

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

MEMORANDUM

DATE: December 14, 2017
TO: Randy Scott, President, and Members of the Health Service Board
FROM: Mitchell Griggs, Acting Executive Director SFHSS
RE: October and November 2017 Board Report

HSS Personnel

- 1209 – Recruitment underway for one PCS Benefit Technician position
- 1209 – Benefits Technician filled by Jesse Franklin, started October 9th
- 1210 – One Benefits Analyst position is being posted
- 5320 – Illustrator and Art Designer; interviews are complete, candidate selected
- 1802 – Research Assistant; job is being posted
- 1823 – Senior Administrative Analyst vacant; PBT will be prepared

Operations

- Open Enrollment Member Services summary presentation
 - Customer service metrics for phone calls were not met in October due to huge call volume. Recovered to new normal metrics in November
 - 11,333 answered calls during October Open Enrollment; implementation of Blue Shield Trio and VSP Premier increased calls
 - October Open Enrollment applications received were first scanned into our Electronic Content Management (ECM) system and processed through the program's workflow - No paper applications to be hand filed post Open Enrollment
 - Attendance of 2017's Offsite Open Enrollment events increased by 22%
 - 14,018 Open Enrollment applications were received – a 24% increase from last year
- Open Enrollment summary for Administrative Services Team
 - Set-up for Open Enrollment (October 1-31) in the Wellness Conference Room
 - Vendor Week set-up (October 23-27) in Wellness Center for 14 vendors
 - Scanned and pre-processed 8,000+ paper enrollment forms in ECM
 - Managed vendor supplies and inventory of 2018 plan materials

Open Enrollment 2018 migration and membership numbers

- Medical Plans
 - Enrollment in Kaiser Permanente increased by 1,073 members
 - Enrollment in City Plan increased by 92 members
 - Enrollment in UHC MA PPO increased by 415 members
 - Overall Blue Shield enrollment decreased by 216 members
 - 7,531 members were auto enrolled in Blue Shield Trio, and an additional 486 members elected Trio, for a total plan enrollment of 8,017
- Vision Premier Plan
 - 10,123 members enrolled in the new VSP Vision Premier Plan
- Voluntary Benefits
 - Enrollment increased by 1,068 for a total of 4,705; Supplemental Life Insurance benefit provided the largest increase in participation

Enterprise Systems & Analytics

The Enterprise Systems and Analytics team contributed in many varied ways to Open Enrollment.

- Completed Open Enrollment People Soft system configuration changes including the setup of Blue Shield Trio plan, Kaiser Permanente Multi-Region Plans and VSP Premier Plan
- Completed modifications including documentation of about 50 People Soft Programs – ongoing testing of about 35 of these programs remain
- Completed Self-Service Pilot (approximately 165 participated)
- Automated / Streamlined Operational Processes
 - Set up off-site staff with remote computing capabilities
 - Configured QR code lookup to application type in ECM
 - Configured scanning capability for 1st Floor location
 - Programmed ECM workflow routing rules based on application type
- Calculated 2,586 out of 3,414 total premium rates
- Generated 75,036 records for OE confirmation letters including manual processing to add rate totals, custom labels, pre-defined headers
- Project management of OE in entirety

Other non-Open Enrollment work

- Reviewed 2017 Tax Year composition and reference guide for 1095 filing and applied for 2017 Tax Year developer ID
- Converted HSS main file server to a virtual server at DT's data center
- Worked with DT to repair HSS voice mail system
- Attended Payment Gateway Vendor Demo Sessions 10/30-10/31

Finance and Accounting

- Preparing for the FY 2018-19 and FY 2019-20 Budget Season, instructions issued 12/6/17
- Concluded FY 2016-17 Health Service System Trust Fund audit; KPMG issued an unqualified opinion on the Trust financial statements finding no deficiencies in internal control and no instances of noncompliance
- Paid \$10,035 for the Transitional Reinsurance Fee second installment for the 2016 Plan Year

Financial System Project

- Working with UHC on changes made by Controller's Office in payment process that moved supplies from ACH back to PayMode
- F\$P Conversion Data Cleanup Project – Worked in conjunction with the Controller's Office to review, analyze, and provide corrections to purchase order, general ledger, and budget conversion files (i.e. entries that failed conversion or had errors in the conversion process)

Contracting and Vendor Management

- Long term contracts staff member left SFHSS, planning to refill
- Fully executed Medicare Agreement with UnitedHealthcare and Amendment to ASO Agreement with UnitedHealthcare
- Fully executed Dental Agreement with Dental Benefit Providers of California (Pacific Union Dental)
- Fully executed Group Agreement with Blue Shield of California
- Issued Request for Proposals for 2018 Cardiovascular Well-being Campaign
- Fully executed website design services agreement with Champsee Solutions; project kickoff scheduled in early December

Open Enrollment

- Reviewed 50 2018 plan year documents for continuity, completeness and accuracy including
 - Summary of Benefits and Coverage
 - Evidence of Coverage
 - New regional plan materials for Kaiser Hawaii, Northwest/Oregon, Washington, and multi-region comparisons
- Reviewed member facing collateral for new benefits to ensure accuracy and clarity of materials
- Reviewed confirmation letters to ensure accuracy of rates
- Calculated 828 out of 3414 rates

Communications

- 58,475 website visits in October 2017 and 23,779 visits in November 2017
- Produced all member materials and deliverables for Open Enrollment
 - All benefit guides, Open Enrollment booklets and letters for initial mailing
 - Open enrollment video distribution
 - Three Citywide open enrollment emails, eNews and Flu Clinic emails
- Created 75,000 confirmation letters mailed the first week of December

Well-being

- EAP saw an 8% increase in organizational services, a 23% increase in people served by organizational services, and a 36% increase in 2017 YTD counseling hours as compared to 2016.
- EAP sent two Citywide emails offering a reminder of support following the many tragedies this fall. EAP also reached out to the Peer Support programs within Police, Fire, and Sheriff's department to aide in services for employees dealing with the North Bay fires.
- 26 clinics provided 4,131 flu shots to employees and retirees in October and November. This is 27 fewer shots than 2016. Unlike previous years, which included major enhancements or expansions, 2017 offered stability in the number of clinics, communications, and coordination with other seasonal events. Well-Being and Operations partnered on 13 of the 26 clinics. Find a complete report here: http://myhss.org/well-being/downloads/2017_FluShotClinicReport.pdf.
- The Wellness Center offered a variety of special events including Open Enrollment, Colorful Choices Celebration (91 attendees), Open House/Vendor Week (680 attendees), flu shot clinic (169 attendees), Maintain Don't Gain holiday weight maintenance challenge event (72 attendees) and a health screening (62).

Directors Meetings/Presentations/Misc.

- Met with Aon Hewitt
- Met with UESF Retiree Division (September)
- Controller's People & Pay division (eMerge) Executive Steering Committee
- Attended and spoke at RECCSF's Benefit Fair and Flu Clinic (October Open Enrollment)
- Presented Open Enrollment review and Retirement Seminar at Hetch Hetchy (Moccasin)
- Met with Mayor's Budget Office to discuss 5-year premium costs projections
- Attended Mayor's monthly Department Head meetings
- Reviewed 2018 plan documents with HSS vendor management
- Participated in weekly calls with Blue Shield regarding Trio HMO implementation and communication strategy
- Met weekly with HSS staff for Open Enrollment planning and development of self-service benefits 2017 pilot for Open Enrollment
- Met weekly with VSP for Premier Plan implementation
- Quarterly meeting with Retiree Associations

Follow up questions from Board members from November Education Session

Opioid Report Follow-Ups

- A follow-up to Commissioner Breslin's question regarding opioid utilization by job class has been provided in the management report. Apart from police and fire, utilizers are teachers/faculty, laborers and custodians, bus drivers, typists and nurses

Commissioner Stephen Follansbee, M.D. and Acting Executive Director Griggs had follow up questions from the Health Plans on their Opioid Management presentation.

Blue Shield of California

1. What are the triggers for members to be included in your opioid programs?

- a. Blue Shield's Narcotic Safety Initiative (NSI) Case Review/case management program identifies members with potential inappropriate or overuse of opioids based on the following criteria:
 - Total opioid doses above the CDC recommended maximum daily dose
 - High number of prescription claims for controlled substances (currently 7 or more in a 90-day period)
 - Opioid prescriptions from multiple pharmacies/prescribers
 - Patterns of early refills or potential fraud or waste

- b. A separate Musculoskeletal Program offering, *which employers may purchase for an additional fee*, addresses physical and behavioral components of managing pain through traditional, alternative and complementary strategies qualifies members into the program based on the following:
 - Chronic pain diagnosis with an escalating dose of opioids over a 90-day period
 - Chronic pain diagnosis with chronic use of opioids exceeding the CDC recommendation
 - Chronic pain diagnosis with new opioid prescription

NOTE: members being treated for cancer, HIV, sickle cell anemia, terminal illness requiring pain management, and those in palliative or hospice care are excluded from opioid review programs.

2. Do you have any non-opioid pain management policies in place? Or are in development?

- Blue Shield base benefits includes coverage for non-drug pain management modalities, including physical therapy and acupuncture. However, coverage can vary depending on the level of benefits chosen by a given employer or purchaser.

- A recent October report on alternative modalities to narcotics to address chronic back and neck pain was published by ICER/CTAF (Institute for Clinical and Economic Research; the California Technology Assessment Forum) – a trusted national non-profit organization that evaluates medical evidence on the value of medical treatments and hosts community forums (CTAF) to develop recommendations for how stakeholders can apply the evidence to improve the quality and value of health care. Of note, the report finds that physical therapy (among other non-drug treatments) has a small to moderate effect on pain that is usually short-lived and

recommends other interventions that are more effective. The recommendations of the Chronic Low Back and Neck Pain report are being reviewed at Blue Shield to determine whether current benefits or policies require modifications.

3. What provider training do you provide around opioid abuse?

- In 2017 Blue Shield hosted a provider education webinar series for physicians, other clinicians and medical administrators on the use of opioids in pain management, managing substance use disorder/addiction, and practical guidance on how to reduce opioid use/dose. The webinar series featured respected clinicians in the fields of pain management and substance use disorder who shared research, results, and best practices. Topics presented include opioid risk detection and monitoring, and recommendations for starting and stopping opioid therapy. Blue Shield plans to continue the provider education series in 2018, presenting additional topics on medication assisted treatment (MAT) for substance use disorder and non-opioid pain management strategies.
- Blue Shield's clinicians are also working with our ACO provider partners to share best practices and support educational needs of the medical providers. In 2015-2016, Blue Shield hosted CURES (the state's Prescription Drug Monitoring Program) education and registration events with several ACO provider groups, in advance of the state mandate. In 2017, Blue Shield sponsored local educational sessions with the experts involved in the webinar series.
- Blue Shield also actively supports clinician training through local and state collaboratives, including through Safe Med LA, Smart Care California, the California Quality Collaborative, and the California Health Care Foundation.

UnitedHealthcare – Active and Early Retiree Groups

1. What are the triggers for members to be included in your opioid programs?

With the 1/1/18 PDL changes, there will be a new dose limit for opioid medications. In addition to quantity limits, other clinical programs such as prior authorization, helps to manage this category.

The new total dose limit for opioid medications is a maximum daily dose. It is based on the total strength of all opioids you may take compared to morphine. New total daily dose limit for opioid medications 180mg of morphine equivalents per day of all opioid doses

Additionally, in our High Narcotics Utilization retrospective review program if a member has 9 or more narcotics, 3 or more physicians writing narcotics, and 3 or more pharmacies filling per month we will flag this member (s) and communicate with their physicians.

2. Do you have any non-opioid pain management policies in place? Or are in development?

Clinical program such as quantity limits, step therapy and prior authorization provide management and appropriate utilization. Our medication review programs for long-acting opioids includes working with physicians to ensure non-opioid pain management modalities and medications are considered for appropriate cases.

3. What provider training to you provide around opioid abuse?

Yes, provider resources: UHCProvider.com > Menu > Resource Library > Drug Lists and Pharmacy > Opioid Program and Resources.

Our prior authorization team works/communicates with physicians daily to ensure members get the right pain management medications that follow current guidelines.

UHC – Medicare Retirees

1. What are the triggers for members to be included in your opioid programs?

For prescription drug management programs we evaluate the number of opioid prescriptions, doses, number of prescribers and number of pharmacies. Generally, we exclude members with cancer or in hospice. From a Clinical Management perspective, we have a Narcotics Drug Utilization Review (DUR) program and Opioid Overutilization case management program.

2. Do you have any non-opioid pain management policies in place? Or are in development?

Non-opioid prescription medications may be managed by prior authorization and quantity limits. They may also be suggested as alternatives to opioid medications. Through our behavioral network, we offer a full spectrum of services across all levels of care. We are able to assist consumers with multiple complexities including medical and psychiatric comorbidities with Opioid Use Disorder (OUD).

3. What provider training to you provide around opioid abuse?

For the pharmacy benefit we educate providers by providing communication on their patients who meet management program criteria. Additionally, we have training programs targeting medical and behavioral networks.

Kaiser

1. What are the triggers for members to be included in your opioid programs?

Our opioid safety program looks at patients who are on opioids or on combination medications (opioids, benzodiazapines, zolpidem and muscle relaxants). Initially we focused on patients who have been on 90 MMEs or on combination meds and now we will be looking at patients who are on less than 90 MMEs. In addition physicians may look at patients who may be diverting medications or using non-prescribed medications in combination with their opioids. Patients may self-refer if they have chemical dependency issues. For patients struggling with complex chronic pain, we have chronic pain programs available that offer medication management services but also mental health, pharmacy, physical therapy, and robust education to help patients improve and manager their pain as safely and sustainably as possible.

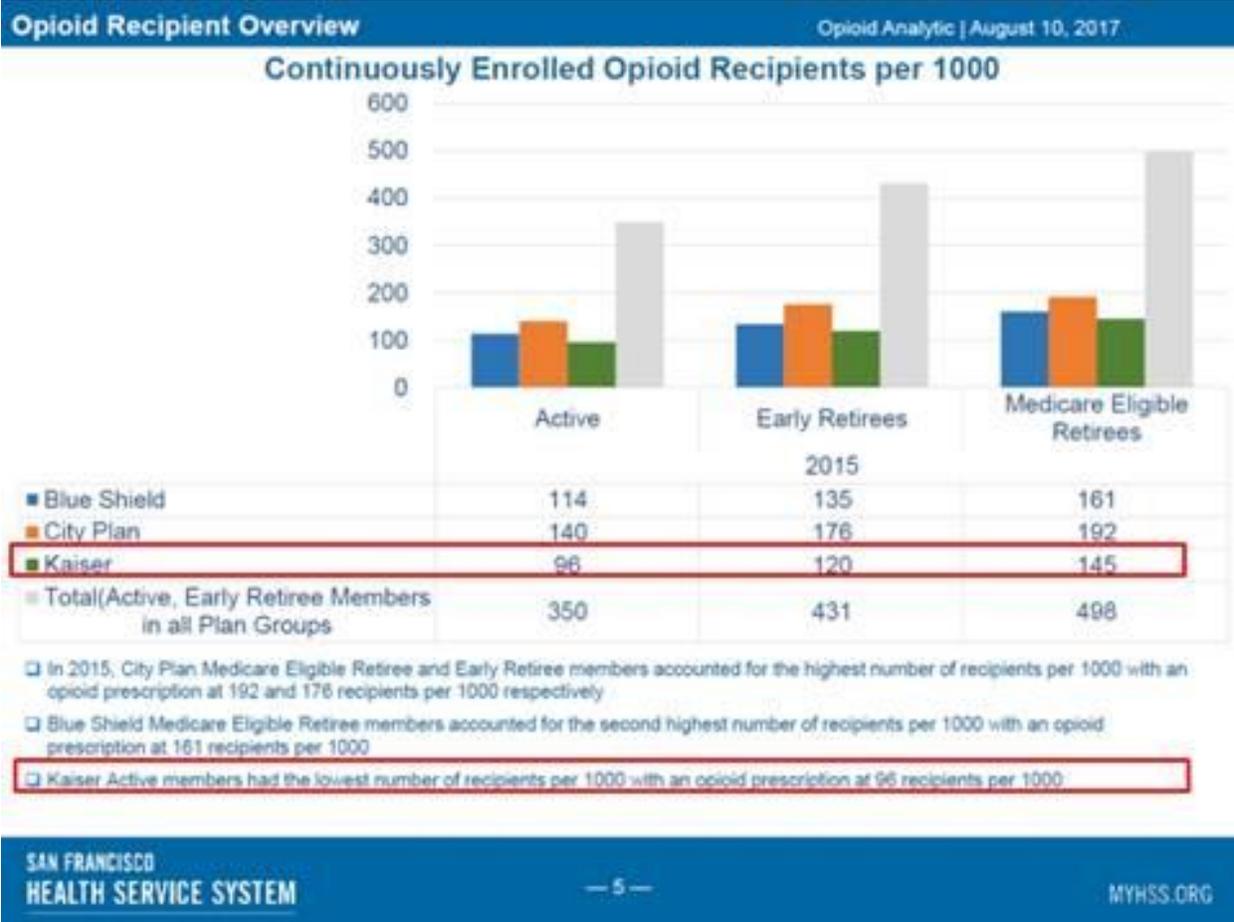
2. Do you have any non-opioid pain management policies in place? Or are in development?

We have several non-opioid options available to patients in plan. These include physical therapy, acupuncture, Tai Chi, yoga, cognitive behavioral therapy, non-opioid medications, etc. We have chronic pain programs throughout the region to help patients tackle complex chronic pain issues in the safest way possible – typically involving some combination of medication management, mental health services, physical therapy, education, and support groups.

3. What provider training do you provide around opioid abuse?

The vast majority of our outpatient primary care physicians (AFM) have received robust training on opioid safety and recommended workflows to drive safe, consistent, conservative prescribing. Many received in person training as well as workshops on communication techniques with complex patients. New hires are offered online education modules to ensure they are aligned with our recommended safety recommendations. Our emergency department physicians have completed an online education on opioid safety in the ED context. All orthopedic surgeons in the region have been presented recommendations for opioid safety in the orthopedic surgery context as well as a review of relevant literature, with similar content for all other surgical specialties available soon.

Over the last 2.5 years our interventions have led to a 43% decrease in patients on high dose opioids in KP Northern California. The data that you recently shared with us shows SFHSS Kaiser Permanente members had the lowest number of recipients per 100 with an opioid prescription (see below).



Director's Report

MEMBER SERVICES UPDATE | Open Enrollment October 2017 & November 2017

Calls and In-Person Assistance: October 2017

Calls and In-person Assistance total:

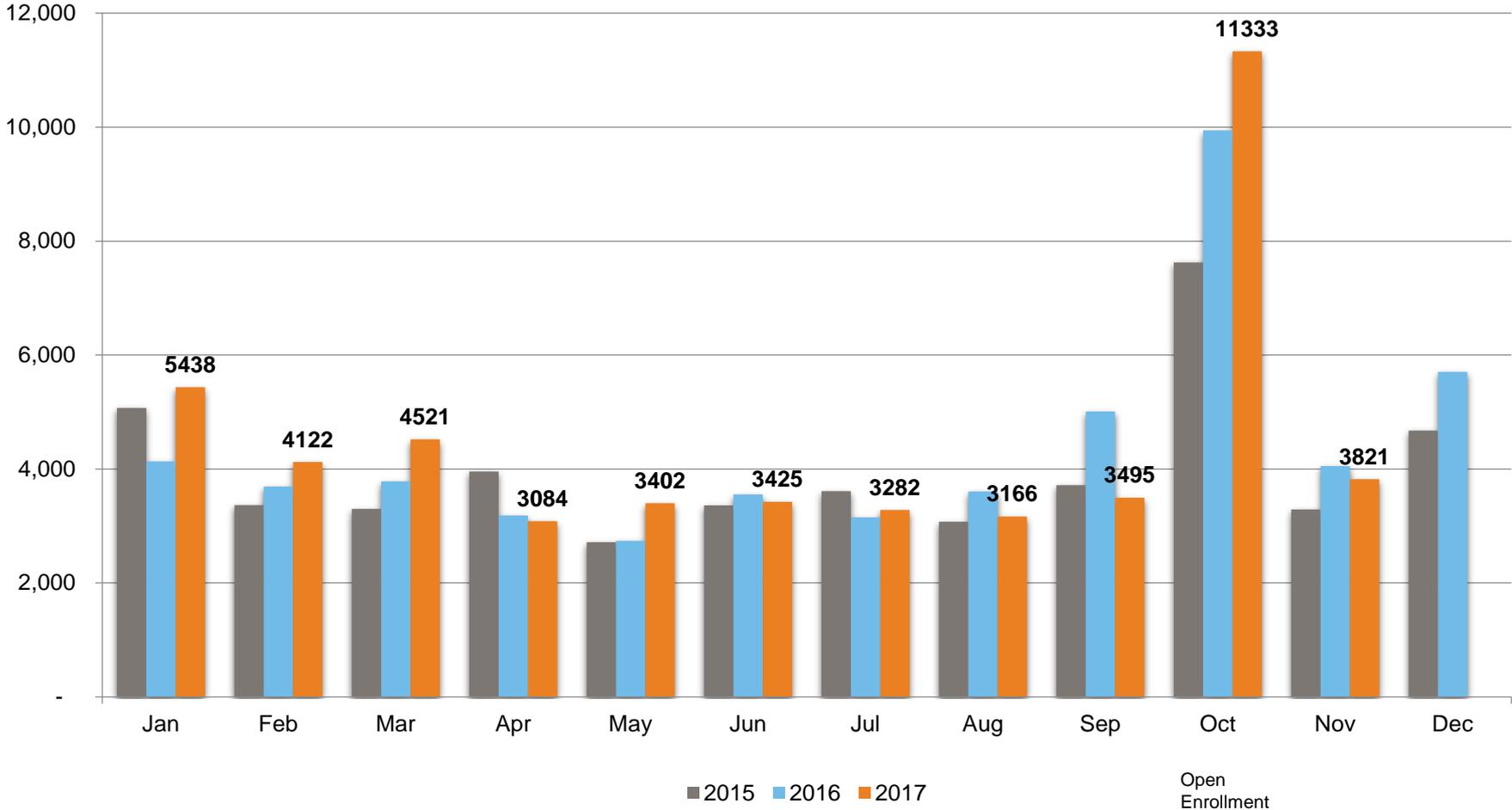
- Inbound calls: 11,333 answered calls (14.0% ↑ from 2016)
- Speed of answer: 73 seconds (135.5% ↑ from 2016)
- Abandonment rate: 5.0% (594 calls)
- In-person (3rd Floor) assistance: 1,763 members (13% ↑ from 2016)
- First Floor Assistance: 5,186 members (19.5% ↑ from 2016)
- Offsite Event Assistance: 2016 members (22% ↑ from 2016)
- Inbound Applications: 14,018 (24% ↑ from 2016)

