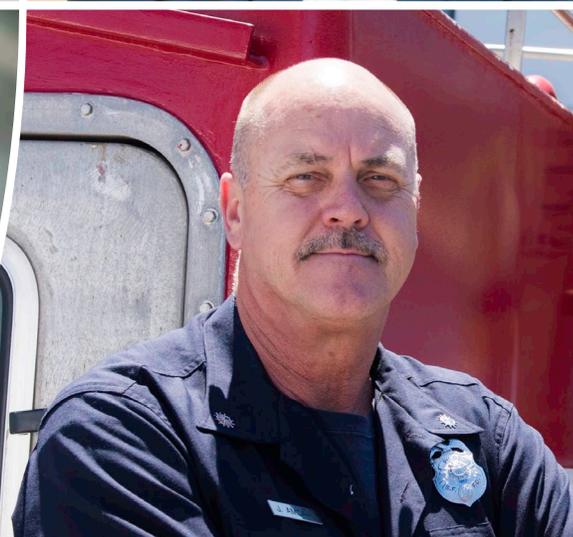


SFHSS 2022 Key Findings for Health Plan Risk Scores

April 13, 2023



Risk Band Profiles by Age & Gender Cohort

HEALTHY			
Age-Band	Female	Male	Total
	20,159	23,914	44,073
Ages < 1	213	162	376
Ages 1-4	1,187	948	2,135
5-14	3,672	3,725	7,397
15-24	3,453	4,355	7,807
25-34	2,098	2,793	4,891
35-44	3,583	4,339	7,922
45-54	2,917	3,584	6,501
55-64	1,935	2,975	4,910
65+	1,102	1,033	2,135

STABLE			
Age-Band	Female	Male	Total
	15,241	11,940	27,181
Ages < 1	106	108	214
Ages 1-4	433	640	1,073
5-14	920	1,143	2,063
15-24	1,720	1,169	2,888
25-34	1,439	678	2,118
35-44	1,830	1,330	3,161
45-54	2,795	2,115	4,911
55-64	3,523	2,429	5,953
65+	2,474	2,327	4,801

AT RISK			
Age-Band	Female	Male	Total
	13,607	9,704	13,607
Ages < 1	92	141	92
Ages 1-4	76	167	76
5-14	297	461	297
15-24	731	469	731
25-34	792	296	792
35-44	1,454	751	1,454
45-54	2,011	1,402	2,011
55-64	2,806	2,305	2,806
65+	5,348	3,711	5,348

