician services that are medically necessary.

Podiatry (foot) services

SFHP covers podiatry services as medically necessary for diagnosis and for medical, surgical, mechanical, manipulative, and electrical treatment of the human foot. This includes treatment for the ankle and for tendons connected to the foot. It also includes nonsurgical treatment of the muscles and tendons of the leg that controls the functions of the foot.

Treatment therapies

SFHP covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

SFHP covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies



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- Breastfeeding education and aids
- Care coordination
- Certified Nurse Midwife (CNM)
- Counseling
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care
- Nutrition education
- Pregnancy-related health education
- Prenatal care
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider by phone, video, or other means. Or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

Telehealth may not be available for all covered services. You can contact your provider to learn which services you can get through telehealth. It is important that you and your provider agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

SFHP covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment at any time from a licensed mental health provider in the SFHP network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the SFHP network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, SFHP can provide mental health services for you. SFHP covers mental health services such as:



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- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory, and problem solving
- Outpatient services for the purposes of monitoring medicine therapy
- Outpatient laboratory services
- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract Drugs List ([Medi-Calrx.dhcs.ca.gov/home](https://www.medi-calrx.dhcs.ca.gov/home)), supplies and supplements
- Psychiatric consultation
- Family therapy which involves at least 2 family members. Examples of family therapy include, but are not limited to:
 - Child-parent psychotherapy (ages 0 through 5)
 - Parent child interactive therapy (ages 2 through 12)
 - Cognitive-behavioral couple therapy (adults)

SFHP partners with Carelon Behavioral Health to provide mental health services. For help finding more information on mental health services provided by SFHP, call Carelon Behavioral Health at **1(855) 371-8117** (TTY **1(800) 735-2929** or **711**).

If treatment you need for a mental health disorder is not available in the SFHP network or your PCP or mental health provider cannot give the care you need in the time listed above in “Timely access to care,” SFHP will cover and help you get out-of-network services.

If your mental health screening shows that you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider can refer you to the county mental health plan to get the care you need. SFHP will help you coordinate your first appointment with a county mental health plan provider to choose the right care for you. To learn more, read “Other Medi-Cal programs and services” under “Specialty mental health services” later in this chapter.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

SFHP covers all services needed to treat a medical emergency that happens in the United States (including territories such as Puerto Rico, United States Virgin Islands, etc.). SFHP also covers emergency care that requires hospitalization in Canada or Mexico.

A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in any of the following:

- Serious risk to your health



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- Serious harm to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious risk in cases of a pregnant person in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery
 - The transfer might pose a threat to your health or safety or to that of your unborn child

If a hospital emergency room provider gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, SFHP will cover the prescription drug as part of your covered Emergency Services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will cover that prescription.

If you need an emergency supply of medication from an outpatient pharmacy while traveling, Medi-Cal Rx will be responsible for covering the medication, and not SFHP. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at **1(800) 977-2273**.

Emergency transportation services

SFHP covers ambulance services to help you get to the nearest place of care in an emergency. This means your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the United States except emergency care that requires you to be in the hospital in Canada or Mexico. If you get emergency ambulance services in Canada or Mexico and you are not hospitalized during that care episode, SFHP will not cover your ambulance services.

Hospice and palliative care

SFHP covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social, and spiritual discomforts. Adults ages 21 years or older may not get hospice care and curative (healing) care services at the same time.

Hospice care

Hospice care is a benefit for terminally ill members. Hospice care requires the member to have a life expectancy of six months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational, or speech services
- Medical social services
- Home health aide and homemaker services



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- Medical supplies and appliances
- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility, or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility, or hospice facility

SFHP may require that you get hospice care from an in-network provider unless medically necessary services are not available in-network.

Palliative care

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing, and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including all authorized palliative and curative care
- Palliative care team including, but not limited to:
 - Doctor of medicine or osteopathy
 - Physician assistant
 - Registered nurse
 - Licensed vocational nurse or nurse practitioner
 - Social worker
 - Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are age 21 or older cannot get both palliative (curative) care and hospice care at the same time. If you are getting palliative care and qualify for hospice care, you can ask to change to hospice care at any time.



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Hospitalization

Anesthesiologist services

SFHP covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical or dental procedures.

Inpatient hospital services

SFHP covers medically necessary inpatient hospital care when you are admitted to the hospital.

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is 1 year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing.

RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children 1 year of age or younger. If your child qualifies for California Children's Services (CCS), CCS may cover the hospital stay and the RWGS.

Surgical services

SFHP covers medically necessary surgeries performed in a hospital.

Extended postpartum coverage

SFHP covers full-scope coverage for up to 12 months after the end of the pregnancy regardless citizenship, immigration status, changes in income, or how the pregnancy ends.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

SFHP covers rehabilitative and habilitative services described in this section if all of the following requirements are met:

- The services are medically necessary
- The services are to address a health condition
- The services are to help you keep, learn, or improve skills and functioning for daily living



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- You get the services at an in-network facility, unless an in-network doctor finds it medically necessary for you to get the services in another place or an in-network facility is not available to treat your health condition

SFHP covers these rehabilitative/habilitative services:

Acupuncture

SFHP covers acupuncture services to prevent, change, or relieve the perception of severe, ongoing chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services, with or without electrical stimulation of needles, are limited to 24 treatments per year in combination with audiology, chiropractic, occupational therapy, and speech therapy services when provided by a doctor, dentist, podiatrist, or acupuncturist. Limits do not apply to children under age 21. SFHP may pre-approve if (prior authorize) more services as medically necessary.

Audiology (hearing)

SFHP covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy, and speech therapy services (limits do not apply to children under age 21). SFHP may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

SFHP covers behavioral health treatment (BHT) services for members under 21 years old through the Medi-Cal for Kids and Teens benefit. BHT includes services and treatment programs such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of a member under 21 years old.

BHT services teach skills using behavioral observation and reinforcement or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence. They are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment, and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by SFHP, and provided in a way that follows the approved treatment plan.

Cardiac rehabilitation

SFHP covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

SFHP covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are



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covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, SFHP does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described earlier in this chapter under “Breast pumps and supplies” in “Maternity and newborn care”
- Items not intended to maintain normal activities of daily living, such as exercise equipment including devices intended to provide more support for recreational or sports activities
- Hygiene equipment, except when medically necessary for a member under age 21
- Nonmedical items such as sauna baths or elevators
- Modifications to your home or car
- Devices for testing blood or other body substances (diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization).

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral nutrition formulas and parenteral nutrition products may be covered through Medi-Cal Rx, when medically necessary. SFHP covers enteral and parenteral pumps and tubing, when medically necessary.

Hearing aids

SFHP covers hearing aids if you are tested for hearing loss, the hearing aids are medically necessary, and you have a prescription from your doctor. Coverage is limited to the lowest cost hearing aid that meets your medical needs. SFHP will cover one hearing aid unless a hearing aid for each ear is needed for better results than what you can get with one hearing aid.

Hearing aids for members under age 21:

In San Francisco County, state law requires children under 21 years old who need hearing aids to be referred to the California Children’s Services (CCS) Program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs for medically necessary hearing aids. If the child does not qualify for CCS, SFHP will cover medically necessary hearing aids as part of Medi-Cal coverage.



