



# Annual Report (Fiscal Year 2023-24)

Prepared by the Office of Managed Care  
San Francisco Department of Public Health  
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## I. Executive Summary

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The Healthy San Francisco Program (HSF) is a health access program created under the San Francisco Health Care Security Ordinance 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 residents who are ineligible for Medi-Cal or Medicare. As of June 30, 2024, there were 5,239 participants enrolled in HSF.

Beginning January 2024, under Medi-Cal's All Adult Undocumented Expansion initiative, full-scope Medi-Cal coverage expanded to include undocumented individuals aged 26 to 49. Prior to this expansion, California had implemented three coverage expansions under Medi-Cal to children in 2016, young adults in 2020, and older adults in 2022. With the implementation of the January 2024 expansion, all income-eligible adults in the State can receive full-scope Medi-Cal coverage, regardless of their immigration status. On a local level, DPH anticipated a significant decrease in enrollments throughout Fiscal Year (FY) 23-24, which started when DPH transferred all eligible HSF participants to Medi-Cal. HSF enrollment declined 56% during FY23-24 (from 11,946 participants at the end of FY22-23 to 5,239 participants at the end of FY23-24. DPH anticipates a further 24% drop in HSF enrollments during FY24-25, ending that year with an estimated 4,000 participants.

The following is a demographic snapshot of HSF participants in FY23-24:

- 89% of the population were within the 18-54 age group
- 42% of participants had income at or below 100% of the Federal Poverty Level (FPL)
- 87% of the total participants stay in the program for 10 months or longer
- 53% were male, 45% were female and 2% declined to answer
- 74% indicated they were Hispanic

Additionally, four enrollment and eligibility policy changes were implemented during FY23-24:

- Waiving Point-of-Service (POS) fees
- Reimbursement for COVID-19 vaccination
- Continued Financial Assistance for Participants
- Extended the Temporary Hold on Program Disenrollment

HSF oversees a network of 30 clinics distributed throughout San Francisco to effectively meet the needs of participants.

## II. Policy Changes

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Policy changes occur within HSF in response to program needs and changes in the external health care landscape. Below are the changes that either were initiated or continued in FY2023-24.

### **Waiving the Point-of-Service (POS) Fees**

HSF is crucial to providing care for San Francisco's uninsured population. On March 11, 2020, the HSF program instructed its medical home network to forgo collecting HSF Point of Service (POS) fees for COVID-19 screening and testing for all participants, regardless of their poverty level. HSF reimbursed its medical homes for POS fees waived for participants referred for screening and testing for COVID-19. As of June 30, 2024, no invoices for reimbursement of uncollected POS fees for COVID-19 screening and testing were submitted by HSF medical homes.

### **Reimbursement for COVID-19 Vaccination**

In November 2023, the HSF program began preparations to reimburse its medical homes for COVID-19 vaccine administration on an ongoing fee-for-service basis, retroactive to September 1, 2023. The maximum allowable reimbursement for the associated vaccine administration fee was \$40 per dose, regardless of vaccine manufacturer.

### **Financial Assistance**

Since March 2020, HSF has offered ongoing financial assistance to participants experiencing financial hardship and are unable to pay their quarterly fees. The financial assistance is in the form of a waiver of quarterly participant fees. During 12 months, participants may request to have one quarter's fee payment waived, with no restrictions on which quarter. In FY23-24, 121 participants requested financial assistance, and the program waived a total of \$28,455 in fees.

### **Temporary Hold on Program Disenrollment Extended**

Due to ongoing financial challenges faced by participants, HSF continued its policy of not disenrolling participants who were unable to pay their quarterly fees.

### III. Applications and Enrollment

HSF enrollment starts with trained Application Assistors (AAs). HSF has 91 AAs who assist residents in applying for the program at 31 different locations throughout the City. During FY2023-24, AAs processed 6,030 applications.

#### Enrollment Application Assistance

In FY23-24, Spanish appointments accounted for 69% of booked appointments, while English speakers accounted for 30%, and Chinese speakers for 1%.

#### Medi-Cal Expansion and Healthy San Francisco Outreach

Medi-Cal (MC) completed its last round of coverage expansion to all ages in January 2024, for individuals and families whose income are under 138% of the Federal Poverty Level (FPL), regardless of immigration status. As a result, HSF enrollment decreased to 5,239 at the end of this fiscal year. The table below summarizes the membership impact of the three rounds of Medi-Cal Expansions.

