



# **Annual Report (Fiscal Year 2018-19)**

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 (SFCO) program 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 continues to respond to the changing needs of vulnerable San Francisco residents. This report provides Healthy SF participants, providers, researchers, the general public, and other interested stakeholders with detailed information on how SFDPH operates Healthy SF and how it monitors and tracks performance.

### **A. Systems Upgrades to Support Healthy SF**

One-e-App is the web-based eligibility and enrollment system and system of records for Healthy San Francisco. In FY2018-19, the HSF program implemented several key changes to improve the security of One-e-App. Two key updates were the migration to a .NET platform. This migration was identified as an important project to improve the performance and security of the One-e-App system. In addition, the program implemented two-factor authentication and CAPTCHA during the One-e-App log in process for additional security.

### **B. HSF Financial Summary**

In FY2018-19, there was an estimated \$68.43 million in total program expenditures for Health SF. The SFDPH spent approximately \$63.54 million, while private community providers reported an estimated \$4.88 million in net expenditures on behalf of the Healthy SF program. Healthy SF generated \$5.8 million in revenue and \$57.70 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 \$349 based on 165,324 participant months.

### **C. Account Monitoring for SF City Option**

Since the first instance of suspicious activity within SF City Option in August 2017, SFDPH and San Francisco Health Plan, SFDPH's third party administrator of HSF (SFHP or TPA), have identified that protecting SF City Options employee identification and contributions as a top priority. In FY2018-19, SFHP established a formal Accounting Monitoring Program and established policies and procedures to rapidly identify instances of suspicious activities, lock down accounts, and implement rigorous identity verification before releasing locked accounts. In addition, SFHP developed additional tools to facilitate internal staff

communication and implemented changes with the MRA claims vendor to close identified security gaps in claims processes.

#### **D. SF City Option Security Review**

SF City Option engaged KPMG, LLC to document business processes and controls, evaluate and provide recommendations for third-party oversight, and perform a claims analysis to inform potential audit processes. Findings were shared among SFHP, SF City Option Account Monitoring Committee, SFDPH Office of Managed Care (OMC), and the SF Controller's Office. Activities planned for FY2019-20 address recommendations from KPMG, including updating the MRA vendor contract, establishing claims audit processes and procedures, and continuing to develop policies and procedures as part of the Account Monitoring Program.

#### **E. Looking Ahead**

##### *Anticipating Potential Changing Healthcare Landscape*

Since ACA implementation, the healthcare landscape has continued to change due to ongoing legal challenges to the ACA, potential administrative policies that may impact immigrant access to health care services, and state legislation expanding Medi-Cal eligibility. Healthy SF continues to serve as the program of last resort for uninsured San Franciscans. The program anticipates that one such change, the public charge rule, may dissuade individuals, particularly those who are of mixed immigration households, from accessing coverage for which they qualify. At the same time, the state's Medi-Cal expansion to undocumented individuals 19-26 years of age will result in the shift of a few hundred current Healthy SF participants to full scope Medi-Cal coverage. California's state-only Covered CA subsidy for individuals with incomes 400% - 600% of federal poverty level (FPL) will also go into effect in plan year 2020 and may impact Healthy San Francisco enrollment.

Healthy SF will continue to stay abreast of national, state, and local changes to full scope public options and will work with appropriate stakeholders to provide clear communication about individual's options and facilitate transition of current members to full scope coverage.

##### *SF City Option Streamlining and Improvement*

SFDPH will be proposing an SF City Option project to streamline employees' access their contributions and to increase their utilization, while keeping necessary components to protect employee's privacy and funds. Current program rules are complex and likely a barrier for employees to engage and utilize their benefits. SFDPH will be working with SFHP to develop a proposal for approval within FY2019-20 and an implementation date in FY2020-21.

In addition to a major program simplification, SFCO will be undertaking specific projects to improve its overall communication strategy and increase utilization and engagement with current SF City Option employers and employees. At the same time, SFDPH is engaged with the Controller's Office to begin program and financial audits of the SF City Option program.

## II. PROGRAM ACTIVITIES

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

Currently, San Francisco residents have higher health insurance or coverage rates than the national average due to the implementation of the Affordable Care Act in combination with the maintenance of the Healthy San Francisco program. Despite the sustained level of coverage for SF residents, City agencies, non-profit hospitals, and healthcare providers must continue to foster shared responsibility to maintain progress made, particularly in the face of ongoing affordability concerns and ongoing legal challenges to the ACA. For San Francisco's most vulnerable populations, health care delivery is shifting toward "whole person care" model which consists of care coordination, the integration of physical and mental health, and collaboration between medical and social service providers. Healthy SF, as the coverage program for those with no other options, will continue to explore ways to better outreach to potential participants so that coverage remains accessible.

#### *Website Activity*

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

During FY2018-19, there were 59,214 visits to the Healthy San Francisco website. This reflected a 10% drop in web traffic in comparison to the previous year. The most commonly viewed pages on the website included the homepage followed by requirements for eligibility, and information about fees. Approximately ninety-six percent (96%) of views were to the English pages, which was consistent with the data observed in the past several years. This suggests that the program explore other media and platforms to communicate and outreach to current and potential participants, particularly the non-English speakers.

#### *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 is 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 the CAAs is aware of current policies and best practices that affect their work. In FY2018-19, Healthy SF held 11 application assistance orientation and refresher trainings with 24 new application assistors certified and 132 existing CAAs re-trained. In addition to these trainings, the program provides quarterly Assistor Update digital newsletters to ensure that all CAAs receive updates on changes to programs and share best practices. As of the end of FY2018-19, there were 84 active Healthy SF Application Assistors working from 22 of 32 HSF enrollment sites submitting applications for HSF.

### *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. Internal assessments help ensure that Healthy SF meets audit criteria that make additional assistance programs available to participants (such as patient assistance programs for pharmaceutical products). Specifically, 222 applications were audited by the end of FY2018-19 and fifty-four percent (54%) of the applications passed. 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. HSF Application Assistors receive direct training and guidance for corrective action when errors are found on their applications.

### *Applications*

In FY2018-19, 13,083 applications were completed in One-e-App enrollment system on behalf of 16,024 unique applicants (Table A1). Of those applicants, 15,620 (or 97%) were determined to be eligible and those individuals' applications were submitted to a health program. Only 404 (or 3%) of all applicants were deemed ineligible for any program. Additionally, 55 eligible applications were initiated but not submitted (Table A2). Of the 13,083 completed applications, 15,400 (or 96%) applicants were enrolled into Healthy SF, 492 were referred to Adult Medi-Cal (Restricted), 156 were referred to Child Health and Disability Prevention (CHDP), nine were referred to Adult Medi-Cal (Full Scope) and only one was 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. During FY2018-19, One-e-App was upgraded to a .NET environment to increase the security of the system.

**Table A1:**  
**Application Volume – Complete HSF Applications Processed**  
**(July 2018 – June 2019)**

<b>One-e-App Applications by Type</b>	<b># of Unique Applicants</b>	<b># of Distinct Applications</b>
Completed and Eligible	15,620	12,772
Determined Ineligible	404	311
<b>Total E-Applications</b>	<b>16,024</b>	<b>13,083</b>

**Table A2:**  
**Application Volume – Incomplete HSF Applications Processed**  
**(July 2018 – June 2019)**

<b>Incomplete One-e-App Applications</b>	<b># of Unique Applicants</b>	<b># of Distinct Applications</b>
No Eligibility Determined	1,247	627
Eligible But Did not Complete	63	55
<b>Total Incomplete Applications</b>	<b>1,310</b>	<b>682</b>

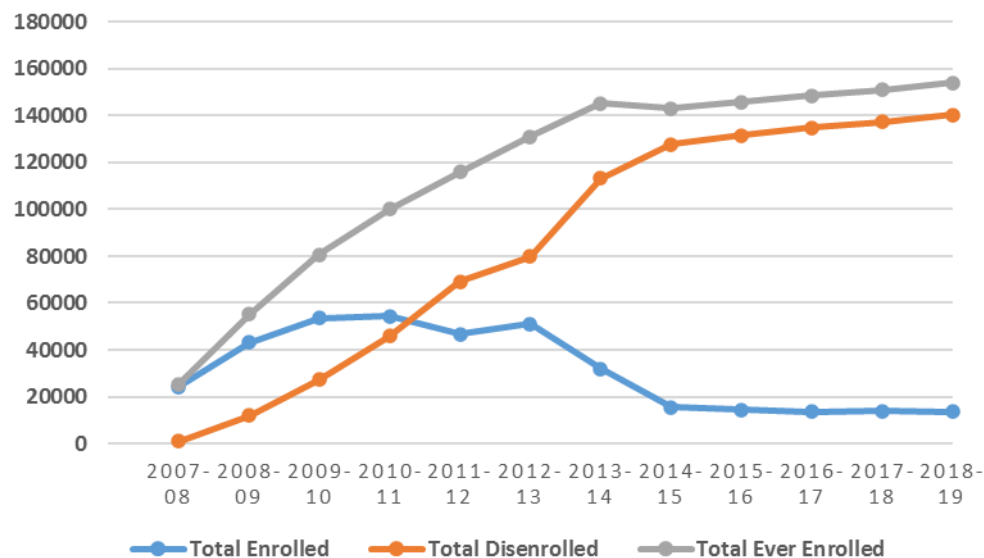
### *Enrollments, Disenrollments, and Re-enrollments*

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 FY2018-19, the program recorded 13,699 active participants and 140,424 total disenrolled participants (Table A3).

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

Fiscal Year	Currently Enrolled	Currently Disenrolled	Total Ever Enrolled (Enrolled + Disenrolled)	Disenrollment Rate (%)
2016-17	13,615	134,905	148,520	91%
2017-18	13,762	137,317	151,079	91%
2018-19	13,699	140,424	154,123	91%

**Figure A1: Enrollment, Disenrollment, and Ever Enrolled (FY2007-08 to FY2018-19)**



At the end of FY2018-19, 140,424 (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*

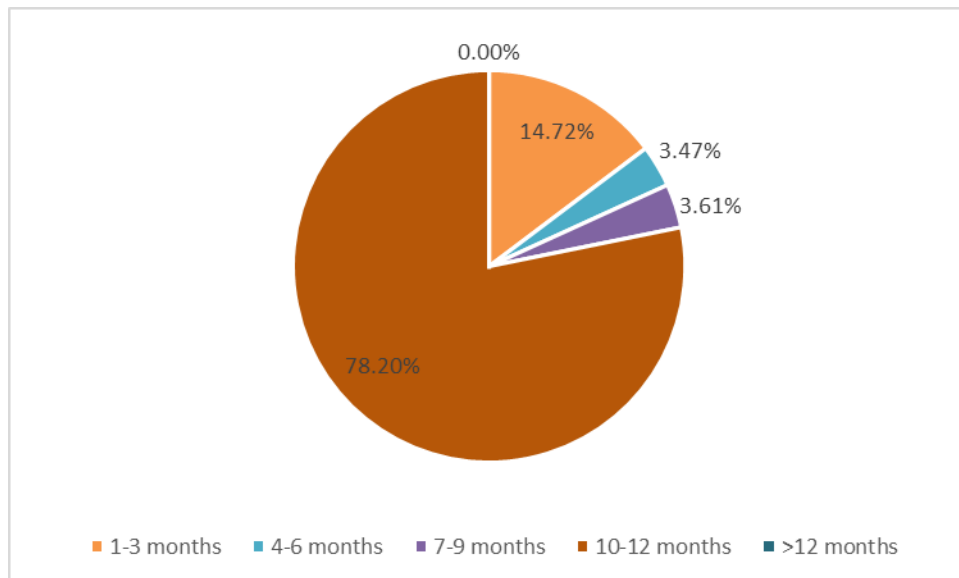
Part of Healthy SF's retention efforts includes monitoring the multiple enrollments and disenrollments of program participants. Since the program began in July 2007, 61,578 individuals have disenrolled at least twice (Table A4). Just over nine percent (9.1%) of individuals with multiple enrollments and disenrollments were currently enrolled in Healthy SF in FY2018-19.

