

**DATE:** April 14, 2022  
**TO:** Dr. Stephen Follansbee, President, Members of the Health Service Board  
**FROM:** Abbie Yant, RN, MA Executive Director SFHSS  
**RE:** March 2022 Director's Report

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**SFHSS Staff returned to the office as of April 2022. SFHSS Remains Closed to the Public. The Health Service Board is returning to in-person meetings according to City Administrator Guidance. The April Health Service Board Meeting will be a hybrid in-person and virtual meeting. This practice will be reconsidered every 30 days.**

### **Change in Leadership: Chief Operating Officer**

I am very pleased to announce that Rey Guillen will be joining us as the SFHSS incoming Chief Operating Officer. Rey will lead the Operations Teams and during his initial tenure will be mentored into his role by outgoing Chief Operating Officer Mitchell Griggs.

Mitchell has served the City and County of San Francisco for a decade in several SFHSS positions as Member Services Manager, Chief Operating Officer, and Acting Executive Director. Over the last two years, Mitchell has guided SFHSS through its response to the COVID-19 Pandemic Emergency during which he led SFHSS's team to function remotely while continuing to conduct usual business functions, and enhance electronic open enrollment, hire and onboard new staff. Mitchell's deep understanding of health benefits along with his fierce commitment to member experience has throughout his time at SFHSS driven his priorities of improved access, inclusion, and high-touch member services. We will celebrate Mitchell and all his accomplishments at a date to be determined soon.

Rey brings 20+ years of experience in human resources and health benefits. Rey has worked as an employee benefits analyst, benefits program manager, and employee benefits director and recently as the Human Resources Manager in the Department of Behavioral Wellness in Santa Barbara County. Rey worked in a variety of California City and County government agencies including Santa Clara, the City of Palo Alto, and San Mateo County.

Rey will draw upon his deep experience and understanding of the administration of health benefits in the public sector which will enable him to learn and adapt to his new role as the Chief Operating Officer of the San Francisco Health Service System.

Rey Guillen will begin working at SFHSS on April 18, 2022.

### **Strategic Planning Process**

Strategic Plan refresh exercises are taking place with SFHSS with internal staff to reflect on the current and future state of our Mission, Vision, Values, Guiding Principles, Strategic Goals, and Objectives. These exercises are being facilitated by Aon Account Manager Anne Thompson and Senior Health Program Planner/ Racial Equity Lead Leticia Harris.

In alignment with our core value of inclusivity, the SFHSS Leadership Team has expanded to include Managers and Supervisors, each bringing diverse divisional perspectives in addition to their unique lived experiences as a part of our membership. The internal convening in March

included gleaning perspectives around a Benefits Philosophy Exercise and analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT) to strategic planning success.

**Next Steps: The Health Service Board Strategic Planning Special Meeting is scheduled for April 28, 2022.**

This convening will bring together the Health Service Board, SFHSS Leadership, Employers, Retirees, the Department of Human Resources, Controller's Office, vendor partners, and Aon experts for a full day of information sharing. SFHSS will be sharing a finalized agenda and resource materials in advance and offers the following highlight information:

**Keynote Speakers:**

- Dr. Kevin Grumbach, Hellman Endowed Professor and Chair at the UCSF Department of Family and Community Medicine
- Dr. Deryk Van Brunt, CEO co-founder of CredibleMind, President and CEO of the Healthy Communities Foundation, and Professor at UC Berkeley School of Public Health

**Key Objectives:**

- Bring together a broad set of thinkers and perspectives to help shape current/future programs and services to best meet the needs of the diverse populations we serve.
- Identify important changes in our circumstances and knowledge that SFHSS can use to refresh our strategy and keep it relevant.
- Current State: Develop a shared understanding of the health of our population, the impact of social determinants of health, and the delivery of healthcare services. Recognize the forces impacting the healthcare environment that are both challenges and opportunities. Elevate core areas of focus including Primary Care, Mental Health, Population Health, Equity, and the state of the pharmaceutical industry.
- Future State: Guided by a Population Health approach we will acknowledge our sphere of influence and seek collaborative input for the 2023-2025 Strategic Goals.

**COVID-19 Updates (see attached)**

During the current phase of the COVID 19 pandemic, the demand for testing has decreased. Focus on vaccines continues with the vaccine approvals for younger children and boosters for adults over the age of 50. SFHSS urges members with COVID 19 symptoms to reach out to their provider for medication which is effective if taken within 5 days of onset of symptoms. COVID Tests are readily available over the counter at local pharmacies.

**Stop-Loss Insurance Presentation**

While preparing the presentation regarding Stop Loss Insurance, SFHSS reviewed the Health Service Board Terms of Reference and determined that Policy 210: SFHSS Contingency Reserve Policy states that the Contingency Reserve is funding reserved to cover the risk of claims in excess of the expected claims target. The Contingency Reserve Policy articulates the purpose, use, and calculation of the contingency reserves. The SFHSS Trust holds contingency reserves at a 99% confidence interval as established by an external actuary and audited annually by a third-party entity.

According to Aon, for very large pools, the most common approach to financial risk mitigation in lieu of external reinsurance is the establishment of contingency reserves. The recommended [contingency reserve amounts](#) were presented to the HSB in January 2022.

There is a reference to the City Plan in the Contingency Reserve Policy which implies that stop-loss insurance coverage was once a significant consideration. The Governance Committee will review and revise this policy.

Therefore, today, the consideration of stop-loss insurance is not necessary.