Exhibit 3.1: Impacted HSF Participants with Medi-Cal Expansion

Medi-Cal Expansion	Effective Date	Age	Impacted HSF Participants
To Young Adults	January 1, 2020	19-26	500
To Older Adults	May 1, 2022	50 and above	3,300
To All Adults	January 1, 2024	26-49	5,400

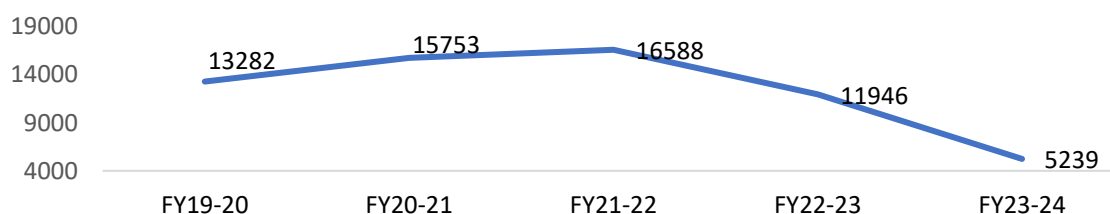
With all three expansions in place, all income-eligible adults in California now qualify for full-scope Medi-Cal coverage, regardless of immigration status. Medi-Cal enrollees have health insurance. HSF is not health insurance. In addition, Medi-Cal offers services that are not covered by HSF, such as out-of-network and out-of-county services including emergency services, dental and vision care.

To ensure successful transition of these HSF participants to Medi-Cal, and through collaboration with the City's Human Services Agency, HSF conducted two rounds of outreach to those identified as potentially eligible for Medi-Cal. The first round was conducted in December 2023 to over 3,500 participants, and the second round in April 2024 to 2,800 participants. The participant lists generated for these outreach activities were also shared with HSF medical homes to facilitate targeted outreach by clinic staff.

#### Enrollment Impact

As a result of the Medi-Cal expansions discussed above and two rounds of HSF outreach, HSF enrollment decreased from 11,946 in FY 2022–23 to 5,239 in FY 2023–24. Enrollment for the next fiscal year is projected to plateau around 4,000, as more participants transition to Medi-Cal by December 31, 2024.

Exhibit 3.2: HSF Participants by Fiscal Year



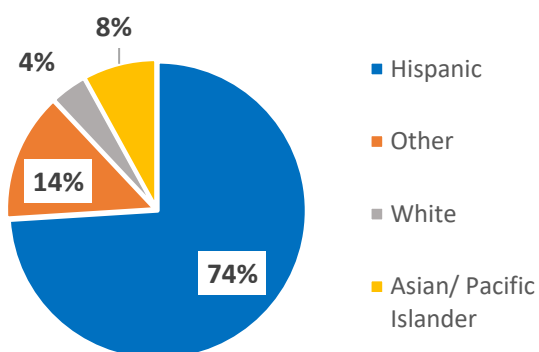
## IV. Demographics

This section provides a detailed look at the characteristics of HSF participants, including gender, age, income, language, and neighborhood of residence.

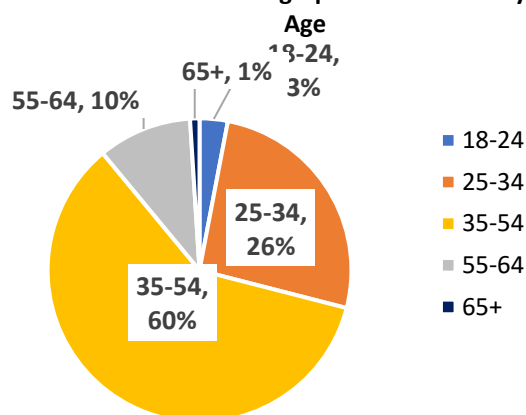
HSF does not collect demographic information on an applicant's immigration status, employment status and/or pre-existing medical conditions because program eligibility does not take those factors into account. The exhibits reveal the following:

- Exhibit 4.1 shows 74% of the total HSF population is Hispanic. This trend has remained consistent over the past few years.
- Exhibit 4.2 shows that 86% of the population is within the 25 to 54 age group in FY23-24. With the implementation of all three Medi-Cal expansions, more participants are now eligible for full-scope Medi-Cal, regardless of immigration status.
- Exhibit 4.3 shows in FY23-24, 42% of the HSF population falls between the 100-200% Federal Poverty Level (FPL1). In FY22-23, this number was 48%, but with a similar distribution, with over 70% of the total population in the FPL1 and FPL2 income category.
- Exhibit 4.4 shows that HSF participants' gender is almost evenly distributed among its 5,239 active participants, with 53% male, 45% female, and 2% undefined in FY23-24.
- Exhibit 4.5 shows that nearly 74% of the HSF population speaks Spanish. This trend is consistent with 74% of program participants identified as Hispanic (see Exhibit 5.1).

