



Annual Report (Fiscal Year 2022-23)

Prepared by the Office of Managed Care of San Francisco Department of Public Health
May 2024

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I. Acronym List

City	The City and County of San Francisco
DPH	San Francisco Department of Public Health
ED	Emergency Department
FPL	Federal Poverty Level
HAQ	Health Access Questionnaire, a survey that is conducted at the point of application and at annual renewals of Healthy SF
HCSO	San Francisco's Health Care Security Ordinance
HSF	Healthy San Francisco or Healthy SF
HSF Connect	The enrollment system of HSF that replaced the prior enrollment system One-e-App
MAGI	Modified Adjusted Gross Income, a method Medi-Cal uses to calculate applicants' family income
Medical Homes	The contracted primary care clinics of the Healthy SF program which coordinate care for assigned HSF participants, such as specialty services.
NEMS	North East Medical Services, one of HSF's medical homes under San Francisco Community Clinic Consortium
OMC	Office of Managed Care, an administrative office under DPH that serves as the program administrator for HSF
OON	Out-of-network
Participant or Member	An individual who is enrolled in Healthy San Francisco
PBM	Pharmacy Benefit Manager
PMPM	Per member or participant per month
PMPY	Per member or participant per year
POS	Point of service fee charged by the medical homes of HSF, if applicable
SFCCC	San Francisco Community Clinic Consortium, one of HSF's medical home systems
SFHN	San Francisco Health Network, the integrated health delivery system of DPH
SFHP	San Francisco Health Plan, DPH's third-party administrator for HSF
SMP	Sister Mary Philippa Health Center, one of the HSF medical homes
UCSF	The UCSF Health that provides tertiary care to HSF participants
ZSFG	SFHN's Zuckerberg San Francisco General Hospital and Trauma Center

II. Executive Summary

The Healthy San Francisco Program (HSF) is a health access program created under the San Francisco Health Care Security Ordinance (the “ordinance” or “HCSO”) in 2007 and managed by the San Francisco Department of Public Health (DPH). Its goal is to make health care services available and affordable to uninsured San Francisco residents. HSF provides health services to such residents who are ineligible for Medi-Cal or Medicare, and assists them to enroll in affordable health insurance options when appropriate. As of June 30, 2023, there were 18,225 individuals enrolled in HSF. These individuals are referred to as “participant(s)” or “member(s)” in this report.

Furthermore, three enrollment and eligibility policy changes were implemented during FY 22-23:

1. Alignment with Medi-Cal by using MAGI (Modified Adjusted Gross Income) Rules
2. Removal of restrictions for individuals with active I-94¹ Status
3. Removal of restrictions on length of time uninsured

As of January 2023, RedMane known as HSF Connect was selected as the new vendor to replace the One-e-App enrollment system. This new platform has allowed participants to check their eligibility, schedule appointments, download blank forms, and upload completed verification documents.

Here is a demographic snapshot for FY 22-23:

1. 87% of the population lies within the 18-54 age group
2. 48% of participants have an income at or below 100% of the Federal Poverty Level (FPL)
3. Breakdown by gender: 53% male, 46% female, and 1% undefined
4. 75% of participants are Spanish speakers
5. The majority (79%) of the population reside in seven of the San Francisco neighborhoods.

Similar to FY 21-22, HSF continues to oversee a network of 32 clinics strategically distributed throughout San Francisco to effectively cater to the needs of these participants.

The COVID-19 pandemic has engendered significant challenges to the global health care system. The HSF provider network was not immune to these difficulties. There were extremely few administrative resources available to collect and report utilization data. This resulted in HSF having incomplete encounter utilization data for pharmacy data, mental health, and substance use disorder data this year.

¹ An I-94 is an arrival and departure record for all non-immigrant visitors to the United States. Individuals with an I-94 are legally required to leave the United States by the departure date listed. An individual who overstays their departure date is considered unlawfully present. Those with active I-94 records may be eligible for restricted or full-scope Medi-Cal, depending on a variety of other eligibility criteria.

III. Policy Changes

1. Alignment with Medi-Cal by Using MAGI Rules

This year, the program started to plan for the implementation of alignment with two Medi-Cal MAGI rules—deductions and family size. For example, Medi-Cal’s MAGI rules allow income deductions for student loan interest, educator expenses, and alimony payments, but HSF rules do not currently allow for any of these. Additionally, when counting family size, Medi-Cal includes the individuals, the taxpayer, and all persons whom the taxpayer expects to include in the tax return in the same household. Whereas HSF only allows married or self-declared partners and children ages 0-20 to be counted as part of the household size. HSF has started planning for implementation and piloting such alignment to bring its income calculations and counting of family size into full alignment with Medi-Cal's starting FY 24-25.

