

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

MEMORANDUM

December 13, 2018

TO: Karen Breslin, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: December 2018 Board Report

Introduction

As Open Enrollment has drawn to a close, the analytics team has stepped in to analyze the data, some of which you will see in the report out on open enrollment today. Staff along with Aon are gearing up to commence the Rates and Benefits cycle.

Announcement

After five years of providing leadership to the Well-Being team, Stephanie Fisher has announced her resignation effective December 14, 2018. Throughout her tenure Stephanie has completed many challenging tasks as she has helped to grow our Well-Being department to a city-wide enterprise. This work could not have been possible without Stephanie's big heart, organizational skills, and development of a great team! We are very grateful for her service and wish her well in her new life ahead in Atlanta Georgia.

Strategic Plan

We have provided bound copies of the Strategic Plan for HSB Members. Our team is focused on the implementation. We are working through the approval process for the mid-year budget adjustments with the Mayor's office.

November 2018 HSB Education Forum

We are continuing HSB Education at this meeting and will the special presentation on Social Determinants of Health.

As Commission Scott's request, we have attached the 5 slides from the November Education Forum that illustrate some of the key concepts that were core to the presentations.

- (1) The Right Balance of Live and Digital Navigation – Support Can Achieve SFHSS Goals and Objectives, Aon
- (2) A Sample to Match Navigation Vendors to Priority Focus Areas, Aon
- (3) Digital Hybrids - Clinical Evidence Continuum, Aon
- (4) 10 Building Blocks of Primary Care, Dr. Marianna Kong
- (5) Guidepost for evaluating navigation

Vendor Black Out Period – Reminder

The HSB approved the vendor Black Out period commencing November 9, 2018. As a reminder, this black out period is still in effect. We have received response to the Request for Information for the Expert Opinion, Navigation, Concierge and Musculoskeletal services that we can vet and subsequently require be part of the medical plan design. Medical, Dental and Vision vendor renewal meeting notices and renewal letters were sent out and renewal letters will be mailed. The current version of the Rates and Benefits Calendar is in your meeting packet.

Dependent Eligibility Verification Audit

The audit appeals process closed on October 31, 2019. The final report regarding on the audit is scheduled for presentation to the HSB on January 10, 2019.

	CSF	CCD	CRT	RET	USD	Total
Verified	13785	429	191	9023	1304	24732
Opt Out	119	3	1	37	11	171*
Not Verified	1014	16	3	430	120	1583
Non-Response	347	4	1	69	52	473

*Some Opts Out returned to say they Opted Out in error and have provided documentation
The Non-Response is filtered to include those who have not responded to Alight or SFHSS

Schedule of DEVA Notices

- 4/09/2018 - Alert Notice Sent
- 4/20/2018 - Verification Request Notice Sent
- 4/30/2018 & 5/15/2018 - Reminder notices sent.
- 6/01/2018 - Final reminder notice sent.
- 6/16/2018 - End of audit notice – sent to those who had not responded to verification.
- 7/15/2018 - Grace Period end date/final audit close.
- 7/28/2018 - Final Results Notice – sent to those with unverified dependents remaining on the plan.
- 8/27/2018 - Special notice sent directly from SFHSS to all non-respondents
- 10/31/2018 – End for appeal period

Legislation Mentioned at November Meeting

SB California Senate Bill 1240 - Prescription Drugs: CURES Database

- See attached

SFHSS DIVISION REPORTS – DECEMBER 2018

PERSONNEL

- 1813 Senior Benefits Analyst – to be posted
- Acting Well Being Manager – Carrie Beshears – effective 12/15/2018
- 2593 Well-Being Coordinator – recruitment underway
- 9910 Interns- recruiting for next round
- Pending Mayor’s Office Approval for 4 new positions identified in the mid-year budget adjustment

WELL BEING

Employee Assistance Program Jan - Nov 2018 (compared to Jan-Nov 2017)