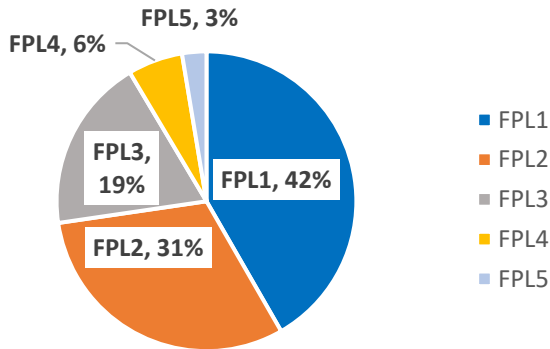
**Exhibit 4.1: Demographics by Ethnicity**



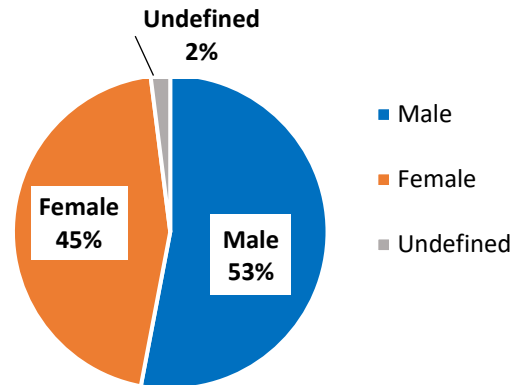
**Exhibit 4.2: Demographic Breakdown by Age**



**Exhibit 4.3: Demographic Breakdown by Income, FY 23-24**



**Exhibit 4.4: Demographic Breakdown by Gender**



**Exhibit 4.5: Demographic Breakdown by Spoken Language**

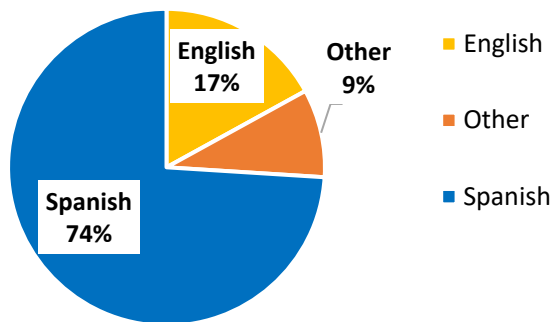
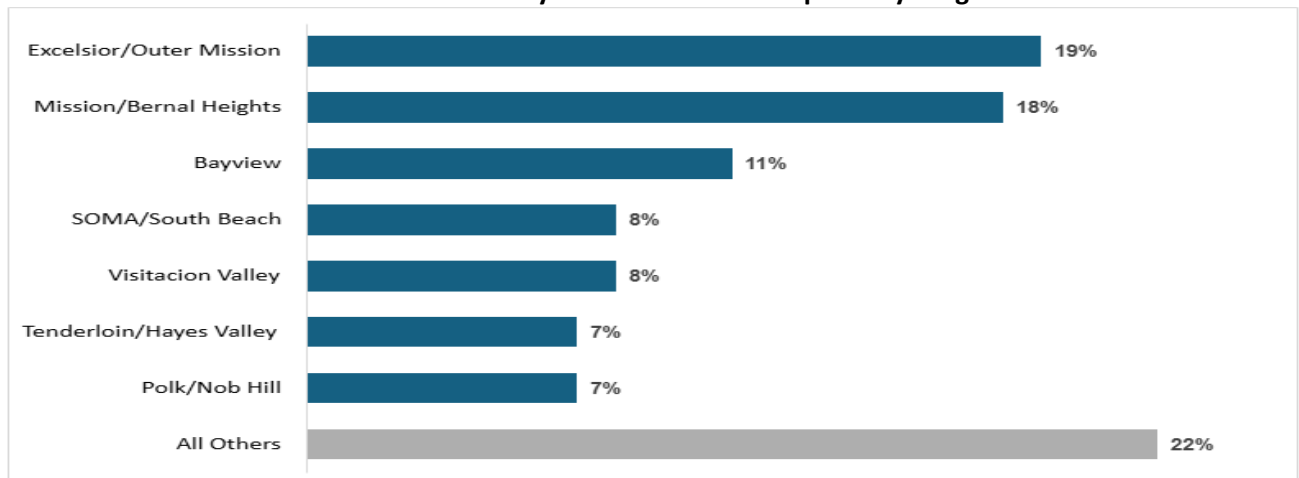


Exhibit 4.6 shows that 78% of all HSF participants lived in seven San Francisco neighborhoods. Homeless residents may have an impact on these percentages since some may use the HSF medical home address or an address in a neighborhood that isn't their own when applying for HSF.

**Exhibit 4.6: Healthy San Francisco Participants by Neighborhood**



## V. Delivery System Network

This section of the report describes the HSF delivery system (e.g., medical homes, hospitals, etc.).

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. The HSF Medical Home Network includes:

- 13 San Francisco Health Network (SFHN) clinics
- 15 San Francisco Community Clinic Consortium (SFCCC) affiliated clinics
- 1 Sister Mary Philippa Health Center
- 1 Kaiser Permanente San Francisco Medical Center

At the end of FY23–24, HSF participants were distributed across the medical homes in the following manner:

**Exhibit 5.1: Healthy San Francisco Participants by Medical Home System**

Delivery System	# of HSF Participants	% of HSF Participants
SFHN	2,904	55%
SFCCC	1,748	33%
Kaiser Permanente	104	9%
Sister Mary Philippa	483	2%
<b>Total</b>	<b>5,239</b>	<b>100%*</b>

\* Percentages rounded

As the table indicates, 55% of HSF participants selected a medical home within the San Francisco Health Network (SFHN). SFHN is the integrated health delivery system of the San Francisco Department of Public Health. In addition to primary care clinics that function as medical homes, it also provides specialty care, hospital services, behavioral health and skilled nursing facility care.

