

DATE: February 11, 2021

TO: Dr. Steven Follansbee, President, Members of the Health Service Board

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: February 2021 Board Report

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

Medical Plan RFP

The SFHSS staff recommendation for the Medical Plan offerings is included in the Health Service Board Agenda February 11, 2021 and was posted on February 5, 2021. A full narrative report is also available.

Reminder: Vendor Black Out Period – Extended

The HSB approved the Vendor Black Out period commenced February 13, 2020. As of 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.

COVID-19 Update (see attached slides)

As you are aware the COVID-19 pandemic continues to impact our communities. SF DPH is the lead agency advising us on precautions to take during these difficult months of the 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. SFHSS and Aon will consider COVID-19 impact on rate negotiations and plan to rely on embedding recent carrier experience observations into our March UHC/BSC and April KP experience presentations, which will also include COVID-19 specific claims and incidence information.

COVID-19 Vaccinations

SFHSS is working with the Department of Public Health and hospital and healthcare providers to develop outreach plans for our members as their priority group becomes eligible for and the vaccine is available at vaccine administration sites in San Francisco. There continues to be variation in how the Bay Area counties are able to administer the available vaccine. SFHSS is updating our websites and the links to City sites frequently. We encourage everyone to remain patient as the scheduling systems work out the bugs. While the vaccine delivery is taking on a more consistent cadence, there is still little advance notice and a shortage of the vaccine in comparison to need/demand.

Racial Equity Action Planning

This update highlights our department's ongoing racial equity work, as well as important updates within the field of diversity and inclusion at the city-wide and national levels.

2021 marks a shift in SFHSS' racial equity work from planning to implementation. This transition involves outlining actionable steps for each initiative and gathering data about the impact that this work has on improving staff programs, policy, and culture. SFHSS submitted a three-year Racial Equity Action Plan to the Mayor's Office, Board of Supervisors, and the Office of Racial Equity; a mandate that all city-wide departments were required to meet. The ORE is currently in the process of reviewing departmental plans through the end of February, at which time they intend to provide feedback and consultation.

Our City is not alone in this work, which is happening on a national scale. An Executive Order was released on January 20th: *On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*. This order outlines a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.

African American History Month pays tribute to the generations of African Americans who struggled with adversity to achieve full citizenship in American society. Conversations about Black representation, identity, and diversity in our nation's history and today are commemorated throughout February. SFHSS is inviting all staff to join the DHRs month-long celebration of achievements, perspectives, and experiences of African Americans that have worked toward greater equality and have been powerful examples of leadership. Black History Month is also an opportunity to celebrate our shared history and interests as colleagues in alignment with SFHSS' core values of *Respect, Inclusivity, and Collaboration*.

Price Transparency Regulatory Update

Hospital Pricing Transparency was written into the Affordable Care Act (ACA). The final rules for the implementation were issued on November 27, 2019, and went into effect on January 1, 2021. CMS requires all hospitals to make the required pricing information accessible to the public online. Hospitals now provide a comprehensive file of their charges for all items and services. Additionally, the hospitals are required to publish an easy to read list of 300 commonly performed services showing their charges, the rate charged for cash-paying patients, the negotiated rates with each of the payers they have contracts, and the highest and lowest negotiated rates.

The Hospital Pricing Transparency rules were created to help patients get an understanding of what items or services provided to them by the hospital would cost. The report helps patients, or in our case, SFHSS members, get a sense of what they may be charged. It should be considered a rough estimate as their actual costs may vary based on factors such as the actual benefits our members have or whether the services are performed together with other services. As we become more familiar with this tool, we will design a presentation to the Health Service Board.

Reference: 1 – Executive Order January 20th: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

Administration Update

SFHSS.org banner is linked to the most current COVID-19 Vaccination as it becomes available.