- 76 average clients/month (19% more)
- 1302 personal counseling hours (18% more)
- 275 organizational well-being services (13% fewer)
- 3358 organizational well-being employee contacts (11% fewer)
- Expanded webpages www.sfhss.org/well-being/eap

Wellness Center Jan - Nov 2018 (compared to Jan-Nov 2017)

- 7546 visits (1% fewer)
- 333 average unique visitors/month (4% fewer)
- 4769 group exercise visits (8% more)

Flu Shot Clinic Program 2018 (compared to 2017)

- 4349 flu shots given (5% more)
- 25 clinics (1 less clinic)
- 174 average shots/clinic (9% more)

FINANCE DEPARTMENT

Budget and Procurement

- Mayor's Instructions for the GF Operating Budget issued on December 12, 2018
- Attended F&P System Improvement Workshops
- PCI Qualified Security Training

Finance and Accounting

- Submitted draft Financial Statements to KPMG and the Controller's Office, audit expected to be released 12/21/2018

Contracts:

- Fully Executed Agreement with Kaiser Permanente for fully-insured HMO benefit plans
- Fully Executed Agreement with Aon Consulting, Inc. for actuarial and consulting services
- Fully Executed Amendment to the Rider to the Group Agreement with Vision Care Plan (VSP) for vision plan services
- Fully Executed Fourth Amendment to the Agreement with P&A Administrative Services, Inc. for COBRA and Flexible Spending Account (FSA) Services
- Fully Executed Assignment and Novation Agreement with International Business Machines Corporation (IBM) and Truven Health Analytics LLC
- Fully Executed Amendment to Agreement with Silly Monkey Studios LLC for website design and development
- Fully Executed Agreement with Carahsoft Technology Corporation for SFHSS website hosting and support services
- Completed the review and approval of the 2019 plan materials for the following vendors:
 - Aetna
 - Blue Shield of California (Access+ and Trio HMO)
 - Delta Dental (Delta Dental PPO and DeltaCare)
 - Kaiser Permanente (Traditional Plan, KPSA, Multi-Region)
 - P&A Group
 - UnitedHealthcare Dental
 - UnitedHealthcare Medical (City Plan, City 20, UHC MAPD PPO)
- Issued Request for Information (RFI) for Expert Opinion, Care Coordination, and Musculoskeletal Services

Follow up from prior Board Meetings

Matters brought before the Health Services Board – tracked until completed.

These matters currently include:

- Cataract Surgery benefit coverage
- Relationship with Workers Compensation
- Other Postemployment Health Care Benefits (OPEB)

Subject: **California Senate Bill 1240 - Prescription Drugs: CURES Database**

Session: 2017-2018

Sponsor/Author: Senator Jeff Stone (R)

Date: February 15, 2018 (Introduced)
April 9, 2018 (Amended)
<https://legiscan.com/CA/bill/SB1240/2017>

Last Action/Status: April 17, 2018 (April 16 set for second hearing canceled at requestor of author.)
http://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201720180SB1240

Summary: An act to amend Section 4040 of, and to add Section 4.122.5 to, the Business and Professions Code, and to amend Section 11165 of the Health and Safety Code, relating to pharmacy. See text in detail,
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1240

Bill Analysis: https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201720180SB1240