### **Annual Aon Health Value Initiative (HVI) Benchmarking Study for SFHSS (see attached)**

#### **Key Findings:**

1. From an employee perspective for plan cost-sharing benchmarking:
  - SFHSS is substantially lower versus other benchmarks for average member plan design cost-sharing at time of service (e.g., deductibles, copayments, and coinsurance).
  - SFHSS is slightly lower versus other benchmarks for average out-of-paycheck contribution amounts.
  
2. Overall medical/prescription drug spend per employee is higher for SFHSS than for average benchmarked organizations — three key factors drive this result:
  - Higher average population age for SFHSS than other benchmarks (though similar to Public Sector benchmark average age)—SFHSS population is 3 years older on average than overall study employee average age.
  - Higher cost of health care overall in Bay Area versus U.S. averages.
  - Higher percentage of allowed costs paid by SFHSS plans versus other benchmarks after applying member plan design elements (e.g., SFHSS plan deductibles and copayments are less, on average, than those for plan designs of benchmark employers).

#### **Black-Out Period Notice - Reminder**

The HSB discussed the Black-Out Period notice at the November 18, 2021 meeting and approved it at the December 9, 2021, HSB meeting. The notice informed the HSB that beginning on September 9, 2021, through June 23, 2022, HSB members are prohibited from unauthorized communications and other prohibited activities in connection with the San Francisco Health Service System (“SFHSS”) formal request for information (“RFI”) from prospective vendors prior to a possible competitive bid process for the Medicare Advantage (“MA”) plans. The Black Out period subsequently continues throughout the entire Annual Rates and Benefits process for the 2023 plan year. Black-Out Period notices are available on our Board Policies and Reference Documents [webpage](#).

#### **Rates and Benefits Calendar**

The April 28, 2022 calendar hold is confirmed for the Health Service Board Strategic Planning Meeting Special Meeting to be held at the San Francisco Main Public Library.

#### **Racial Equity Action Planning**

In this month’s Racial Equity Update I’d like to recognize how international conflict continues to challenge us all. February 24<sup>th</sup> marks one month since Russia’s attack on Ukraine and people around the world, including our work family, are feeling the stress and fear of ongoing uncertainty. We encourage our citywide family to tap into [diverse activities](#) and [support resources](#) offered through SFHSS Well-Being including weekly stress management sessions.

At the March SFHSS All Staff meeting we shed light on the many layers of this international conflict, including aspects of racial inequity. [Ukrainian Holocaust Survivors](#) are speaking out about reliving genocide trauma in the wake of Russia's invasion. [African students and members of low-income Ukrainian communities](#) are being denied the opportunity to reach safety at the border due to the color of their skin and low socioeconomic status. Acknowledging inequitable behaviors and tendencies so that they don't foster in the next generation is of utmost importance. Let us stand in solidarity with all of the unique and diverse cultures within the Ukrainian community against discrimination and prejudice.

The World Health Organization (WHO) resounds the call for equity in the international promotion of [World Health Day](#). WHO underlines the urgency of creating sustainable **well-being societies** committed to achieving health equity and respecting environmental limits. At the citywide level, the San Francisco Recreation and Parks Department and the Department of the Environment are also focused on the urgent need for environmental justice, sustainable development, and climate solutions in celebration of [Earth Month](#) and [Climate Action Month](#).

The SFHSS eNews letter also uplifts April as [National Minority Health Month \(NMHM\)](#), a time to raise awareness about health inequities that continue to affect people from racial and ethnic minority groups. The 2022 NMHM theme is *Give Your Community a Boost!* As reported by the U.S. Department of Health and Human Services [Office of Minority Health](#), the COVID-19 vaccination, including a booster, is one of the strongest tools we have to end the pandemic which has [disproportionately affected communities of color](#).

At the citywide level, all 50+ CCSF departments are required to provide a refreshed Racial Equity Action Plan report to the Mayor's Office and Board of Supervisors. The Office of Racial Equity (ORE) recommended an extension on that report to May 2022 to allow the Department of Human Resources and Controllers Office additional time to process consolidated workforce data requests.

### **Public Safety Mental Health and Substance Use Disorder Treatment**

Executive Director Yant met with representatives from the San Francisco Fire Department including command leadership, medical officers, active duty, and retired personnel to describe the ongoing efforts to determine if the IFAA Recovery Center in Maryland can be covered by the SFHSS health plans. We also discussed other emotional and mental health well-being concerns for employees. SFHSS is negotiating with public safety at the table and expansion of the public safety employee assistance services that were expanded in the early days of the pandemic in 2020.

SFHSS continues the dialogue with Kaiser Permanente, Blue Shield of California, and Health Net regarding the possibility of including the IAFF Substance Use Treatment Center as part of their respective networks. The in-depth evaluation of this request will take up to 6 months.

Updates from SFHSS Health Plans:

**Kaiser Permanente Response:** "KP is proceeding with its assessment of IAFF. We have contacted them and are in the process of gathering information from them from both an administrative and clinical perspective. In addition, we have not changed our existing first responder programs that are currently available to SF first responders and firefighters."

**Blue Shield of California Response:** “Currently, the Blue Shield of California PPO members have access to many treatment facilities across the U.S., including the IAFF Center of Excellence in Maryland. Members covered under a Blue Shield of California HMO plan also have access to several facilities within California. BSC and its Mental Health Service Provider, which provides behavioral health network and management services, have identified a proposed solution to provide access to HMO (Access+ and Trio) members. As a manual process, administration details are being reviewed currently to identify the most efficient manner to facilitate access to the IAFF COE while minimizing member effort in seeking care.”

