Annual Report
(Fiscal Year 2021-22)

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

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Acronym List

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

I. Executive Summary

The Healthy San Francisco Program (HSF) is the City's health access program created under San Francisco Health Care Security Ordinance (the "ordinance" or "HCSO") in 2007 and managed by the San Francisco Department of Public Health (DPH). Its goal is to make health care services available and affordable to uninsured San Francisco residents by providing such residents, who are ineligible for public insurance such as programs Medi-Cal or Medicare, affordable health care services, or assisting them to enroll in affordable health insurance options when appropriate. As of June 30, 2022, there are 18,238 individuals enrolled in HSF. These individuals are referred to as "participant(s)" in this report.

HSF implemented various policy changes this year to further expand coverage and in response to the COVID-19 pandemic and the Shelter-in-Place orders by local, state, and federal officials.

In FY 21-22, San Francisco City Option program (SFCO) completed a Simplification Program that includes offering a one-benefit program called SF Medical Reimbursement Account (SF MRA). This Simplification Program has ended the HSF Discount and SF Covered MRA programs and allowed SFCO employees to use their SF MRA fund to directly pay for premium. The SF MRA Funds can also be used for copayment of HSF or other insurance products such as those purchased through Covered California.

HSF has continued the no-cost automatic coverage extensions that started since last fiscal year to help participants with financial hardship. HSF has also worked with the City's COVID Command center that helped 12,928 (over 70%) participants get at least two doses of COVID-19 vaccine.

Starting this year, HSF has established collaborative partnerships Clinica Martín Baró and Unidos en Salud for the purpose of pre-screening patients for health insurance at the clinic, as well as offering recommendations for enrollment in health insurance programs or HSF. In continuity with previous years, the demographic composition of participants remains consistent, with 78% of the population falling within the 25-54 age group, 52% having an income at or below 100% of the Federal Poverty Level (FPL), and 72% identifying as Hispanic. Moreover, 75% of participants are Spanish speakers. The majority (77%) of the population reside in seven of the San Francisco neighborhoods. Notably, HSF presently oversees a network of 32 clinics strategically distributed throughout San Francisco to effectively cater to the needs of these participants.

As of May 1, 2022, the Older Adult Expansion has been implemented, granting individuals aged 50 years and older full scope access to Medi-Cal, irrespective of their immigration status. Over the course of the calendar years 2021 and 2022, an estimated 1,944 individuals transition from HSF to Medi-Cal. This is positive news because participants will have more comprehensive coverage with full Medi-Cal. Healthy San Francisco functions as a healthcare access program rather than full health insurance and remains a crucial program to provide health care services to thousands of SF residents.

II. Policy Changes and Program Activities

1. Eligibility Changes

The Health Commission approved several changes in program eligibility requirements April 2022. These included:

- Removing restrictions to enrollment and eligibility for people with active I-94 documentation,
- Removing the 90-day waiting period, and
- Aligning with Modified Adjusted Gross Income (MAGI) Medi-Cal rules for income and household calculations.

2. COVID-19 Programs

a. Automatic Coverage Extensions and Reinstatements with No Cost or Financial Assistance

The program continued no cost automatic coverage reinstatements and extensions that started last year, automatically extending the coverage of 20,218 members, and reinstating the benefits of 833 participants. It also provided a total of nearly $9,000 in premium assistance for 64 participants who submitted premium assistance requests. Additionally, some HSF participants continued to experience financial hardship as a result of unemployment or reduced hours of work due to the pandemic. To continue these participants' coverage during this unprecedented period of time, HSF also waived the participant fees for those did not request premium assistance and kept their HSF enrollment active.

b. Vaccination

HSF worked with the City's COVID Command Center to plan and execute COVID-19 vaccine efforts for participants. Such efforts included participant and provider outreach, data monitoring and updates to the program website to include health education and vaccine guidance.

As of June 30, 2022:

- 13,305 (or 73%) participants have received at least one dose of a COVID-19 vaccine.
- 12,928 (or 71%) participants have received at least two doses of a COVID-19 vaccine.
- 8,217 (or 45%) participants have received a COVID-19 vaccine booster shot.

c. Waiving Point-of-Service Fees for Screening and Testing

HSF plays a significant part in both helping control the spread of COVID-19 and providing healthcare to San Francisco's uninsured residents. On March 2020, the program eliminated the point-of-service (POS) fees for COVID-19 screening and testing and started to reimburse Medical Homes separately at Medi-Cal rate for these services. Medical Homes had the option to opt out of this additional reimbursement.