Legislative Report (see attached slide)

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

SFHSS DIVISION REPORTS: January 2021

PERSONNEL

Recruitments:

- 0931 Operations Manager: Selection in Process
- 1813 Senior Benefit Analyst: Selection in Process
- 1210 Benefit Analyst: Testing in Process
- 0932 Enterprise Systems and Analytics Director: Recruitment Underway

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 working/resources are not available or staff is not available to perform assignments, but HSS got access to resources for all employees before the 2020 Open Enrollment Period.

OPERATIONS

- Our offices remain closed to the public. We currently have three to four staff on-site Tuesdays and Fridays to perform essential work.
- Member Services took over 4898 calls in January. This number is consistent with last year and less than year over year trend. Call topics included retirement, delinquencies, and eligibility in general.
- Working on a staffing plan for Open Enrollment in 2021 and beyond
- Divisional OE meetings/discussions have begun to prepare for Open Enrollment 2021
- Will begin a robust train/re-train for member services staff
- Member Services Lean Huddles to started back up this week

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

- IRS Form 1095-Cs were mailed to individuals this week. As a reminder, not all SFHSS members will receive a 1095-C. SFHSS sends 1095-Cs to employees who worked at least one day in 2020 as the "C" version of the 1095 is meeting our requirement as an employer to demonstrate minimum essential coverage was provided. Your health plans will send you 1095-Bs which show coverage. SFHSS is the health plan for our self-insured medical plans (UHC PPO) and will be sending forms to those individuals as well.
- Several new initiatives are underway. Work commenced on complying with City policy around data management and classification. Work also commenced on internalizing the capability to conduct regular dependent eligibility verification audits.
- SFHSS continues to work on expanding eBenefits. For the 2021 plan year, the focus will be on building out the functionality and onboarding employees of City College of San

Francisco. Additionally, SFHSS has completed modifications to eBenefits to allow for the newly approved IRS allowances for dependent care FSAs due to COVID-19

Communications

- Annual Report – capturing our HSS accomplishments in 2020
- Website – updates to SFHSS.org based on member feedback are coming. Have you seen the smaller banners? We need your help to make our website a better tool.
- Social Media Plan to reach and engage more members
- OE Communications Plan
- RFP/RFQ/RFI for social media management tool, video vendor, virtual fair tool, web development agency, AI/decision tree tool to support Open Enrollment

FINANCE DEPARTMENT

- Compiled analysis of HSS budget for the Controller's Office 6-month budget status report
- Coordinated with all division managers to ensure receivables and invoices completed to prepare for the City-Wide Q1 closing deadline of February 26, 2021
- Processed employer contributions to premiums delayed from the summer months into the Trust
- Budget Planning for FY 2021-22 and FY 2022-23, General Fund Administrative and Healthcare Sustainability Trust
 - Coordinated budget development with COIT and Capital projects process deadlines
 - Conducted at least two rounds of reviews with division managers on budget and staffing requests
 - Compiled General Fund Administrative Budget and Healthcare Sustainability Trust Fund budgets for presentation to the Finance & Budget Committee and Health Service Board
- Initiated Health Plan Rates & Benefits renewal activities

CONTRACTS

- Completed evaluation panel review for Health Plan RFP for the 2022 plan year
- Issued RFP for Benefits and Well-Being videos
- Prepared amendment to agreement with Kanopi for website updates and improvements
- Executed agreement with UHC for PPO benefits for 2021
- Executed amendment with UHC for Medicare Premium Stabilization Reserve account
- Executed agreement with UHC for Medicare Advantage plan for 2021
- Executed letter agreement with Kaiser for Well-Being support and services for 2021
- Executed amendment to agreement for Delta Dental PPO for 2021
- Executed amendment to agreement for DeltaCare for 2021

WELL-BEING (see attached slides)

- Set Up and Go pilot with HSA to launch February
- Mental Health First Aid Workshops will be available to leaders/managers and supervisors starting February
- Department of Emergency Management has met their goal of 95% of their employees downloading the CORDICO Wellness App
- Launched Live Feel Be Better in 2021 campaign
- 10.4% increase in calls to EAP from December to January

Attachments:

Black Out Period Memo
COVID-19 Updates from Health Plans
Legislative Report
ESA Slide
Well-Being Slides

MEMORANDUM

DATE: February 11, 2021
TO: Dr. Stephen Follansbee, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
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 the plan year 2022 and therefore is expected to end in July 2021 after the Board of Supervisors final approval.

