HealthySF

OUR HEALTH ACCESS PROGRAM

Annual Report
(Fiscal Year 2020-21)

Prepared by the Office of Managed Care of San Francisco Health Network
Department of Public Health
September 2023

I. Summary and Overview of Healthy San Francisco

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. Today, HSF primarily serves to:

(1) provide health care services to uninsured San Francisco adults who are ineligible for public insurance programs such as Medi-Cal or Medicare and

(2) assist uninsured adult San Francisco residents to enroll in affordable health insurance options when appropriate.

Currently, San Francisco residents have higher health insurance coverage rates than the national average. Despite the high level of coverage for SF residents, City agencies, non-profit hospitals, and health care providers must continue to share responsibility to maintain progress made in expanding health insurance coverage. For San Francisco's most vulnerable populations, health care delivery is shifting toward a "whole person care" model that consists of care coordination, the integration of physical and mental health, and collaboration between medical and social service providers. HSF plays a crucial role in providing accessible and affordable by reaching a broad demographic range, including individuals from different age groups, ethnicities, and income levels. In addition to health insurance, HSF also provides behavioral health services, dental and vision resources.

Residents can sign up in two ways. First, they can enroll directly on their own. Second, they can select Healthy San Francisco as an option through their employer's spending requirement. This latter group represents less than 4% of the current HSF membership and does not have income limits for eligibility.

Healthy San Francisco Program Membership FY 20-21	
Non-San Francisco City Option Participants *Income Limit: Up to 500% of the Federal Poverty Level*	15,300
Participants Through SF City Option *Income Limit: none*	567
Total HSF Members	**15,867**

Participant Outreach Efforts to Maintain Membership

The HSF website and direct participant outreach through certified application assistors are two ways the program maintains and increases membership. Active outreach to program current participants is critical to stabilizing its membership to reduce instances of individuals dropping out or discontinuing their membership. Additionally, HSF sought to increase membership through outreach to disenrolled participants.

HSF has a one-year coverage period, so the need for timely renewals is a primary reason for participant outreach. Certified Application Assistors (CAAs) perform all HSF enrollments in person. The program's renewal reminder outreach begins 60 days before participants' current term concludes to encourage continuous enrollment. Outreach may consist of:

- Mailed notice at 30 and 60 days before term ends;
- Automated phone call at 45 days before term ends;
- Live telephone call between 15-30 days before term ends;

- E-mail reminder (in lieu of a live phone call if the preferred mode of contact is email).

In addition, the Healthy San Francisco website (http://healthysanfrancisco.org) serves as the gateway for program participants, providing information about the application process, program fees and resources, and the program medical home network.

II. HSF Projects and Policy Changes for FY20-21:

COVID Programming

Healthy San Francisco's COVID-19 response began in March 2020 and continued through FY20-21 which included the following activities.

Automatic Coverage Extensions

Recognizing that COVI9_19 pandemic may have cause increased financial hardship for some HSF participants., HSF adopted a new policy implemented during COVID-19 allowed for coverage to be automatically extended after an initial quarterly payment has been received, even if no subsequent payment has been made. As of March 20, 2020, HSF has placed a temporary hold on actively disenrolling HSF participants that are unable to pay their quarterly participant fee.

COVID-19 Vaccine Efforts

San Francisco Health Plan (SFHP), the City and County of San Francisco's COVID Command Center and DPH worked collaboratively to develop and implement a plan to distribute COVID-19 vaccine to HSF participants. As part of the work, SFHP reached out to participants who qualified for the COVID-19 vaccine based on the Centers for Disease Control (CDC) eligibility criteria. Three rounds of outreach were conducted, by automated phone calls, letter, and text message.

At the end of FY 20-21, 12,146 (77%) HSF participants had received at least one dose of the COVID-19 vaccine and 72% were fully vaccinated. The data reflects the encounters received by SFHP from HSF Medical Homes and California Immunization Registry (CAIR) data.

Remote HSF Appointments

Due to COVID-19 Shelter in place orders, HSF began to allow enrollments and renewal appointments remotely. After the phone appointment was conducted, the participants can share their verification documents within 90 days.

COVID-19 Resource Webpage

To assist participants with frequently asked questions concerning the COVID-19 virus, HSF launched a COVID-19 Resource webpage which included how and where to get vaccinations, and public health best practices.

Financial Resources for COVID Related Resources

To ensure that cost did not inhibit HSF participants' access to COVID-19 services HSF implemented several policies that included:

- Waived point of service fees for COVID-19 screening and testing.
- Established reimbursement procedures for providers administering COVID-19 vaccines for HSF participants. The HSF program reimbursed certain Medical Homes (HealthRight 360, Mission Neighborhood Health Center, Native American Health Center, NEMS, Sister Mary Philippa Health Center, South of Market Health Center, and St. Anthony's Medical Clinic) at the same rate and fee-for-service

basis as Medi-Cal. To be reimbursed, Medical Homes were directed to include the relevant service codes in the encounter files sent to the SFHP. The HSF program calculated and sent payments out monthly.

- Provided financial assistance for quarterly participant fees. HSF program implemented a financial assistance program where when participants call in to request financial assistance, SFHP will waive one quarterly payment. As of June 30, 2021, 242 participants asked for financial assistance. The total amount of waivers provided for these participants was $35,402.17.

Other Policy and Program Changes

Authorized Representative Process

During FY 20-21, HSF implemented the Authorized Representative process to allow HSF participants to appoint an individual to accompany, assist, or represent the individual for Healthy San Francisco program enrollment and administration. Work to establish this program included the creation of the authorized representative form, updates to the enrollment and eligibility system, and the communication of the changes to the HSF assistor network.

