

Referral and Prior Authorization Procedures for Members

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED

You can begin to get health care services on your effective date of enrollment. Always carry your San Francisco Health Plan ID card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards you have with you. Never let anyone else use your BIC or SFHP ID card.

New members with Medi-Cal coverage only must choose a primary care provider (PCP) in the SFHP network. New members with Medi-Cal and comprehensive other health coverage do not have to choose a PCP. The SFHP network is a group of doctors, hospitals and other providers who work with SFHP. You must choose a PCP within 30 days from the time you become a member in SFHP. If you do not choose a PCP, SFHP will choose one for you.

You may choose the same PCP or different PCPs for all family members in SFHP, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the SFHP network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). You can also find the Provider Directory on the SFHP website at **sfhp.org**.

If you cannot get the care you need from a participating provider in the SFHP network, your PCP must ask SFHP for approval to send you to an out-of-network provider. This is called a referral. You do not need approval to go to an out-of-network provider to get sensitive services that are described under the heading "Sensitive Services".

Referrals

Your PCP or another specialist will provide you a referral to visit a specialist within the time frame listed in the "Timely access to care" section of your Member Handbook, if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work and other diagnostic tests, second opinions, surgeries, and any services provided by an out-of-network provider or a provider who is not part of your medical group.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment. If pre-approval (prior authorization) is also required, the PCP or specialist will submit a prior authorization to SFHP or your medical group. For more information, read "Pre-approval (prior authorization)" in your Member Handbook.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the SFHP referral policy, call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**).

You do not need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call Office of Family Planning Information and Referral Service at **1(800) 942-1054**)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs, and IHCPs)
- Initial mental health assessment
- Acupuncture services

Minors can also get certain outpatient mental health services, sensitive services, and substance use disorder services without parent's consent. For more information read "Minor consent services" and "Substance use disorder treatment services".

Ready to quit smoking?

Call English: 1(800) 300-8086 or

Spanish: 1(800) 600-8191 to find out how.

Or go to kickitca.org.

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask SFHP or your medical group for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that SFHP or your medical group must make sure that the care is medically necessary or needed.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For Members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services always need pre-approval (prior authorization), even if you get them from a provider in the SFHP network:

- Hospitalization, if not an emergency
- Services out of the San Francisco County service area, if not an emergency or urgent
- Services provided by out-of-network providers, if not an emergency or for sensitive services
- Services provided by SFHP providers that are not part of your medical group, if not an emergency, urgent, or for sensitive services
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility
- Specialized treatments, imaging, testing, and procedures, such as genetic and molecular pathology diagnostic tests. Pre-approval is not required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer.
- Medical transportation services when it is not an emergency. Emergency ambulance services do not require pre-approval.
- Medications given in the doctor's office
- Some durable medical equipment and medical supplies
- Acute Rehabilitation
- Long-Term Acute Care

Under Health and Safety Code Section 1367.01(h)(1), SFHP or your medical group will decide routine pre-approvals (prior authorizations) within 5 working days of when SFHP or your medical group gets the information reasonably needed to decide.

For requests in which a provider indicates or SFHP or your medical group determines that following the standard timeframe could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, SFHP or your medical group will make an expedited (fast) pre-approval (prior authorization) decision. SFHP or your medical group will give you notice as quickly as your health condition requires and no later than 72 hours after getting the request for services.

Pre-approval (prior authorization) requests are reviewed by clinical or medical staff, such as doctors, nurses and pharmacists.

SFHP does **not** pay the reviewers to deny coverage or services. If SFHP or your medical group does not approve the request, SFHP or your medical group will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

SFHP or your medical group will contact you if SFHP or your medical group needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network and out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval for certain sensitive care services. Learn more about sensitive services below.

For questions about pre-approval (prior authorization), call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, we will refer you to a qualified network provider who can give you a second opinion. For help choosing a provider, call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**).

SFHP will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from SFHP to

get a second opinion from a network provider. However, if you need a referral, your network provider can help you get a referral for a second opinion if you need one.

If there is no provider in the SFHP network to give you a second opinion, SFHP will pay for a second opinion from an out-of-network provider. SFHP will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, SFHP will tell you in writing within 72 hours.

If SFHP denies your request for a second opinion, you may file a grievance. To learn more about grievances, go to the “Complaints” heading in the Chapter titled “Reporting and solving problems” in your Member Handbook.

Sensitive services

Minor consent services

If you are under age 18, you can receive some services without a parent or guardian’s permission. These services are called minor consent services.

You may get the following services without your parent or guardian’s permission:

- Sexual assault services, including outpatient mental health care
- Pregnancy
- Family planning and birth control
- Abortion services

If you are 12 years old or older, you may also get these services without your parent or guardian’s permission:

- Outpatient mental health care for:
 - Sexual assault
 - Incest
 - Physical assault
 - Child abuse
 - When you have thoughts of hurting yourself or others
- HIV/AIDS prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment
- Substance use disorder treatment (For more information go to “Substance use disorder treatment services” in your Member Handbook.)

