



Annual Report

Fiscal Year 2024-25

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I. Executive Summary

Healthy San Francisco (HSF) is a health access program created in 2007 under the San Francisco Health Care Security Ordinance (HCSO) and overseen 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 publicly-funded health insurance and helps connect them to other affordable health insurance options when possible. As of June 30, 2025, 3,117 participants were enrolled.

Policies in Effect This Year

Due to the COVID pandemic, DPH implemented interim policies designed to ensure that participants could maintain enrollment to the fullest extent possible. Most of these policies terminated with the end of the global health emergency. Three (3) HSF policies were active for all or part of Fiscal Year 2024-25 (FY24-25):

- Reimbursement for COVID-19 vaccinations
- Financial assistance for HSF participants (ended March 2025)
- Pause on disenrollment for non-payment (ended March 2025)

The following provides basic demographic information on the 3,117 participants enrolled at the end of FY 24-25:

- **65%** are ages 18-54.
- **66%** are identified as Hispanic.
- **77%** have income between 101-300% of Federal Poverty Level (FPL).
- **54%** male, **38%** female, **8%** unspecified

Highlights during FY 24-25 were:

- **Enrollment:** Enrollment decreased from 5,239 to 3,117 – a 40% reduction. This was primarily due to the California Department of Health Care Services expansion of no cost, full-scope Medi-Cal to undocumented adults.
- **Enrollment Distribution:** Twenty percent (20%) of HSF participants resided in the Excelsior/Outer Mission neighborhood.
- **Health Conditions:** Eighty-nine percent (89%) of HSF participants had no chronic health conditions.
- **Health Care Utilization:** HSF participants who resided in the Tenderloin and Nob Hill neighborhoods had the highest office visit rates and participants who resided in the Mission neighborhood had the highest emergency department and inpatient utilization.
- **Expenditures:** From FY23-24 to FY24-25, total DPH net spending (expenses less revenue) decreased from \$34.39 million to \$22.60 million due to enrollment reductions which resulted in decreased health care utilization. In addition, private community HSF providers incurred \$6.92 million in net HSF expenditures (after \$1.36 million in reimbursement) in FY24-25. In total, estimated FY24-25 HSF net expenditures for DPH and non-DPH providers totaled \$29.52 million. With a total of 39,732 participant months, the estimated DPH per participant per month net expenditure was \$568.78.

II. Policy Changes

Due to the COVID pandemic, DPH implemented policies designed to ensure that participants could maintain enrollment to the fullest extent possible. Most of these policies terminated with the end of the global health emergency.

COVID-19 Vaccine Reimbursement

Timely access to the COVID vaccine is critical to reducing spread of the infectious communicable disease, severity of illness and hospitalizations. As a result, HSF instituted a policy to reimburse non-DPH providers for the cost of vaccine administration. In FY24-25, a total of 278 vaccines were reimbursed at a cost of \$11,120.

Financial Assistance

Due to the COVID-19 pandemic, HSF began offering fee waivers for participants facing financial hardship since 2020. In FY24-25, 31 HSF participants received fee waivers totaling \$7,560. This policy ended in March 2025.

Resumption of Disenrollment for Non-Payment

HSF disenrollments can occur because participants (i) no longer meet program eligibility criteria, (ii) no longer choose to remain in the program and voluntarily disenroll, or (iii) do not pay the required quarterly participation fee and so forth. HSF paused disenrollments during the COVID-19 pandemic, specifically from March 2020 to February 2025. HSF reinstated disenrollments in March 2025, and normal rules resumed, including automatic disenrollments for non-payment of quarterly participation fees.

III. Applications, Enrollment, and Disenrollment

RedMane is the one-stop, web-based eligibility and enrollment system for Healthy San Francisco. Using RedMane, trained staff at over 30 enrollment sites can screen a household for a variety of health care programs in addition to HSF, such as Medi-Cal.