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

	FY2015-16		FY2016-17		FY2017-18		FY2018-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Currently Enrolled</b>	4,731	8.5%	4,928	8.5%	5,462	9.20%	5,596	9.10%
<b>Currently Disenrolled</b>	50,767	91.5%	52,740	91.5%	54,182	90.80%	55,982	90.90%
<b>Total</b>	<b>55,498</b>	<b>100%</b>	<b>57,668</b>	<b>100%</b>	<b>59,644</b>	<b>100%</b>	<b>61,578</b>	<b>100%</b>

The 61,578 individuals who churned through the program in FY2018-19 did so over the course of 157,969 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 fourteen percent (14%) 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**

<b>Disenrollment Reasons</b>	<b>Number</b>	<b>Percent</b>
Did Not Complete Renewal or Failure To Complete Rescreening	45,570	74%
Insufficient Payment of Participation Fees	6,787	11%
Transitioned to SF PATH Program	2,758	4%
Enrolled in Public Coverage	1,470	2%
Determined Eligible for Other Programs During Renewal or Modification	1,067	2%
Enrolled in Employer-Sponsored Insurance	946	2%
Enrolled in Medi-Cal	806	1%
Other	2,174	4%

### **B. Participant Demographics**

Overall, there was a half percent (0.5%) increase in the number of participants enrolled in Healthy SF in FY2018-19 as compared to the same point in the previous year (FY2018-19: 13,699; FY2017-18: 13,762). The demographics of the participant pool have remained relatively similar over the last four 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 over three fifths of Healthy SF participants.

In FY2018-19, 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 756 participants in this cohort, eighty-eight percent (88%) either enrolled in a San Francisco Health Network (SFHN) of SFDPH or San Francisco Community Clinic Consortium medical home. Fifty-five percent (55%) of the 65+ had a medical home within SFHN. Additionally, nineteen (19%) of participants in this cohort lived in the Excelsior and Outer Mission neighborhoods of San Francisco. Relative to the general Healthy SF population, the 65+ were:

- more likely to have income below 100% Federal Poverty Level (FPL) (76% of 65+/44% 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)

Moving forward, Healthy SF will continue to monitor the distribution and patterns of utilization within this subset of the participant population as compared to that of the program's at-large population.

### *Key Demographic Figures*

Figure B1 shows the primary demographic indicators for the Healthy SF participants from FY2018-19 compared to FY2017-18. There was little change in demographics in regards to languages spoken. Seventy-one percent (71%) of program participants are Spanish speaking.<sup>1</sup>

<sup>1</sup> Healthy San Francisco Annual Report Demographics Utilization FY2018-19

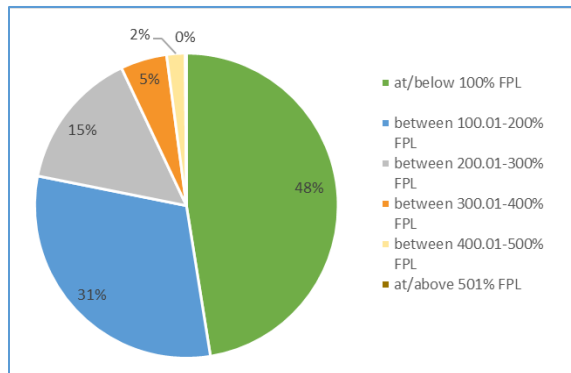
San Francisco's most recent Community Health Needs Assessment identified addressing racial health inequities and increasing access to coordinated, culturally, and linguistically appropriate services across the continuum as key community needs. Healthy SF maintains its commitment to meeting the changing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

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

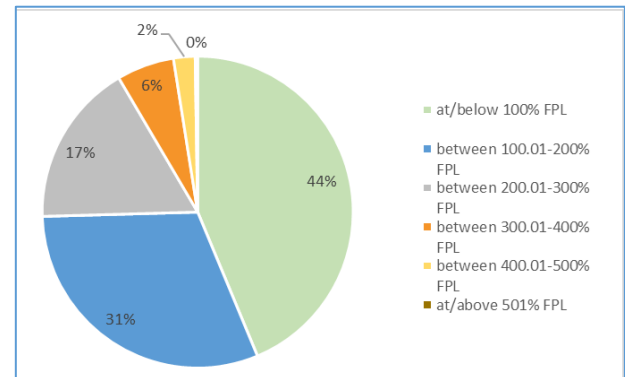


**FY2017-18**

**Income**

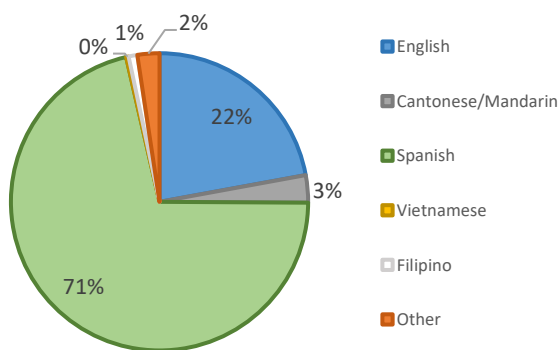


**FY2018-19**

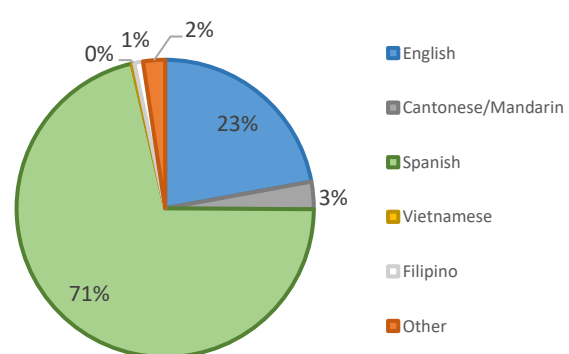


**Spoken Language**

**FY2017-18**



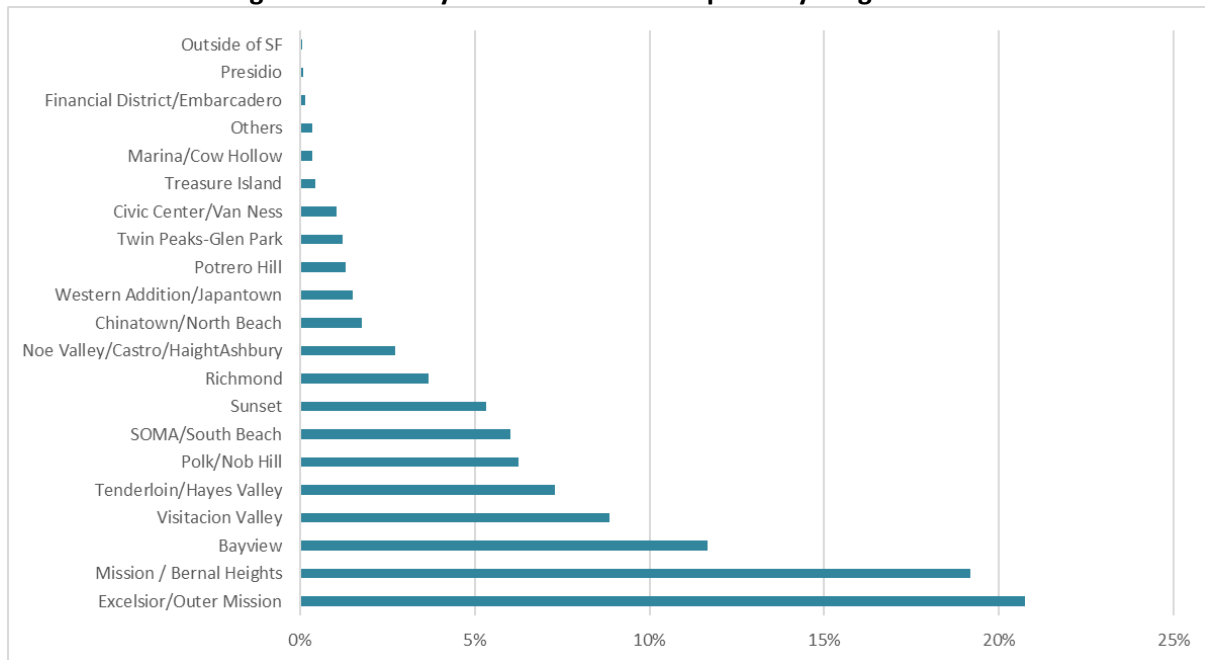
**FY2018-19**



***Neighborhood Distribution***

In FY2018-19, approximately forty percent (40%) of Healthy SF participants resided in the Excelsior or Mission neighborhoods. Just under five percent (4.5%) of Healthy SF 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 San Francisco neighborhoods in FY2018-19 (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. The distribution of the program's member months by ZIP code has remained constant since last year.

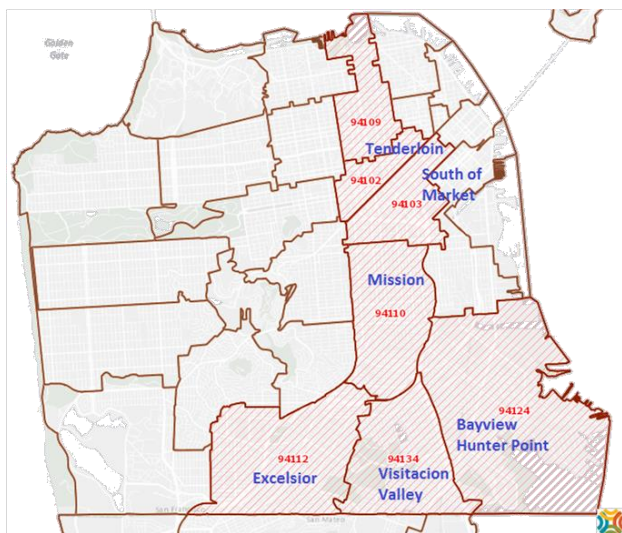
**Table B1:**  
**Healthy San Francisco Participants by Neighborhood and ZIP Code**

Neighborhood	Approximate Zip Code	Total Participant Months	% of Total Participant Months	Avg. # of Participants in FY2018-19
Excelsior	94112	35081	21%	2923
Mission	94110	32332	20%	2694
Bayview Hunters Point	94124	18754	11%	1563
Visitacion Valley	94134	14759	9%	1120
Tenderloin	94102	11664	7%	972
South of Market	94103	10041	6%	837
Nob Hill	94109	10525	6%	877
All Other SF Neighborhoods		32034	19%	2670

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.