**Health Net:** Currently reviewing access.

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**SAN FRANCISCO HEALTH SERVICE SYSTEM  
DIVISION REPORTS: April 2022**

**PERSONNEL**

**Welcome:**

- 1824 Principal Administrative Analyst (Contracts): Patrick Chang started on 3/21/22
- 0953 Chief Operations Officer: Rey Guillen starting 4/18/22

**Recruitments:**

- 2595 Senior Employee Assistance Counselor
- 2593 Health Program Coordinator III
- 1404 Clerk
- 1632 Senior Account Clerk
- 1210 Benefit Analyst
- 1209 Benefits Technician

**OPERATIONS**

- We've seen a significant increase in bookings consultations. For March, we had 129 appointments with 5—QLE, 13—NH, 111—Retirement Consultations. This number has almost doubled since last year's monthly counts.
- Member Services in partnership with our Communications and Well-being teams and DHR are participating in the City's New Employee Orientations monthly.
- Member Services in partnership with our Communications team are hosting Pre-Retiree Webinars during retirement season, with the first webinar attendance of 311
- Starting the recruitment process to fill 2-PCS 1210 positions and 4-PCS 1209 positions.
- DEVA process is under development with the Go-Live date slated for 5/10.

**ENTERPRISE SYSTEMS AND ANALYTICS (ESA) (see attached slide)**

- The enhanced Cisco Webex Contact Center Solution goes live on April 27<sup>th</sup>. This upgrade adds more features to the phone system such as improved call routing, call recording, and future state additional channels of communication such as chat
- Key personnel attended a Continuity of Operations desktop exercise on March 28th. The scenario utilized involved a cybersecurity incident.
- The team continues to work on a variety of system requirements to support a dependent eligibility verification audit:
  - Salesforce is 80% configured and tested
  - Enterprise Content Management System fully configured and tested in the development environment
  - Development by Intrasee on the eBenefits layer is in flight

**COMMUNICATIONS**

- Developed and launched New Retiree Benefits Webinar in partnership with Member Services. 311 members participated in our first webinar. Due to high demand, we will continue monthly webinars during the Retiree season and make updates to our presentation to help members prepare for their retirement with health benefits.
- Finalized 2021 Annual Report for SFHSS
- Developed a new process to onboard New Employees to SFHSS benefits. Collaborated with Member Services and Department of Human Resources to participate in all future

New Employee Orientations and have Department Personnel Officers (DPOs) distribute our instructional one-page flyer to all new hires.

- Finalized series of letters for the Dependent Eligibility Verification Audit (DEVA).
- Developed webpage to support DEVA
- SFHSS.org received 57,133 pageviews in March.
- Get Ready to Retire with Benefits Webinar email received 1,402 clicks.
- Top stories in March eNews include Reimbursements for At-Home COVID-19 Test kits, 8 Signs It's Time for an Eye Exam, and Executive Director's Message
- Top Stories in Better Every Day newsletter include Relationship Between Diet and Mental Health, Eating Healthier, and Improving Self-Love

## **FINANCE AND BUDGET**

### **Budget**

- Provided additional information for HSS budget requests to the Mayor's office. The requests included enhancements to the EAP services for first responders and funding to move positions from the Trust into the General Fund.

### **Audit**

- Started work on the preliminary phase of the external annual audit.

### **Rates and Benefits**

- Reviewed and discussed claims history and projections with health plans. This information is used for setting rates for the 2023 plan year.
- Started planning process for building system tables to load the 2023 rates into ERM (PeopleSoft) system

## **CONTRACTS**

- Executed 2022-2023 Delta Dental DeltaCare DMO Agreement.
- Executed 2022 Delta Dental PPO Agreement.
- Executed Sixth Amendment to the agreement with IBM for new data feeds.
- Executed 2022 business associate agreement with Total Compensation in collaboration with the Community College District.
- Released the RFP for Health Benefits, Open Enrollment, and Dependent Eligibility Verification Audit Print and Mail Communications.
- Analysis of Blue Shield of California PPO formulary enhancements.
- Filed Class Action Claim for Restasis, on behalf of the SFHSS

## **WELL-BEING (see attached slides)**

- Provided well-being activities for an in-person DPH Retreat for 80 employees that service the Tom Waddell Clinic in the Tenderloin
- 66% increase in call volume to EAP from February to March
- Peaked at the highest number of cases a month based on total calls in February with 45% of all calls becoming a case (2021 monthly average = 28%)
- Launched a First Responder Resource webpage to provide easy access to well-being and mental health services

### **Attachments:**

1. COVID-19 Updates
2. Health Value Initiative (HVI)
3. ESA Slides
4. Well-Being Slides

# **San Francisco Health Service System Health Service Board**

COVID-19 Update

April 14, 2022

## SFHSS Specific Data — Testing

Test Results	Blue Shield of California (BSC) as of 3/17	Kaiser Permanente of California <sup>[1]</sup>		UnitedHealthcare (UHC)	
		Non-Medicare as of 3/22	Medicare as of 3/22	Non-Medicare as of 3/29	Medicare as of 1/19 <sup>[2]</sup>
Positive	2,024	6,977	1,099	46	108
Negative	28,066	205,809	28,828	547	1,965
Inconclusive/ Unknown	NR	NR	NR	1,271	6,244
<b>Total</b>	<b>30,090 <sup>[3]</sup></b>	<b>212,786</b>	<b>29,927</b>	<b>1,864</b>	<b>8,317</b>