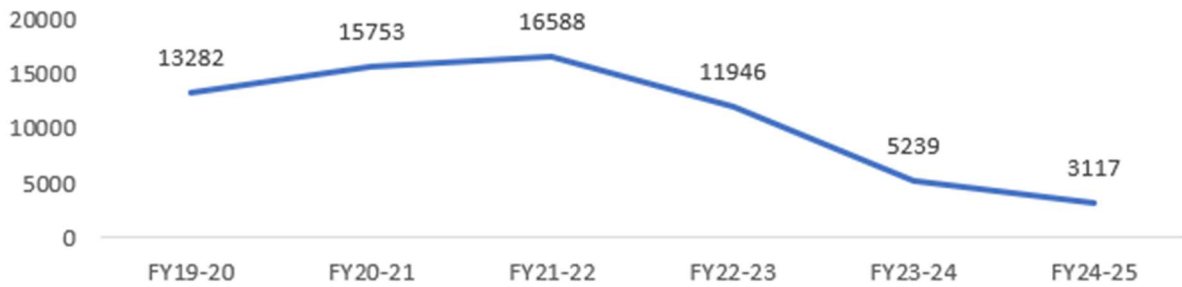
Applications

During FY24-25, 125 certified application assistants (CAAs) submitted 3,334 HSF applications.

Enrollment Trends

Enrollment continued to decline as participants were determined eligible and applied for Medi-Cal (Exhibit 3.1). Declining HSF enrollment due to transition to Medi-Cal is not a troubling trend, in fact it reflects a positive outcome in outreaching and transitioning participants to publicly-financed health insurance. Participants are able to maintain their HSF primary care medical home as they transition to Medi-Cal managed care, if they choose to.

Exhibit 3.1: HSF Enrollment by Fiscal Year



Why People Left HSF

As noted previously, HSF disenrollments can occur because participants no longer meet the program eligibility criteria, no longer choose to remain in the program and voluntarily disenroll, do not pay the required quarterly participation fee and so forth. In FY24-25, most disenrollments—77%--were because HSF participants did not complete their annual renewal (Exhibit 3.2). Note that failure to complete renewal may include everything from obtaining health insurance to moving out of San Francisco. Other disenrollment reasons included enrolling in Medi-Cal, private insurance, or becoming ineligible.

Exhibit 3.2: Reasons for Disenrollment

Reasons for Disenrollment	Count	By Percentage*
Did Not Complete Renewal	3,926	77%
Enrolled in Public Coverage	507	10%
Other Ineligibility	376	7%
Non-Payment/ Program Dissatisfaction	163	3%
Enrolled in Private Insurance	107	2%
Total Disenrollment	5,079	100%

* Percentages rounded

IV. Demographics

The following chart provides basic demographic information on the HSF participants enrolled at the end of FY24-25.

HSF participants continued to reflect the same demographic patterns as previous years.

- **Ethnicity:** 66% Hispanic
- **Age:** 65% ages 18–54
- **Income:** 77% between 101–300% FPL
- **Gender:** 54% male, 38% female, 8% undefined
- **Language:** 59% Spanish-speaking