2. Removal of Restrictions for Individuals with Active I-94 Status

Previous HSF policy stated that those with an active I-94 status are not eligible to enroll, except for asylees, refugees, and U and T visa holders. Currently, the program has removed this restriction, simplified the application process and removed the burden on the application assistants to develop immigration expertise to verify I-94 status during the enrollment process.

3. Removal of Restrictions on Length of Time Uninsured

HSF policy previously stated that an individual must be uninsured for 90 days or have lost coverage involuntarily to be eligible for the program. Eliminating this rule has removed delays in enrollment and access to necessary care for participants.

IV. Program Activities

In response to the COVID-19 pandemic, Healthy San Francisco implemented various procedure changes to ensure continued access to health care services.

1. Continued Program Partnerships

(a) Clinica Martin-Baró

HSF and Clinica Martin-Baró, a student-organized free clinic in the Mission District, continued their partnership to enroll and assist the uninsured with their medical needs. Patients were prescreened for health insurance at Clinica Martin-Baró, and then referred to HSF if appropriate. The program processed 25 referrals from this clinic in FY 22–23. A larger percentage of these cases led to either setting up an appointment for HSF enrollment or informing currently enrolled participants about HSF, their medical home, services provided, and program expenses.

(b) Unidos en Salud Partnership

The Latinx Task Force and UCSF partnership known as Unidos en Salud and HSF continued to work together this year. Patients were prescreened for health insurance by volunteers. If deemed appropriate, the volunteers referred patients to HSF. The program processed 363 referrals from Unidos en Salud in FY 22–23. A substantial percentage of the cases led to either setting up an appointment for enrollment or informing currently enrolled members about the program, their medical home, services provided, and program expenses.

2. Premium Assistance

HSF adopted a premium assistance procedure in March 2020 to waive payment for one quarter. To inform members of this new procedure, the program included an insert in the weekly invoice mailings, and instructed participants to contact Customer Service to ask for financial support if they were unable to pay. This premium assistance program waived a total of \$7,482 for 49 participants.

3. Grace Period for Collecting Verification Documents

In March 2020, the program released general guidelines and instructions for completing enrollment and renewal by phone. The remote environment triggered by COVID-19 complicated the participants' ability to share verification documents, HSF implemented a temporary policy allowing enrollment sites to defer collection of supporting documents for 90 days. This policy was in effect until October 25, 2022.

4. No-Cost Automatic Coverage Extensions and Reinstatements

Between March 2020 and September 2022, HSF implemented seven extensions of coverage at no additional cost to participants. During FY 22-23, 11,720 participants received a no-cost extension. Those who received these extensions did not receive invoices beyond their original 12-month coverage term.

5. Waiver of POS Fees for COVID-19 Screening and Testing

HSF plays a significant part both in helping to control the spread of COVID-19 and providing healthcare to San Francisco's uninsured residents. This year, the program continued waiving the point of service (POS) costs for COVID-19 screening and testing and provided COVID-19 testing reimbursements to its network providers.

6. Pharmacy Network and Medical Home Changes

In FY 22-23, there were no changes on HSF's pharmacy network but there were several medical home changes in their name, address, and phone number.

Participants assigned to St. Anthony Medical Clinic have been accessing pharmacy services through HSF's Pharmacy Benefit Manager (PBM). As of November 2022, medications on the non-preferred tier 3 requiring prerequisite "step" therapy are no longer covered by HSF. Non-preferred tier 3 medication now provides therapeutic alternatives that may have limits such as patient age or quantity, but do not require any prerequisite therapy.

7. Audits

HSF conducts two audits regularly, including a dual eligibility audit and a monthly application audit.

(a) HSF Dual Eligibility Audits

To be eligible for HSF, a participant must be ineligible for public insurance programs. During FY 22-23, HSF developed a monthly process to identify participants who were dually enrolled in HSF and Medi-Cal assigned to San Francisco Health Plan (SFHP). HSF disenrolled participants who were identified as dually enrolled. The program disenrolled 938 participants for this reason in FY 22-23.

(b) HSF Monthly Application Audits

The HSF monthly application audits focused on whether all necessary verification documents, including proof of identity, San Francisco residency, and income, were collected, legible, and acceptable per HSF rules. The program has been working on improving report functionality in HSF Connect to restart the collection of application audit data. For FY 22-23, there were 46 HSF applications with missing verification documents.

8. Eligibility and Enrollment System Transition

(a) HSF Connect

As of January 2023, RedMane known as HSF Connect was selected as the new vendor to replace the One-e-App enrollment system. This new platform has allowed HSF participants to check their eligibility, schedule appointments, download blank forms, and upload completed verification documents.

HSF Connect has launched in January 2023, further enhancing the participant experience during the enrollment process. The new features include a well-organized pre-screening process, streamlined application questions, updated demographic options, and job management tools like dashboards and to-do lists. Since then, HSF Connect has served as the program's eligibility determination system, system of record, source of participant contact, and demographic information platform. In addition, this new platform also incorporates functions previously performed in two separate systems, including logging and tracking participant complaints, and billing for quarterly participant fees.