**NR = Not Reported**

*[1] Does not represent unique members*

*[2] UHC Medicare: Given the various methods to obtain COVID testing, including OTC, we are no longer tracking test result data. We are tracking COVID cases by year and for Unvaccinated, Vaccinated and Boosted*

*[3] May be underreported due to claim submission lag*

## SFHSS Specific Data — Cases

COVID Cases by Year as a Percentage of Total Membership	UHC Medicare		
	2022	2021	2020
Unvaccinated	24.5%	52.7%	N/A
Fully Vaccinated	40.3%	42.8%	N/A
Boosted	35.2%	4.5%	N/A
	<b>278 = 1.6%</b>	<b>600 = 3.5%</b>	<b>519 = 3.1%</b>

- Data provided by UHC Medicare in lieu of testing data (from previous slide).
- Data from 3/1/2020 to 2/18/22.

## SFHSS Specific Data — Vaccines

Test Categories	Blue Shield of California (BSC) as of 3/17	Kaiser Permanente of California		UnitedHealthcare (UHC)	
		Non-Medicare as of 3/20	Medicare as of 3/20	Non-Medicare as of 3/29	Medicare <sup>[1,2]</sup> as of 3/7
	Dose	Individuals		Individuals	
Partial	1,212	620	77	595	— [3]
Fully	28,497	46,087	12,982	663	14,327
<b>Total</b>	<b>29,709</b>	<b>46,707</b>	<b>13,059</b>	<b>1,258</b>	<b>— [3]</b>
Booster/Third Vaccination	18,809	31,542	11,573	558	9,431
<b>Total Members</b>	<b>36,540</b>	<b>52,279</b>	<b>13,760</b>	<b>3,200</b>	<b>17,241</b>

[1] The payment for the administration of vaccinations will now be the plan responsibility under the UHC Group MA plan as of 1/1/22.

[2] UHC Medicare is counting the 2<sup>nd</sup> shot as a booster if the member received the J&J vaccine initially.

[3] UHC Medicare is no longer tracking "Partial", as these members are considered Unvaccinated.

**NOTE:** SFHSS has 2,914 Unvaccinated members

## SFHSS Specific Data — Vaccines By Age Groups

### Blue Shield of California

Age Group (in years)	Partially Vaccinated	Fully Vaccinated	Booster/ 3rd Vaccination
5 – 11	120	1,721	—
12 – 17	94	2,401	1,349
18 and older	998	24,375	17,460
<b>Total</b>	<b>1,212</b>	<b>28,497</b>	<b>18,809</b>

### UnitedHealthcare Non-Medicare

Claims data through 3/29

<18	18	71	9
18 – 39	104	136	73
40 – 64	428	372	434
65+	45	84	42
<b>Total</b>	<b>595</b>	<b>663</b>	<b>558</b>

### Kaiser Permanente of California

Claims data through 3/27

5 – 11	93	2,529	N/A
12 – 17	58	3,573	1,756
18 – 40	248	15,556	10,606
41 – 64	195	22,781	17,927
65+	20	1,706	1,493
<b>Under 65 — KPSA</b>	<b>3</b>	<b>169</b>	<b>143</b>
<b>65+ KPSA</b>	<b>72</b>	<b>12,817</b>	<b>11,458</b>
<b>Total</b>	<b>689</b>	<b>59,131</b>	<b>43,383</b>

**NOTE:** 3rd vaccine and booster data combined

## SFHSS Specific Data — Hospitalizations

Blue Shield  
of California

**151** cases

Kaiser Permanente  
of California

**633** cases  
(of which 98 were in ICU)

UnitedHealthcare  
Non-Medicare

**257** cases  
(of which 10 were/are in ICU  
and 4 with a ventilator)

UnitedHealthcare  
Medicare

**298** cases  
(of which 64 were/are ICU  
and 27 with a ventilator)

Data is from March 2020 to March 2022.

# SFHSS Specific Data — COVID Home Test Kits (as of 4/4/2022)

On January 10, 2022, the Department of Labor (DOL), Department of Health and Human Services (HHS) and the Treasury Department released a series of FAQs under the Affordable Care Act (ACA) Part 51. This was in response to the Biden-Harris administration’s directive to issue guidance requiring group health care plans and insurers to provide coverage of over-the-counter, in-home COVID-19 diagnostic tests.

Beginning January 15th, until the end of the Coronavirus Public Health Emergency, individuals can get up to eight (8) over-the-counter tests each month. If you purchase a test kit that includes two tests, that will count as two of your eight covered tests.

**For the most up-to-date information on coverage of COVID Home Test Kits, visit SFHSS.org or your carrier website.**

Carrier	Carrier Website for More Information on How to Submit for Reimbursement	Additional Notes
Blue Shield of California	<a href="https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/Sites_Content_EN/coronavirus/coverage-testing">https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/Sites_Content_EN/coronavirus/coverage-testing</a>	No \$ cap on tests
Kaiser Permanente (Non-Medicare)	kp.org/coronavirus	No \$ cap on tests
Kaiser Permanente (Medicare)	kp.org/coronavirus	KPSA is covering test for members, with no \$ cap on tests
UnitedHealthCare (Non-Medicare)	myuhc.com	Up to 8 test available at no cost through myuhc.com — OptumRX Store
UnitedHealthCare (Medicare)	<a href="https://retiree.uhc.com/main/covid-19-update">https://retiree.uhc.com/main/covid-19-update</a>	Free at CMS participating pharmacies; <b>member must provide red, white &amp; blue Medicare card</b>
Health Net	healthnet.com/COVID19	Up to \$12 dollars per test

## SFHSS Specific Data — COVID Home Test Kits Reimbursements

Blue Shield  
of California

**546** Test kits dispensed

Kaiser Permanente  
of California

Not available yet

UnitedHealthcare  
Non-Medicare

Not available yet

UnitedHealthcare  
Medicare

**557** Test kits dispensed

Data is from January 15 to March 2022.