SFHSS Specific Data

Cases:	Blue Shield of California (BSC) as of 12/30	Kaiser		UnitedHealthcare (UHC)	
		Non-Medicare as of 1/19	Medicare as of 1/19	Non-Medicare as of 1/25	Medicare as of 1/10
Confirmed	107	NR	NR	94	484
Probable	NR	NR	NR	1	9
Possible	NR	NR	NR	31	22
Total	107	NR	NR	126	515
Test Results:					
Positive	107	2,621	350	19	48
Negative	2,777	34,656	6,648	352	1,307
Inconclusive / Unknown	NR	NR	NR	399	3,299
Total	2,884^[2]	37,277	6,988	770	4,654

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 12/30/2020	Kaiser Non-Medicare as of 2/1/2021	Kaiser Medicare as of 2/1/2021	UHC Non-Medicare as of 1/6/2021	UHC Medicare as of 1/25/2021
Early Rx Refills Available?	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	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)	No copay (no end date on this)	COVID related copays waived through 4/20/2021 Non-COVID related copays waived through 9/30/2020	COVID treatment related copays waived through 1/31/2021 COVID testing related copays waived through 4/20/2021
Tele-Behavioral Health	No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID related copays waived through 1/31/2021
Testing / Diagnostics	Copays waived	Copays waived through 4/21/21 or the last day of the month following the end of the national public health emergency, whichever is later	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 4/20/2021	Copays waived through 4/20/2021

COVID Health Plan Benefit Info (cont.)

	BSC as of 12/30/2020	Kaiser Non-Medicare as of 2/1/2021	Kaiser Medicare as of 2/1/2021	UHC Non-Medicare as of 1/6/2021	UHC Medicare as of 1/25/2021
Treatment	Copays waived for treatment between 3/31/2020 – 12/31/2020	Copays waived through 4/21/21 or the last day of the month following the end of the national public health emergency, whichever is later	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 4/20/2021 Out of Network waived through 10/22/2020	Copays waived through 1/31/2021
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 4/21/21 or the last day of the month following the end of the national public health emergency, whichever is later	Copays waived through last day of the month following the end of the national public health emergency.		Copays waived through 9/30/2020 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	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	

