



# **Annual Report (Fiscal Year 2017-18)**

Prepared by the SFDPH Office of Managed Care  
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# **I. SUMMARY AND OVERVIEW OF PROGRAM ACCOMPLISHMENTS: HEALTHY SAN FRANCISCO AND SF CITY OPTION**

The Healthy San Francisco Program (Healthy SF or HSF) was designed by the San Francisco Department of Public Health (SFDPH) in 2007 to make health care services available and affordable to uninsured San Francisco residents. Today, Healthy SF primarily serves to: (1) provide health care services to uninsured San Francisco adults who are ineligible for public full scope coverage; and (2) assist uninsured adult San Francisco residents to enroll in affordable health insurance options when appropriate.

The SF City Option program (SFCO) provides a City sponsored way for employers to meet the spending requirements under the Health Care Security Ordinance. In addition to Healthy SF, the SF Medical Reimbursement Account (SF MRA) and SF Covered MRA (SFCMRA) programs offered through SF City Option provide financial assistance to San Francisco employees to meet their health and wellness needs. Together, these San Francisco programs complement the federal Patient Protection and Affordable Care Act (ACA) to help make San Francisco a city where nearly one hundred percent of its residents have access to health care coverage.

Amidst evolving healthcare and political landscapes, Healthy SF and SF City Option continue to respond to the changing needs of vulnerable San Francisco residents. This report provides Healthy SF and SF City Option participants, providers, researchers, the general public, and other interested stakeholders with detailed information on how SFDPH operates Healthy SF and SF City Option in addition to how it monitors and tracks performance.

## **A. HSF Provider and Pharmacy Network Changes**

While FY2017-18 did not see many changes in the overall HSF network, there were several clinic reorganizations that happened during the year. During the 2017-18 fiscal year, the HealthRIGHT 360 Network expanded to include Women’s Community Clinic which brought the number of HSF Medical Homes participating in this network to a total of five. During this transition, the HealthRIGHT 360 – Women’s Community clinic reopened to a new location that is co-located with HealthRIGHT 360 – Lyon-Martin Health Services. During this fiscal year, NEMS clinics changed their name to be identified by the location of their clinic.

While most of the clinic changes did not result in changes to overall access for HSF participants, the program worked with the individual clinics and various vendors to update all program collaterals including its website to reflect the updated organizational names.

## **B. Program Activities to Improve HSF Participants’ Experience**

During FY2017-18 there were multiple projects that were undertaken and completed to improve HSF participant experiences. These included:

- Rebranding the email renewal notice for HSF participants
- Updated HSF policies and procedures posted to the HSF website
- HSF website medical home updates

- HSF participants handbook update

HSF Program Management is also currently updating the back-end of the HSF website via an outside vendor (Gamut) with a target completion date of July 1, 2018. During FY2017-18 the HSF marketing department set up multiple standard auto-calls and mailings that are delivered to HSF participants on a reoccurring schedule, with the intention of improving their experiences as HSF participants and making required processes such as HSF eligibility renewal easier to complete.

### **C. HSF Financial Summary**

In FY2017-18, there was an estimated \$57.26 million in total Healthy SF program expenditures. The SFDPH spent approximately \$52.50 million, while private community providers reported an estimated \$4.70 million in net expenditures on behalf of the Healthy SF program. Healthy SF generated \$4.20 million in revenue and \$48.27 million was provided by a City and County of San Francisco General Fund subsidy. Overall, there was a per member per month (PMPM) General Fund expenditure of \$293.00 based on 164,746 participant months.

### **D. Strengthening SF City Option Program Integrity**

In FY2017-18, the SF City Option program took several steps to further increase the employee experience as well as the overall program integrity.

#### *SF Covered MRA Program Policies*

The program implemented online renewal forms to streamline the process for currently enrolled SF Covered MRA participants. The program also updated its employee communication materials to improve participants' understanding of their benefits and program processes.

#### *Increasing Program Control and Awareness*

In FY2017-18, the SF City Option program implemented several program updates and developed new reports. SF City Option worked with the MRA vendor to improve the unique participant identifiers and help strengthen program access procedures. San Francisco Health Plan (SFHP), SFDPH's third party administrator for the HSF and SFCO programs also conducted in-person training with the MRA vendor on the SFCO specific programs. New reports were developed to better respond to SFDPH's data requests, improve financial reporting, and inform employers of their employees' enrollment status.

### **E. Looking Ahead**

#### *SFDPH Electronic Health Records (EHR) Transition*

SFDPH will be transitioning its EHR system to Epic with a target go-live date of August 3, 2019. This will initially affect all San Francisco Health Network (SFHN) clinics as well as Zuckerberg SF General Hospital and Laguna Honda Hospital and Rehabilitation Center of the SFDPH. The SFHN delivery system is the medical home or hospital for the vast majority of HSF participants (close to 90%). The HSF program is engaged with other SFHN stakeholder involved in the EHR transition to ensure that there will be minimal impacts to HSF participants as part of the transition, particularly relating to verifying program eligibility and access to services including pharmacy benefits.

HSF is anticipating a smooth transition, with the possibility of temporary reduced capacity, which may cause increased access concerns.

### *Commitment to Care and Quality*

While the ACA remains the law of the land as of this report's writing, potential legal challenges are likely to remain, and the uncertainty of overall healthcare landscape remains. At the local and state levels, there continue to be a build on the gains of ACA and to expand coverage to those who remain uninsured or under-insured. Healthy SF continues to monitor changes in local, state and federal legislations and will take necessary policy decisions with the goals of ensuring that the program continues to be a program of last resort while providing comparable coverage to Medi-Cal, where possible. Despite the changing health insurance landscape, Healthy SF does not anticipate any changes to the underlying program rules and will continue to provide comprehensive health coverage for San Franciscans regardless of immigration status, employment, and pre-existing conditions.

### *Focus on SF City Option*

In the last two years, the number of participants enrolled within the SFCO Program has grown substantially. With the launch of the SF Covered MRA program and subsequent change to the enrollment process that requires in-person appointment in order to enroll, a substantial number of SFCO participants are not engaging with the program. This represents an outreach gap that SFDPH and SFHP, as the Third-Party Administrator for the SFCO program, will be working on to address in FY2018-19. The goal of the SFCO program is to streamline employees' access to the contributions that their employers have made on their behalf.

Additionally, as the dollars contributed and number of employees enrolled in the program increase, so does the need to protect these employee funds. Standardized and secure processes to monitor employee funds to ensure they are assigned to the correct individual and accessed by the designated employee will continue to be a focus for SF City Option in FY2018-19 and beyond.

In FY2018-19, SFCO is planning to implement a series of program policies and processes that will improve the effectiveness of outreach and program integrity. In addition to implementing policies and processes, through SFHP, SFDPH will be initiating auditing of the SFCO program to understand how the program has been operating and identify additional improvement opportunities and best practices.

## **II. PROGRAM ACTIVITIES**

### **A. HSF Communications, Outreach, Applications, and Enrollment**

Healthy SF has relied heavily on public relations, community outreach, and word of mouth to spread awareness of the program. As the program continues to evolve and serve more narrowly defined populations, these modes of outreach have become even more important. The county is committed to building partnerships between medical providers and entities not specifically focused on health or social services to further build on the program's outreach efforts. Healthy SF will continue to explore opportunities to establish collaborations that will help enhance the patient experience.

### *Website Activity*

The Healthy San Francisco website (<http://healthysanfrancisco.org>) serves as the gateway for program participants. It provides information about the application process, program fees and resources, and the medical home network amongst other useful program information.

During FY2017-18, there were 65,869 visits to the Healthy San Francisco website, with approximately seventy percent (70%) new visits. This reflected a nine percent (9%) decrease from the previous year. The most commonly viewed pages on the website were the homepage, how to apply to the program, and eligibility requirements. More than ninety-five percent (95%) of the views were to the English pages.

#### *Participant Outreach*

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

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

#### *Assistor Outreach and Training*

Healthy SF Application Assistor training is an ongoing aspect of the program to ensure that our team is aware of current policies and best practices that affect their work. In FY2017-18, Healthy SF held ten application assistance orientation and refresher trainings with 45 new Assistors certified and 138 existing Assistors re-trained. In addition to these trainings, the program provides quarterly Assistor Update digital newsletters to ensure that all CAAs receive updates on changes to programs and share best practices. As of the end of FY2017-18, there were 116 active Healthy SF CAAs working in thirty (30) of the program's thirty-five (35) medical homes.

#### *HSF Application Auditing*

Healthy SF has been implementing application audits since FY2016-17. The goals of individual application audits were to evaluate the completeness and correctness of submitted applications. Specifically, 1,136 applications were audited by the end of the fiscal year and forty-six percent (46%) of the applications passed on initial review. Applications that did not pass were corrected by assistors who were required to locate missing documents and finalize other incomplete sections that were identified. Each audited application was reviewed based on the following criteria: completeness of the application form; presence of errors in the application; and a review of verification documents attached to the application. Some of the applications that did not pass may be due to documentation that was submitted but not captured in the data. HSF is currently revising the audit reports to capture greater amounts of submitted documentation and to provide a more accurate audit pass rate. HSF CAAs receive direct training from the program staff and guidance for corrective action when errors are found on their applications.

#### *Applications*

In FY2017-18, 13,241 applications were completed in One-e-App enrollment system on behalf of 15,864 unique applicants (Table A1). Of those applicants, 15,491 (or 98%) were determined to be eligible and those individuals' applications were submitted to a health program. Only 373 (or 2%) of all applicants were deemed ineligible for any program. Additionally, 39 eligible applications were initiated but not submitted (Table A2). Of the 15,491 completed applications, 15,471 (or 99%) were enrolled into Healthy SF and 20 were submitted for the Healthy Kids program. All applicants are pre-screened for Medi-Cal and

Covered CA before they are considered for any other programs; therefore, One-e-App does not screen for these two programs.

**Table A1:  
Application Volume – Complete HSF Applications Processed  
(July 2017 – June 2018)**

<b>One-e-App Applications by Type</b>	<b># of Unique Applicants</b>	<b># of Distinct Applications</b>
Completed and Eligible	15,491	12,694
Determined Ineligible	373	273
<b>Total E-Applications</b>	<b>15,864</b>	<b>13,241</b>

**Table A2:  
Application Volume – Incomplete HSF Applications Processed  
(July 2017 – June 2018)**

<b>Incomplete One-e-App Applications</b>	<b># of Unique Applicants</b>	<b># of Distinct Applications</b>
No Eligibility Determined	68	34
Eligible but Did not Complete	46	39
<b>Total Incomplete Applications</b>	<b>114</b>	<b>73</b>

*Enrollments, Disenrollments, and Re-enrollments*

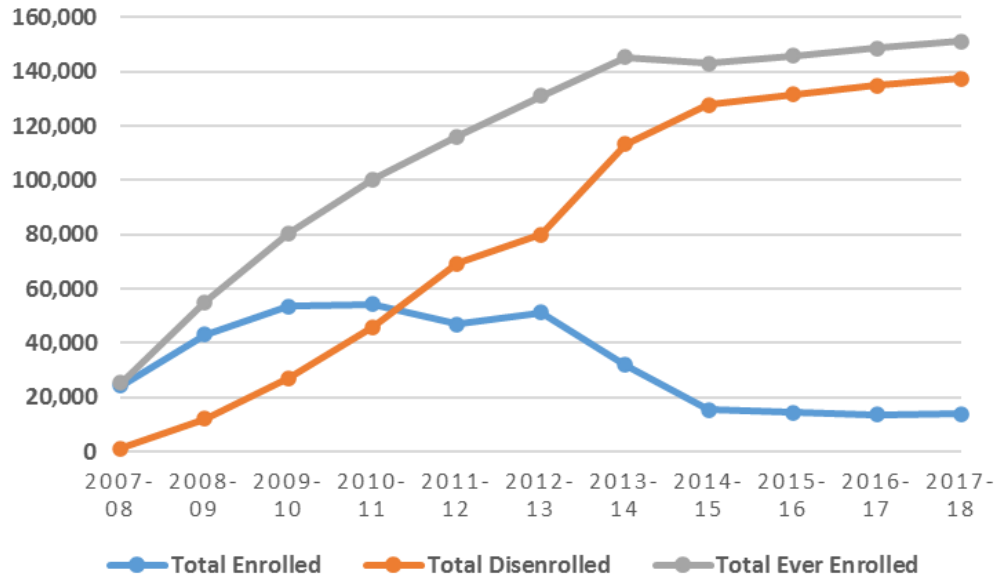
Healthy SF is a voluntary program with no penalties for failure to enroll or disenroll. It facilitates enrollment to the greatest extent possible by minimizing barriers to enroll. However, some eligible uninsured adults may still elect not to participate. At the end of FY2017-18, the program recorded 13,762 active participants and 137,317 total disenrolled participants (Table A3).

**Table A3:  
Unduplicated Count of Total Ever Enrolled at the End of Fiscal Year**

<b>Fiscal Year</b>	<b>Currently Enrolled</b>	<b>Currently Disenrolled</b>	<b>Total Ever Enrolled (Enrolled + Disenrolled)</b>	<b>Disenrollment Rate (%)</b>
2007-08*	24,210	1,059	25,269	4%
2015-16	14,404	131,488	145,892	90%
2016-17	13,615	134,905	148,520	91%
2017-18	13,762	137,317	151,079	91%

\*The year that Healthy SF was launched.

**Figure A1: Enrollment, Disenrollment, and Ever Enrolled (FY2007-08 to FY2017-18)**



At the end of FY2017-18, 137,317 (or 91%) Healthy SF participants were disenrolled (see Table A3). Aside from successful transitions to new insurance options, disenrollments occurred for various reasons. These included participants who: (1) no longer met program eligibility criteria; (2) chose voluntarily to disenroll; (3) did not pay quarterly participation fees in a timely manner; or (4) failed to renew enrollment during the annual renewal process.

*Multiple Enrollments and Disenrollments*

Part of Healthy SF’s retention efforts includes monitoring the multiple enrollments and disenrollments of program participants. Since the program began in July 2007, 59,644 individuals have disenrolled at least twice (Table A4). Just over nine percent (9%) of individuals with multiple enrollments and disenrollments were currently enrolled in Healthy SF in FY2017-18.

**Table A4:  
Enrollment Status of Individuals with Multiple Enrollments and Disenrollments**

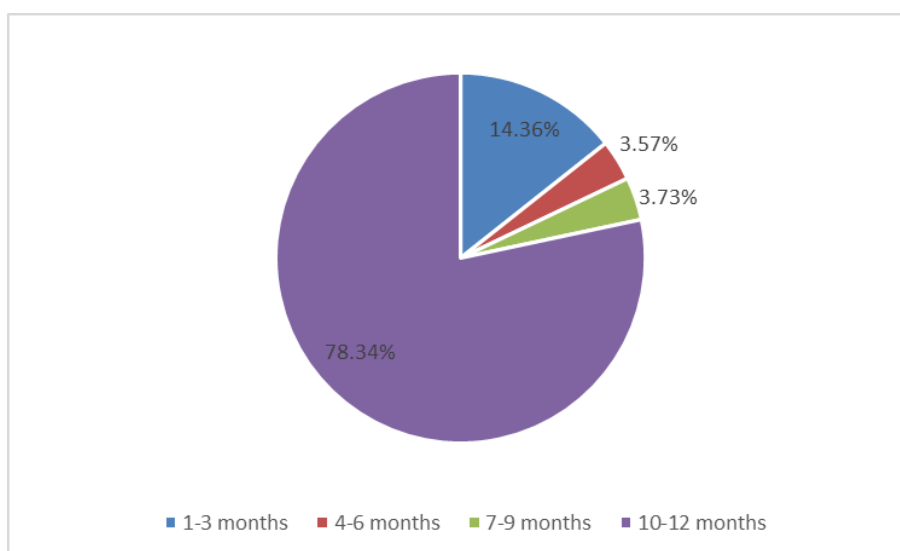
	FY2014-15		FY2015-16		FY2016-17		FY2017-18	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Currently Enrolled</b>	4,420	8%	4,731	8.5%	4,928	8.50%	5,462	9.20%



	FY2014-15		FY2015-16		FY2016-17		FY2017-18	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Currently Disenrolled</b>	48,644	92%	50,767	91.5%	52,740	91.50%	54,182	90.80%
<b>Total</b>	<b>53,064</b>	<b>100%</b>	<b>55,498</b>	<b>100%</b>	<b>57,668</b>	<b>100%</b>	<b>59,644</b>	<b>100%</b>

The 59,644 individuals who churned through the program in FY2017-18 did so over the course of 150,541 total enrollment periods. An enrollment period is defined as the length of time a member stays enrolled in Healthy SF until disenrollment. Seventy-eight percent (78%) of those enrollment periods lasted between 10-12 months, followed by fifteen percent (15%) lasting between one to three months (see Figure A2). This indicates that participants either left Healthy SF fairly soon upon enrollment or elected to remain with the program through the entire course of their coverage. The most common disenrollment reasons were failure to renew or insufficient payment of participation fees (Table A5).