# SFHSS Specific Data — Data Elements Under Review

**SFHSS has inquired with the carriers on the following data elements. The carriers are working on these requests.**

- Post-acute Sequelae of COVID (PASC) or “Long-Hauler” claims ICD10 code U09.9
- Treatment framework details
- Information on additional vaccine recommendations

# COVID-19 Health Plan Benefit Information

Benefit Topic	BSC as of 2/24/2022	Kaiser Non-Medicare as of 3/28/2022	Kaiser Medicare as of 3/28/2022	UHC Non-Medicare as of 3/30/2022	UHC Medicare as of 3/7/2022
<b>Early Rx Refills Available?</b>	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	No	No
<b>Tele-Medicine Copays</b>	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	No copay (no end date on this)	Regular copay applies	Regular copay applies
<b>Tele-Behavioral Health Copays</b>	No copay	No copay (no end date on this)	No copay (no end date on this)	Regular copay applies	Regular copay applies
<b>Testing/Diagnostics Copays</b>	Copays waived	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through the national public emergency	Copays waived through the national public emergency

## COVID-19 Health Plan Benefit Information (continued)

Benefit Topic	BSC as of 2/24/2022	Kaiser Non-Medicare as of 3/28/2022	Kaiser Medicare as of 3/28/2022	UHC Non-Medicare as of 1/31/2022	UHC Medicare as of 3/7/2022
<b>Treatment Copays</b>	Copays waived for treatment between 3/31/2020 – 2/28/2021	Copays waived through 7/31/21	Copays waived through 12/31/21	Copays waived through 4/29/2021 Out-of-Network waived through 10/22/2020	Copays waived through 3/31/2021
<b>Specialist and Primary Care Copays</b>	If a member presents at a specialist office and receives testing or treatment with a COVID-19 diagnosis, there would be no member cost share for services	Copays waived through 7/31/21	Copays waived through 12/31/21	Plan deductible and coinsurance applies	Copays waived through 9/30/2020 for Specialist; through 12/31/2020 for Primary Care
<b>Other</b>	<a href="https://www.blueshieldca.com/coronavirus/your-coverage">https://www.blueshieldca.com/coronavirus/your-coverage</a>	<a href="https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information">https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information</a>	<a href="https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information">https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information</a>	Emotional support line available: <b>1-866-342-6892</b> Sanvello: On-demand emotional support mobile app, free to members <a href="https://www.uhc.com/health-and-wellness/health-topics/covid-19">https://www.uhc.com/health-and-wellness/health-topics/covid-19</a>	

# **San Francisco Health Service System Health Service Board**

## **Rates & Benefits**

Health Value Initiative (“HVI”) Benchmarking Study

April 14, 2022

# Aon Health Value Initiative (HVI)™

**The Aon Health Value Initiative (HVI)™ Database**, launched in 1996, captures active employee medical and prescription drug cost and benefit data on health plans for:

- 5.3 million health plan employees;
- 591 employer organizations; [1]
- 2,500+ health plans; and
- \$71.8 billion in health care expenditures.

This benchmarking study captures medical and prescription drug data for active employees only.

- Dental and vision plans are not measured in the study.
- Retirees are not measured in this study.

[1] *Total number of employers is dynamic and changes as clients are added or removed from the baseline.*

# Aon HVI Benchmarking for SFHSS

## Executive Summary

Similar to prior years, San Francisco Health Service System (SFHSS) active employee health plans demonstrate a purchasing efficiency score that remains among the best in our study — SFHSS receives a higher level of value for every dollar spent in health care than most other employers participating in Aon's HVI study.

Financial efficiency is gauged by normalizing plan cost differences caused by plan design, demographic, and geographic differences among populations.

# Aon HVI Benchmarking for SFHSS

## Executive Summary

Overall medical/prescription drug spend per employee is higher for SFHSS than for average benchmarked organizations — three key factors drive this result:

- Higher average population age for SFHSS than other benchmarks (though similar to Public Sector benchmark average age) — SFHSS population is 3 years older on average than overall study employee average age.
- Higher cost of health care overall in Bay Area versus U.S. averages.
- Higher percentage of allowed costs paid by SFHSS plans versus other benchmarks after applying member plan design elements (e.g., SFHSS plan deductibles and copayments are less, on average, than those for plan designs of benchmark employers).

# Aon HVI Benchmarking for SFHSS

## Executive Summary (continued)

From an employee perspective for plan cost sharing benchmarking:

- SFHSS is slightly lower versus other benchmarks for average out-of-paycheck contribution amounts.
- SFHSS is substantially lower versus other benchmarks for average member plan design cost sharing at time of service (e.g., deductibles, copayments, and coinsurance).