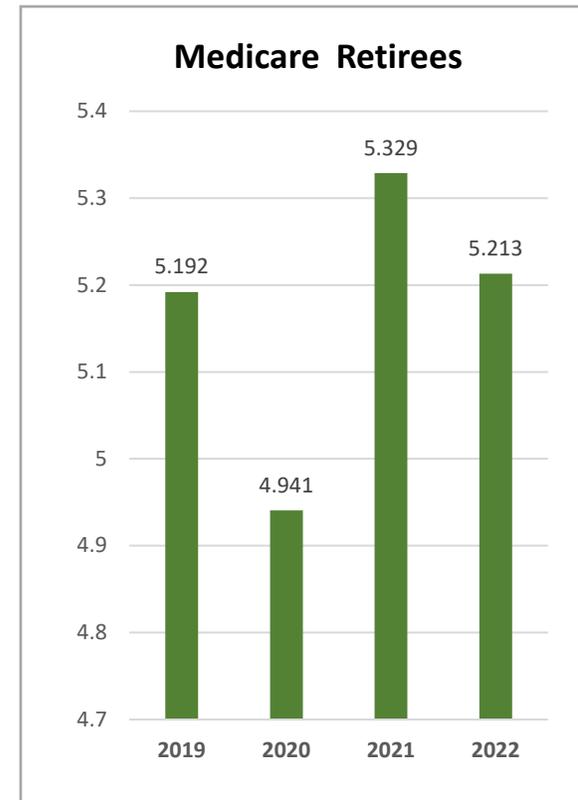
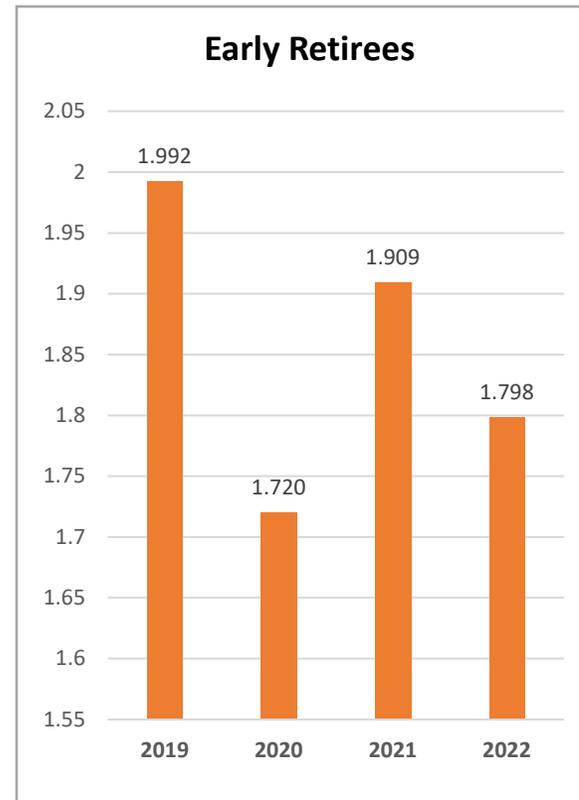
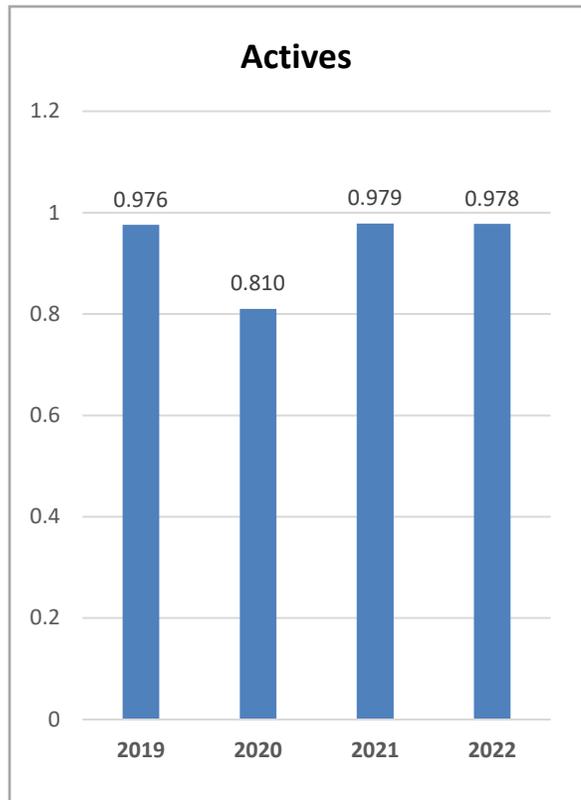
STRUGGLING			
Age-Band	Female	Male	Total
	11,471	8,053	19,524
Ages < 1	28	24	52
Ages 1-4	18	16	33
5-14	45	74	119
15-24	327	215	541
25-34	713	152	865
35-44	1,176	365	1,541
45-54	1,140	706	1,845
55-64	1,695	1,445	3,141
65+	6,329	5,057	11,387

IN CRISIS			
Age-Band	Female	Male	Total
	4,043	4,069	8,112
Ages < 1	8	15	23
Ages 1-4	6	10	16
5-14	16	16	32
15-24	43	49	93
25-34	41	23	65
35-44	115	62	177
45-54	227	203	431
55-64	424	532	955
65+	3,163	3,158	6,320

58 % of SFHSS members are categorized as healthy or stable.

The remaining 42 % are categorized as at risk, struggling, or in crisis.

