

December 10, 2020

TO: Dr. Steven Follansbee, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: December 2020 Board Report

SFHSS is Operating in a Virtual Environment and is Closed to the Public

COVID-19 Update

As you are aware the COVID-19 pandemic continues to impact our communities. The San Francisco Department of Public Health (DPH) is the lead agency advising us on precautions to take during these difficult months of a surge. SFHSS stays informed and abides by local health orders. For more information, please refer to the DPH website <https://www.sfdph.org/dph/alerts/coronavirus.asp>. The health plans are also monitoring COVID-19 related utilization of health care services. – See Attached

Medicare Plan Evaluation

At the November meeting of the Health Service Board with the assistance of Mike Clarke, Lead Actuary and John Grosso, Aon National Retiree Medical Expert, addressed the questions:

- How has the Medicare health plan marketplace evolved since SFHSS last altered its plan offerings in the 2017 plan year?
- What national and California public sector employer trends can inform SFHSS and HSB thinking on future Medicare health plan offerings?
- What steps can SFHSS and the HSB take over the next 6 to 8 months to decide the best course of action regarding Medicare plan offerings into the 2023 plan year?

We ended the discussion with the question that staff is now addressing:

- How do we assess how Medicare Advantage plans are meeting the needs of members and are there any significant gaps that we should explore solutions?

Over the next several months, in consultation with Aon, staff will continue to learn about the Medicare plan landscape including employer-sponsored plans (e.g., “group insurance” plans) and individual market plans. Ultimately, evaluation of our learnings and development of our go-forward recommendations by June 2021 will be guided by this four-pillar framework:

1. Quality
2. Costs
3. Benefits Administration
4. Legal and Policy Guardrails.

Medical Plan RFP

SFHSS received the written proposals that are now distributed to the panelists for review and scoring. The panelists will meet later this month to discuss their findings and in January will meet with individual plan representatives for the oral interviews.

Reminder: Vendor Black Out Period – Extended

The HSB approved the Vendor Black Out period commenced February 13, 2020. On June 11, 2020, the vendor Black Out Period was extended through the rest of this calendar year to include the period for the Medical Plan selection process. The recommendation for the Medical Plan selection is scheduled to present to the Health Service Board in February 2021. Subsequently, SFHSS will be in negotiations with Medical, Dental, and Vision plans for Plan Year 2022 and therefore the vendor Black Out Period will continue through June 2021.

Administration Update

Health Service Board Email Report – See Attached

Legislative Report

Please see the attached report for a shortened version of the legislation we are monitoring. – See Attached

Follow up from Health Plans for Prior HSB Meetings

Home Flu Vaccine Administration

As reported at the November Health Service Board, the Medicare Health plans do not have programs to provide influenza vaccinations in the home. When home care is being provided, licensed staff may administer the vaccine. Should a member have special circumstances, they should contact their primary care physician to explore options, contact their health plan, or contact member services for assistance.

Delta Dental: SmileWay Enrollment

The table below shows the number of SmileWay enrollees in the Active and Retiree plans. The Calendar Year Maximum (CYM) impacted members with 62 retirees and 18 active employees, who would have benefited in 2020 if the six CDT codes associated with the SmileWay Wellness Program had **not** counted towards the CYM. This has been corrected for PY 2021.

The enrollment numbers into the SmileWay Wellness Program continue to increase. Delta experience shows that when they reach out directly to members who qualify for this benefit based on file feeds from the health plans, these enrollment numbers increase significantly. We are on target for Delta to receive files from both vendors by Q1 2021.

**DELTA DENTAL OF CALIFORNIA
Smileway® Members Reaching Maximum
SAN FRANCISCO HEALTH SERVICE SYSTEM
Group Number: 01671, 09502
Incurred period January 1, 2019 – December 31, 2019
Paid Period: January 1, 2020 – October 31, 2020**

Group	Annual Max	SmileWay Wellness Benefits		
		Unique Members	Unique Utilizers *	Wellness Utilizers * Reaching Max
Retirees	\$1,250	429	400	62
Actives	\$2,500	147	128	18
		576	528	80

* Wellness Utilizers are Members who had paid procedure for one of these following procedure codes D1110, D1120, D4910, D4346, D4341, D4342

Delta Dental Network Adequacy: Baseline 2019

- Question: How many providers are currently in Delta’s PPO network?
Response: 566 unique providers of all specialties
- Question: How many new providers joined in 2019
Response: 113
- Question: How many providers left in 2019
Response: 79

Note: We are working with Delta to understand the breakout of general and specialty dentists and any year over year trends.

**SFHSS DIVISION REPORTS: October-November 2020
PERSONNEL**

Recruitments:

- 0931 Operations Manager: Currently accepting applications continuously. Should be closing soon.
- 1813 Senior Benefit Analyst: Eligible List has been adopted; Scheduling interviews for December 2020.
- 1210 Benefit Analyst: Application Filing Period ended 10/25; Reviewing applications for the next phase of recruitment.

Employees' Working Status: Due to Shelter-in-Place provisions, HSS employees have been performing a mix of duties in a variety of locations, including but not limited to essential HSS work both in the office and remotely and Disaster Service Assignments at various locations. There were times when work/resources are not available or staff are not available to perform assignments, but HSS had access to resources for all employees before the 2020 Open Enrollment Period.

WELL-BEING (see attached slides)

- Well-Being provided their first virtual Champion Appreciation Event with 18 Directors, 60 Department Champions, and 14 Leads for Well-Being in attendance. Guest speakers included:
 - **Maryellen Carrol**, Executive Director of the Department of Emergency
 - **Dr. Fiona Wilson**, Supervising Physician Department of Human Resources
 - **JJV (Jacqueline Joseph-Veal)**, Director for Diversity, Equity, and Inclusion Department of Human Resources
- Well-Being presented “New Wave of Mental Health Needs: SFHSS Pioneers Program in Challenging Times” for Catalyst on Payment Reform’s (CPR) fall webinar series.
- Wrapped up flu clinics, offering 27 clinics, and administering 2,400 flu shots at 23 locations.
- 16% increase in CORDICO app downloads from August 2020.
- The “Self-Assessment” module in the CORDICO app jumped into one of the top 5 most clicked modules.
- In 6 – months the Internal EAP team has exceeded the total number of organizational consultations provided (155) when compared to the calendar year 2019 (142)

OPERATIONS

While our offices remain closed to the public, we currently have three to four staff on-site Tuesdays and Fridays to perform essential work. During OE in October, up to seven staff on-site daily to provide support during open enrollment. In November we returned to having staff in the office two days a week.

We did not, however, anticipate a rise in the calls to Member Services post-OE. In November we received over 4600 calls. This is the largest amount of calls for November in the past 10 years. This increase in volume impacted our call center metrics. Caller wait times increased to almost 2 minutes from our average of fewer than 30 seconds. Abandoned calls increased to 5.3% which is above our goal of 3%.

The increase in volume was due to multiple factors:

- Delinquent payment questions
- New hires and new retirees
- Post open enrollment calls.
- Reassignment in staffing to conduct post open enrollment audit and quality assurance tasks related to the high volume of enrollments through eBenefits.

This information will contribute to planning for the next OE.

Enterprise Systems & Analytics (ESA) (see attached slide)

- Completed Open Enrollment. Milestones for 2020 were to make available eBenefits for SFUSD employees (approx. 9k) and to provide self-service identity verification for Retirees and SFUSD employees to simplify the account registration experience
- Deployed new EAP clinical software on Nov 5th

- Deployed Business Insights for our Content Management System (ECM BI) and are now building reports to provide insights on workflow productivity and improvements
- Automated the attachment extract process to capture documents members upload through eBenefits

Communications

- Finalized Confirmation Letters
- Finalized 2021 Benefit Guides
- Developed first responder critical incidence response communications
- Designed the Racial Equity Report
- Collaborated on promoting Live Feel Be Better program with Well-Being
- Developed communications process for Open Enrollment

FINANCE DEPARTMENT – See Attached

Calendar Year-end and Open Enrollment Support:

- Completed final processing of the application of COVID-19 relate dental credits

Projects/Planning:

- Provide updated health benefits information to the Controller's Office to support the Office of Public Financing disclosures and the 5 Year Financial Plan
- Concluded HSS portion of the Countywide Cost Allocation Plan (COWCAP) for FY 2019-2020
- Responded to Mayor's budget office request for current fiscal year general fund budget adjustments
- Prepare for FY2021-22 and FY2022-23 Budget Process

New/Updated Policies & Procedures:

- Streamlined the Life Insurance funding process from multiple invoice/reimbursement transactions to a payroll deduction-based process.
- Developed new departmental P&P for check handling, travel reimbursements, and purchasing cards
- Updated the monthly reporting process to produce FY2020-21 reports for the Trust, Health Sustainability Fund, and General Fund.

CONTRACTS

- Executed amendment to agreement with VSP for vision benefits.
- Executed amendment to agreement with ComPsych for 24/7 EAP support.
- Analysis of responses to the Health Plan RFP and preparation of panel evaluation materials.

ATTACHMENTS

COVID Updates from Health Plans

Black Out Period Memo

HSB Email Procedures

Legislative Report

SFHSS Divisional Updates

Well Being Slides

ESA Slides

Finance

SFHSS Specific Data

Cases:	Blue Shield of California (BSC) as of 10/31	Kaiser as of 11/17 ^[1]	UnitedHealthcare (UHC)	
			Non-Medicare as of 11/24	Medicare as of 11/15
Confirmed	47	NR	59	240
Probable	NR	NR	1	10
Possible	NR	NR	20	18
Total	47	NR	80	268
Test Results:				
Positive	47	1,229	16	18
Negative	1,841	20,981	277	949
Inconclusive / Unknown	NR	NR	274	2,519
Total	1,861^[2]	22,210	567	3,486

NR = Not Reported

[1] Does not represent unique members

[2] May be underreported due to claim submission lag

COVID Health Plan Benefit Info

	BSC as of 11/18/2020	Kaiser as of 11/17/2020	UHC Non-Medicare as of 11/24/2020	UHC Medicare as of 11/15/2020
Early Rx Refills Available?	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	Yes, through 1/20/2021	Yes, through 8/31/2020
Tele-Medicine	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	Copays waived through 12/31/2020 Copays related to COVID testing waived through 1/20/2021
Tele-Behavioral Health	No copay	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	Non-COVID related copays waived through 12/31/2020 COVID related copays waived through 12/31/2020
Testing / Diagnostics	Copays waived	Copays waived through 1/20/2021	Copays waived through 1/20/2021	Copays waived through 1/20/2021
Treatment	Copays waived for treatment between 3/31/2020 – 12/31/2020	Copays waived (through 2020)	Copays waived through 12/31/2020 Out of Network waived through 10/22/2020	Copays waived through 12/31/2020
Specialist and Primary Care	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 2020) Effective 1/1/21: \$20 copay for Specialist / Primary Care visit		Copays waived through 10/22/2020 for specialist; through 12/31/2020 for Primary Care
Other	https://www.blueshieldca.com/coronavirus/your-coverage	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	Emotional support line available: 1-866-342-6892 Sanvello: On-demand emotional support mobile app, free to members https://www.uhc.com/health-and-wellness/health-topics/covid-19	

MEMORANDUM

DATE: December 10, 2020
TO: Dr. Stephen Follansbee, President, and Members of the Health Service Board
FROM: Abbie Yant
SFHSS Executive Director
RE: Black-Out Notice Extension through June 2021

This memorandum shall notify the Health Service Board (“Board”) of the Blackout Period in connection with the San Francisco Health Service System (“SFHSS”) competitive bid process for the medical plans and the Rates and Benefits process for the 2022 plan year.