In FY2023-24, the following changes occurred in the HSF medical home provider network:

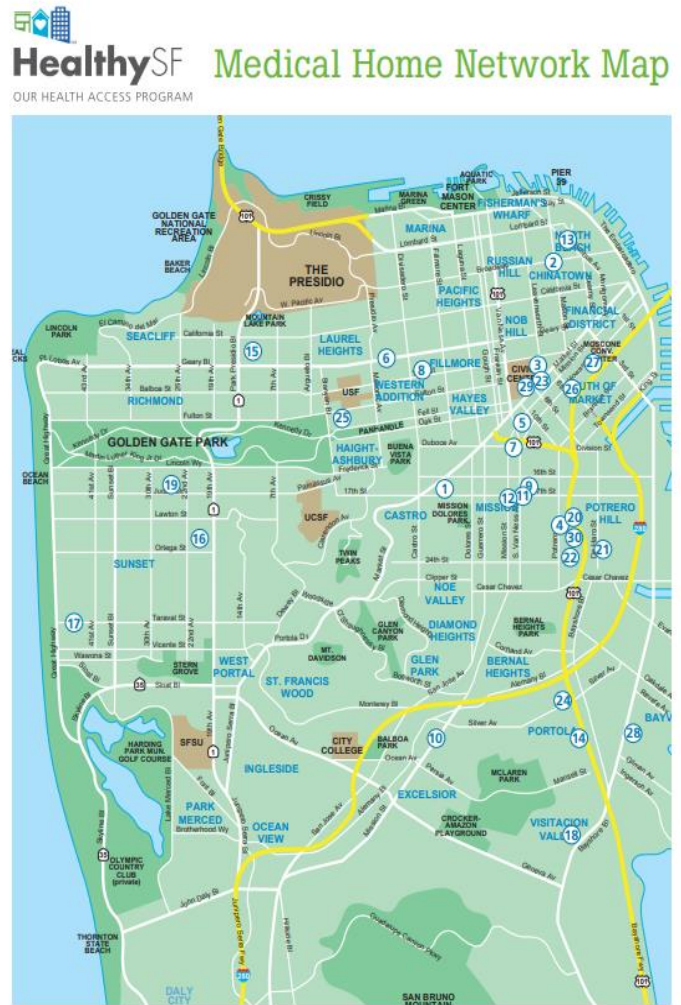
- *Two medical homes closed:*
  - Larkin Street Youth Clinic
  - Cole Street Youth Clinic
- *Two medical homes changed their names:*
  - South of Market Health Center: South of Market Health Center became Equity Health Main Clinic
  - South of Market Senior Center: South of Market Senior Center became Equity Health Senior Clinic

The HSF Medical Home Network Map on the following page shows the location of the 30 clinics. During enrollment, an HSF assistor would show this map to new HSF participants to help them make a more informed choice about their preferred Medical Home.