SFHSS Risk Scores Population Overview: Concurrent Scores 2019-2022

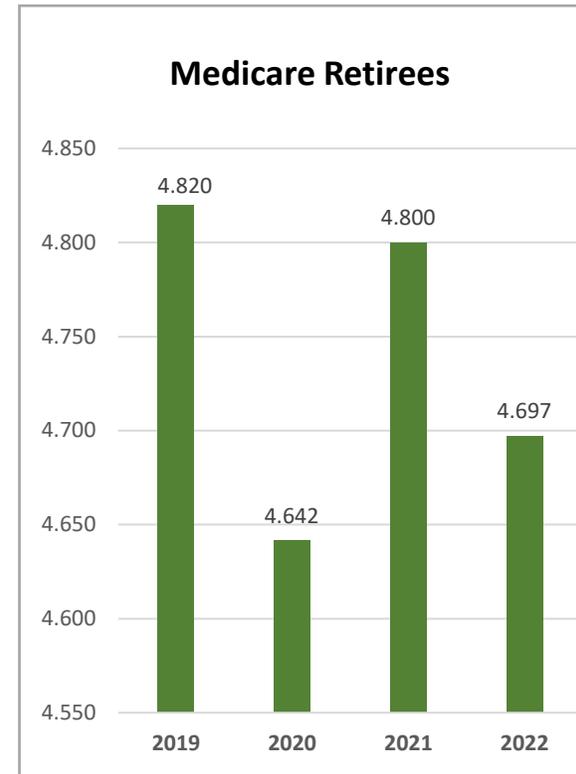
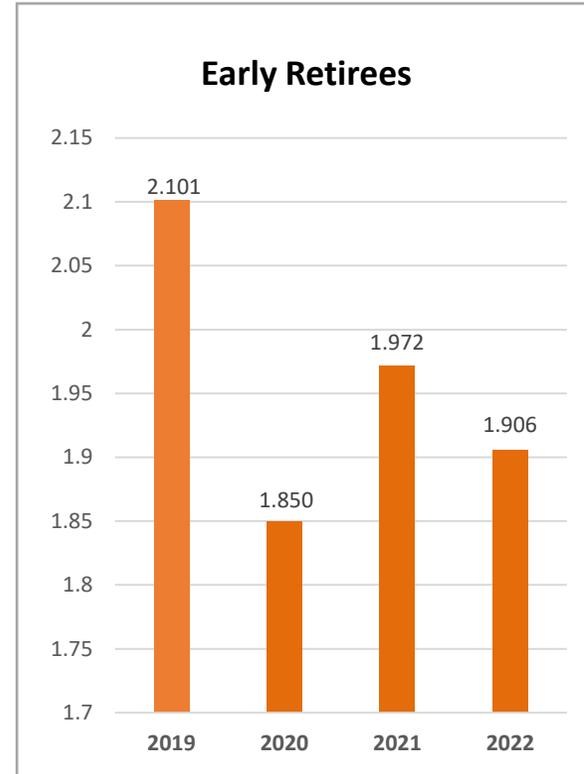
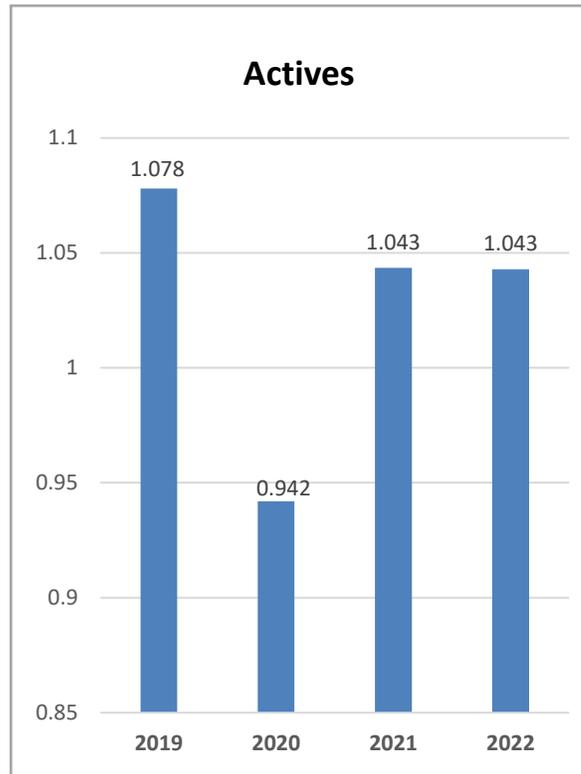


Scores indicate that the Active population risk score decreased marginally over 2021, and is consistent with all non-Covid-19 years (.976 2018, .979 2019)

Early Retirees' risk scores are lower than 2021. Despite increases in claims and patients in 2022 over previous year, the number of non-utilizers increased which results in minimal scores for those individuals. The 2022 value is the 2nd lowest score (lowest being Covid-19 claim suppression) since SFHSS began measuring risk of this population

Overall Medicare population risk scores decreased driven by the decreases evidenced in the Kaiser Permanente Medicare population.

SFHSS Risk Scores Population Overview: Prospective Scores 2019-2022



Active population prospective risk scores have remained steady the last two years. Prior to Covid-19, risk scores for this population were at 1.08 so while remaining unchanged over the last two years the risk has increased over time.

The Early Retirees risk score reduced over previous period and is at its lowest since SFHSS began risk score reporting from the APCD (High value was 2.176 for 2016). The number of non-utilizers increased over prior period which reduces the risk score to age/gender basis.