Calls and Office Visits: November 2017

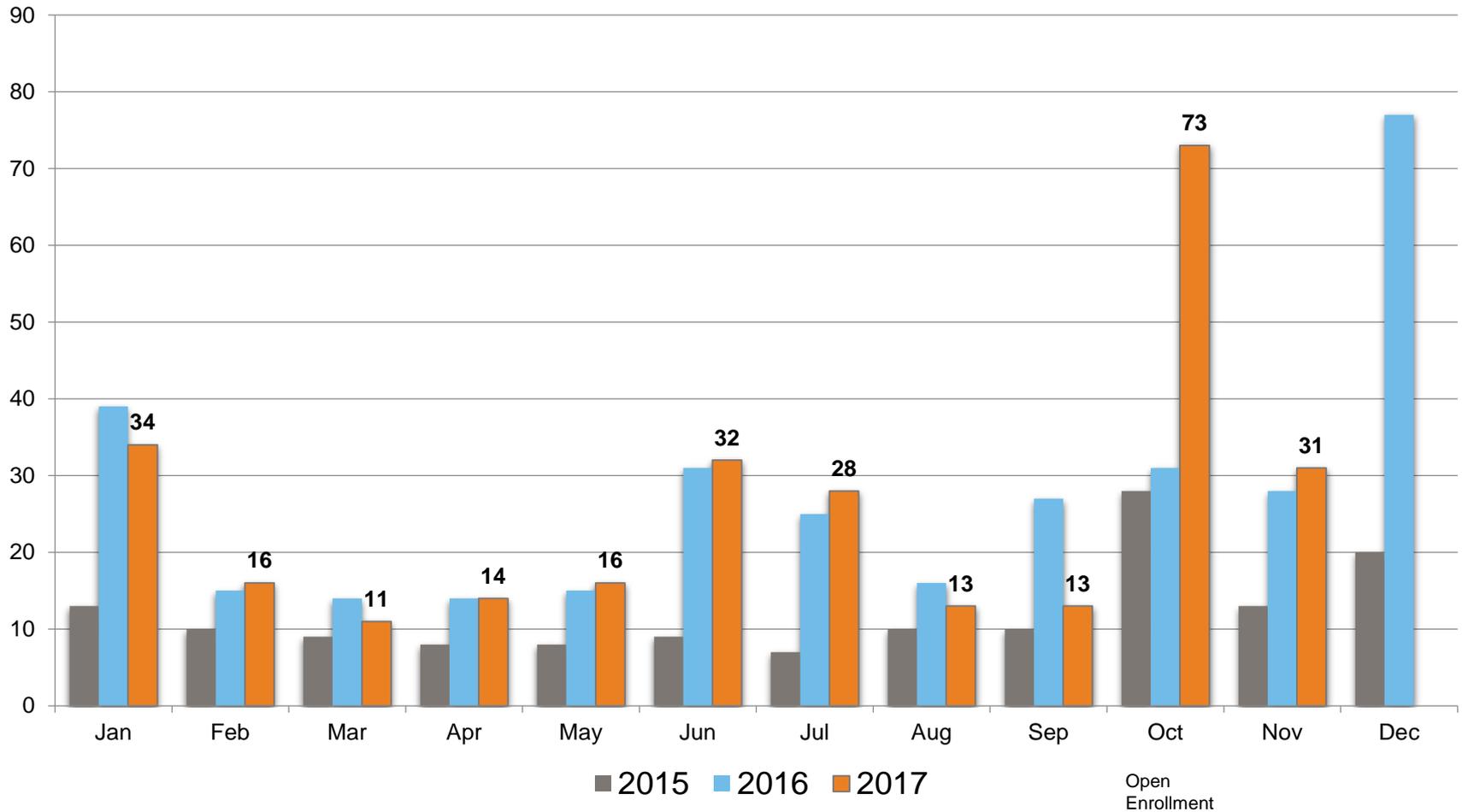
Calls and In-person Assistance total:

- Inbound calls: 3,821 answered calls (5.7% ↓ from 2016)
- Speed of answer: 31 seconds (10.7% ↑ from 2016)
- Abandonment rate: 1.6% (64 calls)
- In-person assistance: 996 members (18% ↓ from 2016)

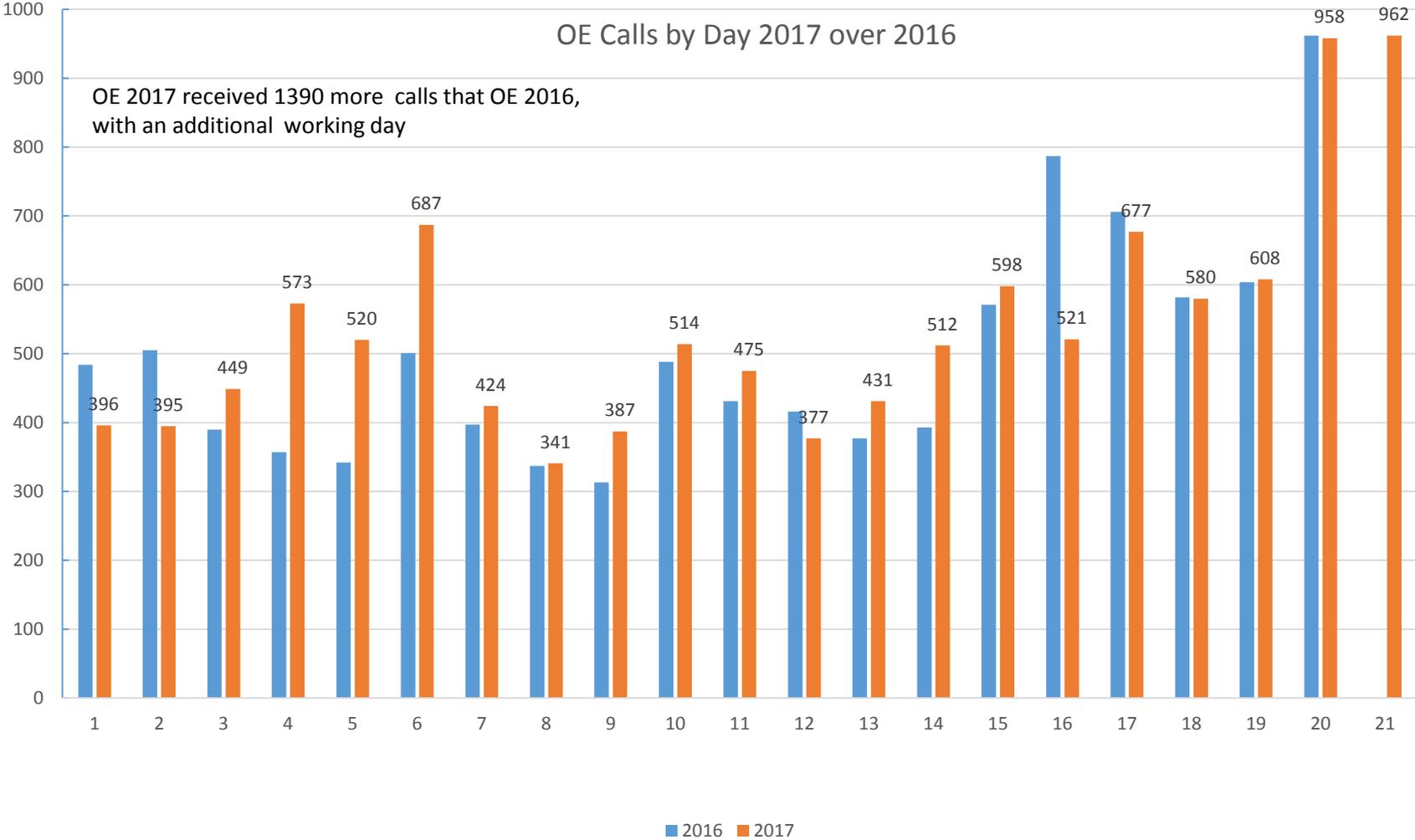
Inbound Calls: October and November 2017



Average Speed of Answer: October and November 2017

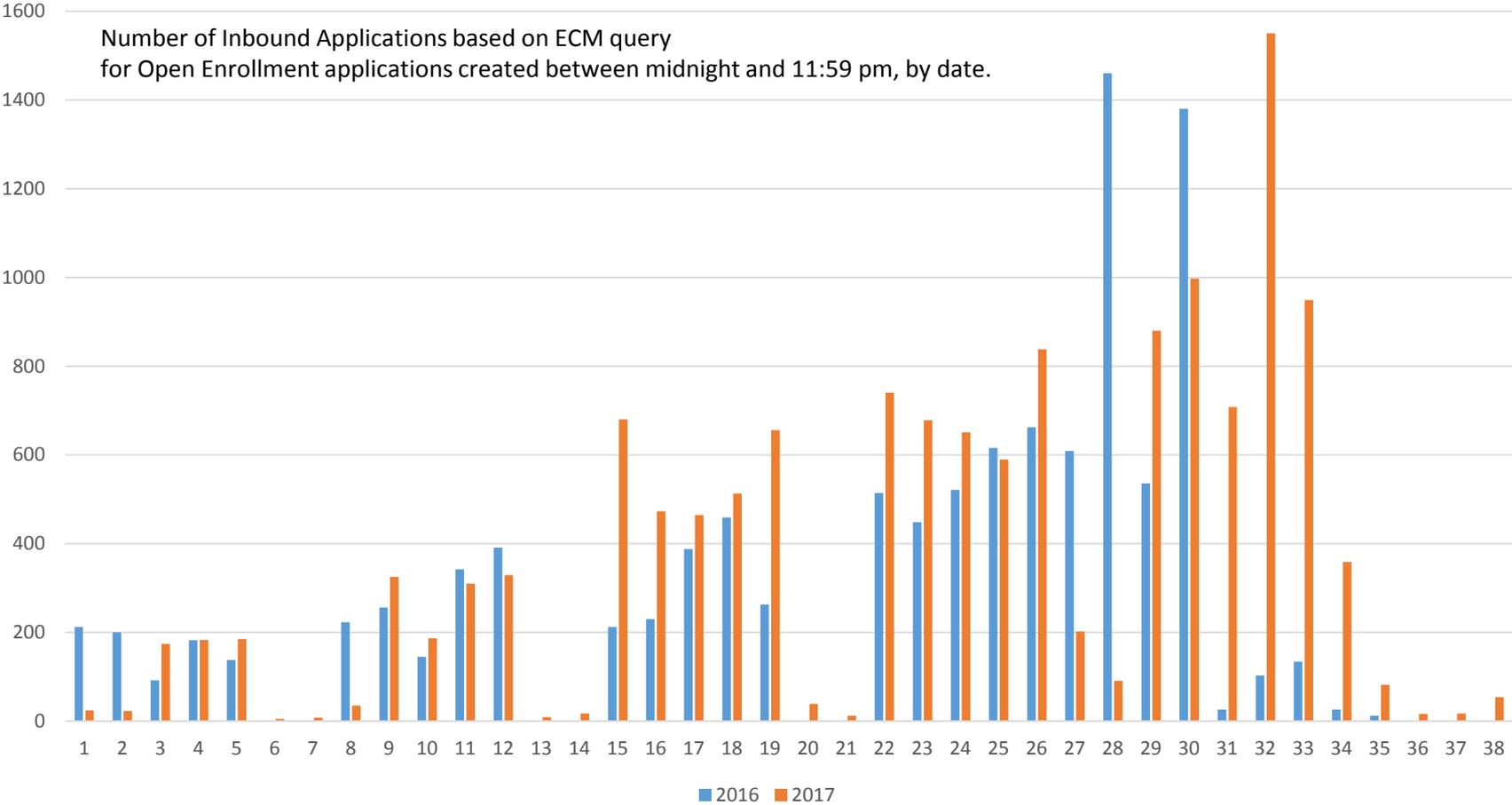


Inbound Calls: 2017 over 2016 by Day



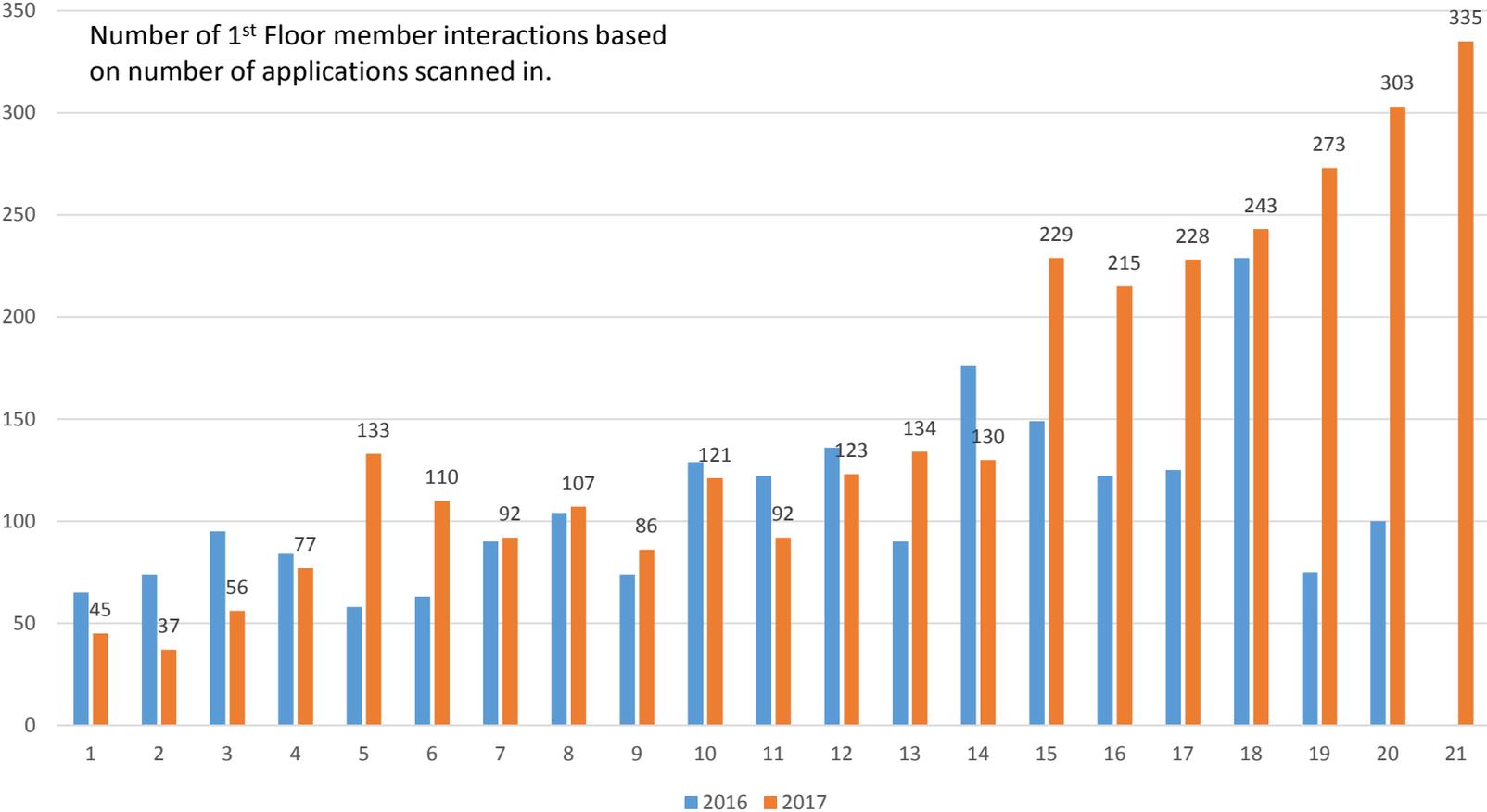
Inbound Applications: 2017 over 2016 by Day

OE Applications in by day 2017 over 2016

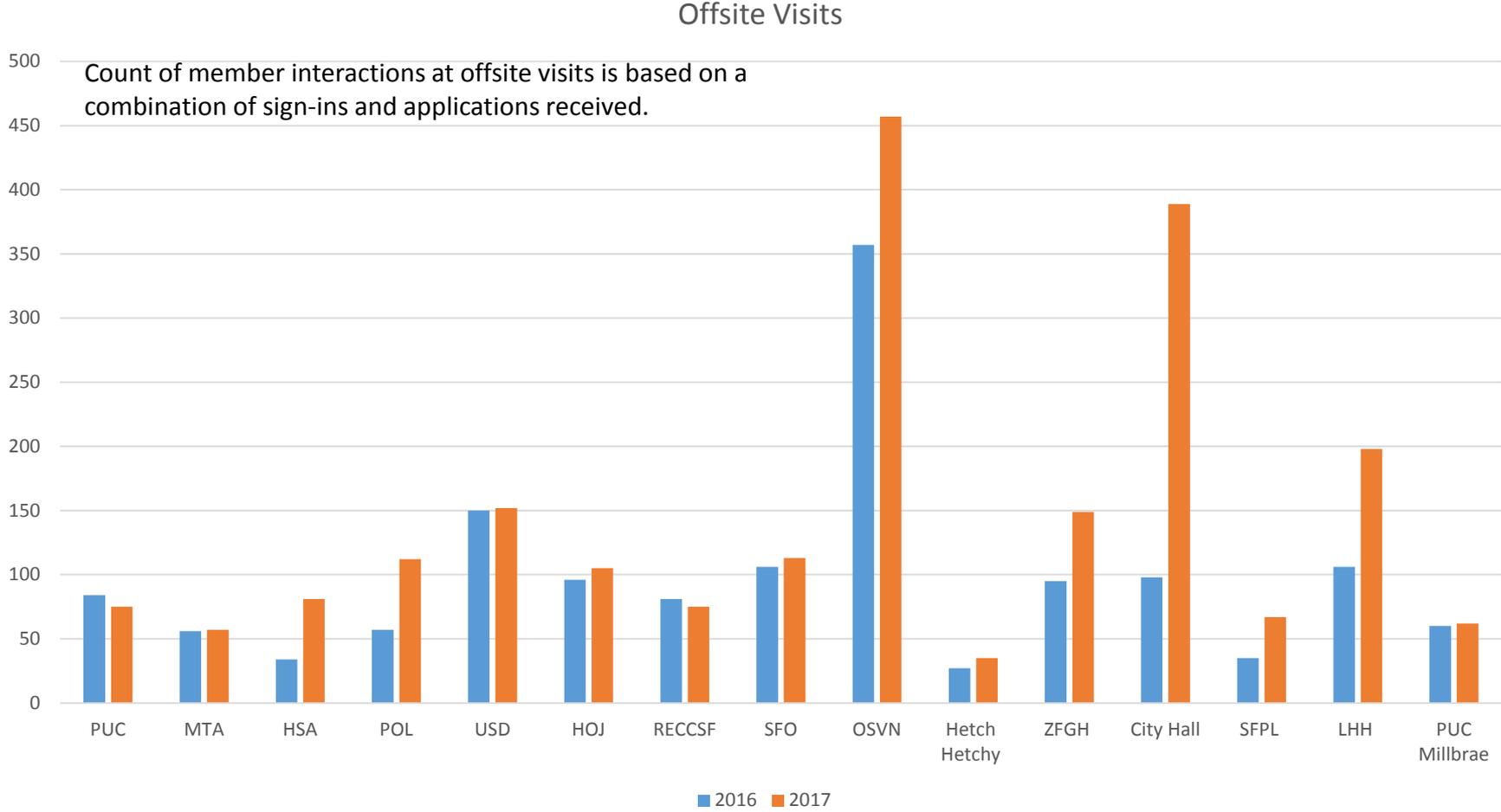


1st Floor Visits: OE 2017 over 2016 by Day

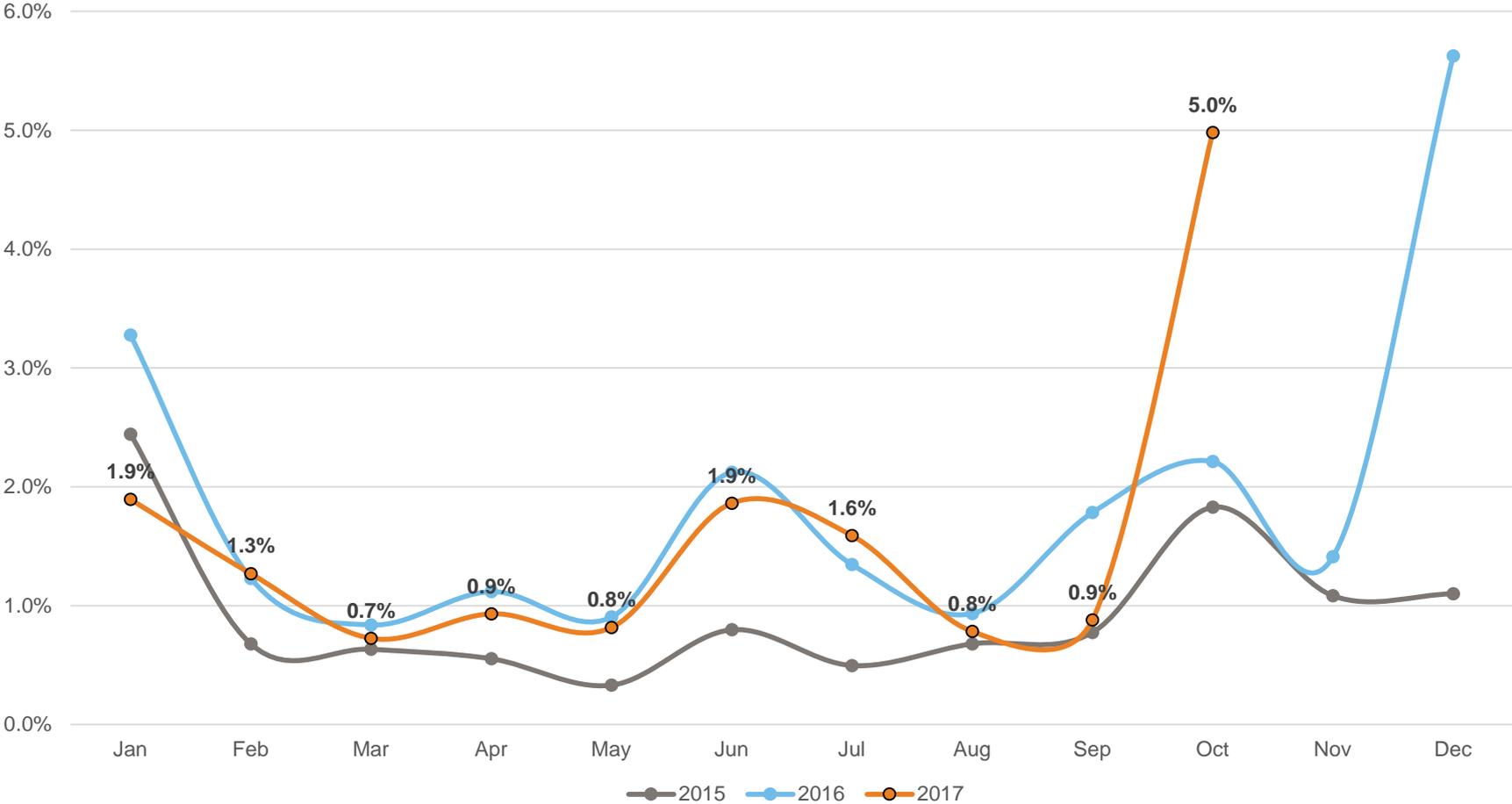
1st Floor Visits OE 2017 over 2016



Offsite Visits: OE 2017 over 2016 by Location



Abandonment Rate: October 2017



Delinquencies & Terminations: October 2017

Delinquency Notices Sent.