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In San Francisco County, SFHP covers CCS-eligible medical services, including hearing aids. SFHP will cover the medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members ages 21 and older:

Under Medi-Cal, SFHP will cover the following for each covered hearing aid:

- Ear molds needed for fitting
- One standard battery pack
- Visits to make sure the hearing aid is working right
- Visits for cleaning and fitting your hearing aid
- Repair of your hearing aid
- Hearing aid accessories and rentals

Under Medi-Cal, SFHP will cover a replacement hearing aid if:

- Your hearing loss is such that your current hearing aid is not able to correct it
- Your hearing 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

For adults ages 21 and older, Medi-Cal does **not** cover:

- Replacement hearing aid batteries

Home health services

SFHP covers health services given in your home when found medically necessary and prescribed by your doctor or by a physician assistant, nurse practitioner, or clinical nurse specialist.

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

- Part-time skilled nursing care
- Part-time home health aide
- Skilled physical, occupational, and speech therapy
- Medical social services
- Medical supplies

Medical supplies, equipment, and appliances

SFHP covers medical supplies prescribed by doctors, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through Medi-Cal Rx, part of Fee-for-Service (FFS) Medi-Cal, and not by SFHP. When Medi-Cal Rx covers supplies, the provider will bill Medi-Cal.



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Medi-Cal does **not** cover:

- Common household items including, but not limited to:
 - Adhesive tape (all types)
 - Rubbing alcohol
 - Cosmetics
 - Cotton balls and swabs
 - Dusting powders
 - Tissue wipes
 - Witch hazel
- Common household remedies including, but not limited to:
 - White petrolatum
 - Dry skin oils and lotions
 - Talc and talc combination products
 - Oxidizing agents such as hydrogen peroxide
 - Carbamide peroxide and sodium perborate
- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid, and zinc oxide paste
- Other items not generally used primarily for health care, and that are regularly and primarily used by persons who do not have a specific medical need for them

Occupational therapy

SFHP covers occupational therapy services including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services. Occupational therapy services are limited to 2 services per month in combination with acupuncture, audiology, chiropractic, and speech therapy services (limits do not apply to children under age 21). SFHP may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

SFHP covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. They include implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments, and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.



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Ostomy and urological supplies

SFHP covers ostomy bags, urinary catheters, draining bags, irrigation supplies, and adhesives. This does not include supplies that are for comfort or convenience, or luxury equipment or features.

Physical therapy

SFHP covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical medicines.

Pulmonary rehabilitation

SFHP covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

Skilled nursing facility services

SFHP covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with 24-hour per day skilled nursing care.

Speech therapy

SFHP covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. Limits do not apply to children under age 21. SFHP may pre-approve (prior authorize) more services as medically necessary.

Transgender services

SFHP covers transgender services (gender-affirming services) when they are medically necessary or when the services meet the rules for reconstructive surgery.

Clinical trials

SFHP covers routine patient care costs for patients accepted into clinical trials, including clinical trials for cancer, listed for the United States at clinicaltrials.gov.

Medi-Cal Rx, part of FFS Medi-Cal, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” later in this chapter.

Laboratory and radiology services

SFHP covers outpatient and inpatient laboratory and X-ray services when medically necessary. Advanced imaging procedures such as CT scans, MRIs, and PET scans, are covered based on medical necessity.



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Preventive and wellness services and chronic disease management

SFHP covers:

- Advisory Committee for Immunization Practices (ACIP) recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations (downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Adverse childhood experiences (ACE) screening
- Asthma prevention services
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). SFHP's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may choose a Medi-Cal doctor or clinic not in-network with SFHP without having to get pre-approval (prior authorization) from SFHP. If you get services not related to family planning from an out-of-network provider, those services might not be covered. To learn more, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Chronic disease management

SFHP also covers chronic disease management programs focused on the following conditions:

- Diabetes
- Cardiovascular disease
- Asthma

For preventive care information for members under age 21, read Chapter 5, "Child and youth well care," in this handbook.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:



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- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet certain rules to join DPP. Call SFHP to learn if you qualify for the program.

Reconstructive services

SFHP covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, diseases, or treatment of disease that resulted in loss of a body structure, such as a mastectomy. Some limits and exceptions may apply.

Substance use disorder screening services

SFHP covers:

- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)

For treatment coverage through the county, read “Substance use disorder treatment services” later in this chapter.

Vision benefits

SFHP covers:

- A Routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.



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Or call the California Relay Line at **711**. Visit online at **[sfhp.org](https://www.sfhp.org)**.

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, train, or taxi to get to your appointments for medical care. You can get medical transportation for covered services and Medi-Cal covered pharmacy appointments. You can request medical transportation by asking your doctor, dentist, podiatrist, or mental health or substance use disorder provider for it. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to SFHP. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need. Your doctor will need to reassess your medical need for medical transportation and, if appropriate, re-approve your prescription for medical transportation when it expires, if you still qualify. Your doctor may re-approve the medical transportation for up to 12 months or less.

Medical transportation is transportation in an ambulance, litter van, wheelchair van, or air transport. SFHP allows the lowest cost medical transportation for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, SFHP will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

You will get medical transportation if:

- It is physically or medically needed, with a written authorization by a doctor or other provider because you are not able to physically or medically able to use a car, bus, train, or taxi to get to your appointment
- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call the SFHP transportation liaison at **1(415) 547-7807** at least 5 business days before your appointment. For urgent appointments, call as soon as possible. Have your SFHP member ID card ready when you call.

Limits of medical transportation

SFHP provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting, or it is not a Medi-Cal-covered pharmacy appointment. The list of covered services is in the “Benefits and services” section in Chapter 4 of this handbook.

If Medi-Cal covers the appointment type but not through the health plan, SFHP will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered



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outside of the SFHP network or service area unless pre-authorized by SFHP. To learn more or to ask for medical transportation, call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Cost to member

There is no cost when SFHP arranges transportation.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, for free, when you have tried all other ways to get transportation and are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider, or
- Picking up prescriptions and medical supplies

SFHP allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. SFHP will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, SFHP can reimburse you (pay you back) for rides in a private vehicle that you arrange. SFHP must approve this before you get the ride.

You must tell us why you cannot get a ride any other way, such as by bus. You can call, email, or tell us in person. If you have access to transportation or can drive yourself to the appointment, SFHP will not reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement, you must submit copies of the driver's:

- Driver's license,
- Vehicle registration, and
- Proof of car insurance

To request a ride for services that have been authorized, call the SFHP Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**) at least 10 days before your appointment, or as soon as you can when you have an urgent appointment. Have your SFHP member ID card ready when you call.

Note: American Indians may also contact their Indian Health Care Provider to request non-medical transportation.

Limits of non-medical transportation

SFHP provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly for non-medical transportation. To learn more, call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).



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Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service
- You need help from the driver to get to and from the residence, vehicle, or place of treatment due to a physical or medical condition or place of treatment due to a physical or medical condition
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver
- Medi-Cal does not cover the service

Cost to member

There is no cost when SFHP arranges non-medical transportation.

Travel expenses

In some cases, if you have to travel for doctor's appointments that are not available near your home, SFHP can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. These travel expenses may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Other SFHP covered benefits and programs**Long-term care services and supports**

SFHP covers, for members who qualify, long-term care services and supports in the following types of long-term care facilities or homes:

- Skilled nursing facility services as approved by SFHP
- Subacute care facility services (including adult and pediatric) as approved by SFHP
- Intermediate care facility services SFHP approves, including:
 - Intermediate care facility/developmentally disabled (ICF/DD)
 - Intermediate care facility/developmentally disabled-habilitative (ICF/DD-H)
 - Intermediate care facility/developmentally disabled-nursing (ICF/DD-N)

If you qualify for long-term care services, SFHP will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).