Exhibit 4.1: Demographics by Ethnicity

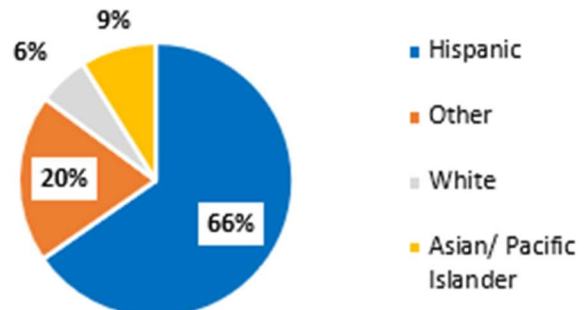


Exhibit 4.2: Demographic Breakdown by Age

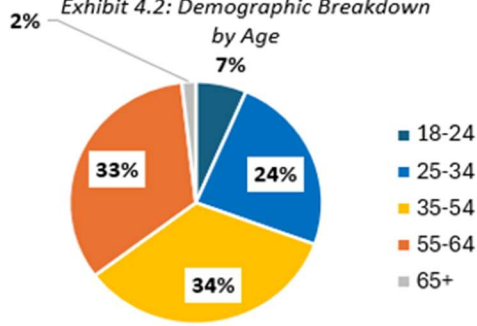


Exhibit 4.3: Demographic Breakdown by Income

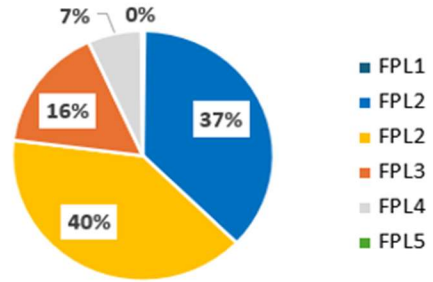


Exhibit 4.4: Demographic Breakdown by Gender

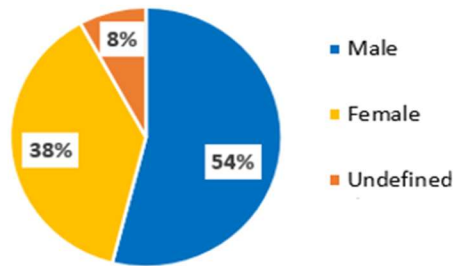
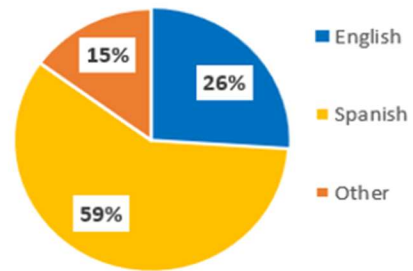
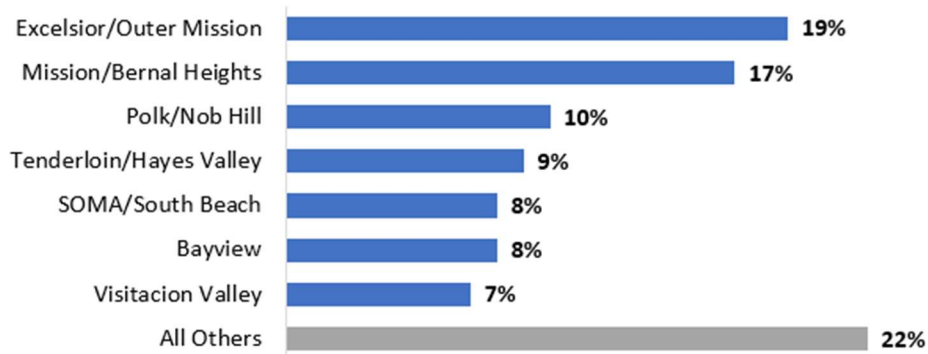


Exhibit 4.5: Demographic Breakdown by Spoken Language



Seventy-eight percent (78%) lived in one of seven major neighborhoods. Homeless participants may be undercounted because some use clinic addresses (Exhibit 4.6).

Exhibit 4.6: HSF Participants by Neighborhood



V. Delivery System Network

HSF services are provided through DPH and non-DPH private providers. The provider network consists of primary care clinics, hospitals and community behavioral health. This provider partnership enables access to care. HSF participants choose a medical home for primary care which has with it an affiliated hospital. The network includes:

- 13 San Francisco Health Network (SFHN) clinic sites with Zuckerberg San Francisco General Hospital & Trauma Center (ZSFG)
- 15 San Francisco Community Clinic sites (SFCCC), with ZSFG
- 1 UCSF Sister Mary Philippa Health Center (SMP), with UCSF Health Stanyan Hospital
- 1 Kaiser Permanente San Francisco Medical Center (Kaiser)

Exhibit 5.1 shows the distribution of HSF participants.