LEGISLATIVE UPDATE FEBRUARY 11, 2021

	Subject	Legislation Title	Activity	Comment
COVID-19 RELATED				
Federal	Surprise Medical Bills	HR 533 A bill to prevent surprise medical bills with respect to COVID-19 testing	Introduced January 28, 2021 and referred to the House Committee on Energy and Commerce; Ways and Means; Education and Labor	A summary is in progress.
Federal	Antibody Treatments	HR 467 A bill to amend the Families First Coronavirus Response Act and the CARES Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage, without cost sharing, of certain COVID-19 antibody treatments.	Introduced January 25, 2021 and referred to the House Committee on Energy and Commerce; Ways and Means; Education and Labor	A summary is in progress.
Federal	Vaccination	HR 330 A bill to direct the Federal Emergency Management Agency to assist States and local governments with the distribution and tracking of vaccines for COVID-19, to direct the Secretary of Health and Human Services to carry out a national program to oversee the collection and maintenance of all Federal and State data on vaccinations of individuals in the United States for COVID-19 to achieve mass vaccination saturation	Introduced January 15, 2021 and referred to the House Committee on Energy and Commerce; Transportation and Infrastructure	A summary is in progress.
Federal	Telehealth	HR 341 A bill to make permanent certain telehealth flexibilities established in response to COVID-19.	Introduced January 15, 2021 and referred to the House Committee on Ways and Means; Energy and Commerce.	A summary is in progress.
SOCIAL DETERMINANTS OF HEALTH				
Federal	CDC Social Determinants of Health Program	S 104 A bill to authorize the Director of the Centers for Disease Control and Prevention (CDC) to carry out a Social Determinants of Health Program, and for other purposes.	Introduced January 28, 2021 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.
House - Judiciary	Housing, Healthcare, Education and Nutrition	H.J.Res. 20 Proposing an amendment to the Constitution of the United States recognizing and securing the fundamental right to life, liberty, and property, which includes housing, health care, education, and nutrition.	Introduced January 28, 2021 and referred to the House Committee on the Judiciary	A summary is in progress.
Federal	CDC Social Determinants of Health Program	HR 379 A bill to authorize the Director of the Centers for Disease Control and Prevention (CDC) to carry out a Social Determinants of Health Program, and for other	Introduced January 21, 2021 and referred to the House Committee on Energy and Commerce	A summary is in progress.
PUBLIC HEALTH AWARENESS				
House - Judiciary	Maternal Health	S.Res. 14 Proposing a resolution designating January 23, 2021, as "Maternal Health Awareness Day"	Introduced January 22, 2021 and referred to the House Committee on the Judiciary	This resolution designates January 23, 2021, as Maternal Health Awareness Day.
BENEFIT DESIGN & ENROLLMENT OPTIONS				
Federal	Primary Care Service Arrangements	S 128 A bill to amend the Internal Revenue Code of 1986 to provide for the treatment of direct primary care service arrangements as medical care, to provide that such arrangements do not disqualify deductible health savings account contributions, and for other purposes.	Introduced January 28, 2021 and referred to the Senate Committee on Finance	A summary is in progress.
Federal	Special Enrollment Periods	HR 526 A bill to provide for special enrollment periods during public health emergencies.	Introduced January 28, 2021 and referred to the House Committee on Energy and Commerce; Ways and Means; Education and Labor	A summary is in progress.

LEGISLATIVE UPDATE FEBRUARY 11, 2021

	Subject	Legislation Title	Activity	Comment
BENEFIT DESIGN & ENROLLMENT OPTIONS CONTINUED				
Federal	Hearing Devices and Systems	S 41 A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, 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	Introduced January 28, 2021 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.
Federal	Hearing Devices and Systems	HR 477 A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, 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	Introduced January 25, 2021 and referred to the House Committee on Energy and Commerce; Education and Labor; Ways and Means	A summary is in progress.
Federal	Mental Health and Substance Abuse	HR 434 To direct the Secretary of Health and Human Services to convene a task force to advise the Assistant Secretary for Mental Health and Substance Use on a national strategy for preventing mental health and substance use crises during a public health emergency, and for other purposes	Introduced January 21, 2021 and referred to the House Committee on Energy and Commerce	A summary is in progress.
Federal	Health Savings Accounts	HR 373 Protecting Individuals and Families Act - A bill to treat certain face coverings and disinfectants as medical expenses for purposes of certain Federal tax benefits [health savings accounts or flexible spending accounts]	Introduced January 21, 2021 and referred to the House Committee on Ways and Means	A summary is in progress.
Federal	Health Savings Accounts	HR 295 A bill to waive high deductible health plan requirements for health savings accounts	Introduced January 13, 2021 and referred to the House Committee on Ways and Means	A summary is in progress.
Federal	Lung Cancer Screenings	HR 238 A bill to amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide benefits for lung cancer screenings for certain individuals without the imposition of	Introduced January 11, 2021 and referred to the House Committee on Energy and Commerce	A summary is in progress.
COST OF CARE				
Federal	Premium Tax Credit	S 30 A bill to set forth a method of determining maximum out-of-pocket limits and annual updates to premium tax credit eligibility under the Patient Protection and Affordable Care Act.	Introduced January 22, 2021 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.
Federal	Premium Cost	HR 369 A bill to amend the Internal Revenue Code of 1986 to improve affordability and reduce premium costs of health insurance for consumers.	Introduced January 19, 2021 and referred to the House Committee on Ways and Means	A summary is in progress.
DATA SECURITY				
Federal	Data Privacy	S 81 A bill to protect the privacy of health information during a national health emergency	Introduced January 28, 2021 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.
Federal	Data Protection	S 24 A bill to protect the personal health data of all Americans.	Introduced January 22, 2021 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.