The program paid a total of $25,703 to five Medical Homes for these COVID-related services (Exhibit 2.1).

Exhibit 2.1: COVID-19 Vaccine Medical Home Reimbursements, FY21-22

Medical Homes	Reimbursement Amount
St. Anthony's Medical Clinic	$10,879
NEMS	$7,965
Mission Neighborhood Health Center	$6,360
Sister Mary Philippa Health Center	$380
HealthRIGHT 360	$118
Total	**$25,703**

d. Partnerships At the City's Mission District

HSF partnered with Clinica Martín Baró and Unidos en Salud this year to prescreen patients for health insurance at the clinic and to recommend enrollment in health insurance program or HSF. The program processed 32 referrals from the Clinica Martin Baró and 626 from Unidos en Salud. Many of these referrals led to either setting up an enrollment appointment or informing currently enrolled individuals of their program, such as their Medical Home, services provided, and program expenses.

3. Other Program Activities

a. Enrollment System Replacement

One-e-App, the HSF enrollment system, was replaced by a new system called "HSF Connect" in February 2022. This new system provides functionalities in case management, program management, public portal, billing, and EDI (electronic data interexchange) feeds to user management and to program administration.

b. Pharmacy Benefit Manager Transition

HSF's Pharmacy Benefit Manager (PBM) provides access to pharmacy services for two HSF Medical Homes—St. Anthony Medical Clinic and Women's Community Clinic. In July 2021, the program transitioned from PerformRX to Magellan due to the increasing costs of pharmacy services, and re-issued participant identification card to impacted patients.

c. Pharmacy Network Change

Four network pharmacies were closed, and three new ones were added this year. The closed pharmacies include:

- 1101 Market Street CVS Pharmacy
- 1496 Market Street Walgreens Pharmacy
- 790 Market Street Walgreens Pharmacy

- 1300 Bush Street Walgreens Pharmacy

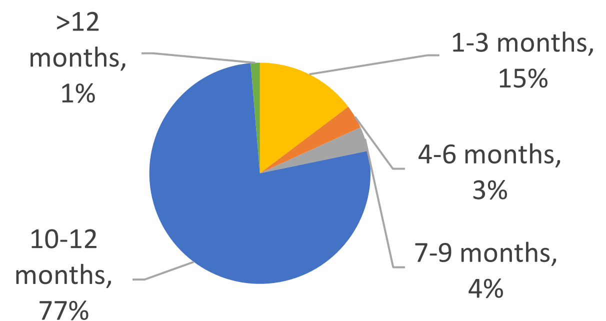
The newly added pharmacy locations are:

- 300 Gough Street Walgreens Pharmacy
- 790 Van Ness Avenue Walgreens Pharmacy
- 1100 Van Ness Avenue Walgreens Pharmacy

III. Participant Demographics

This section examines the demographics of participants, including their enrollment duration, ethnicity, gender, age, income, spoken language, neighborhood distribution and program utilization. As illustrated in Exhibit 3.1, 77% of the participants were enrolled for 10 to 12 months this year. Despite the pause of disenrollment and automatic extensions, there were still some participants that chose to cancel their coverage. Some of the reasons for disenrollment include: already enrolled in Medi-Cal, enrollment in other private insurance, or dissatisfaction with the program.

Exhibit 3.1: Average Enrollment Duration Per Participant in FY21-22



1. Enrollments, Disenrollments, and Re-enrollments

HSF is a voluntary program with no penalties for failure to enroll or disenroll. However, some eligible uninsured adults may still elect not to participate. At the end of FY21-22, 4727 disenrollments were reported. Reasons for disenrollment included other ineligibility, enrolled in public coverage, did not complete renewal, enrolled in private insurance, and non-payment.

2. Participant Demographics

Exhibit 3.2 depicts that more than half (52%) of HSF population falls at or below the 100% Federal Poverty level. Additionally, as illustrated in Exhibit 3.3, over 70% of the total HSF population is Hispanic. These two trends are consistent over the past few years.