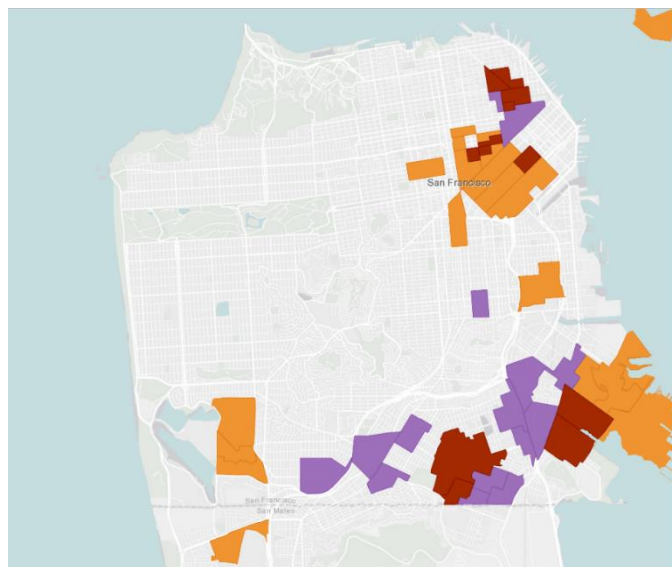
Figures B3 and B4 below highlight the geographic distribution of these ZIP codes as well as their relation to the census tracts in San Francisco with the highest concentrations of unmet health needs. Neighborhood and ZIP code designations can provide broader insights into access and utilization patterns. 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.

**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 programs 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 the city's most vulnerable populations.

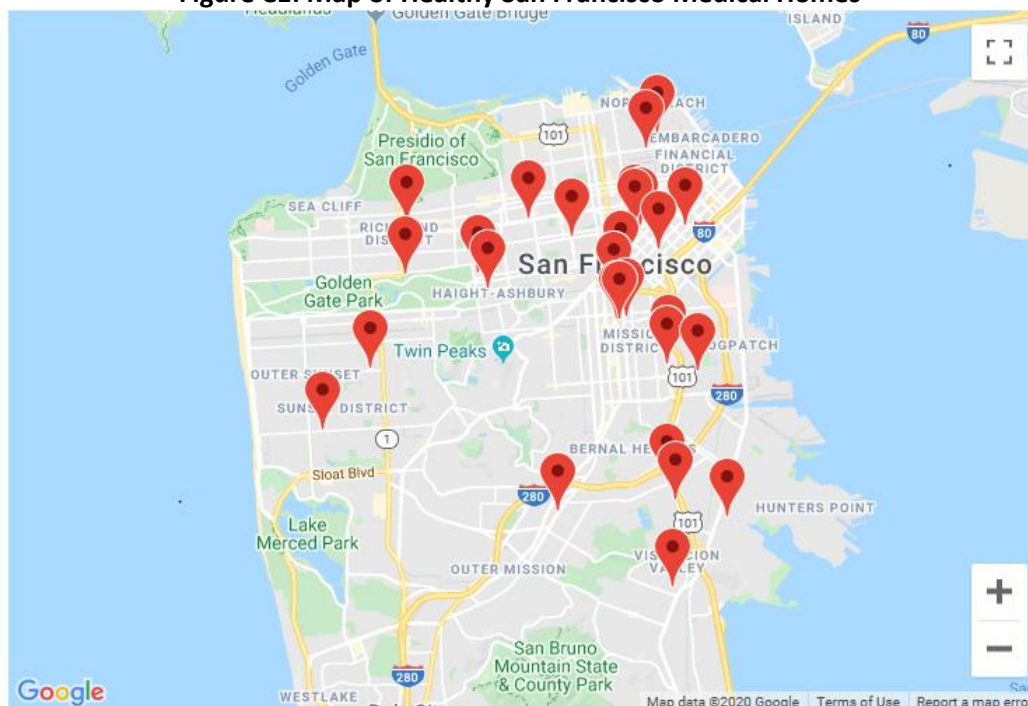
### C. Provider and Pharmacy Network

This section provides updates on Healthy SF's delivery system in FY2018-19 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 FY2018-19, fifty-seven percent (57%) 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 San Francisco; (2) Zuckerberg San Francisco Hospital and Trauma Center (ZSFG); (3) Laguna Honda Hospital and Rehabilitation Center; and (4) behavioral health and substance abuse services. The next most commonly used medical home system was the San Francisco Community Clinic Consortium. This network of clinics was home to thirty-six percent (36%) of Healthy SF participants.

Table C1 provides the distribution of Healthy SF participants across the program's four primary care medical home delivery systems as of June 30, 2019.

**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)	7,865	57%
San Francisco Community Clinic Consortium (SFCCC)	4,826	36%
Kaiser Permanente – San Francisco	736	5%
Sister Mary Philippa Health Center (SMP)	264	2%
<b>Total</b>	<b>13,694</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 FY2018-19, the Healthy SF provider network had thirty-five (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 disorder 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 2018-19 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.

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 remained fairly consistent with levels from FY2017-18, with modest increases in office visits and inpatient visits. In FY2018-19, the program observed an increase in the utilization of ED visits, but the percentage of members with ED visits remained at eight percent (8%). It also had a fairly large increase in prescription utilization; both percentage of participants with a prescription visit and rate PMPM \*1,000. from the previous year for office visits, emergency room use, and prescriptions filled.

A comparison of two-year data shows that the proportion of Healthy SF participants who had an office visit and the office visits per member per year statistics were consistent (Table D1). Emergency room or department (ED) visits per participant per month increased over this period. There was also an increase in prescriptions filled by Healthy SF participants in FY2018-19 as compared to the year prior. In addition



to this, participants who reported poor health had higher office utilization and lower ED and inpatient utilization than those who reported difficulty. The overall utilization for mental health and substance use disorder appears to have been relatively stable compared to FY2017-18. This suggests that the large increase seen in FY2017-18 may be due to a data issue and that the program has been able to obtain more complete data since FY2017-18.

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

		<b>FY17-18</b>	<b>FY18-19</b>
<b>Office Visits</b>	Percent Members with Office Visit	61%	61%
	Office Visits Per Member Per Year (PMPY)	3.16	3.21
<b>Emergency Department (ED)</b>	Percent Members with ED Visit	8%	9%
	ED Visits Per 1,000 Members Per Month (PMPM)*1000	12.5	16.01
<b>Inpatient (IP)</b>	Percent Members with IP Visit	0.57%	0.6%
	Number of IP Visits	97	103
<b>Substance Abuse Disorder Services</b>	Percent Members with Substance Use Disorder Visit	0.28%	0.37%
	Percentage Change in Number of Substance Use Disorder Visits from Previous Year	587%*	0.09%
<b>Mental Health Services</b>	Percent Members with Mental Health Visit	1.82%	2.10%
	Percentage Change in Number of Mental Health Visits from Previous Year	82%	0.29%
<b>Prescriptions Filled</b>	Percent Members with Prescriptions Filled	27%	31%
	Prescriptions Filled PMPM*1000	238.8	309.3

The following table breaks down utilization of these service categories by San Francisco neighborhoods from which the majority of Healthy SF participants reside in FY2018-19.

**Table D2:**  
**FY2018-19 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%	80%
<b>Office Visits PMPY</b>	2.89	3.26	2.96	3.18	3.65	3.24	3.43	3.21
<b>% Members with ED Visits</b>	8%	9%	8%	8%	11%	10%	9%	9%
<b>ED Visits PMPM*1000</b>	12.3	20.7	13.9	12.5	22.8	17.3	17.2	16.0

	Excelsior (94112)	Mission (94110)	Bayview Hunters Point (94124)	Visitacion Valley (94134)	Tenderloin (94102)	Nob Hill* (94109)	So. of Market (94103)	Total Utilization HSF Program
<b>IP Visits PMPM*1000</b>	0.6	0.6	0.5	1.3	1.2	0.5	0.4	0.7
<b>Prescriptions Filled PMPM*1000</b>	259.3	268.4	240.8	281.5	562.1	423.0	313.3	309.3

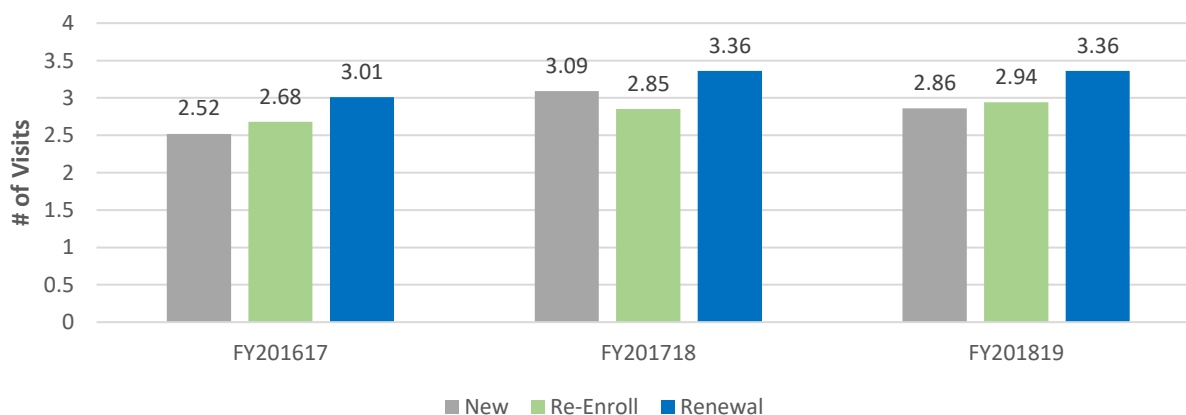
\*Figures reported here are likely skewed by geographic proximity to Tenderloin neighborhood.

A neighborhood breakdown of office visits indicates that participants from all neighborhoods had just over three office visits per year on average; 3.21 visits per member per year (PMPY). This is a slight increase from the previous fiscal year (3.16 visits PMPY). There were no significant outliers in outpatient service utilization by neighborhood. The Tenderloin and Nob Hill neighborhoods exhibited above average prescription drug utilization for a third straight year.

#### *Outpatient Service Utilization*

Healthy SF participants had 42,336 total office visits in FY2018-19. 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 (PMPY) 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 FY2018-19 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.

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

	<b>Application Type</b>	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>% Members with Office Visit</b>	Overall	56%	62%	61%
	New	39%	47%	44%
	Re-Enroll	52%	56%	57%
	Renewal	65%	71%	71%

There is variation amongst office visits across the Healthy SF medical home network (Table D4). Healthy SF participants at SFHN and SFCCC medical homes who made at least one office visit made anywhere from four to five visits a year. Healthy SF participants whose medical home was with Sister Mary Philippa had a similar number of visits as last year, at six visits per year.

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

<b>Medical Home Organization</b>	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
Sister Mary Philippa	2.98	6.05	6.10
SFHN	4.66	4.79	4.82
KAISER	3.37	3.41	2.83
SFCCC (including NEMS)	4.33	4.37	4.38

#### *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 FY2018-19, the overall percentage of HSF participants with an ED visit stayed consistent with the prior year, but the average number of visits per 1,000 participants increased by approximately three visits to 16.01 ED visits per month. However, this rate was considerably higher for Healthy SF participants who had at least one office visit within the year compared to those with no office visit (Table D5). This suggests that ED utilization is driven by individuals who have established care with their medical homes as opposed to those who are utilizing the ED as the main source of care.