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



**Table A5:  
Disenrollment Reasons for Individuals with Multiple Disenrollments**

Disenrollment Reasons	Number	Percent
Did Not Complete Renewal or Failure to Complete Rescreening	44,158	74%
Insufficient Payment of Participation Fees	6,452	11%

Disenrollment Reasons	Number	Percent
Transitioned to SF PATH Program	2,306	4%
Enrolled in Public Coverage	1,464	2%
Determined Eligible for Other Programs During Renewal or Modification	1,050	2%
Enrolled in Employer-Sponsored Insurance	924	1%
Enrolled in Medi-Cal	1,197	2%
Other	2,093	4%

## B. Participant Demographics

Overall, there was a one percent (1%) increase in the number of participants enrolled in Healthy SF in FY2017-18 as compared to the same point in the previous year (FY2017-18: 13,762; FY2016-17: 13,615). The demographics of the participant pool have remained relatively similar over the last three years. The program continued to see immigration status as a driving factor in participants' ineligibility for other health insurance programs. Latinos continued to make up more than three fifths of Healthy SF participants.

In FY2017-18, participants 65 years of age and older (the "65+") who were eligible for enrollment or renewal with Healthy SF made up four percent (4%) of the Healthy SF participant population. Of the 702 participants in this cohort, eighty-nine percent (89%) either enrolled in a San Francisco Health Network (SFHN) of SFDPH or San Francisco Community Clinic Consortium medical home. Fifty-seven percent (57%) of the 65+ had a medical home within SFHN. Additionally, one out of five participants in this cohort lived in the Excelsior and Outer Mission neighborhoods of San Francisco. Relative to the Healthy SF participants under 65, the 65+ were:

- more likely to have income below 100% Federal Poverty Level (FPL) (76% of 65+/43% of 18-64)
- more likely to be female (55% of 65+/48% of 18-64)
- more likely to have a known chronic disease (35% of 65+/12% of 18-64)

Compared to previous years, the percentage of participants who were females or have a known chronic disease remained similar, but there was a decrease in the percentage of 65 year or older participants who were at or below 100% FPL. Moving forward, Healthy SF will continue to monitor the distribution and patterns of utilization within this subset of the participant population as compared that of the program's at-large population.

### *Key Demographic Figures*

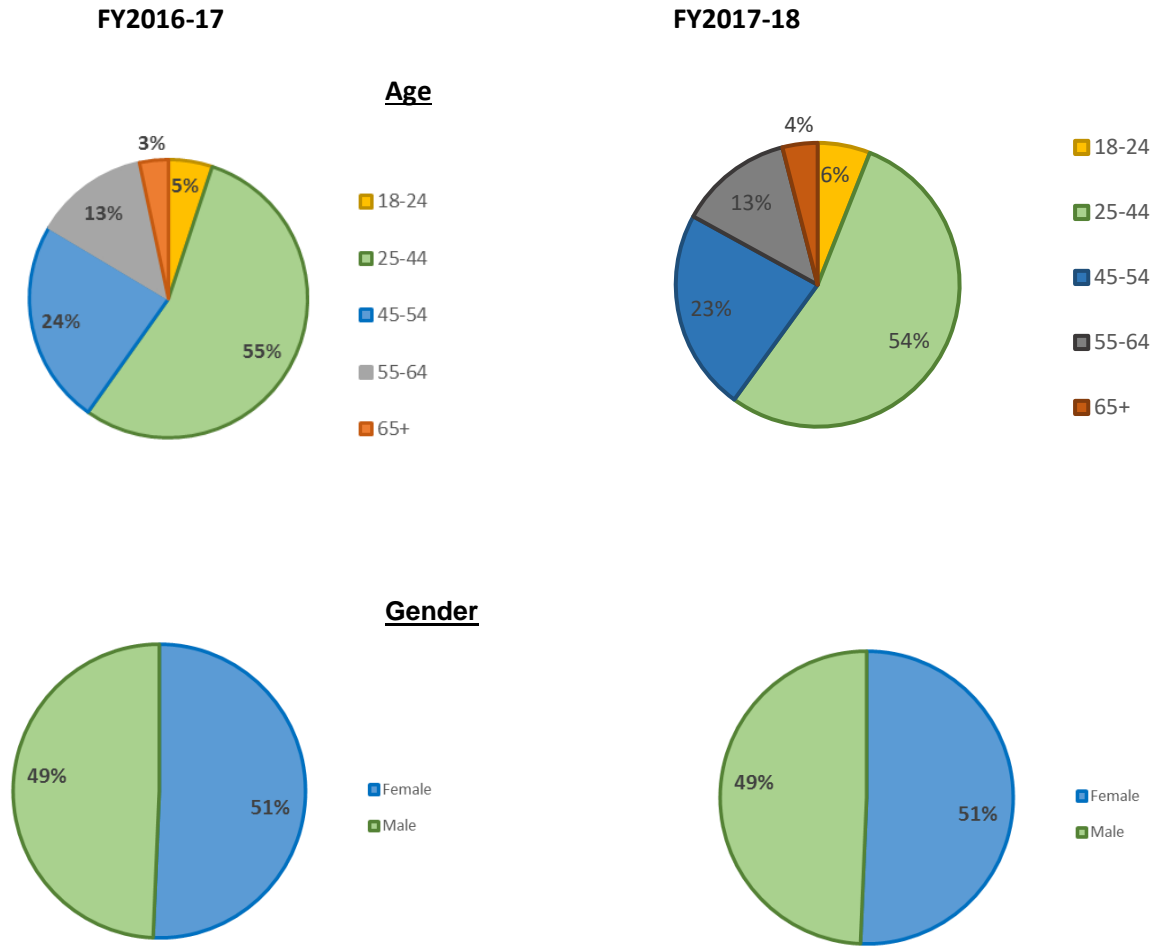
Figure B1 shows the primary demographic indicators for the Healthy SF participants from FY2017-18 compared to FY2016-17. Of note was the slight increase in English-speaking participants and a corresponding decrease in Spanish-speaking participants. Seventy-one percent (71%) of program participants are Spanish speaking.<sup>1</sup>

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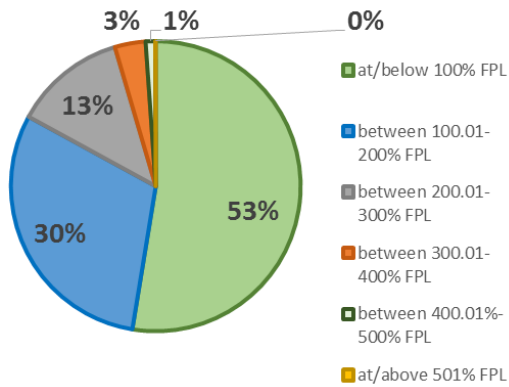
<sup>1</sup> Healthy San Francisco Annual Report Demographics Utilization FY2017-18

San Francisco’s most recent Community Health Needs Assessment identified addressing racial health inequities and increasing access to coordinated, culturally, and linguistically appropriate services across the continuum as key community needs. Healthy SF maintains its commitment to meeting the changing needs of the program participants and aligning with other City departments and community stakeholders to optimize the program outreach and provision of services.

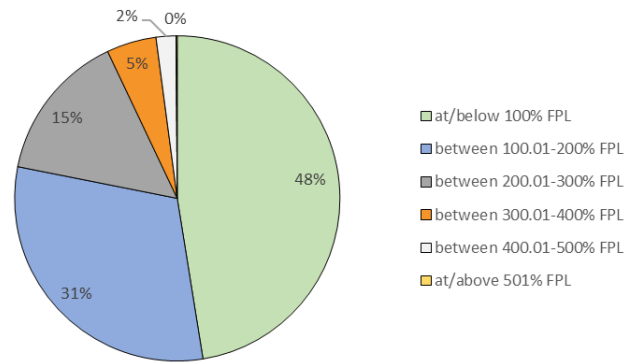
**Figure B1: Two-Year Demographic Comparison of HSF Participants**



**Income**

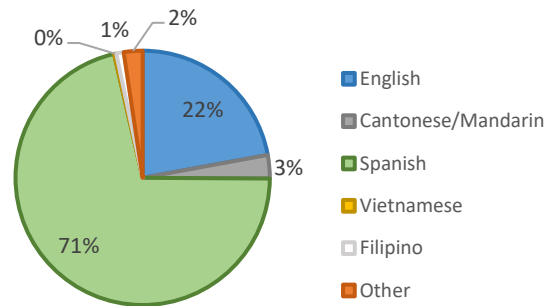
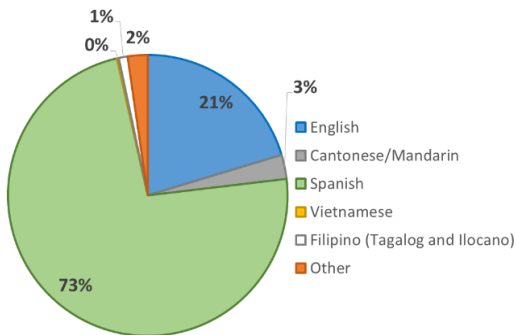


**FY2016-17**



**FY2017-18**

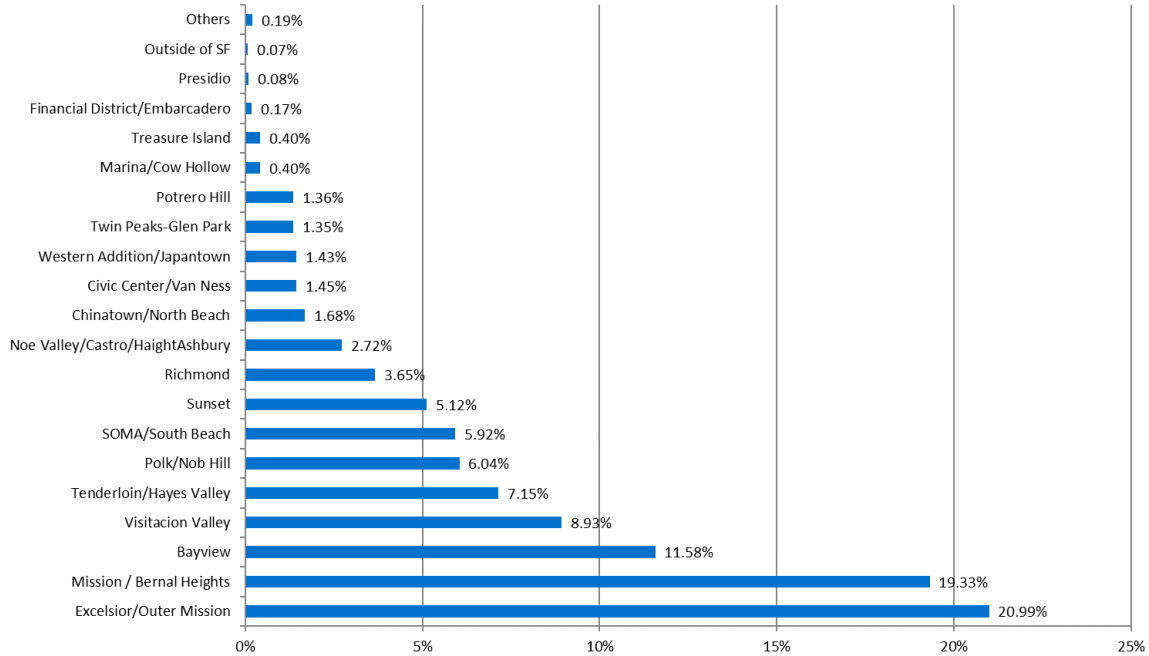
**Spoken Language**



***Neighborhood Distribution***

In FY2017-18, approximately forty percent (40%) of Healthy SF participants resided in the Excelsior or Mission neighborhoods. Five percent (5%) of Healthy SF participants reported being homeless. This is an increase from the previous year where less than two percent (1.6%) of participants reported being homeless. It is possible that this number is underestimated as some homeless individuals may use their medical clinic or a transient housing address when applying for Healthy SF (Figure B2).

**Figure B2: Healthy San Francisco Participants by Neighborhood**



Eighty percent (80%) of all Healthy SF participants resided in seven (7) San Francisco neighborhoods in FY2017-18 (Table B1). Geographically, each of these neighborhoods touch upon another forming a corridor that runs through the middle of San Francisco (Figure B3). Healthy SF utilization by ZIP code data supports this pattern and illustrates that the highest concentrations of participant visits come from these areas as well. ZIP codes 94112 and 94110 account for forty-one percent (41%) of the program’s member months.

**Table B1:  
Healthy San Francisco Participants by Neighborhood and ZIP Code**

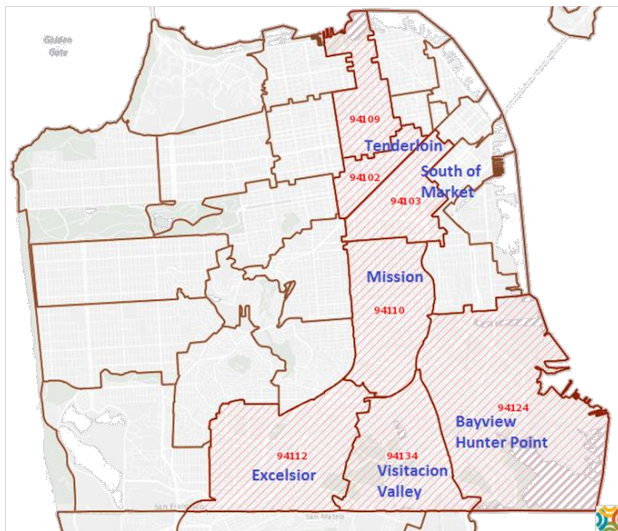
Neighborhood	Approximate ZIP Code	Total Participant Months	% of Total Participant Months	Avg. # of Participants in FY2017-18
Excelsior	94112	34,962	21%	2,914
Mission	94110	32,716	20%	2,726
Bayview Hunters Point	94124	18,835	11%	1,570
Visitacion Valley	94134	14,888	9%	1,240
Tenderloin	94102	11,689	7%	974
South of Market	94103	9,783	6%	815
Nob Hill	94109	10,148	6%	846
All Other SF Neighborhoods		31,708	19%	2,642

Given their limitations, neither neighborhood nor ZIP code geographic designations can serve as perfect indicators of the overall health or utilization patterns of the residents who live there. They are, however, strong approximations that help identify the geographic concentrations of communities' health needs. ZIP code level data limitations can be observed where neighborhood boundaries overlap multiple ZIP codes. For example, the Tenderloin neighborhood constitutes a significant portion of ZIP code 94102, however, it also blends over into ZIP code 94109. The Nob Hill neighborhood is one of the most affluent in San Francisco; however, it is also designated by ZIP code 94109. The concentration of HSF participants and utilization from 94109 is most likely due to participants who reside in the Tenderloin neighborhood at the southern end of the ZIP code.