Exhibit 3.2: Demographic Breakdown by Income, FY21-22

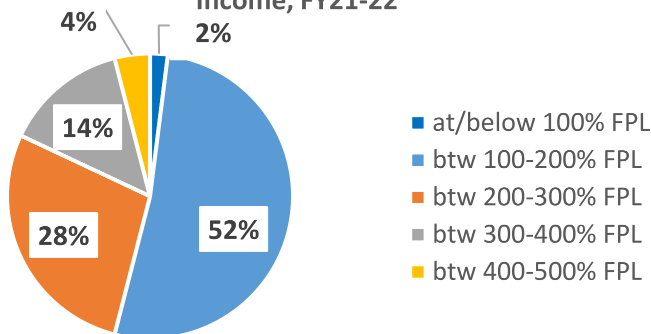
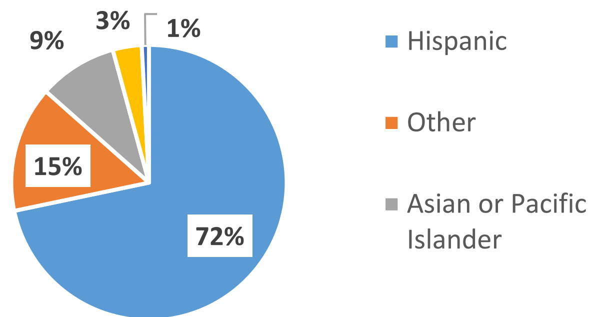


Exhibit 3.3: Participant Demographics by Ethnicity, FY 21-22



Consistent with the trend of ethnicity breakdown, 75% of the participants are Spanish speaking (Exhibit 3.4). Regarding genders, the breakdown is almost evenly distributed between male and female (Exhibit 3.5).

Exhibit 3.4: Demographic Breakdown by Spoken Language, FY 21-22

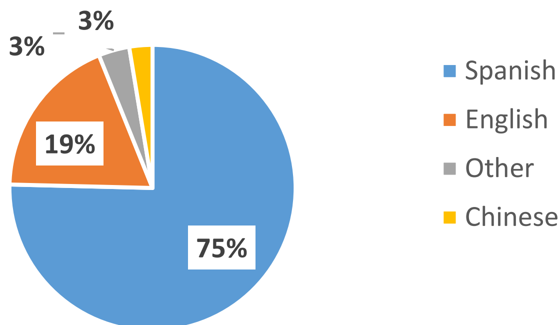


Exhibit 3.5: Demographic Breakdown by Gender FY 21-22

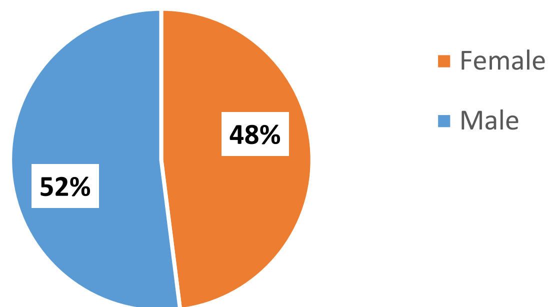


Exhibit 3.6: Participants by Neighborhood

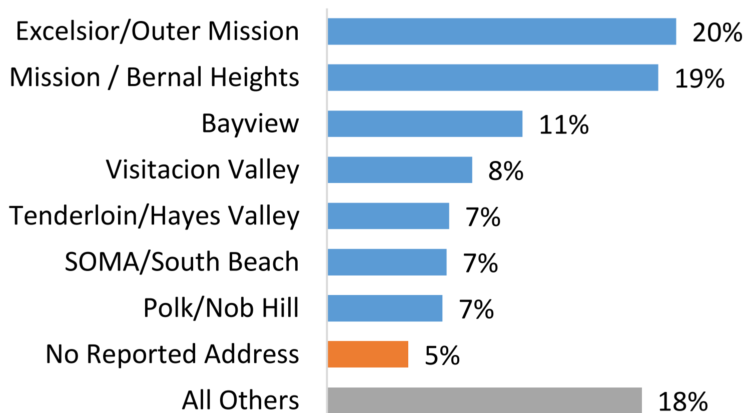
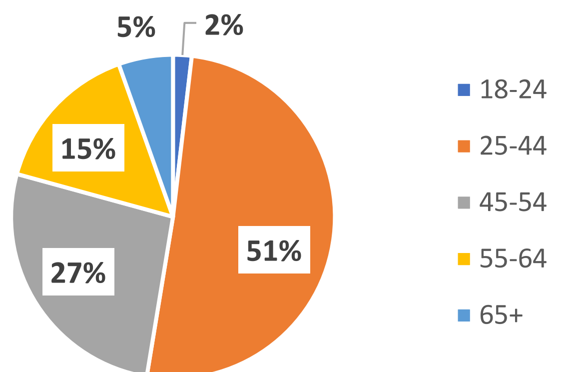


