Healthy San Francisco

Our Health Access Program

Annual Report to the San Francisco Health Commission (Fiscal Year 2014-15)

TABLE OF CONTENTS

PART I. SUMMARY AND OVERVIEW OF PROGRAM ACCOMPLISHMENTS: HEALTHY SAN FRANCISCO AND HEALTH CARE REFORM

The Healthy San Francisco Program (HSF) was designed by the San Francisco Department of Public Health (DPH) in 2007 to make health care services available and affordable to uninsured San Francisco residents. HSF has served a dual purpose: (1) to provide health care services to San Francisco uninsured adults as the program of last resort for those ineligible for public coverage and (2) to prepare DPH, other providers, and HSF participants for the federal Patient Protection and Affordable Care Act's (ACA) key implementation components. The implementation of the ACA on January 1, 2014 expanded Medi-Cal to single healthy adults, ages 19 to 64, and created California's Health Benefit Exchange, Covered California (Covered CA). This is a marketplace where individuals can purchase health insurance and potentially qualify for income-based subsidies.

Enrollment into new coverage options made available by the ACA has helped millions across the nation gain access to health care. As is especially the case in California, implementation of the ACA has provided coverage to many previously uninsured individuals. Based on the success of FY2013-2014, which included the transition of over 13,600 San Francisco Provides Access to Healthcare (SF PATH) Program participants to Medi-Cal, the HSF program saw rapid and continuous declines in enrollment throughout FY2014-15. The bulk of this migration was due to former HSF participants who transitioned to new options. However, the program also saw a reduction in the provider network for the first time since the program's launch.

As in previous years, this annual report provides the public, participants, providers, researchers, and other interested stakeholders with detailed information on how DPH operates HSF in addition to how it monitors and tracks performance.

A. HSF and City Option Policy Changes

In FY2014-15, the program implemented four policy changes designed to align with the ACA. They included:

- Removal of the age limit for HSF: Effective January 1, 2015, individuals over 65 who met all other eligible criteria, including ineligibility for other insurance programs, will be eligible for HSF.
- Extension of the HSF Transition Period through December 31, 2015: In response to continued affordability concerns due to San Francisco's high cost of living, individuals eligible for discounted insurance through Covered CA can remain on the HSF Transition Period through December 31, 2015.
- Decrease of the HSF income limit from 500% Federal Poverty Level (FPL) to 400% FPL: Effective January 1, 2015 the income limit for HSF decreased to 400% FPL. Participants with employer contributions remain unaffected by this change. Participants already enrolled in HSF were not disenrolled.

- Removal of the requirement to show HSF program ineligibility in order to request HSF to MRA transfer: Effective October 1, 2014, City Option employees who request to transfer money from their HSF account to an MRA will no longer be required to show proof of HSF program ineligibility.

B. Provider and Pharmacy Network Changes

FY2014-15 saw many changes to the HSF network, including:

- Exit of Chinese Community Health Care Association (CCHCA) and its affiliated Chinese Hospital;
- Exit of Brown and Toland Physicians (BTP);
- Addition of two new North East Medical Services (NEMS) clinics;
- Transition of pharmacy management from St. Anthony's Medical Center and BAART Community Clinics to San Francisco Health Plan (SFHP).

Due to the successful transition of HSF participants to new insurance options, the exit of CCHCA and BTP only affected a small number of participants. This included 72 individuals from CCHCA and 163 individuals from BTP. These departures from the HSF network limited participants' provider options and presented potential continuity of care issues for patients who were engaged in ongoing treatments. Notifications of the changes were sent to affected participants and they were given opportunities to select new medical homes of their choice. If participants did not select a medical home, they were defaulted to one based on their home address. Though HSF lost two medical homes, two additional NEMS sites were on-boarded to the network, NEMS-Sunset (Taraval) and NEMS- Richmond. Management for the pharmacy benefits of participants enrolled with St. Anthony's Medical Center and BAART Community Clinics transitioned to SFHP's Pharmacy Benefit Manager (PBM), PerformRX effective May 1, 2015. At the end of FY2014-2015, the number of medical homes remained the same, but the network now has fewer participating hospitals.

C. Program Activities to Increase Participants Experience

Since FY2013-14, the HSF enrollment process has been updated and refined to ensure that applicants are screened for other programs first. Due to this, participants who enroll in HSF in FY2014-15 are definitively not eligible for other programs. Previously, many participants were erroneously enrolled into HSF while eligible for other programs or some were not disenrolled from HSF after enrolling into other coverage. In FY2014-15, the program shifted its focus from assistance with HSF participants' transitions to appropriate programs to the improvement of participants' experiences. These enhancements included the completion of Tagalog language translation for program materials; an improved enrollment process; the establishment of a new service center; and the development of custom reports for the City Option Program.

Translation of Program Materials to Tagalog Language

In April 2014, Mayor Edwin Lee and the Board of Supervisors certified Tagalog as the City's third threshold language. This required all City departments to make documents available in Tagalog that would inform residents of their rights and resources. City departments were given an 18-month deadline to implement the addition of the new threshold language. Due to this new City requirement, HSF collateral was

translated to Tagalog. Changes have been made in One-e-App, the enrollment system for the HSF program, to ensure that automatically generated Tagalog notices appeared on the HSF and City Option program websites.

San Francisco Health Plan Service Center New Location

On March 31, 2015, the San Francisco Health Plan's new Service Center opened for business on 7 Spring Street, a location that is near the Montgomery BART Station. The new service center provides enrollment assistance for Medi-Cal and Healthy San Francisco programs. The SFHP enrollment site is also the designated enrollment site for HSF participants who enroll with Kaiser as their medical home or have an employer contribution through the City Option.

City Option Systems Improvements

Multiple enhancements to the Employer and Administrative Portals for the City Option were deployed this year that allowed for improved functionality for users. Improvements enabled users to flag and identify invalid employee information, track deceased employees, and collect additional employee demographic information such as email address and preferred language. SFHP also implemented a full reconciliation process with ADP to ensure that Medical Reimbursement Account (MRA) contributions and employee demographic information are synchronized across systems. SFHP made other enhancements to the file exchange process to increase the funding frequency of MRAs as well as to update files' format to improve data quality.

D. Financial Summary

In FY 2014-15, San Francisco Department of Public Health estimated that HSF expenditures totaled nearly $86 million. Of this amount, $20.27 million were covered by revenue and $65.66 million were provided by a City & County of San Francisco General Fund subsidy. Private community HSF providers reported an estimated $16.21 million in net HSF expenditures. In total, the estimated program expenditures reached $102.14 million in FY2014-15. This was equal to a per participant per month (PMPM) expenditure of $443 based on 230,568 participant months.

HSF's reputation as a well-trusted source of information for its participants has made HSF an integral part of citywide efforts to enroll residents into new health insurance options. However, the expansion of health coverage options does not guarantee access to health services for all. There will be individuals who are barred, exempt, or otherwise unable to purchase health insurance under the ACA. The program's mission remains the same: make health care services available and affordable to uninsured San Francisco residents. HSF will continue to use the new health care options and tools available through the ACA to assist eligible San Francisco residents with obtaining health insurance coverage. The program will continue to provide comprehensive health care access to the remainder of uninsured and underserved San Francisco residents.

PART II. FY2014-15 PROGRAM ACTIVITIES

A. Communications, Outreach, Applications, Enrollment, Disenrollment

Since the program's launch in 2007, HSF has heavily relied on positive public relations, community outreach, and word of mouth to generate interest. HSF has communicated directly with participants through mailings, emails, and phone calls.

Website Activity

The HSF and City Option website serves as a comprehensive and up to date resource for individuals interested in either program. It includes general program information, application processes, requirements, and contact information. During FY2014-15, there were 138,923 visits to the City Option and 85,558 visits to the Healthy San Francisco websites respectively. Traffic to the City Option website has increased dramatically, with the top pages viewed being the "Medical Reimbursement Account" (63,064 views) and "How to Access Your MRA Funds" (35,962 views). For the HSF website, the top pages viewed were "How do I Apply?" (25,537 views) and "Are you eligible?" (16,726 views). HSF also receives inquiries from people who call 3-1-1, which averaged 56 calls per month in FY2014-15. Although both websites are available in English, Spanish and Chinese, the overwhelming proportion of visits (94%) were directed towards the English version.

Participant Outreach

Certified Application Assistors (CAAs) perform all HSF enrollments in person. HSF has a one-year coverage period, so the need for timely renewals are a primary reason for participant outreach. The program's renewal reminder outreach starts sixty days before a participant's current term will conclude to encourage continuous enrollment. Outreach may consist of:

- Mailed notice at 30 and 60 days before term end;
- Automated phone call at 45 days before term end;
- Live telephone call between 15-30 days before term end;
- E-mail reminder (in lieu of a live phone call if the preferred mode of contact is email).

Once participants complete the renewal process, they do not receive additional renewal-related communications. Over the course of FY2014-15, the program attempted to reach 12,493 participants who had approached their enrollment termination. The program was successful in contacting 5,265 (42%) of those participants. Participants who could not be reached were subsequently flagged in the system and would be prompted for updated information during their next encounter with the program. HSF excludes those participants from outbound calls and emails until their information is updated.

In addition to renewal outreach activities, the program distributed 12,207 brochures, participated in seventeen events, and conducted twelve presentations in FY2014-15 to promote HSF.

Assistor Outreach and Training

The HSF program has changed due to policies brought on by the new healthcare landscape introduced by the ACA. The program has renewed its focus on training and outreach to HSF Application Assistors to ensure they are aware of the current policies and best practices. In FY2014-15, HSF held nine application assistance trainings via webinar and in-person training that trained 136 assistors. In addition to trainings, the program provides quarterly assistor updates to ensure that all Application Assistors receive updates on changes to programs and share best practices.

HSF developed a Medicare Screening Tool in response to the policy change that extended HSF eligibility to individuals over age 65. Most Application Assistors were not familiar with this program. This tool helps Application Assistors and applicants to determine if participants are eligible for Medicare. The HSF Training Lead Committee and resident community organizations that specialize in Medicare eligibility helped to develop the tool.

Applications

Of the 18,540 applications completed in FY2014-15, One-e-App determined that 18,169 (98%) applicants were eligible and submitted their applications to a health program. Only 371 (2%) were determined ineligible for any program. Additionally, 825 applications were initiated but not submitted. Of the 18,540 applications that were completed, 17,958 (97%) were enrolled into HSF and 203 (1%) were submitted for Healthy Kids. Since all applicants were prescreened for Medi-Cal and Covered CA using appropriate systems, One-e-App does not screen for these two programs.

Table A1:
Application Volume – Number of HSF Applications Processed for All Dispositions
(July 2014 – June 2015)

One-e-App Applications by Type	# of Unique Participants	# of Distinct Applications
Completed	18,162	16,334
No Eligibility Determined	905	530
Eligible But Did not Complete	693	295
Determined Ineligible	458	379

Enrollments, Disenrollments and Re-enrollments

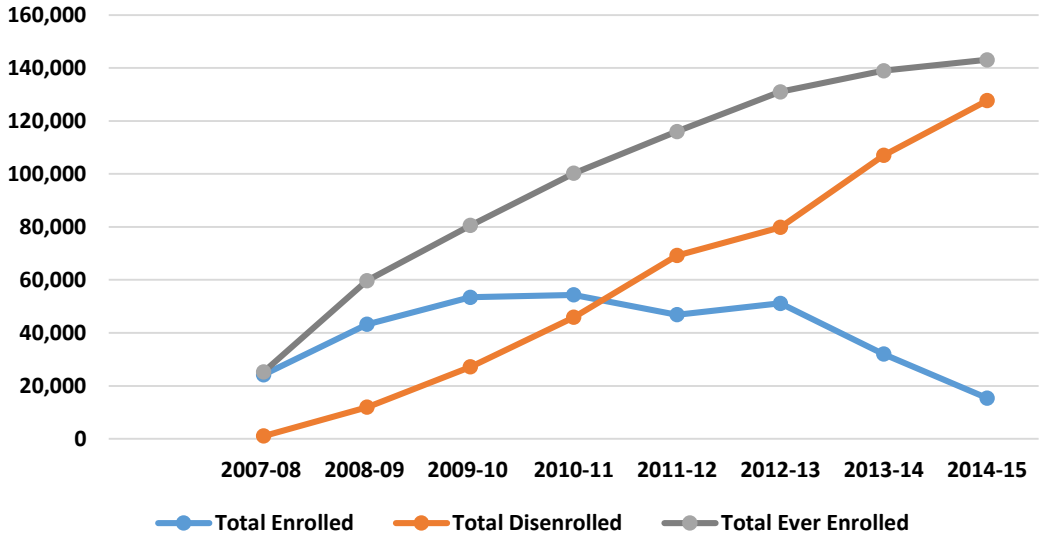
HSF is a voluntary program with no penalties for failure to enroll or disenroll. It facilitates enrollment to the greatest extent possible. However, some eligible uninsured adults may still elect not to participate. At the end of FY2014-15, the program recorded 15,380 active participants and 127,685 disenrolled participants. Based on 2014 American Community Survey estimates, 61,000 (7%) San Franciscans were uninsured. HSF covered an estimated 75% of the uninsured before ACA in the city, but only 25% post ACA. This discrepancy may have been a result of the difficulty to reach uninsured individuals who remained in the city.