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Basic care management

Getting care from many different providers or in different health systems is challenging. SFHP wants to make sure members get all medically necessary services, prescription medicines, and behavioral health services. SFHP can help coordinate and manage your health needs, for free. This help is available even when another program covers the services.

It can be hard to figure out how to meet your health care needs after you leave the hospital or if you get care in different systems. Here are some ways SFHP can help you:

- If you have trouble getting a follow-up appointment or medicines after you are discharged from the hospital, SFHP can help you.
- If you need help getting to an in-person appointment, SFHP can help you get free transportation.

If you have questions or concerns about your health or the health of your child, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. SFHP offers Complex Care Management (CCM) services to members who have had multiple hospital and emergency room visits in the past year.

If you are enrolled in CCM or Enhanced Care Management (read below) SFHP will make sure you have a assigned care manager who can help with basic care management described above, and with other transitional care supports that are available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.

Enhanced Care Management (ECM)

SFHP covers ECM services for members with highly complex needs. ECM has extra services to help you get the care you need to stay healthy. It coordinates your care from doctors and other providers. ECM helps coordinate primary and preventive care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to community resources.

If you qualify, you may be contacted about ECM services. You can also call SFHP to find out if and when you can get ECM. Or talk to your health care provider. They can find out if you qualify for ECM or refer you for care management services.



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Covered ECM services

If you qualify for ECM, you will have your own care team with a lead care manager. They will talk to you and your doctors, specialists, pharmacists, care managers, social services providers, and others. They make sure everyone works together to get you the care you need. A Lead Care Manager can also help you find and apply for other services in your community. ECM includes:

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM might be right for you, talk to your SFHP representative or health care provider.

Cost to member

There is no cost to the member for ECM services.

Community Supports

You may qualify to get certain Community Supports services, if applicable. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members. If you qualify for and agree to receive these services, they might help you live more independently. They do not replace benefits you already get under Medi-Cal.

SFHP offers the following Community Supports:

- **Medically Tailored Meals**

Medically Tailored Meals are meals you can get at no cost. They are made to keep you healthy.

You can get Medically Tailored Meals if you have one or more of the following:

- Have a chronic condition, such as diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders; or
- Were released from a hospital or other facility; or
- Have many health care needs.

You can get up to 2 meals per day, for up to 12 weeks. You can keep getting meals after 12 weeks if medically needed.



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- **Medical Respite**

Medical Respite is a care center where you can recover and heal after your time in the hospital, rather than staying longer in the hospital or go back in your current living situation. It has nurses and case managers to help you. You need to meet eligibility criteria for this service. Your hospital discharge or shelter health team will refer you for this service. There is no cost to you for this service.

- **Sobering Center**

Sobering Centers are alternative destinations for members aged 18 years and older who are intoxicated in public. Sobering Centers are alternatives to services typically provided in emergency departments and jails. They offer a safe, supportive environment to recover from acute intoxication. You need to meet the eligibility criteria. Emergency transport staff, hospital staff or other members of your care team can help refer you for this service. There is no cost to you for this service.

- **Housing Transition Navigation Services**

Housing Transition Navigation Services can help you find safe housing to live in. You can get help to move or to keep your current home. You can get support with housing if you are homeless or at risk of being homeless and have one or more of the following:

- Have a disability
- Have 1 or more serious chronic condition or mental illness
- Have a substance use disorder
- Are at risk of going to a treatment facility
- Were just released from jail, a hospital, or other facility
- Have a yearly income of less than 30% of the local median family income
- Are Transition-Age Youth age 16-25 years with a past of foster care or the juvenile justice system
- Have no support system such as help from family, friends, or church, and you also:
 - Moved 2 or more times in the last 60 days
 - Are living in some other person's home
 - Have been told to leave your place in the next 21 days
 - Live in a hotel or motel that is not paid for by a program
 - Live in a single-room occupancy (SRO) with 2 more people
 - Live in a house that has more than 1.5 people per room
 - Just left a facility such as a hospital, jail, foster care, etc.

- **Housing Tenancy and Sustaining Services**

Housing Tenancy and Sustaining Services support members in maintaining safe and stable tenancy once housing is secured.



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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

You can get support with Housing Tenancy if you have one or more of the following:

- At risk of being homeless
- Have a disability
- Have 1 or more serious chronic condition or mental illness
- Have a substance use disorder
- Are at risk for going to a treatment facility
- Were just released from jail, a hospital, or other facility
- Have a yearly income of less than 30% of the local median family income.
- Are age 16-25 years Transition-Age Youth with a past of foster care or juvenile justice system
- No support system such as family, friends, or help from a church, and you also:
 - Moved 2 or more times in the last 60 days
 - Are living in some other person's home
 - Have been told to leave your place in the next 21 days
 - Live in a hotel or motel that is not paid for by a program
 - Live in a single-room occupancy (SRO) with 2 more people
 - Live in a house that has more than 1.5 people per room
 - Just left a facility such as a hospital, jail, foster care, etc.

▪ **Home Modifications (Environmental Accessibility Adaptations)**

Environmental Accessibility Adaptations (also known as Home Modifications) are changes to your home that will help you live safely and independently.

Examples of changes to your home include:

- Installation of ramps
- Widening of doorways for wheelchair access
- Stair lifts
- Making the bathroom and shower wheelchair accessible

You can get support with Home Modifications if:

- You are at risk for going into a nursing facility
- It is unsafe or unhealthy for you to stay in your home

▪ **Nursing Facility Transition to Home**

Nursing Facility Transition to a home is for members living in a nursing facility who want to safely transition to the community and need support doing so.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
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You can get support Transitioning from a Nursing Facility to home if you:

- Currently receive a medically necessary Level of Care (LOC) services and choose to transition from a nursing facility or Medical Respite
- Lived 60+ days in a nursing home or medical respite setting
- Are interested in moving back to the community

If you need help or want to find out what Community Supports might be available for you, call **(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Or, call your health care provider.

Major organ transplant

Transplants for children under age 21

In San Francisco County, state law requires children who need transplants to be referred to the CCS Program to decide if the child qualifies for CCS. If the child qualifies for CCS, the program will cover the costs for the transplant and related services.

If the child does not qualify for CCS, SFHP will refer the child to a qualified transplant center for an evaluation. If the transplant center confirms that a transplant is safe and needed for the child's medical condition, SFHP will cover the transplant and other related services.

Transplants for adults ages 21 and older

If your doctor decides you may need a major organ transplant, SFHP will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and safe for your medical condition, SFHP will cover the transplant and other related services.

The major organ transplants SFHP covers include, but are not limited to:

- | | |
|-------------------|---------------------|
| ▪ Bone marrow | ▪ Liver |
| ▪ Heart | ▪ Liver/small bowel |
| ▪ Heart/lung | ▪ Lung |
| ▪ Kidney | ▪ Small bowel |
| ▪ Kidney/pancreas | |

Street medicine programs

Members experiencing homelessness may receive covered services from street medicine providers within SFHP's provider network. Members experiencing homelessness may be able to select a SFHP street medicine provider to be their Primary Care Provider (PCP), if the street medicine provider meets PCP eligibility criteria and agrees to be the member's PCP. To learn more about SFHP's street medicine program, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).