Figures B3 and B4 highlight the geographic distribution of these ZIP codes as well as their relation to the census tracts in San Francisco with the highest concentrations of unmet health needs. Neighborhood and ZIP code designations can provide broader insights into access and utilization patterns. Figure B3 illustrates where the highest concentrations of Healthy SF participants reside by ZIP code. Figure B4 depicts the mapping of concentrations of unmet health needs in the City and County of San Francisco. The orange areas highlight where at least twenty-five percent (25%) of residents live below the Federal Poverty Level. The purple areas indicate where at least twenty-five percent (25%) of residents have not completed high school. The dark red areas depict where these two indicators overlap. Compared to the FY2016-17, the unmet needs have increased in the southeast of San Francisco and around the Tenderloin.

**Figure B3:**

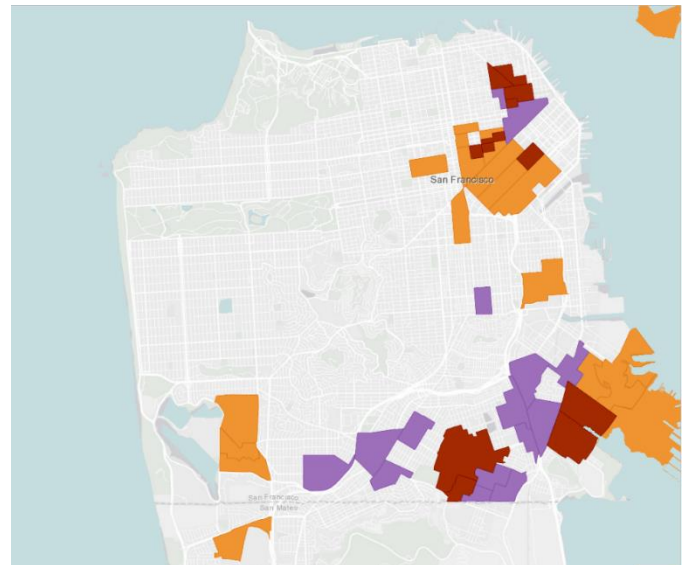
**Geographic Concentration of Healthy SF Participants**



Source: [www.communitycommons.org](http://www.communitycommons.org)

**Figure B4:**

**Geographic Concentration of Unmet Health Needs**



Source: [www.communitycommons.org](http://www.communitycommons.org)

Mapping census tract-level data such as percentage of residents living below the Federal Poverty Limit or who have not completed high school can provide a gauge of where health needs are greatest in a given region. These maps show that the highest concentrations of Healthy SF participants and the program's highest utilizers largely reside in sections of the city where health and social needs are greatest. The City

and County of San Francisco has made increased availability of primary care in low-income areas with documented high rates of health disparities a priority.<sup>1</sup> Healthy SF is committed to dedicating resources to increase access to preventive services and care for our most vulnerable populations.

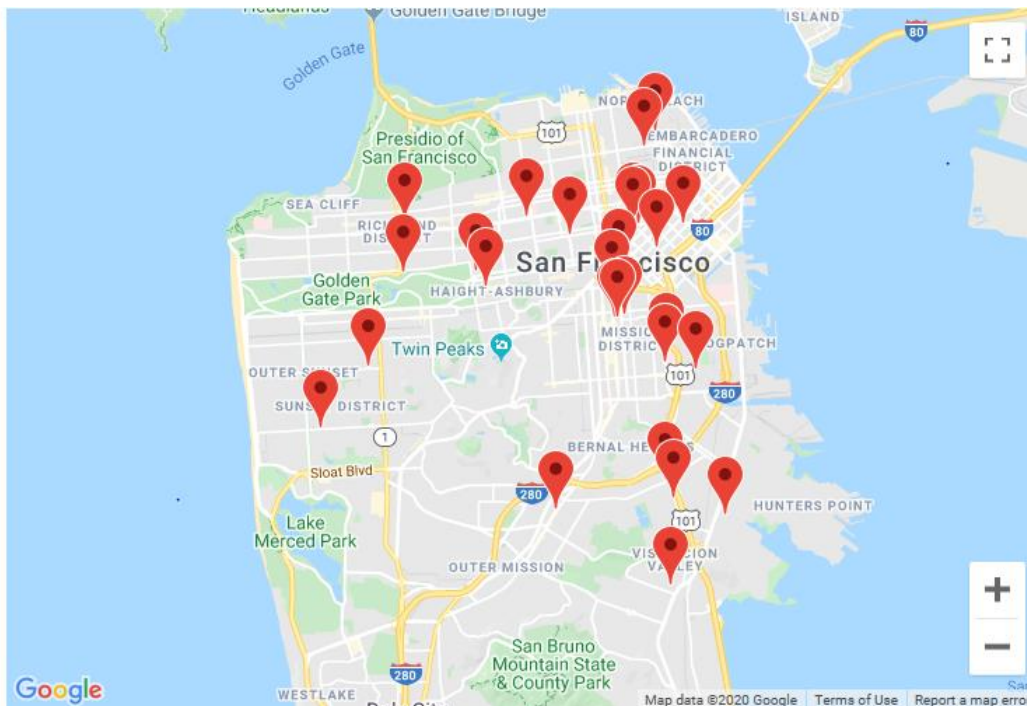
### C. Provider and Pharmacy Network

This section provides updates on Healthy SF’s delivery system in FY2017-18 including medical homes, hospitals as well as behavioral health and pharmacy services.

#### *Medical Home Distribution*

At the time of enrollment, Healthy SF 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. Figure C1 below illustrates the distribution of Healthy SF medical homes throughout San Francisco using Google Maps.

**Figure C1: Map of Healthy San Francisco Medical Homes**



Source: <http://healthysanfrancisco.org/medical-home-map/>

At the end of FY2017-18, fifty-nine (59%) of Healthy SF participants selected a home within the San Francisco Health Network. SFHN is the integrated health delivery system of the San Francisco Department of Public Health. It consists of: (1) several primary care and specialty care clinics throughout the San Francisco; (2) Zuckerberg San Francisco Hospital and Trauma Center (ZSFG); (3) Laguna Honda Hospital and Rehabilitation Center; (4) behavioral health and substance abuse services; and (5) home health. The next most commonly used medical home system was the San Francisco Community Clinic Consortium. This network of clinics was home to thirty-five percent (35%) of Healthy SF participants.

During FY2017-18, there were several clinic reorganizations. These reorganizations did not impact the overall available HSF network of medical homes. Haight Ashbury Free Medical Clinic, Haight Ashbury Integrated Care Center, Lyon-Martin Health Services, Tenderloin Health Services, and Women’s Community Clinic collectively became a part of the HealthRIGHT 360 Network, a family of integrated health programs providing health care services to the low-income population of SF. They continue to be a part of the SF Community Clinic Consortium.

Table C1 provides the distribution of Healthy SF participants across the program’s four primary care medical home delivery systems as of June 30, 2018.

**Table C1: Healthy San Francisco Participants by Medical Home System**

<b>Delivery System</b>	<b># of HSF Participants</b>	<b>% of HSF Participants</b>
San Francisco Health Network (SFHN)	8,060	59%
San Francisco Community Clinic Consortium (SFCCC)	4,766	35%
Kaiser Permanente – San Francisco	688	5%
Sister Mary Philippa Health Center (SMP)	248	2%
<b>Total</b>	<b>13,762</b>	<b>100%</b>

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

*Hospital Network*

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

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

- California Pacific Medical Center (CPMC) with four campuses – provides inpatient services to participants with North East Medical Services (NEMS) as their medical home;
- Kaiser Permanente San Francisco Medical Center – provides inpatient and other specialty services to participants with Kaiser as their medical home;
- St. Francis Memorial Hospital (Dignity Health) – provides certain specialty services to participants with Tenderloin Health Services as their medical home;
- St. Mary’s Medical Center (Dignity Health) – provides inpatient and other specialty services to participants with Sister Mary Philippa as their medical home; and
- UCSF Medical Center – provides referral-based diagnostic imaging services at its Mission Bay site as well as services, such as cardiac surgery, that are not provided at ZSFG.

At the end of FY2017-18, the Healthy SF provider network had 35 medical homes and participating hospitals.

*Behavioral Health Services*

Most of the Healthy SF medical homes provide some form of mental health assessment, mental health services, or substance use disorder screening. However, SFDPH’s Community Behavioral Health Service



(CBHS) provides all contracted mental health and substance use services for Healthy SF participants regardless of their medical homes. Healthy SF participants have access to a comprehensive array of community-based services offered by CBHS including, but not limited to:

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

#### *Pharmacy Network Change*

There were no significant changes in relation to the pharmacy network in the 2017-18 fiscal year.

#### **D. Clinical Component and Services Utilization**

This section examines Healthy SF participants' clinical and service data to explore whether the program is meeting its goals with respect to improved health outcomes and appropriate utilization of services. The data represented in this section may have been updated in some instances where additional encounter data from the previous fiscal year became available.

Medical encounters submitted by participating medical homes and facilities are used to capture the service utilization of Healthy SF participants. Office visits, emergency visits, and inpatient stays are primarily defined based on Healthcare Effectiveness Data and Information Set (HEDIS) value set definitions. Behavioral health-related encounters are reported by San Francisco's Community Behavioral Health Services and visits are based on dates of service. Healthy SF outpatient pharmacy utilization is measured as prescriptions filled. Medications that are administered by participants' physicians or that are related to inpatient stays are not reported here.

It is important to note that these figures only reflect utilization of services provided through the Healthy SF program. These figures do not reflect the full scope of care likely received by program participants, which would also include care received outside of Healthy SF through other programs such as public, private and charity care. The encounter data collected by the program to generate the findings here are assessed for completeness and quality on an on-going basis. This helps Healthy SF program management continuously seek opportunities for operational and data collection improvement. However, there may be a lag in the reporting of encounters by providers.

Office visits, emergency department visits, inpatient stays, behavioral health visits, and prescriptions filled are reported as the average number of participant visits per 1,000 member months (PMPM \* 1000). In FY2016-17, Healthy SF adjusted the methodology used to calculate member months in order to improve the accuracy of participant monthly enrollment and utilization accounting. The modification allows the program to calculate partial periods of participants' program enrollment and use of services over the course of a month. The PMPM calculation is as follows:

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

Overall, Healthy SF participant service utilization increased in FY2017-18 from the previous year for office visits, decreased for prescription fills, while remaining relatively consistent for inpatient stays and ED visits. The continued trend of increased percentage of participants who have had office visits, while maintaining similar inpatient and ED usage is an encouraging sign of improving overall health and effectiveness of preventative health through primary care visits. However, since HSF does not provide out of network coverage, the decrease may simply be a reflection of incomplete data from HSF participants who sought ED and inpatient services at out of network facilities. True utilization may also increase if additional encounter data is submitted after this report is written.

A comparison of two-year data shows that the proportion of Healthy SF participants who had an office visit has increased from the year before (Table D1). There were more total office visits in FY2017-18. This is reflected in the increase in office visits per member per year for Healthy SF participants. Emergency room visits per participant per month slightly increased over this period. There was also a decrease in the percent of prescriptions filled by Healthy SF participants in FY2017-18 as compared to the year prior. There was a large increase in the total number of substance use disorder visits from the previous year but only a small increase in the percentage of participants who had a substance use disorder visit. This may reflect an incompleteness in the data from FY2016-17 at the time the report was produced. There was a relatively modest increase in the percentage of participants with mental health visits but a large increase in the total number of mental health visits as compared to the previous year.

**Table D1:  
Two-Year Comparison of HSF Utilization Rate by Service Type**

		<b>FY16-17</b>	<b>FY17-18</b>
<b>Office Visits</b>	Percent Members with Office Visit	56%	61%
	Office Visits Per Member Per Year (PMPY)	2.89	3.16
<b>Emergency Department (ED)</b>	Percent Members with ED Visit	7%	7.6%
	ED Visits Per 1,000 Members Per Month (PMPM)*1000	12.06	12.5
<b>Inpatient (IP)</b>	Percent Members with IP Visit	0.44%	0.57%
	Number of IP Visits	88	97
<b>Substance Use Disorder Services</b>	Percent Members with Substance Use Disorder Visit	0.23%	0.28%
	Percentage Change in Number of Substance Use Disorder Visits from Previous Year	-53%	+587%*
<b>Mental Health Services</b>	Percent Members with Mental Health Visit	1%	2%
	Percentage Change in Number of Mental Health Visits from Previous Year	-15%	82%
<b>Prescriptions Filled</b>	Percent Members with Prescriptions Filled	32%	27%
	Prescriptions Filled PMPM*1000	272.3	238.8

The following breaks out utilization of these service categories by San Francisco neighborhoods from which the majority of Healthy SF participants reside in FY2017-18.

**Table D2:  
FY2017-18 HSF Neighborhoods with Highest Utilization Rates**

	<b>Excelsior (94112)</b>	<b>Mission (94110)</b>	<b>Bayview Hunters Point (94124)</b>	<b>Visitacion Valley (94134)</b>	<b>Tenderloin (94102)</b>	<b>Nob Hill* (94109)</b>	<b>So. of Market (94103)</b>	<b>Total Utilization HSF Program</b>
<b>% of Total HSF Participants</b>	21%	19%	12%	9%	7%	6%	6%	100%
<b>Office Visits PMPY</b>	2.88	3.15	2.93	3.32	3.41	3.32	3.4	3.16
<b>% Members with ED Visits</b>	7%	8%	6%	8%	9%	8%	8%	8%
<b>ED Visits PMPM*1000</b>	10.92	15.14	10.54	11.66	14.76	11.67	12.64	12.48
<b>Excelsior (94112)</b>	<b>Mission (94110)</b>	<b>Bayview Hunters Point (94124)</b>	<b>Visitacion Valley (94134)</b>	<b>Tenderloin (94102)</b>	<b>Nob Hill* (94109)</b>	<b>So. of Market (94103)</b>	<b>Total Utilization HSF Program</b>	<b>Excelsior (94112)</b>
<b>IP Visits PMPM*1000</b>	0.36	0.79	0.45	0.35	1.05	0.41	0.76	0.61
<b>Prescriptions Filled PMPM*1000</b>	175.22	191.66	163.55	202.09	512.96	462.95	211.99	238.80

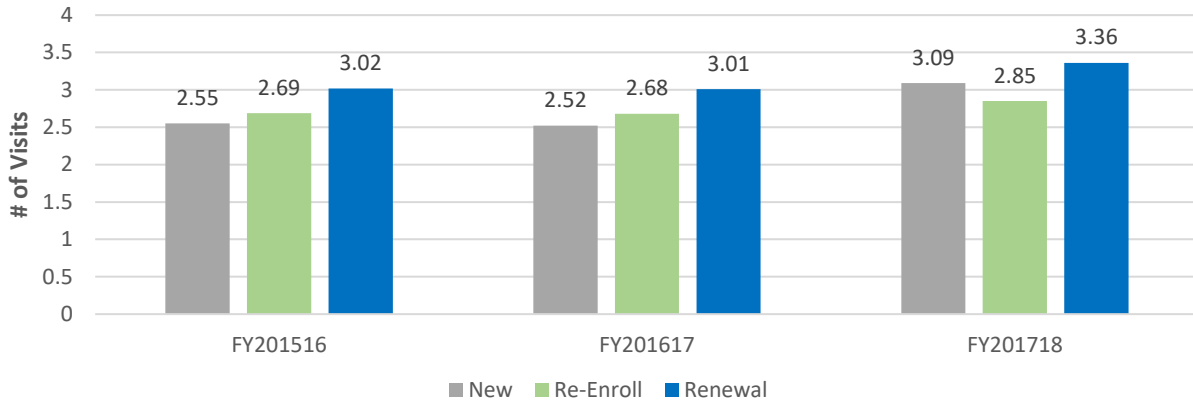
\*Figures reported here are likely skewed by geographic proximity to Tenderloin neighborhood

A neighborhood breakdown of office visits indicates that participants from all neighborhoods had just over three office visits per year on average; 3.16 visits per member per year (PMPY). This is an increase on the rate of office visits seen over the course of the previous fiscal year. There were no significant outliers in outpatient service utilization by neighborhood. The Tenderloin and the Nob Hill neighborhoods exhibited above average prescription drug utilization for a fourth straight year. The Tenderloin and Mission areas had higher rates of ED and inpatient utilization as well.

