Closed Loop Referral (CLR) Q&A

San Francisco Health Plan℠

Q: What is a Closed Loop Referral (CLR)?

A: CLR is a referral that is tracked, supported, monitored, and closed with a known outcome.

Q: How do CLRs help care coordination efforts?

A: CLRs will increase the percentage of referrals resulting in members receiving services by:
- Enabling SFHP to closely monitor referrals and ensure services are delivered in a timely manner.
- Improving transparency and communication between SFHP and providers.

Q: Please clarify the timeline for responding to referrals.

A: Providers must acknowledge receipt of the referral from SFHP within 1 business day. Providers have 3 - 5 business days from receipt of the referral to respond to members.

Q: When will providers receive the updated Member Information File (MIF) format?

A: The updated MIF format will be shared with providers in September 2025.

Q: Please clarify the timing and frequency in which Community Supports providers must submit the Return Transmission File (RTF). Community Supports providers are currently submitting RTFs on the 15th and 30th of each month.

A: Starting July 1, 2025, Community Support providers will submit the RTF once per month, on the 5th of every month.

Q: Can you please explain what these two dates mean? - Date Member Notified of Authorization, and - Date Referring Entity Notified of Closure Determination.

A: Date_Member_Notified_of_Authorization

ECM provider: Date of outreach

CS provider: Date CS services begin

Notified of Closure:

ECM: Date the member agreed or declined services

CS: Date the member agreed or declined services

CS: First date services began

Closure: Date member accepted/declined services

Q: Please clarify whether Community Supports providers are expected to reach out to the referring provider to inform them of the outcome of the referral.

A: No. In the future state, when FindHelp is operational, providers will be able to see the status of the referral.

Q: Please confirm the step-by-step process.

A: 1. ECM or Community Supports provider submits a referral to SFHP.

2. SFHP reviews the referral and authorizes or denies.

3. Referring entity is notified via email.

4. SFHP notifies new servicing provider of the request and confirms capacity.

5. New servicing provider accepts or rejects the referral.

6. Provider submits referral updates monthly via RTF.

7. Referral loop is closed when services begin or are resolved.

8. SFHP reports data to DHCS.

Q: Are the new MIF fields only for referrals submitted by the CBO? Or also for referrals sent from SFHP?

A: The new fields should be completed for all referrals, but Providers only need to track Community Supports providers referring to ECM, or ECM referring to Community Supports.

Q: The two new fields look similar to what ECM providers are already reporting on the RTF - outreach date, enrollment date, discharge date. Why are these new fields necessary?

A: The outreach dates may not always be the date the member is approved for services. These new fields support DHCS CLR requirements to track referral outcomes and timeliness, which go beyond the scope of RTF data. DHCS requires that we map these fields to ensure they are clearly identified.

Q: How should a provider notify SFHP if they have a known enrolled member, but that individual is not appearing on the RTF

A: Providers should email their assigned SFHP ECM and CS program manager via secure email with the member's name, SFHP ID, DOB, and an explanation of the issue. SFHP will verify eligibility and update the RTF as needed. Providers should not update their current RTF as this will create a file error when you submitting the RTF to SFHP.

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