The Authorization form enables the named individual to perform the following on behalf of the participant:

- Submit a Healthy San Francisco application for program enrollment.
- Submit required verifications documents for Healthy San Francisco program enrollment, such as:
  - Proof of Identification
  - Proof of San Francisco residency (dated within 45 days of the application)
  - Proof of income (dated within 45 days of the application)
- Sign the Healthy San Francisco application consent and participant acknowledgement form.
- Choose a Healthy San Francisco Medical Home.
- Accompany participants to any required face-to-face appointment(s).
- Obtain information from HSF regarding the status of the individual's application.
- Receive copies of Healthy San Francisco documents such as:
  - Proof of enrollment notice
  - Next Steps Guide
  - Copies of signed documents

One-e-App Replacement

In January 2021, the HSF program and DPH were informed that One-e-App – the HSF common online eligibility and enrollment system, maintained by Alluma would be decommissioned in 2022. As a result, from January 2021 to June 2021, SFHP started planning for a Request for Proposals (RFP) process for a replacement system. This included identifying program requirements and drafting the RFP documentation.

Pharmacy Benefit Manager Transition

On July 1, 2021, SFHP changed the Pharmacy Benefit Manager from PerformRX to Magellan. This project took place in FY20-21 and culminated with the successful transition on July 1, 2021. SFHP informed impacted HSF participants and re-issued the HSF ID cards. This transition primarily affected patients at St. Anthony's Medical Clinic and Women's Community Clinic.

HSF Eligibility Program Policy Proposal

In FY 20-21, DPH staff began the initial research and planning for the HSF policy changes proposal that was finalized in FY 21-22 and approved by the San Francisco Health Commission on April 5, 2022. The proposed changes included removing restrictions to enrollment and eligibility for people with active I-94 nonimmigrant visitor documentation, removing the 90-day waiting period, and aligning with Modified Adjusted Gross Income (MAGI) Medi-Cal rules for income and household calculations.

HSF Community Partnership with Clinica Martin Baro

This project started in July 2020 and focused on creating a referral program between Clinica Martin Baro and HSF. Clinica Martin Baro was part of the Latino Task Force efforts to improve access to care in early stages of the COVID-19 pandemic. DPH asked SFHP to provide training and education to community leaders and Clinica volunteers. This also included connecting Clinica Martin Baro clients without health coverage with the SFHP Service Center, which processes HSF enrollment, to schedule an appointment and join the program.

Pharmacy Network Changes

Four Walgreens Pharmacy locations in the HSF Pharmacy Network were closed in FY20-21, while three locations were added to ensure access in priority neighborhoods.

The three additional Walgreens Pharmacy locations are located at:

- 45 Castro Street
- 1580 Valencia Street
- 1524 Polk Street

SFHP supported DPH with mailing notices and the frequently asked questions documents to impacted HSF participants. The notices were translated in Spanish, Chinese and Tagalog.

Assistor Outreach and Training

HSF Application Assistor training is an ongoing aspect of the HSF program to ensure that the Certified Applicant Assistors (CAAs) are aware of current policies and best practices that affect their work. In FY 20-21, HSF held eight application assistance orientation and refresher trainings with 41 new application assistors certified and 72 existing CAAs re-trained. In addition to these trainings, the program provides quarterly Assistor Update digital newsletters to ensure that all CAAs receive updates on changes to programs and share best practices. At the end of FY20-21, there were 81 active HSF Application Assistors working from 25 HSF enrollment sites submitting applications for HSF.

Application and Eligibility Audits

HSF Program Audit

The HSF program audit was implemented in February 2021 to identify participants enrolled in both HSF and SFHP Medi-Cal to prevent double coverage. This is now a recurring process that takes place the last week of each month.

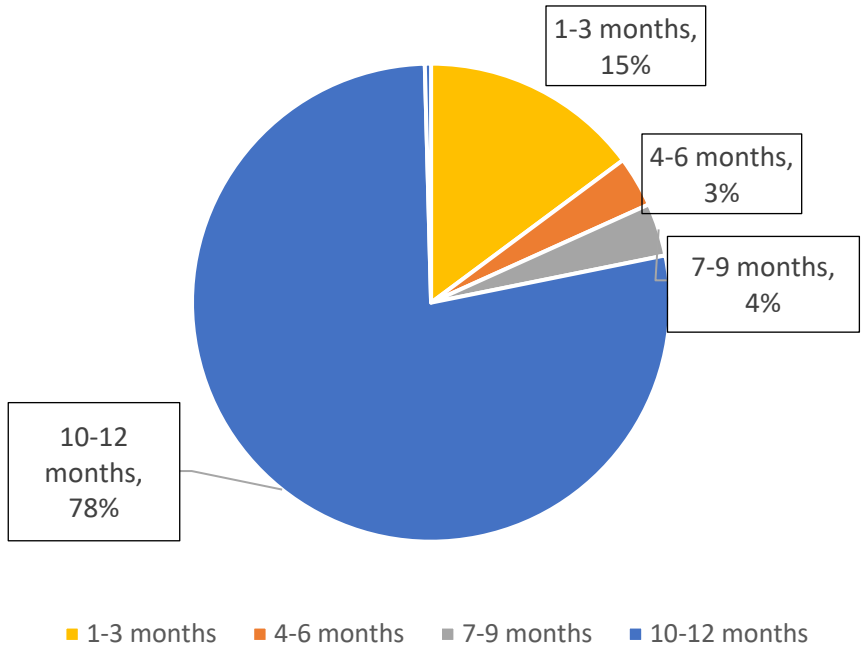
HSF Application Auditing

Since FY 2016-17, HSF conducted application audits to ensure that the correct verification documents are submitted, that the income was calculated correctly and to ensure that the participant is eligible for HSF. Starting in July 2020, the HSF Enrollment Services Application Audit process was temporarily suspended to allow SFHP/DPH to focus on identifying and correcting applications that lack documentation.

III. Program Demographics and Utilization (FY20-21)

This section examines HSF's demographics, including participants' gender, age, income, spoken language and place of residence, as well as program utilization by people with chronic disease conditions, by neighborhood and by service type.

Visual C1: Average duration of enrollment per HSF participant in FY 20-21



For FY 20-21, 78% of the participants were enrolled for 10 to 12 months. The top reasons for disenrollment were (1) failure to = pay a quarterly participation fee (11%), (2) failure to renew during annual renewal (74%), and (3) enrollment in Public Health Insurance (3%). The top reason for multiple disenrollment is failure to complete rescreening

Enrollments, Disenrollments, and Re-enrollments

HSF is a voluntary program with no penalties for failure to enroll or disenroll. DPH's goal is to maximize enrollment by removing barriers to enrollment. However, some eligible uninsured adults may still elect not to participate. At the end of FY20-21, the program recorded 15,862 active participants and 141,684 total disenrolled participants since the program began in 2007.