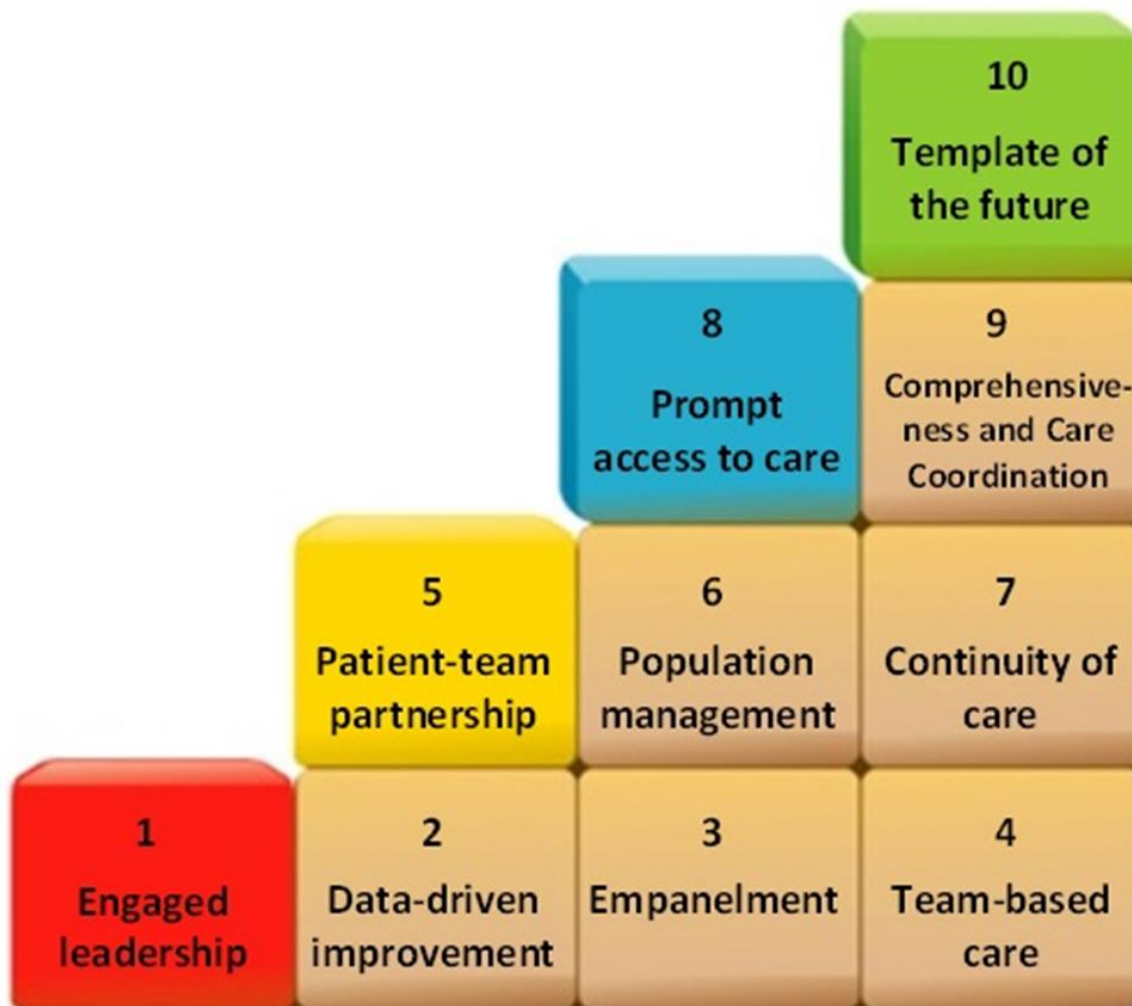
CA SB 1240 Overview

Under this bill, the intent of Controlled Substances Utilization Review and Evaluation System (CURES), a state-run electronic tracking program, is to reduce prescription drug abuse and related overdose deaths in California.