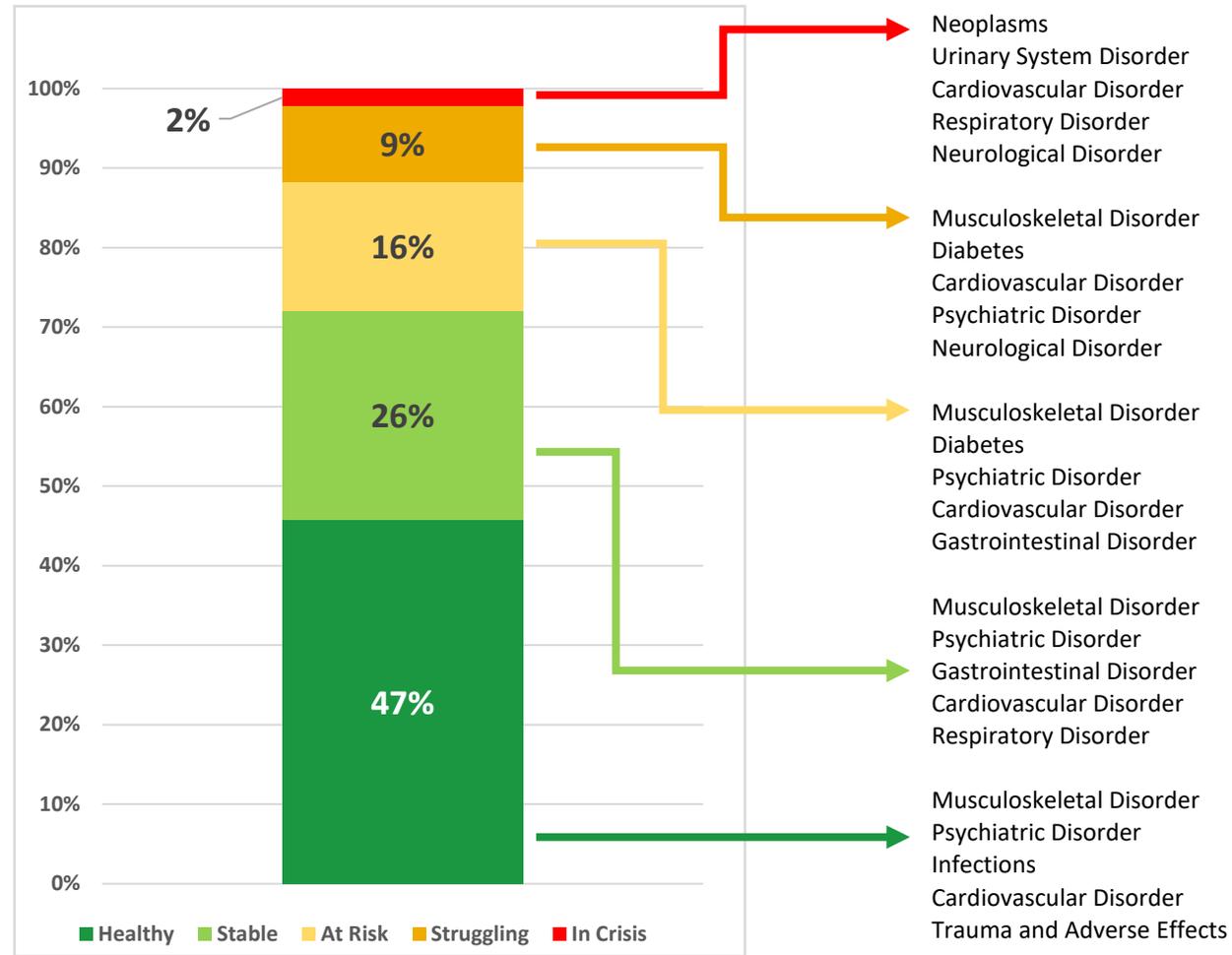
Medicare Retirees risk scores also improved from previous period and are at the lowest since SFHSS began reporting for this population in 2018 (4.820)

Major Health Conditions and Disorders by Risk Band Profiles

Commercial Population

Percent Risk Contribution is the weighted average percent risk contribution to indicate how much a person's risk is driven by this condition.