Part of HSF's retention efforts include monitoring multiple enrollments and disenrollments of program participants. Since the program began in July 2007, 63,535 individuals have disenrolled at least twice. In FY 20-21, just over eleven percent (11.4%) of individuals are enrolled by year end of FY 20-21for HSF.

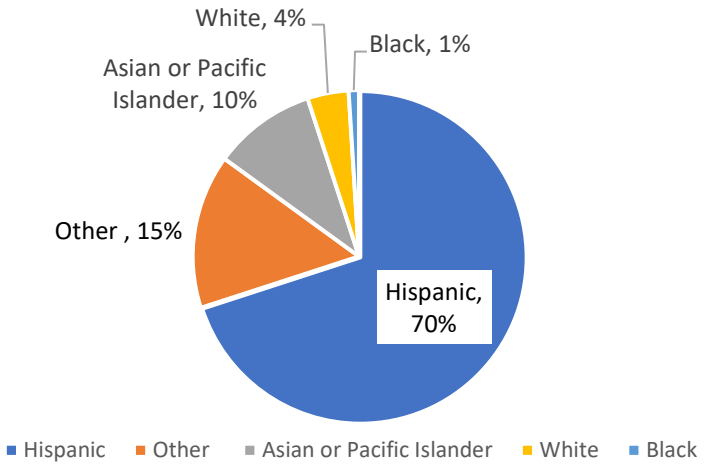
Program Demographics

The following charts display HSF program demographic data for FY20-21 by ethnicity, by age, by income, by gender, and by spoken language.

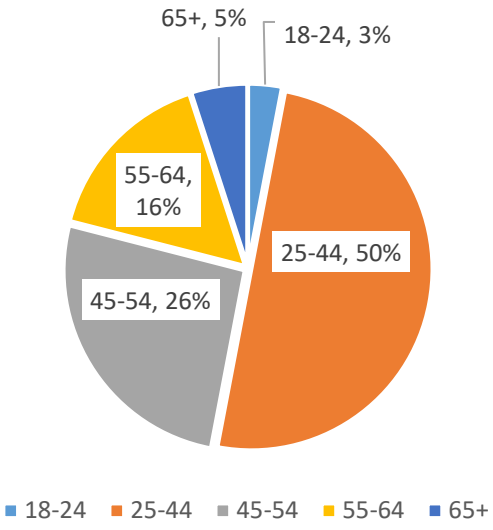
Visual C2a breaks down the HSF participants by demographics. 70% of the HSF population are Hispanic, 10% are Asian or Pacific Islander. 15% did not provide an answer on their HSF application.

Like the prior years, 76% of the participants are between the ages of 25-54. Most participants age 65 and older would be eligible for Medicare, or Medi-Cal. With the Medicare expansion as of May 2022, full scope Medi-Cal is available to adults aged 50 or older regardless of immigrant status.

Visual C2a: HSF Participant Demographics by Ethnicity, FY20-21

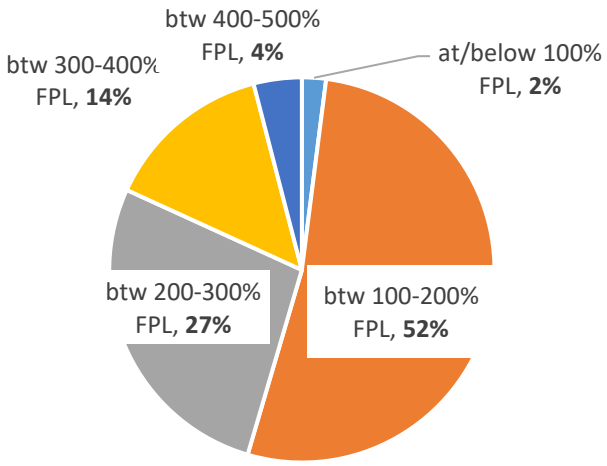


Visual C2b: Demographic Breakdown by Age, FY 20-21

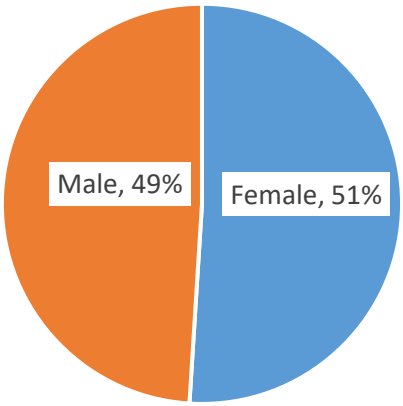


Visual C2c shows that 52% of the HSF population falls between the 100-200% Federal Poverty Level. This trend is consistent for the past few years.

Visual C2c: Demographic Breakdown by Income, FY 20-21

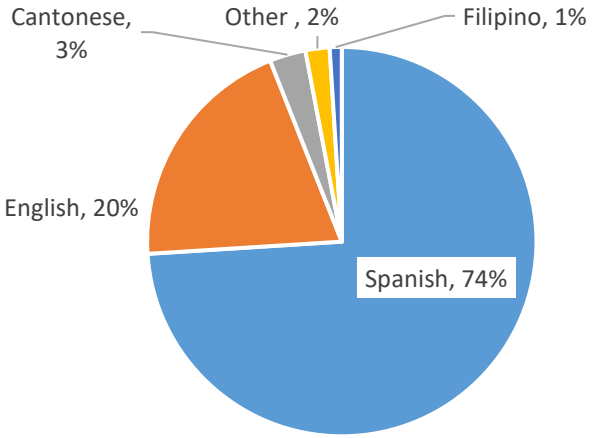


Visual C2d: Demographic Breakdown by Gender, FY 20-21



Consistent with the trend of ethnicity breakdown, 74% of the program participants are Spanish speaking. (See Visual C2e)