(b) Participant Portal

The program also launched a new public-facing participant portal to streamline the application process for participants. The participant portal makes completing the application tasks more applicant friendly, especially for those with limited mobility. This portal is now available on the HSF website where applicants and participants can check their eligibility, schedule appointments, download blank forms, and upload verification documents.

V. Clinical Component and Services Utilization

Clinical and service data help determine whether HSF is meeting its goals to improved health outcomes and maximize utilization of services.

Office visits, emergency department (ED) visits, inpatient stays (IP), behavioral health visits, and prescriptions filled are reported as the average number of participant visits per 1000. The per member per month (PMPM) calculation is as follows:

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

The clinical and service data will be broken into six sections:

1. Neighborhoods with highest utilization rates (looking at seven neighborhood's data)
2. Participants with chronic disease (comparing the past 3 fiscal years)
3. Utilization by service type, fiscal year, and chronic disease indicator (comparing office visits with and without a chronic disease)
4. Utilization by chronic disease indicator, age category, and service type (comparing age 18-64 vs 65 and over age group)
5. Prescription utilization rate by fiscal year
6. Mental health and substance use disorder utilization

1. Neighborhoods with Highest Utilization Rates

Exhibit 4.1 summarizes HSF's service utilization rates by neighborhood, which remained consistent with the levels observed in FY 21-22. While Excelsior and Mission neighborhoods combined accounted for 39% of the total HSF participants, the highest among all neighborhoods -- Nob Hill and Bayview combined had the highest office visits at 2.7 per member per year (PMPY). Excelsior District had the highest ED visits, at 17.4 PMPM per 1000. For inpatient services (IP), South of Market District had the highest PMPM per 1000 rate, at 1.47. Similar to the prior year, Tenderloin and Nob Hill had the highest prescriptions utilization, at 332.6 and 320.8 PMPM per 1000 where the average utilization was 235.4 PMPM per 1000.

Exhibit 4.1: Service Utilization by Neighborhoods

	Excelsior	Mission	Bayview Hunters Point	Visitation Valley	Tenderloin	Nob Hill*	South of Market	All Other Neighborhoods (Average Data)	Total Utilization
FY 21-22									
# Participants	3,762	3,569	2,107	1,563	1,315	1,244	1,288	3,390	18,238
% of Participants	21%	20%	12%	9%	7%	7%	7%	19%	100%

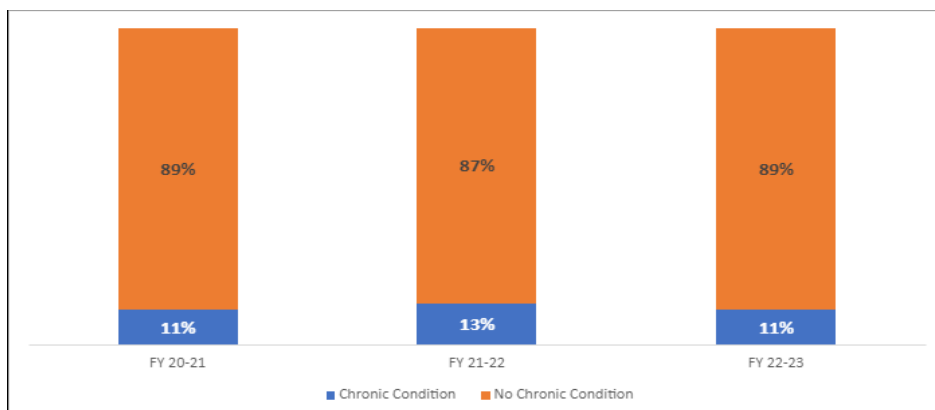
	Excelsior	Mission	Bayview Hunters Point	Visitation Valley	Tenderloin	Nob Hill*	South of Market	All Other Neighborhoods (Average Data)	Total Utilization
FY 22-23									
# Participants	3,672	3,372	2,018	1,526	1,298	1,250	1,309	3,780	18,225
% of Participants	20%	19%	11%	8%	7%	7%	7%	21%	100%
Office Visits PMPY	2.3	2.5	2.7	2.4	2.4	2.7	2.4	2.4	2.98
% Participants with ED Visits	0.85%	1.00%	0.86%	0.82%	0.82%	0.90%	0.92%	0.94%	10%
ED Visits PMPM*1000	17.4	16.9	14	13.3	16.6	15.2	17.1	15.5	15.08
IP Visits PMPM*1000	1.05	2.43	2.24	0.88	1.23	1.23	1.47	1.5	1.35
Prescriptions Filled PMPM*1000	179.57	186.9	153.61	236.7	332.6	320.8	189.1	235.4	235.4

*Figures reported here are likely skewed by geographic proximity to Tenderloin neighborhood

2. Participants with Chronic Disease

As shown in Exhibit 4.2, an average of 89% of participants did not have any chronic disease. This is a small improvement over the previous fiscal year.