Pursuant to the Board’s Service Provider Selection Policy, the Board must be notified of a Blackout Period prior to the release of any solicitation for the selection of a primary service provider and also includes the annual SFHSS Rates and Benefits process.

During the Blackout Period, the Board is prohibited from any communications with a potential SFHSS service provider on matters relating to SFHSS contracting except communications on SFHSS matters during Board or Board Committee Meetings.

Communications include face-to-face conversations, telephone conversations, email, text messages, letters, faxes or any other social media, written or electronic communications.

Any communications with service providers for reasons unrelated to SFHSS during the Blackout Period must be immediately disclosed in writing to the Director and the Board.

The Blackout Period commenced on February 13, 2020 and is extended through the competitive bid process for the medical plans (June – December 2020) and the Rates and Benefits cycle for plan year 2022 and therefore is expected to end in July 2021 after the Board of Supervisors final approval.

MEMORANDUM

DATE: December 10, 2020
TO: Dr. Stephen Follansbee, President of the Health Service Board
FROM: Abbie Yant, Executive Director of the San Francisco Health Service System
RE: Health Service Board Email Outcome Report for November 2020

Email Outcome Report:

November email activities were tracked and categorized under the email policy with the following categories:

- Member Services Experience (General Information, Feedback)
- Benefits Inquiry (Open Enrollment, Eligibility/Enrollment, Payments, Provider Information)
- Policy Questions (Rates & Benefits, Plan/Provider changes)
- Board Meeting Questions (Time of the meeting, Public Comment Instructions, Agenda)
- Miscellaneous Inquiry (Unrelated Board matters or questions)

A new category has been added to represent inquiries unrelated to Board matters. These inquiries will be routed to the appropriate department or contact person.

The SFHSS Member Service team responded, addressed, or had conversations with members who contacted the Health Service Board email. One Policy Question is currently being addressed. One Miscellaneous Inquiry email was received and routed to the necessary department.

Health Service Board Email Outcome Report		
December 2020		
Member Need	Monthly Total	Action
Member Services	0	N/A
Benefits Inquiry	0	N/A
Policy Questions	1	In-progress
Board Meeting Questions	0	N/A
Miscellaneous	1	Closed

LEGISLATIVE UPDATE DECEMBER 10, 2020

	Subject	Legislation Title	Activity	Comment
COVID-19 RELATED				
Federal	Economic Preparedness	S 4941 Emergency Supplemental Appropriations	Introduced December 1, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A bill making emergency supplemental appropriations for the fiscal year ending September 30, 2020, and for other purposes.
Federal	Vaccines	HR 8623 SAVE for Seniors Act	Introduced October 16, 2020 and referred to the House Committee on Energy and Commerce; Ways and Means	To amend the CARES Act to clarify the inclusion of certain COVID-19 vaccines covered under the Medicare program without any cost sharing.
Federal	Surprise Medical Billing	HR 8419 Stop COVID-19 Test Surprise Medical Bills Act of 2020	Introduced September 29, 2020 and referred to the House Committee on Energy and Commerce; Education and Labor; and Ways and Means	A summary is in progress.
Federal	Tax Exemption	HR 8201 Support for Workers, Families and Social Security Act	Introduced September 11, 2020 and referred to the House Committee on Ways and Means	This bill exempts employees from the payment of employment taxes for the period beginning on September 1, 2020, and ending on December 31, 2020. This exemption does not affect the determination of Social Security retirement benefits.
Federal	Economic Recovery	S 4537 RECOVERY Act	Introduced September 8, 2020 and referred to the Senate Committee on Finance	A summary is in progress.
COST OF CARE				
Federal	Long-Term Care Affordability	S 4820 Long-Term Care Affordability Act	Introduced October 20, 2020 and referred to the Senate Committee on Finance.	This bill allows the use of tax-exempt retirement plan distributions to pay for long-term health care insurance. Specifically, it excludes such distributions from the gross income of an insured individual up to \$2,500 for per individual in a taxable year. It also imposes reporting requirements on plans and insured individuals and requires a description of long-term care insurance arrangements and facts sheets for employers and workers.
Federal	High-Cost Care	S 4796 Fair Care Act of 2020	Introduced October 5, 2020 and referred to the Senate Committee on Finance.	A bill to address the high costs of health care services, prescription drugs, and health insurance coverage in the United States, and for other purposes.
Federal	High-Cost Care	HR 8527 Fair Care Act of 2020	Introduced October 2, 2020 and referred to the House Committee on Energy and Commerce, Ways and Means, Education and Labor, the Judiciary, Oversight and Reform, House Administration, Rules, the Budget, and Armed Services	A bill to address the high costs of health care services, prescription drugs, and health insurance coverage in the United States, and for other purposes.
BENEFIT DESIGN & ENROLLMENT OPTIONS				
Federal	Coverage Improvement	S 4894 DOC Access Act of 2019	Introduced November 12, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A bill to amend title XXVII of the Public Health Service Act to improve health care coverage under vision and dental plans, and for other purposes.

LEGISLATIVE UPDATE DECEMBER 10, 2020

	Subject	Legislation Title	Activity	Comment
Federal	Pediatric Care	HR 8573 Helping Families Access Pediatric Care Act of 2020	Introduced October 9, 2020 and referred to the House Committee on Energy and Commerce, Ways and Means, Education and Labor, and Armed Services	A bill to prohibit group health plans, health insurance issuers offering group or individual health insurance coverage, State plans under title XIX of the Social Security Act, State child health plans under title XXI of such Act, and the TRICARE program from applying a deductible to outpatient pediatric services.
Federal	Primary Care and Behavioral Health	S 4761 Primary and Behavioral Health Care Access Act of 2020	Introduced September 30, 2020 and referred to the Senate Committee on Finance	A bill to amend the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide for 3 primary care visits and 3 behavioral health care visits without application of any cost-sharing
Federal	Primary Care	HR 8417 Direct Primary Care for America Act	Introduced September 29, 2020 and referred to the House Committee on Energy and Commerce; Education and Labor; and Ways and Means	This bill allows participants in health savings accounts to pay for direct primary care service arrangements from such accounts. A direct primary care service arrangement is primary medical care provided by primary care practitioners if the sole compensation for such care is a fixed periodic fee. The bill allows waivers to states under Medicaid to provide direct primary care to low-income Medicaid recipients. The bill also allows health care facilities to participate in the National Health Service Corps Scholarship or Loan Repayment Program if they offer direct primary care service arrangements and are in a health professional shortage area.
Federal	Coverage Protection	S 4714 Worker Health Coverage Protection Act	Introduced September 24, 2020 and referred to the Senate Committee on Finance.	A summary is in progress.
Federal	Pediatric Care	HR 8330 No Surprise Bills for New Moms Act	Introduced September 21, 2020 and referred to the House Committee on Energy and Commerce; Education and Labor; and Ways and Means	This bill amends health care plan provisions of the Public Health Service Act, the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code to provide for enrollment of newborns in a health care plan for the first 30-day period after the newborn's date of birth and establish a uniform 60-day enrollment period thereafter. It would also require all health plans and insurers to notify parents of newborns if they receive a bill for a newborn who is not
Federal	Telehealth	HR 8308 Telehealth Coverage and Parity Act	Introduced September 17, 2020 and referred to the House Committee on Energy and Commerce.	A bill to amend the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for services furnished via telehealth if such services would be covered if furnished in-person, and for other purposes.
Federal	Enrollment Assistance	S 4557 COVER Act	Introduced September 10, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A bill to support efforts to provide intensive, individualized assistance for enrolling in health care coverage
Federal	Hearing Devices and Systems	S 4532 Ally's Act to Require Coverage of Hearing Devices and Systems	Introduced September 8, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A bill to amend title XXVII of the Public Health Service Act and the Patient Protection and Affordable Care Act to require coverage of hearing devices and systems in certain private health insurance plans, and for other purposes.
Federal	Telehealth	HR 8156 Extend Certain Provisions Relating to Telehealth Services	Introduced September 1, 2020 and referred to the House Committee on Ways and Means; Committee on Energy and Commerce. No action since.	A summary is in progress.