- Employees: 299
- Retirees: 53

Termination Notices Sent.

- Employees: 222
- Retirees: 36

Delinquencies & Terminations: November 2017

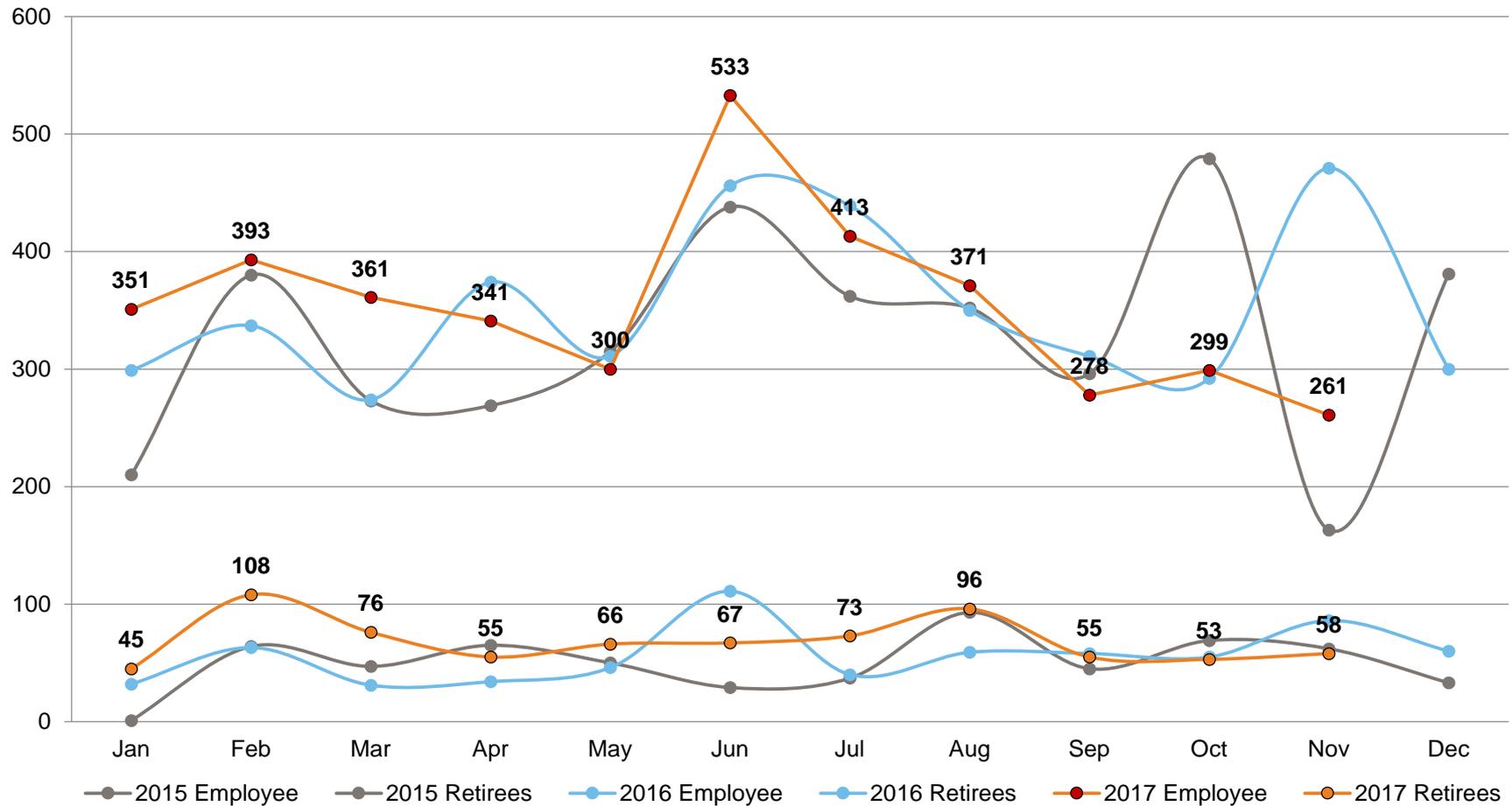
Delinquency Notices Sent.

- Employees: 261
- Retirees: 58

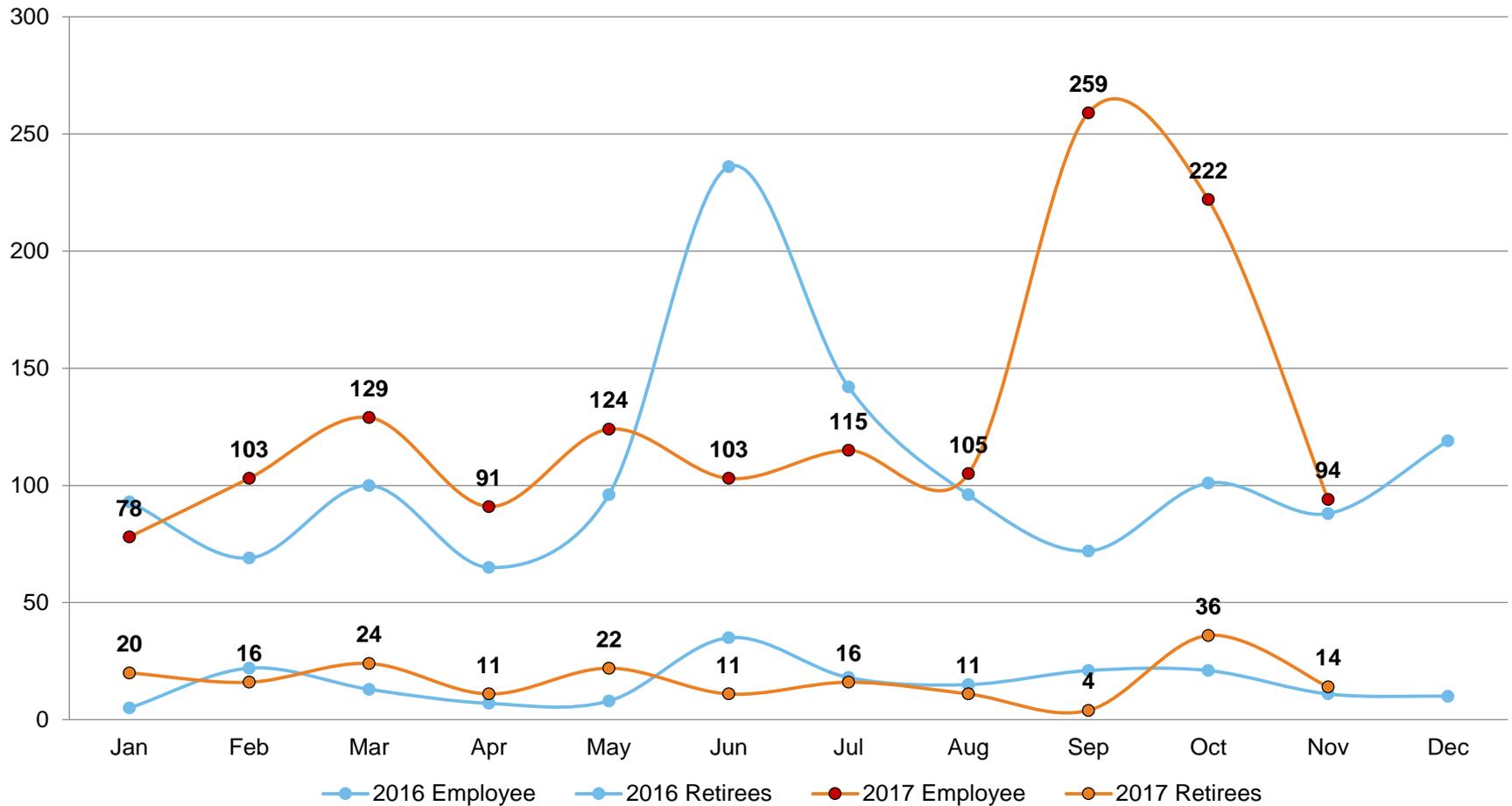
Termination Notices Sent.

- Employees: 94
- Retirees: 14

Delinquency Notices: November 2017



Termination Notices: November 2017



Admin Team Report

December 14, 2017

ADMIN TEAM OPEN ENROLLMENT UPDATE:

- Ordered/provided office supplies for all Member Service off-site events, which consisted of **20** off-site events;
- Set-up for Open Enrollment (October 1-31) in the Wellness Conference Room;
- Vendor Week set-up (October 23-27) in Wellness Center for **14** vendors:
 - Aetna
 - Best Doctors
 - Blue Shield
 - Brown and Toland
 - Deferred Comp
 - Delta Dental
 - EBS
 - John Muir
 - Kaiser
 - P & A
 - Pacific Union Dental
 - UHC
 - VSP
 - Hill Physician

ADMIN TEAM OPEN ENROLLMENT UPDATE:

- ECM:
 - Active Employees - Processed (scanned, Q&A and linked) a total of **6,693** Open Enrollment applications for:
 - CCSF
 - CCD
 - SFUSD
 - MEA

 - Retirees - Processed (scanned, Q&A and linked) a total of **1,300** Open Enrollment applications for:
 - Retirees w/o Medicare - 700
 - Retirees w/ Medicare - 600

ADMIN TEAM OPEN ENROLLMENT UPDATE:

- In-House Mailings:
 - 50 – Out of country members
 - 100 – Out of state members
 - 450 – Declaration letters
 - 240 – Commissioner letters

Meetings Attended

The Admin Team participated in the following OE meetings:

- OE Planning Meetings:
 - Well-Being
 - Member Services
- OE Weekly Meetings

Enterprise Systems & Analytics Report

December 14, 2017

OPEN ENROLLMENT – ESA Division Report:

- Completed Open Enrollment System Configuration Changes:
 - Setup Vision Premier plans for 49 Benefit Programs
 - Removed 10 coverage level codes from each of the 49 Benefit Programs (O1, Q1, R, S, T1, U1, V1, W1, X1, Z1)
 - Deleted 800+ coverage level code options to streamline administration
 - Realigned unions and their corresponding benefit programs to eliminate redundancies. 574 members from 10 unions were realigned to eliminate 6 benefit programs.
 - Updated coverage level code descriptions for readability (self-service)
 - Updated eligibility rules particularly for split carrier options

OPEN ENROLLMENT – ESA Division Report:

- Completed Open Enrollment System Configuration Changes:
 - Setup Blue Shield Trio benefit plan for actives and early retirees
 - Updated cross plan type validation for split carrier enrollees now that the split could be between UHC and BSC Trio or BSC Access+
 - Setup new benefit plans for Kaiser Permanente regions:
 - HI, NW, OR
 - Associated new Kaiser Permanente plans to all retiree benefit programs
- Completed testing and documentation of the following programming changes required for the vision premier plan:
 - Deduction Calculation
 - Calculate Deductions for CSF/CRT employees with zero hours
 - Payroll Reconciliation Report
 - CCD/USD Active Enrollment File
 - Over Age Dependents
 - Kaiser Enrollment File
 - Resend Page

OPEN ENROLLMENT – ESA Division Report:

- Completed payroll testing to make sure one-time adjustments would process correctly for the new vision premier plan
- Prepared one-time vision premier plan inbound load file with over 10,100 subscriber records and 9,200 dependent records
- Prepared Blue Shield enrollment data to assign member to Trio or Access+. This required loading over 7,100 subscriber and 9,000 dependent records
- Processed OE events for members with no changes but had an FSA in 2017; approximately 960 members
- Processed OE events for MEA members who did not submit any changes to ensure their flex credits are updated for 2018; approximately 650 members
- Processed PeopleSoft automated events to move members who didn't submit any OE changes to new benefit programs; approximately 450 members

OPEN ENROLLMENT – ESA Division Report:

- Ongoing testing of programming changes (10 are complete out of 35 impacted programs):
 - Kaiser Permanente Enrollment File (new regions)
 - VSP Enrollment File (Vision Premier)
 - COBRA program (testing is almost complete, waiting for vendor feedback)
 - Deduction Changes
 - STRS Deduction Request Outbound Interface (completed but need to test with the Deduction Changes program)
 - SFERS Deduction Request Outbound Interface
 - Deduction Reconciliation
 - Delinquency Reconciliation
 - And more programs coming up!

OPEN ENROLLMENT – ESA Division Report:

- Coded modifications to the following programs to support requirements for administering BSC Trio and the Vision Premier Plan:
 - OE/Confirmation letter program
 - Enrollment statistics report
 - Deduction changes program
 - CCD/USD deduction changes only
 - STRS deduction request outbound interface
 - Deduction calculation
 - SFERS deduction request outbound interface
 - PERS deduction actual inbound file (production issue)
 - SFERS deduction actual inbound file
 - Overage balance transfer page
- Completed Self-Service Pilot (approximately 165 participated)
 - Staffed drop-in labs, responded to help requests, provided FAQs
 - Wrote system queries to monitor and audit participation
 - Composed and distributed 10 outreach emails to participants

OPEN ENROLLMENT – ESA Division Report:

- Automated / Streamlined Operational Processes:
 - Developed scripts for member lookup in the Enterprise Content Management System (ECM)
 - Configured QR code lookup to application type in ECM
 - Programmed ECM workflow routing rules based on application type
 - Setup off-site staff with remote computing capabilities
 - Configured scanning capability for 1st Floor location
- Calculated 2,586 out of 3,414 total premium rates
- Generated Deduction Calendars for all employer groups
- Project management of OE in entirety
- Migrated all OE and HSS Well-Being website updates from vendor and coded additional web page updates
- Generated 75,036 records for OE confirmation letters including manual processing to add rate totals, custom labels, pre-defined headers, etc.
- Provided confirm letter test scenarios and validated letters
- Generated 4 employee portal articles for OE

Enrollment as of January 1, 2018:

- 10,123 members enrolled in the new VSP Vision Premier Plan

Vision Premier Enrollment as of Jan 1, 2018		CCD/USD	CSF/CRT	Total Actives	RET	Grand Total
VSP Vision Premier	EE Only	462	2015	2477	2248	4725
	EE+1	194	1941	2135	1271	3406
	EE+2 or More	115	1808	1923	69	1992
VSP Vision Premier Total		771	5764	6535	3588	10123

- Overall participation increased in voluntary benefits with supplemental life insurance being the most popular offering

Product	EE 2018 participants	EE 2017 participants	Change
ABACUS STD	589	438	151
AETNA Sup Life	1683	1286	397
LegalShield	548	318	230
LifeLock	382	244	138
PetsBest	241	146	95
Voya Accident	715	804	-89
Voya Critical Illness	547	401	146
Totals:	4705	3637	1068

Medical Enrollment as of January 1, 2018:

- Effective with the 2017 plan year when the Blue Shield Medicare plan was eliminated, SFHSS began to administer split carrier benefits. This allows Non-Medicare members or dependents to remain in Blue Shield and the Medicare eligible individuals are enrolled with UHC
- The enrollment by coverage tier has been modified in these cases since the traditional coverage tier reporting can be misleading
- The new coverage tiers are the following:
 - EE Only Split Member – This denotes that one HSS member is enrolled in that particular health plan and they have dependents enrolled in the other health plan
 - EE+1 or More Split Mbr – The member and at least one dependent are enrolled in that health plan (sometimes more than 1) and there are additional dependents enrolled in the other health plan
 - EE+2 Split Mbr – The member and at least two dependents are enrolled in that health plan and there are additional dependents enrolled in the other plan

Medical Enrollment as of January 1, 2018:

- Generally the enrollment summary is based on the SFHSS member. However, with split carrier enrollments, dependents also function as subscribers in that they are enrolled with a health plan but the member is not. In those cases, the dependent enrollment by coverage tier has also been provided
- The new coverage tiers are the following:
 - +1 Split Dep – This denotes that one HSS dependent is enrolled in that particular health plan and the member plus possible other dependents are enrolled in the other health plan
 - 1 or More Split Dep – The dependent and possibly one additional dependent are enrolled in that health plan and the member plus possible other dependents are enrolled in the other health plan
 - 2 or More Split Dep – The dependent and at least one additional dependent are enrolled in that health plan and the member plus possible other dependents are enrolled in the other health plan

Medical Enrollment as of January 1, 2018:

- Active enrollment in Kaiser Permanente increased 817 members and enrollment in Kaiser Permanente Senior Advantage by Medicare members increased by 256 for an overall increase of 1,073 members
- Enrollment in City Plan increased by 92 members
- Summing the members and the depts that function as subscribers, the new Blue Shield Trio has 8,017 subscribers
- Overall enrollment with Blue Shield decreased by 216 members
- Enrollment in UHC MA PPO increased by 415 members

Medical Enrollment as of January 1, 2018:

ENROLLMENT AS OF JAN 01, 2018		CCD/USD	CSF/CRT	Total Actives	EARLY RET	RET	Total Retirees	Grand Total
Blue Shield Access+	EE Only	442	2715	3157	619		619	3776
	EE+1	195	2388	2583	287		287	2870
	EE+2	151	2808	2959	127		127	3086
Access+ Member with UHC Deps	EE Only Split Mbr		8	8		69	69	77
	EE+1 or More Split Mbr		2	2		7	7	9
	EE+2 split Mbr							
Blue Shield Access+ Total		788	7921	8709	1109		1109	9818
Blue Shield Trio	EE Only	928	2602	3530	700		700	4230
	EE+1	238	1391	1629	227		227	1856
	EE+2	165	1290	1455	74		74	1529
Trio Member with UHC Deps	EE Only Split Mbr		5	5		66	66	81
	EE+1 or More Split Mbr		1	1		5	5	6
	EE+2 split Mbr							
Blue Shield Trio Total		1336	5294	6630	1072		1072	7702
City Plan	EE Only	77	601	678	574		574	1252
	EE+1	13	192	205	169		169	374
	EE+2	8	163	171	25		25	196
City Plan Total		98	956	1054	767		767	1822
Kaiser Permanente	EE Only	4424	7484	11908	1844	7283	9127	21035
	EE+1	1162	4846	6008	756	2948	3704	9712
	EE+2	796	5702	6498	144	113	257	6755
Kaiser Permanente Total		6382	18032	24414	2744	10344	13088	37502
UHC	EE Only					8,553	8,553	8553
	EE+1					3,023	3,023	3023
	EE+2					45	45	45
UHC Member with Blue Shield Deps	EE Only Split Mbr					522	522	522
	EE+1 or More Split Mbr					1	1	1
	EE+2 split Mbr							
UHC Total						12,144	12,144	12144
Waived Total		1,062	2,306	3,368	1,996	821	2,817	6,185
Delinquent Total		42	107	149	19	4	23	172
Grand Total Member Enrollment		9708	34616	44324	7707	23313	31020	75345

Medical Enrollment as of January 1, 2017:

ENROLLMENT AS OF JAN 01, 2017		CCD/USD	CSF/CRT	Total Actives	EARLY RET	RET	Total Retirees	Grand Total
Blue Shield	EE Only	1,462	5,334	6,796	1,397	12	1,409	8205
	EE+1	476	3,785	4,261	524	5	529	4790
	EE+2	343	4,037	4,380	216		216	4596
Blue Shield Member with UHC Deps	EE Only Split Mbr	5	18	23	131		131	154
	EE+1 or More Split Mbr		4	4	12		12	16
	EE+2 split Mbr			0	1		1	1
Blue Shield Total		2286	13178	15464	2281	17	2298	17762
City Plan	EE Only	73	576	649	528	27	555	1204
	EE+1	12	176	188	159	6	165	353
	EE+2	9	138	147	25	1	26	173
City Plan Total		94	890	984	712	34	746	1730
Kaiser Permanente	EE Only	4,357	7,110	11,467	1,839	7,112	8,951	20418
	EE+1	1,149	4,697	5,846	749	2,858	3,607	9453
	EE+2	765	5,519	6,284	158	116	274	6558
Kaiser Permanente Total		6271	17326	23597	2746	10086	12832	36429
UHC	EE Only					8,343	8,343	8343
	EE+1					2,836	2,836	2836
	EE+2					39	39	39
UHC Member with Blue Shield Deps	EE Only Split Mbr					513	513	513
	EE+1 or More Split Mbr							
	EE+2 split Mbr							
UHC Total						11731	11731	11731
Waived Total		988	2,075	3,063	1,858	796	2,654	5,717
Delinquent Total		33	139	172	16	4	20	192
Grand Total		9,672	33,608	43,280	7,613	22,668	30,281	73,561