Exhibit 5.1: HSF Participants in Medical Home System

Delivery System	Counts	Percent
SFHN	1,848	59%
SFCCC	739	24%
Kaiser	344	11%
NEMS	131	4%
SMP	55	2%
Total	3,117	100%*

* Percentages rounded

The HSF Medical Home Network Map (Exhibit 5.3) details the locations of the 30 clinics throughout San Francisco.

Pharmacy Network

Prescription medications are a benefit under HSF which participants can access via pharmacies in the community. Nine (9) Walgreens pharmacies closed in February 2025, affecting 257 HSF participants. Four (4) Walgreens pharmacies were added in April 2025. This resulted in a net change of five fewer pharmacies.

Exhibit 5.2: HSF Pharmacy Network Changes

Closed Pharmacies		New Pharmacies
• 1363 Divisadero	• 1189 Potrero	• 1899 Fillmore
• 1201 Taraval	• 135 Powell	• 2145 Market
• 5280 Geary	• 1630 Ocean	• 459 Powell
• 825 Market	• 5300 3rd St	• 200 West Portal
• 1750 Noriega		

Exhibit 5.3: 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. **Equity Health – Main**
229 7th Street
San Francisco, CA 94103
1(415) 503-6000
5. **Equity Health – Senior**
317 Clementina Street
San Francisco, CA 94103
1(415) 284-2270
6. **Family Health Center at ZSFG**
995 Potrero Avenue
Building 80, 1st Floor
San Francisco, CA 94110
1(628) 206-5252
7. **HealthRIGHT 360 – Haight Ashbury Integrated Care Center**
1563 Mission Street
San Francisco, CA 94103
1(415) 762-3700
8. **Kaiser Permanente San Francisco Medical Center**
2238 Geary Boulevard
San Francisco, CA 94115
1(415) 833-2200
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(628) 217-5400
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**
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(628) 754-8000
27. **Sister Mary Philippa Health Center**
2235 Hayes Street
5th Floor
San Francisco, CA 94117
1(415) 857-9058
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



https://healthysanfrancisco.org/files/HSF_Medical_Home_Network_Map.pdf

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 DPH has noted in the past, analysis of service utilization is dependent upon receiving complete data from all HSF providers – hospitals and medical homes. In practice, there were gaps in utilization data, and as a result, low rates may reflect underreporting rather than true decreases in service use.

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).

$$\text{PMPM} = \frac{\text{\# of Visits or Prescriptions}}{\text{Total Participant Months}} \times 1000$$

Chronic Conditions

Eighty-nine percent (89%) of participants had no chronic conditions, consistent with the younger populations.

Exhibit 6.1: Percentage of Participants with Chronic Conditions

	FY23-24	FY24-25
HSF Participants without Chronic Conditions	91%	89%
HSF Participants with Chronic Conditions	9%	11%

Service Use

Participants with chronic conditions used more services across all categories including clinic visits, emergency visits, and hospital stays.

Exhibit 6.2: Utilization by Service Type and Chronic Disease Indicator

Service Type	Chronic Disease Indicator		
	Age	None/No Encounter Data Available	Yes
% HSF Participants with Office Visit	18-64	45%	73%
	65 and over	44%	87%
Office Visits PPPY	18-64	2.92	5.45
	65 and over	3.51	5.39
% HSF Participants with ED Visit	18-64	8%	14%
	65 and over	8%	0%
IP Visits PPPM*1000	18-64	1.94	4.3
	65 and over	3.05	0

Prescriptions

Total prescriptions decreased from 7,766 to 4,546, but the share of participants filling at least one prescription increased from 8% to 11%.

