SAN FRANCISCO
HEALTH PLAN™
Here for you

Frequently Asked Questions

1. **How do I submit a claim electronically?** There are two ways. Either establish a direct file trading relationship with SFHP or submit claims through an approved clearinghouse. In order to trade files directly with SFHP, files must be in a valid HIPAA 5010 format (837P or 837I). In addition, files must be traded using Secure File Transfer Protocol (SFTP). Testing and operational logistics should be worked out with an SFHP Electronic Data Interchange Analyst before files can begin to be processed in production. For those who wish to use a clearinghouse, it must be an SFHP approved vendor such as Office Ally, ClaimRemEDI or Via Tract. In the case of clearinghouses, please follow their protocols and methods for claims submission.

2. **What is SFHP's receiver I.D.?** For EDI files submitted from Office Ally our receiver ID is SFHP1, all other EDI files from other clearinghouses or Providers it is SFHP15.

3. **How do I submit a corrected Claim?** Once you receive a Denial or a Rejection of a claim from SFHP, you may resubmit the claim with corrections. The Denial reason should reflect on the Remittance Advice. For Rejected claims we will indicate the reason on a form we mail back to you with a copy of the claim in question. Once you are ready to resubmit your claim, you will want to ensure that the Bill Type on a UB ends with a 7 (i.e.; 117, 137, 127, and 217). This our system's way to recognize that you are submitting a corrected claim. On the CMS 1500 you will need to place a note, comment or even hand write on the top, "corrected claim".

4. **What are the differences between a Provider Dispute (PDR) and a Provider Appeal?** The provider appeal mechanism is used to appeal an authorization decision for services already rendered. The provider dispute mechanism is used to dispute an incorrect claim payment, denial, or rejection. More specifically, if your claim payment was denied due to a denied authorization, you would need to submit a provider appeal for reconsideration of the authorization. If you did not request a prior authorization, you would need to submit a request for a retroactive authorization. If your claim was not priced correctly or was denied incorrectly, and our Customer Service Department cannot resolve your issue, you will need to submit a PDR.

5. **How do I separate the professional and facility charges?** Use the appropriate forms and modifiers to indicate professional or facility.

6. **How do I find out what requires a prior authorization?** You can find the most up-to-date information on authorization requirements at SFHP.org, specifically here: http://www.sfhp.org/files/Services_Requiring_Prior_Auth1.pdf

7. **What are the requirements for purchasing DME/medical supplies?** We follow Medi-Cal guidelines to determine requirements for DME/medical supplies, see Medi-Cal for more information. All DME/medical supplies require an authorization. We allow for rent-to-own; timelines for rent-to-own vary. We require an authorization, prescription and supporting medical documents to consider purchasing DME/medical supplies.

SAN FRANCISCO
HEALTH PLAN™
Here for you

8. **Why did I get a credit applied to this claim?** SFHP may reverse and adjust a payment. If this occurs, we may credit your account for the difference between the original payment amount and the adjusted. SFHP may withhold the credit amount against future claims payments until the credit is fulfilled. If this occurs, the remit message should explain the reversal clearly, if you still have questions call SFHP's Claim line.

9. **How do I send in a claim refund?** Mail the claim refund to SFHP attention Finance, Claim Refund Dept. Please attach supporting documentation including why you believe SFHP's payment was inaccurate, the claim number(s) associated, your affiliation, and your contact information. SFHP's mailing address is 201 3rd St. 7th Floor, San Francisco, CA 94103.

10. **Why was my claim denied for duplication?** SFHP uses the following information to help determine duplication: member id, rendering physician NPI, dates of service, service code(s) and modifiers. Please ensure to use the appropriate modifiers, indicate rendering physician NPI, and include any other supporting documentation. If you feel your claim was denied incorrectly for duplication, contact our Provider Relations department at provider.relations@sfhp.org; include your claim number, contact information, member ID number (SFHP's), member first and last name, member date of birth, date of service, and billed amount.

11. **Why was my ER claim denied?** For emergency room claims, SFHP requires the emergency flag to be checked regardless of place of service. Please indicate emergency room services by both place of service and the ER flag.

12. **How can we recover payment if the hospital days denied**? Please use the Provider Appeal process for denied authorizations. For more information on Provider Appeals, including requirements and timelines, see SFHP's website: http://www.sfhp.org/providers/provider-resources/download-forms/provider-appeals/

13. **Where do I send my claim if I am associated with a medical group?** The Medical Group Prior Authorization and Claims Matrix, indicating who to send your claim to dependent on patient medical group and service, are available in our Network Operation Manual, section 1.7. Page 9.

14. **Who do I call if I have a question about an authorization?** To check authorization status, you can log on to the Provider Portal. To get set up with the provider portal, contact our provider relations department at provider.relations@sfhp.org. To contact our Utilization Management department call 415-547-7818 extension 7080.

15. **Who do I call if I have a question about a claim?** To check the status of a claim, you can log on to the Provider Portal. To get set up with the provider portal, contact our provider relations department at provider.relations@sfhp.org. To contact the Claims department call 415-547-7818 extension 7115.

16. **Who do I call if I have a question about the remit advice on my claim?** Contact the Claims department at 415-547-7818 extension 7115.