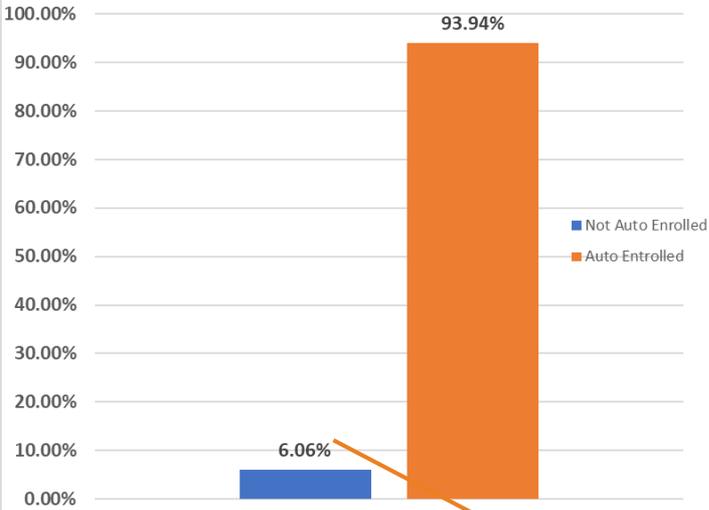
Medical Enrollment of Split Dependents functioning as subscribers Jan 1, 2017 to Jan 1, 2018:

SPLIT DEP ENROLLMENT AS OF JAN 01, 2018		CCD/USD	CSF/CRT	Total Actives	EARLY RET	RET	Total Retirees	Grand Total
Access+ Deps / Member in UHC	+1 Split Dep				179		179	179
	1 or More Split Dep				7		7	7
	2 or More Split Dep				57		57	57
Blue Shield Access+ Total					243		243	243
Trio Deps / Member in UHC	+1 Split Dep				263		263	263
	1 or More Split Dep				27		27	27
	2 or More Split Dep				25		25	25
Blue Shield Trio Total					315		315	315
UHC Deps / Member in Blue Shield	+1 Split Dep	5	21	26		148	148	174
	1 or More Split Dep							
	2 or More Split Dep					1	1	1
UHC Total				26		149	149	175
Grand Total		5	21	26	558	149	707	733

SPLIT DEP ENROLLMENT AS OF JAN 01, 2017		CCD/USD	CSF/CRT	Total Actives	EARLY RET	RET	Total Retirees	Grand Total
BSC Access+ Deps / Member in UHC	+1 Split Dep					446	446	446
	1 or More Split Dep					17	17	17
	2 or More Split Dep					69	69	69
Blue Shield Access+ Total						532	532	532
UHC Deps / Member in Blue Shield	+1 Split Dep	5	22	27	144		144	171
	1 or More Split Dep							
	2 or More Split Dep				2		2	2
UHC Total				27	146		146	173
Grand Total		5	22	27	146	532	678	705

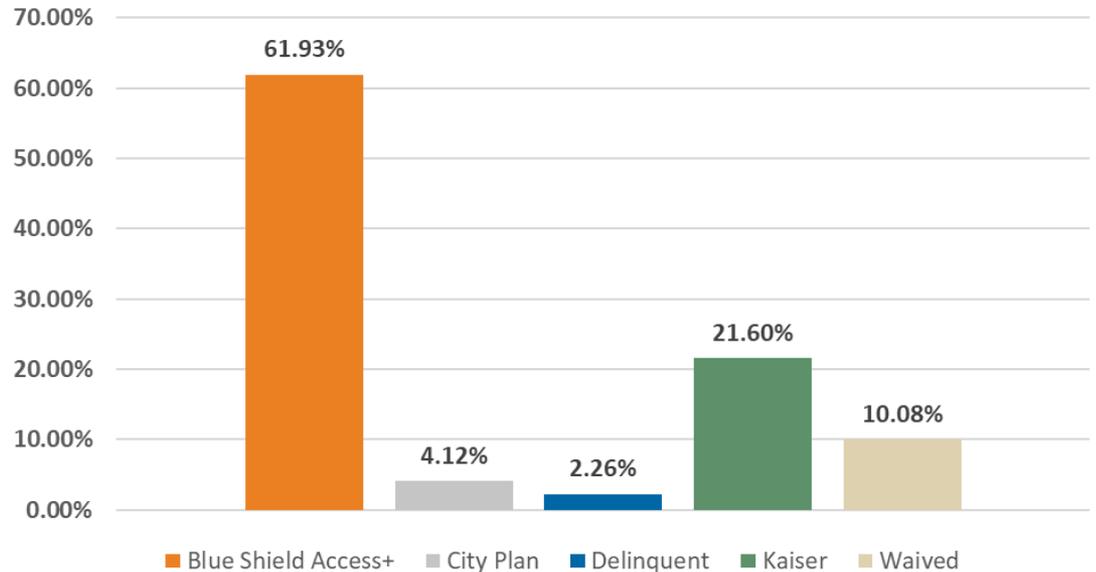
OPEN ENROLLMENT – BSC Trio Enrollment Analysis:

Distribution of Auto-Enrolled vs Non Auto-Enrolled Members



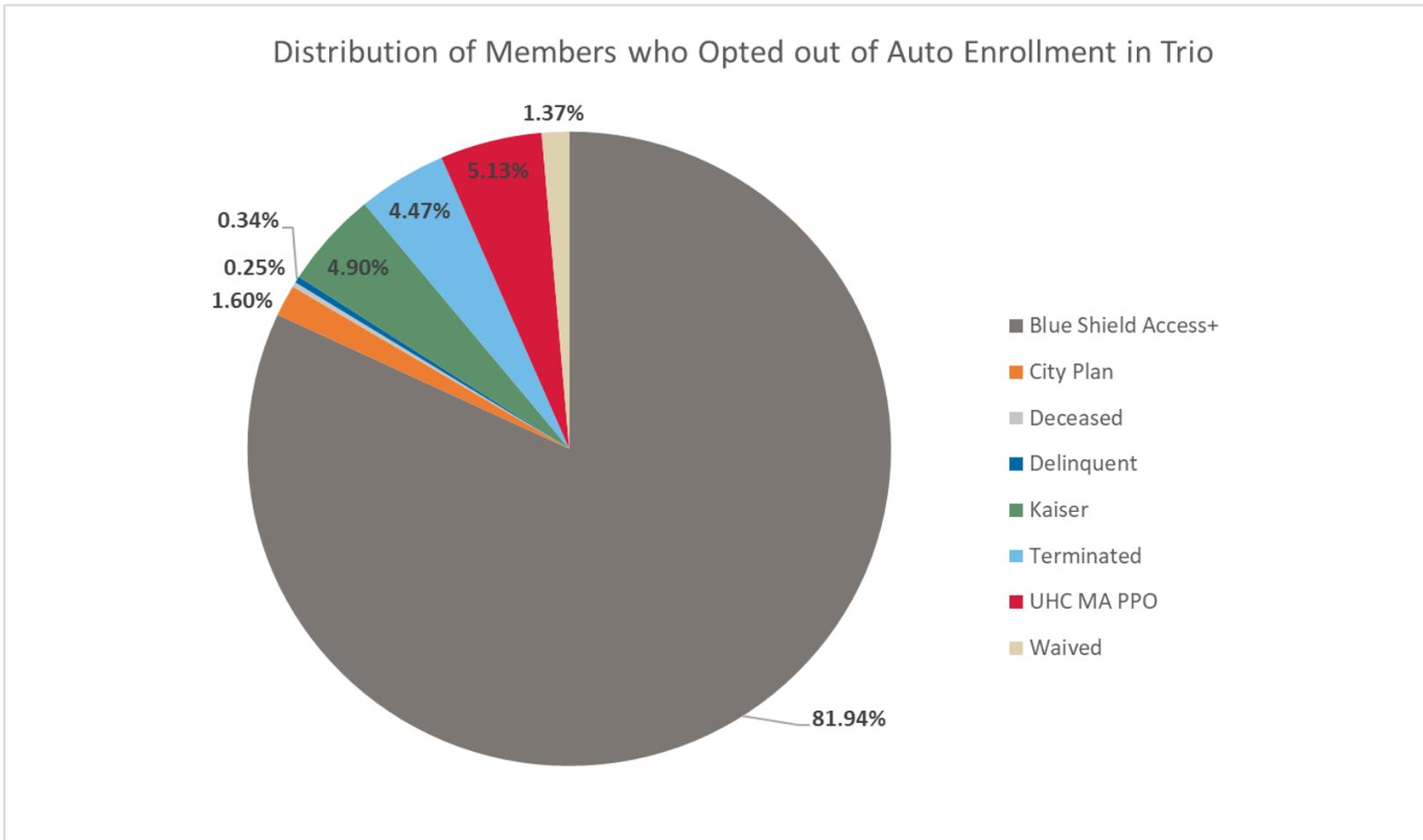
- Auto enrolled members were previously enrolled in Blue Shield Access+
- 7,531 members were auto enrolled in Blue Shield Trio and an additional 486 members elected Trio for a total of 8,017 members enrolled in Trio

Migration into Trio for Non Auto-Enrolled Members



- 89.91% of non auto enrolled members who migrated to Trio were active employees
- 10.09% of non auto enrolled members who migrated to Trio were early retirees.

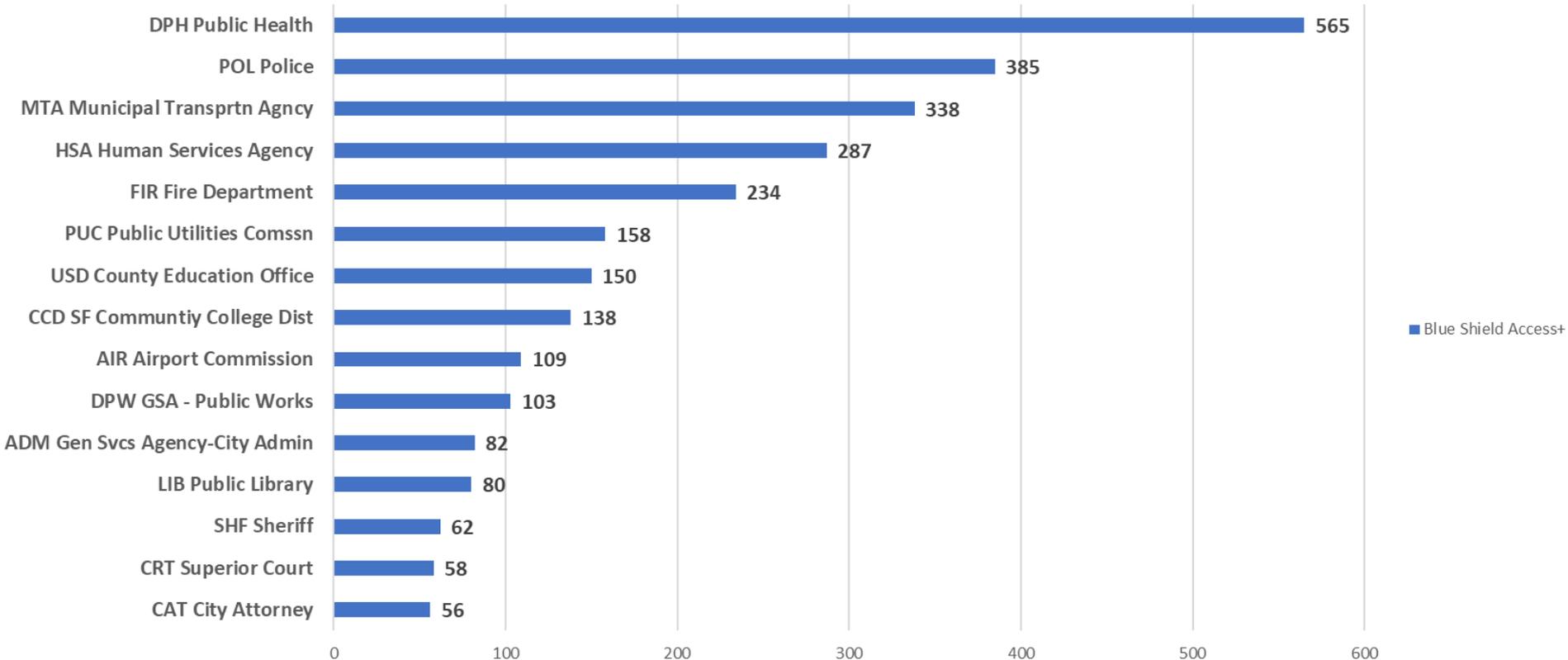
OPEN ENROLLMENT – BSC Trio Enrollment Analysis:



- 12,001 members were eligible for auto enrollment. 4,453 opted out of Trio
- 81.92% of members who opted out of auto enrollment elected to remain in Blue Shield Access+
- 6% of members who opted out of auto enrollment into Trio migrated into Medicare eligible plans with UHC and Kaiser

OPEN ENROLLMENT – BSC Trio Enrollment Analysis:

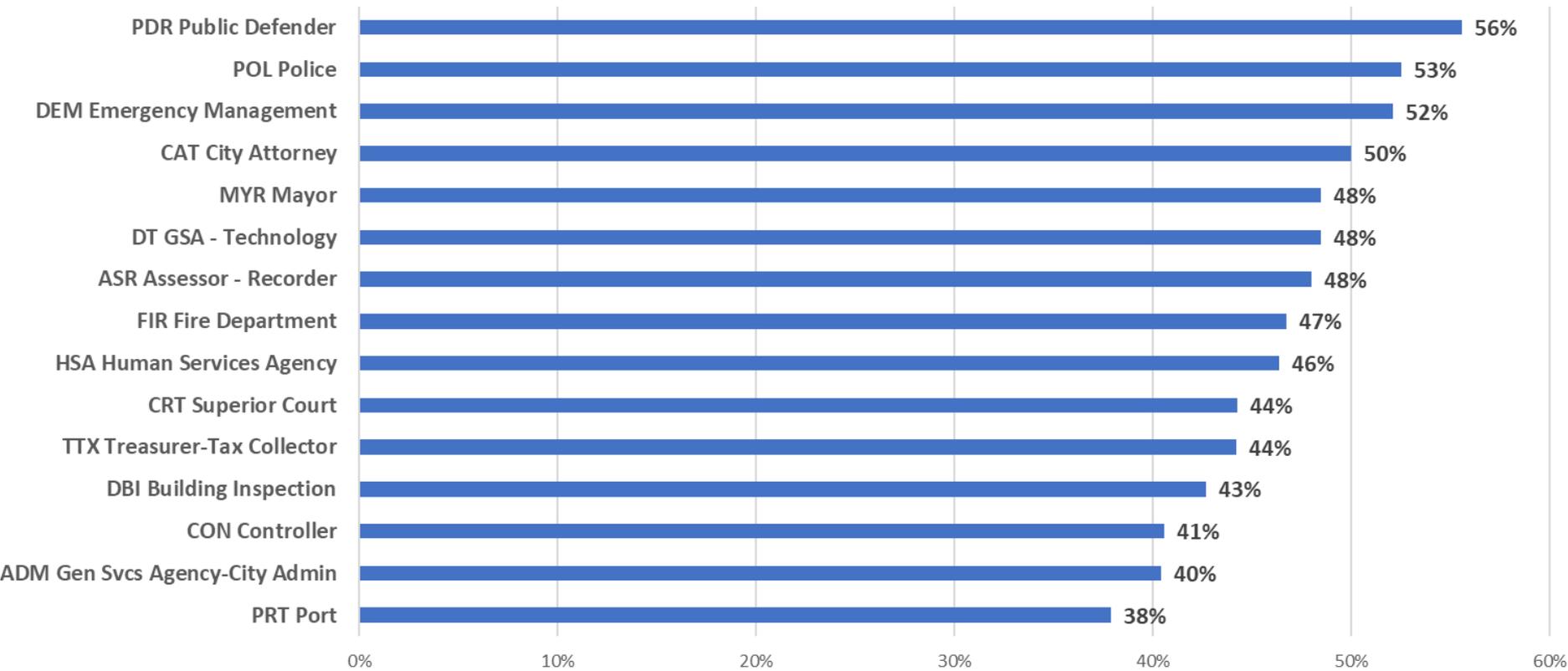
Top 15 Departments of those who opted to remain in Blue Shield Access+
by Employee Count



- As expected the larger departments have the most employees

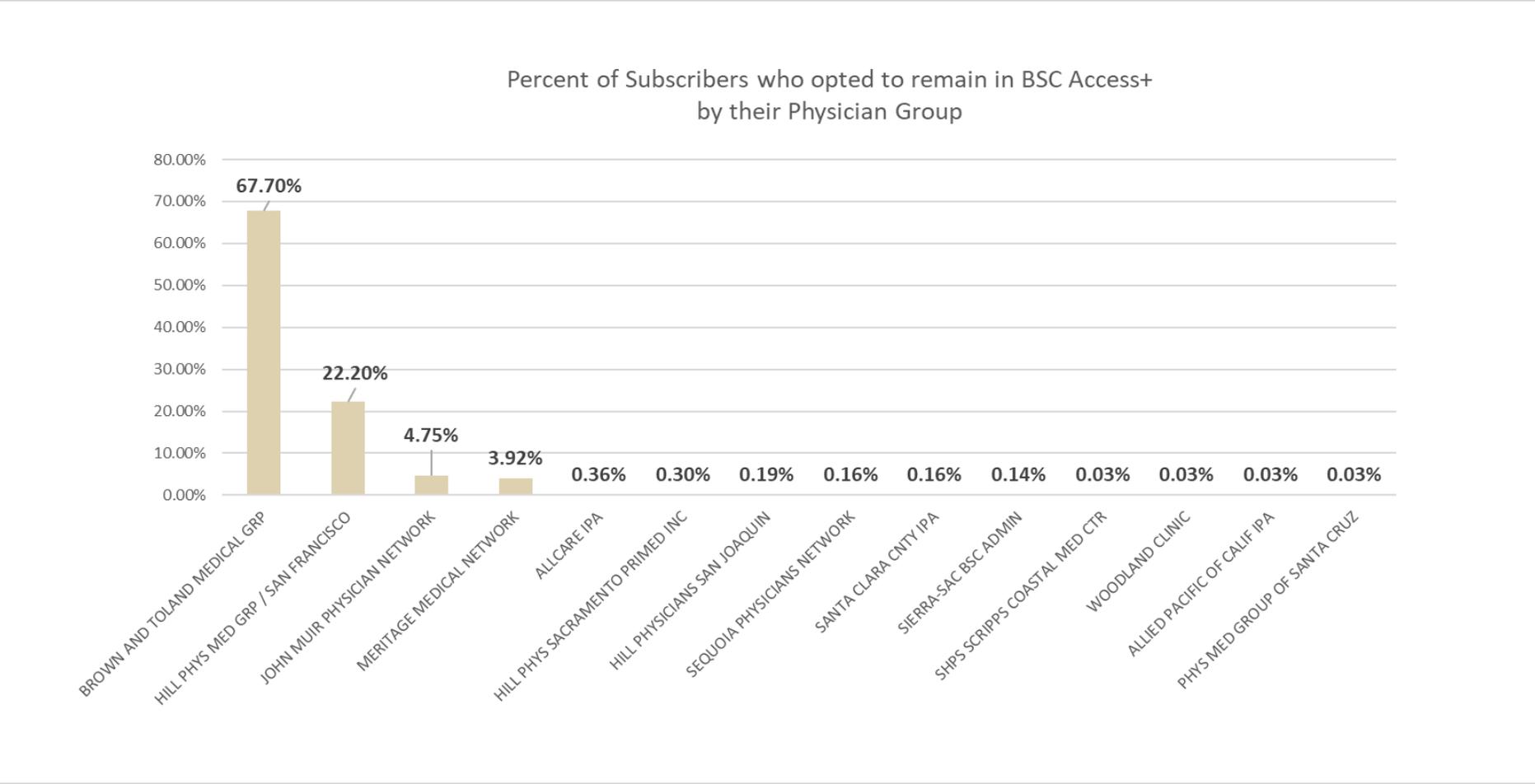
OPEN ENROLLMENT – BSC Trio Enrollment Analysis:

Top 15 Departments of those who opted to remain in Blue Shield Access+ as a Percentage of Number of Employees by Department Eligible for Auto Enroll