Exhibit 6.3: Prescription Utilization Rate by Fiscal Year

	FY23-24	FY24-25
Total Prescriptions Filled	7,766	4,546
% HSF Participants with Prescriptions Filled (Average)	8%	11%
# of HSF Participants with Prescriptions Filled (Average)	647	379

Utilization by Neighborhood

Exhibit 6.4 reveals that:

- **Excelsior/Outer Mission:** highest percentage of HSF participants
- **Tenderloin & Nob Hill:** highest clinic/office visits per participant per year
- **Mission & Bayview Hunters Point:** highest emergency department utilization rates (visits per 1000 participants)
- **Mission:** highest inpatient utilization rates (visits per 1000 participants)

Exhibit 6.4: Utilization by Neighborhoods, FY24-25

	Excelsior/Outer Mission	Mission	Bayview Hunters Point	Visitacion Valley	Tenderloin	Nob Hill	South of Market	All Other Neighborhoods (Avg)	Total Participants (Avg)
# HSF Participants	1,151	1,040	601	483	551	570	581	1,317	6,294*
% HSF Participants	18%	17%	10%	8%	9%	9%	9%	21%	100%
Office Visits PPPY[^]	3.09	3.24	2.95	3.21	3.62	3.92	3.15	3.31	3.27
ED Visits PPPM x 1000	19.93	26.75	26.63	24.55	17.97	20.54	16.58	22	24.01
IP Visits PPPM x 1000	2.34	2.70	2.24	2.07	1.40	1.58	1.78	2	2.26
Prescriptions Filled PPPM x 1000	204.11	202.9	164	247.6	377.9	304.9	190.4	242	240.2

[^] Utilization metrics use PPPY for office visits and PPPM*1000 for ED and Inpatient visits due to differences in visit frequency.

* The total of 6,294 participants shown in this exhibit reflects the number of HSF participants who were ever enrolled at any point during the fiscal year. This figure differs from the 3,117 unique active HSF participants as of June 30, 2025, which represents only those who remained enrolled at the end of the fiscal year.

VII. Participant Experience and Satisfaction

HSF continually obtains feedback from HSF participants about their health, health care, and program-related experiences. This feedback is collected through the program’s call center, medical homes, complaint-tracking channels, and by participant surveys.

Complaints

HSF received 78 participant complaints, of which 51% were access-related (clinic changes, wait times, pharmacy issues). Exhibit 7.1 provides more detail on all the complaints by category. Note that 99% of all complaints were resolved within 45 days.

Exhibit 7.1: HSF Complaints by Category

Category	Count	Percentage
Access	40	51%
Other	14	18%
Enrollment	7	9%
Quality of Service	6	8%
Billing	5	6%
Quality of Medical Care	4	5%
Cultural, Linguistic, and Health Education	2	3%
Total	78	100%

Health Access Questionnaire

HSF received 926 responses to a Health Access Questionnaire (HAQ) in FY204-25. Specifically, HSF participants are asked to complete an optional HAQ at the end of their application appointment. The purpose of the HAQ is to capture applicants’ pre- and post- HSF health access experience in a quantifiable manner. Applicants are asked the questions at the time of initial enrollment and at annual renewal. HAQ responses are self-reported data. An applicant’s response to the questions in no way affects their eligibility for HSF. An applicant may indicate that they do not know the answer to a question or can refuse to answer a question.

Exhibit 7.2: Health Access Questionnaire Responses

Q1.	Excellent, Very Good or Good	Fair or Poor	Don't Know	Refused
General health	39%	8%	1%	52%

Q2.	Yes	No	Don't Know	Refused
No health insurance at all (past 12 months)	22%	25%	1%	52%

Q3.	Response	%	Response	%
Main reason for no health insurance	Enrolled in HSF	13%	Not eligible due to health/other problem	1%
	Cost of health insurance and/or co-payments	6%	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 (e.g. Medi-Cal)	13%	Can get free health care/pay for own care	0%
	Have not tried to get health insurance	4%	Don't know	2%
	Other	9%	Refused	51%

Q4.	Yes	No	Don't Know	Refused
In the last 12 months, hospital ED visit	7%	40%	2%	51%