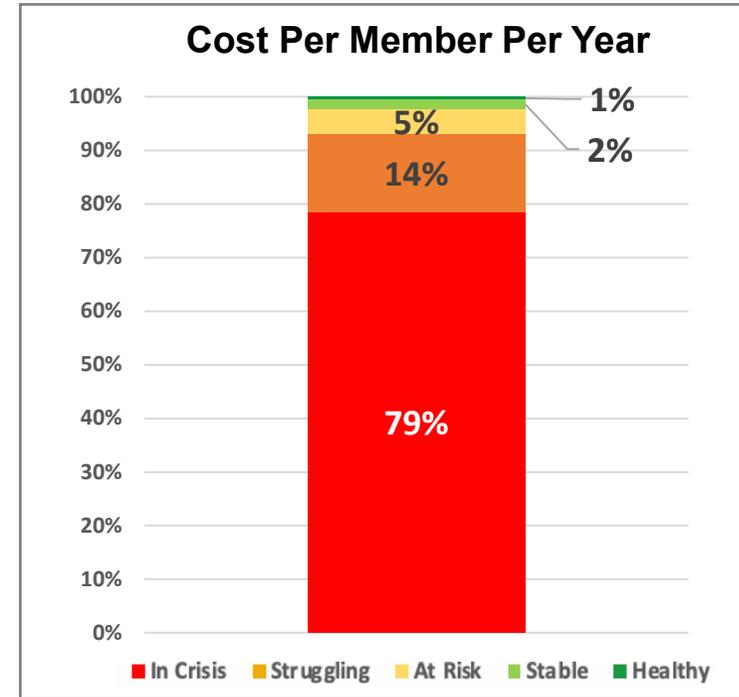
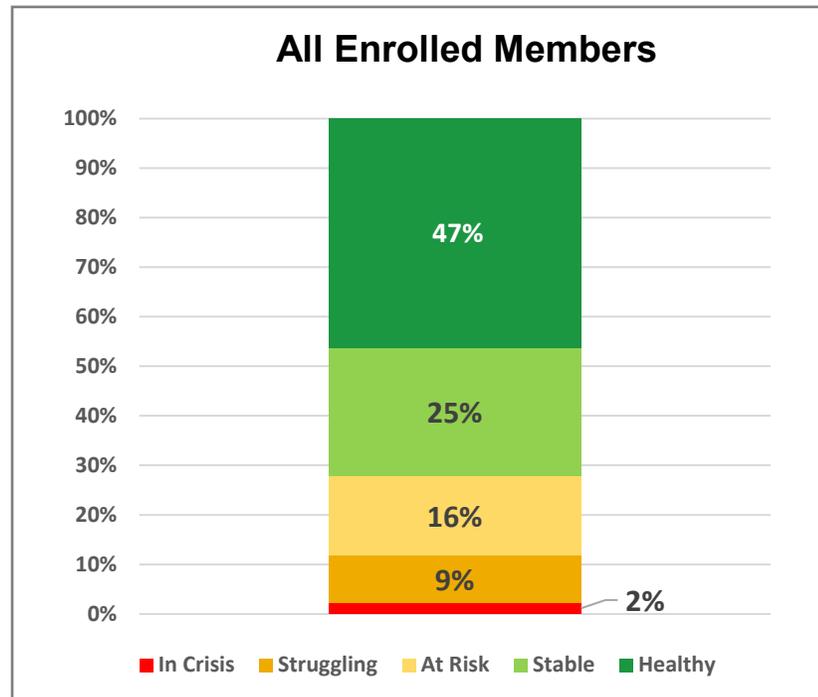
Musculoskeletal Disorder contributes to the largest segment of costs (14%), followed by Neoplasms (9%), and then Diabetes, Cardiovascular Disorder, and Psychiatric Disorder each at 7%



Members and Cost Distribution By Risk Category

Commercial Population

Risk bands group patients in risk categories from **Healthy** to **In Crisis**.



72% of the Commercial population are **Healthy & Stable** and their health costs are around 3%.

In Crisis members are 2% and cost 79%.

Healthy patients are infrequent or non-utilizers being treated for the occasional low-severity acute conditions.