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Other Medi-Cal programs and services

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other Medi-Cal programs

SFHP does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. SFHP will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not SFHP. This section lists some of these services. To learn more, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, which is part of FFS Medi-Cal. SFHP might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office, or infusion center, or by a home infusion provider, these may be considered physician-administered drugs.

If a non-pharmacy based medical health care professional administers a drug, it is covered under the medical benefit. Your provider can prescribe you drugs on the Medi-Cal Rx Contract Drugs List.

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy may give you a 14-day emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine an outpatient pharmacy gives.
- Medi-Cal Rx may say no to a non-emergency request. If they do, they will send you a letter to tell you why. They will tell you what your choices are. To learn more, read "Complaints" in Chapter 6 of this handbook.

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**), or go to the Medi-Cal Rx website at **Medi-Calrx.dhcs.ca.gov/home**.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at **Medi-Calrx.dhcs.ca.gov/home**.

You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**).



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Once you choose a pharmacy, your provider can send a prescription to your pharmacy electronically. Your provider may also give you a written prescription to take to your pharmacy. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medicines you are taking and any allergies you have. If you have any questions about your prescription, ask the pharmacist.

Members can also get transportation services from SFHP to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Specialty mental health services (SMHS)

Some mental health services are provided by county mental health plans instead of SFHP. These include SMHS for Medi-Cal members who meet services rules for SMHS. SMHS may include these outpatient, residential, and inpatient services:

Outpatient services:

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Mobile crisis services
- Peer Support Services (PSS) (optional)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about SMHS the county mental health plan provides, you can call your county mental health plan.

To find all counties' toll-free telephone numbers online, go to dhcs.ca.gov/individuals/Pages/MHPContaktList.aspx. If SFHP finds you will need services from the county mental health plan, SFHP will help you connect with the county mental health plan services.



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Substance use disorder treatment services

SFHP encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments, and from specialty substance use service providers. County Behavioral Health Plans often provide specialty services.

To learn more about treatment options for substance use disorders, call San Francisco Treatment Access Program (TAP) at **1(628) 754-9100**, which is part of the county mental health system.

SFHP members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.

The county provides substance use disorder services to Medi-Cal members who qualify for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers go to dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

SFHP will provide or arrange for MAT to be given in primary care, inpatient hospital, emergency department, and other medical settings.

Dental services

FFS Medi-Cal Dental is the same as FFS Medi-Cal for your dental services. Before you get dental services, you must show your BIC to the dental provider. Make sure the provider takes FFS Dental and you are not part of a managed care plan that covers dental services.

Medi-Cal covers a broad range of dental services through Medi-Cal Dental, including:

- Diagnostic and preventive dental services such as examinations, X-rays, and teeth cleanings
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planing
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call Medi-Cal Dental at **1(800) 322-6384** (TTY **1(800) 735-2922** or **711**). You can also go to the Medi-Cal Dental website at: www.dental.dhcs.ca.gov.



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California Children’s Services (CCS)

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS Program rules. If SFHP or your PCP believes your child has a CCS eligible condition, they will be referred to the county CCS Program to check if they qualify.

County CCS Program staff will decide if you or your child qualifies for CCS services. SFHP does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat them for the CCS eligible condition. SFHP will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines, and well-child checkups.

SFHP does not cover services that the CCS Program covers. For CCS to cover these services, CCS must approve the provider, services, and equipment.

CCS covers most health conditions. Examples of CCS eligible conditions include, but are not limited to:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- HIV/AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child does not qualify for CCS Program services, they will keep getting medically necessary care from SFHP.

To learn more about CCS, go to www.dhcs.ca.gov/services/ccs. Or call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Transportation and travel expenses for CCS

You may be able to get transportation, meals, lodging, and other costs such as parking, tolls, etc. if you or your family needs help to get to a medical appointment related to a CCS eligible condition and there is no other available resource. Call SFHP and request pre-approval (prior authorization) before you pay out-of-pocket for transportation, meals, and lodging. SFHP does provide non-medical and non-emergency medical transportation as noted in Chapter 4, “Benefits and services,” in this handbook.



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If your transportation or travel expenses that you paid for yourself are found necessary and SFHP verifies that you tried to get transportation through SFHP, SFHP will pay you back. We must pay you back within 60 calendar days of date you submit the required receipts and proof of transportation expenses.

Home and community-based services (HCBS) outside of CCS services

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community-based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community-based setting, SFHP cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.

1915(c) waiver Home and Community-Based Services (HCBS)

California's 6 Medi-Cal 1915(c) waivers allow the state to provide services to persons who would otherwise need care in a nursing facility or hospital in the community-based setting of their choice. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services offered under the waivers must not cost more than the alternative institutional level of care. HCBS Waiver recipients must qualify for full-scope Medi-Cal. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The 6 Medi-Cal 1915(c) waivers are:

- California Assisted Living Waiver (ALW)
- California Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities
- HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD)
- Home and Community-Based Alternatives (HCBA) Waiver
- Medi-Cal Waiver Program (MCWP), formerly called the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
- Multipurpose Senior Services Program (MSSP)

To learn more about the Medi-Cal Waivers, go to <https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>. Or call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance as an alternative to out-of-home care to qualified Medi-Cal eligible persons, including those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in



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out-of-home care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

To learn more about IHSS available in your county, go to <https://www.cdss.ca.gov/inforesources/ihss>. Or call your local county social services agency.

Services you cannot get through SFHP or Medi-Cal

SFHP and Medi-Cal will not cover some services. Services SFHP or Medi-Cal do not cover include, but are not limited to:

- Infertility studies or procedures to diagnose or treat infertility, including In vitro fertilization (IVF)
- Fertility preservation
- Experimental services
- Home modifications
- Vehicle modifications
- Cosmetic surgery and procedures
- Immigration medical exams
- Prayer healing
- Personal care services
- Surrogacy
- Circumcision for newborns under 28 days old (circumcision is covered for members over 28 days old when medically necessary)
- Serum Alphafetoprotein Testing

SFHP may cover a non-covered service if it is medically necessary. Your provider must submit a pre-approval (prior authorization) request to SFHP or your medical group with the reasons the non-covered benefit is medically needed.

To learn more call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Evaluation of new and existing technologies

San Francisco Health Plan looks at and reviews new technologies from time to time. We do this to keep up with changes in medical technology and clinical practice. Coverage of new technology depends on the Medi-Cal benefits and medical necessity.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
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Or call the California Relay Line at **711**. Visit online at sfhp.org.

5. Child and youth well care

Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, and mental health care, including developmental and specialty services. This chapter explains these services.

Medi-Cal for Kids and Teens

Members under 21 years old are covered for needed care for free. The list below includes medically necessary services to treat or care for any defects and physical or mental diagnoses. Covered services include, but are not limited to:

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services (SMHS) are covered by the county)
- Adverse childhood experiences (ACE) screening
- Enhanced Care Management (EC) for Children and Youth Populations of Focus (POFs) (a Medi-Cal-managed care plan (MCP) benefit)
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by California Children’s Services (CCS) for children who qualify. SFHP will cover services for children who do not qualify for CCS).
- Home Health Services, such as private duty nursing (PDN), occupational therapy, physical therapy, and medical equipment and supplies.