LEGISLATIVE UPDATE DECEMBER 10, 2020

	Subject	Legislation Title	Activity	Comment
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT				
Federal	Limiting/Excluding Benefits Coverage	S 4675 A bill to amend the Health Insurance Portability and Accountability Act	October 23, 2020.- Motion to proceed to measure considered in Senate.	This bill adds, among other provisions, requirements to the Health Insurance Portability and Accountability Act of 1996 for private health insurance plans with respect to preexisting conditions, guaranteed enrollment, and discrimination based on health-related factors. Specifically, the bill prohibits private health insurance plans from (1) limiting or excluding benefits covering preexisting conditions; (2) denying enrollment to employers or individual applicants, subject to specified limits; (3) establishing rules for eligibility based on an individual's health status; or (4) requiring an individual to a pay higher premium than similarly situated individuals enrolled in the plan based the individual's health status. Additionally, the bill prohibits plans from collecting genetic information in connection with issuing health insurance and provides requirements for workplace wellness programs connected to health insurance. This bill takes effect one day after enactment.
NOTIFICATIONS & RULE MAKING				
Federal	Internal Revenue Service (IRS) Issued Notice 2020-84	IRS Adjusts PCORI Fee to \$2.66 Per Covered Life	The notice is effective for plan years ending after September 30, 2020 and before October 1, 2021.	The Internal Revenue Service (IRS) has issued Notice 2020-84 to adjust the fee paid by insured and self-insured health plans to fund the Patient-Centered Outcomes Research Trust Fund. The adjusted applicable dollar amount to be multiplied by the average number of covered lives for purposes of calculating for plan years that end on or after October 1, 2020, and before October 1,
Federal	Internal Revenue Service (IRS) Issued Notice 2020-76	IRS Issues Notice on Transition Relief Related to Health Coverage Reporting	Comments are due February 1, 2020.	The Internal Revenue Service (IRS) released Notice 2020-76 extending the due date for certain 2020 information-reporting requirements under sections 6055 and 6056 of the Internal Revenue Code from January 31, 2021, to March 2, 2021.
Federal	Department of Health and Human Services, Centers for Medicare & Medicaid Services Issued Final Rule	HHS Issues Final Rule on Transparency in Coverage	The rule is effective on January 11, 2021	The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) issued a final rule setting forth requirements for group health plans and health insurance issuers in the individual and group markets to disclose cost-sharing information upon request to a participant, beneficiary, or enrollee (or his or her authorized representative), including an estimate of the individual's cost-sharing liability for covered items or services furnished by a
Federal	Department of Health and Human Services, Centers for Medicare & Medicaid Services Issued Final Rule	HHS Issues Final Rule on Risk Adjustment Data Validation	These regulations will become effective 60 days after the date of publication in the Federal Register.	The Department of Health and Human Services (HHS) issued a final rule to amend the Affordable Care Act's risk adjustment data validation (RADV) program. The final rule is largely similar to the proposed rule, issued in late May 2020; it includes two sets of changes. First, HHS adopts three changes to its methodology for error rate calculations. Second, HHS will change the way that it applies the RADV results to risk adjustment transfers.
Federal	Centers for Medicare & Medicaid Services Issued Interim Final Rule	CMS Issues Interim Final Rule on Coverage Rules for COVID-19 Vaccines	Comments are due January 4, 2021.	The Centers for Medicare & Medicaid Services (CMS) issued an interim final rule requiring Medicare, Medicaid, and private insurers to cover a COVID-19 vaccine without any cost-sharing from in-network and out-of-network providers under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).
Federal	Centers for Medicare & Medicaid Services Issued Interim Final Rule	CMS Issues Interim Final Rule on Risk Adjustment and MLR Reporting and Rebate Requirements	The final rule is effective September 2, 2020. Comments are due November 2, 2020.	The Centers for Medicare & Medicaid Services (CMS) issued an interim final rule clarifying several requirements related to risk adjustment and Medical Loss Ratio (MLR) reporting and rebate requirements for health insurance issuers in the individual and small group markets electing to provide temporary premium reductions associated with the COVID-19 public health emergency.
Federal	Centers for Medicare & Medicaid Services Issued Final Rule	CMS Finalizes Price Transparency Rule with Self-Service Tool	These regulations will become effective 60 days after the date of publication in the Federal Register.	CMS has released the final rule for price transparency in healthcare coverage, which aims to allow the public to have greater insight into healthcare costs in order to increase value. The rule applies to most group health insurance plans as well as payers on the group and individual health insurance markets.

Well-Being Monthly Report

Health Service Board Meeting | December 10, 2020

Virtual Cohorts

Healthy Weight Series: 1 Cohort

- 7-week program
- 45 members

Registration Survey Highlights:

- 83% joined to learn how to stay motivated with health goals
- 74% joined to be able to develop clear goals to attain a healthy weight
- 64% are not meeting the recommendation of physical activity (30 minutes 5 or more days each week)
- 95% are not meeting the recommendation to have at least 5 servings of fruit and vegetables each day.

Diabetes Prevention Program: 2 Cohorts

- 1 – year long program
- 31 members

Program Highlights:

- 1-year program, 25 sessions
- Led by a certified Lifestyle Coach
- Focus on behavior change for nutrition and physical activity



HEALTHY WEIGHT PROGRAM

START DATES:
September 23, 2020
Virtual Zoom Room
Wednesdays
11:00am-12:00pm
Registration Required

It's time for a new way of thinking about weight loss.

A healthy and balanced lifestyle starts with the right daily habits. In this 7-week program, we'll give you the tools to build mindfulness and the guidance to choose new behaviors.

Join this program to connect with others that have goals to get healthier.

Visit [http://sfhss.org/healthy-weight-program](#)

Better Every Day. SAN FRANCISCO HEALTH SERVICE SYSTEM

DIABETES PREVENTION PROGRAM

Cohorts Begin September 2020



Tuesdays from 3-4pm
Thursdays from 4-5pm

Change is tough—we can 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.

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

PROGRAM FEATURES

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

Get Started by Contacting:
Rachelle Price
(415) 767-2035
rprice@ymcasf.org

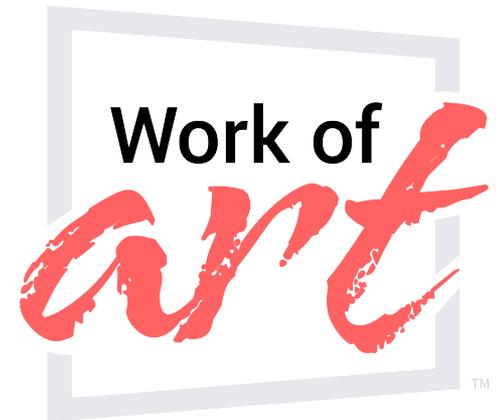
Sign Up Today!

Better Every Day. SAN FRANCISCO HEALTH SERVICE SYSTEM   sfhss.org/well-being

Well-Being@Work: Key Player Training

Flu Prevention and Fall Challenge Webinar

- ✓ Two virtual trainings – September 17-18, 2020
- ✓ Attendance: 60 Champions and Department Leads
- ✓ Goals of the training:
 1. Educate the importance of flu prevention
 2. How to get a free flu vaccine at a SFHSS sponsored worksite clinic or from a healthcare provider
 3. Introduce the new 4-week fall challenge – *Work of Art*





2020 Worksite Flu Shot Clinics

- Hosted 27 Clinics at 23 Locations
 - ✓ 7 Open Clinics (Employees & Retirees)
 - ✓ 20 Restricted Clinics (Dept Specific)
- 10 New Clinic Locations
- Total Participation = 2,400
 - ✓ 2,295 Regular Dose & 105 High Dose Flu Vaccines
- Implemented QR codes and new online appointment system
- Developed toolkits for each site that included:
 - Health and safety guidelines,
 - roles and responsibilities,
 - planning logistics and
 - Floorplan layouts



2021 Champion Celebration

First-Ever Virtual Recognition Event

Theme: Inspire and Create

Attendees included:

- 60 Champions
- 14 Department Leads
- 13 Department Directors

Guest Speakers:

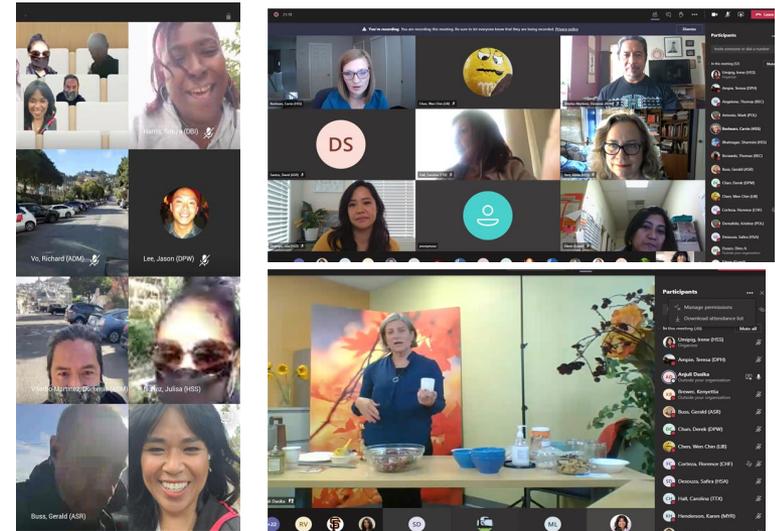
- **Maryellen Carrol**, Executive Director Department of Emergency
- **Dr. Fiona Wilson**, Supervising Physician Department of Human Resources
- **JJV (Jacqueline Joseph-Veal)**, Director for Diversity, Equity and Inclusion Department of Human Resources

Breakout Sessions:

- Relaxation
- Reflection and Gratitude
- Recess
- Self – Care Presentation
- Food Demo