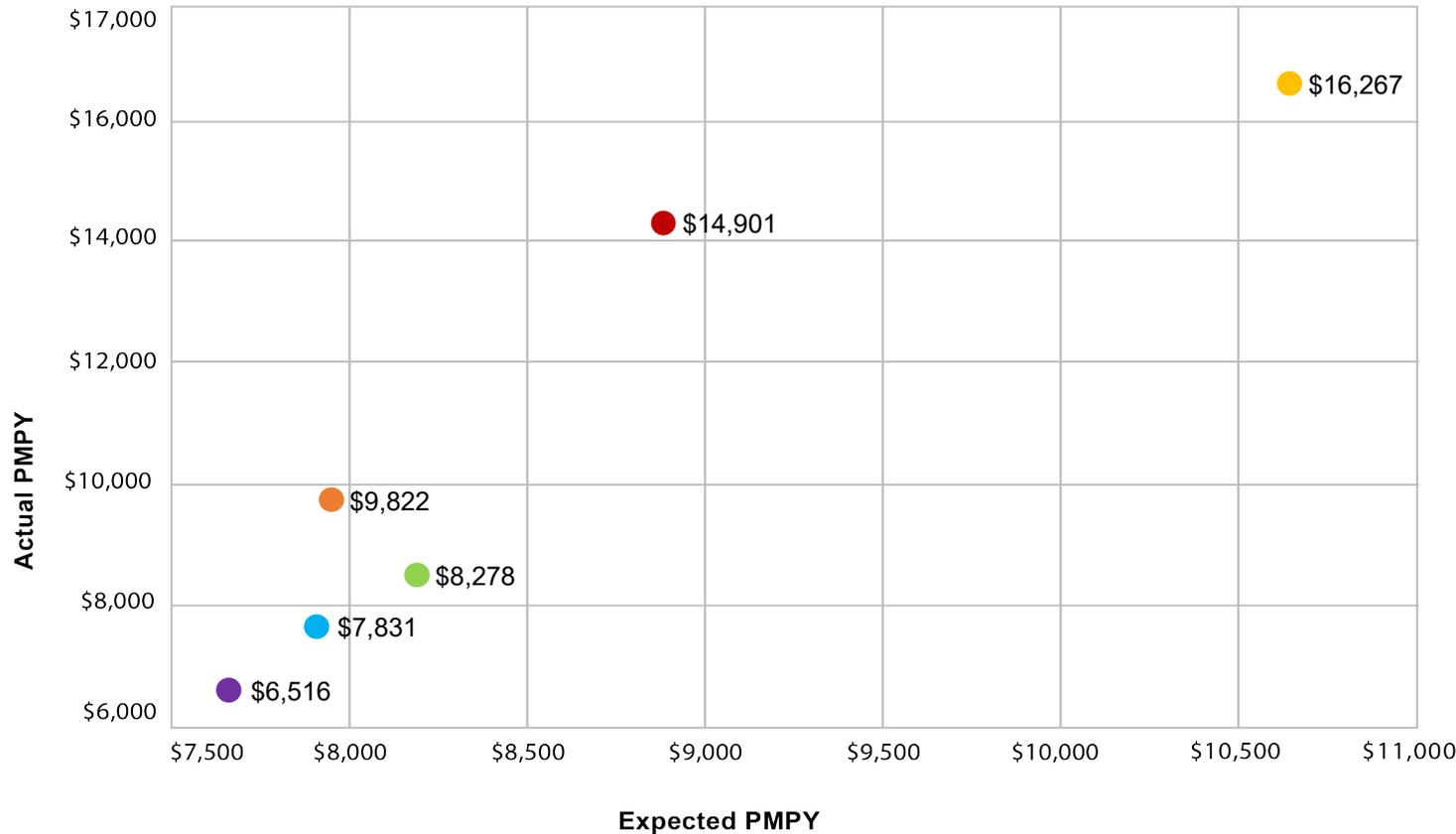
Stable patients are somewhat active utilizers being treated for low-severity acute conditions.

At Risk patients are active utilizers most often being treated for medium severity acute conditions and low severity chronic conditions.

Struggling patients are heavy utilizers most often being treated for high severity acute conditions and medium severity chronic conditions.

In Crisis patients are heavy utilizers most often being treated for multiple severe acute and/or chronic conditions.

Relative Commercial Plan Performance – Actual PMPY vs Expected PMPY



All Plans
 Expected PMPY: \$7,858
 Actual PMPY: \$7,831
 Current Variance: \$-27
 Actual Variance \$-15

Kaiser Permanente
 Expected PMPY: \$7,686
 Actual PMPY: \$6,516
 Current Variance: \$-1,170
 Previous Variance: \$-867

BSC Access+
 Expected PMPY: \$7,919
 Actual PMPY: \$9,822
 Current Variance: \$1,903
 Previous Variance: \$1,040

BSC Trio
 Expected PMPY: \$8,159
 Actual PMPY: \$8,278
 Current Variance: \$119
 Previous Variance: \$64