For pregnancy testing, family planning services, birth control services, or services for sexually transmitted infections, the doctor or clinic does not have to be part of the SFHP network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization). For minor consent services that are not specialty mental health services, you can go to an in-network provider without a referral and without pre-approval. Your PCP does not have to refer you and you do not need to get pre-approval from SFHP to get minor consent services that are covered.

Minor consent services that are specialty mental health services are covered by the county mental health plan for the county where you live.

Minors can talk to a representative in private about their health concerns by calling the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362** or visit **sfhp.org/teladoc**.

SFHP will not send information about getting sensitive services to parents or guardians. Please refer to SFHP’s “Notice of Privacy Practices” for information about how to request for confidential communications related to sensitive services.

Adult sensitive care services

As an adult (18 years or older), you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for the following types of care:

- Family planning and birth control (including sterilization for adults 21 and older)
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing and treatment
- Sexual assault care
- Outpatient abortion services

The doctor or clinic does not have to be part of the SFHP network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization) for these services. Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). You may also call the 24/7 SFHP Nurse Advice Line at

1(877) 977-3397. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362** or visit **sfhp.org/teladoc**.

SFHP will not send information about getting sensitive services to other household members. Please refer to SFHP's "Notice of Privacy Practices" for information about how to request for confidential communications related to sensitive services.

Moral Objection

Some providers have a moral objection to some covered services. This means they have a right to **not** offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. SFHP can also work with you to find a provider.

Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need:

- Family planning;
- Contraceptive services, including emergency contraception;
- Sterilization, including tubal ligation at the time of labor and delivery;
- Infertility treatments;
- Abortion.

You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call SFHP at 1(800) 288-5555 (TTY 1(888) 883-7347 or 711) to ensure that you can obtain the health care services that you need.

These services are available and SFHP must ensure you or your family member sees a provider or is admitted to a hospital that will perform the covered services. Call SFHP at **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**) if you have questions or need help finding a provider.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization) and are available within 48 hours of your request for an appointment. If the urgent care services

you need require a pre-approval, you will be offered an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call SFHP Customer Service at **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). Or you can call the SFHP Nurse Advice Line at **1(877) 977-3397**, to learn the level of care that is best for you. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362** or visit **sfhp.org/teladoc**.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever
- Ear pain
- Sprained muscle
- Maternity services

You must get urgent care services from an in-network provider when you are inside SFHP's service area. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside SFHP's service area. If you are outside the SFHP service area, but inside the United States, you do not need pre-approval to get urgent care. Go to the nearest urgent care facility. Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or SFHP Customer Service at **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). You may call your county mental health plan or your SFHP Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit **dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

Your urgent care provider might give you medication as part of your urgent care visit. If you get medications as part of your visit, SFHP will cover the medications as part of your covered urgent care. If your urgent care provider gives you a prescription to take to a pharmacy, the Medi-Cal Rx program will cover the medications. To learn more about Medi-Cal Rx, go to the "Prescription drugs covered by Medi-Cal Rx" heading in the section "Other Medi-Cal programs and services" of your Member Handbook.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from SFHP.

Inside the United States, including any U.S. territories, you have the right to use any hospital or other setting for emergency care.

Outside the U.S., only emergency services requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, you would place your health (or your unborn baby's health) in serious danger, or you risk serious harm to your body functions, body organ or body part. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts (may be covered by county mental health plans)

Do not go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 SFHP Nurse Advice Line at **1(877) 977-3397**. Or you can call Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362** or visit **sfhp.org/teladoc**.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the SFHP network. If you go to an ER, ask them to call SFHP. You or the hospital to which you were admitted should call SFHP within 24 hours after you get emergency care. If you are

traveling outside the U.S., other than to Canada or Mexico, and need emergency care, SFHP will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or SFHP first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call SFHP.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Nurse Advice Line

The SFHP Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call **1(877) 977-3397** (TTY **711**) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should visit a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The Nurse advice line **cannot** help with clinic appointments or medication refills. Call your provider's office if you need help with these.

You can also call Teladoc® for a 24/7 phone or video consultation with a doctor at **1(800) 835-2362** or visit **sfhp.org/teladoc**.

Member Handbook

Your Member Handbook tells you about your coverage under SFHP. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of SFHP. If you have special health needs, be sure to read all sections that apply to you.

Call **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**) to ask for a copy of the contract between SFHP and DHCS. You may also ask for a copy of your Member Handbook at no cost to you or visit the SFHP website at **sfhp.org** to view or download a copy. You may also request, at no cost to you, a copy of the SFHP non-proprietary clinical and administrative policies and procedures, or how to access this information on the SFHP website.

Other languages

You can get your Member Handbook and other plan materials in other languages at no cost to you. We provide written translations from qualified translators. Call San Francisco Health Plan Customer Service at **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). The call is toll free. Read your Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call SFHP Customer Service at **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). The call is toll-free.

Interpreter services

SFHP provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get the handbook in a different language, call SFHP at **1(800) 288-5555** (TTY **1(888) 883-7347** or **711**). The call is toll-free.