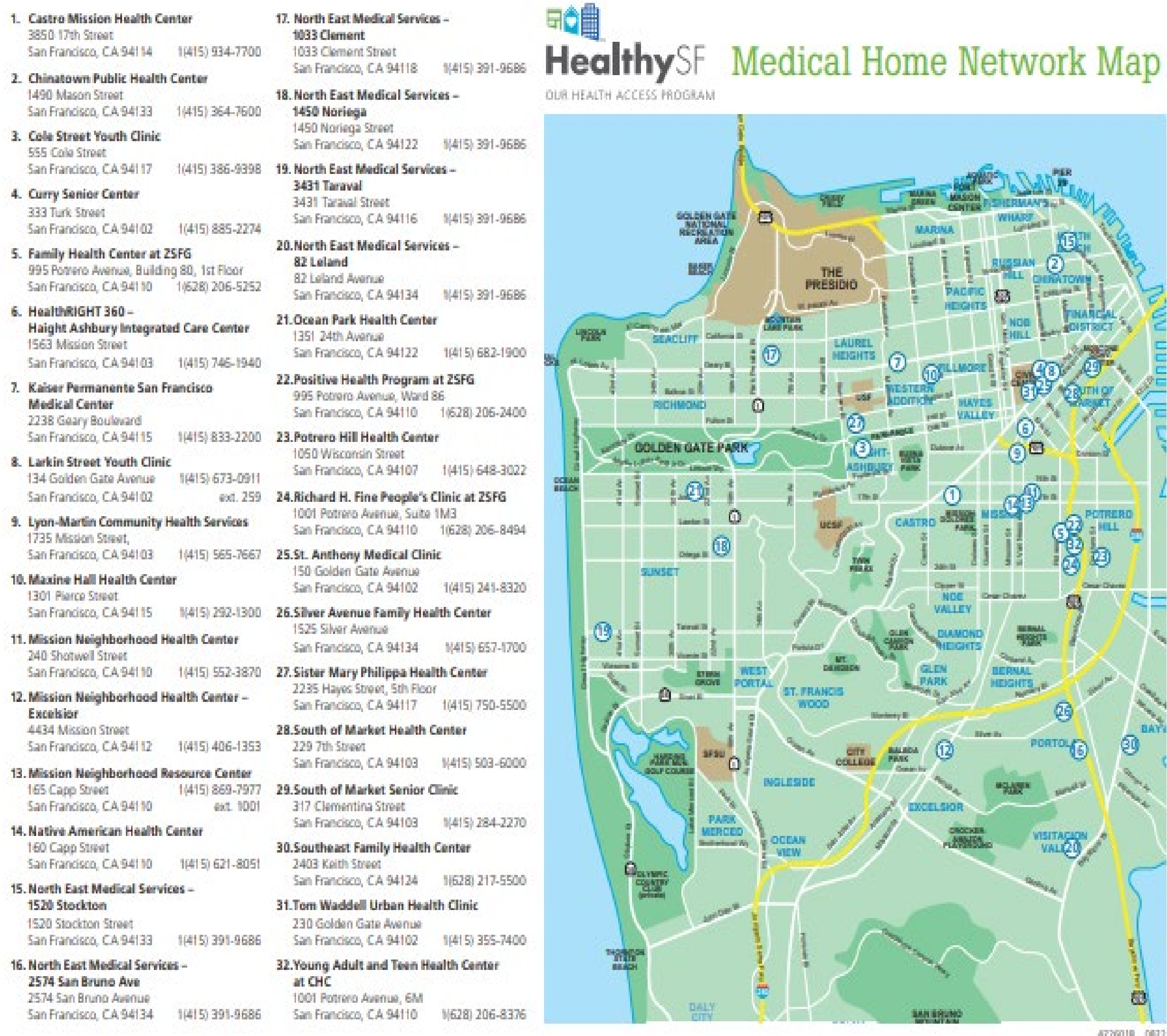
Exhibit 3.7 Demographic Breakdown by Age, FY 21-22



As shown in Exhibit 3.6, the majority of participants resided in seven San Francisco neighborhoods. Specifically, twenty percent (20%) resided in the Excelsior or Outer Mission, 19% in the Mission or Bernal Heights neighborhood, 11% in Bayview, 8% in Visitacion Valley, 7% in Tenderloin or Hayes Valley, 7% in SOMA (South of Market) or South Beach, 7% in Polk or Nob Hill, and 5% reported being homeless. It is possible that this number is underestimated as some unhoused individuals may use their medical clinic or a transient housing address when applying for HSF. Exhibit 3.7 shows that more than half of the population are under the age of 44 (53%, 9593 participants). 27% of the population (4,862 participants) are within the age of 45-54.