## Exhibit 5.2: 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. **Curry Senior Center**  
333 Turk Street  
San Francisco, CA 94102 1(415) 885-2274
4. **Family Health Center at ZSFG**  
995 Potrero Avenue, Building 80, 1st Floor  
San Francisco, CA 94110 1(628) 206-5252
5. **HealthRIGHT 360 – Haight Ashbury Integrated Care Center**  
1563 Mission Street  
San Francisco, CA 94103 1(415) 762-3700
6. **Kaiser Permanente San Francisco Medical Center**  
2238 Geary Boulevard  
San Francisco, CA 94115 1(415) 833-2200
7. **Lyon-Martin Community Health Services**  
1735 Mission Street  
San Francisco, CA 94103 1(415) 565-7667
8. **Maxine Hall Health Center**  
1301 Pierce Street  
San Francisco, CA 94115 1(628) 217-5400
9. **Mission Neighborhood Health Center**  
240 Shotwell Street  
San Francisco, CA 94110 1(415) 552-3870
10. **Mission Neighborhood Health Center – Excelsior**  
4434 Mission Street  
San Francisco, CA 94112 1(415) 406-1353
11. **Mission Neighborhood Resource Center**  
165 Capp Street  
San Francisco, CA 94110 1(415) 510-8282
12. **Native American Health Center**  
160 Capp Street  
San Francisco, CA 94110 1(415) 621-8051
13. **North East Medical Services – 1520 Stockton**  
1520 Stockton Street  
San Francisco, CA 94133 1(415) 391-9686
14. **North East Medical Services – 2574 San Bruno Ave**  
2574 San Bruno Avenue  
San Francisco, CA 94134 1(415) 391-9686
15. **North East Medical Services – 1033 Clement**  
1033 Clement Street  
San Francisco, CA 94118 1(415) 391-9686
16. **North East Medical Services – 1450 Noriega**  
1450 Noriega Street  
San Francisco, CA 94122 1(415) 391-9686
17. **North East Medical Services – 3431 Taraval**  
3431 Taraval Street  
San Francisco, CA 94116 1(415) 391-9686
18. **North East Medical Services – 82 Leland**  
82 Leland Avenue  
San Francisco, CA 94134 1(415) 391-9686
19. **Ocean Park Health Center**  
1351 24th Avenue  
San Francisco, CA 94122 1(415) 682-1900
20. **Positive Health Program at ZSFG**  
995 Potrero Avenue, Ward 86  
San Francisco, CA 94110 1(628) 206-2400
21. **Potrero Hill Health Center**  
1050 Wisconsin Street  
San Francisco, CA 94107 1(628) 217-7900
22. **Richard H. Fine People's Clinic at ZSFG**  
1001 Potrero Avenue, Suite 1M3  
San Francisco, CA 94110 1(628) 206-8494
23. **St. Anthony Medical Clinic**  
150 Golden Gate Avenue  
San Francisco, CA 94102 1(415) 241-8320
24. **Silver Avenue Family Health Center**  
1525 Silver Avenue  
San Francisco, CA 94134 1(415) 657-1700
25. **Sister Mary Philippa Health Center**  
2235 Hayes Street, 5th Floor  
San Francisco, CA 94117 1(415) 857-9058
26. **South of Market Health Center – Equity Health Main Clinic**  
229 7th Street  
San Francisco, CA 94103 1(415) 503-6000
27. **South of Market Senior Center – Equity Health Senior Clinic**  
317 Clementina Street  
San Francisco, CA 94103 1(415) 284-2270
28. **Southeast Family Health Center**  
2403 Keith Street  
San Francisco, CA 94124 1(628) 217-5500
29. **Tom Waddell Urban Health Clinic**  
230 Golden Gate Avenue  
San Francisco, CA 94102 1(415) 355-7400
30. **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\\_Network\\_Map.pdf](https://healthysanfrancisco.org/files/HSF_Medical_Home_Network_Map.pdf) Accessed 5/16/2025.

### Hospital Participation in HSF Network

Hospital care is a critical component in the HSF service continuum. Zuckerberg San Francisco General provides a range of specialty, urgent care, diagnostic, emergency care, home health, pharmacy, durable medical equipment (DME), and inpatient services to all HSF participants with a Department medical home. It provides all or some of those services to HSF participants with the following medical homes:

- San Francisco Community Clinic Consortium (SFCCC) affiliated clinics
- Sister Mary Philippa Health Center
- Kaiser Permanente (home health only)

In addition to Zuckerberg San Francisco General, non-profit hospitals play a vital role in HSF through provision of emergency and/or inpatient services if a HSF participant is served at their facility. In the case of emergency services, HSF participants will 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**

While most of the HSF medical homes provide some form of either mental health assessment, mental health services, or substance abuse screening, the Department provides all contracted behavioral health services for HSF participants at all of the medical homes – both its own and the private providers.

Specifically, HSF program offers mental health, alcohol, and drug abuse care. HSF participants have access to the comprehensive array of community-based services offered by the San Francisco Department of Public Health's Behavioral Health Services (BHS). HSF participants have access to these confidential services from either their HSF medical home or health care professionals at BHS.

If a HSF participant needs access to behavioral health services (mental health and/or substance abuse) that are not provided at their HSF medical home, then a primary care provider can refer the participant to BHS for care. However, HSF participants do not need a referral from their HSF medical home provider to access services from BHS – they can call BHS directly and self-refer.

## VI. Clinical Component and Services Utilization

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

As the Department has noted in the past, analysis of service utilization is dependent upon having complete data from all HSF providers – hospitals and medical homes. There were gaps in utilization data for FY 2023-24 and as a result, low rates can be misleading and should be viewed within the context of underreporting. In addition, COVID-19 posed significant challenges to the global health care system since 2020. The HSF provider network was no exception to such challenges. Its administrative resources to capture and submit utilization data were very limited.

Office visits, emergency department (ED) visits, inpatient (IP) stays, behavioral health visits, and prescriptions filled are reported as the average number of participant visits per 1,000 participant months (PPPM \* 1000). The PPPM 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. HSF Participants with Chronic Disease by Fiscal Year
2. Utilization by Service Type and Chronic Disease
3. Chronic Disease and Utilization
4. Prescription Utilization Rate By Fiscal Year
5. Mental Health and Substance Use Disorder Utilization
6. Neighborhoods with Highest Utilization Rates

### HSF Participants with Chronic Disease by Fiscal Year

Exhibit 6.1 shows that in FY23-24, 91% of HSF participants do not have a chronic disease, a trend that has been consistent in the last few years. This may be linked to the age distribution of the group, as 89% of the HSF population falls within the 18 to 54 age range and there are fewer participants with the various state-only Medi-Cal expansions for adults.

