



**SAN FRANCISCO  
HEALTH PLAN™**

*Here for you*

201 Third Street, 7th Floor • San Francisco, CA 94103  
(415) 547-7800 • FAX (415) 547-7821 • [www.sfhp.org](http://www.sfhp.org)

## **Provider FAQs - Seniors and Persons with Disabilities Expansion – June 1<sup>st</sup>**

The State is beginning the mandatory enrollment of seniors and persons with disabilities (those without Medicare) into managed Medi-Cal in beginning in June 2011. **Any of your Fee-for-Service (FFS) Medi-Cal patients who do not have Medicare will be required to enroll in managed care in the month following their birth month.** Medi-Cal recipients with birthdays in May have received their enrollment packets and will be in a managed care plan as of June 1<sup>st</sup>. Medi-Cal recipients with June birthdays will begin receiving their packets in April and will be in a managed care plan by July 1<sup>st</sup>, and so on.

Below are a number of frequently asked questions, which may address your concerns. Please feel free to contact the *Provider Relations* department at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) or (415) 547-7818 ext. 7084 if you have any further questions or concerns as we want to work with you to ensure you have all the tools and information needed to serve this population.

### ***Who is required to transition to Medi-Cal (MC) health plan?***

Most MC beneficiaries who do NOT have Medicare are required to enroll into a managed MC health plan. Patients with Medicare can choose to stay in FFS or voluntarily enroll in a MC health plan.

Some of your patients may request an exemption. Beneficiaries eligible for *non-medical exemptions* include patients or family members of patients who are Native American, Alaskan Native or qualified non-Indian and want to receive services through an Indian Health Service facility and patients enrolled in a MC waiver program (AIDS, Model, In-Home Medical Care, or Skilled Nursing Facility).

### ***What Medi-Cal health plans are available to choose in San Francisco?***

San Francisco Health Plan (SFHP) and Anthem Blue Cross (ABC) are the only two Medi-Cal health plans that may be chosen on the Medi-Cal Choice form. Medi-Cal recipients may also enroll into On Lok, a PACE program in San Francisco, but the enrollment process is different.

### ***Do my patients have to select SFHP?***

Beneficiaries in San Francisco may select either SFHP or ABC. If you only participate with SFHP, then YES your FFS MC patients must select SFHP, in order to see you as their doctor. Otherwise, if they do not choose, the State will may assign them to either SFHP or ABC.

### ***Can my patients enroll in a Medi-Cal health plan BEFORE their birth month?***

MC beneficiaries will be sent an enrollment packet two months prior to their birth month and will have to choose by the end of their birth month, but can voluntarily enroll at any time. We have developed materials to assist your patients with the shift into a health plan. These materials are available in Chinese, English, and Spanish. We hope you encourage your patients to enroll in advance; this avoids any mistakes in PCP assignment and avoids any gaps in care.

**For questions about enrolling into a Medi-Cal health plan, your FFS MC patients may contact Health Care Options or visit the local Medi-Cal outreach site.** It may be more convenient for your patients to fill out the [Medi-Cal Choice form](#) and mail it to the address on the top of the form, as Health Care Options may receive a high volume of calls. **Please ensure that they complete the form with your provider ID number.**

**Health Care Options**



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(800) 430-4263

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

**San Francisco Medi-Cal Health Connection**

1440 Harrison Street

San Francisco, CA 94120

*How do I find out my **provider ID number for SFHP** so my patients can complete their MC Choice form?*

You may find your SFHP provider ID number by contacting Provider Relations or searching our online [directory](#). Please note that you may have a different ID number if you work at more than one location or participate with more than one medical group.

*How long will it take for my patients to switch to a Medi-Cal health plan if they initiate the switch?*

It may take up to 45 days for a beneficiary to switch to managed Medi-Cal once the State receives the Choice form.

*What do we know about our potential members?*

There are approximately 17 - 20,000 non-duals (those without Medicare) in San Francisco and SFHP anticipates enrolling 10 -15,000 new members by June 2012. The majority of beneficiaries are enrolled in Medi-Cal under the aid code of SSI/SPD (71%-Supplemental Security Income/State Supplementary Payment), are White (27%), and speak English (51%). Based on 2009 State data of FFS MC beneficiaries, 11.3% were admitted to the hospital at least once during the year, 26% received services in the emergency room at least once during the year, 0.8% received services at a chronic dialysis center, and 0.8% received services at an adult day health care center. Also, it appears that at least 10,000 seniors and persons with disabilities have had no primary care contact in 2009. The most common diagnoses included hypertension (23%), diabetes (12.7%), and HIV (8.1%).

*What if my patients see **specialists outside of my medical group**?*

Our CareSupport team will work with members to transition their care safely to care within a SFHP medical group, and exceptions will be reviewed on a case by case basis.

*Are **the benefits different** for my patients?*

All of the health care benefits and services that were covered by Medi-Cal before will stay the same and your patients will have access to a wide network of providers, care coordination programs, assurance of quality care and services. Although benefits will remain the same, there are significant differences between the SFHP formulary and FFS MC. The most efficient way to view our formulary is through [Epocrates](#). Some services will still be a Medi-Cal benefit, but will not be paid by SFHP. Such services will still be billed to the State Medi-Cal program.

*Who should I send **claims to for behavioral and mental health services**?*

Behavioral and mental health services are a carve-out and are managed by San Francisco and Community Behavioral Health Services. Please continue to send your MC behavioral health claims to the State.

*Where do I find information on **how to access interpreter services** for my patients?*

Please refer to your clinic or medical group's policies and procedures for instructions on accessing interpreter services first. If you need further assistance please contact, Megan Petrich, SFHP's Coordinator of Health Education and Linguistic Services at [mpetrich@sfhp.org](mailto:mpetrich@sfhp.org).



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***What has SFHP done to date to prepare for the expansion of seniors and persons with disabilities?***

The expansion of seniors and persons with disabilities preparation is our top organizational priority. We have partnered with Disability Rights Education and Defense Fund and the Mayor's Office on Disability, performed programmatic access surveys, [developed a resource guide for providers](#), run informational webinars, created P&P templates, done community outreach, completed MC beneficiaries focus groups, and collaborated with medical group and health system administrators to ensure the transition goes as smoothly as possible.

We also plan to perform enhanced facility site surveys, provide health needs assessments of all new members, develop a case management and care transitions programs, for those members who are not able to access case management by their provider or medical group, equip medical groups to perform cultural sensitivity trainings for providers, and ensure adequate network capacity (primary care and specialty).

***Where can I learn more about the 1115 waiver and the mandatory enrollment of seniors and persons with disabilities managed care?***

You can visit the Department of Health Care Services [website](#), but feel free to contact Provider Relations with any questions.