Exhibit 4.2: Participants with Chronic Disease by Fiscal Year



3. Utilization by Service Type, Fiscal Year, and Chronic Disease Indicator

Exhibit 4.3 shows that participants with chronic disease have more utilization across all categories including Office visits, ED visits, IP visits, and prescriptions filled. This trend is consistent with the prior fiscal year.

Exhibit 4.3: Utilization by Service Type, Fiscal Year, and Chronic Disease Indicator

	Fiscal Year	No Chronic Disease with Office Visit	Chronic Disease with Office Visit
Office Visits PMPY	FY 21-22	4.34	6.7
	FY 22-23	4.01	9.43
ED Visits PMPY	FY 21-22	0.27	0.51
	FY 22-23	0.26	0.6
IP Visits PMPM*1000	FY 21-22	2.45	5.51
	FY 22-23	2.53	5.83
Prescriptions Filled PMPY	FY 21-22	4.92	11.51
	FY 22-23	2.43	11.97

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

Exhibit 4.4 compares the service utilization of participants aged 65 and older to participants aged 18-64 with or without chronic disease. Overall, members with a chronic disease have higher utilization for office visits, ED visits, and IP visits. Although a higher percentage of the 65+ participants have chronic conditions, 98% of the HSF participants fall in the 18-64 age group, and as a result, the percentage of members with office visits utilization for the 18-64 age group is higher.

Note that the 18-64 encounter data may be higher because we have 17,496 participants aged 18-64 and only 447 participants who are aged 65 and over. Thirty-two percent of the 65 and over population have a chronic condition, compared to 11% of the 18–64 age group.

Exhibit 4.4: FY 22-23 Utilization by Chronic Disease Indicator, Age Category, and Service Type

	Age	No*	Yes
% Members with Office Visit with Chronic Disease	18-64	46%	74%
	65 and over	28%	50%
Office Visits PMPY	18-64	2.11	4.91
	65 and over	1.9	4.51
% Members with ED Visit	18-64	6%	10%
	65 and over	3%	9%
IP Visits PMPM*1000	18-64	0.88	3.81
	65 and over	1.65	2.02

* The “No” here may also mean that no encounter data is available.

5. Prescription Utilization Rate by Fiscal Year

COVID-19 has posted significant challenges to the global health care system. HSF provider network was not an exception to such challenges. Its administrative resources to capture and submit utilization data, including the pharmacy data was very limited. This has led to incomplete pharmacy data for FY 22-23. The program will continue requesting such data and update Exhibit 4.5 once the data is available.

Exhibit 4.5: Prescription Utilization Rate by Fiscal Year

	FY20-21	FY21-22	FY 22-23
Total Prescriptions Filled	55,516	61,439	34,139
% Members with Prescriptions Filled	28%	26%	18%

6. Mental Health and Substance Use Disorder Utilization

Similar to Exhibit 4.5 above, HSF was not able to collect complete encounter utilization data for mental health and substance use disorder this year. The program will continue requesting such data and update Exhibit 4.6 once the data is available.

Exhibit 4.6: HSF Mental Health and Substance Use Disorder Services Utilization

	FY20-21	FY21-22	FY 22-23
% Members with Mental Health Visit	1.64%	1.55%	1.16%
Mental Health Visits PMPY	0.38	0.34	0.22
Total Number of Mental Health Visits	5,509	5,447	2,966
% Members with Substance Use Disorder Visit	0.14%	0.13%	0.06%
Substance Use Disorder Visits PMPY	0.17	0.15	0.08
Total Number of Substance Use Disorder Visits	2,533	2,453	1,113

VI. Demographics and Distribution

1. Demographics

This section examines HSF's demographics, including the participants' gender, age, income, spoken language, and place of residence. HSF is a voluntary program with no penalties for failure to enroll or disenroll. At the end of FY 22-23, the program recorded 11,889 active participants and 151,026 disenrolled participants since its inception in 2007. On average, 93% of participants stayed enrolled for 10 months or longer this year (Exhibit 5.1). Exhibit 5.2 shows that over 70% of the participants are Hispanic, which is consistent with the trends observed in the past few years. The program also observed a similar trend for the percentage of participants who speak Spanish.