Table A2:
Unduplicated Count of Total Ever Enrolled by Fiscal Year

Fiscal Year	Currently Enrolled at end of FY	Currently Disenrolled at end of FY	Total Ever Enrolled at End of FY (Enrolled + Disenrolled)	Disenrollment Rate (%)
2007-08*	24,210	1,059	25,269	4%
2013-14	31,965	107,018	138,983	77%
2014-15	15,380	127,685	143,065	89%

*The year of the program launch

Figure A1: Enrollment, Disenrollment, and Ever Enrolled (FY2007-08 to FY2014-15)



Enrollment fluctuates daily as new people enroll, existing participants renew eligibility, and participants disenroll or successfully transition to new insurance options because of the Affordable Care Act. At the end of FY2014-15, 127,685 (89%) HSF participants were disenrolled. In addition to a successful transition to new insurance options, disenrollments occurred for various reasons. These included participants: a) no longer meeting the program eligibility criteria; b) chose voluntarily to disenroll; c) who did not pay the quarterly participation fee in a timely manner or; d) failed to renew enrollment during the annual renewal process. HSF regularly monitors and analyzes participant disenrollment. The table below highlights the relative percentages of reasons for disenrollment:

Table A3:
Disenrollments by Reason

Current Disenrollments by Reason	Number	Percent
Transitioned to SF PATH Program	11,141	9%
Identified Enrollment into Medi-Cal	5,111	4%
Program Eligibility	28,156	22%
Participation Fee	9,748	7%
Annual Renewal	73,126	57%
Other/Voluntary	403	.3%

To examine the disenrollment and re-enrollment further, HSF analyzed the utilization of services among those with a participation fee-related disenrollment from July 2011 to June 2015 and found that some individuals sought services from DPH after HSF disenrollment and eventually re-enrolled while the others re-enrolled due to no program penalty for re-enrollment after disenrollment. Additional analysis of 3,900 current participants in FY2014-15 with an enrollment gap showed that an approximately 37% re-enrolled in the program within 60 days.

Table A4:
Re-Enrollments by Original Disenrollment Reasons (FY14-15)*

	Total Reenrollment		Reenroll in 0-30 Days	Reenroll in 31-60 days	Reenroll in 61-90 days	Reenroll in 91-180 days	Reenroll in 181-365 days	Reenroll After 365 days	Total Percent
Type	# Individuals	% of Total Reenroll-ment	% of Disenroll Group Total	% of Disenroll Group Total	% of Disenroll Group Total	% of Disenroll Group Total	% of Disenroll Group Total	% of Disenroll Group Total	% of Disenroll Group Total
Program Eligibility	422	10.8%	7.4%	3.7%	1.4%	3.9%	15.2%	68.3%	100.0%
Participation Fee Related	675	17.3%	15.1%	13.2%	8.4%	16.8%	17.1%	29.4%	100.0%
Incomplete Renewal	2792	71.6%	28.7%	13.9%	7.0%	11.3%	12.2%	26.9%	100.0%
Other	11	0.3%	5.6%	11.1%	0.0%	5.6%	33.3%	44.4%	100.0%
Total	**3,900**	**100.0%**	**24.6%**	**12.7%**	**6.6%**	**11.2%**	**13.2%**	**31.8%**	**100.0%**

**Due to rounding, percentage totals may not exactly equal to 100%.*

Multiple Enrollments and Disenrollments

As part of the program retention effort, HSF monitors multiple enrollments and disenrollments of participants. Since its inception in July 2007, 53,064 individuals have had at least two disenrollments. This represents a 12% increase from the prior fiscal year 2013-2014. At the end of FY2014-2015, only eight percent (8%) of individuals with multiple enrollments and disenrollments were currently enrolled in the program.

Table A5:
Enrollment Status of Individuals with Multiple Enrollments and Disenrollments

	FY2011-12		FY2012-13		FY2013-14		FY2014-15	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Currently Enrolled	4,258	25%	9,251	27%	5,916	13%	4,420	8%
Currently Disenrolled	13,082	75%	25,530	73%	41,323	88%	48,644	92%
Total	**17,340**	**100%**	**34,781**	**100%**	**47,239**	**100%**	**53,064**	**100%**

The 53,064 individuals who churned through the program had 128,352 enrollment periods. Seventy-nine percent (79%) of 128,352 enrollment periods were between 10-12 months, followed by 13% lasting between one to three months. Almost all participants with multiple disenrollments remained in the program for almost the entirety of their coverage period or disenrolled shortly after enrollment in the program. The most common disenrollment reasons were failure to renew or insufficient payment of participation fees.

Figure A2: Length of Enrollment Periods of Individuals with Two or More Disenrollments (Currently Enrolled and Disenrolled Participants)

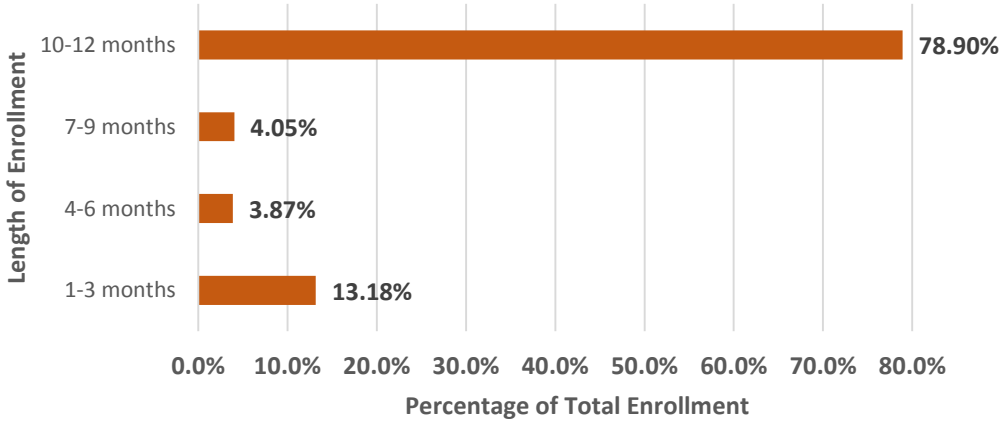


Table A6:

Disenrollment Reason for Individuals with Multiple Disenrollments

Disenrollment Reasons	*Number*	*Percentage*
Did Not Complete Renewal-Failure To Complete Rescreening	39,239	74%
Insufficient Payment of Participation Fees	5,387	10%
Transitioned to SF PATH Program	2,236	4%
Enrolled in Public Coverage	1,436	3%
Determined Eligible for Other Programs During Renewal or Modification	999	2%
Enrolled in Employer-Sponsored Insurance	870	2%
Enrolled in Medi-Cal	650	1%
Other	2,247	4%

B. Participant Demographics

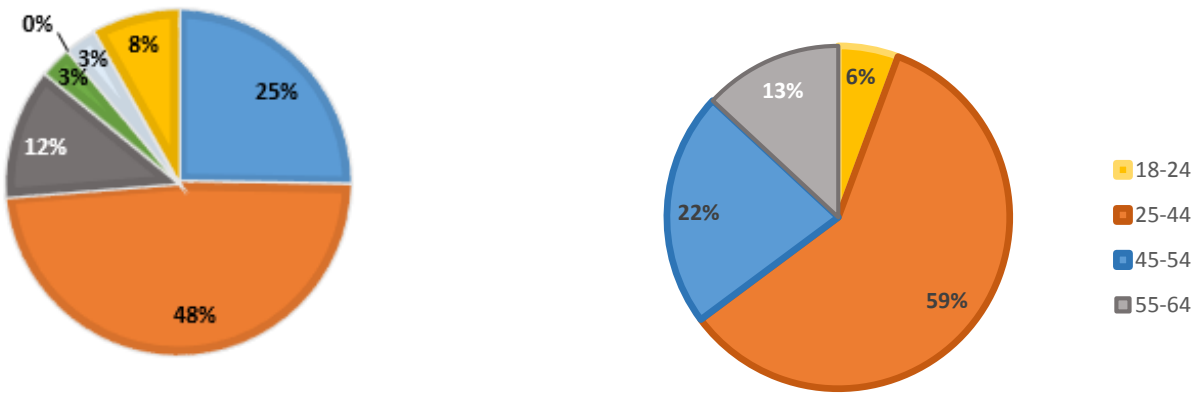
Demographic Characteristics

In FY2014-15, Latinos made up nearly three quarters of the HSF population. This represents a significant increase from the prior year and is consistent with immigration status being the main reason for participants' ineligibility for other health insurance programs. The proportion of participants between the ages of 25 and 44 also increased in FY2014-15. Approximately three out of five HSF enrollees fall into this age group. The percentage of participants age 55 to 64 decreased from 19% to 13%.

The percentage of Asian or Pacific Islander (PI) participants decreased by 14% compared to FY2013-14. In addition, the percentage of English-speaking participants decreased to one quarter of the population, while the percentage of Spanish-speaking participants increased further to nearly three quarters of the HSF population. Despite changing demographics of race/ethnicity and age, the income of HSF participants remained relatively the same compared to FY2013-14, with 87% earning incomes of at or below 200%FPL. The male to female ratio has consistently been nearly equal. In June 2015, 64 participants reported being transgender, which is 60% less than what was reported a year ago.

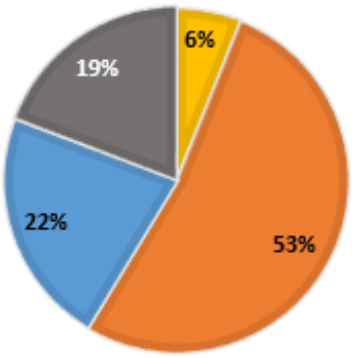
Figure B1: Two-Year Demographic Comparison of HSF Participants*