Q5.	Clinic/ Office/ Hospital Clinic	Emergency Dept.	Some Other Place	No Place	Don't Know	Refused
Go most often for medical care	45%	1%	0%	2%	1%	51%

Q6.	Extremely/ Very Difficult	Somewhat	Not Too Difficult	Not At All Difficult	Don't Know	Refused
Level of difficulty in getting care when needed	1%	4%	18%	22%	3%	52%

Q7.	Excellent, Very Good or Good	Fair or Poor	Don't Know	Refused
Rating of medical care (past 12 months)	43%	2%	3%	52%

Q8.	Yes	No	Don't Know	Refused
Delay getting care or medicine (past 12 months)	5%	41%	2%	52%

Q9.	Yes	No	Don't Know	Refused
Cost or lack of insurance a reason for delayed getting care or medication	5%	40%	3%	52%

VIII. Expenditures and Revenues

HSF is funded through a combination of participant fees and City and County General Fund. Each year, DPH tracks costs related to running the program, including clinic services, hospital care, behavioral health, pharmacy services, and administrative expenses.

Relatively Constant Revenue

Even though enrollment fell by 40%—from 5,239 to 3,117—HSF revenues decreased only slightly, from \$1.31 million to \$1.28 million. This is because many of the participants who left the program were low-income and likely obtained Medi-Cal (with an income eligibility limit of 138% of the Federal Poverty Level) and did not pay quarterly HSF fees (which are not assessed on individuals with incomes at or below 100% of the FPL). As a result, the participants who remained enrolled in HSF tended to be those who are both income ineligible for Medi-Cal and are assessed a quarterly participation fee under HSF.

Exhibit 8.1: Estimated Total Revenues and Expenditures

	FY23-24	FY24-25
ENROLLMENT		
TOTAL PARTICIPANT MONTHS	100,829	39,732
REVENUE		
Participant and DPH Point of Service Fees	\$1,308,910	\$1,275,142
TOTAL REVENUE	\$1,308,910	\$1,275,142
DPH EXPENDITURES		
HSF Administration	\$344,490	\$266,020
Cost of Services at ZSFG and Clinics	\$26,105,472	\$16,106,255
Behavioral Health	\$681,415	\$126,905
Non-DPH Provider Reimbursement	\$2,203,360	\$1,356,518
Third-Party Administrator (SF Health Plan)	\$6,008,900	\$5,678,064
Eligibility/Enrollment System (HSF Connect)	\$359,135	\$340,267
SUBTOTAL DPH EXPENDITURES	\$35,702,772	\$23,874,028
NET DPH EXPENDITURES – GENERAL FUND SUBSIDY (EXPENDITURES – REVENUE)	\$34,393,862	\$22,598,886
EST. DPH PER PARTICIPANT PER MONTH (PPPM) EXPENDITURE (NET EXPENDITURES ÷ MEMBER MONTHS)	\$341.11	\$568.78
NON-DPH PROVIDER EXPENDITURES		
Net Providers' Expenditures (e.g. operation expenses, overhead allocation, etc.) (Providers' Expenditures – DPH Provider Reimbursement)	\$9,696,360	\$6,555,919
Charity Care Expenditures	\$1,240,855	\$368,491
NET NON-DPH EXPENDITURES	\$10,937,215	\$6,924,410
GRAND TOTAL (NET DPH EXPENDITURES + NET NON-DPH EXPENDITURES)	\$45,331,077	\$29,523,296

Expenditure Decreased Significantly

Total DPH net spending dropped from \$34.39 million to \$22.60 million (or by 34%). This decline was driven mainly by decreased enrollment which in turn resulted in lower service utilization. When thousands of participants moved to Medi-Cal, they began receiving care through the Medi-Cal system instead of HSF, which reduced HSF's services costs. In addition to the reduction in health care services costs, there were reductions in administrative or operational expenditures, however, the reductions were less significant because these costs do not fluctuate widely with enrollment reductions. Because administrative and services costs were spread across fewer participants in FY24-25, the cost per participant increases. This is a common pattern in safety-net programs when enrollment declines sharply.