Visual C2e: Demographic Breakdown by Gender, FY 20-21

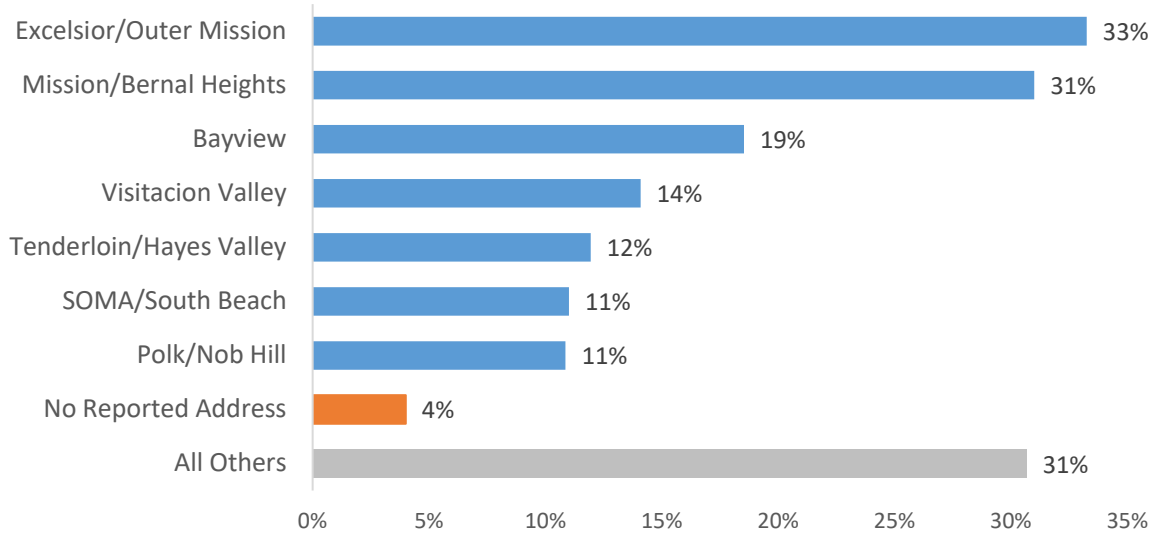


HSF Participants by Neighborhood

Similar to prior years, in FY20-21, eighty-one percent (81%) of all HSF participants resided in seven San Francisco neighborhoods. The neighborhoods with the highest number of HSF participants are located in the southeastern side of San Francisco.

Four percent (4%) of HSF participants have no reported address. Note, this figure does not represent the percentage of HSF participants experiencing homelessness, as some people experiencing homelessness may use their medical clinic or a transitional housing address when applying for HSF.

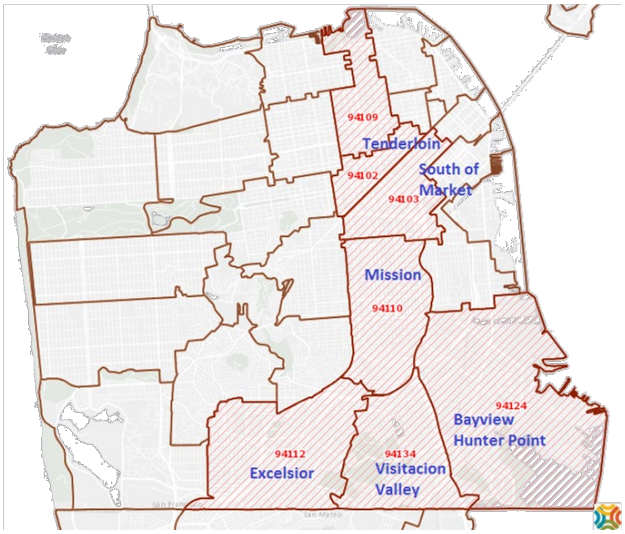
Visual C3: HSF Participants by Neighborhood



Geographic Concentration of Residents Living Below FPL and Without HS Diploma

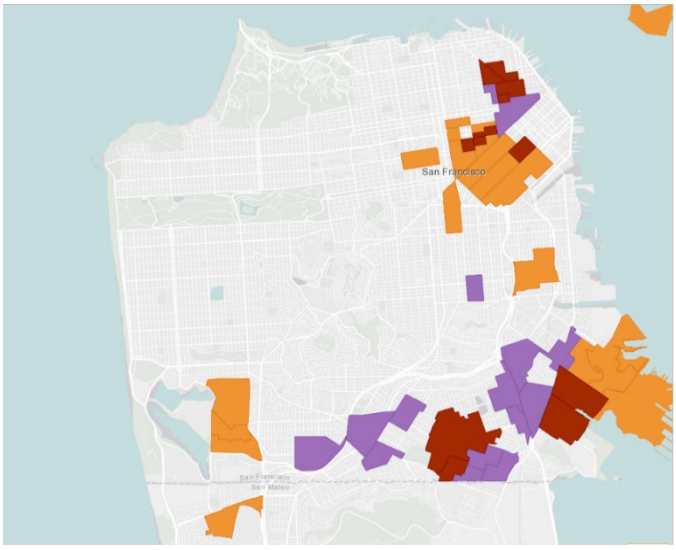
Visual C4 illustrates where the highest concentrations of HSF participants reside by ZIP code. Visual C5 depicts the mapping of concentrations of unmet health needs in the City and County of San Francisco. The City and County of San Francisco has prioritized the availability of primary care in low-income areas with documented high rates of health disparities by dedicating resources to increase access to preventive services and care for the city's most vulnerable populations.

Visual C4:
FY20-21 Geographic Concentration of HSF Participants



Source: www.communitycommons.org

Visual C5:
Geographic Concentration of Unmet Health Needs



Source: www.communitycommons.org

At least 25% of residents live below FPL
At least 25% of residents have not completed high school
Meets both criteria

With the knowledge of where the greatest unmet needs are, the HSF Network map below, shows the 32 clinics that are spread-out all-over San Francisco. At the time of enrollment, the HSF assistor will show this map to the participants so they can choose their preferred Medical Home.