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

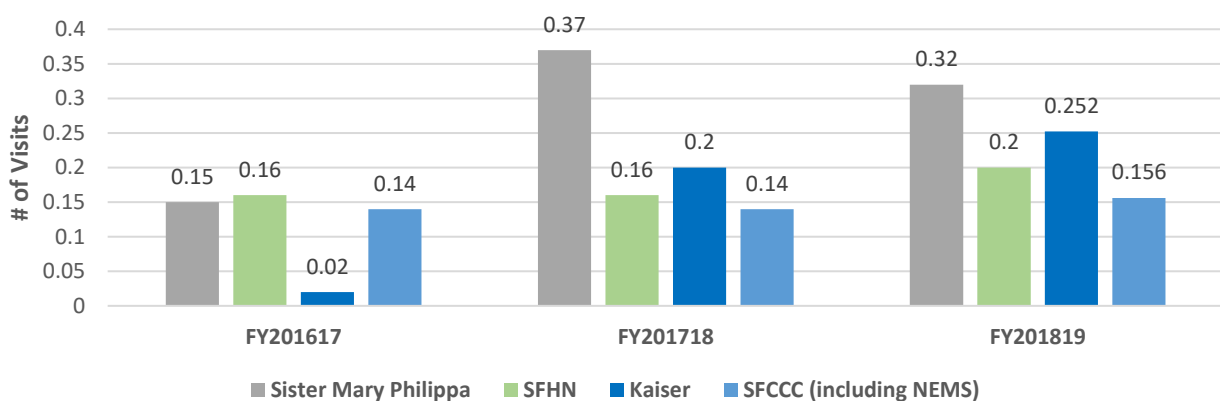
<b>ED Visits PMPM *1000</b>	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
Total ED Visits PMPM * 1000	12.06	13.14	16.01
Overall with Office Visit	15.7	16.2	20.2

ED Visits PMPM *1000	FY16-17	FY17-18	FY18-19
Overall with No Office Visit	5.62	5.93	6.39

SFHN and SFCCC serve as the medical homes for over eight-seven percent (87.7%) of Healthy SF participants. Reported ED visits per participant per year increased in both of these settings in FY2018-19 and is consistent with the higher overall ED utilization seen in the Healthy SF participant population. ED utilization increased from all Healthy SF medical homes except for SMP and Kaiser (Figure D2).

Based on what was reported, nine percent (9%) of HSF participants had at least one ED visit over the course of FY2018-19. SFCCC reported the lowest percentage of its Healthy SF participants with an ED visit; only eight percent (8%) visited the ED in FY2018-19.

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



**Table D6:**

**ED Utilization by Medical Home Organization for Participants**

Medical Home Organization	FY16-17	FY17-18	FY18-19
Sister Mary Philippa	9%	15%	15%
SFHN	8%	8%	9%
KAISER	1%	10%	10%
SFCCC (including NEMS)	7%	7%	8%

#### *Inpatient Utilization*

Historically, less than one percent (<1%) of all Healthy SF participants are admitted for inpatient care, and this trend continued in FY2018-19. Inpatient utilization in FY2018-19 was similar to what was observed in FY2017-18 at approximately 0.65 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. Quality of data reporting or capturing may also be a factor that impacts the reporting of the inpatient utilization.

**Table D7:  
Inpatient Utilization Rate**

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>% Members with IP Visit</b>	0.44%	0.57%	0.52%
<b>IP Visits PMPM*1000</b>	0.54	0.71	0.65

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 three years, the total number of hospital admissions had dropped only four percent (4%), from 108 to 104, for the entire patient population. Kaiser Permanente has established itself as the leading medical home organization in regard to the reduction of its hospitalization rate which has reportedly remained at 0 per 1000 members for the last three fiscal years. Kaiser for the third year in a row did not report any members who had an IP visit. Given the overall small number of inpatient admissions for all of HSF program medical homes and the smaller number of participants enrolled with Kaiser, this is likely reflecting a particular cohort of HSF participants. Prior to FY2016-17, Kaiser had the second highest IP utilization after Sister Mary Philippa, and perhaps those utilizers are no longer enrolled in HSF with Kaiser. Inpatient service utilization decreased in FY2018-19 for all active medical homes (Table D8).

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

	<b>Medical Home Organization</b>	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>% Members with IP Visit</b>	Sister Mary Philippa	1.25%	2.50%	0.20%
	SFHN	0.48%	0.61%	0.59%
	Kaiser	0%	0%	0%
	SFCCC (including NEMS)	0.38%	0.48%	0.39%
<b>IP Visits PMPM*1000</b>	Sister Mary Philippa	1.88	3.47	2.7
	SFHN	0.60	0.75	0.73
	Kaiser	0.00	0.00	0.00
	SFCCC (including NEMS)	0.45	0.63	0.47

*Utilization of Participants 65 and Over*

Effective January 2015, participants age 65 and over (the “65+”) can enroll or remain in Healthy SF if they meet all other program eligibility requirements. Through the end of FY2018-19, 756 Healthy SF participants 65+ had enrolled or aged into Healthy SF—an eight percent (8%) increase from FY17-18. Utilization of the 65+ Healthy SF participants continued similar trends across genders in FY2018-19. 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+ were the most likely to have an office visit across all application types from both age groups.

Seventy-two percent (72%) of 65+ Healthy SF participants had an office visit in FY2018-19. Eighty percent (80%) of those who renewed their enrollment had at least one office visit. By comparison, only seventy-one percent (71%) of renewed Healthy SF participants age 18-64 had an office visit in FY2018-19. There

was little change in the inpatient visit per participant per year statistic for the 65+ for FY2018-19 in comparison to last year.

**Table D9:**  
**FY2018-19 Utilization by Age, Application Type and Service Type**

	Application Type	18-64			65 and Over		
		Female	Male	Total	Female	Male	Total
<b>Total Office Visits</b>	Overall	21,589	17,826	39,410	1,674	1,252	2,926
<b>% Members with Office Visit</b>	Overall	66%	55%	60%	74%	69%	72%
	New	47%	41%	44%	55%	48%	52%
	Re-Enroll	62%	52%	57%	60%	65%	63%
	Renewal	76%	65%	71%	82%	76%	80%
<b>Office Visits PMPY</b>	New	2.94	2.7	2.81	4.43	4	4.23
	Re-Enroll	3.17	2.63	2.9	4.72	3.7	4.18
	Renewal	3.62	2.89	4.08	5.32	4.98	5.17
<b>% Members with ED Visit</b>	New	6%	7%	6%	12%	12%	12%
	Re-Enroll	7%	9%	8%	13%	4%	9%
	Renewal	9%	11%	10%	11%	13%	12%
<b>IP Visits PMPM*1000</b>	New	0.58	1.02	0.83	2.03	0.00	1.08
	Re-Enroll	0.38	0.28	0.33	0.00	0.00	0.00
	Renewal	0.59	0.71	0.65	1.31	1.26	1.29
<b>% Members with Prescriptions Filled</b>	New	17%	15%	16%	30%	22%	26%
	Re-Enroll	30%	24%	27%	33%	29%	31%
	Renewal	41%	36%	38%	47%	48%	47%

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 the 65+participants who had chronic diseases was higher than those who did not have a chronic disease for outpatient visits, ED visits, and inpatient visits.

**Table D10:**  
**FY2018-19 Utilization by Chronic Disease Indicator, Age Category, and Service Type**

	Age	Chronic Disease Indicator	
		No/No Encounter Data Available	Yes
<b>% Members with Office Visit</b>	18-64	56%	89%
	65 and over	63%	89%
<b>Office Visits PMPY</b>	18-64	2.71	5.62
	65 and over	3.67	7.16

	Age	Chronic Disease Indicator	
		No/No Encounter Data Available	Yes
% Members with ED Visit	18-64	8%	16%
	65 and over	8%	17%
IP Visits PMPM*1000	18-64	0.51	1.39
	65 and over	0.67	1.92

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. Healthy SF participants from the 65+ with a chronic disease group were more likely to have had an inpatient visit in FY2018-19 and about the same likelihood to have an ED visit in FY2018-19 when compared to their 18-64 counterparts.

#### *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".

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 remained consistent 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**

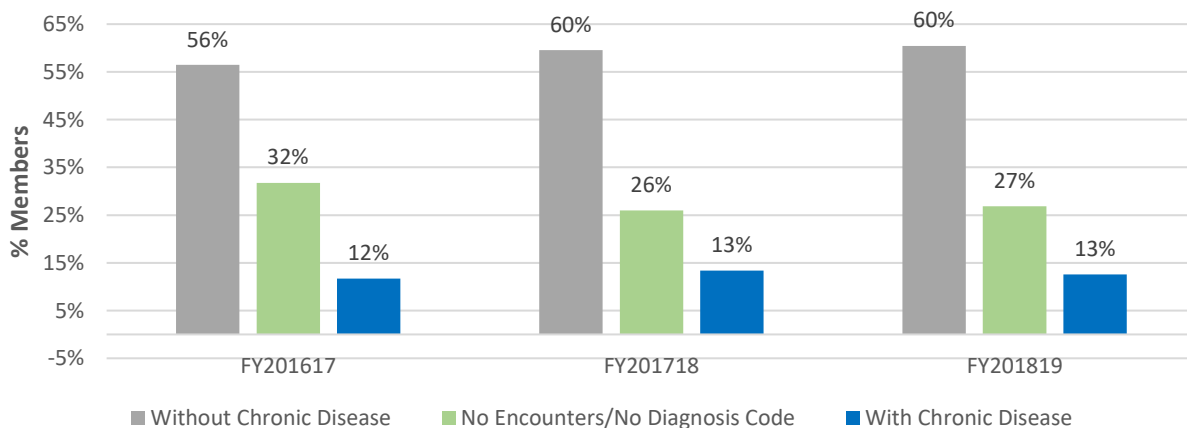




Figure D4 demonstrates the contrast between the numbers of office visits per 1,000 participants per month for those who were diagnosed with a chronic disease as opposed to those who were not. In FY2018-19, Healthy SF participants with a chronic disease diagnosis had more than twice as many office visits per 1,000 participants monthly than those without a diagnosis.

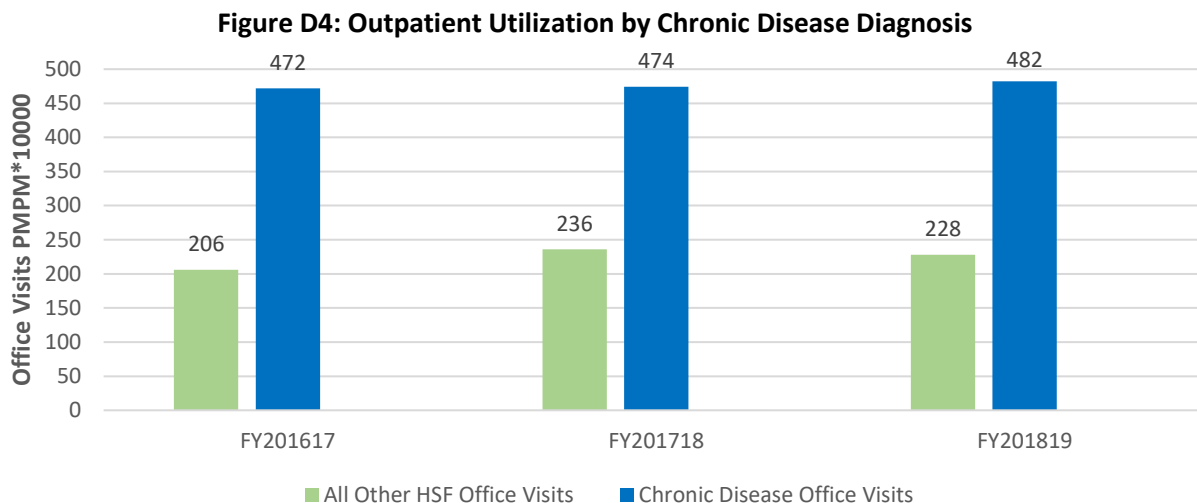


Table D12 shows the program's three-year trends for utilization of other services by Healthy SF participants. It compares utilization rates of those who had at least one office visit and were diagnosed with a chronic disease to those who had at least one office visit but were not diagnosed with a chronic 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>	FY16-17	4.18	5.99
	FY17-18	4.27	6.00
	FY18-19	4.21	6.17
<b>ED Visits PMPY</b>	FY16-17	0.17	0.26
	FY17-18	0.18	0.26
	FY18-19	0.20	0.40
<b>IP Visits PMPM*1000</b>	FY16-17	0.60	1.59
	FY17-18	0.89	1.33
	FY18-19	0.73	1.50
<b>Prescriptions Filled PMPY</b>	FY16-17	3.04	11.17
	FY17-18	2.60	9.07
	FY18-19	3.33	11.92

Historically, Healthy SF participants with a chronic disease diagnosis have had more office visits per year than those participants without a diagnosis. Although the rate of ED use PMPY for those with chronic disease with an office visit, is double those without chronic disease, the overall rate is very low and the

difference does not represent a significant 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.