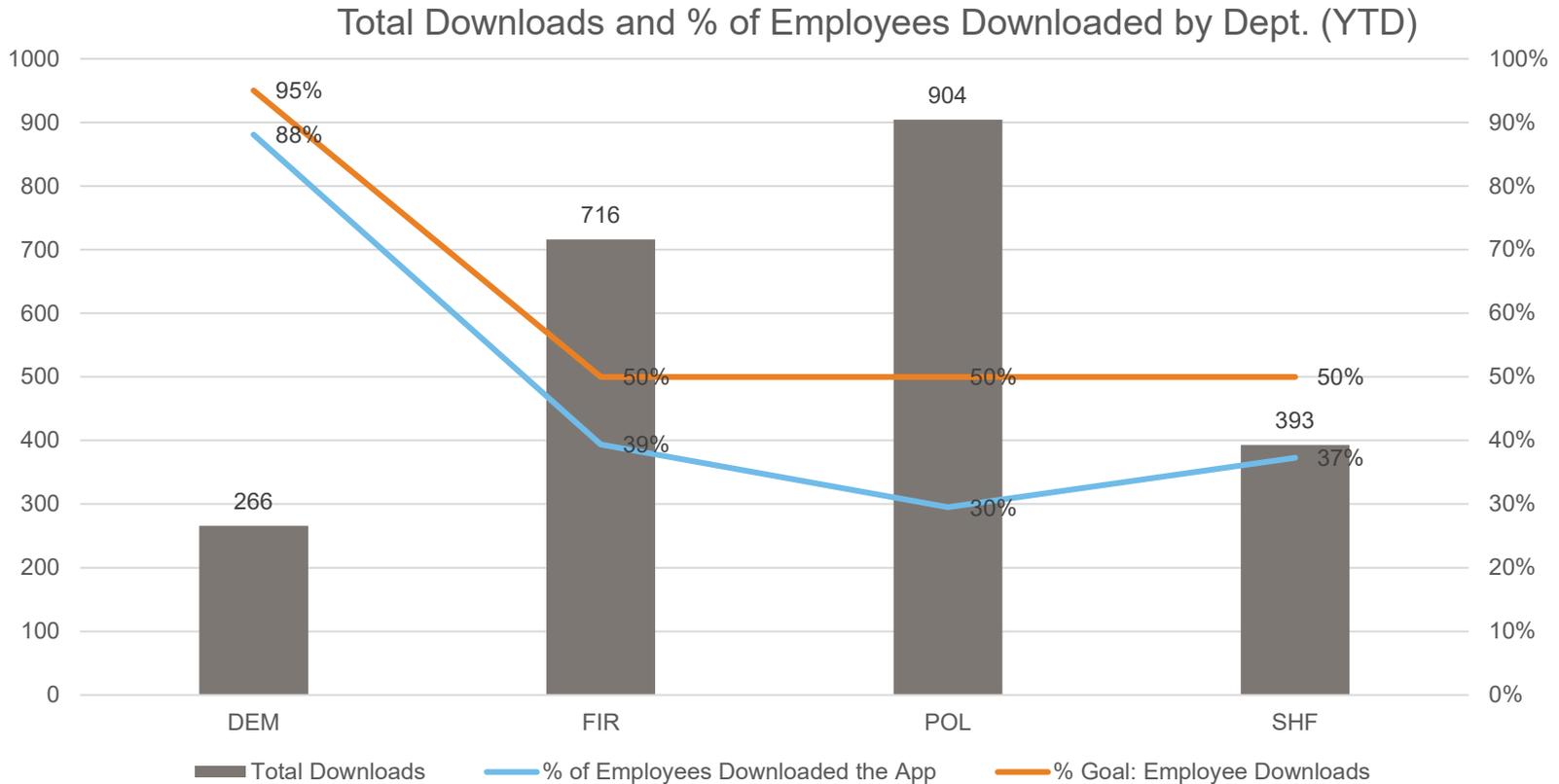
EVENTS JUST FOR YOU

- 9:00AM OPENING REMARKS**
 - @ **MAIN STAGE**: SFHSS Well-Being Team, Maryellen Carrol, Jacqueline Joseph-Veal (JJV), Dr. Fiona Wilson
- 10:00AM SESSION #1**
 - @ **INSPIRE**: Relaxation for Everyone
 - @ **CREATE**: Reflection and Gratitude Practice
- 10:30AM MORNING RECESS**
 - Choose from one of three activities for a
 - @ **MAIN STAGE**: Pet Show & Tell
 - @ **INSPIRE**: Costume Party
 - @ **CREATE**: Take a Walk with Us
- 11:00AM SESSION #2**
 - @ **INSPIRE**: Treat Yourself to Self-Care
 - @ **CREATE**: "Feel Good Foods" Food Demo
- 11:30-12:00 CLOSING REMARKS**
 - @ **MAIN STAGE**: SFHSS Director, Abbie Yant, Well-Being Manager, Carrie Beshears, Well-Being Coordinators, Irene Umpig & Lisa Ocampo



Behavioral Health: Cordico Wellness App

- Total downloads: 2,279 (16% increase from August)



*Data represented 5/25 through 10/30

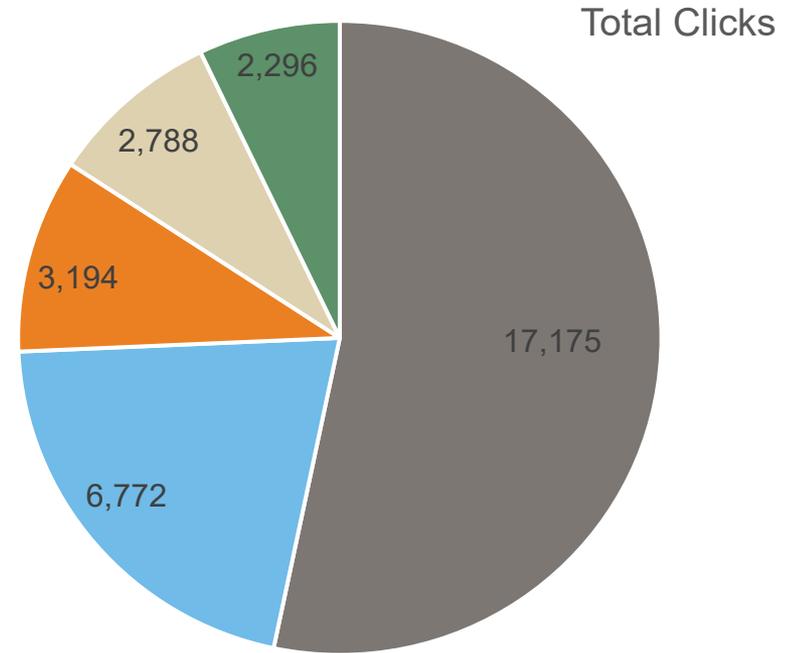
Behavioral Health: Cordico Wellness App

Top Five Modules Clicked:

1. Wellness Toolkit
2. Stress Unit/ BSU/ Peer Program
3. COVID-19 Resources
4. Notifications/Messages
5. Self Assessments – **New to the top 5**

Highlights:

- Surge in COVID-19 module clicks related to a COVID+ employee
- First time the “Get Help Now” module was clicked for Fire and 911 Operators (DEM) was in relationship to the death of a firefighter



- Wellness Toolkit
- Behavioral Science Unit (BSU)/ Stress Unit/ Peer Support
- COVID-19 Resources
- Notifications / Messages
- Self-Assessments