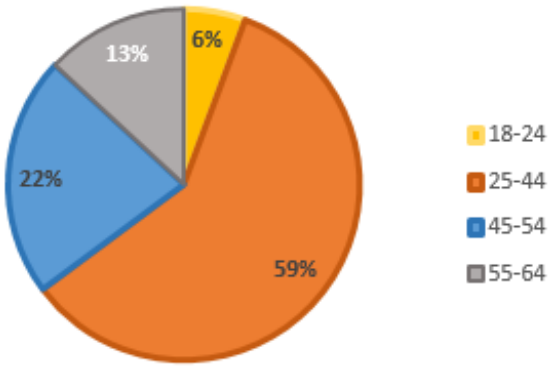
FY2013-14 **FY2014-15**



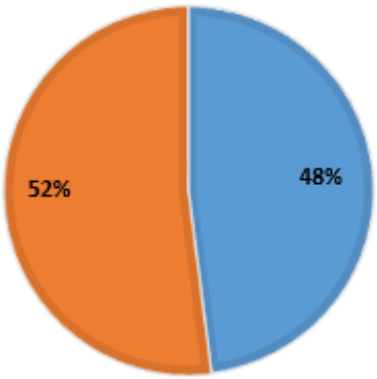
FY2013-14 **FY2014-15**

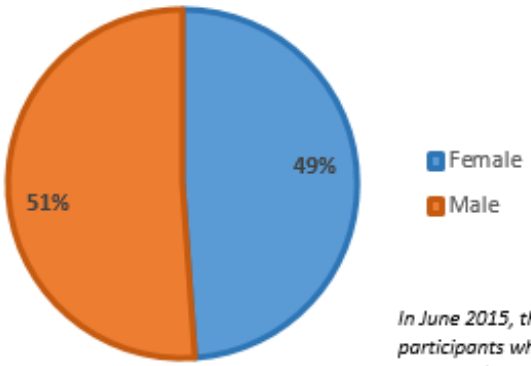
Age





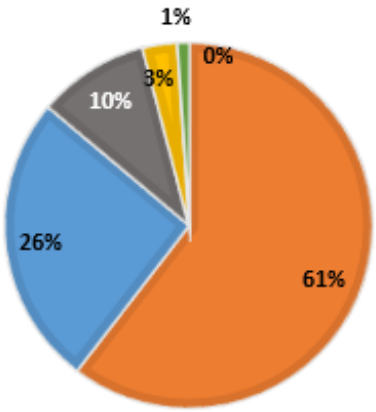
Gender

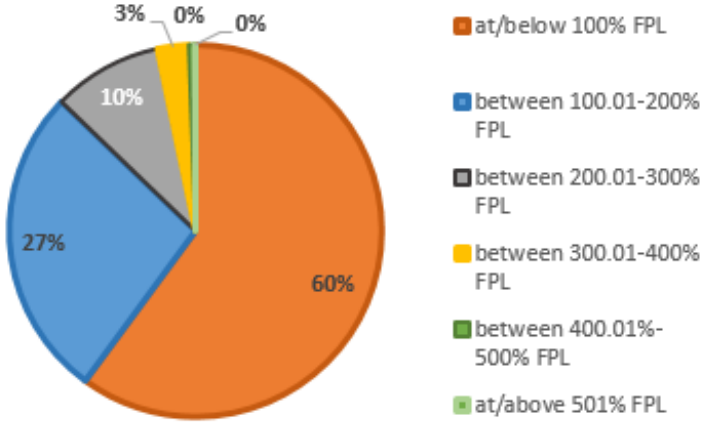




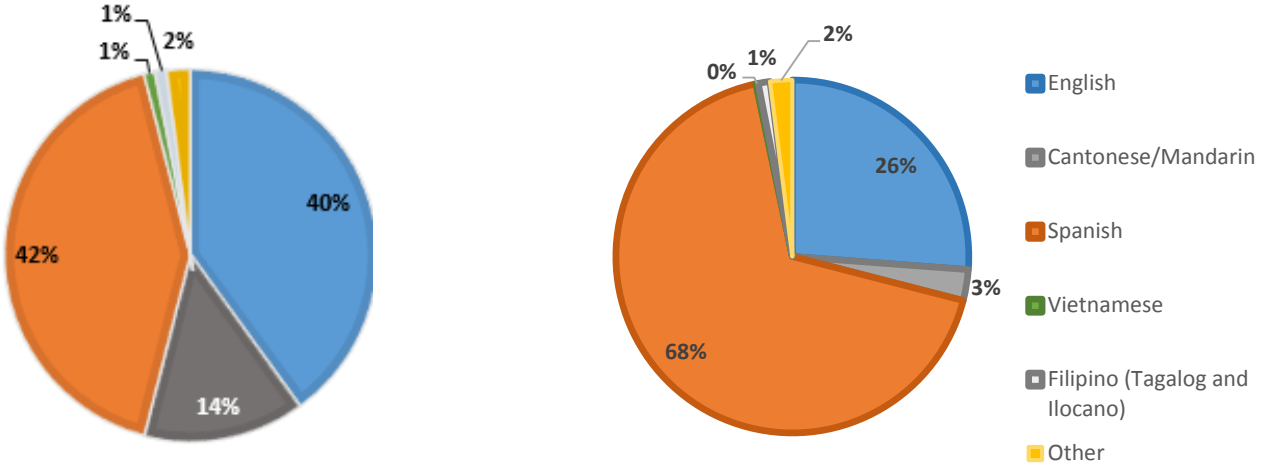
In June 2015, there were 64 participants who indicated being transgender.

Income





Spoken Language

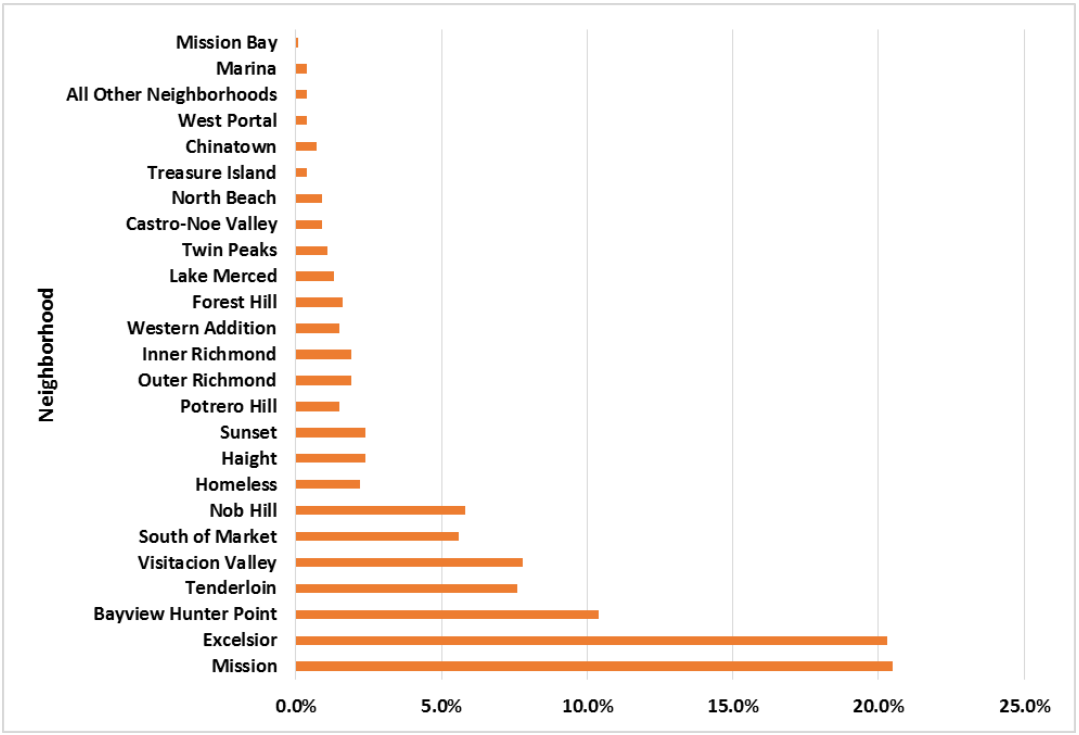


**Note that the sum of percentage per chart may not equal exactly to 100% due to rounding.*

Neighborhood Distribution

In FY2014-15, HSF participants were primarily dispersed among 23 of approximately 36 of San Francisco's neighborhoods. Approximately 40% of all HSF participants resided in the Excelsior or Mission neighborhoods. Two percent (2%) of HSF participants reported being homeless. It is possible that this number was underestimated as some homeless individuals may use their medical clinic or a transient housing address when applying for HSF.

Figure B2: Healthy San Francisco Participants by Neighborhood



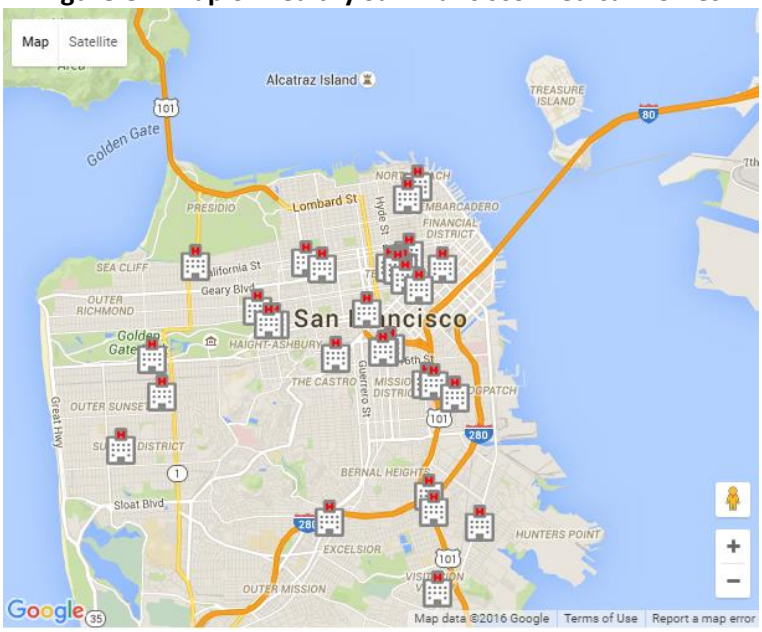
C. Provider and Pharmacy Network

This section provides updates on HSF's delivery system in FY2014-15 including medical homes, hospitals as well as behavioral health and pharmacy services.

Medical Home Distribution

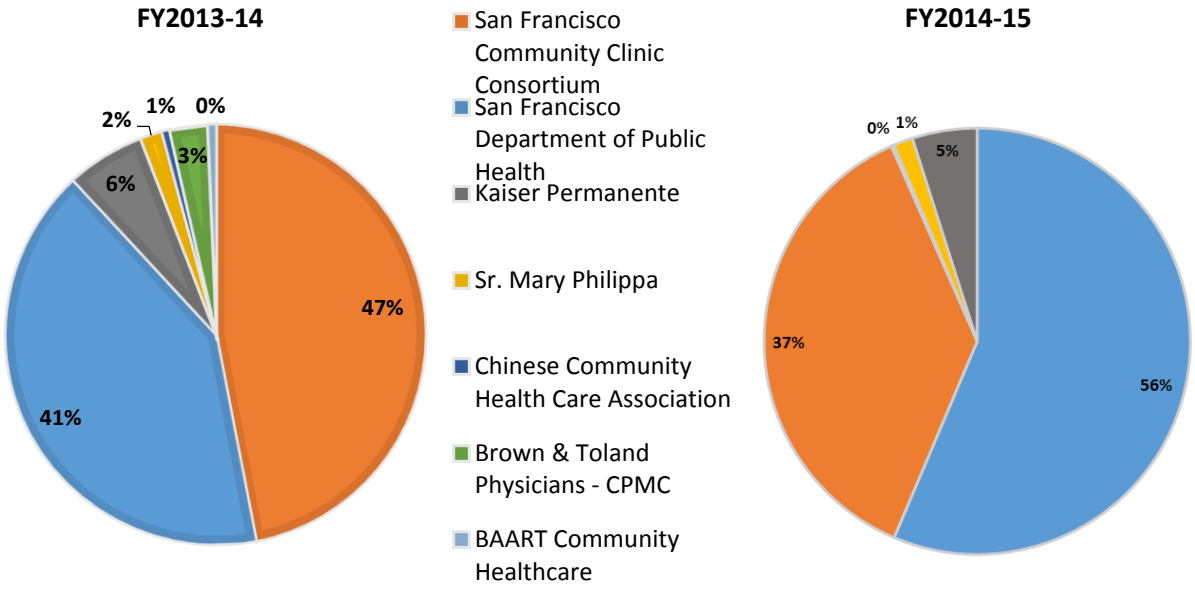
At the time of enrollment, HSF participants select a medical home where they will receive all of their primary and preventive care services. The medical home also coordinates a participant's access to specialty, inpatient, pharmacy, ancillary and behavioral health services. Medical homes also assist with a participant's navigation through the health care delivery system. Figure C1 below illustrates the distribution of HSF medical homes throughout San Francisco using Google Maps.

Figure C1: Map of Healthy San Francisco Medical Homes



The diversity of delivery systems that serve HSF patients is a collaborative achievement for the City and County of San Francisco. This reinforces the mission of HSF to provide coordinated health care to all San Francisco residents. The variety of medical homes options provides HSF participants with the autonomy to select a medical home that best fits their needs. At the end of FY2014-15, 56% of HSF participants selected a medical home within the San Francisco Health Network (SFHN), the integrated health delivery system of the Department of Public Health. The Network consists of: a) a host of primary care and specialty care clinics throughout the San Francisco, b) Zuckerberg San Francisco Hospital and Trauma Center (ZSFH), c) Laguna Honda Hospital and Rehabilitation Center and d) behavioral health services. The next most commonly used medical home system was the San Francisco Community Clinic Consortium (SFCCC). This network of clinics was home to 37% of HSF participants.

Figure C2: Distribution of HSF Participants by HSF Medical Home Delivery System*



** Note that the sum of percentages per chart may not equal exactly to 100% due to rounding.*

Hospital Network

Zuckerberg San Francisco General Hospital and Trauma Center provides a range of specialty, urgent care, diagnostic, emergency care, home health, pharmacy, durable medical equipment (DME), and inpatient services to all HSF participants enrolled with a SFHN, SFCCC, and BAART affiliated medical home. ZSFG also provides services to HSF participants with other medical homes for select HSF covered services not offered at their assigned medical home.

In addition to ZSFG, the following non-profit hospitals continue to play a vital role in HSF:

- California Pacific Medical Center (CPMC) with four campuses – inpatient services to those with NEMS as their HSF medical home;
- Saint Francis Memorial Hospital (Dignity Health) – certain specialty services to those with Glide Health as the HSF medical home;
- St. Mary's Medical Center (Dignity Health) – inpatient and other specialty services to those with Sr. Mary Philippa as the HSF medical home;
- UCSF Medical Center – referral-based diagnostic imaging services at Mission Bay site as well as services, such as cardiac surgery, not provided at ZSFG;
- Kaiser Permanente San Francisco Medical Center – inpatient and other specialty services to those with Kaiser as the HSF medical home.

At the end of FY2014-2015, the number of medical homes within the HSF provider network remained the same; however, the network now has fewer participating hospitals. In the case of emergency services, HSF participants receive services at the nearest available hospital with clinical capacity. This may or may not be the hospital associated with their medical home.