*Outpatient Service Utilization*

Healthy SF participants had 42,809 total office visits in FY2017-18. The percentages of participants who had an office visit was broken down by categories based on the type of application received by the program. Application types are categorized as either renewed, re-enrolled, or new. Renewed applications indicate that a participant has been enrolled in Healthy SF for an extended period of time and can serve as a proxy indicator for individuals who have had consistent access to health care. New and Re-enrolled applications indicate that the participant has either not accessed services through the program before or has not done so on a consistent basis. There is less certainty about the degree of access to health care that these individuals may have had before enrollment. Figure D1 shows outpatient visits per member per year across participant categories over the last three years.

**Figure D1: Outpatient Utilization PMPY by HSF Application Type**



The number of office visits made by renewing Healthy SF participants per year has historically been higher than visits made by new or re-enrolling participants. The figure above shows that FY2017-18 was consistent with this trend. Table D3 shows the renewing population continues to demonstrate the highest percentage of participants who had an office visit. This pattern has been consistent in recent years and possibly reflects a greater degree of health needs, and in turn utilization, by participants who chose to renew with Healthy SF. It also suggests that re-enrollment by participants is not necessarily a reflection of an increased need for health care services due to gaps in coverage. Of interest, the percentage of participants with outpatient visits for new enrollees was the least by application type, but utilization was higher than those who were re-enrolling, suggesting that perhaps in part some participants are enrolling in HSF due to health needs.

**Table D3:  
Outpatient Utilization by Application Type**

	Application Type	FY15-16	FY16-17	FY17-18
% Members with Office Visit	Overall	55%	56%	62%
	New	39%	39%	47%
	Re-Enroll	51%	52%	56%
	Renewal	64%	65%	71%

There is variation amongst office visits across the Healthy SF medical home network. Healthy SF participants at SFHN and SFCCC medical homes who made at least one office visit made between four and five visits a year. In contrast, participants whose medical home was with Sister Mary Philippa demonstrated a large increase in visits per year from almost three visits to over six visits per year. Utilization for NEMS patients are higher than non-NEMS SFCCC patients.

**Table D4:  
Outpatient Visit PMPY for Participants with at Least One Office Visit by Medical Home Organization**

Medical Home Organization	FY15-16	FY16-17	FY17-18
Sister Mary Philippa (SMP)	5.67	2.98	6.05
SFHN	4.69	4.66	4.79
KAISER	2.72	3.37	3.41

Medical Home Organization	FY15-16	FY16-17	FY17-18
SFCCC (including NEMS)	4.23	4.33	4.37

*ED Services Utilization*

Healthy SF monitors participants’ emergency room utilization because it provides insight into the proportion of participants who may not be accessing primary care services and instead are looking for treatment in emergency rooms. In FY2017-18, overall emergency room utilization by Healthy SF participants remained approximately the same at eight percent (8%). The average number of visits per 1,000 participants increased by approximately one visit to 13.21 ED visits per month. However, this rate was higher for Healthy SF participants who had at least one office visit within the year compared to those with no office visit (Table D5).

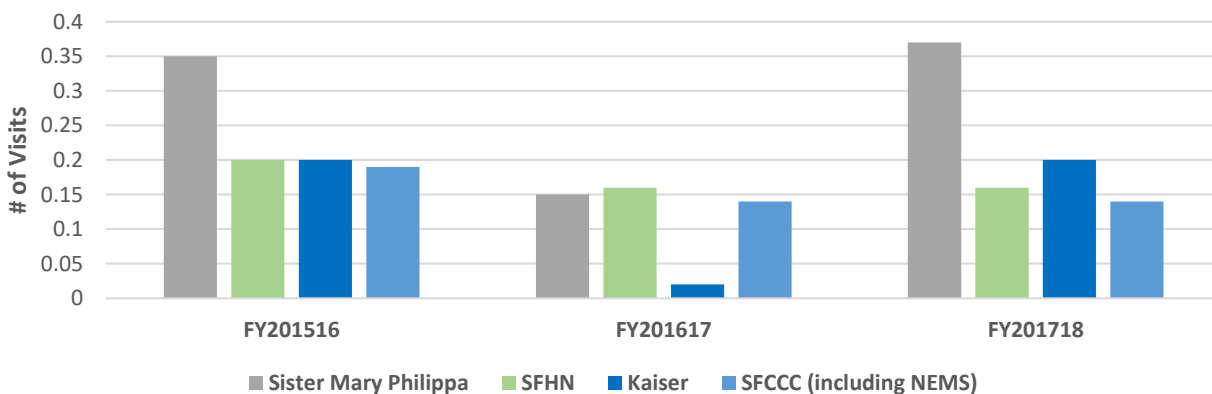
**Table D5:  
Comparison of ED Utilization with and without at Least One Outpatient Office Visit**

ED Visits PMPM *1000	FY15-16	FY16-17	FY17-18
Total ED Visits PMPM * 1000	16.81	12.06	13.14
Overall with Office Visit	20.9	15.7	16.2
Overall with No Office Visit	9.26	5.62	5.93

SFHN and SFCCC serve as the medical homes for over eighty-seven percent (87%) of Healthy SF participants. Reported ED visits per participant per year remained consistent in both of these settings in FY2017-18 and is reflective of the overall ED utilization remaining stable in the Healthy SF participant population. ED utilization increased among participants from SMP and Kaiser (Figure D2).

Based on what was reported, approximately ten percent (10%) of a medical home’s participant population had at least one ED visit over the course of FY2017-18. SFCCC reported the lowest percentage of its Healthy SF participants with an ED visit; only seven percent (7%) visited the ED in FY2017-18. This is consistent with the previous fiscal year’s percentage (Table D6). The difference between utilization from FY2016-17 for Kaiser participants appears to be due incomplete data from FY2016-17 as opposed to true increases in utilization.

**Figure D2: ED Visits by Medical Home Per Member Per Year**



**Table D6:  
ED Utilization by Medical Home Organization for Participants**

Medical Home Organization	FY15-16	FY16-17	FY17-18
Sister Mary Philippa	16%	9%	15%
SFHN	9%	8%	8%
KAISER	9%	1%	10%
SFCCC (including NEMS)	8%	7%	7%

*Inpatient Utilization*

Historically, less than one percent (<1%) of all Healthy SF participants are admitted for inpatient care, and this trend continued in FY2017-18. Inpatient utilization in FY2017-18 was similar to what was observed in FY2016-17 at approximately 0.71 visits per 1,000 members per month (Table D7). Many variables may influence low inpatient utilization, including: lower utilization of inpatient services by program participants and the possibility of participants receiving care under Medi-Cal’s Presumptive Eligibility program. It is also likely that participants receive health care services outside of the Healthy SF network which would mean that some portion of their utilization is not captured by the program.

**Table D7:  
Inpatient Utilization Rate**

	FY15-16	FY16-17	FY17-18
<b>% Members with IP Visit</b>	0.57%	0.44%	0.57%
<b>IP Visits PMPM*1000</b>	0.74	0.54	0.71

It is noted here that Zuckerberg San Francisco General Hospital and Trauma Center is the designated in-network hospital for participants assigned to SFHN and SFCCC medical homes and rates of inpatient stays varied widely across medical homes. Over the last two years, the total number of hospital admissions has decreased by eight percent (8%) from 106 to 95. However, the small decrease may be more attributed to how inpatient services are being captured rather than true decreases in utilization of inpatient services by HSF participants. Inpatient service utilization increased in FY2017-18 for all active medical homes (Table D8). For the second year, reported data showed that Kaiser participants did not have inpatient visit, even though Kaiser participants continued to have ED utilization (although decreasing slightly over the last two fiscal year) and at a higher rate than other medical home organizations. This suggests that Kaiser patients’ inpatient visits may not be captured as HSF inpatient visits in the encounter data submitted.

**Table D8:  
Inpatient Utilization by Medical Home Organization for Participants**

	Medical Home Organization	FY15-16	FY16-17	FY17-18
<b>% Members with IP Visit</b>	Sister Mary Philippa	1.28%	1.25%	2.50%
	SFHN	0.69%	0.48%	0.61%
	Kaiser	0.89%	0%	0%
	SFCCC (including NEMS)	0.29%	0.38%	0.48%
<b>IP Visits PMPM*1000</b>	Sister Mary Philippa	2.25	1.88	3.47
	SFHN	0.86	0.60	0.75

	<b>Medical Home Organization</b>	<b>FY15-16</b>	<b>FY16-17</b>	<b>FY17-18</b>
	Kaiser	1.38	0.00	0.00
	SFCCC (including NEMS)	0.38	0.45	0.63

*Utilization of Participants 65 and Over*

Effective January 2015, participants age 65 and over can enroll or remain in Healthy SF if they meet all other program eligibility requirements. Through the end of FY2017-18, 703 Healthy SF participants age 65 and over had enrolled or aged into Healthy SF. This reflects an approximately ten percent (10%) increase in participants from this cohort as compared to the year before. Utilization for Healthy SF participants continued to reflect similarly across genders with participants age 65 and over in FY2017-18. Similar to what was observed the year before, this cohort reported more office visits annually than those who were ages 18-64 (Table D9). Renewing Healthy SF participants who were 65 and older were the most likely to have an office visit across all application types from both age groups.

Seventy-five percent (75%) of Healthy SF participants 65 and older had an office visit in FY2017-18. Eighty-two percent (82%) of those who renewed their enrollment had at least one office visit in FY2017-18. By comparison, only sixty-nine percent (69%) of renewed Healthy SF participants age 18-64 had an office visit in FY2017-18. There was no substantial change in the inpatient visit per participant per year statistic in the 65 and older cohort for FY2017-18 in comparison to last year. There are considerably fewer HSF participants who are 65 and older than those who are under 65, so small changes in utilization amongst the smaller population size may reflect a greater variance in the statistics from year to year.

**Table D9:  
FY2017-18 Utilization by Age, Application Type and Service Type**

	<b>Application Type</b>	<b>18-64</b>			<b>65 and Over</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<b>Total Office Visits</b>	Overall	21,611	17,452	39,063	1,475	1,138	2,613
<b>% Members with Office Visit</b>	Overall	66%	55%	60%	77%	74%	75%
	New	48%	43%	45%	63%	58%	61%
	Re-Enroll	59%	49%	54%	62%	70%	66%
	Renewal	75%	63%	69%	84%	79%	82%
<b>Office Visits PMPY</b>	New	2.76	2.56	2.65	4.56	4.68	4.61
	Re-Enroll	2.64	2.3	2.5	3.28	3.23	3.24
	Renewal	3.51	2.77	3.12	4.87	4.74	4.79
<b>% Members with ED Visit</b>	New	5%	6%	6%	12%	5%	9%
	Re-Enroll	6%	7%	6%	17%	11%	14%
	Renewal	9%	9%	9%	11%	9%	10%
<b>IP Visits PMPM*1000</b>	New	0.36	0.89	0.67	5.9	2.47	4.38
	Re-Enroll	0.2	1.08	0.64	0.00	0.00	0.00
	Renewal	0.56	0.53	0.55	0.35	1.33	0.78
<b>% Members with Prescriptions Filled</b>	New	15%	11%	13%	30%	18%	24%
	Re-Enroll	21%	18%	20%	21%	24%	23%
	Renewal	38%	32%	35%	51%	44%	48%

Table D10 presents a comparison between Healthy SF participants age 65 and older and those ages 18-64 with a chronic disease by service utilization. The data shows that service utilization for participants 65 and older who had chronic diseases was higher than those who did not have a chronic disease for all services with the exception of inpatient visits.

**Table D10:  
FY2016-17 Utilization by Chronic Disease Indicator, Age Category, and Service Type**

	Age	Chronic Disease Indicator	
		No/No Encounter Data Available	Yes
% Members with Office Visit with Chronic Disease	18-64	57%	91%
	65 and over	70%	88%
Office Visits PMPY	18-64	2.79	5.56
	65 and over	3.70	6.80
% Members with ED Visit	18-64	7%	13%
	65 and over	9%	14%
IP Visits PMPM*1000	18-64	0.57	1.35
	65 and over	1.86	0.86

Regardless of age, Healthy SF participants with a chronic disease were more likely to have an office visit when compared to participants with no chronic disease. Regardless of chronic disease indication, Healthy SF participants age 65 and older were more likely to have an office visit and made repeat visits per year when compared to participants ages 18-64. HSF participants 65 and older were about the same likelihood to have an ED visit as compared to those under 65.

*Utilization of Participants with Chronic Disease*

To identify Healthy SF participants' conditions based on diagnosis codes, HEDIS logic is used to identify specific types of claim lines from which to extract applicable diagnosis codes (Diagnosis Codes 1-3) and to flag those lines as "inpatient" or "outpatient".

Healthy SF participants with chronic disease are identified based on services utilized within the prior 12 months. A participant must have at least one inpatient encounter or two outpatient encounters with the same condition within 24 months in order to be flagged with the condition.

A participant is determined to have a chronic disease condition if: (1) an applicable diagnosis code is found on one inpatient encounter within 24 months of when the data was collected; or (2) an applicable diagnosis code is found on two outpatient encounters on different dates of service within 24 months of when the data was collected. Disease and condition classifications were identified with Clinical Classifications Software and the CMS Chronic Conditions Warehouse (CCW) tools.

The list of disease and condition classifications reviewed for this analysis can be found in Table D11.



**Table D11:  
Chronic Disease Conditions Identified Using Clinical Classification**

Asthma/COPD	Ischemic Heart Disease	Cancer of Male Genital Organs	Cancer of the Breast	Liver Disease
Chronic Kidney Disease	Tobacco Use	Cancer of Lymphatic & Hematopoietic Tissue	Cancer of Bronchus, Lung	Paralysis
Heart Failure	Wounds (Pressure & Chronic Ulcers)	Cancer of the Ovaries & Other Female Genital Organs	Skin Cancer	Epilepsy; Convulsion
Hepatitis C	Alcohol Related Disorder	Cancer of the Urinary Organs	Cancer of Uterus & Cervix	Schizophrenia; Other Psychotic Mood Disorder
HIV/AIDS	Diabetes with Complications	Cancer; Other Primary	Cerebrovascular Disease	Personality Disorders
Hypertension	Diabetes without Complications	Delirium, Dementia, & Other Cognitive Disorders	Suicide & Intentional Self-Inflicted Injury	Substance – Related Disorder

The prevalence of Healthy SF participants with a chronic disease diagnosis has increased marginally over the last three years and is currently thirteen percent (13%) as seen in Figure D3. Despite the efforts of Healthy SF to collect and report complete participant data, typically only seventy percent (70%) of participants’ diagnosis information is available any given year. As mentioned above, the program has improved its accuracy of calculating service utilization, but this does not offset preexisting data limitations. Therefore, interpretation of all findings represented here must account for the incompleteness of encounter data available to the program.