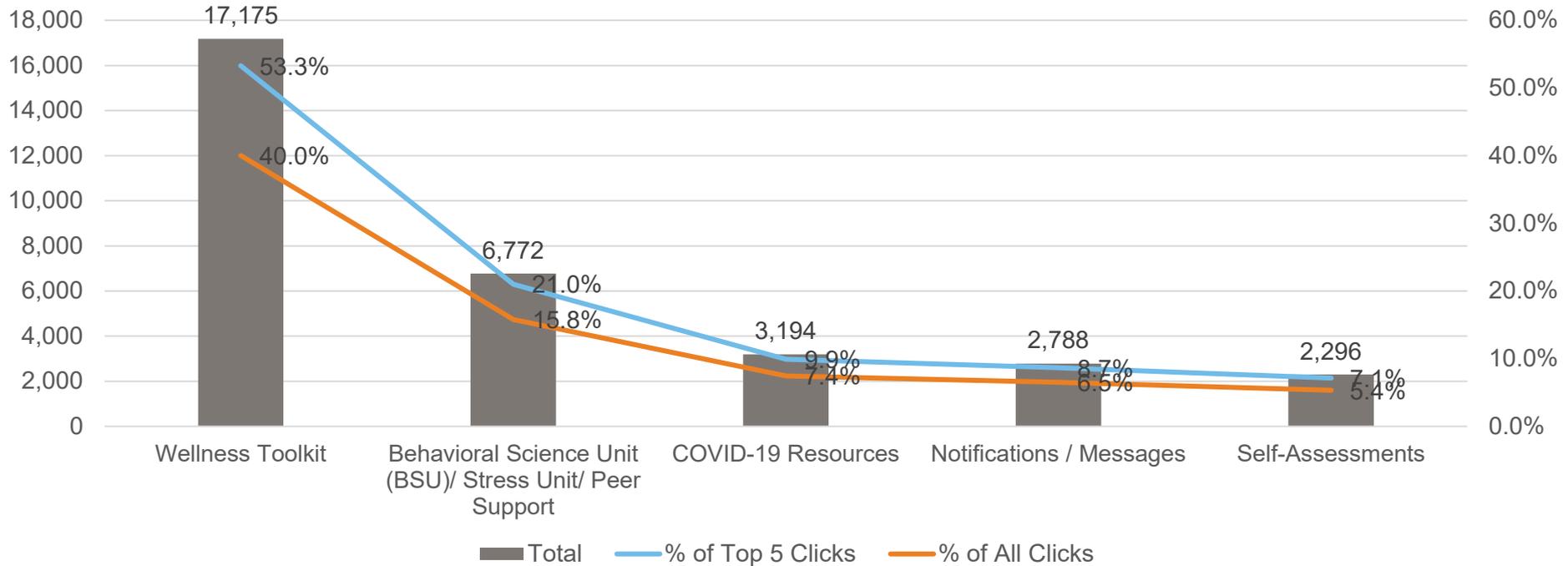
**Data represented 5/25 through 10/30*

Behavioral Health: Cordico Wellness App

Modules - Top 5

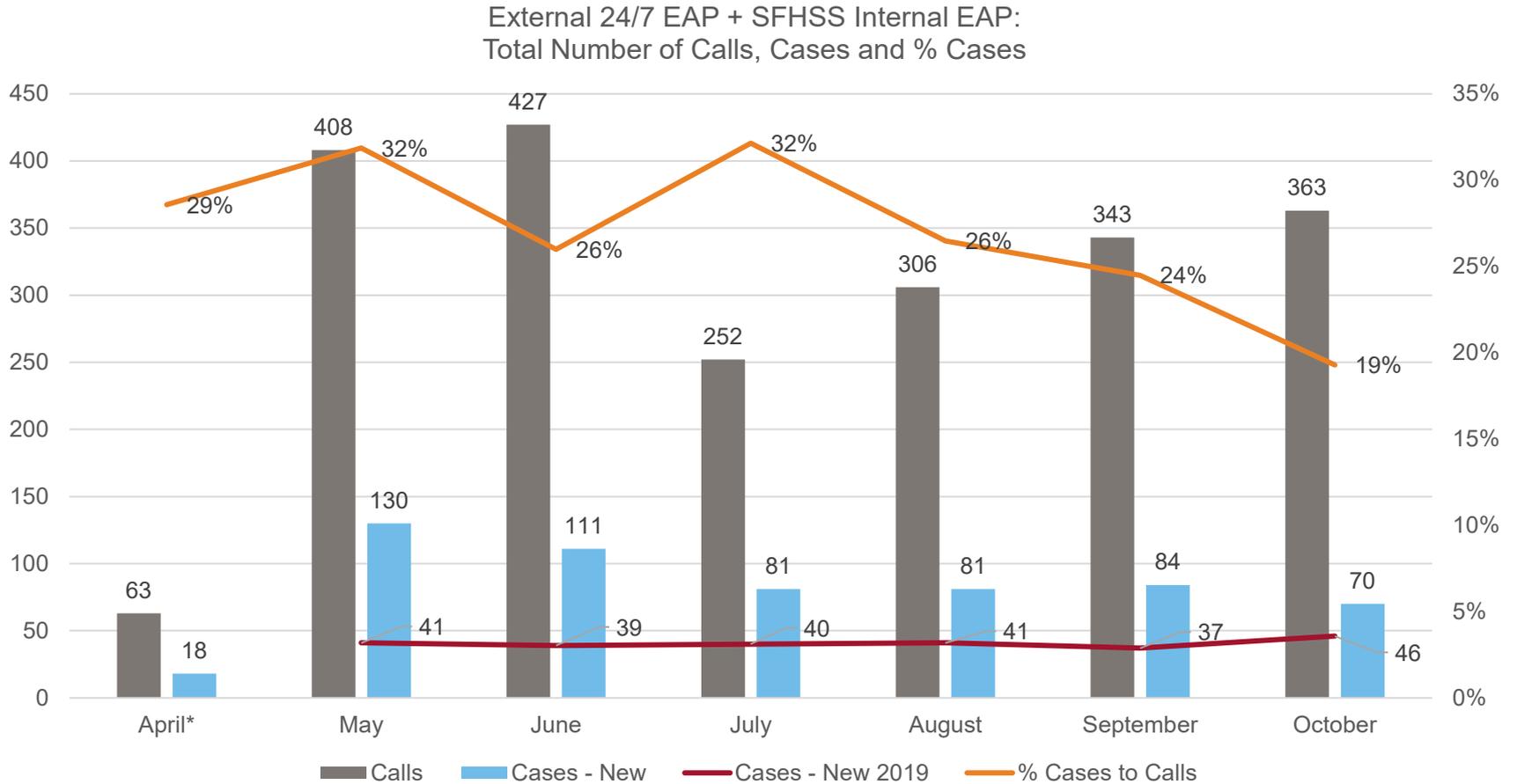
- 40% of all module clicks are in the Wellness Toolkit module

Top 5 Modules Clicked: Total clicks, % of clicks within the top 5 modules and % of all module clicks



*Data represented 5/25 through 10/30

EAP: Average of 53.9% increase in cases per month compared to 2019



*April represents only External 24/7 EAP from 4/24 (inception) through 10/31

External 24/7 EAP

(Data represents 4/24 through 10/31)

- 485 employees served
- 21% of all calls to EAP occur between 5 pm and 8 am
- 11% of all services are from first responders
- 1/3 of individuals range between 31 – 40 years of age

Presenting Issue	Percentage of Cases
Stress	24%
Psychological	17%
Partner/ Relationship	13%
Anxiety Related	11%
Health Crisis	9%

SFHSS Internal EAP

(Data represents 5/1 through 10/31)

Organizational Services

- 9 critical incident responses serving 276 people
- 155 organizational consultations (Total for 2019: 142)

Enterprise Systems & Analytics Report

December 10, 2020

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> Completed HSS CCSF Risk Assessment Met all deadlines to resolve critical issues identified by scans
eBenefits		<ul style="list-style-type: none"> Self Service Identity Verification for SFUSD and Retirees was delivered eBenefits for OE and Life Events now available for CRT, CSF, Retirees and SFUSD
VOIP telephony upgrade		<ul style="list-style-type: none"> Cisco Enterprise Contact Center solution tentative rollout Q3 '20 has been delayed to Q2' 21 due to Covid-19. Equipment, applications and licensing have been purchased and received. Work to be resumed
Enterprise Content Management System (ECM) Business Insights		<ul style="list-style-type: none"> Attachment extract from PeopleSoft migrated to production ECM Business Insights reporting test and production environments deployed Developing workflow productivity reports with Business Insights
Open Enrollment		<ul style="list-style-type: none"> Post OE activities in flight. Confirmation letter data files delivered to vendor OE interface files are begin transmitted to vendors
Athena Penelope EAP software		<ul style="list-style-type: none"> Penelope launched on November 5th
CredibleMind (expert-rated resources related to mental health / well-being)		<ul style="list-style-type: none"> CredibleMind deployed Dec 2nd – available on sfhss.org
CityBase – Member online payments		<ul style="list-style-type: none"> Deployed enhanced functionality – ability to delete accounts
IRS-1095		<ul style="list-style-type: none"> Tax year specifications reviewed, and development request submitted



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

MEMORANDUM

DATE: December 10, 2020
TO: Dr. Stephen Follansbee, President and Members of the Health Service Board
FROM: Larry Loo, Chief Financial Officer
RE: Financial Report as of September 30, 2020

This report summarizes revenues and expenses of the Employee Benefit Trust Fund (Trust Fund) and the General Fund Administration Budget for the first three months of Fiscal Year (FY) 2020-21 as of September 30, 2020. This is the first report FY 2020-21 following the close of the last fiscal year, the completion of the annual financial audit and the issuance of the financial statements, which are addressed in a separate report to the board. The reports below are based the most complete information available for the reporting period and may be subject to adjustments as additional transactions throughout the fiscal year are recognized.

Executive Summary

Employee Benefit Trust Fund

- Projecting a \$66.5 thousand increase in the fund balance, from \$116.1 million on June 30, 2020 to \$116.2 million on June 30, 2021
- Projected fiscal year-end change in fund balance by self-insured plans
 - UHC PPO: \$0.43 M projected increase
 - Blue Shield Access +: \$3.61 M projected increase
 - Blue Shield Trio: \$1.99 M projected increase
 - Delta Dental PPO: \$3.77 M projected decrease
- Cumulative expenses compared to revenues (including the stabilization adjustments) for three months of experience by self-insured plans
 - UHC PPO: cumulative expenses were \$0.22 M greater than revenues
 - Blue Shield Access +: cumulative expenses were \$0.07 M less than revenues
 - Blue Shield Trio: cumulative expenses were \$0.23 M less than revenues
 - Delta Dental PPO plan: cumulative expenses were \$1.11 M greater than revenues
- Healthcare Sustainability Fund: \$1.56 M projected decrease in the fund balance
- Interest: not projected as of this writing and is reliant upon the City and County reports
- Performance Guarantees: none projected as of this writing
- Pharmacy Rebates: none received as of this writing

General Fund Administrative Budget

- Projecting no net change to the year-end balance

Employee Benefit Trust Fund

On June 30, 2020, the audited Trust Fund balance was \$116.1 million. Based on activity reported through three months ending September 30, 2020, the fiscal year end fund balance is projected to be effectively unchanged at \$116.2 million.

The fiscal year 2020-2021, started during the COVID-19 pandemic. For the first three months of reporting, the utilization of services appeared to return to near normal non-pandemic levels. There are still many uncertainties associated with the impact of COVID-19 on employer health care claims costs. In addition to direct COVID-19 expenditures due to member testing for and treatment of COVID-19, elective procedures and non-emergency health care services have been deferred by members in recent months, resulting in substantial changes to the types and frequency of claims incurred by members of employer-sponsored plans in recent months, versus prior to the pandemic.

As of this writing, there is a surge of reported COVID-19 cases and a return of the Bay Area to a higher tiered response. This has driven an increase in COVID-19 testing, tightening of the shelter and place requirement. There are promising developments in vaccines for COVID-19 that may be ready for limited distribution in the next several months. These factors combine may result in changes to the financial projections in the Trust Fund during the remainder of the fiscal year. The projection, therefore, are based on simple trending and not adjusted for any assumptions based on COVID-19 responses.

The following table summarizes the projected changes in fund balance and the pages of this report to find additional discussion.

	Projected Change in Fund Balance (in millions)	Page
United Health Care PPO Self-Funded Plan	\$ 0.43	3
Blue Shield Access+ Flex-Funded Plan	3.61	4
Blue Shield Trio Flex-Funded Plan	1.99	5
Delta Dental PPO, Actives Self-Funded Plan	(3.77)	6
Fully Insured/ Health Care Sustainability Fund	(1.56)	7
Interest	0	7
Performance Guarantees	0	7
Performance Guarantees – Surrogacy and Adoption Assistance Plan	(0.02)	7
Forfeitures	0	7
Transfers Out	(0.63)	7
Pharmacy Rebates		8
Total	\$ 0.07	