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 FY2018-19.

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

	Age	Chronic Disease Indicator		
		FY2016-17	FY2017-18	FY2018-19
<b>% Members with Office Visit with Chronic Disease</b>	18-64	91.00%	91.37%	90.89%
	65 and over	83.00%	87.61%	87.41%
<b>Hypertension</b>	18-64	11.30%	12.18%	8.49%
	65 and over	45.40%	48.03%	41.53%
<b>Diabetes (without Complication)</b>	18-64	11.20%	11.70%	7.70%
	65 and over	24.10%	25.88%	20.24%
<b>Diabetes (with Complication)</b>	18-64	3.10%	3.20%	2.53%
	65 and over	9.50%	9.43%	9.26%
<b>Chronic Kidney Disease</b>	18-64	2.50%	2.95%	2.42%
	65 and over	7.60%	10.09%	8.73%
<b>Asthma/COPD and Bronchiectasis</b>	18-64	1.70%	1.93%	1.39%
	65 and over	3.50%	3.29%	5.42%

Prevalence of the top chronic disease conditions appears to be decreasing over time for both participants ages 18-64 and 65 and older (with the exception of Asthma/COPD and Bronchiectasis which increased for the 65 and older cohort). 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 Bayview, and SOMA or South Beach neighborhood demonstrated the highest relative percentages of hypertension, diabetes with complications, and chronic kidney disease. The numbers of HSF participants 65 and older within each neighborhood are small, so relative percentages may be affected by small changes in numbers.

Over the last three years, the percentage of participants with a chronic disease and with an office visit had remained very high, around ninety-one percent (91%) for 64 and under and increased for those over

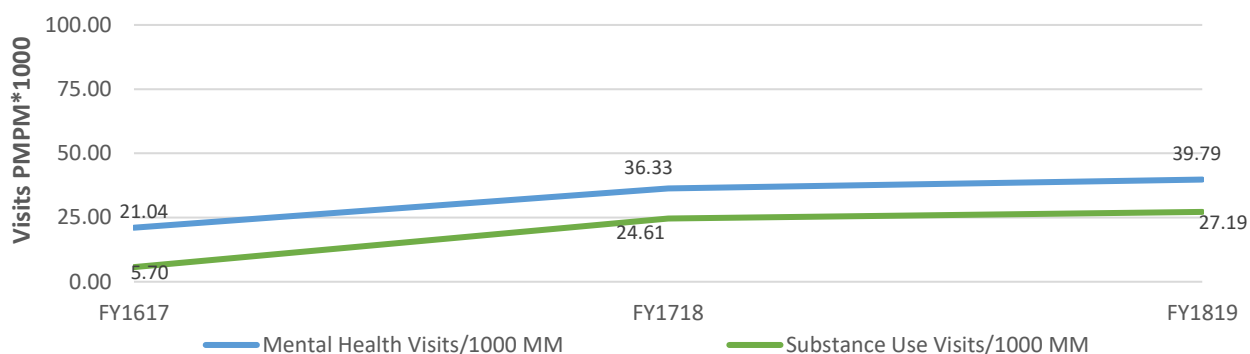
65. It is interesting to note that this represents utilization among participants who have a chronic disease indicator and that individuals with chronic diseases but with no visit within an HSF facility would not be included. As more Healthy SF participants access healthcare services through their medical 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 these populations. It will be important to continue to monitor utilization of behavioral health services by Healthy SF participants (Figure D5), and the completeness and quality of data from CBHS so that analysis is based off complete data sets.

**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). In the last fiscal year, there has been a slight decline in behavioral health utilization in terms of number of visits. Utilization of CBHS services as measured on a number of visits per member per year (PMPY) experienced a slight increase in FY2018-19. It is important to note, however, that the percentage of members with substance use disorder visits or mental health visits marginally increased. As was the case with utilization of services in primary care, emergency, and hospital settings (Table D1); there may have been individuals whose service utilization was attributed to transitions to or coverage from other programs.

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

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>% Members with Substance Use Disorder Visit</b>	0.29%	0.28%	0.37%
<b>Substance Use Disorder Visits PMPY</b>	0.07	0.3	0.33
<b>Total Number of Substance Use Disorder Visits</b>	590	4,054	4,491
<b>% Members with Mental Health Visit</b>	1.95%	1.82%	2.11%
<b>Mental Health Visits PMPY</b>	0.33	0.44	0.48
<b>Total Number of Mental Health Visits</b>	2,833	5,985	6,573

In FY2018-19 participants who utilized mental health services and substance use disorder services had more than three more mental health visits per year than participants without a substance use disorder related visit (3.73 visits PMPY compared to 0.47 visits PMPY) (Table D15). Conversely, in FY2018-19 participants who utilized substance use disorder related services and mental health services had more than seven times more substance use visits per year than participants without a mental health disorder related visit (2.08 visits PMPY compared to 0.29 visits PMPY) (Table D16). When comparing Healthy SF participants who utilized both mental health and substance use disorder services, participants had almost four times the number of substance use disorder visits per year than mental health visits (62.61 visits PMPY compared to 15.87 visits PMPY) (Table D17). Of note, the percentage of participants with substance use disorders remain very low, and thus utilization can vary significantly between years based on small numbers of participants and their utilization patterns.

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

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>Mental Health Visits PMPY w/Substance Use Disorder Visit</b>	12.56	10.47	3.73
<b>Mental Health Visits PMPY w/o Substance Use Disorder Visit</b>	0.30	0.41	0.47

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

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>Substance Use Disorder Visits PMPY w/ Mental Health Visit</b>	0.44	2.15	2.08
<b>Substance Use Disorder Visits PMPY w/o Mental Health Visit</b>	0.06	0.26	0.29

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

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>Mental Health Visits PMPY</b>	81.85	55.12	15.87
<b>Substance Use Disorder Visits PMPY</b>	23.2	82.02	62.61

*Pharmacy Utilization*

Pharmacy utilization was relatively stable, with thirty percent (30%) of participants filling prescriptions through HSF during this year compared to twenty-seven percent (27%) of participants the previous year (Table D18). Participants with a chronic disease were more likely to fill prescriptions, as were participants age 65 and older.

The pharmacy utilization reported in this report indicated a substantial increase in total prescriptions filled, as well as a sizeable increase in the percent of members with prescriptions filled in FY2018-19. Essentially, this means that there are more prescriptions being filled by relatively similar number of participants than last fiscal year.

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

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>Total Prescriptions Filled</b>	44,166	37,799	48,933
<b>% Change from Previous Year</b>	-46%	-14.4%	29.4%
<b>% Members with Prescriptions Filled</b>	32%	27%	30%
<b>Prescriptions Filled PMPM*1000</b>	272.29	238.83	309.3
<b>% Change from Previous Year</b>	-43%	-12.2%	30%
<b>Prescriptions Filled PMPY</b>	3.14	2.87	3.71

Table D19 displays further analysis of pharmacy service utilization, indicating that renewing Healthy SF participants continued to make up the highest percentage of prescription drug utilizers of all application types. For the last three years, this group had 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>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>% of Members with Prescriptions Filled</b>	New	16%	15%	18%
	Re-Enroll	28%	23%	26%
	Renewal	38%	38%	39%
<b>Prescriptions Filled PMPY</b>	New	1.92	1.41	1.89
	Re-Enroll	3.6	2.06	2.78
	Renewal	4.96	3.36	3.99
<b>Prescriptions Filled PMPM*1000</b>	New	176.33	117.81	157.44
	Re-Enroll	332.67	171.95	231.42
	Renewal	423.23	280.34	332.80

SFHN and Sister Mary Philippa reported an increase in utilization of pharmacy services in FY2018-19, including an increase of seventy percent (70%) in SFHN. Kaiser and SFCCC, reported very modest decreases in utilization (Table D20).

**Table D20:**

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

Medical Home Organization	FY16-17	FY17-18	FY18-19
Sister Mary Philippa	0.06	0.37	0.65
SFHN	4.04	3.21	5.40
Kaiser	5.89	4.38	4.11
SFCCC (including NEMS)	4.72	5.56	4.96

### E. Participant Experience and Satisfaction

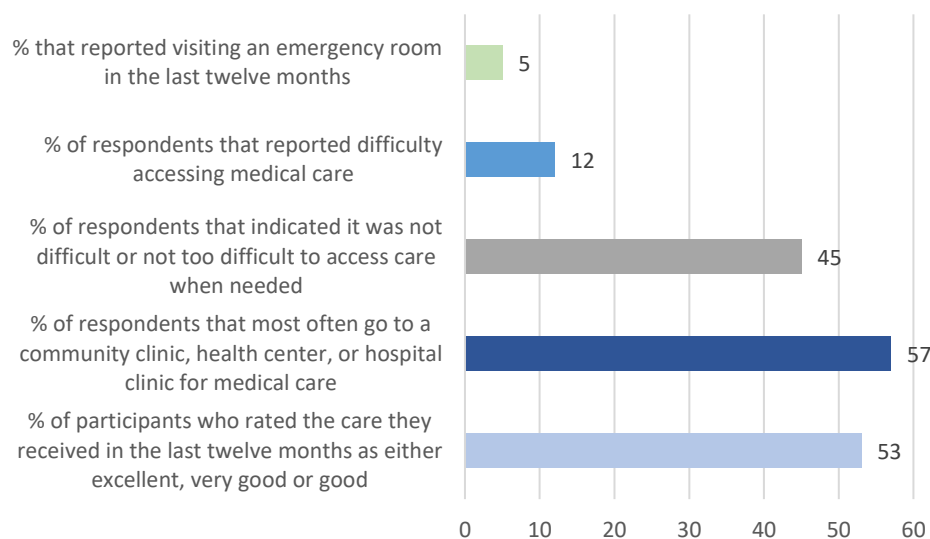
This section describes Healthy SF's efforts to obtain feedback from its participants about their health, healthcare, and program related experiences. Feedback is obtained from the program's call center, medical homes, various other channels that track complaints, and the administration of surveys.

#### *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 FY2018-19, a total of 9,711 surveys were examined for this analysis. Please note that all participants may not have completed a survey.

