Facility Site Review
Health Plan Resources Training

Personnel Training

- What does the FSR team look for to verify Evidence of Staff Training?
  - Informal in-services
  - New staff orientation
  - External training courses
  - Educational curriculum & participant list
- What if documentation not on site?
  - Staff able to locate and use training information
    - Example: staff able to describe policies and procedures

- Note: Training requirements may differ between site staff based on roles, job functions and responsibilities, or scope of practice

Personnel Training

- SFHP resources for documenting completed trainings
  - [Evidence of Staff Training Log](#)
  - Training Crosswalk Template
    - Identify and match internal/external trainings to required trainings

Training Name	Training Platform/Trainer	Course Name	Description
Infection Control & Universal Precautions			
Blood Borne Pathogens Exposure Prevention			
Biohazardous Waste Handling			
Fire Safety & Prevention			
Non-Medical Emergency Procedures			
Medical Emergency Procedures & Action Plan			
Patient Confidentiality			
Informed Consent, including Human Sterilization			
Prior Authorization Requests			
Grievance/Complaint Procedure			
Child, Elder, Domestic Violence Abuse			
Sensitive Services/Minor's Rights			
Health Plan Referral Process/Procedures/Resources			
Cultural & Linguistics			
Disability Rights & Provider Obliations			

Personnel Training

- There is evidence that site staff has received information and/or training on:
  - Prior Authorization Requests
  - Health Plan Referral Process/Procedures/Resources
  - Grievance/Complaint Procedure
  - Cultural & Linguistics
  - Disability Rights & Provider Obligations

Prior Authorization Requests

Authorizations are based on medical necessity and covered services. Authorizations are contingent upon a member's eligibility and available benefits. Authorizations are not a guarantee of payment. The provider is responsible for verifying a member's eligibility on the dates of service.

What services require a prior authorization?

- All procedures
- Out-of-network referrals
- Planned inpatient admissions

What services do not require prior authorization from SFHP?

- Referrals for office visits or consultations within a member's medical group
- Emergency transportation
- Observation or emergency pre-stabilization services delivered in an emergency department or ambulance setting
- Behavioral health services

Prior Authorization Requests

What forms do I fill out? Depending on the service, it may be one of the following.

- [UM Prior Authorization Request Form](#)
- [Non-Emergent Medical Transportation (NEMT) Combination Physician Certification and Prior Authorization Form](#)
- [General Pharmacy Prior Authorization Request Form for Healthy Workers HMO](#)

Where can I submit authorization requests?

- SFHP [Provider Portal](#)
- Fax requests to member's medical group
  - Medical Group Directory [here](#)

Where can I find more information?

- [For Providers - Authorizations](#)

Medical Group	Phone	Fax
Brown & Toland Physicians	1(415) 972-6002	1(415) 972-6012 (Outpatient Services) 1(415) 972-4248 (Inpatient In-network) 1(415) 972-4239 (Inpatient Non-network)
Community Clinic Network (CLN)	1(415) 547-7818 ext 7080 1(415) 615-4525 (8:30am - 9:00pm, 7 days a week)	1(415) 357-1292 (Outpatient Services) 1(415) 547-7822 (Inpatient Admissions)
San Francisco Health Network (SFN)	1(415) 547-7818 ext 7080 1(415) 615-4525 (8:30am - 9:00pm, 7 days a week)	1(415) 357-1292 (Outpatient Services) 1(415) 547-7822 (Inpatient Admissions)
UCSF	1(415) 547-7818 ext 7080 1(415) 615-4525 (8:30am - 9:00pm, 7 days a week)	1(415) 357-1292 (Outpatient Services) 1(415) 547-7822 (Inpatient Admissions)
Chinese Community Health Care Association (CCHCA)	1(415) 216-0088	1(888) 744-8665 (Routine and Retro Services) 1(833) 964-0916 (Urgent Services) 1(833) 964-0922 (Acute Admission Face

Prior Authorization Requests

- Do you know where to find prior authorization forms for each contracted plan or medical group? How to submit the forms?

- If outside of your scope of practice, who is responsible for prior authorizations at your clinic?