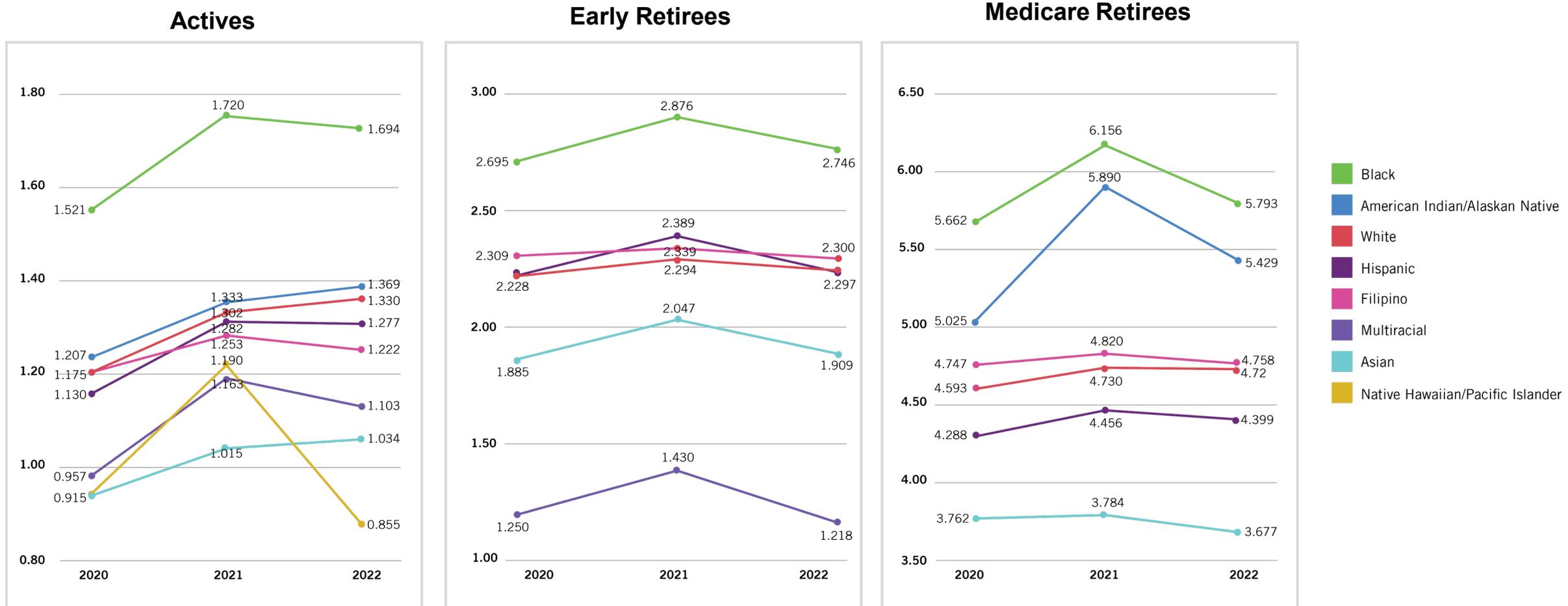
BSC PPO
 Expected PMPY \$9,233
 Actual PMPY: \$14,901
 Current Variance: \$5,668
 Previous Variance: n/a

UHC PPO
 Expected PMPY \$10,789
 Actual PMPY: \$16,267
 Current Variance: \$5,478
 Previous Variance: \$7,827

Actual PMPY was greater than expected when adjusting for risk for BSC Access+, BSC Trio, BSC PPO & UHC PPO.
 Actual PMPY was less than expected when adjusting for risk for Kaiser Permanente.

BSC PPO data is based on 3 quarters of data. As noted the Early Retiree risk score is lower than the previous period when the PPO was administered by UHC. Since the PPO Risk is lower than expected, likely due to non-utilizers, the expected PMPY which is adjusted for risk is impacted.

SFHSS Employees – Prospective Risk Score by Race / Ethnicity



Not all races represented in every population due to population size.