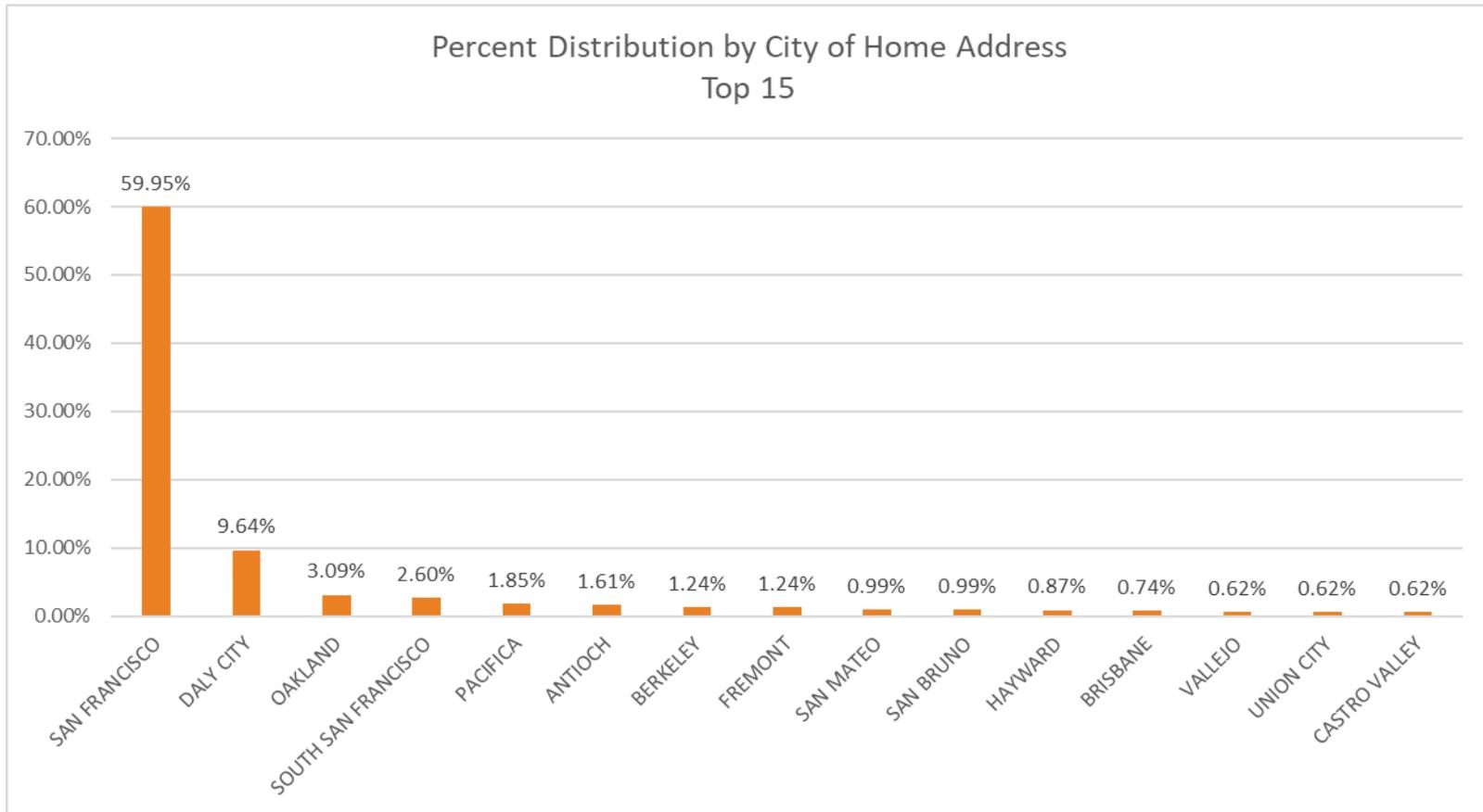
- Reviewing those who opted to remain in Blue Shield as a percentage of auto enroll eligible employees allows for comparison regardless of department size
- Departments with less than 25 eligible enrollees were excluded from analysis

OPEN ENROLLMENT – BSC Trio Enrollment Analysis:



- 2,467 members who opted to remain in Blue Shield Access+ are with Brown and Toland and 809 members are with Hill Physicians Med Grp

OPEN ENROLLMENT – BSC Trio Enrollment Analysis:



- Of the 809 auto enrolled members with Hill Physicians Med Group who elected to remain in Access+, 59.95% live in San Francisco

PeopleSoft / Benefits Administration

- Completed imputed income reconciliation
- Applied for 2017 Tax Year developer ID for 1095 filing
- Reviewed 2017 Tax Year composition and reference guide for 1095 filing

Data Analytics

- Provided department statistics for annual Countywide Cost Allocation Plan prepared by the Controller's Office
- Conducted Diabetes analysis
- Analyzed ZSFGH ER utilization
- Analysis for Claims Costs related to Best Doctors

IT Initiatives

- Converted HSS main file server to a virtual server at DT's data center
- Worked with DT to get HSS voice mail system repaired
- Off-boarded 2 HSS staff (archived data, email forwarding, etc)
- On-boarded 3 HSS staff (PC, phone VM/email and account access)
- Met with COIT regarding HSS projects

Meetings attended by staff

Cyber Security:

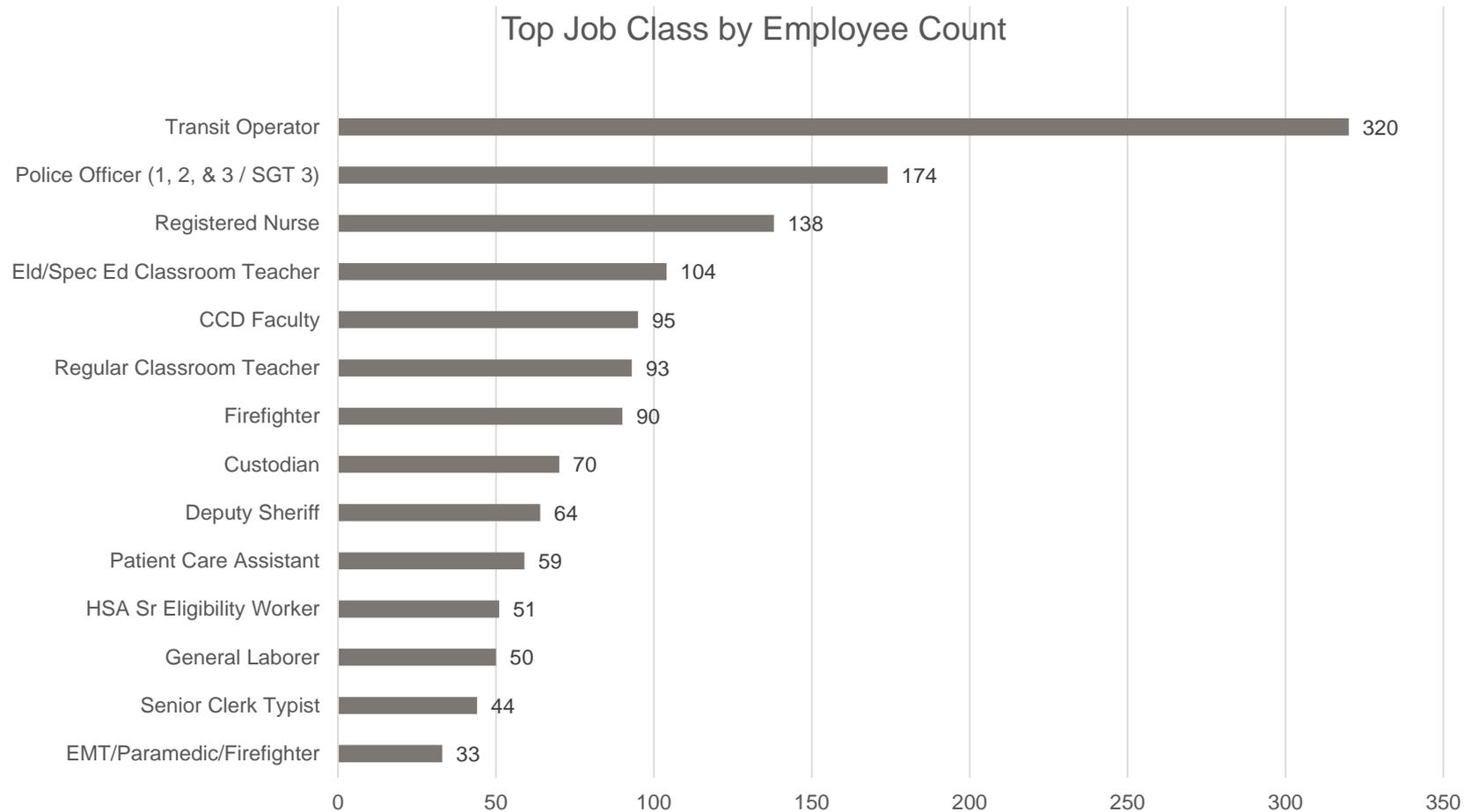
- Attended Continuity of Operations Planning meetings on 10/18 & 11/15
- Generated monthly Tenable security report to ensure system integrity

Miscellaneous:

- Attended Truven Public Sector Group Training on Diabetes: Clinical Background and Comparative Drug Analysis 10/25
- Attended Catalyst for Payment Reform (CPR) High-Value Health Care Collaborative meeting on 9/30 & 11/20
- Attended Payment Gateway Vendor Demo Sessions 10/30-10/31
- Attended weekly Blue Shield Trio implementation meetings
- Attended bi-weekly VSP Vision Premier implementation meetings
- Attended 1099 Reporting meeting – 10/3
- Participated with DT VOIP Site Survey 10/27
- Calendar Year-End meeting with Payroll Division 11/29

Opioid Analytic Follow-up from September 2017 HSB Meeting

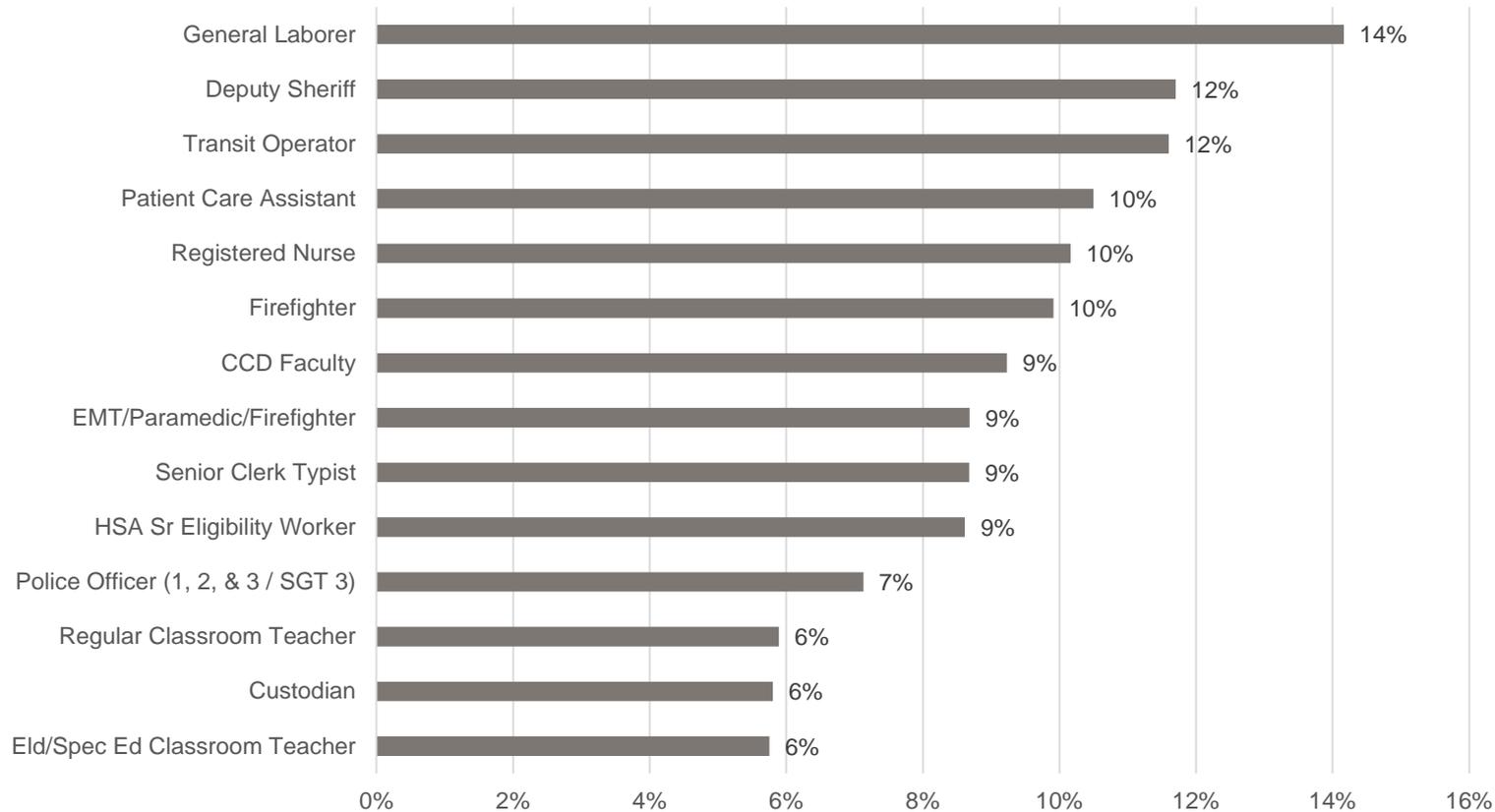
- Which job classes experience the highest opioid utilization in 2016?



Opioid Analytic Follow-up from September 2017 HSB Meeting

- Which job classes experience the highest opioid utilization in 2016?

Top Job Class as % of employees



- General Laborers include construction positions such as masonry, blasting, drilling, cement layers, tank cleaners, pipe layers, jackhammer operators to name a few

SFHSS Express Dashboard

December 14, 2017

Express Dashboard Notes:

- All data is sourced from the All Payer Claims Database (APCD)
- Current dashboard is for incurred dates May 2016 – Apr 2017 with Paid through July 2017. The timing of the dashboard ensures there is a three month run-out so that there is not a huge decrease in spend between current and prior periods
- The risk scores presented are rescaled to the total population between the plans for the purpose of comparison. The annual presentation of risk scores is non-rescaled
- Risk scores may not always add up to a 100% due to members who are non-Medicare but may move to Medicare during the period
- Financials are not included in the Medicare Dashboard
- Measures identified as acute are those that take place in an acute inpatient settings. These include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities.
- Current Diagnostic Cost Grouper (DCG) time period is Jan-Dec 2016
- Total premium includes Best Doctors, Vision and the Healthcare Sustainability Fee.

CCSF Non Medicare Dashboard

November 14, 2017

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Financial

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Financial Summary

	Previous	Current	% Change
Allowed Amount Med and Rx	\$611,845,887	\$599,080,790	-2.1%
Third Party Amt Med and Rx	\$4,373,143	\$4,768,845	9.0%
Out of Pocket Med and Rx	\$19,708,425	\$19,434,949	-1.4%
Allow Amt PMPY Med and Rx	\$6,883.28	\$6,605.27	-4.0%
Allow Amt PEPY Med and Rx	\$13,772.48	\$13,130.73	-4.7%
Allowed Amount IP Acute	\$175,330,245	\$186,661,961	6.5%
Allowed Amount OP Med	\$276,449,549	\$293,635,009	6.2%
Allowed Amount Rx	\$103,770,840	\$103,400,753	-0.4%

Demographics

	Blue Shield	City Plan	Kaiser	Total
Employees	18,006	1,557	26,062	45,624
Members	36,507	2,412	51,779	90,697
Family Size	2.0	1.5	2.0	2.0
Average Employee Age	49.8	54.1	46.8	48.2
Average Member Age	38.7	48.7	36.7	37.8
Employees % Male	51.5%	54.8%	51.8%	51.8%
Members % Male	47.6%	48.6%	48.4%	48.1%
Risk Score	106.7	217.3	87.0	97.4

Current Allowed Amount PMPM Med and Rx



High Cost Claimants Overview

	Blue Shield	City Plan	Kaiser	Total
High Cost Claimants	1,114	188	922	2,173
HCC Allow Amt Per Pat Med and Rx	\$128,417	\$112,140	\$125,972	\$128,985
HCC Allow Amt Pay Per Pat Med IP	\$111,843	\$89,400	\$116,780	\$112,872
HCC Allow Amt Per Pat Med OP	\$46,043	\$47,542	\$32,262	\$41,306
HCC Allow Amt Per Pat Rx	\$20,008	\$19,673	\$12,676	\$17,307
HCC Percent of Total Allowed Amount	48.5%	58.3%	46.3%	48.1%
HCC Allowed Amount	\$143,056,007	\$21,082,265	\$116,145,986	\$280,284,258
Total Allowed Amount	\$295,257,383	\$36,162,841	\$250,897,561	\$582,317,785
Allow Amt PMPY with HCC	\$8,087.77	\$14,995.48	\$4,845.53	\$6,420.45
Allowed Amount PMPY without HCC	\$4,169.14	\$6,253.39	\$2,602.43	\$3,330.12

A High Cost Claimant is defined as a member with greater than or equal to \$50,000 in spending for the time period.

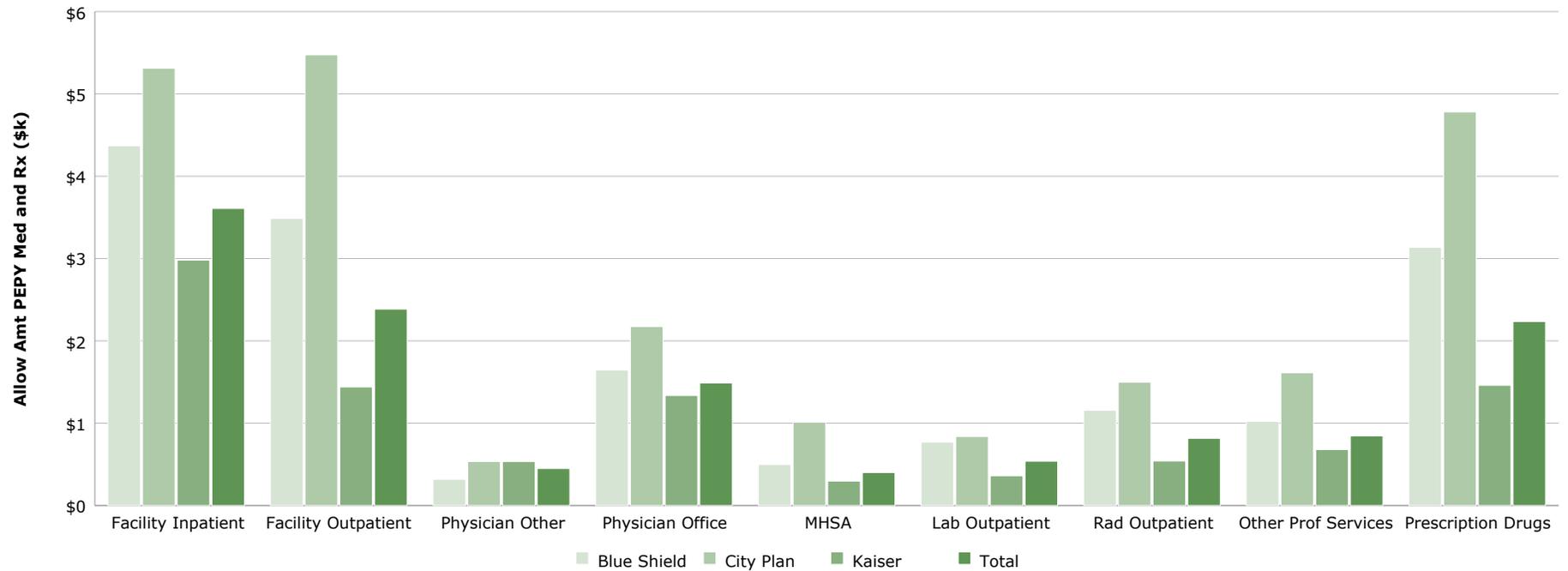
Financial

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Cost Per Employee Per Year (PEPY)

	Blue Shield	City Plan	Kaiser	Total
Facility Inpatient	\$4,368.13	\$5,310.40	\$2,980.52	\$3,607.64
Facility Outpatient	\$3,486.24	\$5,473.29	\$1,439.61	\$2,384.95
Physician Other	\$318.79	\$534.32	\$533.25	\$448.65
Physician Office	\$1,646.21	\$2,173.82	\$1,336.19	\$1,487.12
MHSA	\$497.07	\$1,012.69	\$296.16	\$399.90
Lab Outpatient	\$769.28	\$838.15	\$361.34	\$538.60
Rad Outpatient	\$1,156.80	\$1,496.24	\$540.14	\$816.13
Other Prof Services	\$1,020.50	\$1,610.85	\$679.31	\$845.75
Prescription Drugs	\$3,135.01	\$4,779.94	\$1,460.45	\$2,234.58
Total Allowed Amount	\$16,398.03	\$23,229.70	\$9,626.98	\$12,763.32



Financial

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Cost and Utilization Trends

	Blue Shield	City Plan	Kaiser	Total	West Norm
Allow Amt PEPY Med and Rx	\$16,398.03	\$23,229.70	\$9,626.98	\$12,763.32	\$11,619.07
Admits Per 1000 Acute	47.3	90.0	33.9	40.8	51.4
Days LOS Admit Acute	5.04	5.89	4.13	4.66	4.17
Days Per 1000 Adm Acute	238.4	530.4	140.1	190.0	206.3
Svcs Per 1000 OP Med	27,406.6	44,900.0	14,611.0	20,566.7	25,854.6
Visits Per 1000 ER	190.4	234.7	174.4	182.4	174.8
Scripts Per 1000 Rx	11,985.1	18,381.7	5,623.1	8,523.1	9,610.8
Days Supply PMPY Rx	341.45	567.21	303.82	325.97	340.53
Allow Amt Per Adm Acute	\$49,205	\$42,876	\$52,460	\$50,379	\$30,922
Allow Amt Per Svc OP Med	\$152	\$172	\$159	\$156	\$124
Allow Amt Per Script Rx	\$129	\$168	\$131	\$132	\$117

Plan Performance*

	Blue Shield	City Plan	Kaiser	Total
Relative Risk Score Concurrent	106.7	217.3	87.0	97.4
Members Avg Med	35,965	1,345	47,118	84,429
Allowed Amount PMPM Med and Rx	\$616.64	\$1,335.57	\$374.20	\$492.79
Health Service System Ratio to the Average	1.2	1.2	0.9	1.0

*Plan Performance is based on the current DCG time period.