Exhibit 5.1: Average duration per HSF participant in FY 22-23

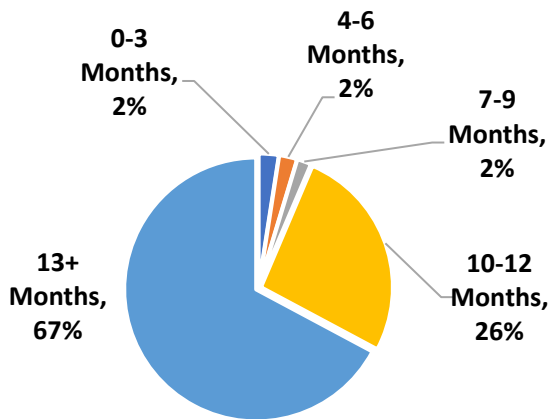


Exhibit 5.2: HSF Participant Demographics by Ethnicity, FY 22-23

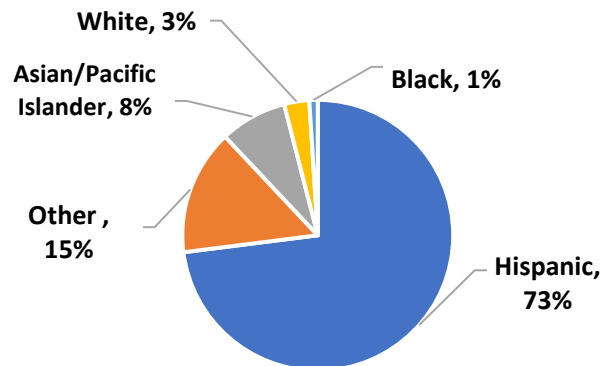


Exhibit 5.3: Demographic Breakdown by Age, FY 22-23

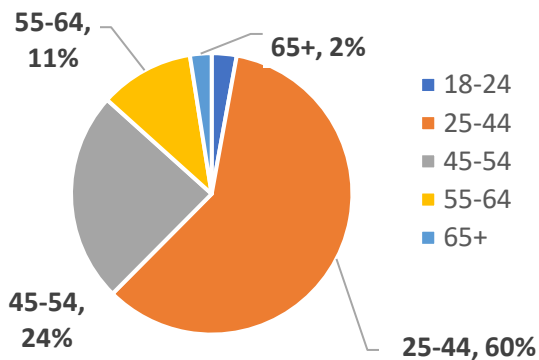


Exhibit 5.4: Demographic Breakdown by Income, FY 22-23

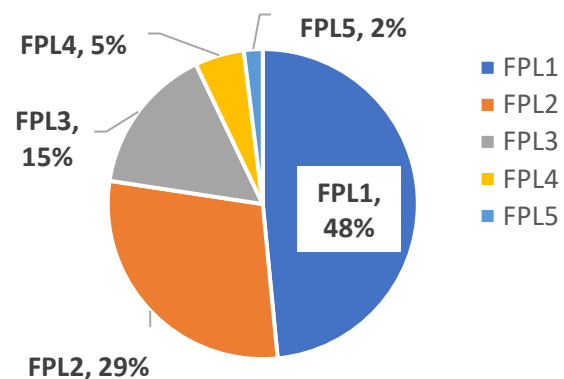


Exhibit 5.3 indicates that 87% of the population is within the 18-54 age group. Most participants 65 and older would be eligible for Medicare and/or Medi-Cal. With the anticipated Medi-Cal expansion to all age

groups starting in January 2024, more participants will be eligible for full-scope Medi-Cal regardless of their immigrant status.

Exhibit 5.4 shows that 48% of the HSF population had income at or below 100% of Federal Poverty Level (FPL1). This trend is consistent with what was observed in the last few years.

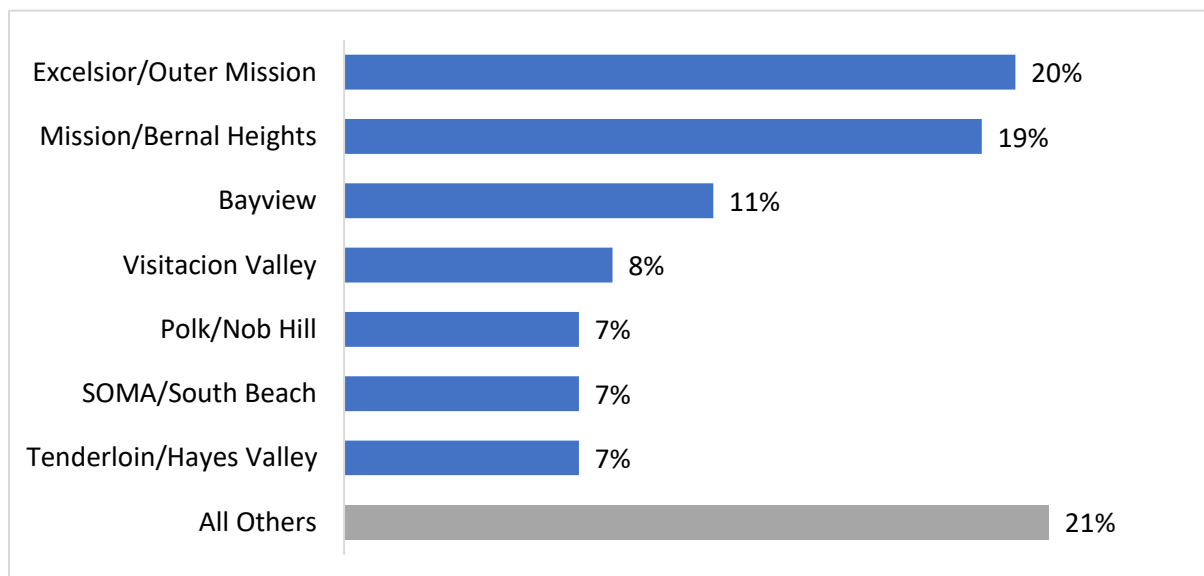
Finally, the distribution of genders is about equal, with 53% male, 46% female and 1% undefined gender.