Visual C5: HSF Medical Home Network Map

1. **Castro Mission Health Center**
   3850 17th Street
   San Francisco, CA 94114 1(415) 934-7700
2. **Chinatown Public Health Center**
   1490 Mason Street
   San Francisco, CA 94133 1(415) 364-7600
3. **Cole Street Youth Clinic**
   555 Cole Street
   San Francisco, CA 94117 1(415) 386-9398
4. **Curry Senior Center**
   333 Turk Street
   San Francisco, CA 94102 1(415) 885-2274
5. **Family Health Center at ZSFG**
   995 Potrero Avenue, Building 80, 1st Floor
   San Francisco, CA 94110 1(628) 206-5252
6. **HealthRIGHT 360 – Haight Ashbury Integrated Care Center**
   1563 Mission Street
   San Francisco, CA 94103 1(415) 746-1940
7. **Kaiser Permanente San Francisco Medical Center**
   2238 Geary Boulevard
   San Francisco, CA 94115 1(415) 833-2200
8. **Larkin Street Youth Clinic**
   134 Golden Gate Avenue 1(415) 673-0911
   San Francisco, CA 94102 ext. 259
9. **Lyon-Martin Community Health Services**
   1735 Mission Street,
   San Francisco, CA 94103 1(415) 565-7667
10. **Maxine Hall Health Center**
    1301 Pierce Street
    San Francisco, CA 94115 1(415) 292-1300
11. **Mission Neighborhood Health Center**
    240 Shotwell Street
    San Francisco, CA 94110 1(415) 552-3870
12. **Mission Neighborhood Health Center – Excelsior**
    4434 Mission Street
    San Francisco, CA 94112 1(415) 406-1353
13. **Mission Neighborhood Resource Center**
    165 Capp Street 1(415) 869-7977
    San Francisco, CA 94110 ext. 1001
14. **Native American Health Center**
    160 Capp Street
    San Francisco, CA 94110 1(415) 621-8051
15. **North East Medical Services – 1520 Stockton**
    1520 Stockton Street
    San Francisco, CA 94133 1(415) 391-9686
16. **North East Medical Services – 2574 San Bruno Ave**
    2574 San Bruno Avenue
    San Francisco, CA 94134 1(415) 391-9686
17. **North East Medical Services – 1033 Clement**
    1033 Clement Street
    San Francisco, CA 94118 1(415) 391-9686
18. **North East Medical Services – 1450 Noriega**
    1450 Noriega Street
    San Francisco, CA 94122 1(415) 391-9686
19. **North East Medical Services – 3431 Taraval**
    3431 Taraval Street
    San Francisco, CA 94116 1(415) 391-9686
20. **North East Medical Services – 82 Leland**
    82 Leland Avenue
    San Francisco, CA 94134 1(415) 391-9686
21. **Ocean Park Health Center**
    1351 24th Avenue
    San Francisco, CA 94122 1(415) 682-1900
22. **Positive Health Program at ZSFG**
    995 Potrero Avenue, Ward 86
    San Francisco, CA 94110 1(628) 206-2400
23. **Potrero Hill Health Center**
    1050 Wisconsin Street
    San Francisco, CA 94107 1(415) 648-3022
24. **Richard H. Fine People's Clinic at ZSFG**
    1001 Potrero Avenue, Suite 1M3
    San Francisco, CA 94110 1(628) 206-8494
25. **St. Anthony Medical Clinic**
    150 Golden Gate Avenue
    San Francisco, CA 94102 1(415) 241-8320
26. **Silver Avenue Family Health Center**
    1525 Silver Avenue
    San Francisco, CA 94134 1(415) 657-1700
27. **Sister Mary Philippa Health Center**
    2235 Hayes Street, 5th Floor
    San Francisco, CA 94117 1(415) 750-5500
28. **South of Market Health Center**
    229 7th Street
    San Francisco, CA 94103 1(415) 503-6000
29. **South of Market Senior Clinic**
    317 Clementina Street
    San Francisco, CA 94103 1(415) 284-2270
30. **Southeast Family Health Center**
    2403 Keith Street
    San Francisco, CA 94124 1(628) 217-5500
31. **Tom Waddell Urban Health Clinic**
    230 Golden Gate Avenue
    San Francisco, CA 94102 1(415) 355-7400
32. **Young Adult and Teen Health Center at CHC**
    1001 Potrero Avenue, 6M
    San Francisco, CA 94110 1(628) 206-8376

Source: https://healthysanfrancisco.org/files/HSF_Medical_Home_Map.pdf

Participant Medical Home

At the time of enrollment, HSF participants select a medical home where they will receive primary and preventive care services. The medical home assists participants' navigation through the health care delivery system and coordinates their access to specialty, inpatient, pharmacy, ancillary, and behavioral health services. (Visual C5)

At the end of FY20-21, fifty-eight percent (58%) of HSF participants selected a home within the San Francisco Health Network (SFHN). SFHN is the integrated health delivery system of the San Francisco Department of Public Health. It consists of:

- Several primary care and specialty care clinics throughout San Francisco;
- Zuckerberg San Francisco Hospital and Trauma Center (ZSFG);
- Laguna Honda Hospital and Rehabilitation Center; and
- Behavioral health (mental health and substance use services).

The next most commonly used medical home system was the San Francisco Community Clinic Consortium (SFCCC) serving as the medical home for 29% of the participants. The SFCCC is a partnership of 18 nonprofit health centers providing primary care, behavioral health and dental care.

Visual C6 provides the distribution of HSF participants across the program's five primary care medical home delivery systems as of June 30, 2021.

Visual C6: Healthy San Francisco Participants by Medical Home System

Delivery System	# of HSF Participants	% of HSF Participants
San Francisco Health Network (SFHN)	9,839	58%
San Francisco Community Clinic Consortium (SFCCC)	4,903	29%
Kaiser Permanente – San Francisco	978	6%
Sister Mary Philippa Health Center (SMP)	312	2%
NEMS (North East Medical Services)	940	6%
Total	**16,972**	**100%**

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

Clinical Component and Services Utilization

Office visits, emergency department visits, inpatient stays, behavioral health visits, and prescriptions filled are reported as the average number of participant visits per 1,000 member months. The PMPM calculation is as follows:

$$\frac{\text{\# of Visits or Prescriptions}}{\text{Total Fraction of Member Months}} \times 1000$$

Overall, HSF participant service utilization (Visual C7) remained consistent with levels from FY 19-20. Excelsior and Mission neighborhoods accounted for 40% of the total HSF participants. While Tenderloin & Nob Hill has 14% of the total HSF participants, they have the highest office visits at 3.23 PMPY, and also the highest ED visits usage at 16.5 PMPM*1000. Tenderloin & Nob Hill also has the highest Prescriptions utilization at 406.19 PMPM*1000 when the average utilization is 256.1 PMPM*1000.