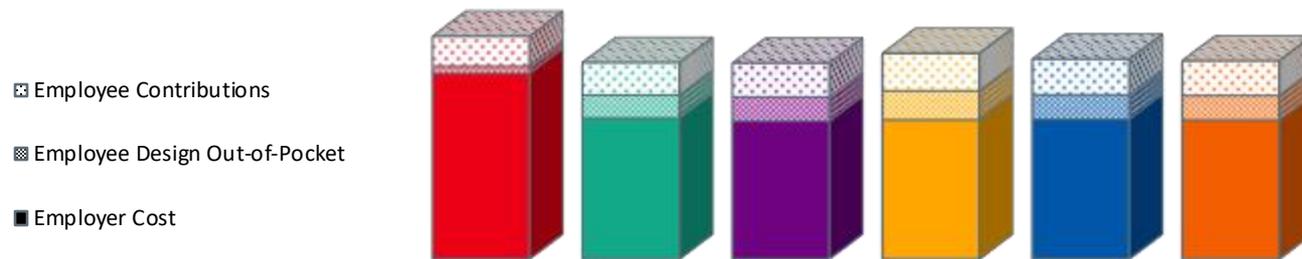
# Aon Health Value Initiative (HVI)™ Benchmarks

-  **San Francisco Health Service System (SFHSS)**  
SFHSS fully-insured plan costs are based on actual 2022 premium rates; SFHSS self-insured/flex-funded plan costs are based on the medical, prescription drug, and administrative cost portions of total cost rates; all costs exclude Basic Vision rates, SFHSS sustainability fees, and rate stabilization adjustments.
-  **Public Sector Industry (Public) — 56 Organizations**  
Public employer subset (primarily states, municipalities, and universities).
-  **Organization Size (25,000+) — 44 Organizations**  
Subset of study employers with 25,000 and more employees covered by plans.
-  **Fortune 500 Subset in Database — 48 Organizations**  
Subset of study employers that are in the Fortune 500.
-  **Labor Market — 582 Organizations**  
Weighted average of all participating organizations operating in same geographies as SFHSS employees. This comparison group is helpful in analyzing the impact of employee location on costs.
-  **HVI Entire Database — 591 Organizations**  
Entire Aon database of 591 participating organizations.

# 2022 Annual Health Plan Costs Per Employee

- SFHSS employers pay 83% of overall health care spend (allowed charges plus fees), compared to a range of 68% to 72% for benchmark averages.
- Member design out-of-pocket cost in SFHSS plans (for deductibles, copayments, coinsurance, etc.) is substantially lower than for other benchmarks, including public sector.

## Health Plan Costs Per Employee—Overall



	SFHSS	Public Sector	Jumbo (>25k)	Fortune 500	Labor Market	HVI
Employee Contributions	\$2,319	\$2,517	\$2,623	\$2,904	\$2,753	\$2,696
Employee Design Out-of-Pocket	\$558	\$1,796	\$1,867	\$2,232	\$1,882	\$1,903
Employer Cost	\$14,375	\$10,907	\$10,688	\$10,789	\$10,844	\$10,760
Total Health Plan Cost	\$17,252	\$15,220	\$15,178	\$15,925	\$15,479	\$15,359
Employer Portion Percent	83%	72%	70%	68%	70%	70%

# 2022 Health Plan Financial Purchasing Efficiency

- The Financial Index (FI) is a measure of financial efficiency of plans offered by SFHSS and other database organizations. It normalizes for cost differences driven by demographic, geographic, and plan design variations among organizations. Plan administrative costs and care management is reflected in the FI measure.
- An FI greater than 100% reflects better-than-average financial efficiency.
- The SFHSS FI exceeds all comparators at 118.2%.
- Thus, SFHSS health plan purchasing efficiency significantly exceeds averages for other benchmarks in the study.

**Financial Efficiency—Overall**



	SFHSS	Public Sector	Jumbo (>25k)	Fortune 500	Labor Market	HVI
Financial Index	118.2%	103.6%	99.0%	101.4%	99.7%	100.0%
Enrollment	39,557	1,044,507	3,168,393	1,330,870	1,943,643	5,332,715

# Detailed Profile — 2022 Costs and Demographics

Annual Amounts (Page 1 of 2)

Category	SFHSS	Public Sector	25,000+	Fortune 500	Labor Market	HVI
<b>Overall Profile</b>						
<b>Number of Employees</b>	39,557	1,044,507	3,168,393	1,330,870	1,943,643	5,332,715
<b>Total Health Plan Costs (\$B) [1]</b>	\$0.7B	\$14.0B	\$42.2B	\$18.2B	\$26.4B	\$71.8B
<b>Total Employer Health Plan Costs (\$B)</b>	\$0.6B	\$11.4B	\$33.9B	\$14.4B	\$21.1B	\$57.4B
<b>Average Age</b>	46.8	46.6	43.3	44.2	43.7	43.8
<b>Average Family Size</b>	2.1	2.0	2.0	2.1	2.1	2.0
<b>Percent Females</b>	49%	65%	53%	49%	49%	49%

[1] Net of plan design cost sharing by plan participants (deductibles, copayments, coinsurance, etc.)

# Detailed Profile — 2022 Costs and Demographics

Annual Amounts (Page 2 of 2)

Category	SFHSS	Public Sector	25,000+	Fortune 500	Labor Market	HVI
<b>Competitive Medical/Prescription Drug Active Employee Cost Benchmarks</b>						
<b>Total Health Plan Costs Per Employee [1]</b>	\$16,694	\$13,424	\$13,311	\$13,693	\$13,597	\$13,457
<b>Employer Health Plan Costs Per Employee</b>	\$14,375	\$10,907	\$10,688	\$10,789	\$10,844	\$10,760
<b>Financial Index</b>	118.2%	103.6%	99.1%	101.4%	99.7%	100.0%
<b>Member Medical/Prescription Drug Active Employee Cost Sharing Benchmarks</b>						
<b>Employee Contribution</b>	\$2,319	\$2,517	\$2,623	\$2,904	\$2,753	\$2,696
<b>Plan Design Out-of-Pocket Expense</b>	\$558	\$1,796	\$1,867	\$2,232	\$1,882	\$1,903

[1] Net of plan design cost sharing by plan participants (deductibles, copayments, coinsurance, etc.)