These services are called Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) services. Additional information for members regarding Medi-Cal for Kids and Teens can be found here, <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Member-Information.aspx>. Medi-Cal for Kids and Teens services that are recommended by pediatricians’ Bright Futures guidelines to help you, or your child, stay healthy are covered for free. To read the Bright Futures guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.



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Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP members with complex needs. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Children and Youth Populations of Focus eligible for this benefit include:

- Children and Youth Experiencing Homelessness
- Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
- Children and Youth Involved in Child Welfare

Additional information on ECM can be found here: www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Children-And-Youth-POFs-Spotlight.pdf

In addition, ECM Lead Care Managers are strongly encouraged to screen ECM Members for needs for Community Supports services provided by MCPs as cost-effective alternatives to traditional medical services or settings—and refer to those Community Supports when eligible and available. Children and youth may benefit from many of the Community Supports services, including asthma remediation, housing navigation, medical respite, and sobering centers.

Community Supports are services provided by Medi-Cal managed care plans (SFHPs) and are available to eligible Medi-Cal members regardless of whether they qualify for ECM services.

More information on Community Supports can be found here: <https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf>

Some of the services available through Medi-Cal for Kids and Teens, such as PDN, are considered supplemental services. These are not available to Medi-Cal members ages 21 and older. To keep getting these services for free, you or your child may have to enroll in a 1915c HCBS waiver, or other Long-Term Care Services and Supports, on or before turning the age of 21. If you or your child is getting supplemental services through Medi-Cal for Kids and Teens and will be turning 21 years of age soon, contact SFHP to talk about choices for continued care.

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child’s doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance (alcohol or drug) use disorders. SFHP covers



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check-ups to screen for problems (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up.

Preventive care also includes immunizations (shots) you or your child need. SFHP must make sure all enrolled children are up to date with all the immunizations (shots) they need when they have their visits with their doctor. Preventive care services and screenings are available for free and without pre-approval (prior authorization).

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate immunizations (shots) (California follows the American Academy of Pediatrics Bright Futures schedule: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Lab tests, including blood lead poisoning screening
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

If the doctor finds a problem with your or your child's physical or mental health during a check-up or screening, you or your child might need to get further medical care. SFHP will cover that care for free, including:

- Doctor, nurse practitioner, and hospital care
- Immunizations (shots) to keep you healthy
- Physical, speech/language, and occupational therapies
- Home health services, including medical equipment, supplies, and appliances
- Treatment for vision problems, including eyeglasses
- Treatment for hearing problems, including hearing aids when they are not covered by CCS
- Behavioral Health Treatment for health conditions such as autism spectrum disorders, and other developmental disabilities
- Case management and health education



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- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance

Blood lead poisoning screening

All children enrolled in SFHP should get blood lead poisoning screening at 12 and 24 months of age, or between 24 and 72 months of age if they were not tested earlier. Children can get a blood lead screening if a parent or guardian requests one. Children should also be screened whenever the doctor believes a life change has put the child at risk.

Help getting child and youth well care services

SFHP will help members under 21 years old and their families get the services they need. A SFHP care coordinator can:

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, including orthodontics

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other programs

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about 4 to 6 months, "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.



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 Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

These Medi-Cal dental services are free or low-cost services for:

Babies aged 0 to 3

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months and sometimes more)
- X-rays
- Teeth cleaning (every 6 months, and sometimes more)
- Fluoride varnish (every 6 months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Kids aged 4-12

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Molar sealants
- Fillings
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Youth aged 13-20

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Partial and full dentures
- Scaling and root planing
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

* Providers should consider sedation and general anesthesia when they determine and document a reason local anesthesia is not medically appropriate, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

- Physical, behavioral, developmental, or emotional condition that blocks the patient from responding to the provider's attempts to perform treatment
- Major restorative or surgical procedures
- Uncooperative child



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- Acute infection at an injection site
- Failure of a local anesthetic to control pain

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at **1(800) 322-6384** (TTY **1(800) 735-2922** or **711**). Or go to **smilecalifornia.org**.

Additional preventive education referral services

If you are worried that your child is not participating and learning well at school, talk to your child's doctor, teachers, or administrators at the school. In addition to your medical benefits covered by SFHP, there are services the school must provide to help your child learn and not fall behind. Services that can be provided to help your child learn include:

- Speech and language services
- Psychological services
- Physical therapy
- Occupational therapy
- Assistive technology
- Social Work services
- Counseling services
- School nurse services
- Transportation to and from school

The California Department of Education provides and pays for these services. Together with your child's doctors and teachers, you may be able to make a custom plan that will best help your child.



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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

6. Reporting and solving problems

There are two ways to report and solve problems:

- Use a **complaint (grievance)** when you have a problem or are unhappy with SFHP or a provider or with the health care or treatment you got from a provider.
- Use an **appeal** when you do not agree with SFHP's decision to change your services or to not cover them.

You have the right to file grievances and appeals with SFHP to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for filing a complaint with us or reporting issues. Telling us about your problem will help us improve care for all members.

You may contact SFHP first to let us know about your problem. Call us between Monday–Friday, 8:30am–5:30pm at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with SFHP. You can call DMHC for free at **1(888) 466-2219** (TTY **1(877) 688-9891** or **711**). Or go to:

<https://www.dmhc.ca.gov>.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, 8:00am to 5:00pm at **1(888) 452-8609**. The call is free.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

To report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8:00am to 5:00pm at **1(800) 541-5555**.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Complaints

A complaint (grievance) is when you have a problem or are unhappy with the services you are getting from SFHP or a provider. There is no time limit to file a complaint. You can file a complaint with SFHP at any time by phone, in writing by mail, or online. Your authorized representative or provider can also file a complaint for you with your permission.

- **By phone:** Call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**) between Monday–Friday, 8:30am–5:30pm. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

San Francisco Health Plan
 Attn: Grievance Coordinator
 P.O. Box 194247
 San Francisco, CA 94119

Your doctor's office will have appeal forms available.

- **Online:** Go to the SFHP website at **sfhp.org**.

If you need help filing your complaint, we can help you. We can give you free language services. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Within 5 calendar days of getting your complaint, SFHP will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call SFHP about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, SFHP does not respond to you within the 72-hour period, or if you are unhappy with SFHP's decision.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
 SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
 Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the SFHP grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**). Or go to **Medi-Calrx.dhcs.ca.gov/home**.

Complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is **1(888) 466-2219** (TTY **1(877) 688-9891**). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: **www.dmhc.ca.gov**.

Appeals

An appeal is different from a complaint. An appeal is a request for SFHP to review and change a decision we made about your services. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. Your authorized representative or provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within 60 days from the date on the NOA you got from SFHP. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your service will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.

You can file an appeal by phone, in writing by mail, or online:

- **By phone:** Call SFHP at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**) between Monday–Friday, 8:30am–5:30pm. Give your name, health plan ID number, and the service you are appealing.
- **By mail:** Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the service you are appealing.

Mail the form to:

San Francisco Health Plan
Attn: Grievance Coordinator
P.O. Box 194247
San Francisco, CA 94119

Your doctor's office will have appeal forms available.

- **Online:** Visit the SFHP website. Go to **sfhp.org**.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

Within 5 days of getting your appeal, SFHP will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC.

