Claims Submissions

San Francisco Health Plan

Overview for SFHP Providers

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Learning Objectives

1. Foster ongoing communication between SFHP and Providers.

2. Provide a detailed overview of claims submission process.

3. Show the options and resources available to Providers.

Agenda

- Best Practices for Efficient Billing
- Common Billing Errors
- Timeline for Claims Submissions
- Options for Claims Submissions
- Provider Portal
- Resources

Claims

San Francisco
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The Claims Department of SFHP maintains Claims Operations Manual (COM) as a resource for our providers.

This can be found in SFHP's website under the Providers resources:

- **https://www.sfhp.org/wp-content/files/providers/COM.pdf**

Claims Operations Manual (COM)

Information worth noting for that can be found in the COM:

1) Claim Timeliness
2) What are considered Clean Claims:

      b. Corrected Claims

Common Place of Service Codes

Most common for Professional services are **11:Office Visit**, and **2:Telephonic Interaction**.

Code	Place of Service Name	Place of Service Description
2	**Telehealth Provided Other than in Patient's Home**	**The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.**
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
11	**Office**	**Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.**

Common POS Codes (continued)

Code	Place of Service Name	Place of Service Description
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
27	Outreach Site/ Street	A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58	Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT). (Effective January 1, 2020)
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.

Electronic Payments

With your help we have doubled the number of providers accepting electronic payments. Thank you!

Sign up

Complete EFT authorization form

Can enroll in electronic payments without 835

Options for Claims Submissions

- SFHP prefers that claims be submitted electronically in a HIPAA 5010 837-compliant format.

- The 837 transaction is used to submit medical claims for payment or medical encounter data to comply with contractual requirements.

- The 837 Health Care Claim standard has three variations: Institutional, Professional, and Dental to provide for variations in types of services.

- Hospitals and other in-patient facilities typically submit institutional 837s, PCPs and specialists usually submit professional 837s.

- *Contact your clearinghouse for setting-up the ability to submit electronic health care claims and encounters to SFHP. If you are currently not utilizing a software vendor, contact SFHP EDI team for alternatives.*

- *If you have already chosen a software vendor, please connect us with that organization so they are in touch with SFHP Provider Network Operations (PNO) team if there are questions or support is needed.*
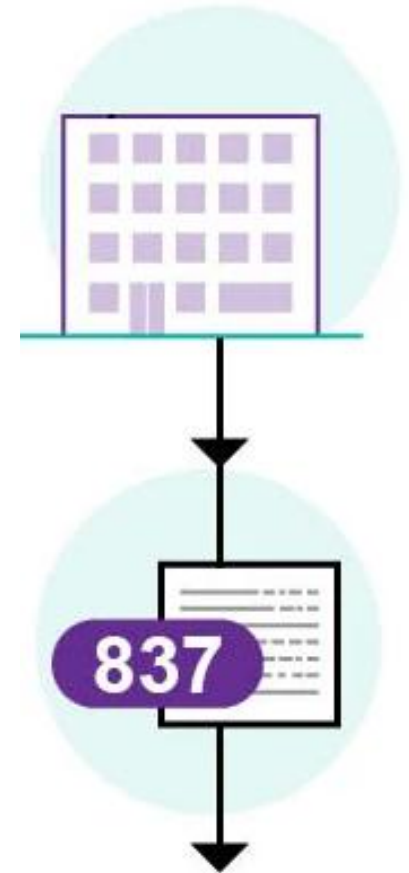
Provider Portal Claims Submissions

- Providers may submit Professional (CMS 1500) claims electronically using the SFHP Provider Portal.

- Once registered and logged-in, navigate to **Patient Management > Claims or Office Management > Claims** from the Portal home screen.