With the knowledge of where the greatest unmet needs are, the HSF network map below shows the 32 clinics that are spread-out all-over San Francisco (Exhibit 3.8). At the time of enrollment, the HSF assistor usually show this map to the participants so the applicants can choose their preferred Medical Home.

Exhibit 3.7: HSF Medical Home Network Map



Source: San Francisco Department of Public Health (2023). Healthy San Francisco. Accessed 10/27/2023. https://healthysanfrancisco.org/medical-home-map/

IV. Participant Medical Home and Service Utilization

1. Medical Homes

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

At the year-end, 58% of participants selected a home within the San Francisco Health Network (SFHN) which is the integrated health delivery system of DPH. It consists of:

- 32 primary care and specialty care clinics throughout San Francisco,
- Zuckerberg San Francisco Hospital and Trauma Center (ZSFG),
- Laguna Honda Hospital and Rehabilitation Center, and
- Behavioral health clinics (mental health and substance use services).

The next most used Medical Home system is the San Francisco Community Clinic Consortium (SFCCC). In FY21-22, the SFCCC clinics are home to 34% of participants. Exhibit 4.1 provides the distribution of participants across the program's five primary care Medical Home delivery systems.

Exhibit 4.1: HSF Participants by Medical Home System

Delivery System	Count	Percent
San Francisco Health Network (SFHN)	10,393	57%
San Francisco Community Clinic Consortium (SFCCC)	5,419	30%
Kaiser Permanente – San Francisco	1,055	6%
Sister Mary Philippa Health Center (SMP)	330	2%
NEMS (North East Medical Services)	1,041	6%
Total	**18,238**	**100%**

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

2. Clinical Component and Services Utilization

Clinical and service data is collected to help improve health outcomes and monitor appropriate utilization of services. Office visits, emergency department (ED) visits, inpatient stays, behavioral health visits, and prescriptions filled are reported as the average number of participant visits per 1,000 member or participant months (PMPM) (MEDICAL HOME * 1000). The Medical Home calculation is as follows:

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

a. Neighborhoods with Highest Utilization Rates

Exhibit 4.2 summaries the overall service utilization by neighborhood, which remained consistent with those levels observed from FY20-21. While Nob Hill and Bayview had only 19% of the total participants, they have the highest office visits, at 2.7 per member or participant per year (PMPY). Excelsior had the highest ED visits PMPM*1000, while Mission had the highest inpatient admissions PMPM*1000. Similar to the prior year, Tenderloin and Nob Hill also had the highest prescriptions, at over 330 prescriptions filled PMPM*1000 when the average utilization was 253.7 PMPM*1000 in FY21-22.

Exhibit 4.2: Neighborhoods with Highest Utilization Rates

	Excelsior	**Mission**	**Bayview Hunters Point**	**Visitacion Valley**	**Tenderloin**	**Nob Hill^**	**So. of Market**	**All Other Neighborhoods (Average Data)**	**Total Utilization HSF Program**
# Participants	3,762	3,569	2,107	1,563	1,315	1,244	1,288	3,390	18,238
% of Participants	21%	20%	12%	9%	7%	7%	7%	19%	100%
Office Visits PMPY	2.3	2.5	2.7	2.4	2.4	2.7	2.4	2.4	2.98
% Members with ED Visits	0.85%	1.00%	0.86%	0.82%	0.82%	0.90%	0.92%	0.94%	10%
ED Visits PMPM*1000	17.4	16.9	14.0	13.3	16.6	15.2	17.1	15.5	15.08
Inpatient Visits PMPM*1000	1.05	2.43	2.24	0.88	1.23	1.23	1.47	1.50	1.35
Prescriptions Filled PMPM*1000	205.8	214.7	185.3	224.9	385.0	339.8	220.7	253.74	253.7

^Data reported here is likely skewed by geographic proximity to Tenderloin neighborhood

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

Exhibit 4.3 presents a comparison between participants ages 65 and older and those ages 18-64 with a chronic disease. The data shows that service utilization of those with chronic diseases was higher than for all service categories regardless of their age group. Participants with a chronic disease had overall higher utilization in all three categories, including office visits, ED visits and inpatient admissions than those without a chronic disease.