But if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if your issues do not qualify for an IMR, even if the State Hearing has already happened.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). We will decide within 72 hours of receiving your appeal.

What to do if you do not agree with an appeal decision

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter and it has been past 30 days, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS) and a judge will review your case. CDSS' toll-free telephone number is **1(800) 743-8525** (TTY **1(800) 952-8349**). You can also ask for a State Hearing online at **www.cdss.ca.gov**. More ways of asking for a State Hearing can be found in “State hearings” later in this chapter.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have SFHP's decision reviewed. If your complaint qualifies for DMHC's Independent Medical Review (IMR) process, an outside doctor who is not part of SFHP will review your case and make a decision that SFHP must follow. DMHC's toll-free telephone number is **1(888) 466-2219** (TTY **1(877) 688-9891**). You can find the IMR/Complaint form and instructions online at DMHC's website: **www.dmhc.ca.gov**.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by SFHP. To submit complaints and appeals about Medi-Cal Rx pharmacy benefits, call **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**). Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR) with DMHC.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. You cannot ask DMHC for an IMR for Medi-Cal Rx pharmacy benefit decisions.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care (DMHC)

An IMR is when an outside doctor who is not related to SFHP reviews your case. If you want an IMR, you must first file an appeal with SFHP for non-urgent concerns. If you do not hear from SFHP within 30 calendar days, or if you are unhappy with SFHP's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing. So, if you want an IMR and a State hearing file your complaint as soon as you can.

Remember, if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

You may be able to get an IMR right away without first filing an appeal with SFHP. This is in cases where your health concern is urgent, such as those involving a serious threat to your health.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure SFHP made the correct decision when you appealed its denial of services.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and



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SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with SFHP and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether SFHP made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with SFHP and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact SFHP between 8:30am to 5:30pm, Monday–Friday, by calling **1(800) 288-5555**. If you cannot hear or speak well, call TTY **1(415) 547-7830** or **711**. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, if SFHP did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a NOA or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you a NOA letter
- We did not give you a NAR letter
- We made a mistake in our NAR letter
- We did not decide your appeal within 30 days
- We decided your case was urgent but did not respond to your appeal within 72 hours



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SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

You can ask for a State Hearing in these ways:

- **By phone:** Call CDSS' State Hearings Division at **1(800) 743-8525** (TTY **1(800) 952-8349** or **711**)
- **By mail:** Fill out the form provided with your appeals resolution notice and mail it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-433
Sacramento, CA 94244-2430
- **Online:** Request a hearing online at **www.cdss.ca.gov**
- **By email:** Fill out the form that came with your appeals resolution notice and email it to **scopeofbenefits@dss.ca.gov**
 - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division at **1(916) 309-3487** or toll free at **1(833) 281-0903**.

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

At the hearing, you will tell the judge why you disagree with SFHP's decision. SFHP will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. SFHP must follow what the judge decides.

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from SFHP.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number **1(800) 822-6222** or submitting a complaint online at **www.dhcs.ca.gov**.

Provider fraud, waste, and abuse includes:

- Falsifying medical records
- Prescribing more medicine than is medically necessary
- Giving more health care services than is medically necessary



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members to influence which provider is selected by the member
- Changing member's primary care provider without the knowledge of the member

Fraud, waste, and abuse by a person who gets benefits includes, but is not limited to:

- Lending, selling, or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when there is no medical appointment or prescriptions to pick up

To report fraud, waste, or abuse, write down the name, address, and ID number of the person who committed the fraud, waste, or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

San Francisco Health Plan
Attn: Compliance
P.O. Box 194247
San Francisco, CA 94119-4247

You can also call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**), or **1(415) 547-7800**.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

7. Rights and responsibilities

As a member of SFHP, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of SFHP.

Your rights

These are your rights as a member of SFHP:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about SFHP's member rights and responsibilities policy
- To be able to choose a primary care provider within SFHP's network
- To have timely access to network providers
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for SFHP's decision to deny, delay, terminate (end), or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer, or limit services or benefits
- To get free interpreting and translation services for your language
- To get free legal help at your local legal aid office or other groups
- To formulate advance directives
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with SFHP and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To disenroll (drop) from SFHP and change to another health plan in the county upon request
- To access minor consent services



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

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Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- To get free written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by SFHP, your providers, or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside SFHP's network pursuant to federal law

Your responsibilities

SFHP members have these responsibilities:

- Carefully read all SFHP materials immediately after you are enrolled so you understand how to use your SFHP benefits.
- Using your ID cards properly. Bring your SFHP ID card, a photo ID, and your Medi-Cal (BIC) ID card with you when you come in for care or need drugs.
- Ask questions when needed.
- Follow the provisions of your SFHP membership as explained in this Handbook.
- Be responsible for your health, understand your health problems, and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Follow the treatment plans your provider develops for you and accept the possible consequences if you refuse to follow the treatment plans or recommendations.
- Ask questions about your medical condition and make certain that you understand the explanations and instructions you are given.
- Make and keep medical appointments and let your provider know ahead of time when you must cancel.
- Communicate openly with your provider so you can develop a strong partnership based on trust and cooperation.
- Offer suggestions to improve SFHP.
- Help SFHP and your providers maintain accurate and current medical records by providing information promptly about changes in address, family status, other health plan coverage, and information needed to provide you with care.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- 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 the 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.
- 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.
- Provide accurate information to the professional staff, following instructions, and cooperating with the providers.
- Inform SFHP and the Medi-Cal program if you have other health coverage (private health insurance) besides Medi-Cal.
- If you are injured and another party is liable for your injury, inform SFHP and the Medi-Cal program within 30 days of filing a legal action or claim.

Notice of non-discrimination

Discrimination is against the law. SFHP follows state and federal civil rights laws. SFHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SFHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SFHP Monday–Friday, 8:30am–5:30pm by calling **1(800) 288-5555**. Or, if you cannot hear or speak well, call TTY **1(415) 547-7830** or **711** to use the California Relay Service.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

How to file a grievance

If you believe that SFHP has failed to provide these services or unlawfully discriminated in another way based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SFHP's Civil Rights Coordinator. You can file a grievance by phone, by mail, in person, or online:

- **By phone:** Contact SFHP's Civil Rights Coordinator between 8:30am and 5:30pm, Monday–Friday by calling **1(800) 288-5555**. Or, if you cannot hear or speak well, call TTY **1(415) 547-7830** or **711** to use the California Relay Service.
- **By mail:** Fill out a complaint form or write a letter and send it to:

SFHP's Civil Rights Coordinator
San Francisco Health Plan
Civil Rights Grievance Coordinator
P.O. Box 194247
San Francisco, CA 94119-4247
- **In person:** Visit your doctor's office or SFHP and say you want to file a grievance.
- **Online:** Visit SFHP's website at sfhp.org/grievance.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services (DHCS), Office of Civil Rights by phone, by mail, or online:

- **By phone:** Call **1(916) 440-7370**. If you cannot speak or hear well, call **711** (Telecommunications Relay Service).
- **By mail:** Fill out a complaint form or mail a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Online:** Send an email to CivilRights@dhcs.ca.gov.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

Office of Civil Rights – United States Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the United States Department of Health and Human Services, Office for Civil Rights by phone, by mail, or online:

- **By phone:** Call **1(800) 368-1019**. If you cannot speak or hear well, call TTY **1(800) 537-7697** or **711** to use the California Relay Service.
- **By mail:** Fill out a complaint form or mail a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at www.hhs.gov/ocr/complaints/index.html.