Premium Contributions

	Blue Shield	City Plan	Kaiser	Total
Employer Premium Contribution Med	\$258,675,118	\$31,711,080	\$280,750,639	\$571,136,837
Employee Premium Contribution Med	\$43,895,696	\$3,569,476	\$37,330,532	\$84,795,704
Total Medical Premium Amount	\$302,570,814	\$35,280,556	\$318,081,170	\$655,932,541

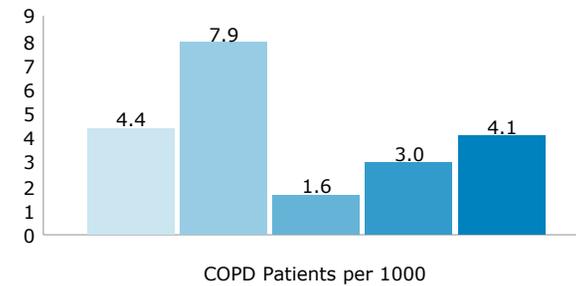
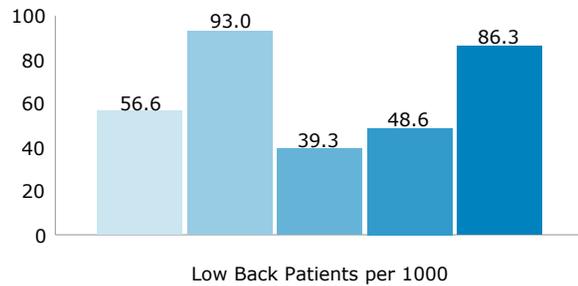
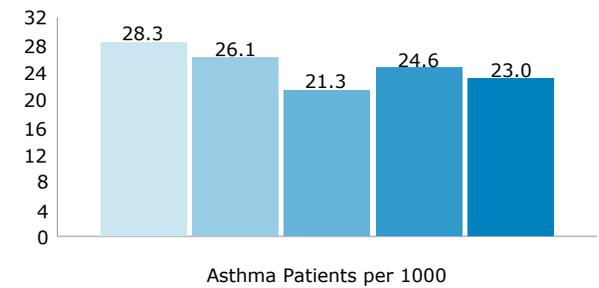
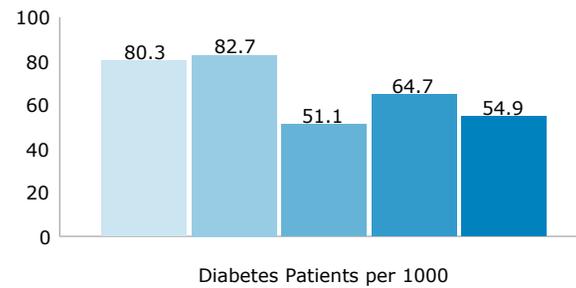
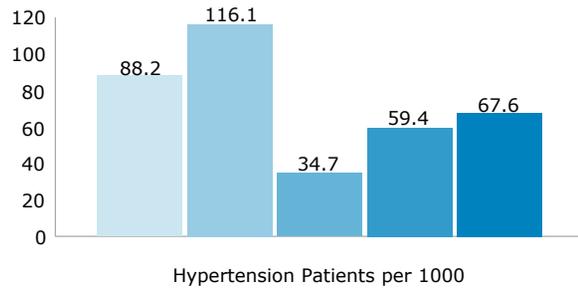
Clinical

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Chronic Condition Prevalence



Blue Shield
City Plan
Kaiser
Total
West Norm

Quality Markers

Utilization Metrics (per 1000 enrollees)

	Blue Shield	City Plan	Kaiser	Total
Emergency Room	190	235	174	182
% Admit	12.3%	18.9%	2.7%	7.3%
% Ambulatory	87.7%	81.1%	97.3%	92.7%
Readmissions	3.4	6.2	1.6	2.4
Avoidable Admissions	2.9	5.8	2.1	2.5
Complications	14.8	27.4	8.4	11.7

Well Care and Preventive Visits

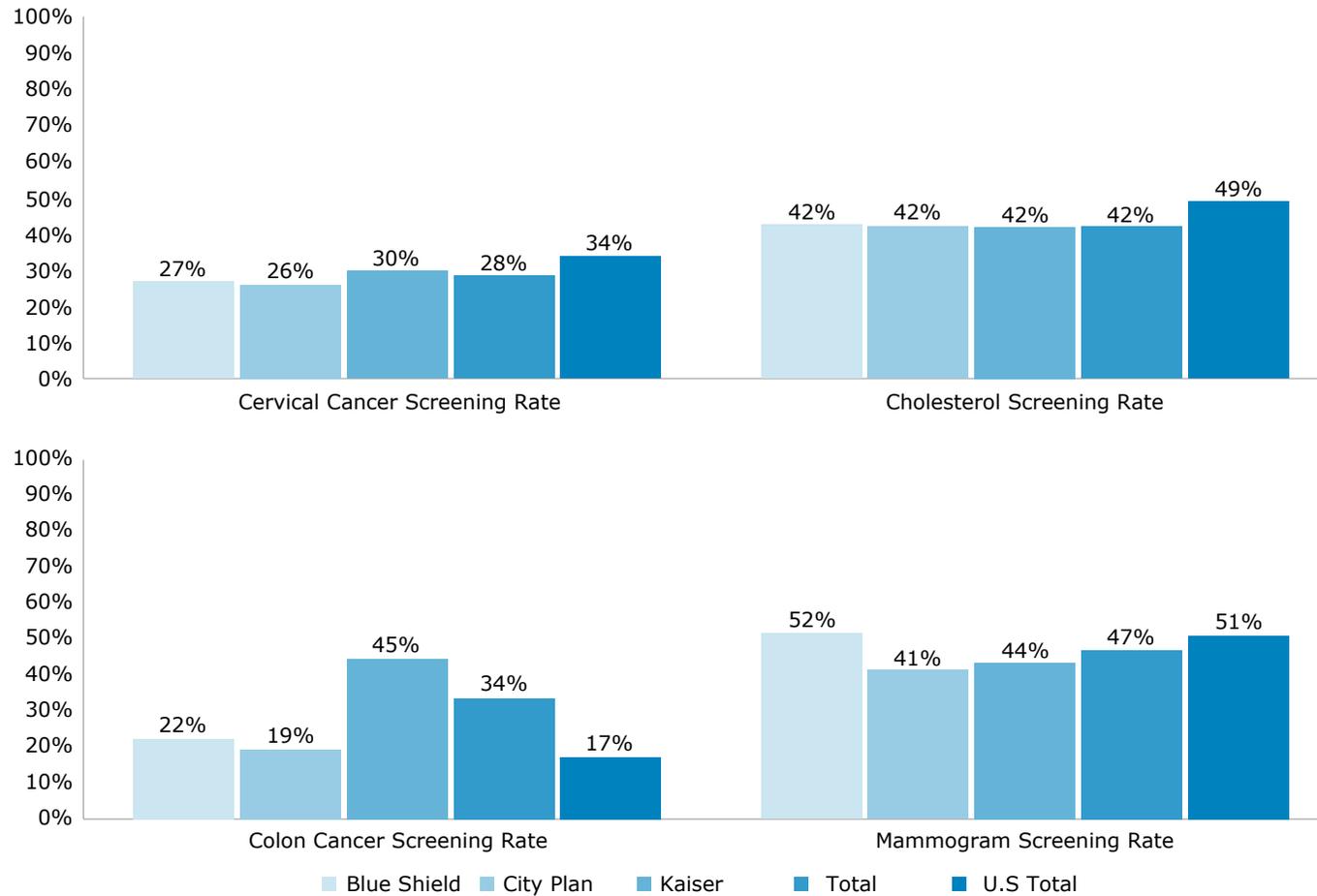
	Previous	Current	% Change
Visits Well Baby	4,486	4,702	4.8%
Visits Well Child	3,202	3,335	4.2%
Visits Preventive Adult	13,333	17,302	29.8%
Visits Per 1000 Well Baby	4,089.0	4,342.0	6.2%
Visits Per 1000 Well Child	945.4	941.6	-0.4%
Visits Per 1000 Prevent Adult	187.2	238.4	27.3%

Clinical

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Preventive Screening Rates



Express Dashboard

Time Period: 2016 (Previous Complete Incurred Calendar Year)

Paid Through: Jul 2017

Top 10 Episode Summary Groups*

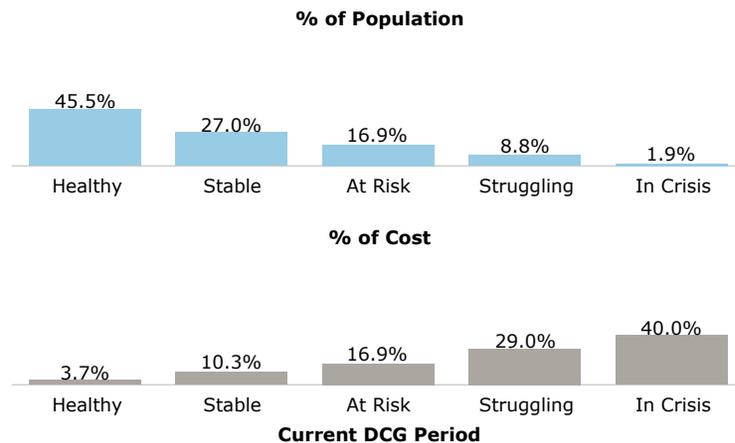
	Current Complete Year		
	Allowed Amount Per Epis West Region	Episodes	Patients
Prevent/Admin Hlth Encounters	\$587	51,599	47,765
Osteoarthritis	\$6,953	2,819	2,697
Pregnancy w Vaginal Delivery	\$16,321	541	541
Diabetes	\$4,519	4,096	3,999
HIV Infection	\$24,556	445	445
Coronary Artery Disease	\$14,263	717	640
Pregnancy w Cesarean Section	\$23,276	189	189
Cancer - Breast	\$19,883	609	609
Cancer - Leukemia	\$59,257	99	94
Hepatitis, Viral	\$25,432	575	571
Top 10 Subtotal	\$2,194	61,689	51,272
All Episode Summary Groups	\$1,869	237,166	75,792

Episode Type*

	Allowed Amount Epis Total	Episodes	Allowed Amount Per Epis Total	% of Total
Acute Conditions	\$279,666,654	159,914	\$1,749	52.4%
Chronic, Acute Flare-ups	\$18,268,027	569	\$32,105	3.4%
Chronic, Maintenance	\$35,195,723	11,382	\$3,092	6.6%
Chronic, Non-Stratified	\$172,360,220	19,784	\$8,712	32.3%
Well Care	\$28,348,133	45,517	\$623	5.3%
Total	\$533,838,757	237,166	\$2,251	100.0%

*Episodes are based on the most recent complete incurred calendar year 2016.

Risk Band Profiles



- 1) The healthiest 45.5% of the population accounts for 3.7% of the total cost.
- 2) The least healthy 1.9% of the population accounts for 40.0% of the total cost.

Top 11 Mental Health Episodes

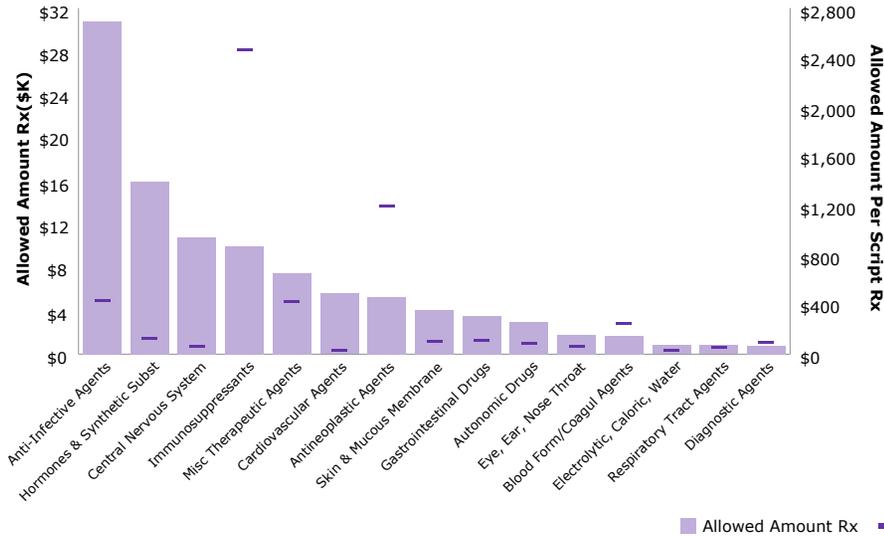
	Current Complete Year				
	Allowed Amount Per Epis Total	Allowed Amount Per Epis West Region	Episodes	Patients	Visits
Eating Disorders	\$11,469	\$7,184	58	53	666
Schizophrenia	\$9,514	\$8,831	99	99	1,810
Autism	\$9,237	\$6,323	198	198	7,456
Substance Abuse	\$6,158	\$8,703	992	807	5,974
Bipolar Disorder	\$4,518	\$3,545	398	362	6,693
Antisocial Behav	\$3,243	\$1,596	49	49	501
Depression	\$1,986	\$1,889	3,873	3,654	44,306
Psychoses, NEC	\$1,875	\$1,331	145	117	768
Neuroses, NEC	\$1,491	\$957	1,810	1,705	11,847
Obsess-Compulsiv	\$1,345	\$1,273	100	98	909
Anxiety Disorder	\$1,062	\$735	2,416	2,303	17,495

Drug

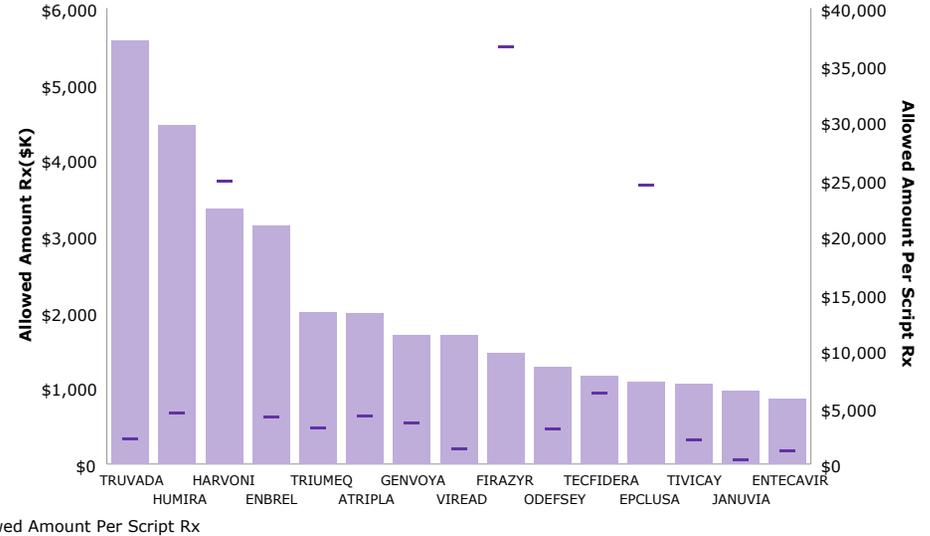
Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Top 15 Therapeutic Classes



Top 15 Drugs



	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
Anti-Infective Agents	\$30,733,016	29.7%	71,415	\$430.34
Hormones & Synthetic Subst	\$15,944,266	15.4%	126,940	\$125.60
Central Nervous System	\$10,792,970	10.4%	163,564	\$65.99
Immunosuppressants	\$9,990,947	9.7%	4,058	\$2,462.04
Misc Therapeutic Agents	\$7,466,851	7.2%	17,596	\$424.35
Cardiovascular Agents	\$5,604,280	5.4%	180,363	\$31.07
Antineoplastic Agents	\$5,279,506	5.1%	4,415	\$1,195.81
Skin & Mucous Membrane	\$4,111,936	4.0%	39,177	\$104.96
Gastrointestinal Drugs	\$3,536,189	3.4%	32,548	\$108.65
Autonomic Drugs	\$2,955,184	2.9%	33,158	\$89.12
Eye, Ear, Nose Throat	\$1,767,521	1.7%	28,758	\$61.46
Blood Form/Coagul Agents	\$1,661,032	1.6%	6,706	\$247.69
Electrolytic, Caloric, Water	\$817,491	0.8%	24,887	\$32.85
Respiratory Tract Agents	\$816,465	0.8%	14,758	\$55.32
Diagnostic Agents	\$757,459	0.7%	8,144	\$93.01
Top 15 Subtotal	\$102,235,114	98.9%	756,487	\$135.14
All Therapeutic Classes	\$103,400,753	100.0%	782,837	\$132.08

	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
TRUVADA	\$5,576,658	5.4%	2,476	\$2,252.29
HUMIRA	\$4,464,329	4.3%	998	\$4,473.28
HARVONI	\$3,354,100	3.2%	135	\$24,845.18
ENBREL	\$3,134,338	3.0%	761	\$4,118.71
TRIUMEQ	\$1,991,319	1.9%	634	\$3,140.88
ATRIPLA	\$1,987,031	1.9%	471	\$4,218.75
GENVOYA	\$1,699,904	1.6%	473	\$3,593.88
VIREAD	\$1,696,533	1.6%	1,286	\$1,319.23
FIRAZYR	\$1,464,327	1.4%	40	\$36,608.17
ODEFSEY	\$1,273,052	1.2%	409	\$3,112.60
TECFIDERA	\$1,157,070	1.1%	187	\$6,187.54
EPCLUSA	\$1,074,695	1.0%	44	\$24,424.89
TIVICAY	\$1,057,869	1.0%	508	\$2,082.42
JANUVIA	\$958,502	0.9%	2,325	\$412.26
ENTECAVIR	\$862,038	0.8%	738	\$1,168.07
Top 15 Subtotal	\$31,751,765	30.7%	11,485	\$2,764.63
All Drugs	\$103,400,753	100.0%	782,837	\$132.08

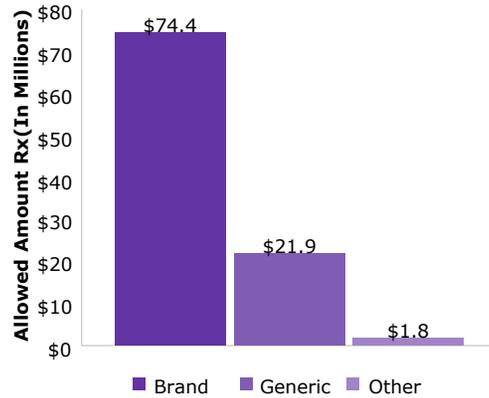
Drug

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Brand & Generic Cost



Specialty Drug Metrics

	Allowed Amount Med and Rx			Allow Amt PMPY Med and Rx		
	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	\$53,183,303	\$50,094,422	-5.8%	\$598.31	\$552.32	-7.7%
Specialty Drugs						
Prescription Specialty Drugs	\$50,587,536	\$53,306,331	5.4%	\$569.11	\$587.74	3.3%
Professional Specialty Drugs	\$8,896,955	\$11,487,434	29.1%	\$100.09	\$126.66	26.5%
Facility Outpatient Specialty Drugs	\$638,233	\$1,555,960	143.8%	\$7.18	\$17.16	138.9%
Specialty Total	\$60,122,725	\$66,349,724	10.4%	\$676.38	\$731.55	8.2%
Total	\$113,306,028	\$116,444,147	2.8%	\$1,274.70	\$1,283.88	0.7%

Key Drug Metrics

	Blue Shield	City Plan	Kaiser	Total
Allow Amt PMPY Rx	\$1,546.24	\$3,085.60	\$735.09	\$1,124.08
Scripts Per 1000 Rx	11,985.13	18,381.70	5,623.11	8,523.13
Allow Amt Per Script Rx	\$129.01	\$167.86	\$130.73	\$131.89
Days Supply PMPY Rx	341.45	567.21	303.82	325.97
Scripts Generic Efficiency Rx	97.1%	95.9%	97.8%	97.3%
% Scripts Dispensed as Generic	83.2%	80.1%	81.5%	82.4%

CCSF Medicare Dashboard

November 14, 2017

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Financial

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Demographics

	Blue Shield	City Plan	Kaiser	Total
Employees	4,518	7,993	9,878	21,636
Members	5,678	9,846	12,260	26,837
Family Size	1.3	1.2	1.2	1.2
Average Employee Age	72.5	75.7	75.0	74.8
Average Member Age	72.1	75.2	74.5	74.3
Employees % Male	48.7%	47.5%	49.5%	48.4%
Members % Male	46.5%	44.1%	45.5%	44.9%
Risk Score	348.1	480.4	370.3	377.0

Cost and Utilization Trends

	Blue Shield	City Plan	Kaiser	Total
Admits Per 1000 Acute	156.6	97.8	166.5	139.5
Days LOS Admit Acute	5.71	5.48	4.75	5.13
Days Per 1000 Adm Acute	894.6	535.6	790.8	715.5
Svcs Per 1000 OP Med	56,672.8	34,175.4	38,781.9	40,246.3
Visits Per 1000 ER	343.2	284.0	435.6	363.7
Scripts Per 1000 Rx	25,789.2	12,834.9	24.1	9,266.7
Days Supply PMPY Rx	1,283.58	592.49	1,317.94	1,045.74

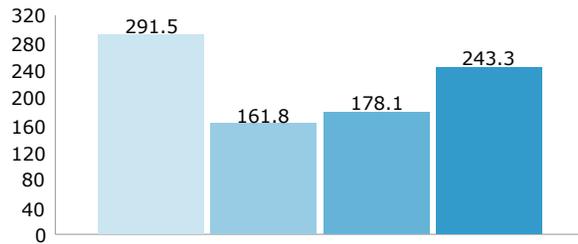
Clinical

Previous Period: May 2015 - Apr 2016 (Incurred)

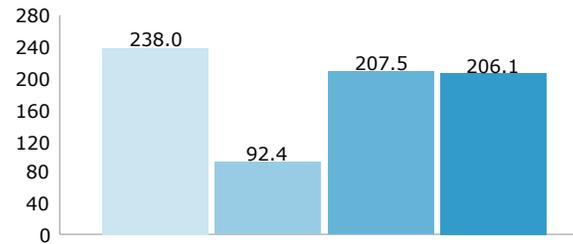
Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

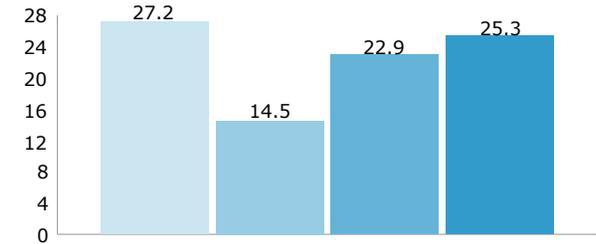
Chronic Condition Prevalence



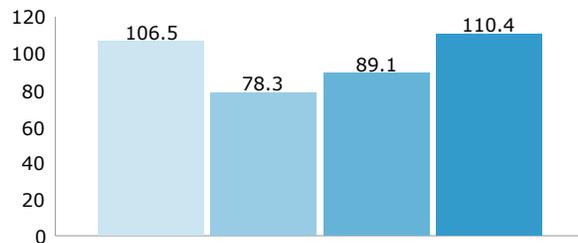
Hypertension Patients per 1000



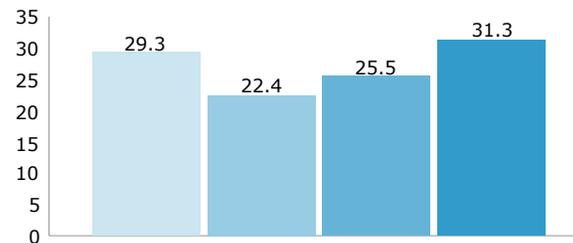
Diabetes Patients per 1000



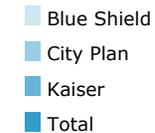
Asthma Patients per 1000



Low Back Patients per 1000



COPD Patients per 1000



Quality Markers

Utilization Metrics (per 1000 enrollees)