2. Distribution by Neighborhood

Exhibit 5.5 summarizes the participant distribution by neighborhood. Specifically, 79% of all participants resided in seven San Francisco neighborhoods in FY 22-23. Twenty percent (20%) resided in the Excelsior/Outer Mission District, 19% in the Mission/Bernal Heights neighborhood, 11% in Bayview, 8% in Visitacion Valley, respective 7% in Polk/Nob Hill, SOMA/South Beach, and Tenderloin/Hayes Valley.

Approximately, 793 homeless individuals (or 1% of total participants) were included in the “All Others” category along with those who resided in other neighborhoods. It is likely that the program had under-counted the unhoused participants as those individuals may have used their medical clinic or a transient housing address when applying for HSF.

Exhibit 5.5: Participants by Neighborhood



With the knowledge of where the greatest unmet needs are, the HSF medical home network map below shows the 32 clinics that are spread out all over San Francisco (Exhibit 5.6). At the time of enrollment, the application assistants usually show this map to the participants so they can choose their preferred Medical Home.

Exhibit 5.6: HSF Medical Home Network Map

1. **Castro Mission Health Center**
3850 17th Street
San Francisco, CA 94114 1(628) 217-5700
2. **Chinatown Public Health Center**
1490 Mason Street
San Francisco, CA 94133 1(628) 217-6500
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
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
San Francisco, CA 94110 1(415) 510-8282
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(628) 217-7900
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/medical-home-map/>. Accessed 1/16/2024.

3. Distribution by Medical Homes

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

At the end of FY 22-23, 55% of participants selected a medical home within the San Francisco Health network (SFHN), the integrated health delivery system of DPH. 36% of participants selected the San Francisco Community Consortium Clinic (SFCCC), (Exhibit 5.7).

Exhibit 5.7: Participants by Medical Home System

Delivery System	# of HSF Participants	% of HSF Participants
SFHN (15 clinics)	10,139	55%
SFCCC (15 clinics)	6,616	36%
<i>Non-NEMS clinics</i>	<i>5,485</i>	<i>30%</i>
<i>NEMS (North East Medical Services)</i>	<i>1,131</i>	<i>6%</i>
Kaiser Permanente	1,117	6%
Sister Mary Philippa	353	2%
Total	18,225	100%

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

4. Neighborhoods with Highest Utilization Rates

The overall HSF participant service utilization rates by neighborhood remained consistent with levels from FY 21-22, as shown in Exhibit 5.8. Excelsior and Mission neighborhoods accounted for 39% of the total HSF participants. While Nob Hill and Bayview have a combined 18% of the total HSF participants, they have the highest office visits at 2.7 PMPY. Mission District has the highest ED Visits PMPM. Similar to the prior year, Tenderloin and Nob Hill have the highest prescriptions utilization, at 332.6 and 320.8 PMPM*1000 when the average utilization is 235.40 PMPM*1000.

Exhibit 5.8: Neighborhoods with Highest Utilization Rates

	Excelsior	Mission	Bayview Hunters Point	Visitacion Valley	Tenderloin	Nob Hill*	So. of Market	All Other Neighborhoods (Average Data)	Total Utilization HSF Program
# Participants (FY 21-22)	3,762	3,569	2,107	1,563	1,315	1,244	1,288	3,390	18,238
% of Participants (FY 21-22)	21%	20%	12%	9%	7%	7%	7%	19%	100%
# Participants (FY 22-23)	3,672	3,372	2,018	1,526	1,298	1,250	1,309	3,780	18,225
% of Participants (FY 22-23)	20%	19%	11%	8%	7%	7%	7%	21%	100%