**Figure D3: HSF Participants with Chronic Disease by Fiscal Year**

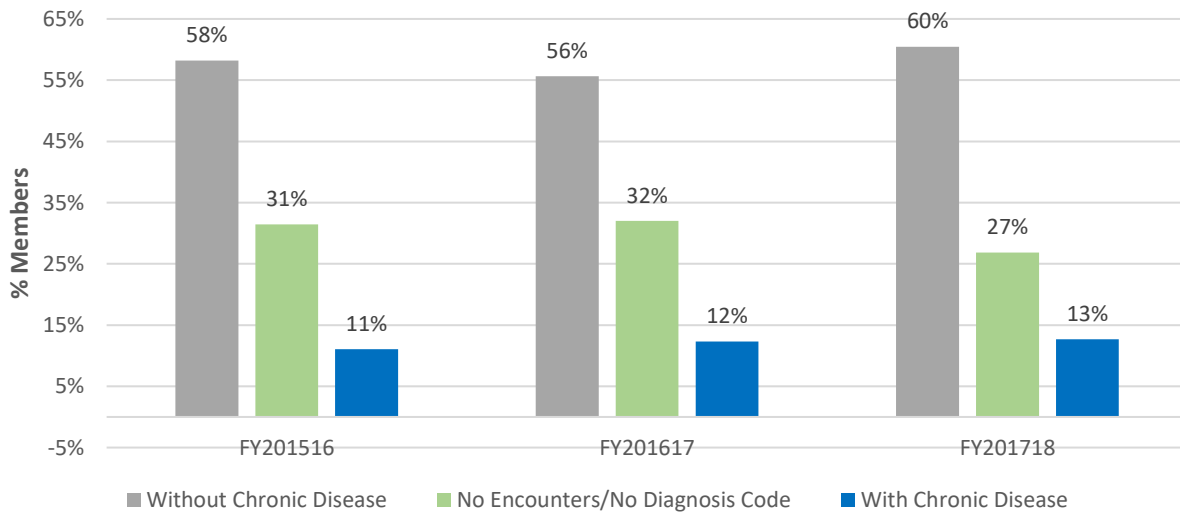


Figure D4 demonstrates the significant contrast between the numbers of office visits per 1,000 participants per month for those who were diagnosed with a chronic disease as opposed to those who were not. In FY2017-18, Healthy SF participants with a chronic disease diagnosis had more than twice as many office visits per 1,000 participants monthly than those without a diagnosis.

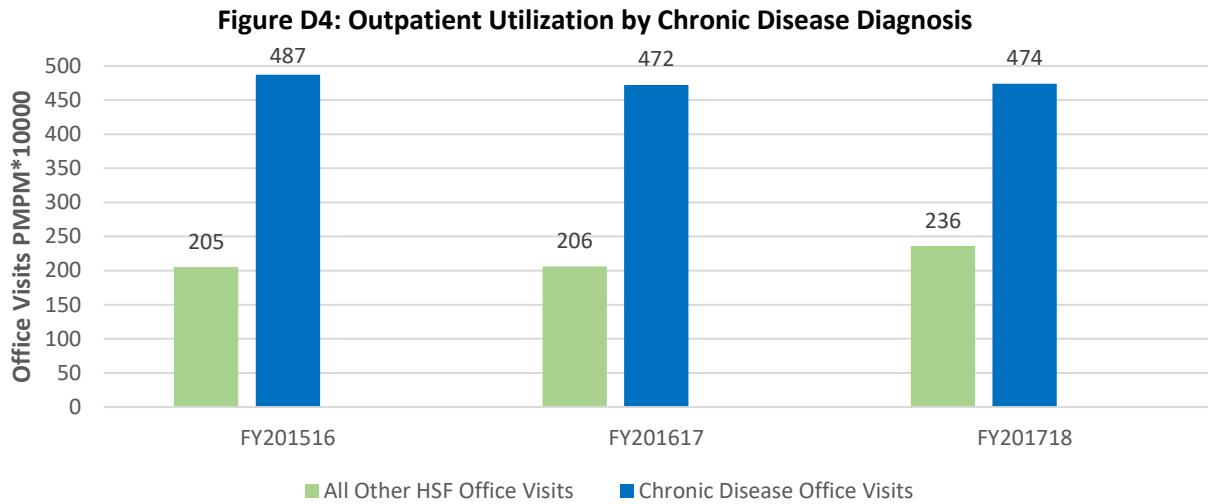


Table D12 shows the program’s three-year trends for utilization of other services by Healthy SF participants. It compares utilization rates of those who had at least one office visit and were diagnosed with a chronic disease to those who had at least one office visit but were not diagnosed with a chronic disease.

**Table D12:  
Utilization by Service Type, Fiscal Year, and Chronic Disease Indicator for Participants with One or More Office Visits**

	Fiscal Year	No Chronic Disease with Office Visit	Chronic Disease with Office Visit
<b>Office Visits PMPY</b>	FY15-16	4.10	6.22
	FY16-17	4.18	5.99
	FY17-18	4.27	6.00
<b>ED Visits PMPY</b>	FY15-16	0.23	0.33
	FY16-17	0.17	0.26
	FY17-18	0.18	0.26
<b>IP Visits PMPM*1000</b>	FY15-16	0.88	1.95
	FY16-17	0.60	1.59
	FY17-18	0.89	1.33
<b>Prescriptions Filled PMPY</b>	FY15-16	5.41	20.77
	FY16-17	3.04	11.17
	FY17-18	2.60	9.07

Historically, Healthy SF participants with a chronic disease diagnosis have had more office visits per year than those participants without a diagnosis. There has not been a sizeable difference in emergency room use of participants relative to chronic disease diagnosis. Healthy SF participants with a chronic disease diagnosis continue to have higher rates of inpatient stays than participants without a diagnosis. It should also be noted that Healthy SF participants with a chronic disease diagnosis typically have nearly four times the number of prescriptions filled in a fiscal year than their counterparts without a diagnosis. However, FY2017-18 represents the third year where the prescription utilization rate has decreased.

Table D13 shows the prevalence of chronic disease conditions across the program’s primary age populations over the last three years. The table reflects the top conditions that Healthy SF participants were diagnosed with in FY2017-18.

**Table D13:  
Chronic Disease Prevalence by Age Category and Condition**

	Age	Chronic Disease Indicator		
		FY2015-16	FY2016-17	FY2017-18
<b>% Members with Office Visit with Chronic Disease</b>	<b>18-64</b>	<b>88%</b>	<b>91%</b>	<b>91.37%</b>
	<b>65 and over</b>	<b>91%</b>	<b>83%</b>	<b>87.61%</b>
<b>Hypertension</b>	<b>18-64</b>	<b>10.3%</b>	<b>11.3%</b>	<b>12.18%</b>
	<b>65 and over</b>	<b>44.9%</b>	<b>45.4%</b>	<b>48.03%</b>
<b>Diabetes (without Complication)</b>	<b>18-64</b>	<b>9.9%</b>	<b>11.2%</b>	<b>11.70%</b>
	<b>65 and over</b>	<b>21.1%</b>	<b>24.1%</b>	<b>25.88%</b>
<b>Diabetes (with Complication)</b>	<b>18-64</b>	<b>2.9%</b>	<b>3.1%</b>	<b>3.20%</b>
	<b>65 and over</b>	<b>8.2%</b>	<b>9.5%</b>	<b>9.43%</b>
<b>Chronic Kidney Disease</b>	<b>18-64</b>	<b>1.9%</b>	<b>2.5%</b>	<b>2.95%</b>
	<b>65 and over</b>	<b>7.4%</b>	<b>7.6%</b>	<b>10.09%</b>
<b>Asthma/COPD and Bronchiectasis</b>	<b>18-64</b>	<b>1.6%</b>	<b>1.7%</b>	<b>1.93%</b>
	<b>65 and over</b>	<b>1.6%</b>	<b>3.5%</b>	<b>3.29%</b>

Prevalence of the top chronic disease conditions appears to be increasing over time for both participants ages 18-64 and 65 and older (with the exception of Asthma/COPD and Bronchiectasis and Diabetes with Complication that remained relatively consistent this fiscal year). The highest prevalence of hypertension across all age groups was concentrated in the 65 and older cohort. Participants from the 65 and older group from the Tenderloin neighborhood demonstrated the highest relative percentages of hypertension, diabetes with complications, and chronic kidney disease.

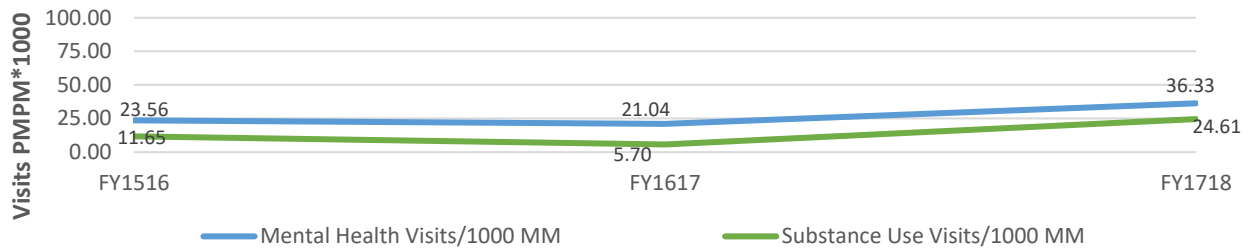
Compared to FY2016-17, the percent of members with office visits has slightly increased for the 65 and over cohort while they have decreased for the 18-64 group. However, a higher percentage of participants with chronic disease have office visits than the HSF population in total, and as more Healthy SF participants access healthcare services through their medical home network, the program is able to better identify and monitor participants with chronic disease conditions.

*Mental Health and Substance Use Disorder Services*

Community Behavioral Health Services is the county’s mental health plan and provides all mental health and substance use disorder services for Healthy SF participants either at SFDPH facilities or via a network of community-based behavioral health providers. These providers submit encounter information to CBHS. As is the case with other data presented in this report, there may be a lag with when CBHS receives encounter data from their provider network, which will affect the completeness of the data presented in this report.

Healthy SF is a significant component of San Francisco’s strategies to provide services to populations needing behavioral health services. It will be important to continue to monitor utilization of behavioral health services by Healthy SF participants, despite the recent increase in utilization that has been observed over the last fiscal year (Figure D5).

**Figure D5: Mental Health and Substance Use Disorder Services Utilization by Fiscal Year**



The following table indicates what percentage of Healthy SF participants had a mental health or substance use disorder visit over the last three years (Table D14). Historically, there has been a continuous decline in behavioral health utilization for participants; however, this year saw an increase in the utilization of CBHS services per participant per year. As was the case with utilization of services in primary care, emergency, and hospital settings; there may have been individuals whose service utilization was attributed to transitions to or coverage from other programs in previous year. This may also reflect better data collected in this fiscal year as compared to previous years since HSF programs has been working with providers on encounter data submissions.

**Table D14:  
HSF Mental Health and Substance Use Disorder Services Utilization**

	FY15-16	FY16-17	FY17-18
<b>% Members with Substance Use Disorder Visit</b>	0.39%	0.29%	0.28%
<b>Substance Use Disorder Visits PMPY</b>	0.15	0.07	0.3
<b>Total Number of Substance Use Disorder Visits</b>	1,419	590	4,054
<b>% Members with Mental Health Visit</b>	2.55%	1.95%	1.82%
<b>Mental Health Visits PMPY</b>	0.35	0.33	0.44
<b>Total Number of Mental Health Visits</b>	3,230	2,833	5,985

In FY2017-18, participants who utilized mental health services and substance use disorder services had more than ten mental health visits per year than participants without a substance use disorder related visit (10.47 visits PMPY compared to 0.41 visits PMPY) (Table D15). Conversely, in FY2017-18 participants who utilized substance use disorder related services and mental health services had more than eight times the substance use disorder visits per year than participants without a mental health visit (2.15 visits PMPY compared to 0.26 visits PMPY) (Table D16). When comparing Healthy SF participants who utilized both mental health and substance use disorder services, participants had approximately two thirds the number of mental health visits as substance use disorder visits (55.12 visits PMPY compared to 82.02 visits PMPY) (Table D17).

**Table D15:  
HSF Mental Health Visits Per Participant Per Year  
with and without Substance Use Disorder Visits**

	FY15-16	FY16-17	FY17-18
<b>Mental Health Visits PMPY w/Substance Use Disorder Visit</b>	4	12.56	10.47
<b>Mental Health Visits PMPY w/o Substance Use Disorder Visit</b>	0.34	0.30	0.41

**Table D16:  
HSF Substance Use Disorder Visits Per Participant Per Year  
with and without Mental Health Visits**

	FY15-16	FY16-17	FY17-18
<b>Substance Use Disorder Visits PMPY w/ Mental Health Visit</b>	0.90	0.44	2.15
<b>Substance Use Disorder Visits PMPY w/o Mental Health Visit</b>	0.14	0.06	0.26

**Table D17:  
HSF Mental Health and Substance Use Disorder Services Utilization for Participants with One or  
More Mental Health and Substance Use Disorder Visits**

	FY15-16	FY16-17	FY17-18
<b>Mental Health Visits PMPY</b>	25.83	81.85	55.12
<b>Substance Use Disorder Visits PMPY</b>	43.4	23.2	82.02

*Pharmacy Utilization*

Pharmacy utilization remained steady during FY17-18, with thirty-two percent (32%) of participants filling prescriptions through the Healthy SF program during this year. Participants with a chronic disease were more likely to fill prescriptions, as were participants age 65 and older.

Please note that significant pharmacy data is missing for FY17-18 (e.g. prescription counts are likely underrepresented due to incomplete pharmacy data). Incomplete pharmacy data for ZSFG Outpatient Pharmacy has been recovered through February 2018. Data issues have also been identified and rectified for CBHS pharmacy encounter submissions, and these submissions now appear to be current. Tenderloin Health still has notable submission issues and has not submitted pharmacy encounters with date of service since December 2018. Missing pharmacy data limits our ability to make inferences about overall service utilization for this fiscal year.

Table D18 indicates that in FY2017-18, there was a reported fourteen percent (14.4%) decrease in the total number of prescriptions filled as compared to the year before. The percentage of Healthy SF participants who had a prescription filled in FY2017-18 decreased slightly from the previous fiscal year. The number of prescriptions filled per Healthy SF participant per year decreased slightly over twelve percent (12.2%) in FY2017-18.

**Table D18:  
Prescription Utilization Rate by Fiscal Year**

	FY15-16	FY16-17	FY17-18
<b>Total Prescriptions Filled</b>	81,760	44,166	37,799
<b>% Change from Previous Year</b>	5.7%	-46%	-14.4%
<b>% Members with Prescriptions Filled</b>	37%	32%	27%
<b>Prescriptions Filled PMPM*1000</b>	478.75	272.29	238.83
<b>% Change from Previous Year</b>	35.2%	-43%	-12.2%
<b>Prescriptions Filled PMPY</b>	5.51	3.14	2.87

Table D19 displays further analysis of pharmacy service utilization indicating that renewing Healthy SF participants continue to make up the highest percentage of prescription drug utilizers of all application types. For the last three years, this group has also demonstrated the highest rates of utilization per participant per month compared to new or re-enrolled Healthy SF participants.

**Table D19:  
Prescription Utilization Rate by Application Type**

	<b>Application Type</b>	<b>FY15-16</b>	<b>FY16-17</b>	<b>FY17-18</b>
<b>% of Members with Prescriptions Filled</b>	New	20%	16%	15%
	Re-Enroll	32%	28%	23%
	Renewal	46%	38%	38%
<b>Prescriptions Filled PMPY</b>	New	2.81	1.92	1.41
	Re-Enroll	4.89	3.6	2.06
	Renewal	6.35	4.96	3.36
<b>Prescriptions Filled PMPM*1000</b>	New	234.46	176.33	117.81
	Re-Enroll	407.8	332.67	171.95
	Renewal	529.11	423.23	280.34

Healthy SF medical homes from all groups except for Sister Mary Philippa reported decreases in utilization of pharmacy services in FY2017-18 (Table D20).