  - Clinic Prior Authorization Contact /Coordinator
    - Name/Title: _____
    - Phone: _____
    - Email: _____

Health Plan Referrals

What are the standards for referrals?

- An organized, timely referral system is clearly evident for
  - making and tracking referrals,
  - reviewing reports,
  - providing/scheduling follow-up care and filing reports in medical records.
- Referral informational resources are readily available for use by site personnel.
- Site staff can demonstrate (e.g., "walk through") the office referral process from beginning to end

Health Plan Referrals

Frequently asked questions to assess site's referral process

- Does the site have referral forms available on site?
- Does the site have a method to track referrals?
    - Referral Log
    - Electronic log within the EMR
- Verify elements in the referral tracking system
    - Name, date of referral, referral type, appointment date, appointment kept/failed
- Are specialist(s) reports, consults, procedure reports entered into the member's medical record within 30 days from the date of the procedure or appointment?
- What is your process if diagnostic procedures, labs, specialty appointments are missed or broken?
- If the site has not received report within 30 days, what is your process to follow up?

Health Plan Referrals

- Who on site is responsible for referrals?
  - Entering information into tracking system (log)?
  - Conducting any follow-up if referral appointment was not kept?
  - Conducting any follow-up if no reports are returned in a timely manner?
- What referral tracking system is in place?

  - Referral Contact /Coordinator
    - Name/Title: _____
    - Phone: _____
    - Email: _____

Health Plan Referrals

Resources

- Sample Policy: Referrals, Consults, and Diagnostic Studies
- AHRQ Toolkit: Make Referrals Easy
- Sample Referral Log 1
- Sample Referral Log 2

Grievance/Compliant Procedure

- What is a **grievance**?
  - Any written or oral expression of dissatisfaction that involves coverage dispute, healthcare medical necessity, experimental or investigational treatment. The health plan does not delegate the resolution of grievances to contracted medical groups

- What is a **complaint**?
  - Any expression of dissatisfaction regarding the quality of service (excluding quality of care) which can be resolved in the initial contact. A "complaint" is self-limiting (e.g. service complaints, appointment wait times) that can be resolved to the member's satisfaction, such as they do not ask for additional assistance.

Grievance/Compliant Procedure

Your FSR reviewer may ask the following:

- Do you have an established process for member grievances and complaints?
- Do you have at least one telephone number for filing grievances posted or is readily available upon request?
- Please provide a copy of the grievance form you would give an SFHP member.
  - Can you provide a copy of the grievance form in threshold languages?
- How soon are grievance forms submitted to SFHP?
- How are complaints logged?
- Where can you find the written grievance/complaint procedures information on site?
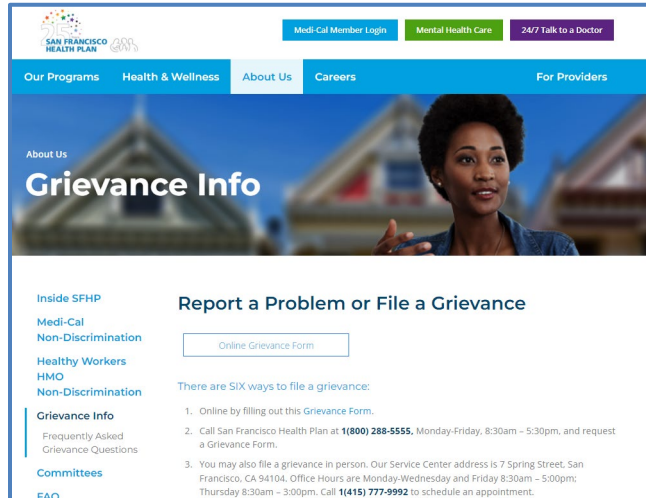
Grievance/Compliant Procedure

- Who on site is responsible for grievance/complaints/problem resolutions?
  - Documenting/submitting grievance/complaints?
- Where is the written grievance/complaint procedure located?