- **Online:** Visit the Office for Civil Rights Complaint Portal at ocrportal.hhs.gov/ocr/cp.

Ways to get involved as a member

SFHP wants to hear from you. Each quarter, SFHP has meetings to talk about what is working well and how SFHP can improve. Members are invited to attend. Come to a meeting!

SFHP Member Advisory Committee (MAC)

SFHP has a group called Member Advisory Committee (MAC). This group is made up of SFHP members and community advisory committee members. You can join this group if you would like. The group talks about how to improve SFHP policies, health topics for SFHP members, and the community.

If you would like to be a part of this group, call **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**), or **1(415) 547-7800**.

Notice of privacy practices

A statement describing SFHP policies and procedures for preserving the confidentiality of medical records is available and will be given to you upon request.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services. You can read more about sensitive services in the "Sensitive care" section of this handbook.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

You can ask SFHP to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a “request for confidential communications.” If you consent to care, SFHP will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, SFHP will send communications in your name to the address or telephone number on file.

SFHP will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

SFHP’s statement of its policies and procedures for protecting your medical information (called a “Notice of Privacy Practices”) is included below:

Your rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Request certain health information through a third-party application of your choice, as allowed by Interoperability Rules
- Ask us to limit the information we share
- Limit sharing of your information related to sensitive services
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services. SFHP will not sell your information.
- Provide certain health information to you through a third-party application of your choice, as allowed by Interoperability Rules



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SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Our uses and disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to your request for your information through a third-party application of your choice, as allowed by Interoperability Rules
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not

Your race, ethnicity, language, sexual orientation, and gender identity are protected by our systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services. This information helps us to:

- Better understand your health care needs.
- Know your language preference when seeing health care providers.
- Provide health care information to meet your care needs.
- Offer programs to help you with your health.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive services.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- You can request certain data through a third-party application of your choice, as allowed by Interoperability Rules.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone), contact you at a specific email address, or send mail to a different address.
- We will accommodate your request if we can readily produce your information and notices in the way and at the location(s) you specify.
- If you submit your confidential communication request to us by telephone or electronically, we will begin contacting you in the way and at the location(s) you specify within 7 calendar days of receipt. If you submit your confidential communication request to us by mail, we will begin contacting you in the way and at the location(s) you specify within 14 calendar days of receipt.
- Your confidential communication request is valid until you revoke it or submit a new request.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Limit sharing of your information related to sensitive services

- Sensitive services are care related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections (including HIV and AIDS), substance use disorder, gender affirming care, and intimate partner violence.
- You are not required to get someone else’s permission to receive sensitive services or submit a claim for sensitive services if you have the right to consent. You may need to be a certain age or have sufficient capacity to consent depending on the type of sensitive services.
- We will not share your medical information about sensitive services with anyone without your express written authorization.
- We will communicate with you directly about sensitive services. You may ask us to communicate with you in a specific way by requesting confidential communications.
- We will not require you to give up your rights to enroll in or be covered under the plan.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Prohibited data release

- We will not release your medical and personal information related to an abortion that is requested by a subpoena or other request that is based on another state's laws that interfere with your rights under the Reproductive Privacy Act.
- We will not release medical information about a child that receives gender-affirming health care or gender-affirming mental health care in response to any civil action, including a foreign subpoena.
- We will not release medical information to persons or entities who have requested that information because another state's law allows a civil action about a child getting gender-affirming health care or gender-affirming mental health care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated.
- You can complain if you feel we have violated your rights by contacting us using the information in the "Complaints" section in Chapter 6 of this handbook.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1(877) 696-6775**, or visiting <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at [sfhp.org](https://www.sfhp.org).

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information (SFHP, however, will never sell your information)

Our uses and disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Employers and other organizations sponsor health insurance programs. These employers or sponsors contract with SFHP to provide services to you and pay claims. We may notify the plan sponsor if you are enrolled in, or disenrolled from the plan. We may also disclose your health information so the plan



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sponsor can audit SFHP's performance. The sponsor agrees to keep your health information confidential and secure.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Conduct outreach, enrollment, care coordination and case management

- We can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.

Appeal a DHCS decision

- We can share your information if you or your provider appeal a DHCS decision about your health care.

Apply for full scope Medi-Cal

- If you are applying for full scope Medi-Cal benefits, we must check your immigration status with the U.S. Citizenship and Immigration Services (USCIS).

Join a managed care plan

- If you are joining a new managed care plan, we can share your information with that plan for reasons such as care coordination and to make sure that you can get services on time.

Administer our program

- We can share your information with our agents who help us administer our program.

Comply with special laws

There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when that are stricter than this notice.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

Do research

- We can use or share your information for health research.

Interoperability Rules

- Interoperability Rules require Medi-Cal managed care plans like us to provide up to five years of certain health care data when you request it through a third-party application of your choice.
- The third-party application would be one that you select on your smart phone.
- Third-party applications are required to follow rules to protect your data. For more information, see “Helpful Information for Members” on our website.
- We are not responsible for the third-party application that you select and are not responsible for your data once transferred to the third-party application per your request.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at **sfhp.org**.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- Pursuant to the Interoperability Rules, if the third-party application you select threatens our information security, we are not required to transfer your data to the application.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Contact SFHP at:

San Francisco Health Plan
Attn: Chief Officer, Regulatory Affairs and Compliance
P.O. Box 194247
San Francisco, CA 94119-4247
1(415) 547-7800 or toll-free at **1(800) 288-5555**

Contact the Secretary of Health and Human Services at:

Secretary of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1(877) 696-6775

Contact the Department of Health Care Services, Privacy Officer at:

Privacy Officer
c/o Office of Legal Services
Department of Health Care Services
P.O. Box 997413, MS 4721
Sacramento, CA 95899-7413
Telephone: **1(888) 866-0602**
Email: privacyofficer@dhcs.ca.gov



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort, other health coverage, and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. SFHP will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when they are free.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC quickly. Submit your OHC online at <https://dhcs.ca.gov/OHC>.

If you do not have access to the internet, you can report OHC to SFHP by calling **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**). Or, you can call DHCS's OHC Processing Center at **1(800) 541-5555** (TTY **1(800) 430-7077** or **711**) or **1(916) 636-1980**.

The California Department of Health Care Services (DHCS) has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay for your health care first, or pay back Medi-Cal if Medi-Cal pays.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

- Personal Injury Program at <https://dhcs.ca.gov/PIForms>
- Workers' Compensation Recovery Program at dhcs.ca.gov/WC

To learn more, visit the DHCS Third Party Liability and Recovery Division website at <https://dhcs.ca.gov/tplrd> or call **1(916) 445-9891**.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).
SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.
Or call the California Relay Line at **711**. Visit online at sfhp.org.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service (FFS) and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS Estate Recovery Program website at <https://dhcs.ca.gov/er> or call **1(916) 650-0590**.

Notice of Action

SFHP will send you a Notice of Action (NOA) letter any time SFHP denies, delays, terminates, or modifies a request for health care services. If you disagree with SFHP's decision, you can always file an appeal with SFHP. Go to the "Appeals" section in Chapter 6 of this handbook for important information on filing your appeal. When SFHP sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

If SFHP bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action SFHP intends to take
- A clear and concise explanation of the reasons for SFHP's decision
- How SFHP decided, including the rules SFHP used
- The medical reasons for the decision. SFHP must clearly state how your condition does not meet the rules or guidelines.