**Exhibit 6.1: Percentage of Participants with Chronic Conditions**

	FY22-23	FY23-24
Participants without Chronic Conditions	89%	91%
Participants with Chronic Conditions	11%	9%

### Utilization by Service Type and Chronic Disease

Exhibit 6.2 shows participants with chronic disease have more office visits, ED visits, and prescriptions filled overall. Participants with chronic disease also have twice as many office visits compared to those without chronic disease. Inpatient visits and prescriptions filled were over 230% and 500% higher, respectively, among participants with chronic diseases.

**Exhibit 6.2: Utilization by Service Type, Fiscal Year, and Chronic Disease Indicator**

Service Type	No Chronic Disease	With Chronic Disease
Office Visits (PPPY)	4.01	9.43
ED Visits (PPPY)	0.26	0.6
IP Visits (PMPM × 1000)	2.53	5.83
Prescriptions Filled (PMPY)	2.43	11.97

**Chronic Disease and Utilization**

Participants with chronic disease have higher utilization across all service types:

- More office visits
- Higher ED and inpatient visits
- More prescriptions filled

**Exhibit 6.3: Utilization by Service Type and Chronic Disease Indicator**

	Age	Chronic Disease Indicator <sup>1</sup>	
		None/No Encounter Data Available	Yes
% Participants with Office Visit with Chronic Disease	18-64	33%	68%
	65 and over	25%	50%
Office Visits PPPY	18-64	1.26	3.02
	65 and over	1.19	2.95
% Participants with ED Visit	18-64	3%	7%
	65 and over	2%	6%
IP Visits PPPM*1000	18-64	0.51	1.76
	65 and over	0	0

**Prescription Utilization Rate By Fiscal Year**

Exhibit 6.4 shows that total prescriptions filled dropped from 22,275 in FY22–23 to 7,310 in FY23–24. As noted above, enrollment in HSF decreased by 56% from FY 22-23 to FY 2023-24 (from 11,946 to 5,239). This naturally resulted in a decrease in prescriptions written and filled. In addition, as noted above, COVID-19 posed significant challenges to the submission of utilization data.

**Exhibit 6.4: Prescription Utilization Rate by Fiscal Year**

	FY22-23	FY23-24
Total Prescriptions Filled	22,275	7,310
% Participants with Prescriptions Filled (Average)	8%	7%

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<sup>1</sup> Please note that the percentages will not sum to 100%, as each data point reflects an individual or independent count within its respective category.

### Mental Health and Substance Use Disorder Utilization

The total number of substance use and mental health (MH) visits dropped significantly with changes in enrollment levels. While the percentage of participants with substance use disorder (SUD) visits has remained at 0.07%, the total number of SUD visits has dropped from 1,113 in FY22-23 to 326 in FY23-24. The percentage of participants with MH visits has decreased from 1.83% to 1%. And the total number of MH visits has decreased significantly from 2,966 in FY22-23 to 1,329 in FY23-24.

**Exhibit 6.5: Mental Health and Substance Use Disorder Utilization**

	FY21-22	FY22-23	FY23-24
% Participants with Substance Use Disorder Visit	0.13%	0.07%	0.07%
Substance Use Disorder Visits PMPY	0.15	0.08	0.06
Total Number of Substance Use Disorder Visits	2,449	1113	326
% Participants with Mental Health Visit	1.55%	1.83%	1.00%
Mental Health Visits PMPY	0.32	0.22	0.17
Total Number of Mental Health Visits	5,266	2,966	1,329

### Neighborhoods with Highest Utilization Rates

The following provides utilization rates by neighborhood. The South of Market neighborhood had the highest office visits (18.08 PPPY). Tenderloin has the highest ED Visits (295.41 PPPM\*1000). Excelsior/Outer Mission has the highest IP Visits (2,593 PPPM\*1000) and the highest prescriptions filled (19% PPPM\*1000).

**Exhibit 6.6: Utilization by Neighborhoods, FY23-24**

	Excelsior/ Outer Mission	Mission	Bayview Hunters Point	Visitacion Valley	Tenderloin	Nob Hill*	South of Market	All Other Neighborhoods (Avg)	Total Utilization
# Participants	2,593	2,407	1,452	1,132	970	1,047	1,075	2,863	13,539
% of Participants	19%	18%	11%	8%	7%	8%	8%	21%	100%
Office Visits PPPY	12.7	15.73	12.7	12.5	16.49	17.28	18.08	19.10	16.67
ED Visits PPPM*1000	149.76	144.99	116.59	158.47	295.41	249.09	141.4	200.66	174.24
IP Visits PPPM*1000	2,593	2,407	1,452	1,132	970	1,047	1,075	2,863	13,539
Prescriptions Filled PPPM*1000	19%	18%	11%	8%	7%	8%	8%	21%	100%

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

## VII. Participant Experience and Satisfaction

HSF continually obtains feedback from its participants about their health, health care, and program-related experiences. Feedback is obtained through the program's call center, Medical Homes, various other channels that track complaints, and by administering of surveys.