Behavioral Health Services

Most of the HSF medical homes provide some form of mental health assessment, mental health services, or substance abuse screening. However, DPH's Community Behavioral Health Service (CBHS) provides all contracted behavioral health services for HSF participants at all medical homes. CBHS specifically offers mental health and substance abuse services. HSF participants have access to a comprehensive array of community-based services offered by CBHS including, but not limited to:

- Information and referral services;
- Prevention services;
- Full range of voluntary behavioral health services, including self-help, peer support, outpatient, case management, medication support, dual diagnosis treatment, and substance abuse services;
- 24-hour psychiatric emergency services and a crisis hotline.

Off Boarding of CCHCA and BTP

In FY2014-15, the HSF Program experienced the first exit of a provider since the program's inception. Chinese Community Health Care Association (CCHCA) and their affiliated hospital, Chinese Hospital, left the HSF program effective November 1, 2014. Since joining the HSF provider network in May 2008, CCHCA's membership grew steadily and reached almost 1,000 participants within the first year. It had reached and maintained a peak enrollment of roughly 1,100 participants since 2012. After the implementation of the ACA, CCHCA saw a rapid decline in enrollment as their participants transitioned to newly available insurance options. The HSF program worked with other providers, particularly those that had Chinese language capacity to receive former CCHCA patients. HSF also worked to conduct direct mailing and telephone outreach to affected participants to facilitate the transition process. For participants who did not choose a new medical home, the program defaulted them to the medical home that was closest to their home address. HSF revised program policies to allow for automatic medical home change for participants who were defaulted to a medical home. Due to the successful partnership with CCHCA, collaboration with other providers and outreach to participants, only nine of 72 participants were defaulted and most participants either disenrolled due to other reasons or selected an alternate medical home.

Brown and Toland Physicians (BTP) exited the program in March 2015. BTP joined the HSF provider network in 2010 with two sites: Mission and Pacific Heights. They reached and maintained a peak enrollment of approximately 1,400 participants from 2012 through the implementation of the ACA, when most of their program participants began to transition to other options. Grounded in the CCHCA off boarding as a best practice, the program successfully transitioned the remainder of program participants to other medical homes.

Table C1:
Participants Affected by the Exist of CCHCA and BTP

Participant Outcome	Number of Participants (CCHCA)	Number of Participants (BTP)
Enrolled in Covered California	8	12
Enrolled in employer sponsored insurance	1	3
Enrolled in Healthy Workers	1	0
Enrolled in Medi-Cal	19	1
Selected a new HSF medical home	19	70
No longer enrolled in HSF	15	3
Defaulted to a new HSF medical home	9	74
Total	**72**	**163**

Onboarding of Two NEMS locations

Despite the exit of CCHCA and BTP from the HSF provider network in FY2014-15, HSF successfully on-boarded two additional NEMS medical homes: NEMS Taraval and NEMS Richmond. The additional clinics expanded capacity for patients, particularly for those in the Richmond area. Since their onboarding, enrollment has grown to 66 participants, or close to eleven percent (11%) of total HSF enrollment with NEMS.

Pharmacy Network Change

In May 2015, HSF implemented a provider-initiated change in the pharmacy network for three medical homes. These include St. Anthony's Medical Center and the BAART Community Health Care centers at Market and Turk, which transitioned from their current pharmacy location to three Walgreens pharmacies. One of these locations is open 24 hours a day and 7 days a week. The San Francisco Health Plan, the third party administrator of the HSF program, assumed management and administration responsibility for the pharmacy benefit. As part of the transition, the program worked with pharmacy directors and SFHP to conduct a cross walk of their current HSF formulary against the one administered by SFHP. There were some differences but no significant changes were made. Additionally, the implemented copay structures posed minimal impact and were, in fact, beneficial to patients at these medical homes.

D. Clinical Component and Services Utilization

This section examines HSF participants' clinical and service data to determine whether HSF is meeting its goals with respect to improved health outcomes and appropriate utilization of services.

The HSF program captures office visits from medical encounters submitted by participating medical homes and facilities. An office visit counts if at least one encounter line meets the HEDIS outpatient definition and if the visit is reported based on the date of service.

Utilization in FY2014- 15 may appear low due to the following factors:

- A younger and healthier population;
- Incomplete encounter data submission for the last few months of the fiscal year;
- Lack of reported utilization due to use of Out-of-network (OON) services that are not a part of the program's benefits;
- Lower reported utilization data due to some participants' dual coverage with HSF and Covered CA health insurance options.

In order to accurately capture the true utilization of HSF patients and filter out those who may be dually covered, the HSF program examined utilization amongst participants who have had at least one outpatient visit attributed to HSF program. An assessment of available encounter data indicated that the utilization of services decreased in FY2014-15 as compared to FY2013-14. This includes outpatient visits, ED, inpatient visits, substance abuse services, and mental health services.

Outpatient Service Utilization

Utilization of outpatient services per member per year (PMPY) for overall HSF participants decreased to 2.4 visits in FY14-15 from 2.8 visits in FY13-14 (Table D1).

Table D1:
HSF Utilization Rate by Service Type

		FY13-14	FY14-15
Office Visits	Percent Members with Office Visit	56%	44%
	Office Visits Per Member Per Year (PMPY)	2.8	2.4
Emergency Department	Percent Members with ED Visit	8%	6%
	ED Visits PMPY	0.2	0.1
Inpatient	Percent Members with IP Visit	1%	0%
	IP Visits Per Member Per Month (PMPM)*1000	1.7	0.6
Substance Abuse Services	Percent Members with Substance Abuse Services Visit	2%	1%
	Substance Abuse Services Visits PMPM*1000	203.53	93.80
Mental Health Services	Percent Members with Mental Health Visit	5%	3%
	Mental Health Visits PMPM*1000	88.08	60.15

A comparison of the two-year data indicated that per member per year office visits for: a) new participants had declined to 1.78 visits from 2.41 visits, b) re-enrolling participants with at least one office visit had also decreased to 2.2 visits from 2.47, and c) renewed participants had dropped to 2.57 visits from 2.98 (Table D.2).

Table D2:
Outpatient Utilization Rate by Application Type

	Application Type	FY12-13	FY13-14	FY14-15
Percent of Members with Office Visit	New	44%	43%	30%
	Re-Enroll	52%	49%	41%
	Renewal	70%	64%	51%
Office Visit PMPY	New	2.46	2.41	1.78
	Re-Enroll	2.54	2.47	2.20
	Renewal	3.17	2.98	2.57

Office utilization rates vary across different medical homes. Most medical homes saw a decrease in outpatient utilization for participants who have had one office visit. Participants assigned to Sr. Mary Philippa demonstrated an exception to this pattern where there was actually an increase to 6.65 PMPY visits in FY2014-15. This represented a 0.5 PMPY visit increase from prior year. The data also showed higher utilization rates for CCHCA and BTP participants, which was likely due to an increase in scheduled visits before the planned exit of these medical homes (Table D3).

Table D3:
Outpatient Visit PMPY for participants with at least one visit by Medical Home Organization

Medical Home Organization	FY12-13	FY13-14	FY14-15
BAART	4.87	4.57	3.53
Brown and Toland	3.99	4.09	6.11
Chinese Community Health Care Assoc.	5.50	5.31	9.60
Sr. Mary Philippa	6.40	6.15	6.65
SFHN	4.30	4.67	4.40
KAISER	4.35	3.82	3.55
SFCCC (including NEMS)	4.30	4.28	3.95

ED Services Utilization

Emergency Department (ED) utilization decreased to 0.1 visits PMPY in FY2014-15 from 0.2 visits PMPY the year before (Table D1). When stratified by type of application, the decrease is most pronounced among participants who were either newly enrolled (.26 PMPY to .15 PMPY) or re-enrolled (.36 PMPY to .18 PMPY). Participants that renewed their enrollment did not demonstrate as drastic a change in their PMPY (.17 PMPY to .13 PMPY). This difference may have been due to implementation of the ACA and the availability of Presumptive Eligibility Medi-Cal. Now, participants who seek services at the ED are enrolled into other programs and those encounters are attributed elsewhere instead of to HSF.

Among participants who had at least one visit, the rate of ED utilization for those who were new or re-enrolled participants were higher (.25 PMPY) than those who were renewal applications (.18 PMPY). Compared to previous years the utilization rate for new and re-enrolled participants saw a greater percentage decrease than those renewal participants (Table D4).

Table D4:
ED Utilization for participants with at least one Outpatient Office Visit

	Application Type	FY12-13	FY13-14	FY14-15
Percent Members with ED Visit	New	12%	11%	9%
	Re-Enroll	14%	13%	10%
	Renewal	11%	10%	10%
ED Visits PMPY	New	0.37	0.32	0.25
	Re-Enroll	0.47	0.42	0.25
	Renewal	0.21	0.22	0.18

As with outpatient utilization, Dignity Health had the highest utilization of ED services with nearly 26% of HSF participants assigned to Sr. Mary Philippa who had at least one visit also having an ED visit. Participants enrolled with SFHN or SFCCC had the lowest rates of ED utilization, with .18 PMPY and .17 PMPY respectively (Table D5). This may be due to the effect of high utilizers remaining with the program while overall enrollment has decreased precipitously for some medical homes. It is also likely that some proportion of ED visits by HSF participants visits were attributed to other programs (e.g. Medi-Cal) at certain hospitals.

Table D5:
ED Utilization by Medical Home Organization for Participants with One or More Outpatient Office Visit

	Medical Home Organization	FY12-13	FY13-14	FY14-15
Percent Members with ED Visit	BAART	19.10%	21.39%	22.22%
	Brown and Toland	14.25%	12.28%	10.24%
	CCHCA	7.64%	18.27%	0.00%
	Sr. Mary Phillipa	23.24%	20.68%	25.86%
	SFHN	13.06%	11.32%	9.48%
	KAISER	13.80%	11.60%	12.67%
	SFCCC (including NEMS)	10.33%	9.58%	8.36%
Sum of ED Visits PMPY	BAART	0.45	0.87	0.34
	Brown and Toland	0.25	0.22	0.52
	CCHCA	0.10	0.34	0.00
	Sr. Mary Phillipa	0.56	0.47	0.55
	SFHN	0.30	0.26	0.18
	KAISER	0.22	0.21	0.27
	SFCCC (including NEMS)	0.24	0.24	0.17

Inpatient Utilization

Overall inpatient utilization decreased significantly in FY2014-15, to 0.6 visits per 1,000 members per month from 1.7 visits in FY2013-14 (Table D1). This low inpatient utilization may be due to the successful transition of participants to other programs.

Table D6:
Inpatient Utilization by Medical Home Organization for Participants with One or More Office Visits

	Medical Home Organization	FY12-13	FY13-14	FY14-15
Percent Members with IP Visit	BAART	5.24%	1.73%	0.00%
	Brown and Toland	2.54%	2.32%	0.79%
	CCHCA	1.99%	1.50%	0.00%
	Sr. Mary Philippa	3.26%	2.97%	1.29%
	SFHN	2.99%	1.89%	0.83%
	KAISER	2.51%	1.83%	1.61%
	SFCCC (including NEMS)	1.91%	1.59%	0.48%
IP Visits PMPM*1000	BAART	5.91	3.41	0.00
	Brown and Toland	3.89	3.69	1.96
	CCHCA	2.82	2.21	0.00
	Sr. Mary Philippa	4.70	3.97	1.36
	SFHN	4.13	2.52	0.98
	KAISER	2.79	2.52	1.87
	SFCCC (including NEMS)	2.52	2.10	0.68

Zuckerberg San Francisco General Hospital (ZSFG) is the designated in-network hospital for participants assigned to BAART, SFHN and SFCCC medical homes. ZSFG's enrollment in the Hospital Presumptive Eligibility program allows ZSFG to enroll participants in up to two months of full scope Medi-Cal through a simplified process. ZSFG's enrollment in this program may have contributed to the low unitization rate demonstrated by HSF participants. For participants enrolled with SFHN and SFCCC medical homes, new patients (1.19 visits per 1,000 members per month) and re-enrolled patients (.85 visits) had higher inpatient utilization rates than what the renewal participants had (.83 visits).

For those participants with at least one outpatient visit, inpatient visits decreased across all medical homes. Those who enrolled with Kaiser had the highest PMPM visits per 1,000 among all program delivery systems, at 1.87 PMPM visits per 1,000. Further analysis of the utilization data showed that Kaiser's renewal patients had an inpatient utilization rate that was twice of that seen in new participants. Prior to 2015, Kaiser did not allow participants to re-enroll into Kaiser for HSF. Therefore, the utilization rate of re-enrolled Kaiser patients was 0.00. HSF did not execute further analysis of CCHCA and BTP utilization rates due to their exit from the HSF provider network. BAART participants had no inpatient utilization, which was likely due to their low enrollment.

Utilization of Participants 65 and Over

Effective January 2015, participants age 65 and over can enroll or remain in HSF if they meet all other program eligibility requirements. Through the end of FY2014-15, 108 HSF participants had enrolled or aged into to HSF. This small group of participants reported more office visits annually than those who were ages 18-64 (Table D7). Female participants had higher rates of utilization as compared to male participants, but this was a true for participants under age 65 as well. For patients who were aging into the program (renewal applications), the utilization of outpatient office visits (4.39 visits per member per year (PMPY)) were higher than those who re-enrolled (3.67 visits PMPY) or newly enrolled (4.20 visits PMPY). HSF will continue to monitor whether the higher rates of utilization for participants aged 65 and older continues.