Translations

SFHP is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for SFHP's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, the SFHP is required to offer verbal help in your preferred language so that you can understand the information you get.



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Help with legal matters

Bay Area Legal Aid 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. Bay Area Legal Aid 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). Bay Area Legal Aid is open Monday through Friday, 9:00am to 5:00pm. Call **1(415) 982-1300**, **1(800) 735-2929** or **711** or visit **baylegal.org** for more information.

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 calendar days from the date SFHP receives your request for arbitration. If the parties cannot agree on a single arbitrator, then one will be selected according to 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 from the date SFHP receives your request for arbitration, you and SFHP shall attempt to agree upon a single arbitrator. If the parties cannot agree upon a single arbitrator within a 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 the 30 calendar days from the date SFHP receives 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 calendar days from the date SFHP receives 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.



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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.

Non-assignability

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

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.

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.



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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.

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, and labor dispute involving an 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.



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Or call the California Relay Line at **711**. Visit online at **[sfhp.org](https://www.sfhp.org)**.

8. Important numbers and words to know

Important phone numbers

- SFHP Customer Service: **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**), or **1(415) 547-7800**
- Carelon Behavioral Health: **1(855) 371-8117**, TTY **1(800) 735-2929** or **711**
- 24/7 SFHP Nurse Advice Line: **1(877) 977-3397**
- 24/7 telehealth provider, Teladoc®: **1(800) 835-2362**. Visit **sfhp.org/teladoc** to register first.
- San Francisco Behavioral Health Services: **1(888) 246-3333** (or TTY **711**)
- San Francisco Treatment Access Program (TAP): **1(628) 754-9100**
- VSP Vision Care: **1(800) 877-7195**
- Medi-Cal Rx: **1(800) 977-2273** (TTY **1(800) 977-2273** and press **7**, or **711**)

Words to know

Active labor: The time period when a pregnant member is in the three stages of giving birth and cannot be safely transferred to another hospital before delivery or a transfer may harm the health and safety of the member or unborn child.

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
 - Is an Eskimo or Aleut or other Alaska Native
 - Is considered by the Secretary of the Interior to be an Indian for any purpose
 - Is determined to be an Indian under regulations issued by the Secretary of the Interior



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- Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native

Appeal: A member's request for SFHP to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain health conditions, diseases, or chronic health problems.

Case manager: Registered nurses or social workers who can help a member understand major health problems and arrange care with the member's providers.

Certified Nurse Midwife (CNM): A person licensed as a registered nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is allowed to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so the member does not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP), or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, SFHP, a county mental health plan, or a Medi-Cal provider. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months if the provider and SFHP agree.

Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which a provider may order covered drugs a member needs.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance, or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.



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Copayment (co-pay): A payment a member makes, generally at the time of service, in addition to the insurer's payment.

Covered Services: Medi-Cal services for which SFHP is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

DHCS: The California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

Disenroll: To stop using a health plan because the member no longer qualifies or changes to a new health plan. The member must sign a form that says they no longer want to use the health plan or call Health Care Options and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the state office that oversees managed care health plans.

Durable medical equipment (DME): Medical equipment that is medically necessary and ordered by a member's doctor or other provider that the member uses in the home, community, or facility that is used as a home.

Early and periodic screening, diagnostic, and treatment (EPSDT): Go to "Medi-Cal for Kids and Teens."

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's average knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place the member's health or the health of their unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

Emergency care: An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee: A person who is a member of a health plan and gets services through the plan.

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.



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Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many providers. A member can get primary and preventive care at an FQHC.

Fee-for-Service (FFS) Medi-Cal: Sometimes SFHP does not cover services, but a member can still get them through FFS Medi-Cal, such as many pharmacy services through Medi-Cal Rx.

Follow-up care: Regular doctor care to check a member's progress after a hospitalization or during a course of treatment.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant member's residence and that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, SFHP, a county mental health plan, or a Medi-Cal provider. A complaint filed with SFHP about a network provider is an example of a grievance.

Habilitation services and devices: Health care services that help a member keep, learn, or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll or disenroll a member from a health plan.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give members skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

Hospital: A place where a member gets inpatient and outpatient care from doctors and nurses.



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Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Indian Health Care Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health Program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

Inpatient care: When a member has to stay the night in a hospital or other place for medical care that is needed.

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the Federal Drug Administration (FDA), but that has not been approved for general use by the FDA and remains under investigation in an FDA-approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission plus 1 month.

Managed care plan: A Medi-Cal health plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. SFHP is a managed care plan.

Medi-Cal for Kids and Teens: A benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early. They must get treatment to take care of or help the conditions that might be found in the check-ups. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal Rx: A pharmacy benefit service that is part of FFS Medi-Cal and known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

Medical home: A model of care that provides the main functions of primary health care. This includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by diagnosing or treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders.



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Medical transportation: Transportation that a provider prescribes for a member when the member is not physically or medically able to use a car, bus, train, or taxi to get to a covered medical appointment or to pick up prescriptions. SFHP pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called (ESRD)).

Member: Any eligible Medi-Cal member enrolled with SFHP who is entitled to get covered services.

Mental health services provider: Health Care professionals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning services for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals, and other providers contracted with SFHP to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that SFHP does not cover.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member’s provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the SFHP network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

Orthotic device: A device used as a support or brace attached outside the body to support or correct a badly injured or diseased body part that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the SFHP service area.

Out-of-network provider: A provider who is not part of the SFHP network.

Outpatient care: When a member does not have to stay the night in a hospital or other place for the medical care that is needed.



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Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies, and supplements

Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

Participating hospital: A licensed hospital that has a contract with SFHP to provide services to members at the time a member gets care. The covered services that some participating hospitals might offer to members are limited by SFHP's utilization review and quality assurance policies or SFHP's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital, or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with SFHP to offer covered services to members at the time a member gets care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while a member is admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).

Pre-approval (prior authorization): The process by which a member or their provider must request approval from SFHP for certain services to make sure SFHP will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter ("OTC") drugs that do not require a prescription.

Primary care: Go to "Routine care."



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Primary care provider (PCP): The licensed provider a member has for most of their health care. The PCP helps the member get the care they need.

A PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which a member or their provider must request approval from SFHP for certain services to ensure SFHP will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the SFHP network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to the member or others or the member is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Public health services: Health services targeted at the whole population. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: A doctor qualified in the area of practice appropriate to treat a member's condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When a member's PCP says the member can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help members with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.



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Routine care: Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many providers. Members can get primary and preventive care at an RHC.

Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care, and intimate partner violence.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area SFHP serves. This includes the county of San Francisco.

Skilled nursing care: Covered services provided by licensed nurses, technicians, or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals can give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, a member will need a referral from their PCP to go to a specialist.

Specialty mental health services (SMHS): Services for members who have mental health services needs that are higher than a mild to moderate level of impairment.

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile members who need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within 1 year or less if the disease follows its natural course.

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

Triage (or screening): The evaluation of a member's health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.



Call Customer Service at **1(800) 288-5555** (TTY **1(415) 547-7830** or **711**).

SFHP is here Monday–Friday, 8:30am–5:30pm. The call is free.

Or call the California Relay Line at **711**. Visit online at **sfhp.org**.