#### *FY2018-19 HAQ Responses*

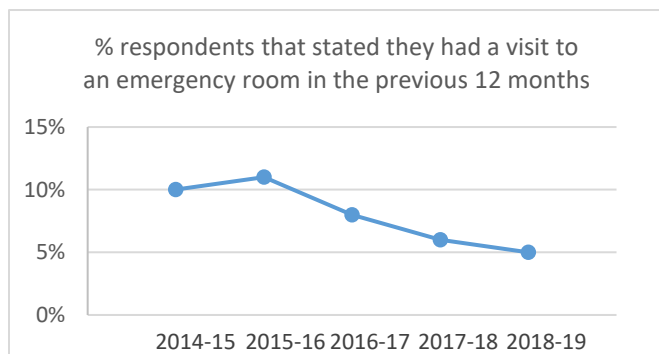
**Figure E1: Highlights from FY2018-19 Health Access Questionnaire**



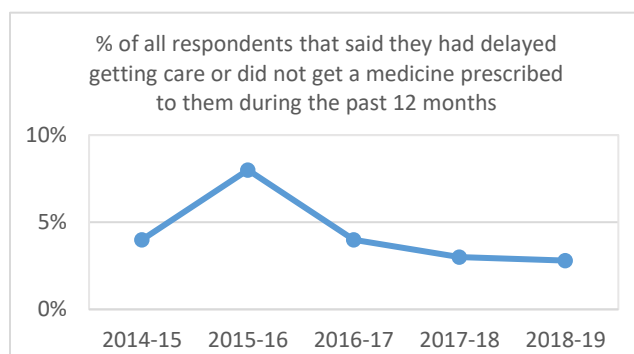
Highlights of participants' responses:

- Five percent (5%) of respondents reported visiting an emergency room in the last twelve months.
- Twelve percent (12%) of those who responded reported difficulty with accessing medical care.
- Forty-five percent (45%) of respondents indicated that it was not difficult or not too difficult to access medical care when needed.
- Fifty-seven percent (57%) of respondents reported that they most often go to a community clinic, health center, or hospital clinic for medical care.
- Fifty-three percent (53%) of respondents rated the care they received in the last twelve months as either excellent, very good, or good.

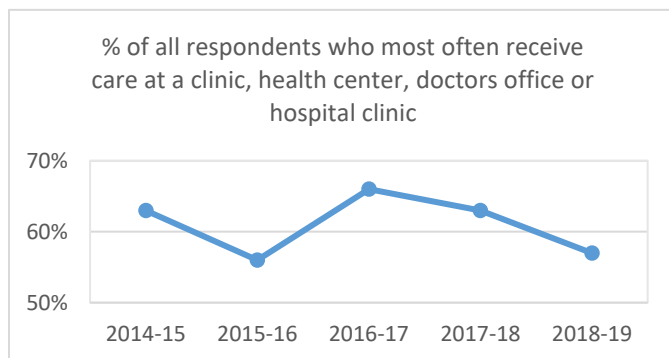
**Figure E2**



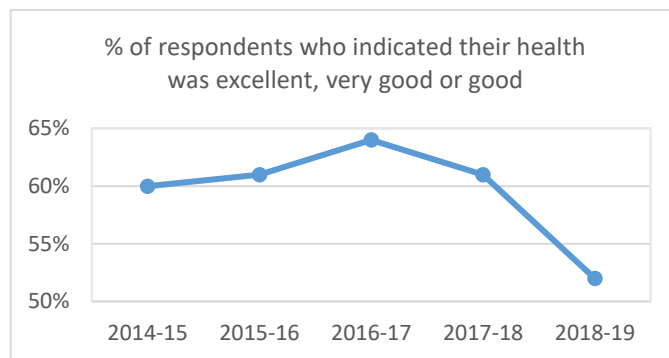
**Figure E3**



**Figure E4**



**Figure E5**



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 remained consistent compared to FY2017-18 (Figure E3).

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 declined (Figure E5). This is an interesting finding given that the percentage of members who have had office visits remained the same. Perhaps this decline represents a shift in which participants chose to provide an answer to the question,

as there are percentage of participants who either refuse or respond with “unknown”. The decrease in self reported good health may be reflective of the overall increase in ED and IP utilization.

#### *HSF Participant Complaints*

There were 227 complaints received by the Healthy SF Customer Service Department from participants in FY2018-19. Access to care and quality of medical care accounted for forty-one percent (41%) of participant complaints. Access to care complaints may consist of issues in regards to: 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 percent (20%) 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 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, and FY2018-19.
- Quality of medical care and service issues accounted for thirty percent (30%) of the total complaints received in FY2018-19.
- The overall volume of complaints increased two percent (2%) from FY2017-18, when the total number of complaints was 223.

#### **F. HSF Expenditures and Revenues**

This section provides estimated Healthy SF expenditures and revenues falling under the Health Care Security Ordinance for FY2018-19.

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 FY2018-19, 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 \$5.8 million for FY2018-19. This represented a \$1.57 million or thirty-seven percent (37%) increase in total revenue received by the program when compared to the previous year. Revenues included contributions from employers using the SF City Option to fulfill the employer spending requirements (ESR) and participant fees—both participation and SFHN point-of-service (POS) fees. ESR funding in FY2018-19 increased by \$1.2 million from the previous year. This is a sixty-three (63%) increase 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, 2019, fifty-five percent (55%) of participants were at or above 101% of FPL. In general, SFDPH only collects information on POS 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 we report their expenditures and revenues. For the fiscal year, SFDPH collected a total of \$2.8 million Healthy SF participant and POS fees. Healthy SF participant and SFHN POS fees accounted for ninety-two percent (92%) and eight percent (8%) of that total respectively.

#### *HSF Expenditures*

System-wide Healthy SF expenditures for FY2018-19 totaled approximately \$68.43 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 expenditure increased to \$414 which was a twenty-one percent (21%) increase from the previous year. There was an \$11.17 million increase in total program expenditures in FY2018-19. This was a twenty percent (20%) increase in expenditures which was comprised of a nearly \$11 million increase in SFDPH expenditures coupled with a \$0.18 million increase in non-SFDPH expenditures. Increases in SFDPH expenditures were due to increases in costs of services. Revenue also increased by \$1.6 million in FY2018-19.

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

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>ENROLLMENT</b>			
<b>Total Participant Months</b>	162,201	164,746	165,190
<b>REVENUE</b>			
<b>Participation Fees and SFDPH POS</b>	\$2,098,546	\$2,058,937	\$2,767,673
<b>ESR (Employer Health Care Expenditures)</b>	\$2,713,133	\$1,889,259	\$3,077,786
<b>Transfer of Unused SF MRA Funds</b>	\$0	\$0	\$0
<b>TOTAL REVENUE</b>	<b>\$4,811,679</b>	<b>\$4,276,491</b>	<b>\$5,845,459</b>
<b>SFDPH EXPENDITURES</b>			
<b>HSF Administration</b>	\$374,690	\$190,832	\$204,189
<b>Third-Party Administrator (SFHP)</b>	\$6,235,958	\$6,264,379	\$6,956,157
<b>Services</b>			
<b>Cost of Services (ZSFG, Clinics, UCSF)</b>	\$29,919,629	\$41,049,230	\$50,369,578
<b>Behavioral Health</b>	\$3,436,859	\$2,034,284	\$2,800,311
<b>Non-SFDPH Provider Reimbursement</b>	\$2,703,315	\$2,671,805	\$2,859,760
<b>Eligibility/Enrollment System (One-e-App)</b>	\$414,372	\$336,727	\$353,546
<b>SUBTOTAL SFDPH EXPENDITURES</b>	<b>\$43,084,823</b>	<b>\$52,547,257</b>	<b>\$63,543,541</b>

	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>ESTIMATED SFDPH PER PARTICIPANT EXPENDITURE PER MONTH</b>	<b>\$266</b>	<b>\$319</b>	<b>\$385</b>
<b>NON-SFDPH EXPENDITURES</b>			
<b>Private Medical Homes Net HSF Expenditures</b>	\$4,118,970	\$3,826,224	\$3,554,442
	<b>FY16-17</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>Non-Profit Charity Care Expenditures</b>	\$3,429,063	\$888,233	\$1,334,910
<b>SUB-TOTAL NON-SFDPH EXPENDITURES</b>	\$7,548,033	\$4,714,457	\$4,889,352
<b>TOTAL SFDPH AND NON-SFDPH EXPENDITURES</b>	<b>\$50,632,856</b>	<b>\$57,261,714</b>	<b>\$68,432,893</b>
<b>ESTIMATED TOTAL PER PARTICIPANT PER MONTH EXPENDITURE</b>	<b>\$312</b>	<b>\$348</b>	<b>\$414</b>
<b>SFDPH REVENUE LESS SFDPH EXPENDITURES</b>	(\$38,273,144)	(\$48,270,766)	\$(57,698,082)
<b>ESTIMATED SFDPH PER PARTICIPANT EXPENDITURE PER MONTH</b>	<b>\$266</b>	<b>\$319</b>	<b>\$385</b>
<b>SFDPH PER PARTICIPANT REVENUE PER MONTH</b>	<b>\$30</b>	<b>\$26</b>	<b>\$35</b>
<b>PER PARTICIPANT GENERAL FUND SUBSIDY PER MONTH</b>	<b>(\$236)</b>	<b>(\$293)</b>	<b>(\$349)</b>

#### *SFDPH Expenditures*

SFDPH reported an estimated total of \$63.54 million in expenditures in FY2018-19. These costs were due to expenses for administration, services, and information systems. Administration expenditures accounted for approximately \$7.51 million (or 11% of total SFDPH expenditures) while service costs added up to \$56.03 million (or 89% 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 Community 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 2018 to June 2019.

#### *Private HSF Provider Costs and Revenue*

Private HSF providers reported that \$4.88 million worth of health services were rendered to HSF participants this year. This was a four percent (4%) increase from the year before. It consisted of:

- \$3.55 million by medical homes
- \$1.33 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)	\$345,193	\$555	(\$344,638)
Kaiser Permanente	\$3,786,387	\$1,084,411	(\$2,701,976)
North East Medical Services	\$793,058	\$285,231	(\$507,828)
San Francisco Community Clinic Consortium Affiliated Clinics (includes SFCCC Administration)	\$6,071,374	\$6,071,374	\$0
Sister Mary Philippa Health Center (affiliation with St. Mary's Medical Center)	N/A	N/A	N/A
<b>All Non-SFDPH Medical Home Health Systems</b>	<b>\$10,996,012</b>	<b>\$7,441,571</b>	<b>(\$3,554,442)</b>

## **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.

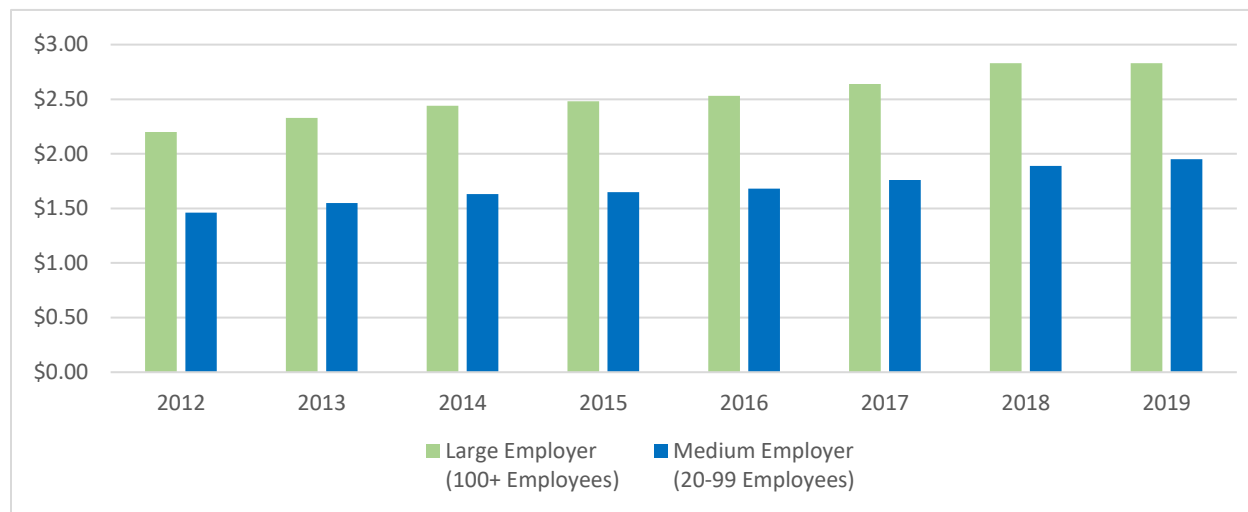
### *Employer Spending Requirement*

The Office of Labor Standards Enforcement (OLSE) oversees the implementation and compliance with the ESR by San Francisco employers. SFDPH oversees administration of Healthy SF and the SF City Option program. In FY2018-19, SF City Option co-hosted 12 webinars with OLSE to educate interested 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 employee per hour since ESR implementation. In FY2018-19, the minimum expenditure was \$1.95 per hour for medium-sized employers (20-99 employees) and \$2.93 per hour for large employers (100+ employees).