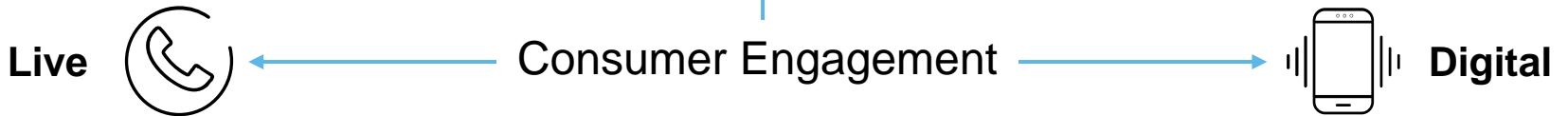
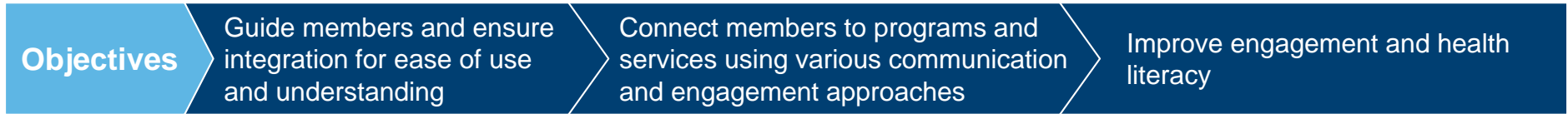
- For written or electronic prescriptions, CA SB 1240 requires International Statistical Classification of Diseases, 10th revision (ICD-10) Code or legible, clear notice of the condition or purpose for which the drug being prescribed to be included in a prescription, unless the patient requests this information to be omitted.
- For oral prescriptions, requires either the ICD-10 Code or a description of the condition or purpose for which the drug is being prescribed to be included in the prescription.
- The bill requires a pharmacy to immediately convey prescription profile information of a patient to a requesting pharmacy caring for that patient, except that the price and cost of a prescription shall not be included.
- The bill expands the drugs required to be reported and monitored in CURES to include all dangerous drugs and Schedule V controlled substances.
- It prohibits a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense dangerous drugs from being provided CURES data.
- It adds a description of the diagnosis, condition, or purpose for which the prescription was issued and the directions for use to the list of information pharmacies are required to report to CURES for each prescription.

CURES reports all pharmacy dispensing of certain schedules of controlled drugs by name, quantity, dosage, prescriber, patient, and pharmacy. Data from CURES is managed by the Department of Justice (DOJ), and is available to law enforcement agencies, regulatory bodies, prescribers, dispensers, and qualified researchers to identify if a person is “doctor shopping”.

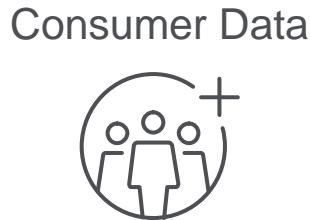
10 Building Blocks of Primary Care



The Right Balance of Live and Digital Navigation Support Can Achieve SFHSS Goals and Objectives



- Point Solution?
- Advocate?
- Concierge?
- Clinical Navigator?
- Care Manager?



- Point Solution?
- Extension of Live Support?
- Hub?
- Consumer Engagement Platform?