# Enterprise Systems & Analytics Report

April 14, 2022

Project	Status	Key Accomplishments
Compliance: Cybersecurity / Disaster Preparedness / Regulatory		<ul style="list-style-type: none"> <li>• Annual required continuity of operations training held on March 28<sup>th</sup>.</li> </ul>
VOIP telephony upgrade		<ul style="list-style-type: none"> <li>• Front-line Staff training scheduled for April 27<sup>th</sup></li> <li>• Supervisor Training scheduled for April 27<sup>th</sup></li> <li>• Go-Live scheduled for April 27<sup>th</sup></li> <li>• Post Go-Live troubleshooting will commence immediately after go-live</li> </ul>
Dependent Eligibility Verification Audit		<ul style="list-style-type: none"> <li>• Configuration of ECM completed in test environment</li> <li>• Salesforce development 80% complete</li> <li>• eBenefit development work in progress / responding to clarification requests</li> <li>• Modification to eligibility rules completed</li> </ul>
Reporting / Auditing		<ul style="list-style-type: none"> <li>• Delivered 2021 Risk Score report</li> <li>• Delivered Q4 Cost &amp; Utilization dashboard</li> <li>• Responded to follow up questions for Court GASB audit</li> <li>• Responded to data requests in support of bargaining</li> </ul>
Benefits Administration Systems		<ul style="list-style-type: none"> <li>• Ongoing production support</li> <li>• Modifying Run page for Enrollment Statistics report to change the data parameter</li> <li>• Code freeze continues to be in effect due to PeopleSoft upgrade. Go-Live is May 6<sup>th</sup></li> </ul>
Year-End Processing		<ul style="list-style-type: none"> <li>• 1095C electronic filing with IRS completed prior to March 31 deadline</li> </ul>



On Schedule, Adequate Resources, Within Budget, Risks in Control



Potential issues with schedule /budget can be saved with corrective actions



Serious issues. Project most likely delayed or significant budget overrun

# Well-Being Monthly Report

Health Service Board Meeting | April 14, 2022

## Well-being Departmental Support

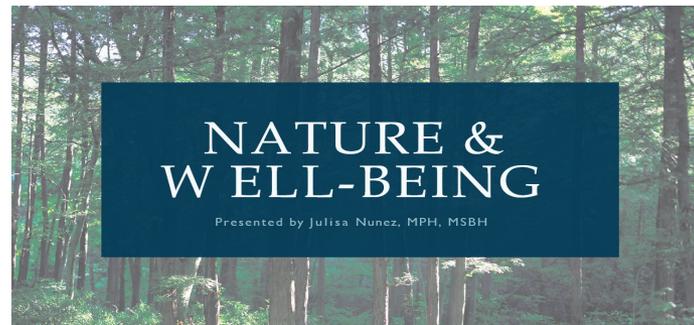
Well-being Supported DPH Departments both virtually and in-person. The well-being activities presented were focused on self-care through incorporating nature, meditation and stretching.

### Event:

- **March 8, 2022, 8:30am-:4:00pm** : DPH - Urgent Care, Street Medicine, Shelter Health Retreat-In person: Focus – 15 Stretch Break, Nature Walk, and Meditation for selfcare
- **March 16, 2:00pm – 2:30pm** DPH Department of Rehabilitation -Staff Meeting Presentation – Virtual: Focus on The benefits of plants and plants to consider.

### Attendance:

- **3/8 DPH Department Retreat: 80**
- **3/16 DPH Staff Meeting: 25**





## Diabetes Prevention Program (DPP)

Starting March 2022, the San Francisco Health Service System (SFHSS) and the YMCA of San Francisco partnered to offer our members two virtual Diabetes Prevention Program cohorts.

### Program Features:

- A one-year online program that helps you reach a healthier weight, improve health and reduce risk for type 2 diabetes
- Attend 25 one-hour virtual sessions over 12 months
- Work with a small-group (8-15 people) led by a trained Lifestyle Coach
- Participate with the convenience of meeting virtually

### Participation:

March 8 <sup>th</sup> Cohort	March 10 <sup>th</sup> Cohort
11	11

### DIABETES PREVENTION PROGRAM

Cohorts Begin **March 2022**



**Starts March 8:** Tuesdays from 6-7pm  
**Starts March 10:** Thursdays from 5-6pm

**AVAILABLE VIRTUALLY:**  
Zoom access information will be provided once enrolled along with the option for a Zoom orientation.

*To participate you must be an active employee or retiree and be at high risk for developing type-2 diabetes.*

 **GET STARTED TODAY:**  
Complete the [online interest form](#)

**Live, Feel, Be Better Every Day.**

Change is tough—we're here to help. If you're at risk for type 2 diabetes, you can make small, measurable changes to reduce your risk and help you live a happier, healthier life.

**Program Details:**

- 25 sessions delivered over 12 months
- A small group (8-15 participants offering motivation and support
- Led by a trained Lifestyle Coach

Better Every Day.