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



### *SF City Option*

It is important to note that while participation in SF City Option (SFCO) is a way for employers to meet the employer spending requirement of the HCSO, most San Francisco employers do not participate in SFCO and demonstrate HCSO compliance to the OLSE outside of the SFCO program. However, SFCO provides a valuable alternative for some employers to satisfy the ESR. Since 2008, 3,742 employers have made at least one contribution to the program. An employer that chooses to contribute to 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. Contributions are assigned based on program eligibility criteria as well as the following:

- 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 either Healthy SF or 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.

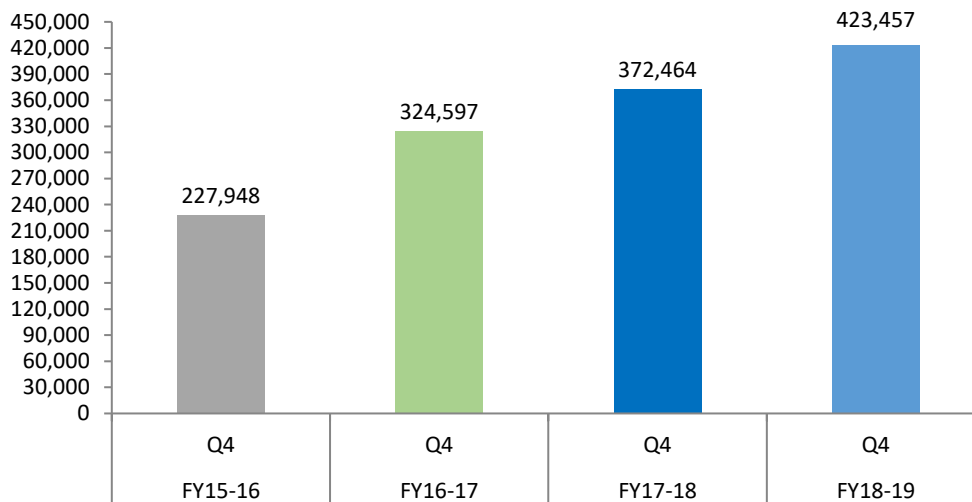
When an employer contributes on behalf of an employee who has not enrolled in one of the three available programs, the employee is sent a notification and encouraged to complete an online Program Finder Form, to help determine preliminary eligibility. Employees' contributions are not assigned to a designated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

By the end of FY2018-19:

- 2,050 of employers made at least one contribution to SFCO to meet the ESR. Of those, 314 employers made their first contributions. Since the program's inception, 3,742 employers made at least one contribution to SFCO. This was a nine percent (9%) increase from the previous year.
- Employers deposited over \$186 million to the program on behalf of their employees, an approximately \$41 million increase from FY2017-18.
- Of the employer funds contributed to the SF City Option in FY2018-19, fifty-nine percent (59%) were assigned to the pool, thirty-eight percent (38%) assigned to SF MRA, two percent (2%) assigned to HSF, and one percent (1%) assigned to SF Covered MRA
- As of June 30, 2019, over ninety-seven percent (97%) of active SF City Option participants are enrolled in SF MRA, two percent (2%) of participants are enrolled in HSF, and one percent (1%) in SF Covered MRA.
- Since 2008, employers have made SF City Option contributions on behalf of 423,457 eligible employees. This number includes those employees who were counted more than once because they received contributions from multiple employers. In FY18-19, there was over a thirteen percent (13.6%) cumulative increase of employees from the year before (Figure G2).

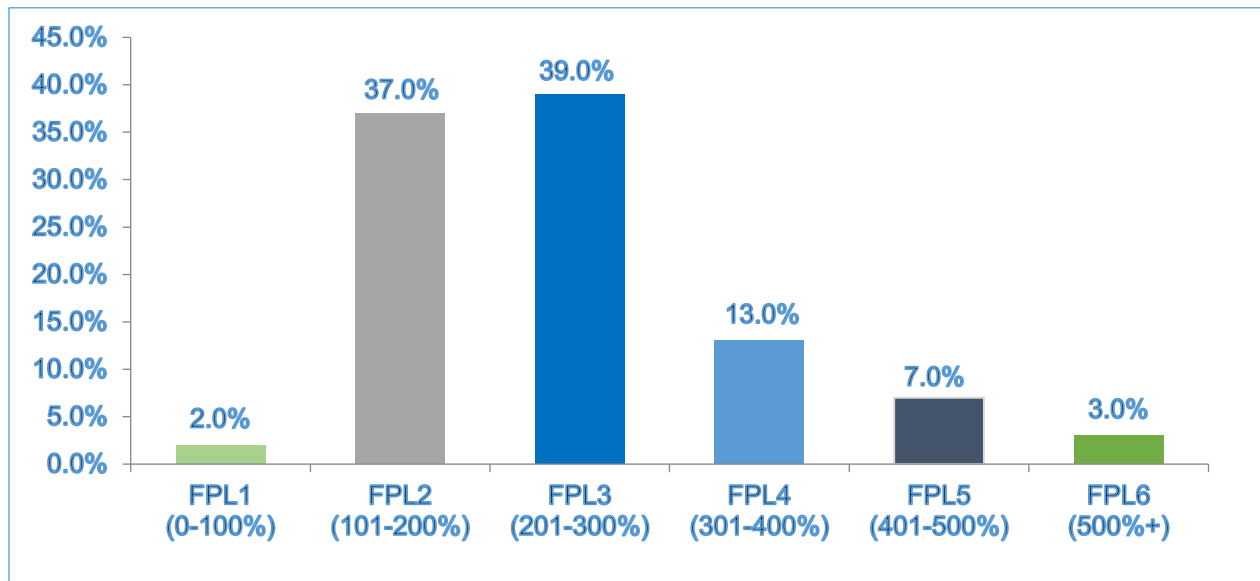
**Figure G2**

**Program-to-Date Count of Employees Receiving Employer Contributions, Q4 FY15-16 – Q4 FY18-19**



By the end of FY2018-19, there were 1,060 individuals enrolled in Healthy SF who were receiving an ESR contribution. This was a twenty-two percent (22%) 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 as a screening tool for participants and a mechanism to enroll in SF MRA (Figure G4). An employee takes actions by submitting the Program Finder Form and based on the information provided, can be determined for one of the three SF City Option programs. In FY2018-19, SF City Option received a total of 11,623 Program Finder Forms, with eighty-nine percent (89%) submitted online and eleven (11%) 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 70% were enrolled into SF MRA, consistent with the trend established in previous years.

**Figure G4: Enrollment Flowchart**

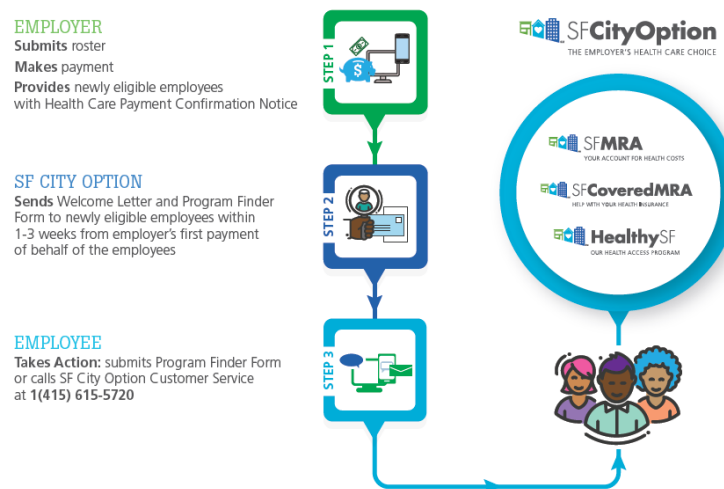
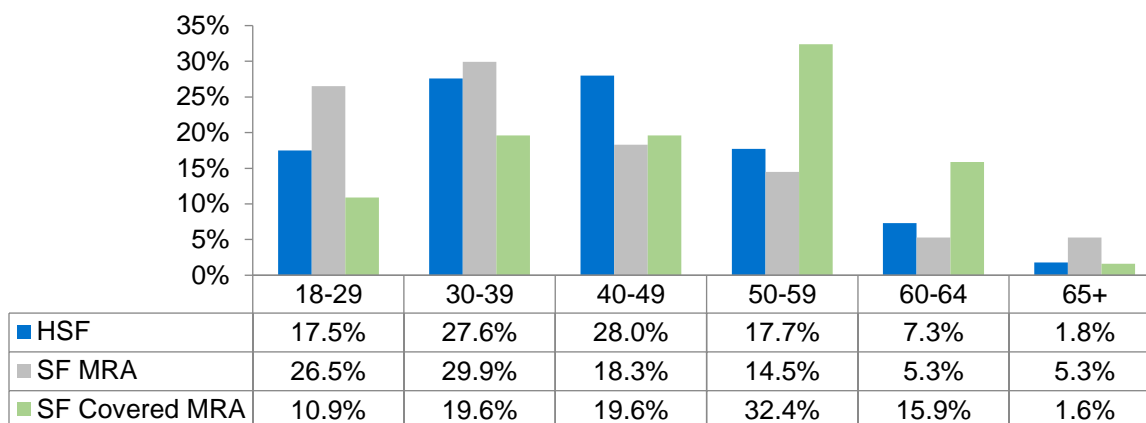


Figure G5 illustrates the distribution of SF City Option employees across its programs and age groups at the end of FY2018-19.