Table D7:
Utilization by Age, Application Type and Service Type

	Application Type	18-64			65 and Over		
		Female	Male	Total	Female	Male	Total
Percent Members with Office Visit	New	33%	28%	30%	62%	50%	57%
	Re-Enroll	45%	37%	41%	51%	65%	58%
	Renewal	55%	46%	51%	85%	67%	76%
Office Visits PMPY	New	1.94	1.60	1.74	4.26	4.09	4.20
	Re-Enroll	2.34	2.04	2.18	3.30	4.03	3.67
	Renewal	2.81	2.32	2.57	5.04	3.65	4.39
Percent Members with ED Visit	New	3%	5%	4%	6%	8%	6%
	Re-Enroll	5%	7%	6%	2%	2%	2%
	Renewal	5%	7%	6%	12%	10%	11%
ED Visits PMPY	New	0.12	0.17	0.15	0.32	0.19	0.27
	Re-Enroll	0.16	0.20	0.18	0.05	0.05	0.05
	Renewal	0.11	0.16	0.13	0.14	0.24	0.19
Percent Members with IP Visit	New	0%	0%	0%	3%	0%	2%
	Re-Enroll	0%	0%	0%	0%	0%	0%
	Renewal	0%	1%	0%	0%	0%	0%
IP Visits PMPM*1000	New	0.81	0.46	0.61	6.58	0.00	4.09
	Re-Enroll	0.64	0.34	0.48	0.00	0.00	0.00
	Renewal	0.52	0.70	0.61	0.00	0.00	0.00

Service utilization for participants 65 and older who had chronic diseases were higher than those who did not have a chronic disease for outpatient visits, ED visits and inpatient visits (Table D8).

Table D8:
Utilization by Chronic Disease Indicator, Age Category and Service Type

	Age	Chronic Disease Indicator	
		No	**Yes**
Percent Members with Office Visit	18-64	64%	78%
	65 and over	95%	90%
Office Visits PMPY	18-64	3.08	5.17
	65 and over	4.72	6.87
Percent Members with ED Visit	18-64	8%	11%
	65 and over	10%	6%
ED Visits PMPY	18-64	0.19	0.25
	65 and over	0.20	0.27
Percent Members with IP Visit	18-64	0%	1%
	65 and over	1%	2%
IP Visits PMPM*1000	18-64	0.68	1.76
	65 and over	1.27	2.27

Utilization of Participants with Chronic Disease

Among participants with a chronic disease, the utilization for services decreased dramatically between FY2012-13 and FY2014-15 (Table D9). Utilization of outpatient visits dropped from 6.17 PMPY to 5.21 PMPY. ED visits fell from .45 PMPY to .25 PMPY. Additionally, utilization of inpatient services decreased from 7.56 to 1.77 visits per 1,000 member per month. As noted previously, the decreases may have partially been a result of participants who have received services under the coverage of other programs while still enrolled in HSF.

For participants who had at least one visit, the utilization rate was slightly higher. Additionally, there was also a sharp decline in utilization between FY2012-13 to FY2014-15, particularly among inpatient visits (Table D10). The difference in utilization rates between those with chronic disease and those without was similar between those with at least one visit and among all HSF participants.

Table D9:
Utilization by Service Types, Fiscal Year and Chronic Disease Indicator

	Fiscal Year	No	No Encounters/No Diagnosis Code	Yes
Percent Members with Office Visit	FY12-13	84.16%	0.60%	92.57%
	FY13-14	77.06%	0.13%	87.49%
	FY14-15	64.54%	0.01%	78.08%
Office Visits PMPY	FY12-13	3.64	0.01	6.17
	FY13-14	3.50	0.00	5.82
	FY14-15	3.09	0.00	5.21
Percent Members with ED Visit	FY12-13	11%	0%	17%
	FY13-14	10%	0%	14%
	FY14-15	8%	0%	11%
ED Visits PMPY	FY12-13	0.26	0.01	0.45
	FY13-14	0.25	0.00	0.36
	FY14-15	0.19	0.00	0.25
Percent Members with IP Visit	FY12-13	1.90%	0.02%	5.08%
	FY13-14	1.29%	0.00%	3.38%
	FY14-15	0.48%	0.00%	1.19%
IP Visits PMPM*1000	FY12-13	2.62	0.03	7.56
	FY13-14	1.80	0.00	5.54
	FY14-15	0.68	0.00	1.77

Table D10:
Utilization by Service Type, Fiscal Year and Chronic Disease Indicator for Participants with One or More Office Visits

	Fiscal Year	No	No Encounters/No Diagnosis Code	Yes
Office Visits PMPY	FY12-13	4.06	1.77	6.42
	FY13-14	4.12	1.76	6.19
	FY14-15	3.93	4.00	5.83
Members with ED Visit	FY12-13	11%	8%	17%
	FY13-14	10%	0%	14%
	FY14-15	9%	0%	12%
ED Visits PMPY	FY12-13	0.24	0.20	0.44
	FY13-14	0.24	0.00	0.36
	FY14-15	0.18	0.00	0.26
Percent Members with IP Visit	FY12-13	1.95%	0.83%	5.22%
	FY13-14	1.43%	0.00%	3.56%
	FY14-15	0.63%	0.00%	1.48%
IP Visits PMPM*1000	FY12-13	2.50	0.93	7.49
	FY13-14	1.81	0.00	5.40
	FY14-15	0.74	0.00	1.93

Mental Health and Substance Abuse Services

The Community Behavioral Health Services (CBHS) is the county's mental health program and provides almost all mental health and substance abuse services for HSF participants. As shown in Table D11 below, the percentage of participants who utilized CBHS decreased slightly in this fiscal year. However, utilization of CBHS services as measured on a per 1,000 members per month basis fell dramatically between FY2013-14 and FY2014-15. As was the case with utilization of services in other settings, there may have been individuals whose service utilization was attributed to transitions or coverage from other programs.

Table D11:
HSF Mental Health and Substance Abuse Utilization

	FY12-13	FY13-14	FY14-15
Percent Members with Substance Abuse Services Visit	1%	2%	1%
Substance Abuse Services Visits PMPM*1000	97.93	203.53	93.80
Percent Members with Mental Health Visit	4%	5%	3%
Mental Health Visits PMPM*1000	52.35	88.08	60.15

For participants who had at least one mental health visit, the utilization of mental health services increased between FY2012-13 and FY2013-14, but decreased between FY2013-14 and FY2014-15. Substance abuse visits exhibit the same pattern.

For participants whom had at least one substance abuse visit, the utilization of mental health services decreased between FY2014-15 after a sharp increase between FY2012-2013. Among participants who had at least one mental health and one substance abuse service, the utilization for substance abuse decreased between FY2013-14 and FY2014-15 while mental health services had increased slightly. As the number of HSF participants declines, and the number of utilizers decreases, distortion of utilization data will be expected.

Table D12:
HSF Mental Health and Substance Abuse Utilization for Participants with One or More Mental Health Visits

	FY12-13	FY13-14	FY14-15
Percent Members with Substance Abuse Services Visit	11%	13%	9%
Substance Abuse Services Visits PMPM*1000	763.46	1,578.44	849.16
Mental Health Visits PMPM*1000	1,275.27	1,873.71	1,918.81

Table D13:
HSF Mental Health and Substance Abuse Utilization for Participants with One or More Substance Abuse Visits

	FY12-13	FY13-14	FY14-15
Substance Abuse Services Visits PMPM*1000	6,668.04	11,782.19	9,988.50
Percent Members with Mental Health Visit	29%	33%	25%
Mental Health Visits PMPM*1000	583.53	1009.15	754.50

Table D14:
HSF Mental Health and Substance Abuse Utilization for Participants with One or More Mental Health and Substance Abuse Visits

	FY12-13	FY13-14	FY14-15
Substance Abuse Services Visits PMPM*1000	6,996.24	12,340.32	11,050.68
Mental Health Visits PMPM*1000	1,913.16	2,899.20	2,941.52

E. Health Improvement Initiatives

Health improvement initiatives focus on promoting preventive services, improving the quality of chronic care, facilitating the HSF Quality Improvement Committee, and providing quality and utilization data reporting. HSF Quality Improvement Program functions encompass:

- Production and dissemination of health education materials to HSF participants ;
- Provision of trainings to participating providers on customer service, provider-patient communications, appointment access, and other topics ;
- Facilitation of the Quality Improvement Committee of HSF provider network quarterly.

These health improvement projects take into consideration demographic characteristics, methods of delivery, and appropriate cultural and linguistic competencies when developing the necessary education materials and tools. In response to positive feedback and input from both providers and patients, HSF continued the health improvement projects as described below in FY2014-15.

Diabetes Text Messaging Campaign

The Diabetes Text Messaging (DMTxT) Campaign aimed to promote effective diabetes self-care habits, provide information on recommended diabetes screenings, and provide other tips and suggestions related to general wellness. Topics included nutrition, physical activity and stress reduction. The program was available in English, Spanish, Chinese, and Vietnamese. HSF assigned a health educator and physician to monitor the text messages. Since the inception of DMTxT, 169 HSF participants have signed up. Of those participants, 59 are still active. Forty-two were Spanish speaking and 29 of those 42 were between the ages of 40-59.

Patient Experience Trainings

To continue the improvement of communication between program staff and patients, the HSF program sponsored several highly rated trainings during this fiscal year. These trainings were comprised of:

- Difficult Clinician-Patient Relationships (25 providers attended);
- Clinician-Patient Communication to Enhance Health Outcomes (21 attendees);
- You Make the Difference! (155 people attended) ;
- Managing for Customer Service (46 attendees).

The responses from the attendees were very positive according to the training evaluations. The HSF program also sponsored a work-process redesign training called the Coleman Associates Dramatic Performance Improvement (DPI) program for ZSFG's specialty clinics. Rather than requiring off-line time for internal staff, a team of Coleman Associates staff worked side by side with clinic staff, clinicians, and managers in real time to observe and analyze operations, make recommendations, and implement solutions. The DPI took place in July 2015 and started with the DPH Gastroenterology Clinic. It aimed to improve show-rate, next available appointment, and productivity in alignment with SFHP's Practice Improvement Program. If it is successful, HSF may continue to sponsor DPIs with other specialty clinics.

F. Participant Experience and Satisfaction

This section highlights HSF's mechanisms to obtain feedback from participants about their experiences. This includes the call center, tracking of complaints, and survey administration.

Health Access Questionnaire

HSF administers a Health Access Questionnaire (HAQ) at the point of application and at annual renewals.[1] HSF participant responses to this questionnaire enables the program to gauge individuals' pre-HSF (for those who are first time applicants) and post-HSF (for those who have renewed) experiences with health care in a quantifiable manner. The questionnaire helps to capture participants' experience for ongoing program monitoring and evaluation purposes. It is available in Spanish, English and Chinese. In total, HSF administered 16,486 questionnaires to 16,113 participants in FY2014-15.

FY2014-15 HAQ Responses

Participant self-reported data continues to suggest that patient experience with HSF has improved. Questionnaire responses indicated the following:

- Only 4% of respondents indicated that they delayed getting care or filling a prescription within the last 12 months, and 5% indicated that cost was a reason for such delay.
- Twenty-five percent (25%) of respondents reported difficulty in accessing medical care, but 58% reported the care they received as excellent, very good, or good.

[1] This program feature was launched in December 2008 with 10 questions; in spring 2010, an eleventh question was added on program renewal.

- Only 2% of respondents indicated the emergency department (ED) as the location where they received most of their care. While 63% stated that they received their care at the provider's office or a clinic or health center.
- Sixty percent (60%) of respondents rated their health as excellent, very good or good and 10% of respondents reported that they had an ED visit within the last 12 month.
- Thirty-one percent (31%) of respondents pointed out that they had a gap in coverage within the last 12 months. Thirty-one percent (31%) stated that enrollment in HSF was the main reason they were uninsured in the last 12 months. Nineteen percent (19%) responded that they remained uninsured due to the cost of health insurance and/or co-payments.
- Thirty-eight percent (38%) of renewing respondents indicated that the main reason for their renewal was receiving a renewal reminder from the HSF program.

HSF Participant Complaints

In FY2014-15, the HSF customer service received 159 participant complaints. Similar to those that were filed with the program the year prior, the complaint attributes with the most room for improvement are access and enrollment. HSF has continued its efforts to address access issues through several intensive improvement programs throughout the year. This was described in Part II. Section E under Subsection "Patient Experience Trainings" above. A majority of enrollment complaints involved Certified Application Assistors. The program continued to address training gaps and best practices through Assistor Refreshers, discussions with the Training Lead Committee (TLC), and enrollment site visits this year. All of the participant complaints received by the HSF program were resolved within 60 days in accordance with the program's policies.