Exhibit 4.3: Utilization by Chronic Disease Indicator, Age Category, and Service Type, FY21-22

	Chronic Disease Indicator		
	Age	**None/No Encounter Data Available**	**Yes**
% Members with Office Visit with Chronic Disease	18-64	58%	98%
	65 and over	67%	96%
Office Visits PMPY*1000	18-64	2.79	7.66
	65 and over	3.65	9.31
% Members with ED Visit	18-64	9%	18%
	65 and over	8%	19%
Inpatient Visits PMPY*1000	18-64	1.14	4.41
	65 and over	1.67	10.73

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

Exhibit 4.4 shows that participants with Chronic Disease had more office visits, ED visits and prescriptions filled overall. Interestingly, persons with and without chronic disease had very similar ED visits PMPY (0.27 PMPY vs 0.51 PMPY).

The number of office visits for FY21-22 has decreased slightly, while all other categories including ED visits, inpatient visits and prescriptions filled remained steady.

Exhibit 4.4: Utilization by Service Type, Fiscal Year, and Chronic Disease Indicator for Participants with One or More Office Visits

		With No Chronic Disease	With Chronic Disease
Office Visits PMPY*1000	FY20-21	4.88	8.09
	FY21-22	4.34	6.70
ED Visits PMPY	FY20-21	0.28	0.41
	FY21-22	0.27	0.51
IP Visits MEDICAL HOME*1000	FY20-21	2.15	5.86
	FY2-122	2.45	5.51
Prescriptions Filled PMPY	FY20-21	4.13	11.80
	FY21-22	4.92	11.51

Exhibit 4.5 shows that the percentage of participants with prescriptions filled has decreased from 28% in FY20-21, to 26% in FY21-22. This is an interesting trend because while the total number of prescriptions filled has increased, the percentage of participants with prescriptions filled has decreased.

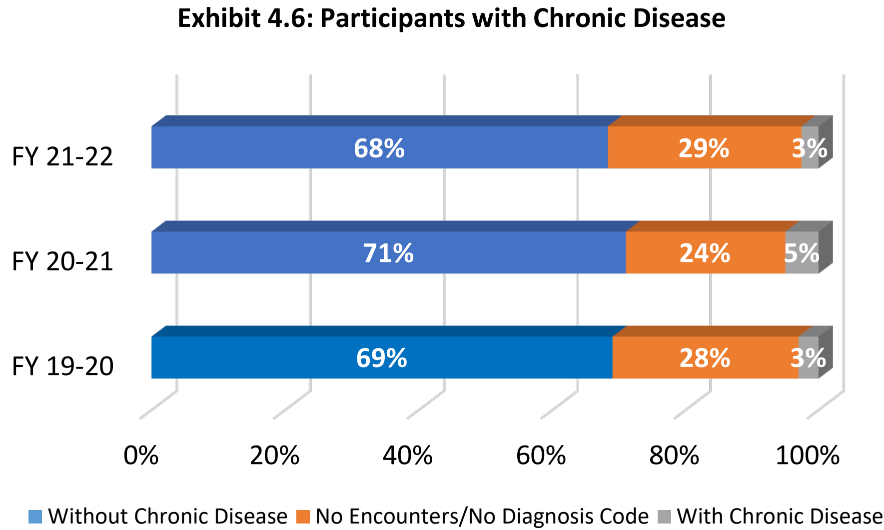
Exhibit 4.5: Prescription Utilization Rate by Fiscal Year

	FY19-20	FY20-21	FY21-22
Total Prescriptions Filled	46,835	46,643	55,135
% Members with Prescriptions Filled	30%	28%	26%

d. Participants with or without Chronic Disease

Exhibit 4.6 depicts that participants without a chronic disease diagnosis have been steady the past three years, averaging at 69%. The percentage of HSF participants with a reported chronic disease is also steady at 3.6%. Since 80% of the HSF population are within the 25-54 age group (see Exhibit 3.7 on page 8), they are less likely to have a chronic disease diagnosis.

Exhibit 4.6: Participants with Chronic Disease



e. Mental Health and Substance Use Disorder Services Utilization

The following table indicates the percentage of participants with a mental health or substance use disorder visit over the last two years (Exhibit 4.7). Both substance use visits PMPY and the percentage of members with substance use visits have remained steady with a small decrease. This trend is the same for those participants with mental health visits. The percentage and total number of mental health visits are consistent from the prior year with a small decrease.