IX. Looking Ahead

HSF expects enrollment to increase again over the next few years due to upcoming changes in Medi-Cal eligibility rules at the State level. These changes will affect adults with unsatisfactory immigration status (UIS), many of whom currently qualify for full-scope Medi-Cal.

Key Policy Changes Expected to Increase HSF Enrollment

1. Freeze on New Medi-Cal Enrollment (January 1, 2026)

Starting in 2026, adults with UIS will no longer be able to newly enroll in full-scope Medi-Cal. This means that uninsured residents who would have qualified for Medi-Cal in 2024 or 2025 will instead need a different option—making HSF the primary safety-net program available to them.

2. New Monthly Premium Requirement (July 1, 2027)

Beginning in 2027, some adults with UIS who are already enrolled in Medi-Cal will have to pay a \$30 monthly premium or higher. For many low-income residents, this cost may be unaffordable. As a result, some may choose to disenroll from Medi-Cal and return to HSF, which does not charge monthly premiums.

Why These Changes Matter

These policy shifts mean that HSF will once again become a critical safety net for many uninsured residents. The program may see:

- Higher enrollment
- Increased demand for primary care and specialty services
- Greater need for multilingual support
- Higher program costs

DPH is preparing for this shift by monitoring enrollment trends, coordinating with community clinics, and planning for increased service demand.

HSF's Ongoing Role

Despite major changes in the health care landscape, HSF continues to serve a critical purpose: ensuring that San Francisco residents have access to basic health care, regardless of immigration status, income, or employment.

X. Data Sources and Limitations

Data Sources

The data used to generate the figures and findings in this report was drawn from these primary sources:

- Enrollment data derived from HSF's enrollment system
- Participant encounter and prescription drug data
- The Health Access Questionnaire

Limitations

This annual report provides a snapshot of available data that characterizes HSF participants' health care services utilization for the period of July 1, 2024 to June 30, 2025. To accomplish this, HSF relies on partner

agencies to furnish the participant encounter and prescription drug utilization data. To note, this 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 HSF. 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 this utilization data at the time the annual report is written.

Another limitation of the program's capacity to examine its services utilization is that it does not have access to the 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 HSF 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 HSF 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.

XI. Glossary

BHS	Behavioral Health Services, a division within San Francisco Department of Public Health that provides mental health and substance use services.
CAA	Certified Application Assistor, also known as Application Assistors. CAAs are trained individuals to help screen and complete enrollments.
DPH	San Francisco Department of Public Health
ED	Emergency Department
FPL	Federal Poverty Level
HAQ	Health Access Questionnaire, a survey that is conducted by HSF at the point of application and at annual renewals
HCSO	Health Care Security Ordinance
HSF	Healthy San Francisco or Healthy SF
HSF Connect	HSF's eligibility and enrollment system through Redmane Technologies
HSF participant	An individual who is enrolled in Healthy San Francisco
IP	Inpatient services
Medical Homes	The contracted primary care clinics of HSF that coordinate care for assigned HSF participants, such as specialty services. It is alternatively referred as "medical home" in this report.
NEMS	North East Medical Services, one of HSF's medical homes listed under San Francisco Community Clinic Consortium
POS	Point of service fee charged by the medical homes, if applicable
PPPM	Per participant per month
PPPY	Per participant per year
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 that is owned and operated by UCSF Health.
UCSF	University of California San Francisco; UCSF Health provides tertiary care to HSF participants, and operates SMP and SMP's affiliated hospital UCSF Health Stanyan Hospital within the HSF provider network.
ZSFG	SFHN's Zuckerberg San Francisco General Hospital & Trauma Center

XII. Acknowledgements

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Key Community Stakeholder Partners:

- San Francisco Community Clinic Consortium
- UCSF Health Stanyan Hospital
- Kaiser Foundation Hospital, San Francisco
- RedMane Technologies (HSF Connect)