**Table D20:  
Prescription Filled PMPY for participants with at Least One Office Visit by Medical Home Organization**

<b>Medical Home Organization</b>	<b>FY15-16</b>	<b>FY16-17</b>	<b>FY17-18</b>
Sister Mary Philippa	0.16	0.06	0.37
SFHN	8.95	4.04	3.21
Kaiser	3.74	5.89	4.38
SFCCC (including NEMS)	7.97	6.12	5.56

### **E. Participant Experience and Satisfaction**

This section describes Healthy SF’s efforts to obtain feedback from its participants about their health, health care, and program related experiences. Feedback is obtained from the program’s call center, medical homes, and various other channels that track complaints, and the administration of surveys.

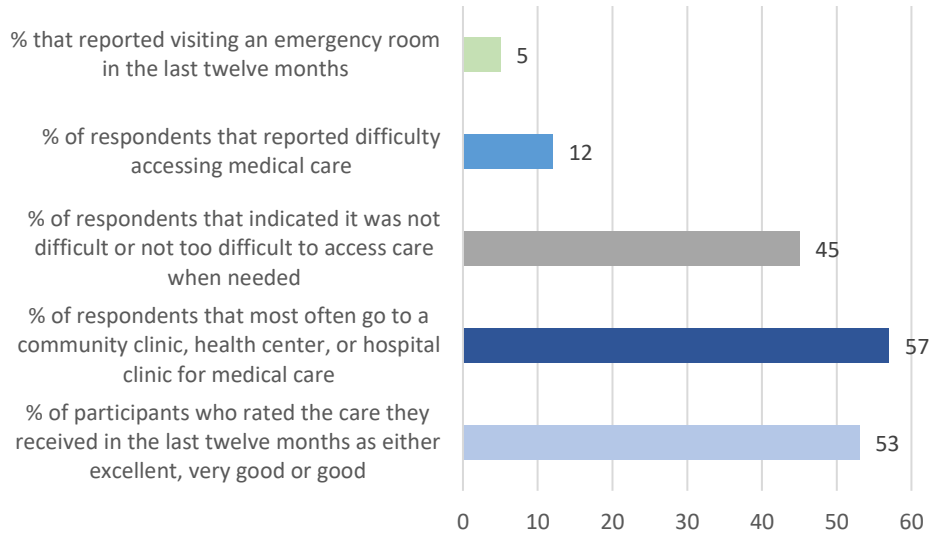
#### *Health Access Questionnaire*

Healthy SF administers a Health Access Questionnaire (HAQ) at the point of application and at annual renewals. The survey is available in English, Spanish, and Chinese. Participant responses to this questionnaire enable the program to gauge individuals’ experiences prior to enrolling in Healthy SF. The HAQ also serves to capture feedback about the experiences of participants who have either re-enrolled or renewed their enrollment. Responses are used to inform ongoing program improvement and evaluation. In FY2017-18, a total of 11,189 surveys were examined for this analysis. Please note that all participants may not have completed a survey.

*FY2017-18 HAQ Responses*

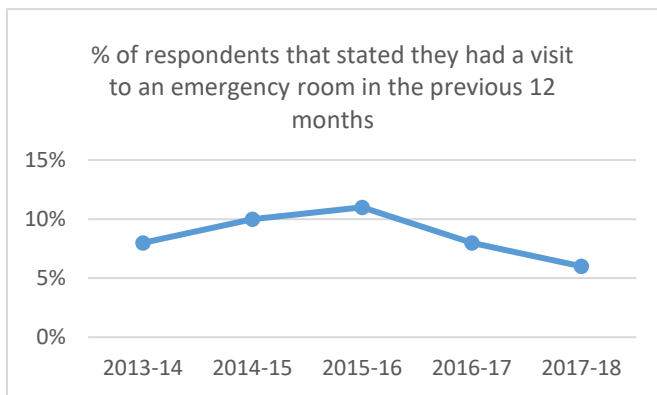
Highlights of participants' responses:

**Figure E1: Highlights from FY2017-18 Health Access Questionnaire**

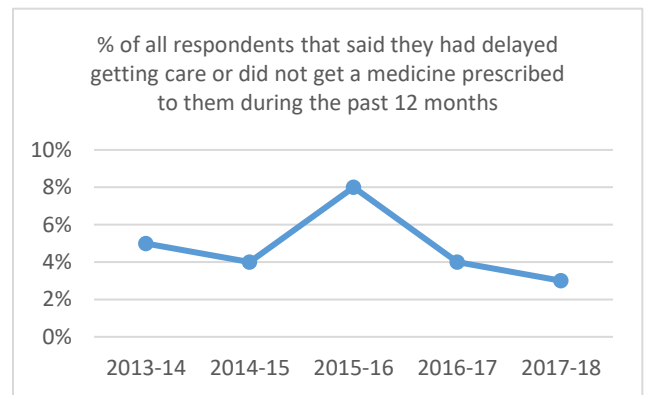


- Six percent (6%) of respondents reported visiting an emergency room in the last twelve months.
- Twenty percent (20%) of respondents reported difficulty with accessing medical care.
- Forty-seven percent (47%) of respondents indicated that it was not difficult or not too difficult to access medical care when needed.
- Sixty-four percent (64%) of respondents reported that they most often go to a community clinic, health center, or hospital clinic for medical care.
- Sixty-four percent (64%) of respondents rated the care they received in the last twelve months as either excellent, very good, or good.

**Figure E2**

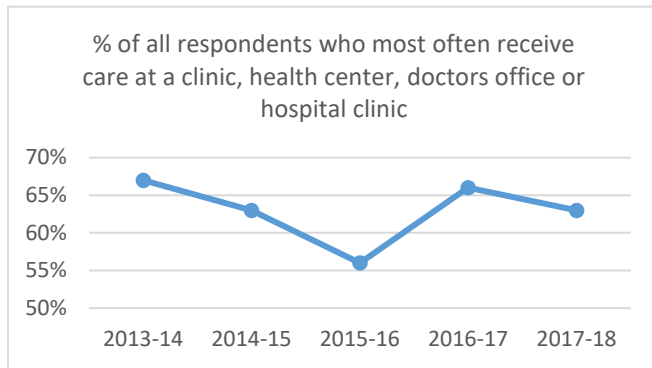


**Figure E3**

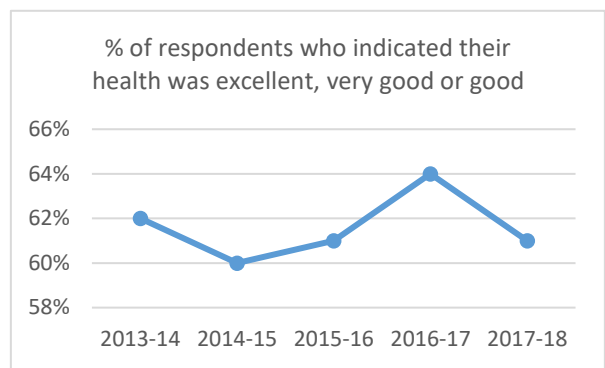


Since FY2015-16, the percentage of respondents who reported having visited an emergency room in the past 12 months has declined (Figure E2). The percentage of respondents who reported delays with getting care or medicine in the last year has also decreased over this period (Figure E3).

**Figure E4**



**Figure E5**



Since FY2016-17, the percentage of Healthy SF participants who have reported receiving care in an appropriate setting has declined (Figure E4). Over the same period, the percentage of Healthy SF participants who have reported good to excellent health has also decreased (Figure E5), and are returning to levels seen in previous years. Since the percentage of participants who are reporting delay in access to care and ED utilization are decreasing, the decrease in percentage of participants reporting good health status and seeking care at a clinic may not be of concern. The program will continue to monitor these trends next year.

#### *HSF Participant Complaints*

There were 223 complaints received by the Healthy SF Customer Service Department from participants in FY2017-18. Access to care and quality of medical care accounted for forty-nine percent (49%) of participant complaints. Access to care complaints may consist of issues such as: lack of care, long wait times for appointments, or long telephone wait times. Quality of medical care issues raised by participants may be due to dissatisfaction with coordination of care or delays in care. Twenty-two percent (22%) of all complaints were attributed to issues related to program enrollment; for example, participants who were assigned to the incorrect medical home.

Below are key participant complaint trends observed and reported by the program's Customer Service Department. Healthy SF will take into account of the following trends as it makes operational decisions moving forward:

- Access issues comprised twenty-five percent (25%) of the total complaints received in FY2017-18, compared to 39% of the total complaints received in FY2016-17.
- Quality of medical care and service issues accounted for twenty-four percent (24%) of the total complaints received in FY2017-18.

The overall volume of complaints increased seventy-seven percent (77%) from FY2016-17 when the total number of complaints was 126. As compared to FY2016-17, there were increases across the board in the volume of complaints across all medical homes and reasons for complains. There was a sharp increase of calls related to SFCCC clinics, particularly for quality of services, and a large increase in volume of calls related to enrollment access. These complaints may have arisen from changes at the clinics, such as restructuring of clinics, that resulted in confusion or temporary changes in level of services to patients. Even though there was an increase in the volume of calls, HSF continued to resolve complaints timely, with ninety-seven percent (97%) complaints resolved within 30 days.



**F. HSF Expenditures and Revenues**

This section provides estimated Healthy SF expenditures and revenues falling under the Health Care Security Ordinance for FY2017-18.

The San Francisco Department of Public Health actively tracks expenditures for Healthy SF. Expenditures from each SFDPH division are combined to provide an overview of the program’s finances. For FY2017-18, SFDPH costs and revenue calculations were estimates. The financial data below is comprised of the following components:

- Healthy SF revenues and expenses;
- SFDPH expenditures;
- Non-SFDPH expenditures;
- Per participant per month expenditures, revenues, and subsidy; and
- Estimated SFDPH costs of serving the indigent and uninsured.

*HSF Revenues*

The Healthy SF program had a total revenue of \$4.28 million for FY2017-18. This represented a \$0.8 million or seventeen percent (17%) decline from the previous year in total revenue received by the program. Revenues included contributions from employers using the SF City Option to fulfill the Employer Spending Requirement (ESR) under the San Francisco Health Care Security Ordinance (HCSO,) and from participants paying their participant fees and SFHN point-of-service (POS) fees. ESR funding in FY2017-18 declined by \$823,874 from the previous year, which represents a 30% decline from the previous year.

Participants with income at or above 101% FPL are billed quarterly for participation fees to remain in the program. As of June 30, 2018, fifty-one percent (51%) of participants were at or above 101% of FPL. In general, SFDPH only collects information on point-of-service fees paid by Healthy SF participants accessing services within SFDPH’s SFHN. Other medical homes report their POS revenues in their financial reporting, and it is counted in the section below where captures their expenditures and revenues. For the fiscal year, SFDPH collected a total of \$2.4 million Healthy SF participant and POS fees. Healthy SF participant and SFHN POS fees accounted for eighty-seven percent (87%) and thirteen percent (13%) of that total, respectively.

*HSF Expenditures*

System-wide, Healthy SF expenditures for FY2017-18 totaled approximately \$57.26 million for private medical homes and SFDPH. The SFDPH expenditure calculation included reimbursement to non-SFDPH Healthy SF medical home providers. The average per participant per month fee increased to \$348.00 which was a twenty percent (20%) increase from the previous year, partly due to a considerable increase in cost of services provided by SFDPH providers. There was a \$6.63 million increase in total program expenditures in FY2017-18. This was a thirteen percent (13%) increase in expenditures which was comprised of a \$9,462,434 increase in SFDPH expenditures coupled with a \$2.83 million decrease in non-SFDPH expenditures. Revenue also decreased by \$535,188 in FY2017-18.

**Table F1:  
Estimated Total Revenues and Expenditures**

	2015-16	2016-17	2017-18
ENROLLMENT			

	2015-16	2016-17	2017-18
<b>Total Participant Months</b>	170,455	162,201	164,746
<b>REVENUE</b>			
Participation Fees and SFDPH POS	\$1,926,087	\$2,098,546	\$2,387,232
ESR (Employer Health Care Expenditures)	\$15,070,578	\$2,713,133	\$1,889,258
Transfer of Unused SF MRA Funds	\$0	\$0	\$0
<b>TOTAL REVENUE</b>	<b>\$16,996,995</b>	<b>\$4,811,679</b>	<b>\$4,276,490</b>
<b>SFDPH EXPENDITURES</b>			
HSF Administration	\$333,054	\$374,690	\$190,832
Third-Party Administrator (SFHP)	\$5,812,446	\$6,235,958	\$6,264,379
Services			
Cost of Services (ZSFG, Clinics, UCSF)	\$31,343,609	\$29,919,629	\$41,049,230
Behavioral Health	\$3,559,740	\$3,436,859	\$2,034,284
Non-SFDPH Provider Reimbursement	\$2,676,075	\$2,703,315	\$2,671,805
Eligibility/Enrollment System (One-e-App)	\$349,174	\$414,372	\$336,727
<b>SUBTOTAL SFDPH EXPENDITURES</b>	<b>\$44,074,098</b>	<b>\$43,084,832</b>	<b>\$52,547,257</b>
<b>ESTIMATED SFDPH PER PARTICIPANT EXPENDITURE PER MONTH</b>	<b>\$259</b>	<b>\$266</b>	<b>\$319</b>
<b>NON-SFDPH EXPENDITURES</b>			
Private Medical Homes Net HSF Expenditures	\$2,983,716	\$4,118,970	\$3,826,224
Non-Profit Charity Care Expenditures	\$3,009,851	\$3,429,063	\$888,233
<b>SUB-TOTAL NON-SFDPH EXPENDITURES</b>	<b>\$5,993,567</b>	<b>\$7,548,033</b>	<b>\$4,714,457</b>
<b>TOTAL SFDPH AND NON-SFDPH EXPENDITURES</b>	<b>\$50,067,665</b>	<b>\$50,632,856</b>	<b>\$57,261,714</b>
	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
<b>ESTIMATED TOTAL PER PARTICIPANT PER MONTH EXPENDITURE</b>	<b>\$294</b>	<b>\$312</b>	<b>\$348</b>
<b>SFDPH REVENUE LESS SFDPH EXPENDITURES</b>	<b>(\$27,077,433)</b>	<b>(\$38,273,144)</b>	<b>(\$48,270,766)</b>
<b>ESTIMATED SFDPH PER PARTICIPANT EXPENDITURE PER MONTH</b>	<b>\$259</b>	<b>\$266</b>	<b>\$319</b>
<b>SFDPH PER PARTICIPANT REVENUE PER MONTH</b>	<b>\$100</b>	<b>\$30</b>	<b>\$26</b>
<b>PER PARTICIPANT GENERAL FUND SUBSIDY PER MONTH</b>	<b>(\$159)</b>	<b>(\$236)</b>	<b>(\$293)</b>

### *SFDPH Expenditures*

SFDPH reported an estimated total of \$52.5 million in expenditures in FY2017-18. These costs were due to expenses for administration, services, and information systems. Administration expenditures accounted for approximately \$6.8 million (or 13% of total SFDPH expenditures) while service costs added up to \$45.8 million (or 87% of total SFDPH expenditures).

A portion of SFDPH expenditures reflects reimbursement for non-SFDPH medical homes and emergency ambulance transportation, and incremental behavioral health provider funding. A portion of SFDPH service costs at ZSFG supports hospital-based specialty care, urgent care, diagnostic, emergency care, home health, pharmacy, durable medical equipment, and inpatient services to SFDPH clinics and to many other private providers in the network.

SFDPH behavioral health services expenditure estimates for Healthy SF participants are reported through Behavioral Health Services. At the time of this report, both behavioral health and substance use disorder expenditures listed and pharmacy costs were based on 12 months of data, from July 2017 to June 2018.