LEGISLATIVE UPDATE FEBRUARY 11, 2021

	Subject	Legislation Title	Activity	Comment
OFFICIAL NOTIFICATIONS				
Federal	Centers for Medicare & Medicaid Services, Department of Health and Human Services (HHS) Extension	HHS Extends the National Public Health Emergency into April	Effective through April 21, 2021.	The federal government has extended the COVID-19 public health emergency for an additional 90 days, until April 21, 2021. This is the fourth extension of the emergency, which the secretary of the Department of Health and Human Services initially declared on January 31, 2020 (retroactive to January 27, 2020). The secretary could terminate the public health emergency earlier than April 21, 2021 or extend it again. This public emergency declaration is important to health plan sponsors because it determines the period of time during which group health plans and insurers must pay for COVID-19 tests and related services without charging cost sharing. In addition, non-grandfathered plans must cover vaccines in network as a preventive benefit, but during the public emergency must also cover it on an out-of-network basis.
Federal	White House Releases Executive Order	Executive Order 13999: Protecting Worker Health and Safety From COVID-19	Executive Order issued January 21, 2021.	President Biden signed an executive order directing the Occupational Safety and Health Administration (OSHA) to release guidance within two weeks to employers on protecting workers from COVID-19. The executive order requires OSHA to evaluate whether any emergency temporary standards are needed. OSHA has until March 15 to issue emergency standards, which could include mask-wearing in the work place. The order also requires a review of OSHA's enforcement efforts related to COVID-19 and requires the agencies to identify what changes could be made to protect other categories of workers during the pandemic.
Federal	United States Department of Labor, Occupational Safety and Health Administration (OSHA) Releases Guidance	Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace	Guidance posted January 29, 2021.	This guidance is intended to inform employers and workers in most workplace settings outside of healthcare to help them identify risks of being exposed to and/or contracting COVID-19 at work and to help them determine appropriate control measures to implement. Separate guidance is applicable to healthcare (CDC guidance) and emergency response (CDC guidance) settings. OSHA has additional industry-specific guidance. This guidance contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and