### Customer Service Call Center

The Healthy San Francisco Customer Service Center supports HSF customers, this includes addressing any grievances or concerns that participants may have. During FY 23–24, a total of 126 participant complaints were received for the following reasons:

**Exhibit 7.1: HSF Complaints by Category**

<b>HSF Complaints by Category</b>	<b>By Count</b>	<b>By Percentage</b>
Access	55	44%
Quality of Service	27	21%
Other	26	21%
Quality of Medical Care	9	7%
Billing	5	4%
Cultural, Linguistic, and Health Education	3	2%
Enrollment	1	1%
<b>Total</b>	<b>126</b>	<b>100%</b>

The most common complaint type was access-related issues at 44%. These included requests to switch to more convenient medical homes, appointment wait times, and difficulties accessing pharmacies for medication refills. The second most common category, representing 21% of complaints, was quality of service. Participants cited concerns such as delayed administrative processing, difficulty communicating with office staff or providers, and slow follow-up responses from medical homes or providers.

To support timely resolution, the program tracks complaints weekly and categorizes them for improved oversight. Through these monitoring efforts, the program consistently closed at least 91% of new complaints received in the month in which they were received.

### Health Questionnaire

Participants who renew their eligibility on an annual basis are asked to complete a Health Access Questionnaire (HAQ), which gathers feedback about their experiences. The questionnaire is not mandatory.

In FY23-24, approximately 3,281 surveys were completed. The purpose of the questionnaire is to understand participants' prior access to care, gather feedback on program experience, and inform the program improvements. During this fiscal year, approximately 35% of participants (1,128 – 1,158) renewing either eligibility refused to provide responses to the questionnaire and 9 – 10%.

The tables below provide the percentage of participants who provided the responses as provided in the top row of the table.

**Exhibit 7.2: Highlights of FY 2023-24 Health Access Questionnaire Responses**

	Excellent, Very Good or Good	Fair or Poor	Don't Know	Refused
<b>General Health</b>	47%	9%	10%	35%

	Yes	No	Don't Know	Refused
<b>No health insurance at all (past 12 months)</b>	25%	32%	9%	35%

	Response	%		Response	%
<b>Main reason for no health insurance</b>	Enrolled in HSF	24%		Not eligible due to health or other problem	0%
	Cost of health insurance and/or co-Payments	8%		Family situation changed	0%
	Not eligible due to working status/changed employer/lost job	2%		Switched health insurance companies, delay between plans	0%
	Not eligible for public insurance (such as Medi-Cal)	11%		Can get free health care/pay for own care	0%
	Have not tried to get health insurance	4%		Don't Know	8%
	Other	8%		Refused	35%

	Yes	No	Don't Know	Refused
<b>In the last 12 months, hospital emergency dept. visit</b>	9%	48%	9%	34%

	Clinic/ Office/ Hospital Clinic	Emerg Dept.	Some Other Place	No Place	Don't Know	Refused
<b>Go most often for medical care</b>	52%	3%	0%	2%	8%	35%

	Extremely or Very	Somewhat	Not Too	Not At All	Don't Know	Refused
<b>Level of difficulty getting care when needed</b>	2%	5%	20%	27%	10%	36%

	Excellent, Very Good or Good	Fair or Poor	Don't Know	Refused
<b>Rating of medical care (past 12 months)</b>	50%	2%	12%	35%

	Yes	No	Don't Know	Refused
<b>Delay getting care or medicine (past 12 months)</b>	7%	48%	10%	35%

	Yes	No	Don't Know	Refused
<b>Cost or lack of insurance a reason why delayed getting care of medication</b>	6%	48%	10%	35%

**VIII. HSF Expenditures and Revenues**

DPH tracks all HSF-related expenditures, including:

- Administrative costs within the City
- Third-party administrator fees paid to San Francisco Health Plan
- Service delivery costs at ZSFG, UCSF, clinics, and behavioral health providers

Expenditures from each DPH division are combined to provide an overview of the program's finances.