	Excelsior	Mission	Bayview Hunters Point	Visitacion Valley	Tenderloin	Nob Hill*	So. of Market	All Other Neighborhoods (Average Data)	Total Utilization HSF Program
Office Visits PMPY	2.3	2.5	2.7	2.4	2.4	2.7	2.4	2.4	2.98
% Members with ED Visits	0.85%	1.00%	0.86%	0.82%	0.82%	0.90%	0.92%	0.94%	10%
ED Visits PMPM*1000	17.4	16.9	14	13.3	16.6	15.2	17.1	15.5	15.08
IP Visits PMPM*1000	1.05	2.43	2.24	0.88	1.23	1.23	1.47	1.5	1.35
Prescriptions Filled PMPM*1000 (this year's data)	179.57	186.9	153.61	236.7	332.6	320.8	189.1	235.4	235.4

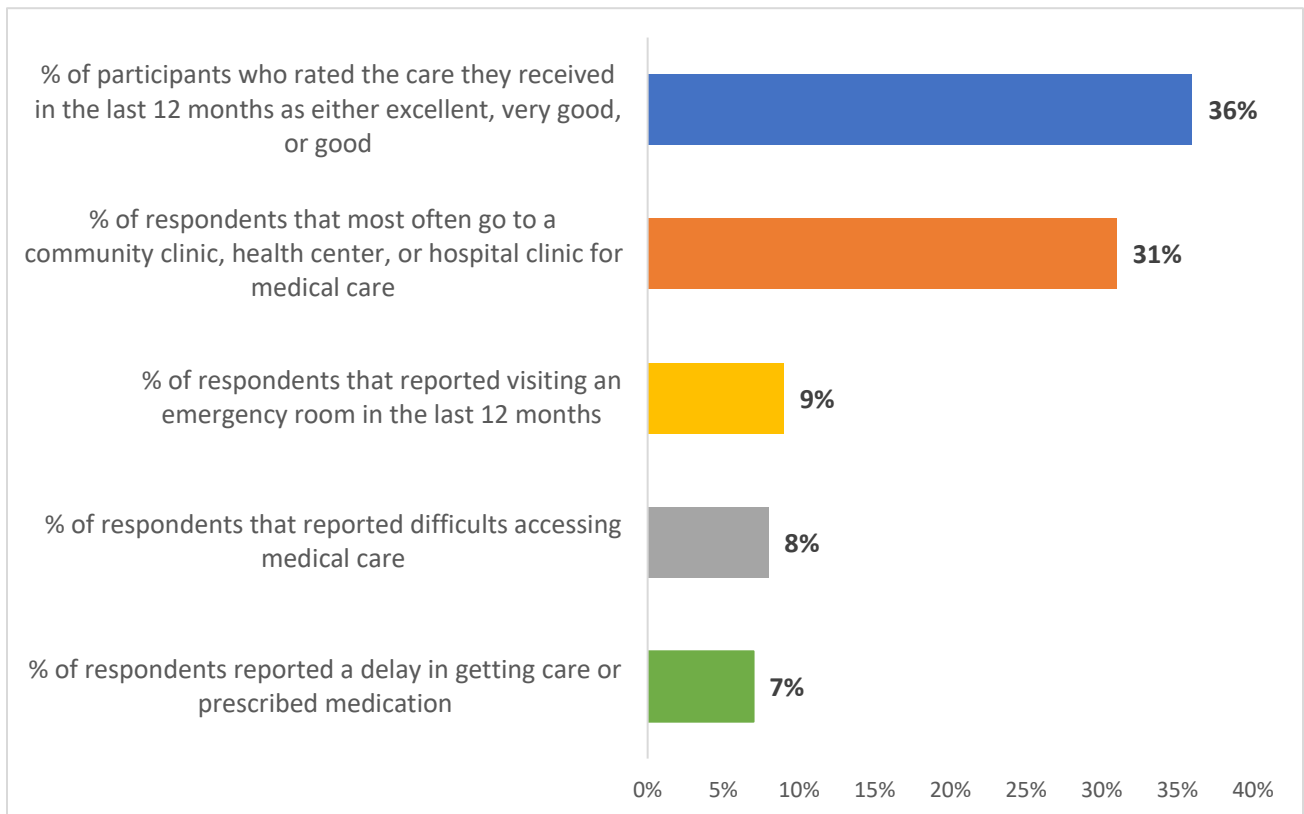
*Figures reported here are likely skewed by geographic proximity to the Tenderloin neighborhood

To note, HSF defines out-of-network (OON) services as those that a participant receives outside of their assigned medical home and hospital (collectively referred to as “medical home system”). For example, Jane Doe was assigned to Castro Mission Health Center and ZSFG but accessed emergency services at Kaiser Permanente in San Francisco, in South San Francisco, or Los Angeles during her enrollment. Jane will need to self-pay for these OON ED services, or Kaiser Permanente will need to write off the charges and report such services as charity care in their accounting system. Please visit www.healthysanfrancisco.org for more information about covered and non-covered services of the program.