### *Private HSF Provider Costs and Revenue*

Private HSF providers reported that \$4.71 million worth of health services were rendered to HSF participants this year. This was a thirty-eight percent (38%) decrease from the year before. It consisted of:

- \$3.8 million by medical homes
- \$0.9 million in Healthy SF-related hospital charity care expenses

**Table F2:  
Estimated Expenditures and Revenue for Private HSF Medical Homes**

<b>Medical Home</b>	<b>Expenditures</b>	<b>HSF Funding and Other Revenues</b>	<b>Net Costs</b>
Tenderloin Health Services (specialty affiliation with Saint Francis Memorial Hospital)	\$332,266	\$40,729	(\$291,537)
Kaiser Permanente	\$4,107,883	\$1,060,907	(\$3,048,976)
North East Medical Services	\$722,542	\$236,831	(\$291,537)
San Francisco Community Clinic Consortium Affiliated Clinics (includes SFCCC Administration)	\$5,623,200	\$5,623,200	\$0
Sister Mary Philippa Health Center (affiliation with St. Mary's Medical Center)	N/A	N/A	N/A
All Non-SFDPH Medical Home Health Systems	\$10,785,891	\$6,961,667	(\$3,826,224)

## **G. SF City Option**

### *Health Care Security Ordinance*

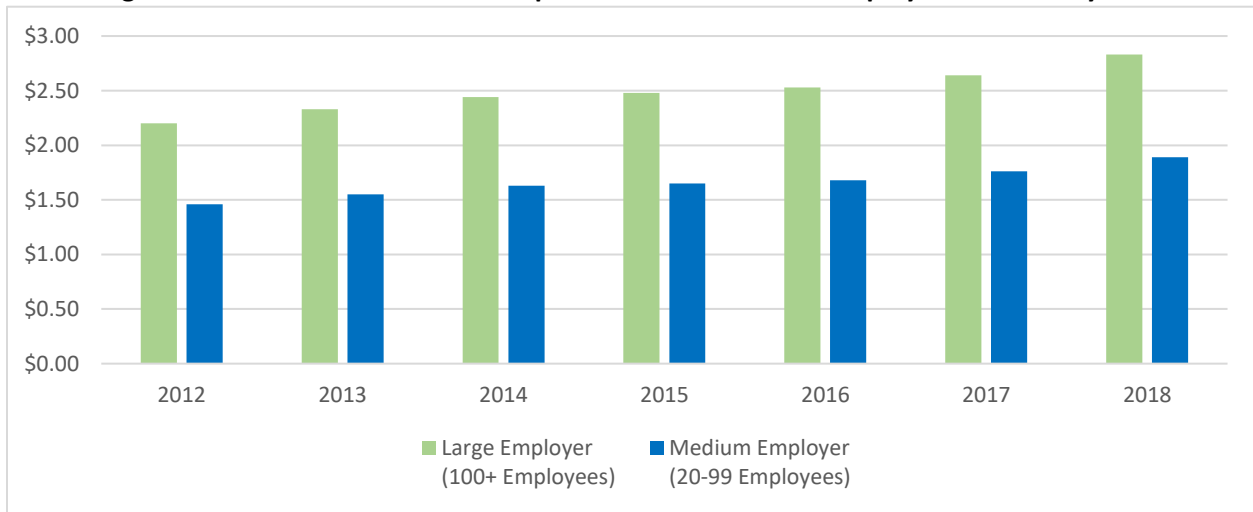
Passed in 2006, the San Francisco Health Care Security Ordinance (HCSO) (No. 218-06; Chapter 14 of the San Francisco Administrative Code) had two components:

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

*Employer Spending Requirement*

The Office of Labor Standards Enforcement (OLSE) oversees the implementation of the ESR while SFDPH oversees the implementation of Healthy SF and the SF City Option programs. In FY2017-18, SF City Option co-hosted 13 webinars and one in-person seminar with OLSE to educate employers about SF City Option, HCSO compliance and the employer spending requirement. The ESR was implemented for all employers with 50 or more employees on January 9, 2008. As of April 1, 2008, the ESR applies to for-profit employers with 20 or more employees and non-profit employers with 50 or more employees. These covered employers are required to spend a minimum monetary amount on health care expenditures for their eligible employees. Figure G1 demonstrates the gradual increase in the required minimum amount to spend per covered employee per hour since ESR implementation. In FY2017-18, the minimum expenditure was \$1.89 per hour for medium-sized employers (20-99 employees) and \$2.83 per hour for large employers (100+ employees).

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



*SF City Option*

Most employers in San Francisco satisfy the ESR by providing health insurance to their employees and do not participate in SFCO. SF City Option is an alternative way for employers to comply with the ESR ([www.sfcityoption.org](http://www.sfcityoption.org)). Over the last 10 years since SFCO began, a cumulative total of 3,429 employers in San Francisco have made at least one contribution to the program. An employer that chooses to contribute to the SFCO on behalf of their covered employees will make those employees eligible to either: (1) participate in Healthy SF at a reduced cost; (2) be assigned a Medical Reimbursement Account; or (3) receive SF Covered MRA premium assistance for Covered CA. An employee’s assignment is based upon SFCO eligibility criteria.

- If the employee is eligible for Healthy SF or SF Covered MRA, the employee will be notified and must initiate and complete that program’s application process in order to participate.

- If the employee is ineligible for both Healthy SF and SF Covered MRA, a Medical Reimbursement Account will be opened for the employee. All funds contributed on the employee's behalf by the employer(s) are deposited into this account. Subsequently, the employee can access these funds for reimbursement of eligible health care expenses.

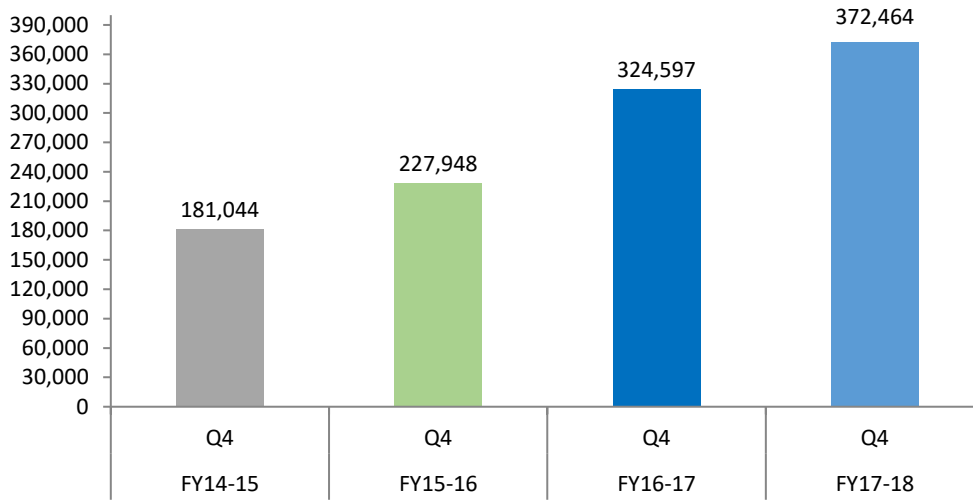
When an employer makes a contribution to an employee who has not enrolled in one of the three available programs, the employee is sent a notification and encouraged to complete an online Program Finder Form to help determine preliminary eligibility of the available program. Employer contributions are not assigned to a designated program until the employees have engaged the program.

By the end of FY2017-18:

- 1,958 of employers made at least one contribution to SFCO to meet the ESR. Of those, 114 employers were new to the program and making their first contributions. Since the program's inception, 3,429 employers made at least one contribution to the SFCO. This was a nine percent (9%) increase from the previous year.
- Employers deposited \$126.3 million to SFCO on behalf of their employees. This was similar to the amount contributed by employers in FY2016-17.
- Of the employer funds contributed to SFCO in FY2017-18: seventy-six percent (or \$95.4 million) was distributed to the Employer Contribution pool; twenty-two percent (or \$27.2 million) was distributed to employees' SF MRAs; one percent (or \$1.9 million) was designated to employees who were potentially eligible for Healthy SF; and one percent (or \$1.8 million) was designated to employees eligible for SF Covered MRA benefits.
- As of June 30<sup>th</sup> 2018, over ninety-seven percent (97%) of SF City Option participants assigned to a program were enrolled in SF MRA, two percent (2%) of participants were enrolled in HSF, and one percent (1%) was enrolled in SF Covered MRA.
- Employers have made SFCO contributions on behalf of 372,464 eligible employees since the inception of the program. This number includes those employees who were counted more than once because they received contributions from multiple employers. In FY2017-18, there was a fifteen percent (15%) increase of employees from the year before.
- There were 92,534 SFCO employees with an employer contribution made on their behalf who have not established their program eligibility and been assigned to an SF City Option Program.

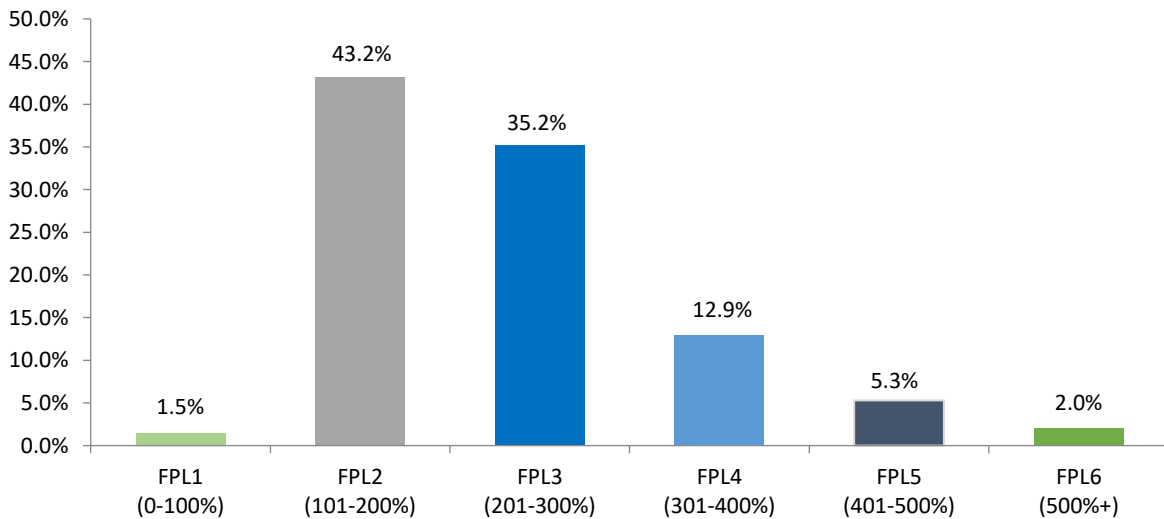
In FY2017-18, there was a significant increase in the number of employees in San Francisco who received SFCO contributions from their employer, continuing the trend from last year. Figure G2 shows the fifteen percent (15%) increase in employees receiving contributions when compared to the previous year.

**Figure G2: Program-to-Date Count of Employees Receiving Employer Contributions,  
Year to Year, Q4 FY2014-15 – Q4 FY2017-18**



By the end of FY2017-18, there were 869 individuals enrolled in Healthy SF who were receiving an ESR contribution. This was a sixty-one percent (61%) increase from the year before. Figure G3 illustrates the breakout of this population by Federal Poverty Level.

**Figure G3: City Option Participants Enrolled in Healthy SF by FPL**



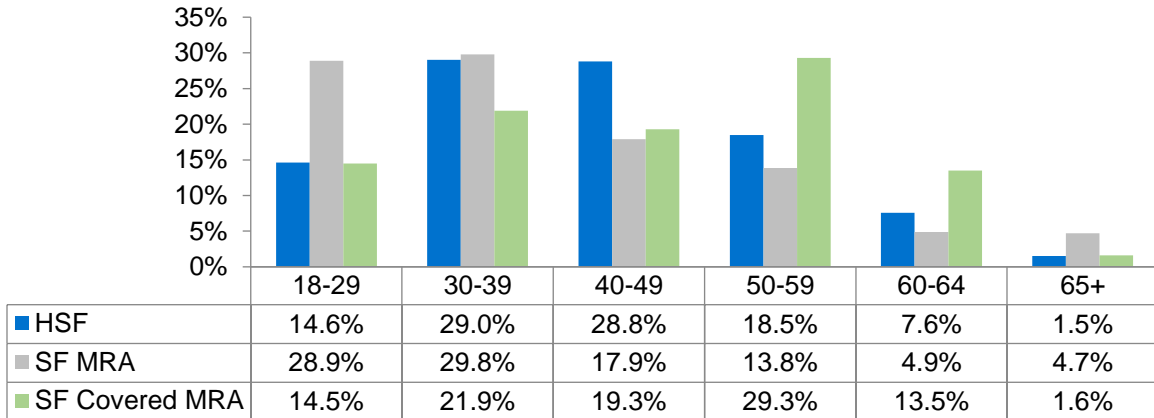
*Program Finder Form Overview*

The Program Finder Form was created in October 2016 and is used as a screening tool for participants and as a mechanism to enroll in SF MRA. In FY2017-18, SF City Option received a total of 12,679 Program

Finder Forms, with eighty-seven percent (87%) submitted online and thirteen (13%) submitted by mail or fax. The majority of participants that completed a Program Finder Form during this fiscal year were determined to be eligible and were enrolled into SF MRA (71.9%) which is consistent with the trend established in previous years. Figure G4 below illustrates the distribution of SF City Option employees across its programs and age groups at the end of FY2017-18.

**Figure G4:**

**Age Distribution of Active HSF, SF MRA, and SF Covered MRA Participants, as of June 30, 2018**



*SF Covered MRA*

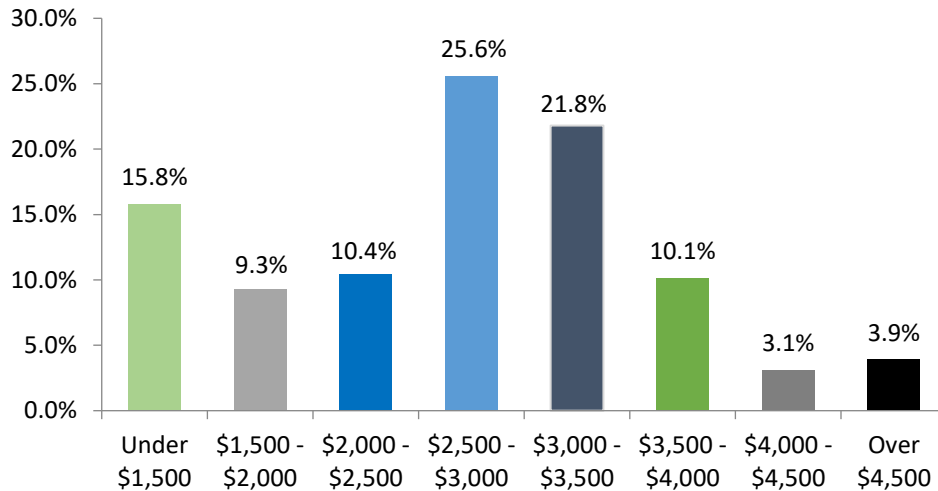
SF Covered MRA was launched through SF City Option in response to legislation requiring SFDPH to establish a program to assist San Franciscans in purchasing affordable health insurance through Covered CA and in maintaining access to Healthy SF for individuals unable to afford other health coverage options. SF Covered MRA was approved by the San Francisco Health Commission on July 21, 2015. SFDPH proposed increasing access to affordable health care for all low- and moderate-income residents of San Francisco by leveraging existing SF City Option and Healthy San Francisco infrastructures for two purposes: (1) to make health insurance more affordable for City residents and (2) to ensure that Healthy San Francisco remains available to individuals who cannot afford other options.