Exhibit 4.7: Mental Health and Substance Use Disorder Services Utilization

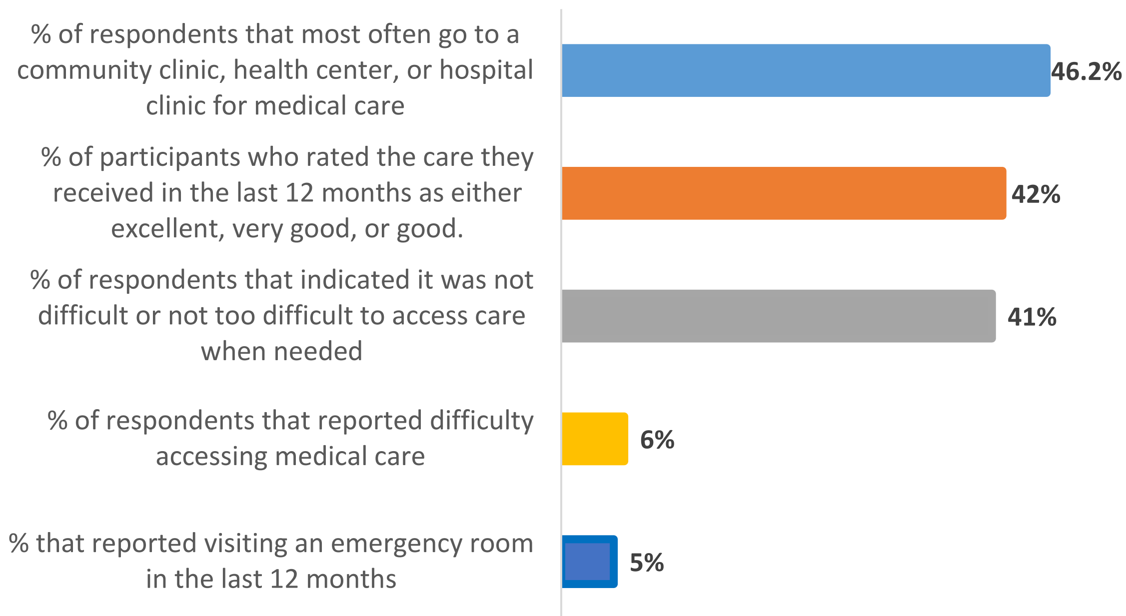
	FY20-21	FY21-22
% Members with Substance Use Disorder Visit	0.14%	0.13%
Substance Use Disorder Visits PMPY	0.18	0.15
Total Number of Substance Use Disorder Visits	2,533	2,449
% Members with Mental Health Visit	1.64%	1.55%
Mental Health Visits PMPY	0.35	0.32
Total Number of Mental Health Visits	5,425	5,266

V. Participant Experience and Satisfaction

HSF continually obtains 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 including a Health Access Questionnaire (HAQ) at the point of application and at annual renewals.

The HAQ is available in English, Spanish, and Chinese. Participant responses to this questionnaire enable the program to gauge individuals' experiences prior to enrolling in HSF. It 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 FY21-22, a total of 5,769 surveys were examined for this analysis. Please note that not all participants completed a survey.

Exhibit 5.1: Highlights from FY21-22 Health Access Questionnaire



VI. Revenues and Expenditures

DPH actively tracks expenditures for HSF. Expenditures from each DPH division are combined to provide an overview of the program's finances. DPH expenditures includes staff time, third-party administrator costs and services to participants at ZSFG, SFHN clinics, UCSF Health via its tertiary care agreement, and behavioral health services.

1. DPH Expenditures

DPH reported an estimated total of $71.1 million in expenditures in FY21-22. These costs were due to expenses for administration, services, and information systems. Administration expenditures accounted for

approximately $8.29 million (or 11% of total DPH expenditures) while service costs added up to $62.8 million (or 89% of total DPH expenditures).