  - Grievance/Complaint Coordinator
    - Name/Title: _____
    - Phone: _____
    - Email: _____
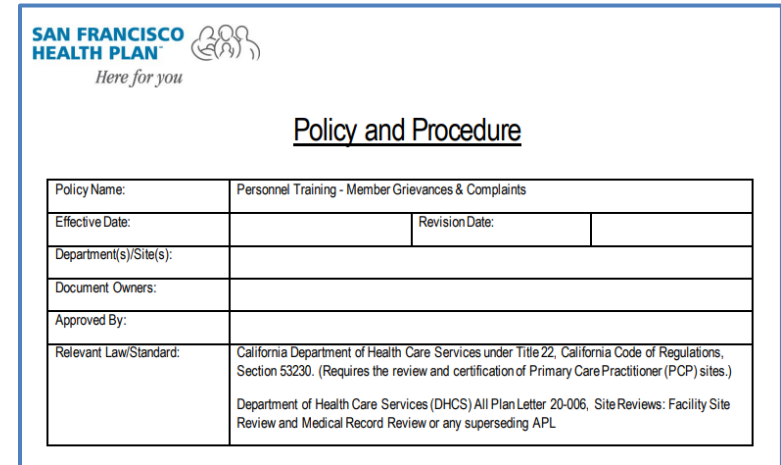
Grievance/Compliant Procedure

Resources

- [SFHP Grievance Information](#)
- Sample Policy: [Member Grievances & Complaints](#)

Cultural & Linguistics Training

Health care organizations and individual providers are encouraged to make their practices more culturally and linguistically accessible. Culturally and Linguistically Appropriate Services (CLAS) mandates are Federal requirements for all recipients of Federal Funds.

Your FSR reviewer may ask:

- Do you have a policy or training materials for all staff on Cultural & Linguistic Training?

- Does your clinic offer language assistance services, including bilingual staff and interpreter services?

- What are the threshold languages at this clinic? How do you obtain patient education materials in threshold languages?

Cultural & Linguistics Training

Resources

- Resource Guide: [Cultural and Linguistics Training](#)
- [SFHP Cultural Awareness Training](#)
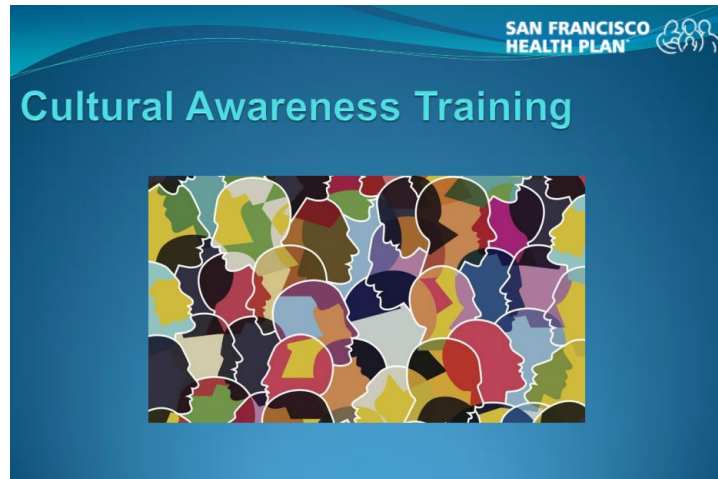
Disability Rights & Provider Obligations

Section 504 of the Rehabilitation Act of 1973: national law that protects qualified individuals from discrimination based on their disability.

Section 1557 of the Affordable Care Act: the nondiscrimination provision of the ACA. The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive Federal financial assistance or are administered by an Executive agency or any entity established under Title I of the ACA. Section 1557 has been in effect since enactment of the ACA.

Disability Rights & Provider Obligations

Your FSR reviewer may ask:

- What is your process for educating and training staff on patient rights and provider obligations?

- Do you have an alternative plan for making program services available to persons with physical disabilities? (Parking, clear floor space, accessible restrooms, handwashing facilities, language and hearing-impaired interpreter services, height adjustable exam tables/scales)

- Does the clinic post Notice of Consumer Civil Rights or Nondiscrimination Notice?

Disability Rights & Provider Obligations

Resources

- Sample Policy: Disability Rights and Provider Obligations

- Fact Sheet: Section 504

- FAQ: Section 1557

THANK YOU

For more information or if you have questions about the FSR, please email FSR@sfhp.org