Fiscal year trends for HSF complaints include the following:

- The average complaint rate per 1,000 participants dropped to 0.40 in FY 2014-15 from 0.86 in FY 13-14.
- Access issues accounted for 38% of the total complaints received in FY2014-15 but only 27% in the year prior.
- Enrollment issues accounted for 23% of the total complaints received in FY2014-15, but only 15% in FY2013-14.
- The overall volume of complaints decreased 45% from FY2013-14.
- Medical homes remained the highest source of complaints.

Table F1:
HSF Complaint Attributes, FY 14-15

Attribute	Q1	Q2	Q3	Q4	Total	% of Total
Access Issue	15	21	10	15	61	38.4%
Quality of Service	6	5	2	4	17	10.7%
Other	0	0	0	0	0	0%
Enrollment Issue	15	11	7	4	37	23.3%
Billing	8	1	5	6	20	12.6%
Quality of Medical Care	0	2	0	2	4	2.5%
Coverage Interpretation	1	0	8	3	12	7.5%
Cultural, Linguistic & Health Education	1	1	2	4	8	5%
Total	**46**	**41**	**34**	**38**	**159**	**100%**

The source of a complaint is defined as the organization or entity where the cause of the problem originated. The following table lists the number of complaints by source:

Table F2:
HSF Source of Complaint, FY 14-15

Source of Complaint	Q1	Q2	Q3	Q4	Total	% of Total
Medical Home	29	28	20	34	111	69.8%
Program Policy	3	0	3	0	6	3.8%
SFHP	3	4	8	2	17	10.7%
EEU/DPH CAA	5	5	1	0	11	6.9%
Pharmacy	1	1	1	1	4	2.5%
ZSFG	0	0	0	0	0	0%
SFCCC CAA	5	3	1	1	10	6.3%
Total	**46**	**41**	**34**	**38**	**159**	**100%**

G. Health Care Security Ordinance and the Employer Spending Requirement

This section focuses on the Health Care Security Ordinance (HCSO) and the Employer Spending Requirement (ESR) that resulted from the HCSO. The City Option, Healthy San Francisco (HSF), and Medical Reimbursement Accounts (MRAs) were formed to assist employers in meeting the ESR.

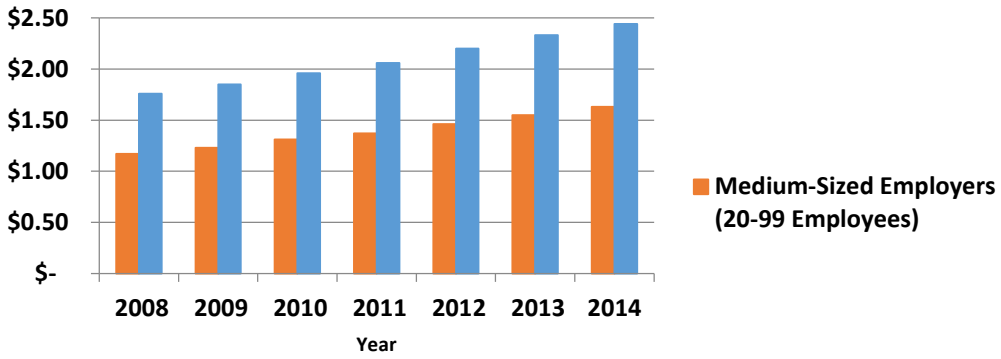
Health Care Security Ordinance

The San Francisco HCSO (No. 218-06; Chapter 14 of the San Francisco Administrative Code) created two City and County programs:

1. Employer Spending Requirement (ESR), which requires employers in San Francisco to make health care expenditures on behalf of their employees ;
2. Health Access Program, which was renamed Healthy San Francisco (HSF) in April 2007.

The Office of Labor Standards Enforcement (OLSE) oversees the implementation of the ESR while DPH oversees the implementation of HSF and the City Option program. The ESR was implemented for all employers with 50 or more employees on January 9, 2008. On April 1, 2008, the ESR applied to for-profit employers with 20 or more employees and non-profit employers with 50 or more employees. These covered employers are required to spend a minimum monetary amount on health care expenditures for their eligible employees. Figure G1 below demonstrates the gradual increase in the required minimum amount to spend per employee per hour since ESR implementation. In FY2014-15, the minimum expenditure was $1.65 per hour for medium-sized employers (20-99 employees) and $2.48 per hour for large employers (100+ employees).

Figure G1: Health Care Security Ordinance Minimum Health Care Expenditures Per Covered Employee Per Hour by Year



City Option

One way employers can satisfy the ESR is by participating in the City Option through the ESR Portal at www.sfcityoption.org. When an employer chooses the City Option, their employees will receive either HSF program participation or a Medical Reimbursement Account, depending on the employee's eligibility:

- If the employee is eligible for HSF, the employee will be notified and must initiate and complete the HSF application process in order to become an HSF participant.
- If the employee is ineligible for HSF, a Medical Reimbursement Account will be opened for the employee. All funds contributed on the employee's behalf by the employer are deposited into this account. Subsequently, the employee can access these funds for reimbursement of eligible health care expenses.

The City Option program made several improvements to enhance participants' experiences and to lay the foundation for future program changes. These changes consisted of:

- Data improvement projects: To improve data integrity, the City Option program established an automated process to identify employee demographic information discrepancies. Differences may have occurred between employee information submitted by the employers and submissions from employees themselves during reimbursement claims processing.

- MRA Vendor relationship: San Francisco Health Plan finalized a new contract with ADP to provide comprehensive services for MRA accounts under the City Option Program. This new service level agreement included enhanced reporting on claims processed. It also established an SFHP/ADP Operating Guide and MRA Customer Service Guide. These documents further clarified the expectations for ADP related to MRA customer services, which included recommended responses from ADP Customer Services to MRA participants for common inquiries and issues.
- Increased accessibility for employers and employees: The MRA Welcome Letter was revised to include information on how to set up an online account. It now includes a MRA Claim Form that may be used to submit claims by paper/fax. The program also simplified the process for employees to transfer funds from HSF to an MRA.
- System enhancements and business intelligence: Several reports were developed to meet identified business needs including historical utilization and HSF to MRA fund transport reports. The program also made several upgrades to the Administration Portal to enable City Option Program staff to improve functionality regarding employee and employer data.

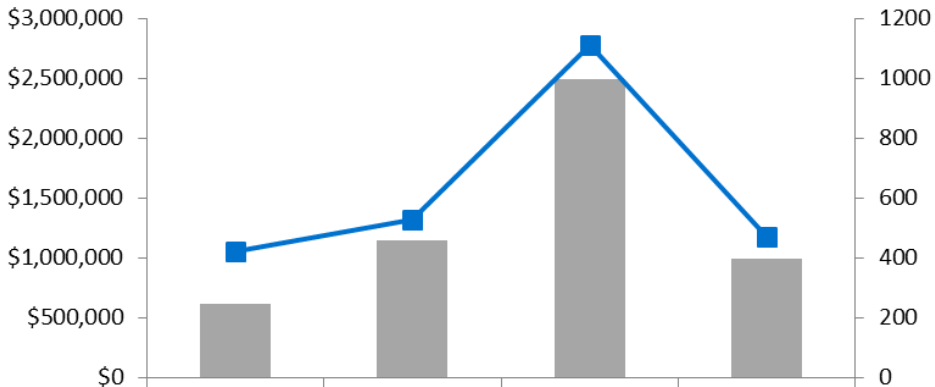
By the end of FY2014-2015:

- Within the last 12-month period, 1,630 of employers made at least one contribution to the City Option to meet the ESR. Of those, 430 employers made their first contributions. This represents a 3% increase in new employers contributing to the City Option program compared to the prior year. Since the program's inception, 2,472 employers made at least one contribution to the City Option program. This was a 21% increase from the previous year. Due to the elimination of standalone Health Reimbursement Accounts (HRA), employers have contributed to the City Option instead.
- Employers deposited $100.6 million to the City Option (including both HSF and MRA) on behalf of their employees. This was approximately $36.01 million more than what was deposited in FY2013-14. This increase was primarily due to the ban on standalone HRAs and employers opting to fulfill the ESR through the City Option.
- Of the employer funds contributed to the City Option in FY2014-15, 84% ($84 million) was distributed to employees' MRAs and 16% ($16 million) was designated to employees who were potentially eligible for HSF. This reflects more individuals being eligible for new health care options or having indicated to the program they are enrolled in coverage.
- Employers have made City Option contributions on behalf of 181,044 eligible employees. This is a 37% increase from the year before. This number includes those employees who were counted more than once because they received contributions from multiple employers.
- Since the inception of the City Option Program, nearly 66% of employees who received contributions had their contributions assigned to MRAs. Thirty-five percent (35%) of employees had their contributions assigned to HSF.
- The program notified employees who had a balance of twenty-five dollars or greater in their MRA accounts quarterly MRA statements. The number of statements mailed increased 42% from the first quarter to the fourth quarter of FY2014-15.

HSF to MRA Transfer Policy Revision

The City Option program updated the HSF to MRA Transfer Policy to eliminate the requirement to prove HSF program ineligibility to allow employees to transfer their employer contribution from HSF to MRA. The intent of this policy change was to minimize barriers to employees for to access their employer contribution for qualified healthcare expenditures. In the third quarter of FY2014-2015, the program recorded that 1,111 individuals had an HSF to MRA transfer. This represented $2.49 million or 117% increase in funds and 110% increase in the number of individuals who had requested a similar transfer from the previous quarter.

Figure G2: HSF to MRA Transfers Processed, FY14-15



	Q1 FY 14-15	Q2 FY 14-15	Q3 FY 14-15	Q4 FY 14-15
Dollars Transferred	$613,834	$1,147,857	$2,491,477	$985,959.24
Individuals with Transfers	420	527	1111	469

Employee Data

Compared with June 2014, the number of total City Option employees increased by 46,603 (35%). At the year's end, 1,448 City Option employees had active enrollment in HSF. Conversely, 14,186 employees had disenrollment from HSF. Such disenrollment represents approximately 91% of HSF disenrollment for eligible City Option Employees. This is a slightly higher rate than that of the overall HSF program. This may represent a higher uptake of new insurance options among employees when compared to HSF participants in general. The following table presents employers' distributions to employees with respect to program eligibility since the program's inception.

Table G1:
City Option Employees by Potential Program Eligibility

Category	Description	Number
HSF-Eligible Employees	City Option employee whose contributing employer has at some time in the past submitted these specific attributes: residency as "San Francisco;" other insurance flag as "no;" and age between 18 and 64, inclusive.	67,229
MRA Employees	City Option employee whose contributing employer has at some time in the past submitted any combination of the following information for this City Option employee: residency not in "San Francisco;" other insurance flag as "yes;" age between 0-17 inclusive; or age greater than or equal to 65.	127,684
HSF and MRA Employees	City Option employee whose contributing employer(s) has previously submitted contributions designating this employee as both HSF-eligible and MRA-eligible. These individuals count as either the "HSF-Eligible Employees" or "MRA Employees;" therefore, this figure is negative to eliminate duplicate counting of employees.	-13,869
All City Option Employees	**Total number of employees with HSF contributions and employees with MRA contributions, less employees with both HSF and MRA contributions.**	**181,044**

Through the end of FY2014-15, 9,154 program participants had transferred over $17.21 million in funds from an HSF account to an MRA. The majority of those City Option participants actively enrolled in HSF this year were below 200% of the federal poverty level (FPL). Of those, 34% were between 0-100% FPL and 37% were between 101-200% FPL. Compared to the general HSF population, those enrolled with employer contributions had higher incomes, but over 70% were still below 200% FPL. This is an indication that affordability of health insurance remains a policy issue for the City and County of San Francisco as individuals who are eligible for subsidized coverage through Covered CA still elect to remain in HSF.

For the 127,684 employees whose employer-contributed funds went to a MRA, the reasons for MRA designation based on HSF program eligibility are as follows:

Table G2:
MRA Designation Reasons for HSF Ineligibility

Reasons for MRA	Number	Percent
Not a San Francisco Resident Only	49,419	33%
Age not eligible for HSF Only	938	1%
Has Health Insurance Only	37,937	25%
Combination of One or More Eligibility Reasons	39,390	27%
All Employees with MRAs	147,684	100%

Compared to last year, the number of employees assigned a MRA due to not meeting the criteria of "Not a San Francisco resident only" decreased. The number of employees who "[Had] Health Insurance" or who had multiple reasons that made them ineligible for HSF increased. The program changed the reporting options for employee insurance status to include Unknown in addition to Yes and No. Employees with Yes or Unknown status have their contributions assigned to MRA. While it is likely that more employees were insured in FY2014-15 due to continued implementation of ACA, the increase of ineligible for HSF might be due to employers now submitting Unknown status even if the employee is truly uninsured.