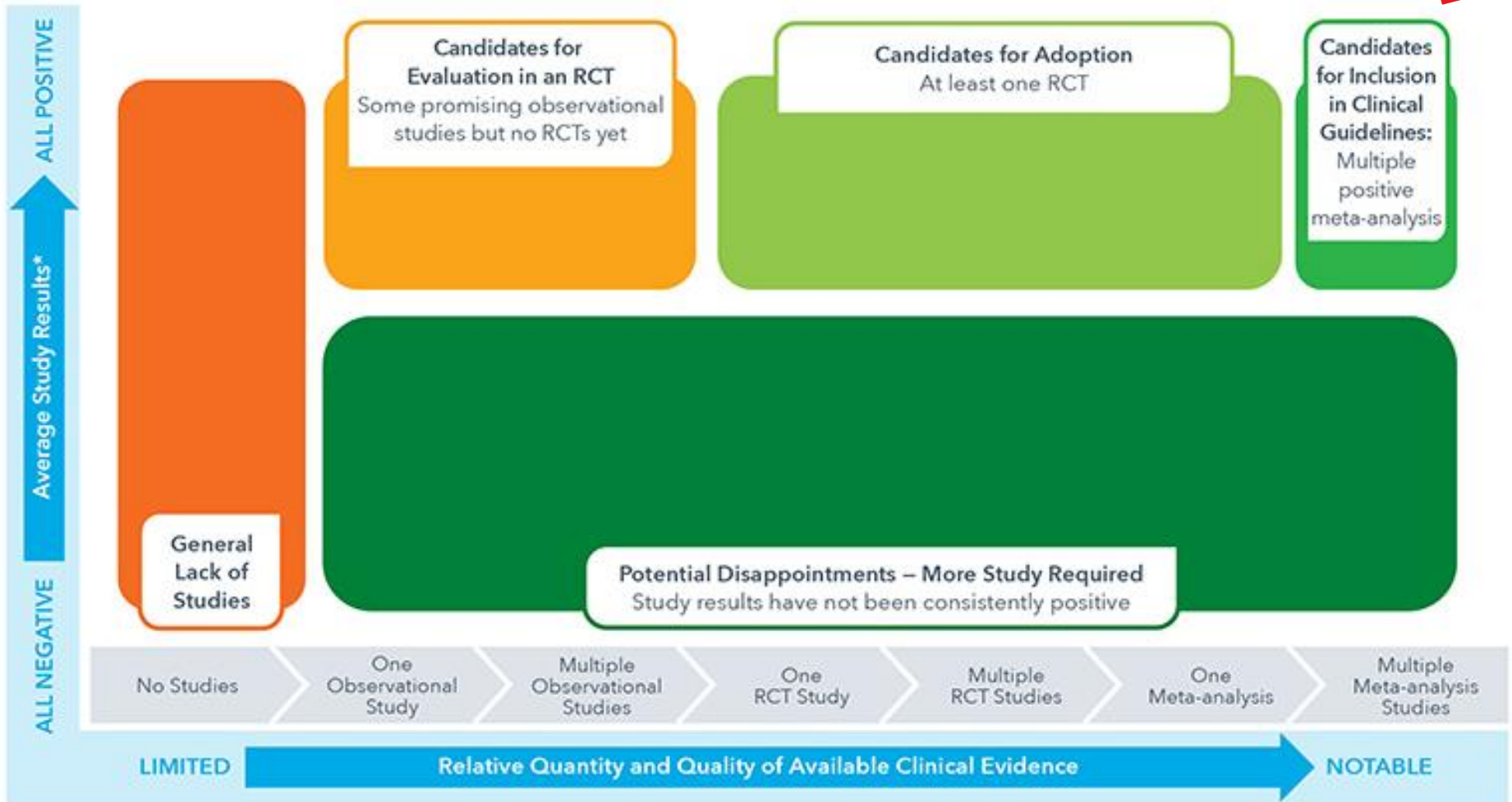
Connect to SFHSS Resources

- Health plans
- Care management
- Behavioral health
- Expert opinion

- Telemedicine
- Transparency
- Prescription drugs
- Enrollment management

- Enrollment management
- Wellbeing
- Onsite services
- Customer service

Digital Hybrids: Clinical Evidence Continuum



SOURCE:

<https://www.iqvia.com/institute/reports/the-growing-value-of-digital-health>

A Sample to Match Navigation Vendors to Priority Focus Areas

Sample navigation vendors based on foundational competency



And Defines Capabilities Needed to Deliver Those Outcomes

- Depth and breadth of support
- Engagement with live resources and digital capabilities
- Use of data and algorithms to personalize interactions



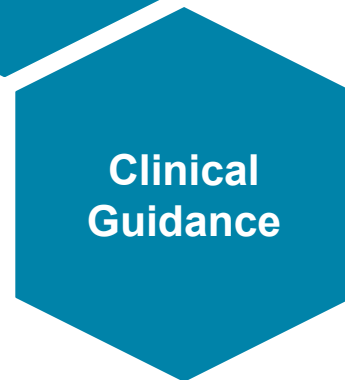
- Education and problem resolution
- Integration with programs, vendors and resources
- 360 degree feedback loop

- Resources to improve health and reduce risk factors
- Wellbeing support
- Proactive connection to programs



- Guidance to best providers based on cost and quality outcomes
- Real-time redirection of provider choices
- Appointment support

- Ability to impact cost and trend
- Improvement in quality of care
- Employee engagement



- Education and decision guidance
- Care navigation and logistical support
- Chronic condition management
- Engagement with providers