**Exhibit 8.1: Total Revenues and Expenditures**

	<b>FY22-23</b>	<b>FY23-24</b>
<b>ENROLLMENT</b>		
<b>Total Participant Months</b>	166,751	100,829
<b>REVENUE</b>		
<b>Participation Fees and DPH POS</b>	\$748,096	\$1,308,910
<b>ESR (Employer Health Care Expenditures)</b>	\$0	\$0
<b>TOTAL REVENUE</b>	<b>\$748,096</b>	<b>\$1,308,910</b>
<b>DPH EXPENDITURES</b>		
<b>HSF Administration</b>	\$717,142	\$688,979
<b>Cost of Services (ZSFG, Clinics, UCSF)</b>	\$39,414,736	\$26,105,472
<b>Behavioral Health</b>	\$1,602,702	\$681,415
<b>Non-DPH Provider Reimbursement</b>	\$3,791,154	\$2,203,360
<b>Third-Party Administrator (SFHP)</b>	\$5,920,340	\$6,008,900
<b>Eligibility/Enrollment System (HSF Connect)</b>	\$463,581	\$359,135
<b>SUBTOTAL DPH EXPENDITURES</b>	<b>\$51,636,655</b>	<b>\$36,047,261</b>
<b>ESTIMATED DPH PER PARTICIPANT EXPENDITURE PER MONTH</b>	<b>\$310</b>	<b>\$358</b>
<b>NON-DPH EXPENDITURES</b>		
<b>Non-DPH Providers Expenditures</b>	\$7,516,863	\$9,696,360
<b>Non-DPH Charity Care Expenditures</b>	\$1,487,784	\$1,240,855
<b>SUB-TOTAL NON-DPH EXPENDITURES</b>	<b>\$9,004,647</b>	<b>\$10,937,215</b>
<b>TOTAL DPH AND NON-DPH EXPENDITURES</b>	<b>\$60,641,302</b>	<b>\$46,984,506</b>
<b>ESTIMATED TOTAL PER PARTICIPANT PER MONTH EXPENDITURE</b>	<b>\$364</b>	<b>\$466</b>
<b>DPH REVENUE LESS DPH EXPENDITURES</b>	<b>(\$50,888,559)</b>	<b>(\$34,738,351)</b>
<b>DPH PER PARTICIPANT PER MONTH REVENUE</b>	<b>\$4</b>	<b>\$13</b>
<b>PER PARTICIPANT GENERAL FUND SUBSIDY PER MONTH</b>	<b>(\$305)</b>	<b>(\$345)</b>



### **1. DPH Expenditures Breakdown**

DPH reported an estimated \$36 million in expenditures in FY23-24. These include health care, administration and operational costs. Administration expenditures accounted for \$7 million (or 19.6% of total DPH expenditures) while service costs added up to \$29 million (or 80.4% of total DPH expenditures).

With respect to health care related costs, a portion of the expenditures reflects funding to non-DPH medical homes, emergency ambulance transportation, and incremental behavioral health provider funding. It also includes DPH service costs incurred by ZSFG providing hospital-based specialty care, urgent care, diagnostic, emergency care, home health, pharmacy, durable medical equipment, and inpatient services.

Participant payment revenue declined due to COVID-19 policies that provided no-cost extensions of coverage. Between March 2020 and September 2022, HSF implemented seven no-cost coverage extensions. While no new extensions were issued in FY 23–24, 6,769 participants benefited and maintain program without payment of quarterly participation fees.

### **2. Non-DPH Expenditures**

Private HSF providers reported approximately \$10.93 million worth of health services were rendered to participants this year, a 4% increase from the year before. Non-DPH expenditures for FY23-24 were:

- \$9.69M: Non-DPH Providers
- \$1.24M: Non-DPH Charity Care

## IX. Data Sources and Limitations

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### Data Sources

The data used to generate the figures and findings in the FY23-24 HSF Annual Report was drawn from these primary sources:

- Enrollment data derived from HSF's enrollment system (HSF Connect)
- Participant encounter and prescription drug data
- SFDPH Behavioral Health Services encounters
- Health Access Questionnaire

### Limitations

The HSF Annual Report provides a snapshot of available data that characterizes participants' health care services utilization as of June 30, 2024. 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 utilization data, some providers and partner agencies may encounter delays when validating and reporting the data to the HSF 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 limitation of the program's capacity to examine its services utilization is that it does not have access to utilization data if a participant received services from providers that are not in the HSF network (either within or outside of San Francisco). In addition, many participants have potential access to Medi-Cal (emergency) and/or hospital charity care. Many of the program's non-profit hospital partners also confront this reality when reporting possible utilization by HSF participants from other medical homes. 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. Glossary

AA	Application Assistors are trained individuals to help screen and complete enrollments.
BHS	Behavioral Health Services, a division within San Francisco Health Network (SFHN) that provides mental health and substance use services.
City	City and County of San Francisco
DPH	San Francisco Department of Public Health
ED	Emergency Department
FPL	Federal Poverty Level
FY	Fiscal Year
HAQ	Health Access Questionnaire, a survey that is conducted by HSF at the point of application and at annual renewals
HSF	Healthy San Francisco or Healthy SF
HSF Connect	HSF's enrollment system that replaced One-e-App
Medi-Cal	California's Medicaid program providing publicly-funded health insurance
Medical Homes	The primary care clinics of the HSF program which coordinate care for assigned HSF participants, such as specialty services.
NEMS	North East Medical Services, a 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	An individual who is enrolled in Healthy San Francisco
PPPM	Per participant per month
PPPY	Per participant per year
POS	Point of service fee charged by the medical homes of HSF, if applicable
SFCCC	San Francisco Community Clinic Consortium, the HSF's Medical Home system with several clinics
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, a HSF Medical Home
UCSF	The UCSF Health delivery system that provides tertiary care to HSF participants
ZSFG	SFHN's Zuckerberg San Francisco General Hospital & Trauma Center

## **XI. 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)