Employer Data

The following section summarizes information as of June 2015 on employers that elected to use the City Option for all or some of their employees. Note that an employer may use the City Option to supplement any existing health care expenditures they made if it fell below required ESR expenditure levels. The data indicates:

- Overall the number of employers contributing to the City Option program increased by 430 (21%).
- Growth in participating employers was relatively even across all company sizes as compared to the prior years.
- Thirty-six percent (36%) of participating employers had 500+ employees, and 3% were not subject to the mandate because they had less than 20 employees but were still participating in the City Option.
- Eighty-seven percent (87%) of participating employers were for-profit and 8% were non-profit. Remaining employers were either public or did not report their profit status.
- Using the *North American Industry Classification System* (NAICS) code for classifying occupations, the majority of employers who have elected the City Option fall into the following categories: Other Services (25%), Retail Trade (14%), Accommodation and Food Services (13%), or Professional, Scientific, Technical Services (12%). Employers in the Accommodation and Food Services classification increased by 3% compared to June 2014.

Table G3:
City Option Employers by Company Size

Count by Company Size	Number Jun 2014	Percent Jun 2014	Number Jun 2015	Percent Jun 2015
0-19 employees	39	2%	67	3%
20-49 employees	399	20%	532	22%
50-99 employees	246	12%	314	13%
100-499 employees	453	22%	557	23%
500+ employees	786	38%	891	36%
Not reported	119	6%	111	4%

H. Expenditure and Revenues

This section provides estimated HSF expenditures and revenues in FY2014-15.

The San Francisco Department of Public Health tracks expenditures through a financial class created for HSF. Expenditures from each DPH division are combined to provide an overview of HSF finances. For FY2014-15, DPH costs and revenue calculations were estimates. The following financial data is comprised of the following components:

- Total HSF revenues and expenses;
- DPH expenditures;
- Non-DPH expenditures;
- Per participant per month expenditures, revenues and subsidy;
- Estimated DPH costs of serving the indigent and uninsured.

HSF Revenues

The HSF Program had a total revenue $18.58 million for FY14-15. This included contributions from employers using the City Option to fulfill the ESR and participant fees—both participation and SFHN point-of-service (POS) fees. ESR funding in FY2014-15 declined by almost $7.5 million (32%) from the previous year largely because employees with ESR funds were either no longer eligible for HSF or transferred their contributions from HSF to an MRA. Participants with income at or above 101% FPL were billed quarterly for participation fees to remain in the program. As of June 30, 2015, approximately 40% of participants were at or above 101% of FPL. In general, DPH only collects information on POS fees paid by HSF participants accessing services within DPH's SFHN. For the end of the fiscal year, DPH collected a total of $2.50 million HSF participant and point-of-service fees. HSF participant and POS fees accounted for 87% and 13% of that total respectively.

HSF Expenditures

System-wide HSF expenditures for FY2014-15 added up to approximately $102.14 million for private medical homes and DPH. The DPH expenditure calculation included reimbursement to non-DPH HSF medical home providers. The average per participant per month fee had increased to $443, which was a 49% increase from the previous year. A decline in membership led to a decrease in total expenditures, $57.81 million (36%) including 25.77 million (23%) in DPH expenditures and 32.03 million (66%) from non-DPH expenditures. Revenue also decreased by $10.18 million (35%) as employees and former participants began to take advantage of new health insurance options. In addition, the expenditures necessary to maintain the infrastructure of the program saw a sharp increase in FY2014-15.

Table H1:
Estimated Total Revenues and Expenditures

	2012-13	2013-14	2014-15
ENROLLMENT			
Total Participant Months	612,462	537,045	230,568
REVENUE			
General Fund	$0	$0	$0
Health Care Coverage Initiative	$0	$0	$0
Participation Fees and DPH POS	$7,499,428	$5,196,074	$2,496,768
ESR (Employer Health Care Expenditures)	$16,807,439	$23,567,891	$16,082,324
Reserve for Unearned Rev. (Enrollee & ESR)	$0	$0	$0
Transfer of Unused MRA Funds	$0	$0	$0
Philanthropic Grants (Evaluation)	$0	$0	$0
TOTAL REVENUE	**$24,306,867**	**$28,763,965**	**$18,579,092**
DPH EXPENDITURES			
Administration			
HSF Administration	$506,273	$874,025	$1,106,340
Evaluation	$0	$0	$0
Third-Party Administrator (SFHP)	$7,000,103	$6,671,181	$5,364,773
Services			
Cost of Services (SFGH, Clinics, UCSF)	$76,316,179	$77,563,729	$70,387,794
Behavioral Health	$21,070,330	$13,031,805	$4,875,860
Non-DPH Provider Reimbursement	$15,792,251	$13,013,172	$3,845,497
Information Systems			
Eligibility/Enrollment System (One-E-App)	$301,977	$316,626	$349,616
Siemens Information Technology	$233,908	$233,908	$0
Capital			
Capital Projects	$0	$0	$0
SUBTOTAL DPH EXPENDITURES	**$121,221,021**	**$111,704,446**	**$85,929,881**
ESTIMATED DPH PER PARTICIPANT PER MONTH EXPENDITURE	**$198**	**$208**	**$373**
NON-DPH EXPENDITURES			
Private Medical Homes Net HSF Expenditures	$16,101,659	$21,443,342	$4,058,997
Non-Profit Charity Care Expenditures	$21,534,961	$26,775,327	$12,126,659
SUB-TOTAL NON-DPH EXPENDITURES	$37,636,620	$48,218,669	$16,185,656
TOTAL DPH AND NON-DPH EXPENDITURES	**$158,857,641**	**$159,923,115**	**$102,115,537**
ESTIMATED TOTAL PER PARTICIPANT PER MONTH EXPENDITURE	**$259**	**$298**	**$443**

DPH REVENUE LESS DPH EXPENDITURES = GENERAL FUND SUBSIDY	($96,914,154)	($82,940,481)	($67,350,789)
	2012-13	**2013-14**	**2014-15**
ESTIMATED DPH PER PARTICIPANT EXPENDITURE	$198	$208	$373
DPH PER PARTICIPANT REVENUE	$40	$54	$81
PER PARTICIPANT GF SUBSIDY	($158)	($154)	($292)

DPH Expenditures

DPH's estimated total expenditures of $85.93 million in FY2014-15 were categorized as pertaining to administration, services and information systems. Administration expenditures accounted for approximately $6.82 million (8%) while service costs added up to $79.11 million (92%). Contract costs for Siemens were not captured in this fiscal year.

A portion of DPH expenditures reflects reimbursement for non-DPH medical homes and emergency ambulance transportation, incremental University of California, San Francisco (UCSF) reimbursement for specialty services rendered at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), and incremental behavioral health provider funding. A portion of DPH service costs at ZSFG supports hospital-based specialty care, urgent care, diagnostic, emergency care, home health, pharmacy, durable medical equipment and inpatient services to DPH clinics and to many other private providers in the network.

DPH behavioral health services expenditure estimates for HSF participants are reported through Community Behavioral Health Services. At the time of this report, behavioral health and substance abuse expenditures listed were based on twelve (12) months of data from July 2014 to June 2015. Pharmacy costs were based on twelve (12) months data, from July 2014 to June 2015.

Private HSF Provider Costs and Revenue

Private HSF providers reported that $16.21 million worth of health services were rendered to HSF participants this year:

- $4.06 million by medical homes after revenues of $11.76 million are deducted from total expenses of $15.681 million;
- $12.13 million in hospital charity care expenses.

Table H2:
Estimated Expenditures and Revenue for Private HSF Medical Homes

Medical Home	**Expenditures**	**HSF Funding and Other Revenues**	**Net Costs**
BAART	$98,529	$76,126	(22,403)
Brown & Toland Physicians	$120,000	$143,250	23,250
CCHCA & Chinese Hospital	$423,105	$505,580	82,475
Glide Health Services (specialty affiliation with Saint Francis Memorial Hospital)	$697,288	$346,705	(350,583)
Kaiser Permanente	$4,876,340	$1,580,604	(3,295,736)
North East Medical Services	Not Available	Not Available	Not Available
San Francisco Community Clinic Consortium Affiliated Clinics (includes SFCCC Administration)	$8,779,712	8,779,712	0
Sister Mary Philippa Clinic (affiliation with St. Mary's Medical Center)	$819,576	$323,576	(496,000)
All Non-DPH Medical Home Health Systems	$15,814,550	$11,755,553	($4,058,997)

The sharp decline in expenditures by private HSF providers can be attributed to the decline in HSF participants and the exit of CCHCA and BTP from the HSF provider network in FY2014-15. HSF provider costs are self-reported and expenditures from NEMS were not captured in this dataset. Charity care services by non-profit hospitals were estimated to be $12.17 million. Hospitals counted these expenses in different ways, which included services to HSF participants regardless of their medical home affiliation.

In examining HSF's private community- provider expenditure data, it is important to emphasize that there is no uniform mechanism for calculating HSF costs for these providers. Each entity provided information to DPH using its own established processes and procedures for estimating costs. In regards to charity care, some hospital providers report costs on a calendar year instead of a fiscal year basis. As a result, hospital financial data included the most recent fiscal year that in some cases was FY2013-14.

Of the reported $11.76 million in revenues available to private medical homes, about $4.10 million (35%) was funded by DPH. DPH funding to private HSF providers was not intended to cover the costs of care to HSF participants. Through HSF, these providers now receive some reimbursement from DPH for a population that was previously covered at a greater loss through their site-specific sliding scale clinic programs.

General Fund Subsidy

A City and County General Fund subsidy covered the difference between expenditures and revenues. In FY2014-15, the General Fund subsidy reached $67.35 million. There was a $138 per participant per month subsidy increase, a 90% increase from FY2013-14. While the number of enrollees continued to decline sharply due to the ACA and a decrease in overall HSF expenditures, the per member costs of the program have increased.

Estimated DPH Costs of Serving the Indigent and Uninsured

DPH's estimated costs of serving the entire uninsured population reached $149.64 million in FY2014-15. This excludes behavioral health expenditures for the non-SF PATH and non-HSF population.

Table H3:
Estimated Costs of Serving Indigent and Uninsured (FY2014-15)

Uninsured Patient Population	Estimated Cost
HSF Uninsured Population	$70,387,794
Non-HSF Uninsured Population (not including SF-PATH)	$49,233,089
LIHP/SF PATH Population	$30,023,555
Entire Uninsured Population	$149,644,439

In addition to being a provider for the HSF program, DPH provides services to uninsured individuals who are not eligible for HSF or are not enrolled in HSF (the "non-HSF uninsured population"). The services provided, estimated at $49.23 million, to these non-HSF uninsured population are beyond the HSF scope of benefits. This includes services such as dental and long-term care that is provided on a sliding scale basis at DPH hospitals and primary care clinics. The SF PATH Program, which ended on December 31, 2013, provided services to participants estimated at $30.02 million in expenditures.

PART III. FY2015-16 ANTICIPATED PROGRAM ACTIVITIES

During the 2015-2016 fiscal year, The Department of Public Health and the HSF Program staff, working with SFHP will focus on the launching of the Bridge to Coverage program (BTC) to provide additional assistance to eligible City Option employees. The program is intended to help increase the uptake of Covered California insurance options. HSF will continue to build upon its successful transition of participants to health insurance options through the ACA where appropriate. This includes the provision of training to CAAs on new health care options that are available and the implementation of system improvements to facilitate the utilization of programs.

A. Bridge to Coverage and Modernizations of the HCSO City Option

San Francisco's uninsured rate, which has historically been lower than that of the state and the nation, has declined since the launch of coverage expansions under the Affordable Care Act. More than 97,000 San Franciscans have enrolled in ACA-related coverage since January 2014. However, approximately 6% of the city's population remains uninsured, and the high cost of living in the city presents a barrier to affordable health insurance for some San Franciscans. In August 2015, the San Francisco Health Commission approved the SFDPH proposal to adapt the City Option program to help ensure that all low- and moderate-income San Franciscans have access to affordable health care. The modernization of the City Option is expected to increase the affordability of Covered California for 3,000 eligible city residents.

The City Option Modernization includes two components: 1) permanent extension of the Healthy San Francisco Transition Period, which allows uninsured residents who do not have affordable coverage options to remain in HSF and 2) premium and cost-sharing assistance for eligible employees receiving

employer contributions from the City Option program. This component of the City Option MRA program will be referred to as Bridge to Coverage. BTC is expected to launch in 2016, and will offer a benefit based on an eligible employee's cost of a Silver-level plan on Covered California, as follows:

- Premium assistance equal to 60% of their costs for premiums for the second-lowest cost Silver plan on Covered California, after federal subsidies are applied; plus
- Out-of-pocket health care cost-sharing assistance, ensuring that their Silver plan deductible is no more than 5% of their income.

Bridge to Coverage MRA eligibility is as follows:

- Enrollment in a Qualified Health Plan through Covered California;
- Receiving contributions through the City Option program under the Health Care Security Ordinance;
- Annual income less than or up to 500% FPL.