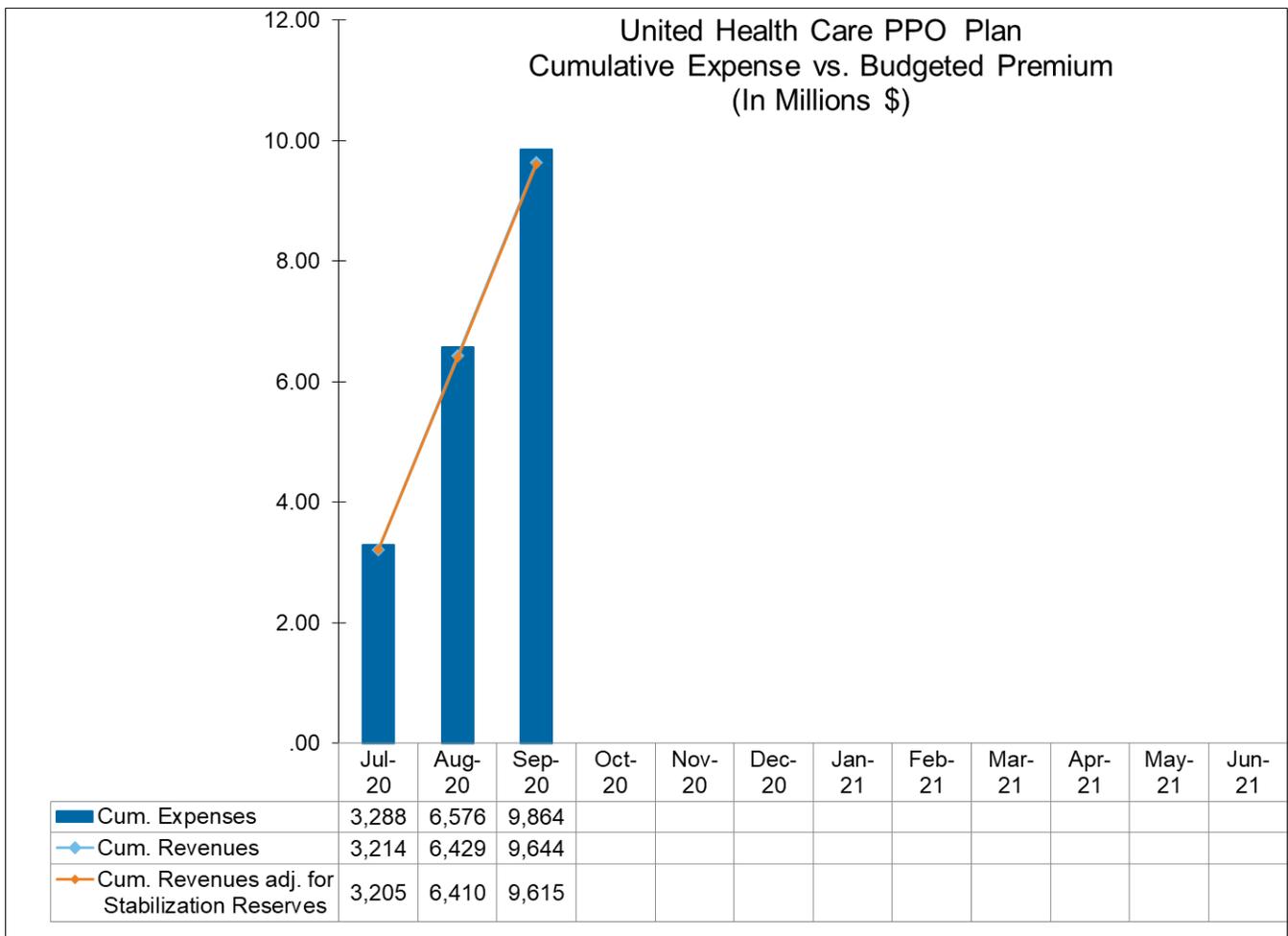
United Health Care PPO

Fiscal Year End Projection

A \$0.43 million increase in fund balance is projected as a result of the following:

- \$0.06 million associated with the increase in 2020 rates (for the first six months of FY 2020-21) due to rating buy-up of the 2018 year-end claims stabilization deficit
- \$0.37 million associated with the increase in 2021 rates (for the second six months of FY 2019-20) due to rating buy-up of the 2019 year-end claims stabilization deficit
- \$1.0 million of pharmacy rebates expected by FYE 2020-21
- \$1.0 million decrease due to trended unfavorable claim expense

Experience Through Three (3) Months



With three months of experience, cumulative expenses for UHC PPO are \$0.25 M greater than the expected cost levels regardless of whether cumulative expenses are compared to the actual revenues (\$9.864 M - \$9.615 M) and when the cumulative expenses are compared to cumulative revenues with the \$0.03 M buyup for the rate stabilization reserves (\$9.864 M – (\$9.644 M - \$0.03 M)).

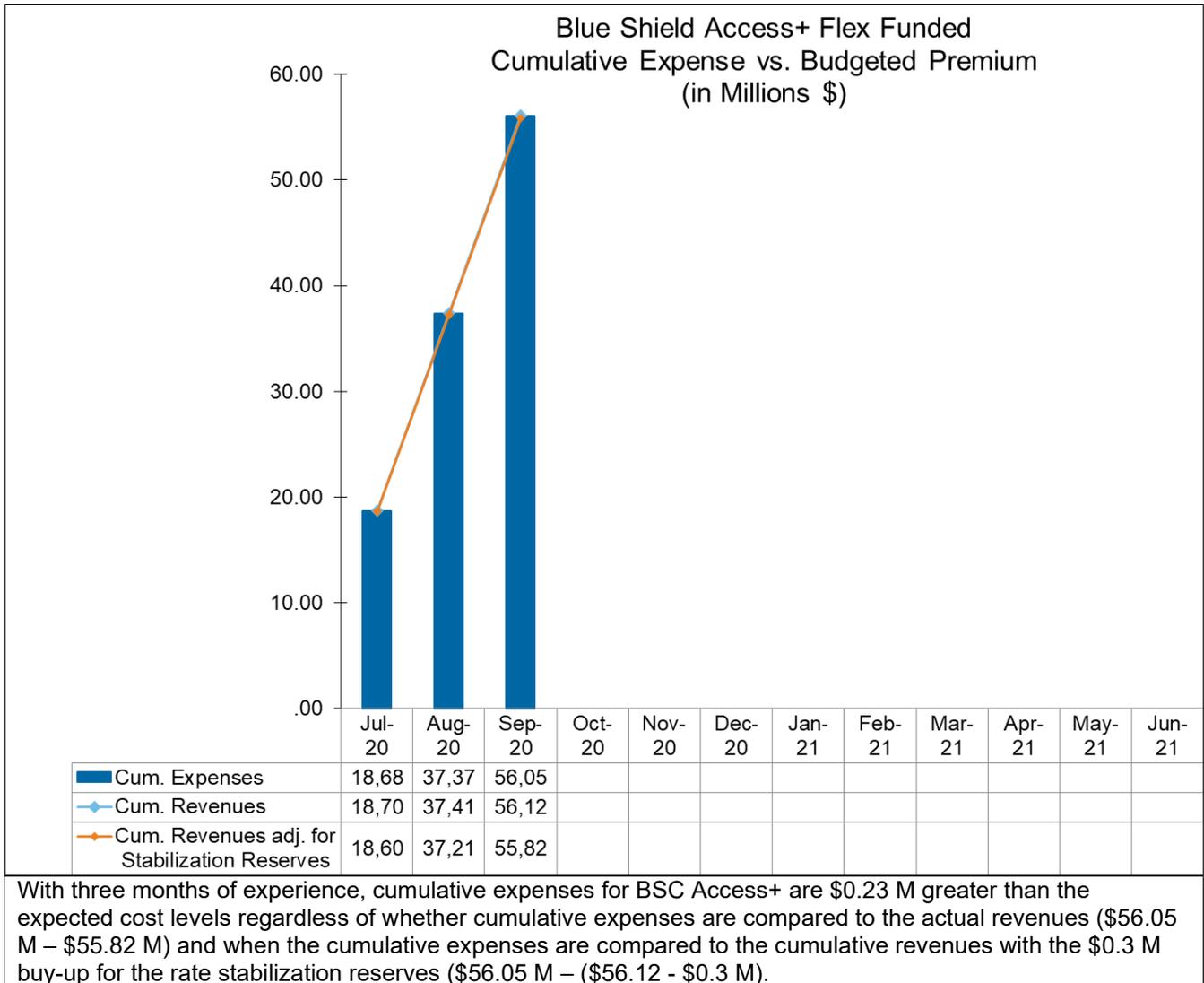
Blue Shield Access+ Flex Funded Plan

Fiscal Year End Projection

A \$3.61 million increase in fund balance is projected as a result of the following:

- \$0.6 million associated with the increase in 2020 rates (for the first six months of FY 2020-21) due to the rating buy-up of the 2018 year-end claim stabilization deficit
- \$0.8 million associated with the decrease in 2021 rates (for the second six months of FY 2020-21) due to the rating buy-down from the 2019 year-end claim stabilization surplus
- \$4.8 million of pharmacy rebates expected by FYE 2020-21
- \$0.99 million decrease due to unfavorable claim expense

Experience Through Three (3) Months



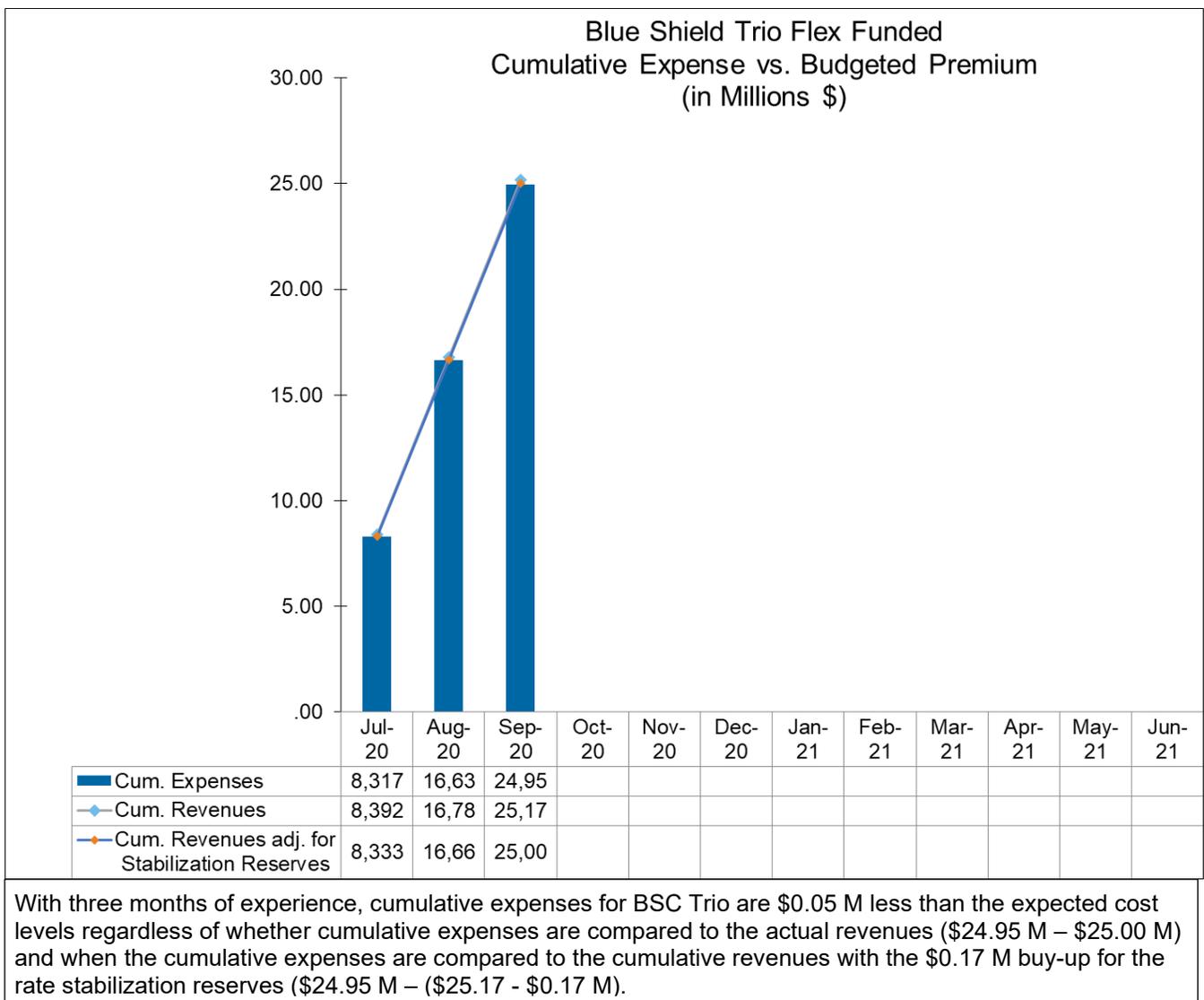
Blue Shield Trio Flex-Funded Plan

Fiscal Year End Projection

A \$1.99 million decrease in fund balance is projected as a result of the following:

- \$0.35 million associated with the increase in 2020 rates (for the first six months of FY 2020-21) due to the rating buy-up of the 2018 year-end claim stabilization deficit
- \$0.47 million associated with the decrease in 2021 rates (for the second six months of FY 2020-21) due to the rating buy-down from the 2019 year-end claim stabilization surplus
- \$1.9 million of pharmacy rebates expected by FYE 2020-21
- \$0.21 million increase due to favorable claim expense

Experience Through Three (3) Months



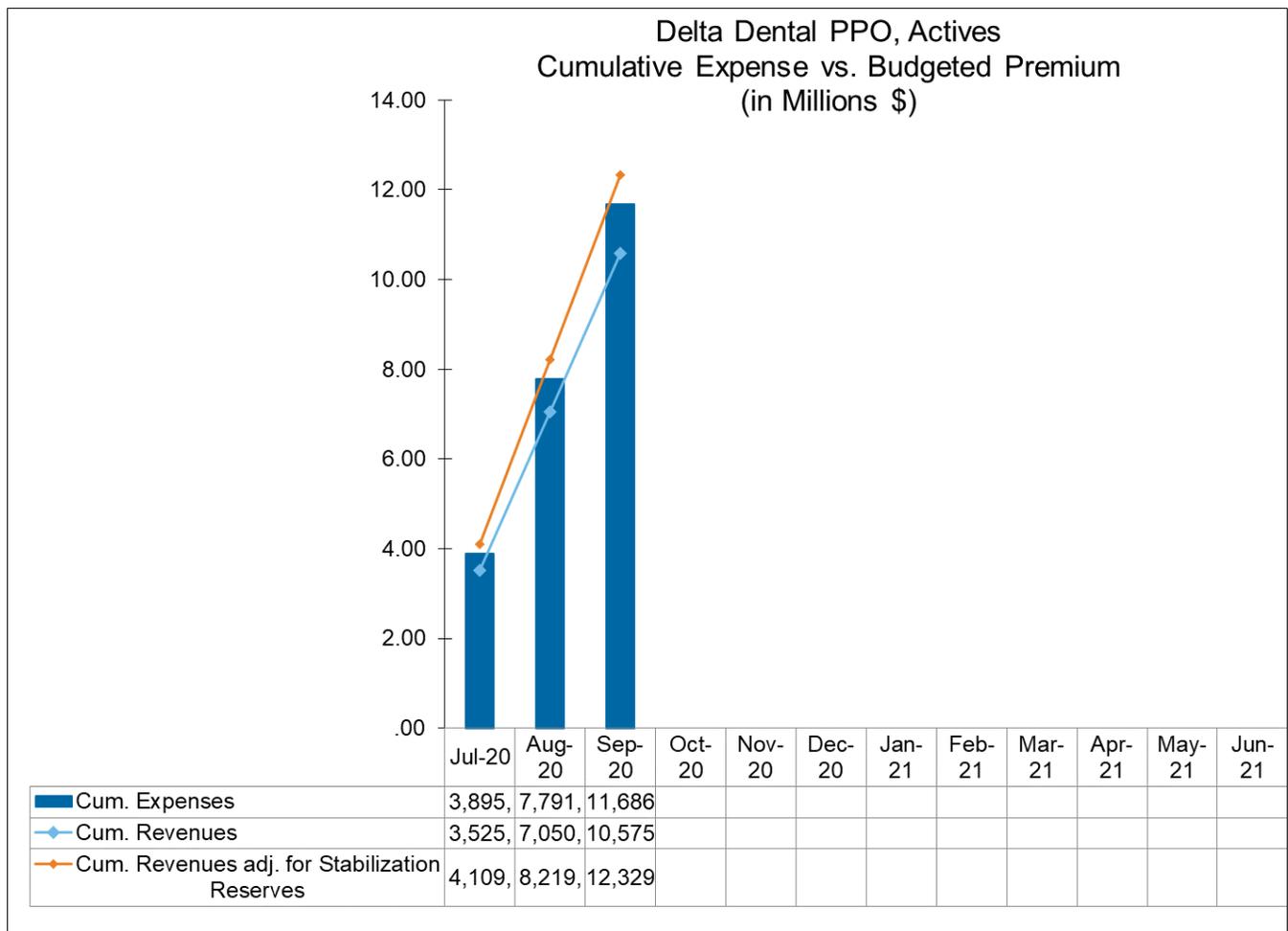
Delta Dental Self-Funded Plan

Fiscal Year End Projection

A \$3.77 million decrease in fund balance is projected as a result of the following:

- \$3.5 million decrease in fund balance associated with subsidizing 2020 rates (for the first six months of FY 2020-21) from the 2018 year-end claim stabilization reserve
- \$2.8 million decrease in fund balance associated with subsidizing 2020 rates (for the second six months of FY 2020-21) from the 2019 year-end claim stabilization reserve
- \$2.53 million increase due to favorable claim expense

Experience Through Three (3) Months



Based on three months of experience, cumulative expenses for Delta Dental PPO for Actives are \$0.64 M greater than the expected cost levels regardless of whether the cumulative expenses are compared to actual revenues (\$11.68 M – \$12.32 M) and when cumulative expenses are compared with cumulative revenues with the \$1.75 M buy down from the rate stabilization reserve (\$11.68 M – (\$10.57 M + \$1.75 M)).

Other Trust Fund Notes

Healthcare Sustainability Fund

With three (3) months of actuals, a projected positive balance of \$2.8 million is expected at the end of FY 2020-21. When the carryforward amount from the previous fiscal year is netted out, however, there is a projected net reduction in the Health Care Sustainability Fund of \$1.56 M.

SAN FRANCISCO HEALTH SERVICE SYSTEM <small>Affordable, Quality Benefits & Well-Being</small>	Healthcare Sustainability Fund		
	FY 2020-21 Revised Budget	FY 2020-21 Actuals Sep YTD	FY 2020-21 Projection
REVENUES/PREMIUMS			
Annual Revenues	\$ 2,560,688	\$ 643,995	\$ 2,560,688
Carryforward from fund balance	4,385,526	-	4,385,526
TOTAL	\$ 6,946,214	\$ 643,995	\$ 6,946,214
ANNUAL EXPENDITURES	\$ 3,044,810	\$ 530,046	\$ 3,044,810
ONE-TIME EXPENDITURES	\$ 1,074,537	\$ 103,955	\$ 1,074,537
GRAND TOTAL EXPENDITURES	\$ 4,119,347	\$ 634,000	\$ 4,119,347
BALANCE	\$ 2,826,867	\$ 9,995	\$ 2,826,867
BALANCE NET OF CARRYFORWARD			\$ (1,558,659)
*Projection based on 3 months of actuals including the carryforward funding from FY 2019-20			

Interest

At the time of writing, there were no updated interest post in the Trust Fund.

Performance Guarantees (PGs)

There were no Performance Guarantees received during the first three months of the fiscal year.

Performance Guarantees for Adoption and Surrogacy Assistance Plan

Performance guarantees are used to fund the Adoption and Surrogacy Assistance Plan. As of September 30, 2020, \$15,000 was reimbursed to members.

Forfeitures and Transfers Out

The IRS allows forfeitures from flexible spending accounts to be used to fund the administration of the accounts. Since the funding for the administration is in the General Fund and the forfeitures reside in the Trust, a transfer is made at the close of each fiscal year. No transfers were made during the first three months of FY 2020-21.

Pharmacy Rebates

The following table summarizes the expected FYE 2020-21 pharmacy rebates against actuals. The rebates received are included in the revenues received by the respective health plan. The rebates are provided at the end of each quarter. As of September 30, 2020, no pharmacy rebates have been received. The year-end projection is \$7.66 million. The rebates offset the claims payments to the plans.

Vendor	Amount (year to date)	Year-End Projection
UHC	n/a	\$1,000,000
Blue Shield	n/a	\$6,665,000
Total	n/a	\$7,665,000

GENERAL FUND ADMINISTRATION BUDGET

The Mayor’s Proposed FY 2020-21 and FY 2021-22 budget for SFHSS was approved by the full Board of Supervisors in September 2020. The actuals and FYE projections are on the table below. The projection foresees no net balance at the end of the fiscal year.