**Figure G5:**

**Age Distribution of Active HSF, SF MRA, and SF Covered MRA Participants, as of June 30, 2019**



*SF Covered MRA*

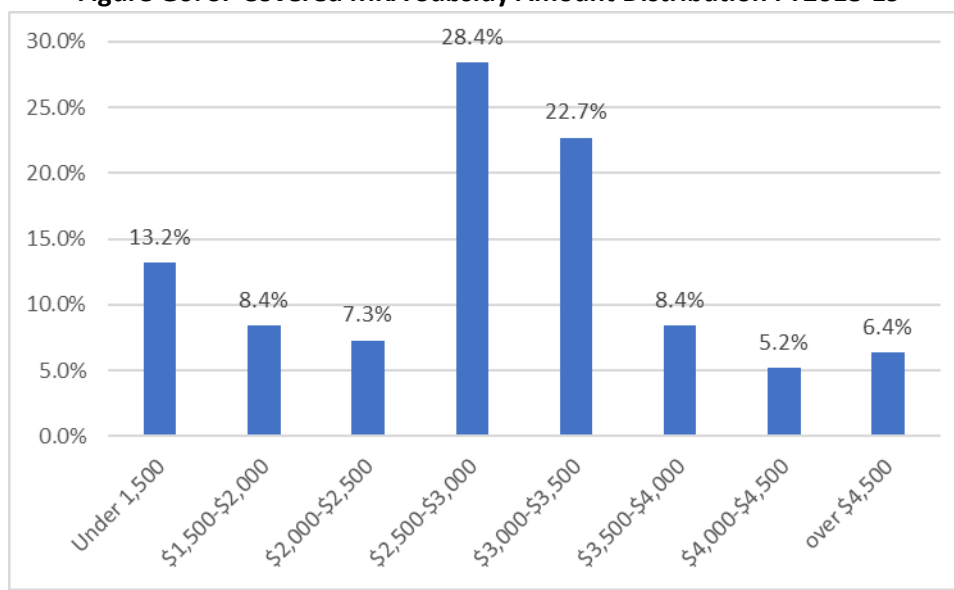
SF Covered MRA was launched through SF City Option in response to legislation requiring SFDPH to establish a program to assist San Franciscans in purchasing affordable health insurance through Covered CA and in maintaining access to Healthy SF for individuals unable to afford other health coverage options. 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 with out-of-pocket costs for insurance purchased through Covered CA and 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
- Has two employer contributions made to SF City Option in the past six months.

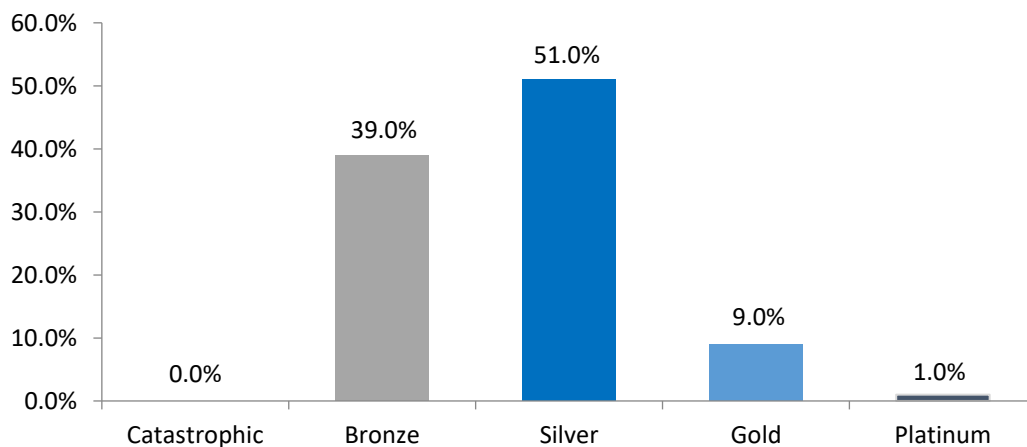
At the end of FY2018-19, there were 321 participants enrolled in the program. Figure G6 shows the distribution of subsidies received by SFCO employees through SF Covered MRA for FY2018-19. On average, an employee enrolled in this program received a subsidy amount of \$2,787.82 annually or \$232.21 per month.

**Figure G6: SF Covered MRA Subsidy Amount Distribution FY2018-19**



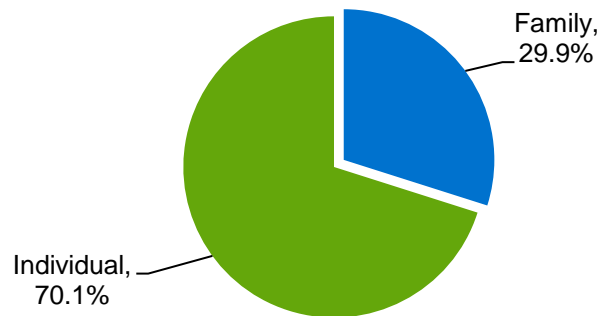
Figures G7 and G8 show Covered CA plan tier and Covered CA plan type chosen by SF Covered MRA participants. In FY2018-19, over half of SF Covered MRA participants (51%) purchased a Silver Covered CA plan, mostly on behalf of themselves, as seen in Figure G8.

**Figure G7: Covered California Plan Tier Purchased by SF Covered MRA Participants, FY2018-19**





**Figure G8: Covered California Plan Type Purchased by SF Covered MRA Participants, FY2018-19**



#### *Employee Data*

Compared with June 2018, the number of total SF City Option employees in FY18-19 increased by 50,993; which is an increase of over thirteen percent (13.6%). At the end of FY2018-19, 1,060 SFCO employees were actively enrolled in Healthy SF, which represented a twenty-two percent (22%) increase from FY2017-18. The following table presents SF City Option employees by program eligibility for FY2018-19.

**Table G1:  
SF City Option Employees by Program Eligibility in FY2018-19**

Category	Description	Number
HSF-Eligible Employees	SF City Option employee who is a resident of San Francisco, is not insured, and is between the ages 18 and 64, inclusive.	1,060
SF MRA Employees	SF City Option employee who is not a resident of San Francisco, has insurance coverage, or is between ages 0-17 inclusive or ages greater than or equal to 65.	33,013
SF Covered MRA Employees	SF City Option employee who is a resident of San Francisco, has purchased insurance coverage through Covered CA, and meets income and other eligibility guidelines.	321

Most SF City Option participants (or 39%) actively enrolled in Healthy SF this year had incomes between 201% - 300% of the FPL, which is a change from FY2017-18, where most actively enrolled participants reported incomes below 200% FPL. Two percent (2%) were between 0-100% FPL while thirty-seven percent (37%) were below 200% FPL. Compared to the general HSF population, SF City Option employees enrolled in Healthy SF with employer contributions have relatively higher incomes.

Twenty-four percent (24%) of SFCO employees enrolled in SF Covered MRA had incomes below 200% FPL. Given these modest incomes relative to the overall cost of health insurance, this is an indicator that affordable health insurance remains a pressing issue for the City and County of San Francisco.

Additionally, with the burden of obtaining affordable health care even with available subsidy, individuals who are eligible for subsidies through Covered CA and SF City Option may continue to elect to remain in Healthy SF.

#### *Employer Data*

Table G2 summarizes the SFCO employers information by company size, as of June 2019. 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%) of participating employers were for-profit entities, while only ten percent (10%) were non-profit.
- The top three classified occupation categories that employers fell into 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 2017</b>	<b>Percent Jun 2017</b>	<b>Number Jun 2018</b>	<b>Percent Jun 2018</b>	<b>Number Jun 2019</b>	<b>Percent Jun 2019</b>
0-19 employees	38	2%	41	2%	39	2%
20-49 employees	388	21%	392	20%	418	20%
50-99 employees	263	14%	262	14%	267	13%
100-499 employees	482	26%	515	26%	510	25%
500+ employees	693	37%	750	38%	816	40%
Not reported	1	0.1%	0	0.00%	0	0.00%

#### *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 program 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 an online tool used to determine and inform SF City Option employees' program eligibility.

### **III. FY2019-20 ANTICIPATED PROGRAM ACTIVITIES**

#### **A. SF City Option Program Audit and Review**

The San Francisco Department of Public Health, with the support from the Controller's Office, will be conducting its first in-depth program and financial audits of the SFHP's administration of the SF City Options program, with the financial component anticipated to be completed within FY2019-20. These two audits will aim at evaluating and recommending, if necessary, (1) the policies and procedures San Francisco Health Plan as the third party administer utilizes, (2) its adherence to the agreement with SFDPH, (3) the overall goals of the SF City Option program and (4) program metrics that can be utilized to measure the program's performance over time. SFHP engaged with Moss Adams in FY2017-18 to review some existing financial processes and with KPMG in FY2018-19 to conduct an in-depth review of the SFCO

program policies to document business process and controls and perform a claims analysis. These steps SFHP had taken will help inform the SFDPH audit.

#### **B. Streamlining SF City Option**

SFDPH made several programmatic changes to the program as part of the SF City Option program modernization. Among the changes were the creation of SF Covered MRA, the SF MRA deactivation policy, the SF City Option Pool, and the Program Finder Form. Although these policies were implemented to support the successful implementation of the SF Covered MRA program, the effects of these policies on the overall SF City Options performance were unknown at the time. As the SF Covered MRA program approaches its three years of launch, it is clear that the uptake of the program was less than originally projected. The policies implemented to ensure individuals are enrolled to the correct SF City Options program are complex and likely barriers to higher engagement and utilization by employees of their benefits. As a result, SFDPH, in partnership with SFHP, plans to implement program changes in the next two years that will help streamline employee enrollment and increase utilization of their contributions, while keeping necessary components to protect employee's privacy and funds.

## **IV. DATA SOURCES AND LIMITATIONS**

### *Data Sources*

The data used to generate the figures and findings in the FY2018-19 Healthy SF Annual Report was drawn from three primary sources:

1. Healthy SF Participant Encounter and Prescription Drug Data (July 1, 2018 to June 30, 2019)
2. Health Access Questionnaire (July 1, 2018 to June 30, 2019)

#### *Source:*

- San Francisco Health Plan
- Healthy SF Network Providers
- County Behavioral Health Services

3. Healthy SF Participant Enrollment Data (July 1, 2018 to June 30, 2019)

#### *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, 2019. 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 said utilization data, some providers and partner agencies may encounter delays when validating and reporting the data to the program. Thus, historically all relevant encounter and prescription drug-related data has not been available by the end of the fiscal year. In addition, a variable percentage of the encounter data received by 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 likelihood 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 the utilization data is inherently limited to describing the use of services within the program.

## **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  
San Francisco Health Plan  
San Francisco Community Clinic Consortium Clinics  
St. Francis Memorial Hospital  
St. Mary's Medical Center  
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University of California, San Francisco Medical Center  
Alluma (Formerly known as 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 came 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 2019. 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.

Hospital System	Encounter Data for HSF Population or HSF Service	Encounter Data for HSF Participants Receiving Charity and/or Discounted Care
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 SFHN 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

10,055 health access questionnaires (HAQ) were completed during FY2018-19. Of these surveys, 9,711 were active applications and the HAQ analysis was limited to this number.

#	Questions:	% of Respondents Who Indicated That:	FY 18-19	FY 17-18	FY 16-17	FY 15-16	FY 14-15	FY 13-14	FY 12-13	FY 11-12
1	Would you say that in general your health is excellent, very good, fair, or poor?	their health was excellent, very good or good	52	61	64	63	60	62	64	64
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	24	29	43	36	37	33	46	48
3	What is the main reason why you did not have health insurance?	the most common reason for not having health insurance was HSF	NA	0.5	0.5	NA	31	36	33	33
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	5	6	8	11	10	8	8	9
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, doctors office or hospital clinic	57	64	66	56	63	67	70	69
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	46	47	47	44	39	46	46	47
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	25	30	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	3	2	4	5	5	6	8	12
9	Was cost or lack of insurance a reason why you delayed getting care	cost or lack of insurance was a reason why they had delayed care	0.5	3	5	8	7	10	10	14

	or did not get a prescription?									
10	Do you now smoke cigarettes every day, some days, or not at all?	smoked (every day or some days)	2	3	5	9	10	9	11	16
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	21	27	34	43	46	43	35	NA