These programmatic adjustments were informed by extensive research and planning. The work was made possible by a generous grant from the California Health Care Foundation. DPH engaged the UC Berkeley Labor Center and Health Management Associates with this funding to identify the target population, assess benefit design, and administrative options.

B. Ensuring HSF Provides Full Health Care Options Screening

Medical homes will be encouraged to continue as Certified Enrollment Entities and Application Assistors, to renew as Certified Enrollment Counselors. This will ensure most HSF enrollment sites continue serving as a central location for health insurance information and enrollment. HSF will continue to monitor disenrollment, conduct outreach, and educate individuals on available options.

In FY2015-16, the HSF program will focus on training of CAAs to ensure they are aware of all potential health care options for applicants and continue to improve on the application process to ensure that participants are appropriately screened and directed to the most appropriate program. This will become increasingly important once the new Bridge to Coverage program is launched, increasing the total options for San Francisco residents, but also adding to the complexities of the screening process. HSF will focus on supporting Assistors and HSF Enrollment Sites not only with enrollment into HSF, but also enrollment into Covered California health insurance options during the upcoming open enrollment period. HSF will participate in citywide communication efforts to educate San Franciscans about ACA-related health insurance options, continuing its outreach efforts to encourage people to either enroll in or renew their Medi-Cal coverage. It is critical for HSF to communicate expected program changes and available options to participants and Application Assistors so that individuals can make informed choices about their health care options.

C. Maintenance of Medical Home Network

The HSF public-private partnership of medical homes offers participants better options to access care by providing patients with broad choice of medical homes and provides opportunity for the City to maintain capacity for other non-HSF patients. In FY2015-16, the program will focus on maintaining the existing provider network. Maintenance of the network will continue to face challenges as providers continue to evaluate their business case for providing services to HSF participants as membership continues to decrease and the overall healthcare environment after the implementation of ACA.

While HSF continues to focus on transitioning eligible participants to new health insurance options when appropriate, DPH recognizes that San Franciscans who are not eligible for these new options will continue to rely on HSF for their health care needs. Although there are additional health insurance options available, they remain unaffordable for many San Franciscans. With the new Bridge to Coverage Program scheduled to launch in late 2016, the HSF program will work to ensure that eligible San Franciscans are aware of this new opportunity. The Bridge to Coverage Program may reduce the barrier to entry to Covered CA. HSF will continue to fulfill its mission of providing eligible San Francisco residents with affordable health care access regardless of immigration status, employment, or pre-existing conditions. HSF will remain a solid support system for uninsured San Franciscans who need assistance in obtaining health care services and will work to find the right option for each individual.

APPENDIX A: DATA SOURCE AND SUBMISSION

HSF maintains a clinical data warehouse that is managed by the program's Third Party Administrator, the San Francisco Health Plan. In this role, SFHP defines encounter data submission standards, ensures the quality of data that is collected and processed, and analyzes and reports the data received by the DPH annually. Collection and analysis of encounter data is key to determining the extent to which HSF is meeting its goals.

The source data for this report came from the HSF data warehouse that includes all medical and pharmacy services, as well as from the Health Access Questionnaire (HAQ). The HAQ is administered during the HSF application process and incorporates membership data from the One-e-App system. Data for this report accounts for all services that were incurred from July 2011 through June 2015. However, the completeness of service and encounter data reported is not uniform across all participating HSF providers. Services provided to HSF participants but are billed to those participants directly or other insurers, for example, are not captured within the encounter data.

SFHP monitors HSF submissions by service category and total submissions received by providers on a monthly basis. Ongoing monitoring facilitates a better understanding of the total submissions received, loaded, and used for the development of utilization analysis. Service utilization analysis is dependent upon having data that is as complete as possible from all HSF providers. In FY2014-15, as was the case in earlier years dating back to FY2011-12, a little more than 40% of encounters were outpatient laboratory services. This was followed by utilization of primary care services that accounted for approximately 25% of encounters.

Nonprofit hospitals might also provide charity care services to HSF participants. Since FY2009-10, DPH has worked with these hospitals to obtain utilization data about the HSF population that receives charity care services. In some cases, these hospitals do not consistently submit encounter data for HSF participants. This means that it is likely that the encounter data for all services provided to this population has not been captured. DPH continues to work collaboratively with local nonprofit hospitals in this area.

Hospital System	Encounter Data for HSF Population or HSF Service	Encounter Data for HSF Participants Receiving Charity and/or Discounted Care
California Pacific Medical Center (4 campuses)	Inpatient encounters for NEMS HSF Participants; Encounters for Brown & Toland HSF Participants	Encounters for any HSF participant, irrespective of medical home, that received services from hospital
Chinese Hospital	Encounters for CCHCA HSF Participants	
Kaiser Permanente	Encounters for Kaiser HSF Participants	
Saint Mary's Medical Center	Encounters for Sister Mary Philippa HSF Participants	
San Francisco General Hospital	Encounters for DPH HSF Participants; specialty, diagnostic, inpatient encounters for SFCCC HSF Participants at some medical homes; BAART HSF Participants	
St. Francis Hospital	Encounters for Glide HSF Participants	
UCSF Medical Center	Encounters for HSF Participants receiving diagnostic services at Mission Bay	

APPENDIX B: FY2014-15 HEALTH ACCESS QUESTIONNAIRES RESPONSES

16,486 health access questionnaires (HAQ) were administered to 11,113 participants. Of that:

- 15,746 participants took the survey only one time during the year,
- 361participants took the survey twice during the year (i.e. new applicants who renewed eligibility before the end of his/her 12-month terms)
- 6 participants took the survey three times (likely due to disenrollment and re-enrollment)

No.	Question	Key FY2014-15 Responses	Key FY2013-14 Responses	Key FY2012-13 Responses	Key FY2011-12 Responses	Key FY2010-11 Responses	Key FY2008-09 Responses
1	Would you say that in general your health is excellent, very good, fair, or poor?	60% of all respondents indicated their health was Excellent, Very Good, or Good.	62% of all respondents indicated their health was Excellent, Very Good, or Good.	64% of all respondents indicated their health was Excellent, Very Good, or Good.	64% of all respondents indicated their health was Excellent, Very Good, or Good.	58% of all respondents indicated their health was Excellent, Very Good, or Good.	58% of all respondents indicated their health was Excellent, Very Good, or Good.
2	During the past 12 months, was there any time you had no health insurance at all?	37% of all respondents indicated that they did not have health insurance for some time in the past 12 months	33% of all respondents indicated that they did not have health insurance for some time in the past 12 months	46% of all respondents indicated that they did not have health insurance for some time in the past 12 months	48% of all respondents indicated that they did not have health insurance for some time in the past 12 months.	49% of all respondents indicated that they did not have health insurance for some time in the past 12 months.	53% of all respondents indicated that they did not have health insurance for some time in the past 12 months.
3	What is the main reason why you did not have health insurance?	The most common reason notes was "enrollment in HSF" 31% cited HSF as the reason they did not have health insurance	The most common reason notes was "enrollment in HSF" 36% cited HSF as the reason they did not have health insurance	The most common reason notes was "enrollment in HSF" 36% cited HSF as the reason they did not have health insurance	The most common reason noted was "enrollment in HSF." 33% cited HSF as the reason they did not have health insurance.	The most common reason noted was "enrollment in HSF." 29% cited HSF as the reason they did not have health insurance.	The most common reason noted was "cost of health insurance and/or co-payments." 20% cited it as the reason they did not have health insurance.

No.	Question	Key FY2014-15 Responses	Key FY2013-14 Responses	Key FY2012-13 Responses	Key FY2011-12 Responses	Key FY2010-11 Responses	Key FY2008-09 Responses
4	In the last 12 months, did you visit a hospital emergency room for your own health?	10% of all respondents stated that they had visited a hospital emergency room in the previous 12 months.	8% of all respondents stated that they had visited a hospital emergency room in the previous 12 months.	8% of all respondents stated that they had visited a hospital emergency room in the previous 12 months.	9% of all respondents stated that they had visited a hospital emergency room in the previous 12 months.	10% of all respondents stated that they had visited a hospital emergency room in the previous 12 months.	14% of all respondents stated that they had visited a hospital emergency room in the previous 12 months.
5	What kind of place do you go to most often to get medical care? Is it a doctor's office, a clinic, an emergency room, or some other place?	63% of all respondents most often receive care at a clinic, health center, doctor's office or hospital clinic and 2% of all respondents most often receive care in an emergency room.	67% of all respondents most often receive care at a clinic, health center, doctor's office or hospital clinic and 2% of all respondents most often receive care in an emergency room.	70% of all respondents most often receive care at a clinic, health center, doctor's office or hospital clinic and 2% of all respondents most often receive care in an emergency room.	69% of all respondents most often receive care at a clinic, health center, doctor's office or hospital clinic and 2% of all respondents most often receive care in an emergency room.	63% of all respondents most often receive care at a clinic, health center, doctor's office or hospital clinic and 2% of all respondents most often receive care in an emergency room.	54% of all respondents most often receive care at a clinic, health center, doctor's office or hospital clinic and 4% of all respondents most often receive care in an emergency room.
6	Overall, how difficult is it for you and/or your family to get medical care when you need it- extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?	39% of all respondents said it was Not At All Difficult or Not Too Difficult to access care when they needed it.	46% of all respondents said it was Not At All Difficult or Not Too Difficult to access care when they needed it.	46% of all respondents said it was Not At All Difficult or Not Too Difficult to access care when they needed it.	47% of all respondents said it was Not At All Difficult or Not Too Difficult to access care when they needed it.	45% of all respondents said it was Not At All Difficult or Not Too Difficult to access care when they needed it.	

	Question	Key FY2014-15 Responses	Key FY2013-14 Responses	Key FY2012-13 Responses	Key FY2011-12 Responses	Key FY2010-11 Responses	Key FY2008-09 Responses
7	How do you rate the medical care that you received in the past 12 months – excellent, very good, good, fair, or poor?	27% rated the medical care they received in the past 12 months as Excellent or Very Good.	26% rated the medical care they received in the past 12 months as Excellent or Very Good.	27% rated the medical care they received in the past 12 months as Excellent or Very Good.	24% rated the medical care they received in the past 12 months as Excellent or Very Good.	23% rated the medical care they received in the past 12 months as Excellent or Very Good.	26% rated the medical care they received in the past 12 months as Excellent or Very Good.
8	During the past 12 months, did you either delay getting care or not get a medicine that a doctor prescribed for you?	4% of all respondents said they had delayed getting care or did not get a medicine prescribed to them during the past 12 months.	5% of all respondents said they had delayed getting care or did not get a medicine prescribed to them during the past 12 months.	5% of all respondents said they had delayed getting care or did not get a medicine prescribed to them during the past 12 months.	6% of all respondents said they had delayed getting care or did not get a medicine prescribed to them during the past 12 months.	8% of all respondents said they had delayed getting care or did not get a medicine prescribed to them during the past 12 months.	12% of all respondents said they had delayed getting care or did not get a medicine prescribed to them during the past 12 months.
9	Was cost or lack of insurance a reason why you delayed getting care or did not get a prescription?	Overall, 5% of respondents said cost or lack of insurance was a reason why they had delayed care	Overall, 8% of respondents said cost or lack of insurance was a reason why they had delayed care	Overall, 7% of respondents said cost or lack of insurance was a reason why they had delayed care	Overall, 10% of respondents said cost or lack of insurance was a reason why they had delayed care.	Overall, 10% of respondents said cost or lack of insurance was a reason why they had delayed care.	Overall, 14% of respondents said cost or lack of insurance was a reason why they had delayed care.

	Question	Key FY2014-15 Responses	Key FY2013-14 Responses	Key FY2012-13 Responses	Key FY2011-12 Responses	Key FY2010-11 Responses	Key FY2008-09 Responses
10	Do you now smoke cigarettes every day, some days, or not at all?	Overall, 5% of respondents smoked (either every day or some days).	Overall, 9% of respondents smoked (either every day or some days).	Overall, 10% of respondents smoked (either every day or some days).	Overall, 9% of respondents smoked (either every day or some days).	Overall, 11% of respondents smoked (either every day or some days).	Overall, 16% of respondents smoked (either every day or some days).
11	Which of the following had the greatest influence in your decision to come in today to renew? Renewal notice, phone call from HSF, reminded when visited medical home, reminded when called medical home, or you remembered?	Forty-three percent (34%) of respondents stated the renewal notice as the reason for coming in for renewal.	Forty-three percent (43%) of respondents stated the renewal notice as the reason for coming in for renewal.	Forty-six percent (46%) of respondents stated the renewal notice as the reason for coming in for renewal.	Forty-three percent (43%) of respondents stated the renewal notice as the reason for coming in for renewal.	Thirty-five percent (35%) of respondents stated the renewal notice as the reason for coming in for renewal.	Not Available – question was not asked