SAN FRANCISCO HEALTH SERVICE SYSTEM <small>Affordable, Quality Benefits & Well-Being</small>	General Fund Administration Budget FY20-21 ANNUALIZED AS OF 09/30/20					
	FY 2020-21 Approved Budget	FY 2020-21 Revised Budget	Non-COVID- 19 Actuals	COVID-19 Actuals	Total Actual YTD	FYE 2020-21 Projection
REVENUES						
Non-Operating Revenue	9,131	9,131	-	-	-	9,131
Work Order Recovery	11,467,900	11,467,900	2,866,980	-	2,866,980	11,467,900
Other Revenue	625,297	625,297	-	-	-	625,297
General Fund Carryforward		344,070	344,070	-	344,070	344,070
TOTAL REVENUES	\$ 12,102,328	\$ 12,446,398	\$ 3,211,050	\$ -	\$ 3,211,050	\$ 12,446,398
EXPENDITURES						
Personnel Services	5,203,105	5,203,105	1,129,976	72,513	1,202,489	5,203,105
Mandatory Fringe Benefits	2,680,495	2,680,495	586,790	32,455	619,245	2,680,495
Non-personnel Services	2,299,146	2,475,244	445,691	1,352	447,043	2,475,244
Materials & Supplies	49,085	65,660	11,230	-	11,230	65,660
Services of Other Departments	1,870,497	2,021,894	297,204	-	297,204	2,021,894
TOTAL EXPENDITURES	\$ 12,102,328	\$ 12,446,398	\$ 2,470,891	\$ 106,320	\$ 2,577,211	\$ 12,446,398
REVENUE LESS EXPENDITURES	\$ -	\$ 0	\$ 740,159	\$ (106,320)	\$ 633,839	\$ 0

*Projection based on 3 months of actuals including the carryforward funding from FY 2019-20

STATEMENT OF REVENUES AND EXPENSES
FY 2020-2021
FOR 3 MONTHS ENDED SEPTEMBER 30, 2020

<i>ACTIVE & RETIRED COMBINED</i>	Year-To-Date Revenues	Year-To-Date Expenses	Year-To-Date Net Excess (Shortage)
SELF-INSURANCE			
UHC PPO, including ASO *	9,644,289	9,864,066	(219,777)
Blue Shield Access+ *	56,125,670	56,058,074	67,595
Blue Shield Trio *	25,177,209	24,953,830	223,379
Delta Dental - Active only, including ASO	10,575,242	11,686,576	(1,111,334)
TOTAL SELF-INSURANCE	101,522,409	102,562,546	(1,040,137)
INSURANCE PRODUCTS			
UHC MAPD	20,729,580	20,729,580	-
Kaiser-HMO	111,393,375	113,599,341	(2,205,965)
Vision Service Plan, All (City Plan & HMO)	2,166,614	2,180,458	(13,843)
Sub-total HMO	134,289,569	136,509,378	(2,219,809)
Delta Dental - Retired	4,205,306	4,205,306	-
Delta Care	213,186	211,106	2,080
UHC Dental	113,279	114,770	(1,491)
Sub-total Dental	4,531,770	4,531,182	589
Long Term/Short Term Disability	1,579,800	1,579,851	(51)
Flexible Benefits	698,346	696,309	2,037
Flexible Spending-Dependent Care	1,265,157	834,345	430,811
Flexible Spending -Medical Reimbursement	2,451,923	1,687,179	764,745
Best Doctors (discontinued on 1/1/20)	-	-	-
Healthcare Sustainability Fund (\$3.00)	643,995	634,000	9,995
Adoption & Surrogacy	-	15,000	(15,000)
TOTAL INSURANCE PRODUCTS	145,460,561	146,487,243	(1,026,683)
SAVINGS AND INVESTMENTS			
Interest	-	-	-
Performance guarantees	-	-	-
Forfeitures	-	-	-
TOTAL SAVINGS & INVESTMENTS	-	-	-
TRANSFERS OUT OF FORFEITURES			0
TOTAL FUNDS	246,982,970	249,049,789	(2,066,820)

* Expenses are net of pharmacy rebates - see report for details

	FY20-21 Year-to-Date Actual Net as of 09/30/20	FY20-21 Projected Year-End Annual Net	
SUMMARY			
Self Insurance			
UHC PPO	(219,777)	434,391	(a)
Blue Shield-Access+	67,595	3,613,111	(b)
Blue Shield-Trio	223,379	1,986,785	(b)
Delta Dental PPO, Actives	(1,111,334)	(3,768,835)	(c)
Insurance Products			
Medical HMOs	(2,219,809)	-	
Dental	589	-	
LTD/Flexible Benefits/FSA/Best Doctors	1,197,542	-	
Healthcare Sustainability Fund (\$3.00)	9,995	(1,558,659)	(d)
Savings & Investments			
Interest	-	-	
Performance guarantees	-	-	(e)
Performance guarantees - Surrogacy and adoption	(15,000)	(15,000)	(f)
Forfeitures	-	-	
Transfers Out	0	(625,297)	(g)
TOTAL	(2,066,820)	66,496	
Net assets			
Beginning of the year		116,114,257	
End of the year		116,180,753	

- (a) Annual Projection is net of claim stabilization of \$0.1 million to increase 2020 rates, \$0.4 million to increase 2021 rates, and Pharmacy rebate of \$1.0 million
(b) Annual Projection is net of claim stabilization of \$0.9 million to increase 2020 rates, \$1.3 million to decrease 2021 rates, and Pharmacy rebate of \$6.7 million
(c) Annual Projection is net of claim stabilization of \$3.5 million to reduce 2020 rates and \$2.8 million to reduce 2021 rates
(d) \$3.00 per member per month for communications, wellness, actuarial work; is part of a total premium.
(e) Only reflects performance guarantees received in FY 2020-2021
(f) Reflects use of fund balance
(g) Transfer of \$0.6M from forfeitures to General Fund per FY 2020-2021 budget

<i>ACTIVE & RETIRED COMBINED</i>	For 3 Months Ended September 30, 2020	For 3 Months Ended September 30, 2019	\$ Change	% Change
SELF-INSURANCE				
UHC PPO, including ASO				
Revenues	9,644,289	9,178,877	465,412	5.1% l
Expenses	(9,864,066)	(9,661,776)	(202,289)	2.1%
Net UHC PPO Excess(Shortage)	(219,777)	(482,899)	263,122	-54.5%
Blue Shield-Access+				
Revenues	56,125,670	56,821,630	(695,960)	-1.2%
Expenses	(56,058,074)	(55,081,465)	(976,609)	1.8%
Net Blue Shield-Access Excess(Shortage)	67,595	1,740,165	(1,672,569)	-96.1%
Blue Shield-Trio				
Revenues	25,177,209	25,469,881	(292,672)	-1.1%
Expenses	(24,953,830)	(28,224,084)	3,270,254	-11.6% j
Net Blue Shield-Trio Excess(Shortage)	223,379	(2,754,204)	2,977,582	-108.1%
Delta Dental - Active only, including ASO				
Revenues	10,575,242	11,498,682	(923,440)	-8.0% h
Expenses	(11,686,576)	(10,940,463)	(746,112)	6.8% f
Net Delta Dental - Active Excess(Shortage)	(1,111,334)	558,219	(1,669,552)	-299.1%
NET SELF-INSURANCE	(1,040,137)	(938,720)	(101,417)	10.8%
INSURANCE PRODUCTS				
Kaiser-HMO				
Revenues	111,393,375	104,161,599	7,231,776	6.9% d, l
Expenses	(113,599,341)	(105,088,519)	(8,510,822)	8.1% d, l
Net Kaiser- HMO Excess(Shortage)	(2,205,965)	(926,919)	(1,279,046)	138.0%
UHC MAPD				
Revenues	20,729,580	18,082,093	2,647,487	14.6% d, l
Expenses	(20,729,580)	(18,082,093)	(2,647,487)	14.6% d, l
Net UHC MAPD Excess(Shortage)	0	0	0	
Vision Service Plan, All (City Plan & HMO)				
Revenues	2,166,614	1,988,111	178,503	9.0% d, l
Expenses	(2,180,458)	(1,978,912)	(201,545)	10.2% d, l
Net Vision Service Plan Excess(Shortage)	(13,843)	9,199	(23,042)	
Delta Dental - Retired				
Revenues	4,205,306	4,057,125	148,181	3.7% d
Expenses	(4,205,306)	(4,021,562)	(183,744)	4.6% d
Net Delta Dental - Retired Excess(Shortage)	0	35,563	(35,563)	-100.0%
Delta Care				
Revenues	213,186	226,685	(13,499)	-6.0% a
Expenses	(211,106)	(218,784)	7,678	-3.5% a
Net Delta Care Excess(Shortage)	2,080	7,901	(5,822)	-73.7%
UHC Dental				
Revenues	113,279	113,027	252	0.2%
Expenses	(114,770)	(111,735)	(3,034)	2.7%
Net UHC Dental Excess(Shortage)	(1,491)	1,292	(2,782)	-215.4%
Net Dental	589	44,756	(44,167)	-98.7%
Long Term/Short Term Disability				
Revenues	1,579,800	1,928,380	(348,581)	-18.1% h
Expenses	(1,579,851)	(1,928,380)	348,530	-18.1% h
Net Long Term/Short Term Disability Excess(Shortage)	(51)	0	(51)	
Flexible Benefits				
Revenues	698,346	675,179	23,167	3.4% g
Expenses	(696,309)	(675,139)	(21,170)	3.1% g
Net Flexible Benefits Excess(Shortage)	2,037	40	1,998	0.3%
Flexible Spending-Dependent Care				
Revenues	1,265,157	1,515,634	(250,477)	-16.5% c
Expenses	(834,345)	(931,965)	97,620	-10.5% j
Net Flexible Spending-Dependent Care Excess(Shortage)	430,811	583,669	(152,857)	-26.2%
Flexible Spending -Medical Reimbursement				
Revenues	2,451,923	2,211,805	240,118	10.9% d
Expenses	(1,687,179)	(1,392,514)	(294,664)	21.2% f
Net Flexible Spending-Medical Reimbursement Excess(Shortage)	764,745	819,291	(54,546)	-6.7%
Best Doctors				
Revenues	0	242,708	(242,708)	-100.0% b
Expenses	0	(242,708)	242,708	-100.0% b
Net Best Doctors Excess(Shortage)	-	0	-	
Adoption & Surrogacy				
Expenses	(15,000)	(48,312)	33,312	-69.0%
Healthcare Sustainability Fund (\$3.00)				
Revenues	643,995	636,567	7,428	1.2%
Expenses	(634,000)	(683,813)	49,813	-7.3% e
Net Healthcare Sustainability Fund (\$3.00) Excess(Shortage)	9,995	(47,246)	57,241	-121.2%
NET INSURANCE PRODUCTS	(1,026,683)	434,477	(1,461,160)	-336.3%
SAVINGS AND INVESTMENTS				
Interest	0	0	0	
Performance guarantees	0	0	0	
Forfeitures	0	0	0	
TOTAL SAVINGS & INVESTMENTS	0	0	0	
TOTAL NET EXCESS (SHORTAGE)	(2,066,820)	(504,242)	(1,562,577)	309.9%

Notes: a decrease in membership f increase in claims l increase in rates
b discontinued on 1/1/20 g increase in deductions
c decrease in deductions h decrease in rates
d increase in membership j decrease in claims
e \$3 per member per month for communications, wellness, actuarial work