Visual C7: Neighborhoods with Highest Utilization Rates (remove the zip codes)

	Excelsior	Mission	Bayview Hunters Point	Visitacion Valley	Tenderloin & Nob Hill	So. of Market	All Other Neighborhoods (Average Data)	Total Utilization HSF Program
# HSF Participants	3,498	3,261	1,949	1,482	2,399	1,158	3,226	16,973
% of Total HSF Participants	21%	19%	11%	9%	7%	7%	19%	100%
Office Visits PMPY (per member per year)	2.73	3.02	3.01	2.86	3.23	3.11	3.03	2.98
% Members with ED Visits	9%	10%	9%	9%	10%	9%	9%	10%
ED Visits PMPM*1000	14.1	16.2	15.1	13.6	16.5	15.3	15.3	15.08
IP Visits PMPM*1000	1.5	1.38	1.5	0.64	1.285	1.16	1.25	1.35
Prescriptions Filled PMPM*1000	217.2	227.1	190.6	231.9	406.19	365.5	292.1	256.1

Chronic Disease Prevalence by Age Category and Condition

Visual C8 shows the prevalence of chronic disease conditions across the program's primary age populations over the last three fiscal years. Hypertension was the most prevalent chronic disease across all age groups, including in the 65+ cohort. Participants from the Bayview and SOMA or South Beach neighborhoods in this cohort demonstrated the highest relative percentages of hypertension, diabetes with complications, and chronic kidney disease.

Over the last three years, the percentage of participants with a chronic disease who had an office visit remained very high, around 97.6% for 64 and under and 96.1% for 65+. Maintaining access healthcare services through their primary care clinic can better identify and support participants with chronic disease conditions.

Visual C8: Chronic Disease Prevalence by Age Category and Condition

	Age	Chronic Disease Indicator		
		FY2018-19	**FY2019-20**	**FY20-21**
% Members with Office Visit with Chronic Disease	18-64	96.8%	96.8%	97.6%
	65 and over	100%	98.5%	96.1%

	Age	Chronic Disease Indicator		
		FY2018-19	FY2019-20	FY20-21
Hypertension	18-64	8.5%	8.7%	9.5%
	65 and over	41.7%	42.4%	40.6%
Diabetes (without Complication)	18-64	7.7%	7.1%	7.3 %
	65 and over	20.4%	19.6%	18.9%
Diabetes (with Complication)	18-64	2.5%	2.8%	3.3%
	65 and over	9.3%	10.7%	10.4%
Chronic Kidney Disease	18-64	2.4%	2.5%	2.8%
	65 and over	8.9%	9.6%	10.1%
Asthma/COPD and Bronchiectasis	18-64	1.2%	1.2%	1.1%
	65 and over	2.9%	2.6%	3.1%

Utilization by Chronic Disease Indicator, Age Category, and Service Type

Visual C9 shows that regardless of age, HSF participants with a chronic disease were more likely to have an office visit when compared to participants with no chronic disease. Participants age 65+ were more likely to have an office visit and were more likely to have repeat visits per year compared to participants ages 18-64 regardless of chronic disease indicator. HSF participants age 65+ with a chronic disease were more likely to have an inpatient visit and had higher service utilization in outpatient and inpatient visits when compared to HSF participants age 18-64 with a chronic disease.

Visual C9: FY20-21 Utilization by Chronic Disease Indicator and Age

	Age	None/No Encounter Data Available	Yes
Office Visits PMPY (per member per year)	18-64	2.72	7.13
	65 and over	3.66	9.09
IP Visits PMPM*1000	18-64	1.14	4.41
	65 and over	1.67	10.73

Visual C10: Percentage of Members with Prescriptions Filled

By Fiscal Year	Total # of Prescriptions Filled
FY18-19	49,773
FY19-20	46,529
FY20-21	45,088

Reduced Office Visits

There was a decrease in office visits PMPY compared to the previous fiscal year due to the Shelter in Place order. The total number of prescriptions filled decreased 9.4% compared to FY18-19. Renewal members are participants that have continuous coverage year-to-year with no gap. Re-enrolled members means that participants had lapses in coverage. The pharmacy utilization data also indicates pandemic-induced effects – there was a decrease in total prescriptions filled as well as a decrease in percent of members with prescriptions filled in the last quarter of FY 20-21.

Emergency Department (ED) Services Utilization

HSF monitors participants' emergency room utilization because it provides insight into the proportion of participants who may not be accessing primary care services and instead are looking for treatment in emergency rooms. In FY20-21, the overall percentage of HSF participants with an ED visit saw a notable decline from the year prior, as the average number of visits per 1,000 participants decreased by approximately three visits to 16.86 ED visits per month. The ED utilization of participants with an office office visit is four times higher than ED utilization with no office visit. This suggests that ED utilization is driven by individuals with established care and that the individuals were not utilizing the ED as their primary source of care.