- NOTE: Providers only need to bill SFHP through an 837 transaction or the Provider Portal, not both.
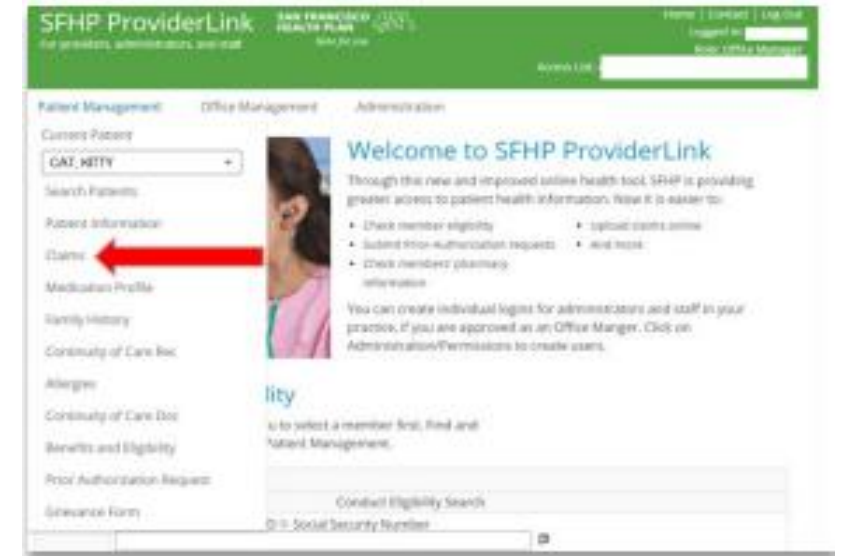
Portal User Roles

- Eligibility
- Billing Agent
- Provider
- Office Manager

*Provider and Office Manager can see ECM & CS eligibility

Registration: Roles

There are **four** roles (types of accounts) on the SFHP Provider Portal: :

Eligibility

- This role can only access the eligibility module. It only shows benefits and eligibility.

Billing Agent

- This role is usually assigned to the provider by default. It allows for basic functions such as checking for benefits and eligibility, viewing claims, filing claims, and viewing authorization requests.

Office Manager

- This role is only granted to providers who are managers of their office or facility and can only be granted if providers request the role assignment by sending an email to provider.relations@sfhp.org. While Office Managers can perform the same functions as a Billing Agent, they can also file authorization requests, manage provider information, generate rosters, and create additional user accounts for staff in their office.

Provider

- Providers have almost the same functions as Office Managers, except they cannot manage provider information or create users. This role is usually reserved for doctors or nurse practitioners, or office staff who are required to file authorizations and generate rosters.

| Role Name	Benefits and Eligibility	Review Claims/Remittance Advice	Review Authorizations	File Claims	Request Authorizations	Manage Providers	Generate Member Roster	Create Users
Eligibility	+							
Billing Agent	+	+	+	+	+			
Provider	+	+	+	+	+	+	+	
Office Manager	+	+	+	+	+	+	+	+

Member Eligibility

To view past eligibility records, click on the **View Eligibility History** below. Past records such as previous providers and medical groups will be listed in this section.

Patient Management	Office Management	Administration

Eligibility History for ▮▮▮▮▮▮▮▮▮▮

1 - 3 of 3

Effective Dates	PCP	Product	Network	Group
1 Sep 2015 - 29 Feb 2016	▮▮▮▮▮▮	MEDI-CAL (MC)	Hill Physicians	MEDI-CAL (MC)
1 Mar 2016 - 31 Dec 2100	▮▮▮▮▮▮	MEDI-CAL (MC)	Hill Physicians	MEDI-CAL (MC)
1 Jan 2014 - 31 Aug 2015	▮▮▮▮▮▮	MEDI-CAL (MC)	Hill Physicians	MEDI-CAL (MC)