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

Exhibit 6.1: Estimated Total Revenues and Expenditures

	FY19-20	FY 20-21	FY 21-22
I. ENROLLMENT			
Total Participant Months	162,848	178,056	196,282
II. REVENUE			
Participation Fees and SFDPH POS	$2,581,152	$2,688,241	$715,553
ESR (Employer Health Care Expenditures)	$2,574,370	$1,317,341	$220,978
TOTAL REVENUE (sum of B12+B13)	**$5,155,522**	**$4,005,582**	**$936,531**
III. SFDPH EXPENDITURES			
HSF Administration	$214,323	$1,929,275	$2,536,597
Third-Party Administrator (SFHP)	$12,277,347	$5,092,474	$5,757,876
Cost of Services (ZSFG, Clinics, UCSF)	$46,692,104	$49,930,412	$56,055,416
Behavioral Health	$2,740,254	$2,536,415	$2,049,352.64
Non-SFDPH Provider Reimbursement	$3,900,733	$3,397,915	$4,278,472
Eligibility/Enrollment System (One-e-App)	$412,010	$346,314	$432,236
SUBTOTAL SFDPH EXPENDITURES	**$66,236,771**	**$63,232,805**	**$71,109,950**
ESTIMATED SFDPH PER PARTICIPANT EXPENDITURE PER MONTH	**$407**	**$355**	**$362**
IV. NON-SFDPH EXPENDITURES			
Private Medical Homes Net HSF Expenditures	$4,521,388	$5,394,862	$6,597,102
Non-Profit Charity Care Expenditures	$2,042,037	$1,614,117	$1,856,328
SUB-TOTAL NON-SFDPH EXPENDITURES	$6,563,425	$7,008,979	$8,453,430
GRAND TOTAL			
TOTAL SFDPH AND NON-SFDPH EXPENDITURES	**$72,800,196**	**$70,241,784**	**$79,563,380**
ESTIMATED TOTAL PER PARTICIPANT PER MONTH EXPENDITURE	**$447**	**$394**	**$405**
SFDPH REVENUE LESS SFDPH EXPENDITURES	($61,081,249)	($66,236,202)	($78,626,848)

SFDPH PER PARTICIPANT REVENUE PER MONTH	$34	$22	$5
PER PARTICIPANT GENERAL FUND SUBSIDY PER MONTH	($341)	($350)	($433)

2. Non-DPH Expenditure and Revenues

Private HSF providers reported that approximately $8.5 million worth of health services were rendered to participants this year. This was a four percent (4%) increase from the year before. It consisted of:

- $6.6 million by Medical Homes
- $1.9 million in HSF-related hospital charity care expenses

Exhibit 6.2: Estimated Expenditures and Revenue for Private HSF Medical Homes

Medical Home	Expenditures	HSF Funding and Other Revenues	Net Costs
Saint Francis Memorial Hospital	$179,428	$20	($179,408)
Kaiser Permanente	$6,653,420	$1,513,061	($5,140,359)
North East Medical Services	$884,729	$342,861	($541,867)
SF Community Clinic Consortium Affiliated Clinics	$10,422,260	$4,562,617	($5,859,643)
Sister Mary Philippa Health Center (affiliation with St. Mary's Medical Center)	$735,853	$385	($735,468)
All Non-DPH Medical Home Health Systems	$18,875,690	$6,418,944	($12,456,745)

VII. Data Sources and Limitations

1. Data Sources

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

- Enrollment data derived from HSF’s enrollment system
- Participant encounter and prescription drug data
- County Behavioral Health Services encounters
- The Health Access Questionnaire

2. Limitations

The HSF Annual Report provides a snapshot of available data that characterizes participants' health care services utilization as of June 30, 2022. In order to accomplish this, HSF relies on partner agencies to furnish the participant encounter and prescription drug utilization data needed to generate the report. To note, the data received is not independently audited by HSF.

While processing said utilization data, some providers and partner agencies may encounter delays when validating and reporting the data to the program. Thus, historically all relevant encounter and prescription drug-related data has not been available by the end of the fiscal year. In addition, a variable percentage of the encounter data received by HSF may be incomplete due to errors in recording or reporting the service utilization. The lack of complete data may have resulted in underreporting of these utilization data at the time the annual report is written. However, in years past, comparative analysis of the partial to the complete encounter datasets has shown few discrepancies.

Another noteworthy limitation of the program's capacity to examine its services utilization is its 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. The program's non-profit hospital partners often confront this reality as well when reporting possible utilization by participants from other Medical Homes.

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

VIII. Acknowledgements

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- San Francisco Health Plan
- San Francisco Community Clinic Consortium Clinics
- St. Mary's Medical Center

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- University of California, San Francisco Medical Center
- One Degree (Formerly known as Alluma)
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