	Blue Shield	City Plan	Kaiser	Total
Emergency Room	343	284	436	364
% Admit	32.1%	25.2%	3.3%	14.3%
% Ambulatory	67.9%	74.8%	96.7%	85.7%
Readmissions	12.3	2.1	13.5	9.1
Avoidable Admissions	20.5	12.8	20.8	17.8
Complications	38.4	30.9	41.0	45.4

Well Care and Preventive Visits

	Previous	Current	% Change
Visits Preventive Adult	5,323	5,179	-2.7%
Visits Per 1000 Prevent Adult	204.3	193.0	-5.5%

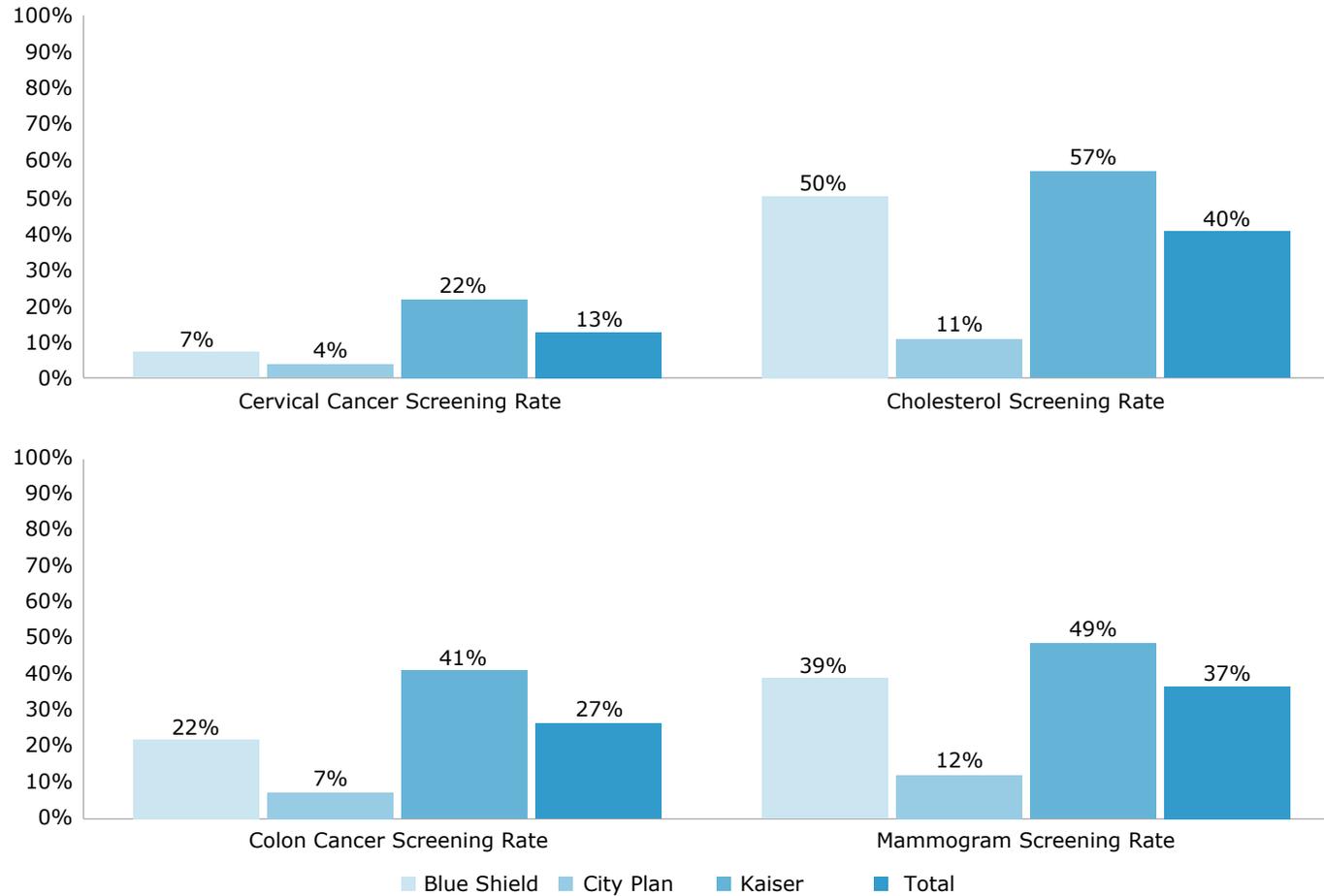
Clinical

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Preventive Screening Rates



Clinical

Time Period: 2016 (Previous Complete Incurred Calendar Year)

Paid Through: Jul 2017

Top 10 Episode Summary Groups*

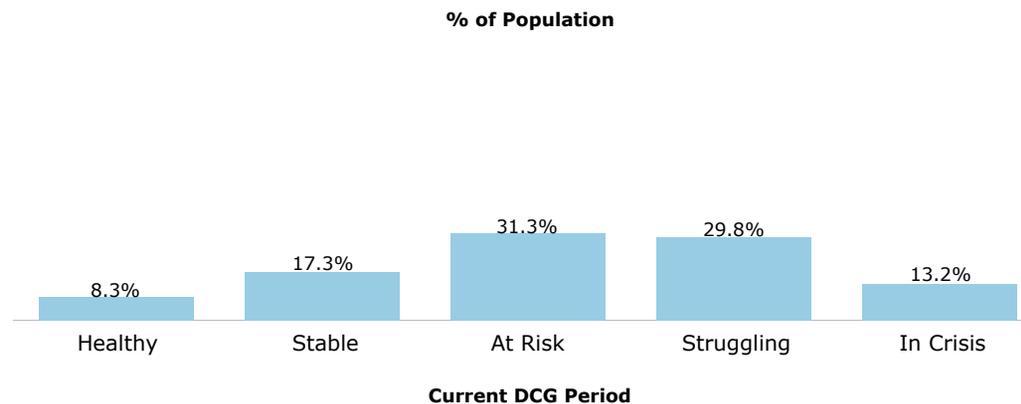
	Current Complete Year	
	Episodes	Patients
Diabetes	4,472	4,321
Osteoarthritis	3,822	3,614
Renal Function Failure	1,069	1,062
Hypertension, Essential	6,644	6,592
HIV Infection	171	171
Cancer - Prostate	650	650
Prevent/Admin Hlth Encounters	17,151	15,544
Cancer - Lung	237	237
Cerebrovascular Disease	1,143	884
Coronary Artery Disease	1,953	1,796
Top 10 Subtotal	37,312	21,226
All Episode Summary Groups	137,508	26,220

Episode Type*

	Episodes
Acute Conditions	82,295
Chronic, Acute Flare-ups	1,602
Chronic, Maintenance	13,415
Chronic, Non-Stratified	25,485
Well Care	14,711
Total	137,508

*Episodes are based on the most recent complete incurred calendar year 2016.

Risk Band Profiles



Drug

Previous Period: May 2015 - Apr 2016 (Incurred)

Current Period: May 2016 - Apr 2017 (Incurred)

Paid Through: Jul 2017

Specialty Drug Metrics

	Scripts Rx			Days Supply PMPY Rx			Claims Paid		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	376,318	244,321	-35.1%	1,254.67	1,032.16	-17.7%	712,341	496,784	-30.3%
Specialty Drugs									
Prescription Specialty Drugs	7,053	4,696	-33.4%	17.08	14.13	-17.3%	12,118	8,694	-28.3%
Professional Specialty Drugs							7,434	6,509	-12.4%
Facility Outpatient Specialty Drugs							582	481	-17.4%
Specialty Total	7,053	4,696	-33.4%	17.08	14.13	-17.3%	20,134	15,684	-58.1%
Total	383,371	249,017	-35.0%	1,271.75	1,046.29	-17.7%	732,414	512,411	-30.0%

Key Drug Metrics

	Blue Shield	City Plan	Kaiser	Total
Scripts Per 1000 Rx	25,789.22	12,834.89	24.06	9,266.70
Days Supply PMPY Rx	1,283.58	592.49	1,317.94	1,045.74
Scripts Generic Efficiency Rx	97.7%	97.2%	95.1%	97.5%
% Scripts Dispensed as Generic	81.4%	82.8%	79.3%	82.1%

Finance and Contracting Activities Update

Finance and Accounting

- Preparing for the FY 2018-19 and FY 2019-20 Budget Season, instructions issued 12/6/17
- Concluded FY 2016-17 Health Service System Trust Fund audit; KPMG issued an unqualified opinion on the Trust financial statements finding no deficiencies in internal control and no instances of noncompliance
- Paid \$10,035 for the Transitional Reinsurance Fee second installment for the 2016 Plan Year

Financial System Project

- F\$P Conversion Data Cleanup Project – Worked in conjunction with the Controller's Office to review, analyze, and provide corrections to purchase order, general ledger, and budget conversion files (i.e. entries that failed conversion or had errors in the conversion process)
- Developed and expanded range of F\$P Financial reports in order to meet SFHSS reporting requirements
- Working with UHC on changes made by Controller's Office in the payment process that moved suppliers from ACH back to PayMode

Finance and Contracting Activities Update

Contracting and Vendor Management

- Long term contracts staff member left SFHSS, working on recruitment
- Fully executed Medicare Agreement with UnitedHealthcare Amendment to ASO Agreement with UnitedHealthcare
- Fully executed Dental Agreement with Dental Benefit Providers of California (Pacific Union Dental)
- Fully executed Group Agreement with Blue Shield of California
- Issued Request for Proposals for 2018 Cardiovascular Well-being Campaign
- Fully executed website design services agreement with Champsee Solutions, coordinating kickoff in early December
- Continued developing RFPs for Well-Being, Actuarial Services

Finance and Contracting Activities Update

Open Enrollment

- Managed contracts for printing, mail house, design services for print materials, and design services for electronic materials and communications
- Reviewed 50 2018 plan documents for continuity, completeness and accuracy including
 - Summary of Benefits and Coverage
 - Evidence of Coverage
 - New regional plan materials for Kaiser Hawaii, Northwest/Oregon, and Washington, and multi-region comparisons
- Reviewed member facing collateral for new benefits to ensure accuracy and clarity of materials
- Reviewed confirmation letters ensure accuracy of rates
- Calculated 828 out of 3414 rates

Communications Report

December 14, 2017

Open Enrollment 2018 - Overview

- Deliverables Produced and Mailed to Members
 - Six (6) Guides: Retirees, CSF, MEA, CCD, USD, CRT
 - Four (4) Booklets: CSF, MEA, USD, CCD
 - Six (6) separate Open Enrollment Letters + Forms + Flu Flyers
 - Seven (7) new Open Enrollment webpages created + *downloadable* October and November Flu Clinic calendars
 - OE mailers to Out of State and Non-US members
 - Open Enrollment Video (4:34) distributed Citywide
 - Three (3) Citywide emails, eNews and Flu Clinic emails, event-specific posters, and flyers promoting Open Enrollment events
 - Self-Service Online Benefits Pilot emails, banners + survey
 - Open Enrollment enrollment package: guide books, envelopes, email templates, posters, forms, flyers, online banners

Open Enrollment 2018 - Overview

- Open Enrollment Informational Events and Outreach
 - SFHSS held 23 Open Enrollment events across City agencies
 - SFHSS held 18 Flu Clinics across City agencies
 - SFHSS held six (6) Health Fairs including Retiree Health Fair
 - SFHSS held week long Vendor Week at 1145 Market Street
 - SFHSS co-hosted two Informational Sessions featuring vendor presentations and Q&A
 - Hotel Whitcomb, Tuesday October 10 (100+ in attendance)
 - San Francisco Public Library Tuesday, October 18 (70+ in attendance)
 - Vendors present: Blue Shield, UnitedHealthcare, Kaiser Permanente, Brown & Toland, Dignity Health, Hill Physicians

Post-Open Enrollment 2018

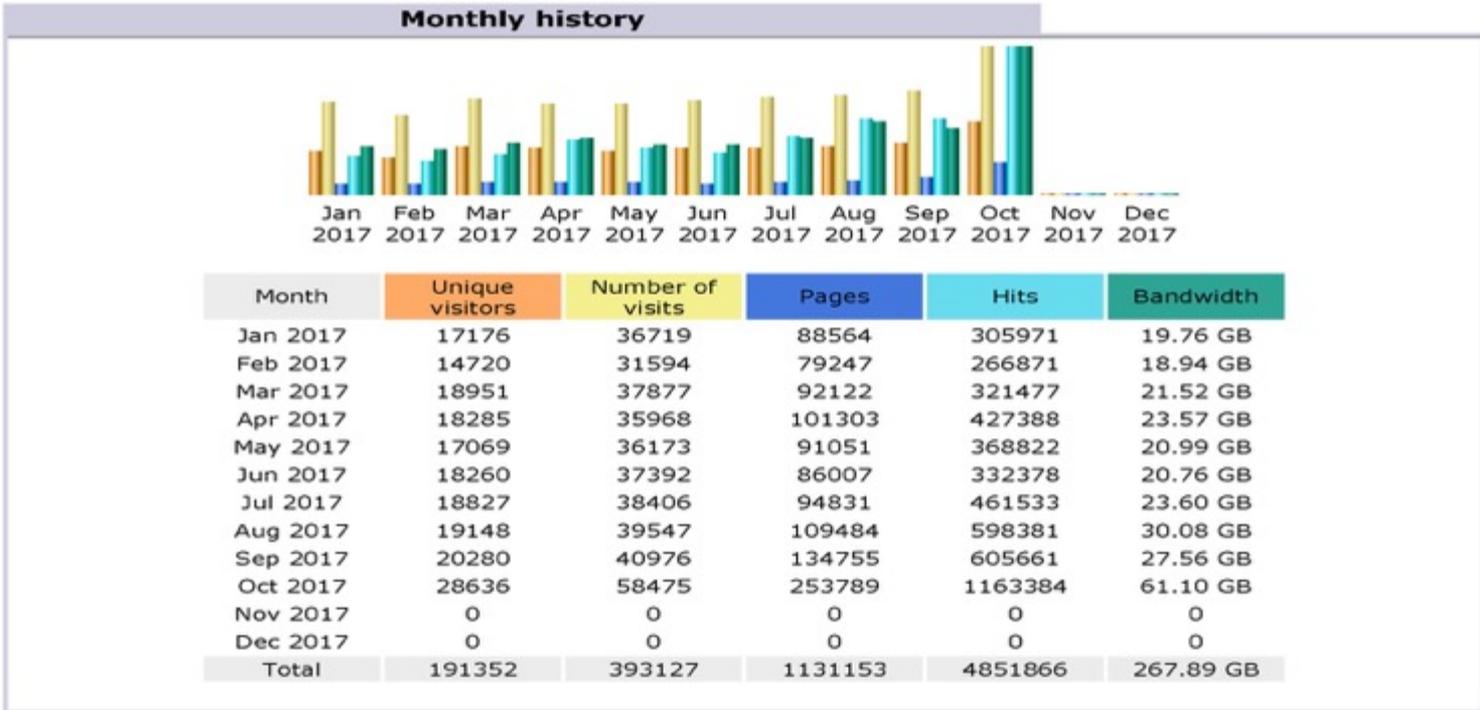
- Open Enrollment Confirmation Letters
 - Eight (8) versions
 - CSF/CRT 32,801 letters
 - Retirees 24,591
 - Retirees Non-Medicare 6,394
 - MEA 1,304 letters
 - COMM 239 letters
 - CCD 1,586 letters
 - USD 8,021 letters
 - Non-US 118 letters

October 2017 Website Traffic

Reported Period: 

Summary					
Reported period	Month Oct 2017				
First visit	01 Oct 2017 - 00:00				
Last visit	31 Oct 2017 - 23:59				
	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	28636	58475 (2.04 visits/visitor)	253789 (4.34 Pages/Visit)	1163384 (19.89 Hits/Visit)	61.10 GB (1095.63 KB/Visit)
Not viewed traffic *			331406	560182	29.83 GB

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.

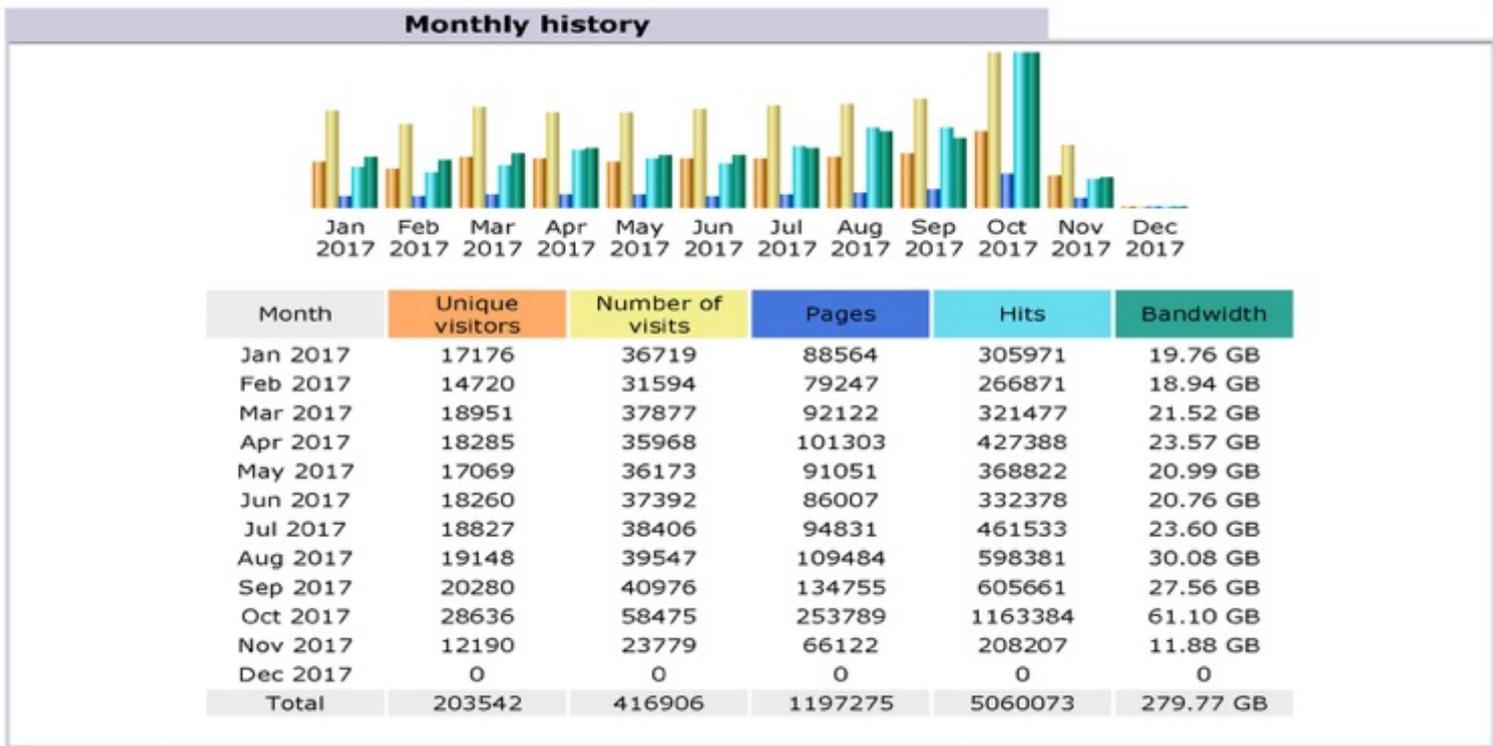


November 2017 Website Traffic

Reported Period: November, 2017

Summary					
Reported period	Month Nov 2017				
First visit	01 Nov 2017 - 00:00				
Last visit	16 Nov 2017 - 23:59				
	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	12190	23779 (1.95 visits/visitor)	66122 (2.78 Pages/Visit)	208207 (8.75 Hits/Visit)	11.88 GB (523.84 KB/Visit)
Not viewed traffic *			65296	169536	9.45 GB

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.