Claims

All roles allow users to file and view claims. To view claims, select **Patient Management** from the menu and search for your patient. Ensure that the patient's name now appears under **Current Patient,** then click **Claims** from the menu.
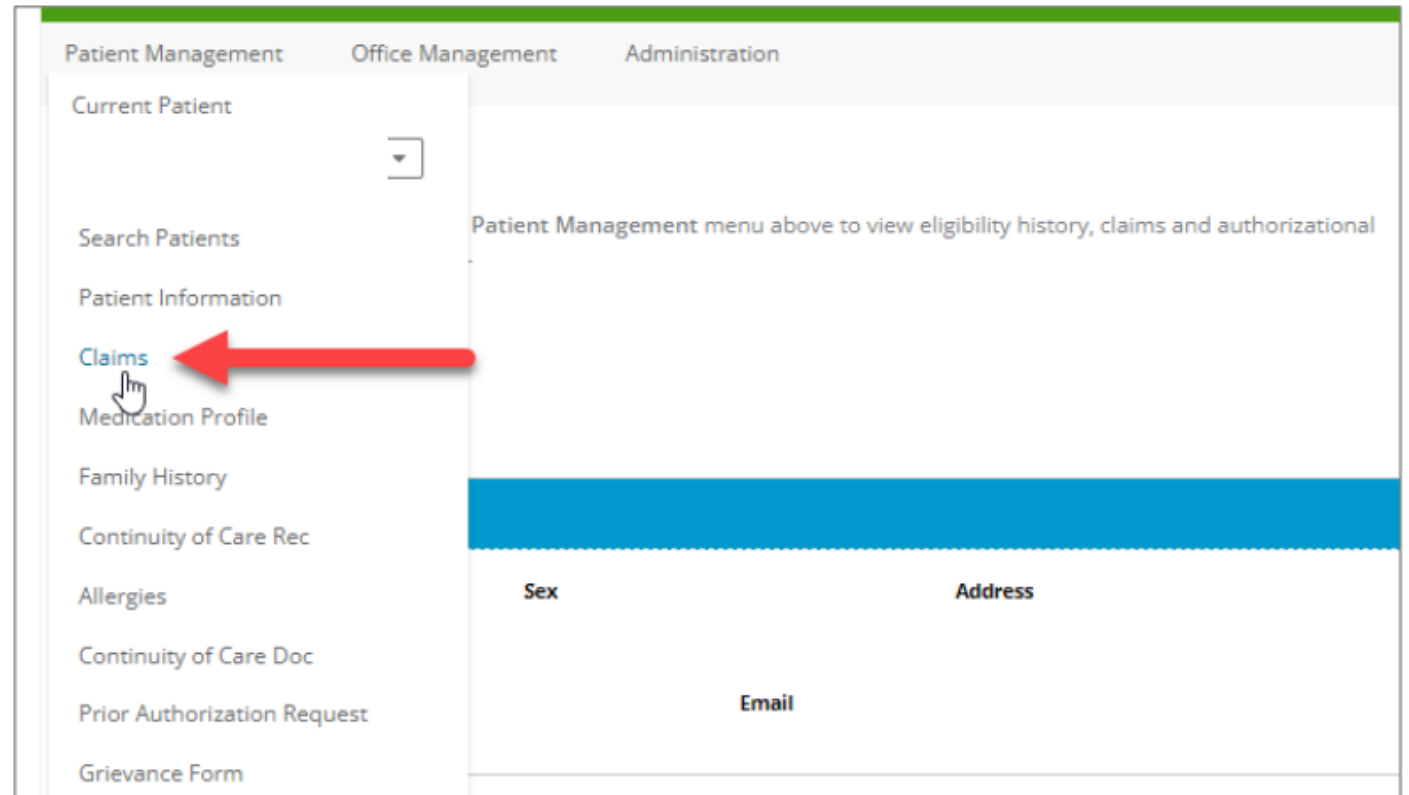
Claims that have already been filed for the member will appear on the next page. If no claims appear on this page, then no claims were filed. Alternatively, if the patient's coverage is with a Delegated Medical Group (DMG) that processes their own claims, you will need to contact their medical group for claims information.

Claims Continued

To view claims, click on the Claim Number. You will be taken to the Claim on the next page. To create a new claim, click on the **Add Claim** button.

Entering a Claim

Enter all the necessary claim information on the Add Claim page. Fields marked with a blue circle are required fields.

Remittance Advice

To review Remittance Advice, select the Remittance Advice tab from the claim home screen. Office Management>Claims.

Patient Management	Office Management	Administration

Claim Status | **Remittance Advice** | **Add Claim**

Remittance Advice
Search for Remittance Advice

Remittance Advice

By Provider	Select Provider ⌄
By Tax ID	
By Practice	Select Practice ⌄
By Patient	Select Patient
By Patient Account Number	
By Remittance Advice	Check Number ⌄
By Date	Check Date ⌄ From: 🗓 To: 🗓

Search   Clear

Resources

- [Professional - SFHP 837 Companion Guide](#)
- [HCPCS Guidance from DHCS](#)
- [Claims Operations Manual](#)
- Contact [SFHP EDI](#) team for file layouts and assistance on submitting electronic claims.
- Provider Portal: [HealthTrio Connect HealthLink](#)
- [Provider Portal User Guide](#)

Questions

Please email questions to:

- State Programs: calaimecmilos@sfhp.org

- PNO: provider.relations@sfhp.org

- Claims Information: Claimsinfo@sfhp.org

Thank you!

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