Demographics in High Vulnerability San Francisco Zip Codes – Commercial

ZIP CODE: 94102

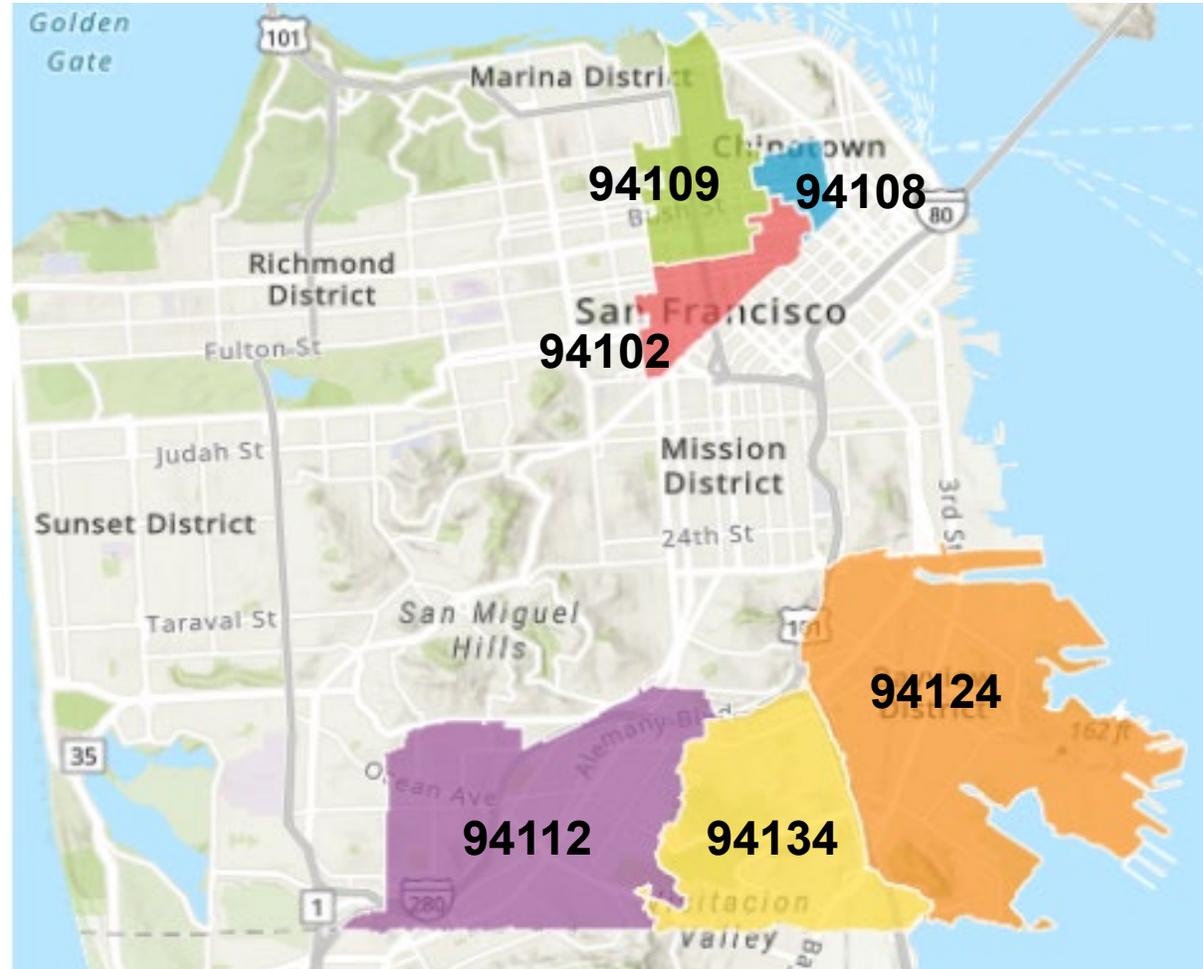
Risk Score: 1.097, 1.219
 No of Lives: 702
 Median Age: 40
 Largest Ethnic/Race Group: White
 Dominant Gender: Female
 Family Size: 1.5
 Majority Enrollment: KP
 Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94108

Risk Score: 0.830, 1.115
 No of Lives: 207
 Median Age: 43
 Largest Ethnic/Race Group : Asian
 Dominant Gender: Female
 Family Size: 1.5
 Majority Enrollment: KP
 Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94109

Risk Score: 1-149, 1.241
 No of Lives: 853
 Median Age: 43
 Largest Ethnic/Race Group : White
 Dominant Gender: Female
 Family Size: 1.4
 Majority Enrollment: KP
 Risk Contributor: Musculoskeletal Disorder



ZIP CODE: 94112

Risk Score: 0.912, 1,030
 No of Lives: 5559
 Median Age: 39
 Largest Ethnic/Race Group: Asian
 Dominant Gender: Female
 Family Size: 1.9
 Majority Enrollment: KP
 Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94124

Risk Score: 1.158, 1.198
 No of Lives: 2660
 Median Age: 37
 Largest Ethnic/Race Group: Black
 Dominant Gender: Female
 Family Size: 1.9
 Majority Enrollment: KP
 Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94134

Risk Score: 0.892, 1.001
 No of Lives: 2847
 Median Age: 38
 Largest Ethnic/Race Group: Asian
 Dominant Gender: Female
 Family Size: 1.9
 Majority Enrollment: KP
 Risk Contributor: Musculoskeletal Disorder

Workstreams and Next Steps

Summary & Key Findings	Actions & Workstreams
Lower risk scores for the Non-Medicare population, likely driven by low and non utilizers.	<ul style="list-style-type: none"> ▪ Performance guarantees with carriers focus on HEDIS and preventative care ▪ SFHSS Wellbeing & Communications
Disparities in health within SFHSS populations (e.g. Race, Gender, Department).	<ul style="list-style-type: none"> ▪ Racial Equity Action Plan ▪ Population and Social Health Strategies ▪ SFHSS Wellbeing & Communications ▪ Transmission of race information to carriers
Musculoskeletal disorders continue to be the largest contributor to risk scores in the SFHSS population.	<ul style="list-style-type: none"> ▪ Evaluate cost effective methods for treating MSK conditions
End Stage Renal Disease Accounts for 4% of costs	<ul style="list-style-type: none"> ▪ Ensure plans are proactive in seeking Medicare eligibility