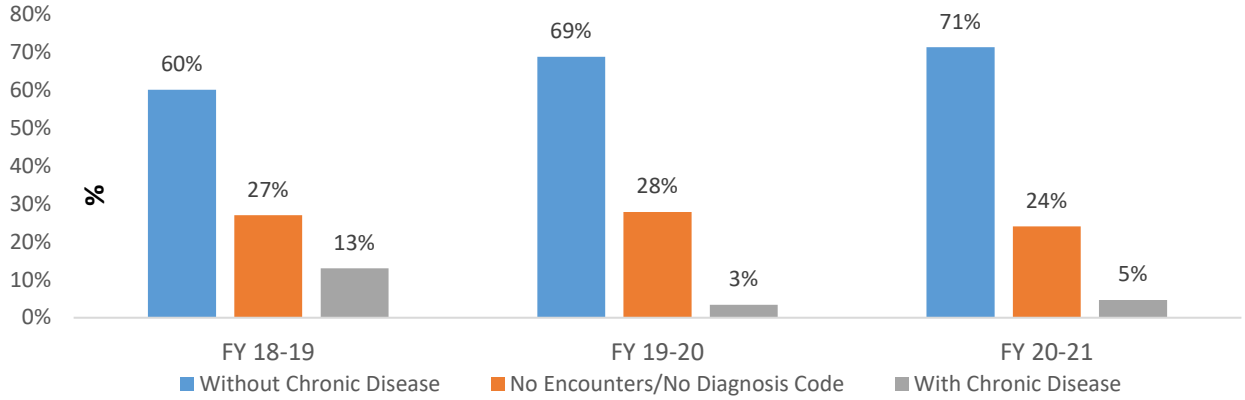
Visual C11: Comparison of ED Utilization with and without at Least One Outpatient Office Visit

ED Visits PMPM *1000	FY18-19	FY19-20	FY20-21
Total ED Visits PMPM * 1000	16.47	20.12	16.86
Overall with Office Visit	20.75	28.44	23.84
Overall with No Office Visit	6.63	7.92	6.42

HSF Participants with Chronic Disease by Fiscal Year

Visual C12 shows a steady increase of Healthy SF participants without a chronic disease diagnosis, from 60% in FY 18-19 to 71% in FY20-21. The percentage of HSF participants with a reported chronic disease has decreased from 13% in FY 18-19 to 5% in FY20-21. There are likely multiple reasons for this: first and foremost, the overall increase in active participants (most of which are young adults) who are less likely to have a chronic disease diagnosis. Note that, typically only 70% of participants' diagnosis information is available in any given year.

Visual C13: HSF Participants with Chronic Disease by Fiscal Year



HSF Mental Health and Substance Use Disorder Services Utilization

The following table indicates the percentage of HSF participants that had a mental health or substance use disorder visit over the last three years (Visual C14). In the last fiscal year, there was a significant decrease in the total number of behavioral health visits. However, utilization of CBHS services as measured on several visits per member per year (PMPY) remained fairly stable in FY20-21 (substance abuse visits experienced a slight increase while mental health visits saw a significant decrease). As was the case with utilization of services in primary care, emergency, and hospital settings; there may have been individuals whose service utilization was attributed to transitions to or coverage from other programs.

Visual C14: HSF Mental Health and Substance Use Disorder Services Utilization

	FY18-19	FY19-20	FY20-21
% Members with Substance Use Disorder Visit	0.40%	0.50%	0.11%
Substance Use Disorder Visits PMPY	0.004	0.08	0.10
Total Number of Substance Use Disorder Visits	71	1,081	1,533
% Members with Mental Health Visit	2.50%	1.80%	1.46%
Mental Health Visits PMPY	0.49	0.45	0.24
Total Number of Mental Health Visits	6,569	6,016	3,779

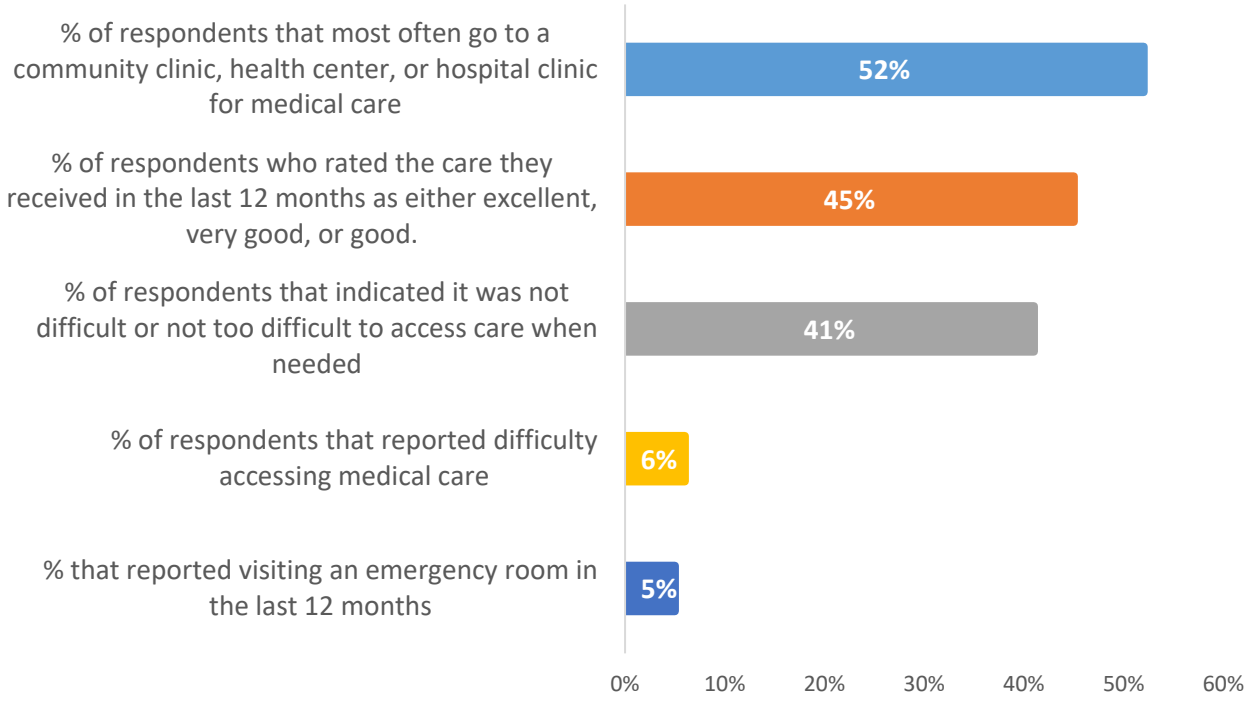
IV. Participant Experience and Satisfaction

Health Access Questionnaire

HSF continually obtains feedback from its participants about their health, healthcare, and program-related experiences. Feedback is obtained from the program's call center, medical homes, various other channels that track complaints, and the administration of surveys.