WELL-BEING MONTHLY REPORT

September - November 2017 REPORT

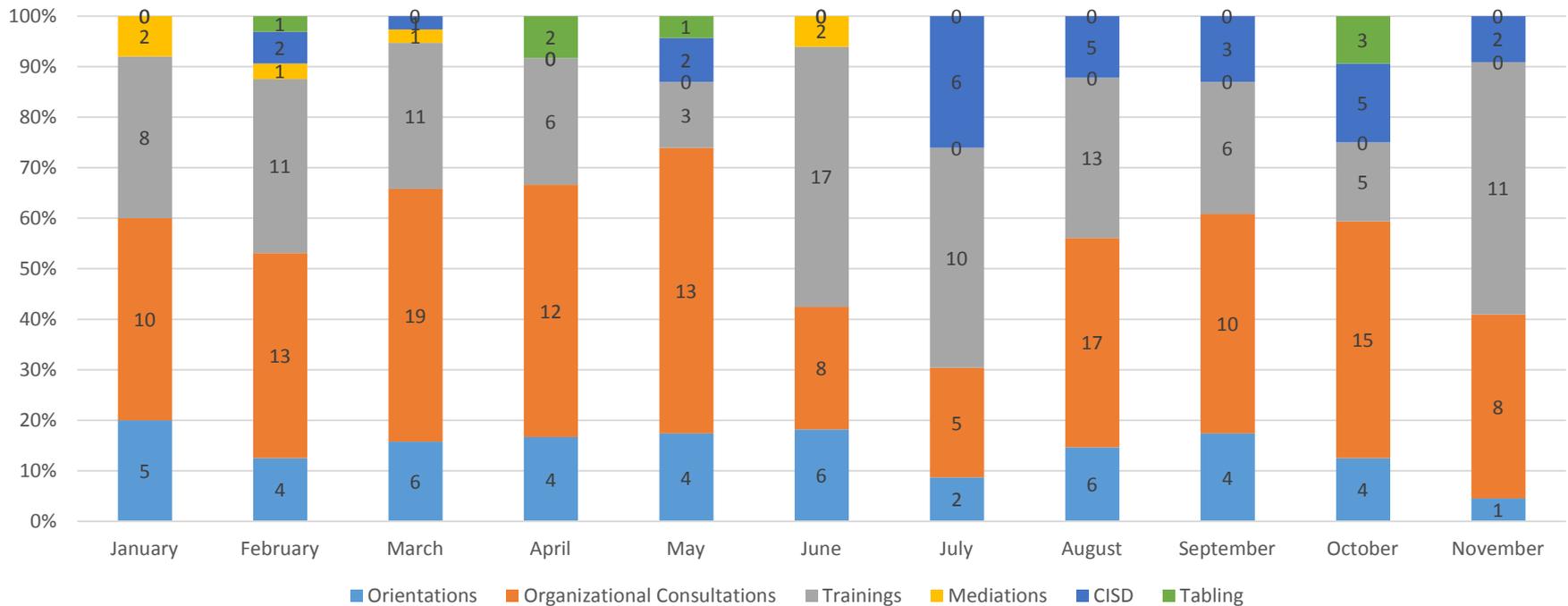
Provided at the December 2017 Health Service Board Meeting

Employee Assistance Program: Organizational Well-Being

8% increase in organizational services provided in 2017 compared to 2016 (YTD)

- 316 services in 2017, 292 services in 2016

Number and Percentage of Organizational Services by Type and Month: YTD 2017

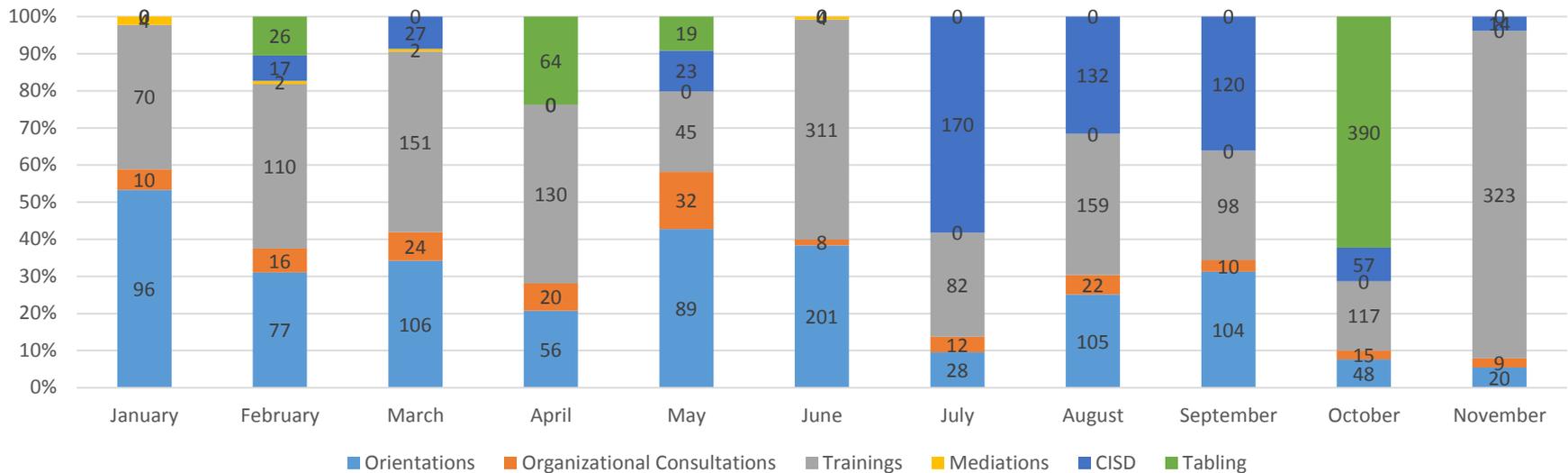


Employee Assistance Program: Organizational Well-Being

23% increase in people served by organizational services in 2017 compared to 2016 (YTD)

- 3775 people served in 2017, 3064 services in 2016

Number and Percentage of People Served via Organizational Services by Type and Month:
YTD 2017

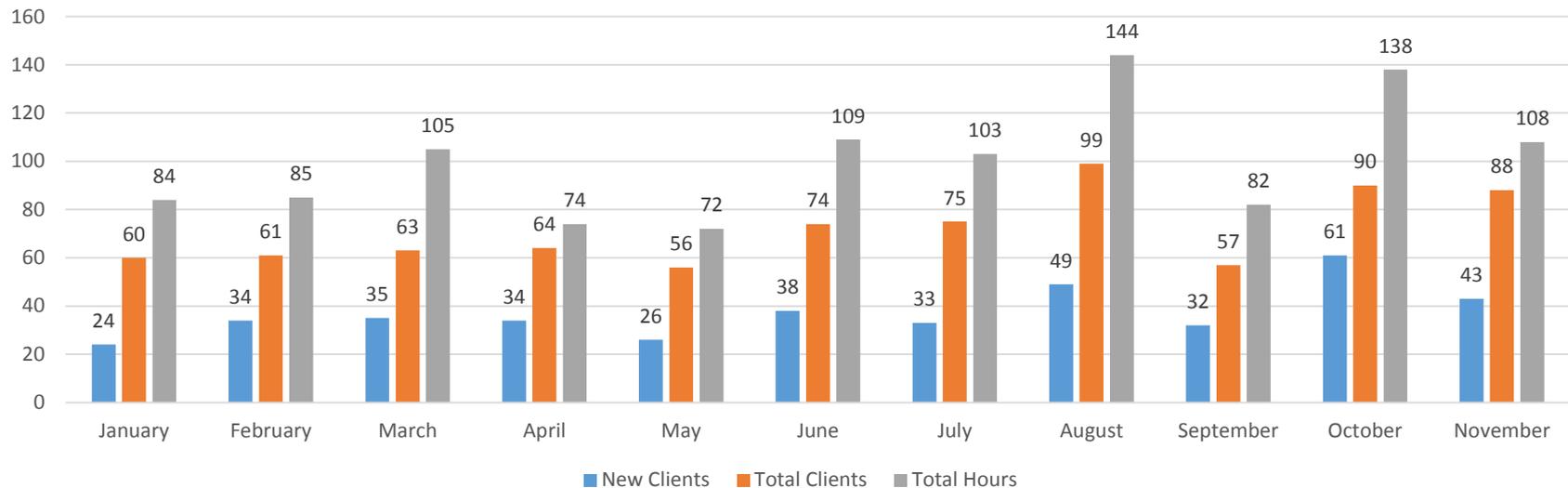


Employee Assistance Program: Counseling Update

Comparison to 2016 YTD:

- 55% increase in New Clients
- 37% increase in Total Clients
- 36% increase in Total Hours of Service

EAP Clinical Services: YTD 2017



Employee Assistance Program: Updates

- Under the We're Here for You Campaign designed to remind employees that EAP is available, two emails were sent Citywide. One followed the tragedy in Las Vegas and natural disasters in Texas and Florida. The second was during the North Bay Fires.
- EAP reached out to Peer Support programs within the Police, Fire and Sheriff's departments to aide in services for employees dealing with the North Bay fires.
- EAP provided CISD services for DEM employees following the incident in which a SFPD officer was struck by a car.
- EAP hosted a delegation of 10 Japanese government employees from Ibaraki Prefecture seeking to learn about SFHSS EAP's services.

Employee Assistance Program: Updates

- EAP provided tabling at various OE/Flu clinics within the CCSF system reaching 390 employees. During tabling, EAP was able to promote telecounseling services designed to reduce barriers to service for locations outside the Civic Center area.
- As a part of Domestic Violence Awareness month EAP provided Psychological First Aid training to departmental Domestic Violence Liaisons.
- EAP staff participated in the RECHARGE Campaign Video of Diaphragmatic Breathing.
- EAP continues providing the successful EAP 101 orientation for supervisors, managers, directors and HR professionals.

Well-Being@Work Update:

Well-Being@Work Grants

- Over \$100,000 in grants were awarded
- 10 different departments submitted a grant

Well-Being@Work Spotlights

- 13 Spotlights were awarded for people and programs that positively impact well-being at the workplace
- http://myhss.org/well-being/well-beingatwork/spotlight_winners.html

Well-Being@Work Update:

2017 Well-Being@Work Awards

- Award applications were due November 15
- Awards will be distributed at a ceremony planned for early February 2018

Department Lead and Director Communications

- September update- Colorful Choices updates, Grant updates, Flu promotional tools and the Champion Fall Campaign Training
- October update – Flu Clinic and Open Enrollment reminders, Grants Awarded for August, Colorful Choices Celebration event
- November update- Fall Campaign updates for Maintain, Don't Gain and RECHARGE, Spotlights and Awards update, Champion Winter Campaign Champion Training

Well-Being@Work Update: Eat Better, Feel Better Campaign



Eat Better, Feel Better Campaign

- There are 1686 employee and their family members participating
- There are 131 retirees and their family members participating
- 48 number of departments have participants engaging
- 47% of employees were on a team
- 124 teams
- 30% of participants took the evaluation survey
- Colorful Choices Celebration will take place 10/19

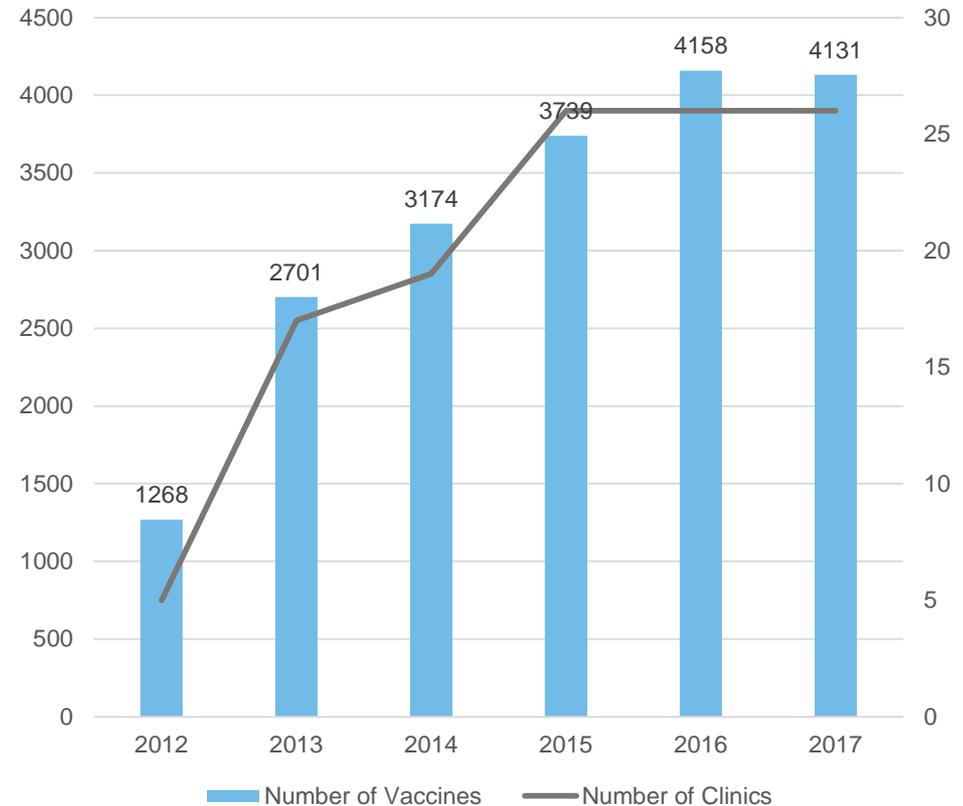
Well-Being@Work Update: Flu Clinics

- 26 flu clinics
- 4131 vaccinations
- 159 average people/clinic
- 5% retiree
- 88% CCSF employees
- 49% BSC, 42% KP, 6% UHC

Table Visits at Flu Clinics

- Well-Being - 1950 visits
- Operations - 1811 visits

Flu Shot Clinic Total Vaccines and Number of Clinics 2012-2017



Well-Being@Work Update: Health Fairs

HSS hosted/co-hosted 2 health fairs

- City Hall – 591 flu shots, 399 table visits
- One South Van Ness – 628 flu shots, 261 table visits

HSS attended 4 annual health fairs

- DPW ~ 300 table visits
- SFO ~ 250 table visits
- RECCSF – 108 flu shots, 123 table visits
- USD – 191 flu shots, 240 table visits

HSS Open House: Vendor Week

- 680 passports were collected

HSS coordinated health plan attendance at all of these events

- *We would like to thank all of our vendor partners for their participation in these events and their contributions to the raffle*
- For a complete report: http://myhss.org/well-being/downloads/2017_FluShotClinicReport.pdf

Well-Being@Work Update: Maintain, Don't Gain



Holiday themed awareness campaign to help with weight maintenance.

- Participants will practice healthy habits through the holidays
- 8-week email campaign
- 341 participants
- <http://myhss.org/well-being/maintain.html>

Well-Being@Work Update: RECHARGE

TAKE A MINUTE TO

 **RECHARGE**

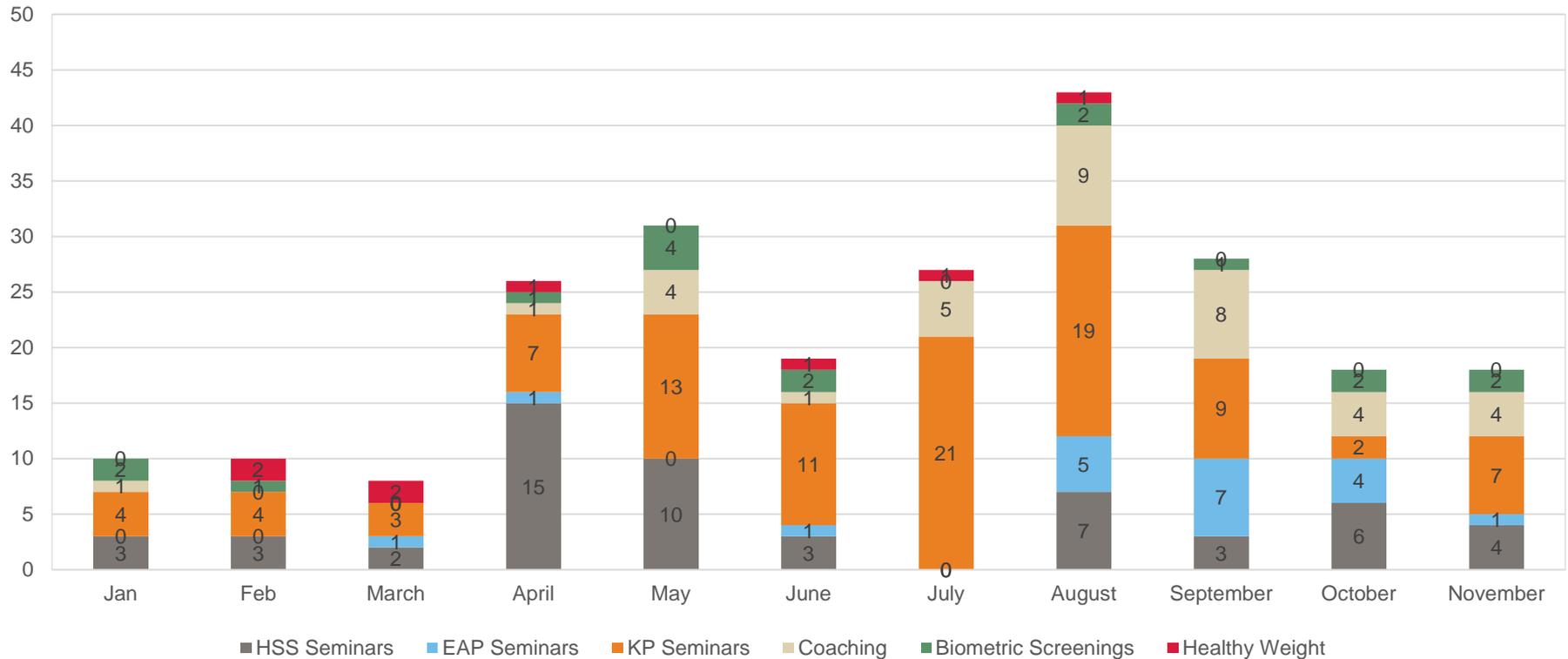
Stress reduction campaign that focuses on encouraging individuals to take a break throughout their day to breathe and/or stretch to help reduce stress.

- Participants will receive weekly tips over eight weeks to help reduce stress
- 8-week email campaign
- 301 Participants
- <http://myhss.org/well-being/recharge/index.html>

Onsite (Department) Activities Update

- 238 onsite activities in 2017 YTD (flu clinics reported separately)

2017 Onsite Activities at Worksite



Special Events at the Catherine Dodd Wellness Center include:

1. Open Enrollment in the Wellness Center Conference Room for the month of October, Mon-Fri, 8:00am-5:00pm
 - All seminars and trainings cancelled
2. 10/19: Colorful Choices Celebration - 91 attendees
3. 10/23 -10/27: SFHSS Open House in the Wellness Center Exercise Area
 - All group exercise classes cancelled
 - 680 attendees
4. 10/31: SFHSS Flu Shot Clinic - 169 attendees
5. 11/3: Maintain Don't Gain Launch Event – 72 attendees
6. 11/3: Health Screening - 62 attendees
7. Wednesdays in November and December – Wellness Coaching

Colorful Choices Celebration - 10/19

The event celebrated participants that engaged in the Colorful Choices Challenge.

- 91 participants

Activities at the event included:

- Interactive, educational tables, such as Nutrition Jeopardy and match the fruit/vegetable to it's health benefits
- Light refreshments
- Raffle prize and t-shirt distribution
- Wall of quotes, stories and pictures from the challenge



SFHSS Open House 10/23 – 10/27

The event provided members with the opportunity to explore their benefits options, meet with plan representatives, turn in enrollment forms, and make Open Enrollment changes.

Passports and SFHSS reusable totes were distributed to all participants.

Participants were encouraged to visit at least five tables to be entered into the daily raffles.

- 16 vendors participated in the week-long event
- A total of 680 passports were collected

E-MAIL: _____

DEPARTMENT: _____

BENEFITS FAIR PASSPORT

**SFHSS Open House
First Floor**
October 23-27, 2017 8:00am–5:00pm

1. Visit 5 or more tables.
2. Get your passport signed.
3. Drop off passport at registration.
4. Be entered to win.

Enter to
WIN
a prize!

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

SFHSS.ORG

SFHSS Flu Shot Clinic 10/31, 8:00am-1:00pm

Get your free
FLU SHOT
Don't let the flu bring you down.

OCTOBER 31, 2017
8:00AM - 1:00PM - FLU SHOTS
8:00AM - 5:00PM - OPEN ENROLLMENT

**CATHERINE DODD
WELLNESS CENTER**
1145 Market Street, 1st Floor

Better Every Day. SAN FRANCISCO
HEALTH SERVICE SYSTEM SFHSS.ORG

The SFHSS Flu Shot Clinic was scheduled for the last day in October to coincide with the last day of Open Enrollment, giving members the opportunity to get their flu shot and turn in their enrollment form.

- 169 flu shots (40% increase from 2016)

Maintain, Don't Gain Launch Event 11/3, 10:00am-2:00pm

The launch event provided resources for employees and retirees to stay healthy during the holidays.

- 78 participants attended the event
- 62 people participated in the health screening

Activities at the event include:

- Biometric Health Screenings
- Signup and meet the Wellness Coach
- Self-service BMI & Blood Pressure Machines
- RECHARGE Room
- Set a Goal and Gratitude stations
- Maintain, Don't Gain resource stations



Special Events in December at the Catherine Dodd Wellness Center include:

- 12/4 - 12/29 – Coat Drive
- 12/8 – RECHARGE
- 12/14 – Food Demo: Healthy Holiday Substitutes



Give the Gift of Warmth - Donate Today!

COAT DRIVE

December 4th to 29th

Monday – Friday | 8:00 a.m. – 4:00 p.m.

LOCATION:
Catherine Dodd Wellness Center
1145 Market Street, Suite 100
San Francisco, CA 94103
(415) 554-0643
wellness@sfgov.org

The Wellness Center is collecting clean, reusable adult and children's coats from December 4, 2017 – December 29, 2017. Drop off hours are from Mon-Fri, 8:00 a.m. – 4:00 p.m. You can also donate online <http://www.coatswarmcoats.org/donate/>. All coats collected will be donated to St. Anthony's Foundation <https://www.stanthonyof.org/>.

 One Warm Coat™

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



RESET, RELAX, REFRESH, AND

RECHARGE

December 8, 2017

12:10 p.m. – 12:55 p.m.

The end of the year can be a busy time with work deadlines, family obligations and celebrations. The good news is just a few minutes of breathing and stretching each day can directly improve your emotional outlook and physical well-being. In this seminar, get ready to Reset, Relax, Refresh and RECHARGE. Come and learn how to alleviate the effects of stress at a moments notice by tapping into your inner relaxation response.

LOCATION:
Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103

QUESTIONS? CONTACT:
SFHSS Well-Being Team
(415) 554-0643
wellness@sfgov.org

NO RSVP REQUIRED.

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

FOOD DEMONSTRATION

HEALTHY HOLIDAY SUBSTITUTES



December 14, 2017 | 12:10 – 12:55pm

LOCATION:
Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103

PRESENTED BY: Chef Scott

Join us for a lively and interactive food demo focusing on fall/winter seasonal produce and traditional recipe makeovers. Bring your questions and favorite recipes for ideas how to "lighten" up for both holiday and everyday cooking. Recipes and samples will be provided to participants.

QUESTIONS? CONTACT:
SFHSS Well-Being Team
(415) 554-0643
wellness@sfgov.org

RSVP REQUIRED. SPACE IS LIMITED.
<https://hsshealthyholidayfooddemo2017.eventbrite.com>

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