VII. Experience and Satisfaction

HSF continually obtains feedback from all participants about their health, health services, and program-related experiences. HSF also collects data from the call center, their medical homes, and other channels that track complaints. HAQ is available in English, Spanish, and Chinese at the point of application and at annual renewals. Participant responses to this questionnaire enable the program to measure individuals' experiences. The program uses the survey results to inform ongoing program improvement and evaluation. In FY 22-23, a total of 5,087 surveys were administered, although not all participants completed a survey.

Exhibit 6.1: Highlights from FY 22-23 Health Access Questionnaire



VIII. HSF Expenditures and Revenues

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. Services under DPH Expenditures in Exhibit 7.1 include both the cost of services at ZSFG, clinics, UCSF (University of California, San Francisco), and Behavioral Health Services.

Exhibit 7.1: Total Revenues and Expenditures

	FY 21-22	FY 22-23
ENROLLMENT		
Total Participant Months	196,282	166,751
REVENUE		
Participation Fees and DPH POS	\$715,553	\$748,096
ESR (Employer Health Care Expenditures under HCSO)	\$220,978	\$0
TOTAL REVENUE	\$936,531	\$748,096
DPH EXPENDITURES		
HSF Administration	\$682,992	\$717,142
TPA (SFHP)	\$5,757,876	\$5,920,340
Eligibility and Enrollment System	\$432,236	\$463,581
Services		
Cost of Services (ZSFG, Clinics, UCSF)	\$56,055,416	\$39,141,736
Behavioral Health	\$2,049,353	\$1,602,702
Non-DPH Provider Reimbursement	\$4,278,472	\$3,791,154
SUBTOTAL DPH EXPENDITURES	\$69,256,345	\$51,636,655
DPH PMPM EXPENDITURE	\$353	\$310
NON-DPH EXPENDITURES		
Private Medical Homes Expenditures	\$6,597,102	\$7,516,863
Non-Profit Charity Care Expenditures	\$1,361,451	\$1,487,784*
SUB-TOTAL NON-DPH EXPENDITURES	\$8,453,430	\$9,004,647
TOTAL EXPENDITURES (DPH + NON-DPH)	\$77,709,775	\$58,063,137
TOTAL PMPM EXPENDITURE	\$396	\$359
TOTAL REVENUE LESS TOTAL EXPENDITURES	(\$76,773,243)	(\$57,315,041)
TOTAL PMPM REVENUE	\$5	\$5
TOTAL PMPM GENERAL FUND SUBSIDY	(\$433)	(\$354)

*Non-Profit Charity Care Expenditures value is just an estimate. The actual data is not available until the later part of the year, estimating June 2024.

1. DPH Expenditures

DPH reported an estimated total of \$49 million in expenditures in FY 22-23. These costs were inclusive of administration, services, and information systems. Administration expenditures accounted for approximately \$7.1 million (or 14%) while service costs added up to \$41.9 million (or 86% of total DPH expenditures).

A portion of DPH expenditures reflects reimbursement for non-DPH medical homes and emergency ambulance transportation, 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.

The estimated DPH Per Participant Expenditure per month has decreased from \$353 to \$310. One contributing factor is that our cost estimates are based to some degree on the ratio of visits to the number of providers – this was pushed up during the pandemic as we had fewer visits with the number of providers staying roughly constant. This means that our estimates of costs for 19-20 and 20-21 were higher relative to previous and current trends. This is just starting to come back to normal, so our cost estimates for 21-22 are lower (and are expected to decrease and stabilize going forward, barring any other major unforeseen events).

The result is that a combination of fewer visits and lower costs are manifesting in a bigger than expected drop in total cost between FY 22 and FY 23.

2. Non-DPH Expenditures

Private HSF medical providers reported that approximately \$7.5 million worth of health services were rendered to HSF participants this year. This was a 13.9% increase from the year before.

This year's actual expenditure for Non-Profit Charity Care is not available until June 2024 or later. The \$1.48M is an estimate that averages the numbers from the past two years. This section will be further updated as the data becomes available.

IX. Data Sources and Limitations

1. Data Sources

The data used to generate the Exhibits and findings in this report was drawn from the following sources:

- Enrollment data derived from HSF's enrollment system
- Participant utilization encounter and prescription drug data
- San Francisco City and County Behavioral Health Services encounters
- The Health Access Questionnaire

2. Limitations

The HSF Annual Report provides a snapshot of available data that characterizes participants' health care services utilization as of June 30, 2023. To accomplish this, HSF relies on partner agencies to furnish the participant encounter and prescription drug utilization data needed to generate the report. To note, the data received is not independently audited by HSF.

While processing said utilization data, some providers and partner agencies may encounter delays when validating and reporting the 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, a variable percentage 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.

X. Acknowledgements

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Key Community Stakeholder Partners

- San Francisco Community Clinic Consortium
- St. Mary's Medical Center
- Kaiser Foundation Hospital, San Francisco
- RedMane Technologies (HSF Connect)