SF Covered MRA offers premium assistance for health insurance purchased through Covered CA and reimbursement for other eligible health care expenses. To be eligible for the program, a SFCO employee must meet all of the following requirements:

- San Francisco resident;
- Age 18 or over;
- Income at or below 500% Federal Poverty Level;
- Not eligible for Medi-Cal or Medicare;
- Required by law to have health insurance;
- Purchased health insurance through Covered CA; and
- Two employer contributions made to SF City Option in the past six months.

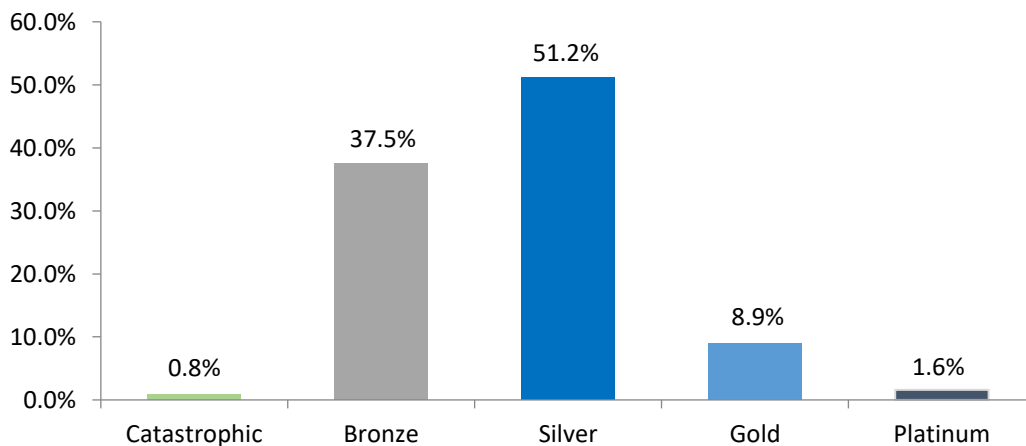
At the end of FY2017-18, there were 379 participants enrolled in the program. Figure G5 below shows the distribution of subsidies received by SFCO employees through SF Covered MRA for FY2017-18. On average, a SFCO employee enrolled in this program received a subsidy amount of \$2,716 or \$226 per month.

**Figure G5: SF Covered MRA Subsidy Amount Distribution as of June 30, 2018**



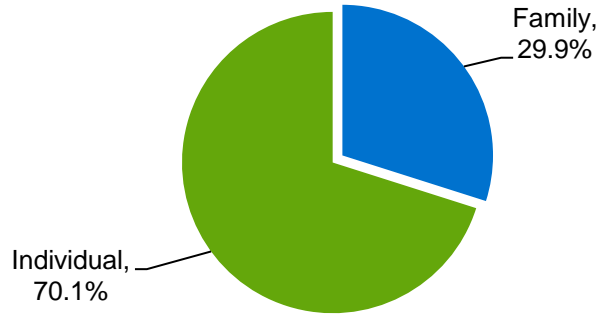
Figures G6 and G7 provide a summary of Covered CA plan tier, and Covered CA plan type for the SF Covered MRA participant population. In FY2017-18, over half of SF Covered MRA participants (or 51.2%) purchased a Silver Covered CA plan. The majority of SF Covered MRA participants (or 70.1%) purchased an individual Covered CA plan (Figure G7) and did not additionally purchase dependent coverage.

**Figure G6: Covered California Plan Tier Purchased by SF Covered MRA Participants, FY2017-18**





**Figure G7: Covered California Plan Type Purchased by SF Covered MRA Participants, FY2017-18**



*Employee Data*

Compared with June 2017, the number of total SF City Option employees increased by 47,876; a fifteen percent (15%) increase. At the end of FY2017-18, 869 SF City Option employees were actively enrolled in Healthy SF, which represented a sixty-one percent (61%) increase from FY2016-17. The following table presents employers’ distributions to employees with respect to program eligibility since the program’s inception.

**Table G1:  
SF City Option Employees by Program Eligibility**

Category	Description	Number
HSF-Eligible Employees	SF City Option employee whose contributing employer has at some time in the past submitted these specific attributes: residency as "San Francisco"; other insurance flag as "no"; and age between 18 and 64, inclusive.	869
SF MRA Employees	SF City Option employee whose contributing employer has at some time in the past submitted any combination of the following information for this SF City Option employee: residency not in "San Francisco"; other insurance flag as "yes"; age between 0-17 inclusive; or age greater than or equal to 65.	42,434
SF Covered MRA Employees	SF City Option employee who has submitted these specific attributes upon submission of their Program Finder Form: residency as "San Francisco".	379

Most SF City Option participants actively enrolled in Healthy SF this year had incomes below 200% of the FPL. Of those, just under two percent (1.5%) had incomes between 0 -100% FPL while forty-three percent (43.2%) had incomes between 101-200% FPL. Compared to the general HSF population, where forty-eight (48%) had incomes between 0-100% FPL, SF City Option employees enrolled in Healthy SF with employer contributions have relatively higher incomes.

Over forty-four percent (44.7%) of SF City Option employees enrolled in Healthy SF were below 200% FPL while nearly twenty-seven percent (26.9%) of SF City Option employees enrolled in SF Covered MRA were below 200% FPL. There is a persistent indicator that affordable health insurance remains a pressing issue for the City and County of San Francisco. Given the burden of obtaining affordable health care, it is likely that some individuals who are eligible for subsidies through Covered CA will continue to elect to remain in Healthy SF.

*Employer Data*

Table G2 summarizes SFCO employers by company size, as of June 2018. Employers may use SF City Option to supplement any existing health care expenditures that have been made if they do not meet required ESR expenditure levels. The data indicates that:

- Ninety percent (90.2%) of participating employers were for-profit entities, while only ten percent (9.7%) were non-profit.
- The top three classified occupation categories that employers fell into for FY2017-18 were: other services, accommodation and food services, and retail trade.

**Table G2: SF City Option Employers by Company Size**

<b>Count by Company Size</b>	<b>Number Jun 2016</b>	<b>Percent Jun 2016</b>	<b>Number Jun 2017</b>	<b>Percent Jun 2017</b>	<b>Number Jun 2018</b>	<b>Percent Jun 2018</b>
0-19 employees	47	3%	38	2%	38	2%
20-49 employees	394	22%	388	21%	388	21%
50-99 employees	256	14%	263	14%	263	14%
100-499 employees	422	23%	482	26%	482	26%
500+ employees	682	38%	693	37%	693	37%
Not reported	4	0.2%	1	0.1%	1	0.1%

*SF City Option Website and Eligibility*

The SF City Option website (<http://sfcityoption.org>) is a key source of information for San Francisco employers and their employees to learn more about the resources available to them. The SF City Option site is a resource for frequently asked questions, program resources, documentation, and materials. It also serves as a portal to employers’ SF City Option accounts and employees’ SF Medical Reimbursement Accounts. The SF City Option Program Finder form is used to determine and inform SF City Option employees’ program eligibility.

### III. FY2018-19 ANTICIPATED PROGRAM ACTIVITIES

#### A. Comprehensive Analysis of SF Covered MRA

In the next year, SF Covered MRA program will be turning two years, and that will provide the program with an opportunity to analyze and evaluate the uptake and effectiveness of the program as compared to initial estimates. When the SF Covered MRA program launched in 2016, the program made several process changes to ensure that SFCO employees are enrolling in the appropriate programs. As the program approaches two years in operation, we will have more complete data to determine how these program policies affected the overall program operations and their alignment with the overarching program objectives.

Of key interest will be the enrollment rate of SF Covered MRA program, the utilization of using the benefits by those eligible and enrolled in the program, and the type of plans chosen by those who are enrolled. It will also be of interest to understand the impacts to other SFCO programs with the creation of the SF Covered MRA program and other program changes.

#### B. Continued improvements for Outreach

While the HSF program population has remained fairly consistent in demographics over the years, the population of SFCO participants has increased dramatically over the last few years, as the HCSO was reconfirmed and more employers choose SFCO to satisfy the employer spending requirements. With the introduction of the Program Finder form and the new process for enrollment to SFCO programs, it has become apparent that the program needs to increase the engagement of SFCO employees. In FY2018-19 the SF City Option program will be increasing outreach to participants, including improving the data quality and potentially engaging with outside consultants to develop better outreach strategies.

#### C. SF City Option Program Quality Control and Audits

Audits and internal controls are a high priority of the HSF and SFCO program. Since individual cases of potential misconduct were identified within the SFCO program, SF City Option program staff has identified strategies to increase controls and safeguards against potential misconduct. In FY2018-19, several of these changes will be implemented including an Account Monitoring Program, review and audit of existing policies and procedures.

SFDPH is also planning to work with the Controller's Officer to conduct both a program and financial audit of the SFHP's third party administration of the SFCO program. These audits and additional control programs and processes will provide additional assurances to the SFDPH that employees' accounts are protected, and that the program is being administered within the framework of the HCSO, and will help identify additional opportunities for program improvement.

### IV. DATA SOURCES AND LIMITATIONS

#### *Data Sources*

The data used to generate the figures and findings in the FY2017-18 Healthy SF Annual Report was drawn from three primary sources:

1. Healthy SF Participant Encounter and Prescription Drug Data (July 1, 2017 to June 30, 2018)

2. Health Access Questionnaire (July 1, 2017 to June 30, 2018)

*Source:*

- San Francisco Health Plan
  - Healthy SF Network Providers
  - County Behavioral Health Services
3. Healthy SF Annual Report Demographics Utilization Data (July 1, 2017 to June 30, 2018)

*Source:*

- San Francisco Department of Public Health

*Limitations*

The Healthy SF Annual Report provides a snapshot of available data that characterizes participants' health care services utilization as of June 30, 2018. In order to accomplish this, Healthy SF 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 Healthy SF.

While processing Healthy SF participants' service 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 Healthy SF 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 Healthy SF participants from other medical homes.

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

**Medical encounter data:**

- Kaiser – as of the report date, approximately 33% of FY2017-18 data was missing. The data was received in FY2018-19.
- CBHS – as of the report date, approximately 41% of FY2017-18 data was missing. The data was received in FY2018-19.

**Pharmacy claim data:**

- Pharmacy analysis and data were omitted from the FY2017-18 report altogether. This was due to data missing from multiple submitters, mainly CHN, which is the largest volume submitter for pharmacy claims accounting for over seventy-five (75%) of claims volume.

- Other submitter issues included NEME and Tenderloin Health Services.

All of the data was received later in FY2018-19, and included in the FY2018-19 report, when the Pharmacy section was reinstated.

## V. ACKNOWLEDGEMENTS

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### **Thank You to Our Key Community Stakeholder Partners:**

San Francisco Health Network of the San Francisco Department of Public Health  
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San Francisco Community Clinic Consortium Clinics  
St. Francis Memorial Hospital  
St. Mary's Medical Center  
Kaiser Foundation Hospital, San Francisco  
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Social Interest Solutions

## VI. APPENDIX A

Healthy SF maintains a clinical data warehouse managed by the program’s Third-Party Administrator, the San Francisco Health Plan (SFHP). The SFHP defines encounter data submission standards, ensures the quality of data collected and processed, and analyzes and reports the data received by the SFDPH annually. Collection and analysis of encounter data is key to determining the extent to which Healthy SF meets its goals.

The source data for this report was derived from the Healthy SF data warehouse that includes records for all medical and pharmacy services, as well as from the Health Access Questionnaire. The HAQ is administered during the Healthy SF application process and incorporates membership data from the One-e-App system. Data for this report accounts for all services that were incurred from July 2011 through June 2018. It should be noted that the completeness of service and encounter data reported is not uniform across all participating Healthy SF providers. Services that are provided to Healthy SF participants but are billed to those participants directly or to other insurers are not captured within the encounter data.

SFHP monitors Healthy SF encounter data submissions by service category and total submissions received by providers on a monthly basis. Ongoing monitoring facilitates a better understanding of the total submissions received, loaded, and used for the development of utilization analysis.

Nonprofit hospitals might also provide charity care services to Healthy SF participants. Since FY2009-10, SFDPH has worked with these hospitals to obtain utilization data about the Healthy SF population that receives charity care services. In some cases, these hospitals do not consistently submit encounter data for Healthy SF participants. This means that it is likely that the encounter data for all services provided to this population has not been captured.

<b>Hospital System</b>	<b>Encounter Data for HSF Population or HSF Services</b>	<b>Encounter Data for HSF Participants Receiving Charity and/or Discounted Care</b>
California Pacific Medical Center (4 campuses)	Inpatient encounters for NEMS HSF participants	Encounters for any HSF participant, irrespective of medical home, that received services from hospital
Kaiser Permanente	Encounters for Kaiser HSF participants	
St. Mary’s Medical Center	Encounters for Sister Mary Philippa HSF participants	
St. Francis Hospital	Encounters for Tenderloin Health Services HSF Participants	
Zuckerberg San Francisco General Hospital and Trauma Center	Encounters for SFDPH HSF participants; specialty, diagnostic, inpatient encounters for SFCCC HSF participants at some medical homes	
UCSF Medical Center	Encounters for HSF participants receiving diagnostic services at Mission Bay	

## VII. APPENDIX B

In FY2017-18, the Healthy SF program collected 11,189 health access questionnaires (HAQ) and the questions and responses are summarized in the table below.

#	Questions:	% of Respondents Who Indicated That:	FY 2017-18	FY 2016-17	FY 2015-16	FY 2014-15	FY 2013-14	FY 2012-13	FY 2011-12	FY 2010-11
1	Would you say that in general your health is excellent, very good, fair, or poor?	their health was excellent, very good or good	61	64	63	60	62	64	64	58
2	During the past 12 months, was there any time you had no health insurance at all?	they did not have health insurance for some time in the past 12 months	29	43	36	37	33	46	48	49
3	What is the main reason why you did not have health insurance?	the most common reason for not having health insurance was HSF	0.5	0.5	NA	31	36	33	33	29
4	In the last 12 months, did you visit a hospital emergency room for your own health?	they had a visit to an emergency room in the previous 12 months	6	8	11	10	8	8	9	10
5	What kind of place do you go to most often to get medical care? Is it a doctor's office, a clinic, an emergency room, or some other place?	most often receive care at a clinic, health center, doctor's office or hospital clinic	64	66	56	63	67	70	69	63

#	Questions:	% of Respondents Who Indicated That:	FY 2017-18	FY 2016-17	FY 2015-16	FY 2014-15	FY 2013-14	FY 2012-13	FY 2011-12	FY 2010-11	
6	Overall, how difficult is it for you and/or your family to get medical care when you need it- extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?	it was not at all difficult or not too difficult to access care when they needed	47	47	44	39	46	46	47	45	
7	How do you rate the medical care that you received in the past 12 months – excellent, very good, good, fair, or poor?	the medical care they received in the past 12 months as excellent or very good	30	21	26	27	26	27	24	23	26
8	During the past 12 months, did you either delay getting care or not get a medicine that a doctor prescribed for you?	they had delayed getting care or did not get a medicine prescribed to them during the past 12 months	2	4	8	4	5	5	6	8	12
9	Was cost or lack of insurance a reason why you delayed getting care or did not get a prescription?	cost or lack of insurance was a reason why they had delayed care	3	5	8	5	8	7	10	10	14
10	Do you now smoke cigarettes every day, some days, or not at all?	they smoked (every day or some days)	3	4	5	5	9	10	9	11	16



#	Questions:	% of Respondents Who Indicated That:	FY 2017-18	FY 2016-17	FY 2015-16	FY 2014-15	FY 2013-14	FY 2012-13	FY 2011-12	FY 2010-11	
11	Which of the following had the greatest influence in your decision to come in today to renew? Renewal notice, phone call from HSF, reminded when visited medical home, reminded when called medical home, or you remembered?	the renewal notice as the reason for coming in for a renewal	27	60	68	34	43	46	43	35	NA