HSF administers a Health Access Questionnaire (HAQ) at the point of application and at annual renewals. The survey is available in English, Spanish, and Chinese. Participant responses to this questionnaire enable the program to assess individuals' experiences prior to enrolling in HSF. The HAQ also serves to capture feedback about the experiences of participants who have either re-enrolled or renewed their enrollment. In FY20-21, a total of 6,744 surveys were examined. For the participants that received care in the last 12 months, 45% received rated this as excellent, very good, or good. The remaining 55% either refused to answer, don't know, or chose that their health is fair or poor.

Visual D1: Highlights from FY20-21 Health Access Questionnaire



V. HSF Expenditures and Revenues

The San Francisco Department of Public Health (DPH) actively tracks expenditures for HSF. Expenditures from each DPH division are combined to provide an overview of the program's finances. DPH expenditures includes staff time and Third-Party Administrator costs by SFHP. DPH Services include both the cost of services at ZSFG, DPH clinics, and Behavioral Health Services. The $49M DPH Cost of Services from ZSFG also represents a portion of the cost relating to UCSF providers providing services at ZSFG.

Visual E1: Estimated Total Revenues and Expenditures

	FY20-21
ENROLLMENT	
Total Participant Months	178,056
REVENUE	
Participation Fees and DPH Point of Service (POS)	$2,688,241
ESR (Employer Health Care Expenditures)	$1,317,341
TOTAL REVENUE	**$4,005,582**
DPH EXPENDITURES	
HSF Administration	$1,929,275
Third-Party Administrator (SFHP)	$5,092,474
Services	
Cost of Services (ZSFG & Clinics)	$49,930,412
Behavioral Health	$2,536,415
Non-DPH Provider Reimbursement	$3,397,915
Eligibility/Enrollment System (One-e-App)	$346,314
SUBTOTAL DPH EXPENDITURES	$63,232,805
ESTIMATED DPH PER PARTICIPANT EXPENDITURE PER MONTH	**$355**
NON-DPH EXPENDITURES	
Private Medical Homes Net HSF Expenditures	$5,394,862
Non-Profit Charity Care Expenditures	$1,614,117
SUB-TOTAL NON-DPH EXPENDITURES	$7,008,979
TOTAL DPH AND NON-DPH EXPENDITURES	**$70,241,784**

DPH Revenue and Expenditures

With a total of 178,056 total participant months, DPH had a total revenue of $4million. At the same time, DPH reported an estimated total of $63 million in expenditures in FY20-21. These costs were due to expenses for administration, services, and information systems. Administration expenditures accounted for approximately $7.02 million (or 11% of total DPH expenditures) while service costs added up to $56.21 million (or 89% of total

DPH expenditures). In FY 19-20, SFDPH received $5.15M in revenue, while this fiscal year is $4M. There are two main contributing factor to this: first, the HSF participant payment rate. While 6,856 participants were billed, only 5,108 (75%) of them has paid. Discounts, credits, and/or waivers are used to close a participants account receivable when a participant terminates. Second, the amount of SF City Option Employer Contributions has also decreased because not a lot of employees remain employed during the FY 20-21, the year of the pandemic.

A portion of DPH expenditures reflects reimbursement for non-DPH medical homes and emergency ambulance transportation, as well as 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. While the revenue has decreased, the expenditures has remained steady when compared to the prior two fiscal years.

Private HSF Provider Costs and Revenue

Private HSF providers reported approximately $7 million worth of health services rendered to HSF participants this year. This was a four percent (4%) increase from the year before. Private expenditures consisted of:

- $5.39 million by medical homes
- $1.61 million in HSF-related hospital charity care expenses

Visual E2: Estimated Expenditures and Revenue for Private HSF Medical Homes

Medical Home	Expenditures	HSF Funding and Other Revenues	Net Costs
Saint Francis Memorial Hospital	$420,800	N/A	($420,800)
Kaiser Permanente	$4,878,067	$1,316,605	($3,561,462)
North East Medical Services	$821,835	$317,234	($504,601)
San Francisco Community Clinic Consortium Affiliated Clinics (includes SFCCC Administration)	$8,025,068	$8,025,068	N/A
Sister Mary Philippa Health Center (affiliation with St. Mary's Medical Center)	$908,359	$360	($907,999)
All Non-DPH Medical Home Health Systems	**$15,054,129**	**$9,659,267**	**($5,394,862)**

VI. Data Sources and Limitations

Data Sources

The data used to generate the figures and findings in the FY20-21 HSF Annual Report was drawn from three primary sources:

1. HSF FY20-21 Annual Operations Report
2. HSF Participant Encounter and Prescription Drug Data (July 1, 2020 – June 30, 2021)
3. Health Access Questionnaire (July 1, 2020 – June 30, 2021)
4. HSF Participant Enrollment Data (July 1, 2020 to June 30, 2021)

Limitations

The HSF Annual Report provides a snapshot of available data that characterizes participants' health care services utilization as of June 30, 2021. To accomplish this, HSF relies on partner agencies to furnish the participant encounter and prescription drug utilization data needed to generate the report. The data received is not independently audited by HSF.

Some providers and partner agencies may encounter delays when validating and reporting the utilization data to the program. Thus, historically all relevant encounter and prescription drug-related data has not been available by the end of the fiscal year. In addition, some of the encounter data received by HSF may be incomplete due to errors in recording or reporting the service utilization. The lack of complete data may have resulted in underreporting of these utilization data at the time the annual report is written. However, in years past, comparative analysis of the partial to the complete encounter datasets has shown few discrepancies.

Another noteworthy limitation of the program's capacity to examine its services utilization is the inability to determine utilization outside of participants' medical home or the program's provider network. Many participants have potential access to Medi-Cal, charity care, and health care outside of the City and County of San Francisco. Many of the program's non-profit hospital partners confront this reality as well when reporting possible utilization by HSF participants from other medical homes.

HSF is not able to determine where participants may seek care, and it is possible that a segment of the participant population may only use HSF for access to discrete services. The likelihood of participants seeking care in other settings obscures HSF's ability to fully account for the utilization patterns of HSF participants. Therefore, the program's analysis of the utilization data is inherently limited to describing the use of services within the program.

VII. Acknowledgements

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