SAN FRANCISCO HEALTH SERVICE SYSTEM

the Y

FOR YOUTH DEVELOPMENT  
POSITIVE LEADERS  
FOR SOCIAL RESPONSIBILITY

[sfhss.org/well-being](http://sfhss.org/well-being)

## First Responder Webpage Launched

In an effort to ensure easy access to vital information for the First Responder Departments, EAP & Well-being collaborated on developing a First Responder Webpage <https://sfhss.org/first-responder-resources>

### Features:

- Crisis line information
- Mental Health & Substance Abuse benefits link
- EAP
- Worker’s Compensation Nurse Hotline
- Department specific program information
  - Behavioral Health
  - Peer Support
  - Medical
- Accessed through URL, QR Code, & HSS, EAP, Well-Being webpages



This page has been developed so first responders have easy access to Mental Health and Substance Abuse benefits information and resources. If you have any difficulties accessing appropriate services, call (628) 652-4600 and ask for an SFHSS EAP Counselor.

 National Suicide Prevention Lifeline  
(800) 273-8255

 Worker's Comp 24/7 Nurse Hotline  
(855) 850-2249

 Domestic Violence Hotline  
(800) 799-SAFE (7233)

 [First Responder Support Network](#)

#### Take Action - Get Help Early!

1. RECOGNIZE - When you or someone else needs support and reach out for help.
2. REFER - Those in need to the appropriate resources.

#### First Responder Departments

Use the resources below to help support your emotional health and well-being.



[San Francisco Fire Department](#)

Stress Unit 24/7 Phone  
(415) 206-1419

Physician's Office Phone  
(415) 558-3446



[San Francisco Police Department](#)

BSU 24/7 Phone Number  
(415) 837-0875

Peer Support Hotline  
(833) 821-9260



[San Francisco Sheriff's Department](#)

Peer Support 24/7 Phone Number  
(415) 850-6291

Mental Health and Substance Abuse Support  
(415) 654-0114



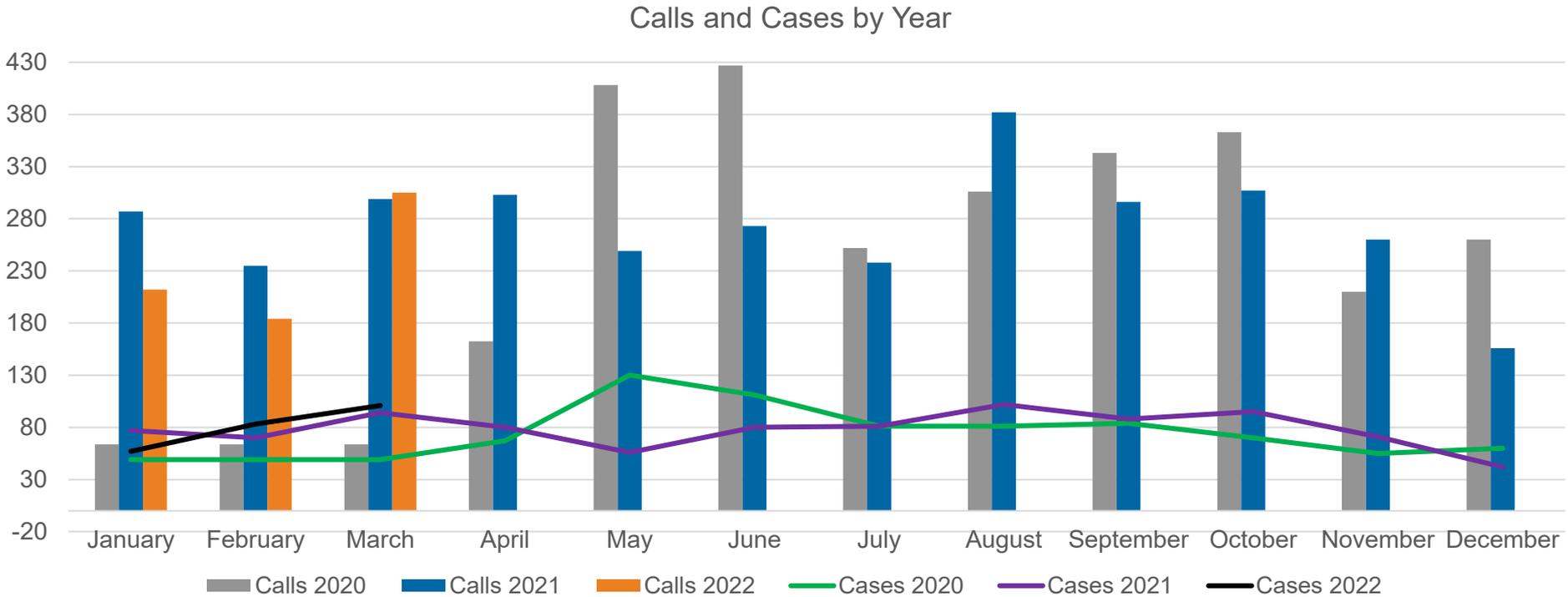
[San Francisco Department Of Emergency Peer Support & Wellness Resources](#)

[dem-peersupport@sfgov.org](mailto:dem-peersupport@sfgov.org)

## Calls/Cases: Internal & External EAP

### Highlights:

- Compared to 2021: 15% increase in February and 2% increase in March for cases to call volume
- February peaked the highest cases per calls since inception of the program at 45% of calls becoming a case (2021 monthly average = 28%)
- 66% increase in call volume from February 2022 – March 2022



## SFHSS Internal EAP: February and March Highlights

2022 YTD: SFHSS EAP Services & Individuals Served