LEGISLATIVE UPDATE MARCH 12, 2020

Recent Legislation

	Subject	Legislation Title	Activity	Comment	Sort
FEDERAL AND LEGISLATIVE ACTIVITY					
SURPRISE MEDICAL BILLING					
Federal	Lowering Health Care Costs	S 1895 Lower Health Care Costs Act	Introduced June 19, 2019 in Senate, Assigned to Senate Committee on Health, Education, Labor and Pensions on June 26, 2019, Amended as a substitute bill on July 8, 2019, placed on Senate Legislative Calendar under General Orders. No action on amended bill.	This bill would end surprise billing, reduce high cost of prescription drugs, require transparency, fairness and competition in the health care system, fund America's public health infrastructure, and improve health information technology.	
Federal	Surprise Medical Billing	HR 5800 Ban Surprise Billing Act	Introduced February 2, 2020 and referred to the House Committee on Energy and Commerce, and in addition to the House Committees on Education and Labor, and Ways and Means, and Oversight and Reform	The bill would require a group health plan to provide services without imposing any requirement under the plan or coverage for prior authorization of services or any limitation on coverage that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers and participating insurance providers and participating emergency facilities with respect to such plan or coverage.	
Federal	Surprise Medical Billing	S. 1895 Lower Health Care Costs Act	Introduced June 19, 2019. Placed on Senate Legislative Calendar under General Orders July 8, 2019. No action since July 8, 2019.	This bill would protect patients from surprise medical billing and reduce payments to some health care providers working in facilities where surprise bills are likely, allow some generic or biosimilar drugs to enter the market earlier, impose new rules for insurers' contracts with pharmacy benefit managers and health care providers, increase access to health, cost, and quality information among patients, providers, and insurers, which would create new administrative responsibilities that increase costs for insurers and pharmacy benefit managers.	
MEDICARE					
Federal	Medicare	S 3237 WELL Seniors Act of 2020	Introduced January 28, 2020 and referred to the House Committee on Finance.	The bill would improve the annual wellness visit under the Medicare program.	
Federal	Medicare	S 3238 Preventive Home Visit Act	Introduced January 28, 2020 and referred to the House Committee on Finance.	The bill would provide coverage of preventive home visits under Medicare by establishing a bundled payment amount for a preventive home visit, including any referrals made in connection with the visit.	
MEDICARE RULE MAKING					
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Federal pre-rulemaking process for the selection of quality and efficiency measures for use by HHS public call	In January 2020, HSS initiated new rule making concerning quality and efficiency measures. Comments are due in May 2020.	This bill would fill critical gaps in measurement that align with and support the "Meaningful Measures Framework". The purpose is to improve outcomes for patients, their families and providers while also reducing burden and moving payment toward value through focusing everyone's efforts on the same quality areas. The Meaningful Measures Initiative also helps to identify and close important gap areas of measures, align measures across the continuum of care and across payers, and to spur innovation in new types of measures such as patient reported measures and electronic measures.	
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; etc.	Filed on July 29, 2019 and was published on August 9, 2019. The comment period closes on September 27, 2019. Final rule issued November 12, 2019 with a comment period which has been extended to January 29, 2020. The final rule adopted policies that will continue the advancement of certified EHR technology (CEHRT) utilization, further reduce burden, and increase interoperability and patient access to their health information.	This rule may impact the Medicare rates for 2021 due to the proposed revisions to the Medicare hospital outpatient prospective payment system and the Medicare ambulatory surgical center payment system for CY 2020. In addition, CMS is proposing to establish requirements for all hospitals in the US for making hospital standard charges available to the public and establish a process and requirements for prior authorization for certain covered outpatient department services.	

Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements.	Proposed rule was issued on July 18, 2019 and comments are due by September 9, 2019. Final rule issued November 8, 2019 with a comment close date of December 30, 2019. This final rule with comment period is effective January 1, 2020.	This rule would update the prospective payment system (HH PPS) payment rates and wage index for CY 2020; implement the Patient-Driven Groupings Model (PDGM), a revised case-mix adjustment methodology, for home health services beginning on or after January 1, 2020, implement a change in the unit of payment from 60-day episodes of care to 30-day periods of care, and proposes a 30-day payment amount for CY 2020. Additionally, this proposed rule modifies the payment regulations pertaining to the content of the home health plan of care; allow physical therapy assistants to furnish maintenance therapy; and change the split percentage payment approach under the HH PPS. This may impact the development of the Kaiser and UHC 2021 Medicare plan rates
COST OF DRUGS				
Federal	Orphan Drugs	S. 3271 Fairness in Orphan Drug Exclusivity Act	Introduced February 11, 2020 and referred to the Senate Committee on Health, Education, Labor and Pensions	The bill would limit amend the Federal Food, Drug, and Cosmetic Act with respect to limitations on exclusive approval or licensure of orphan drugs.
Federal	Cost of Prescription Drugs	S. 3166 Prescription Drug Affordability and Access Act	Introduced January 8, 2020, Read twice and referred to the Senate Committee on Health, Education, Labor, and Pensions. No change since January 8, 2020	The bill would lower the cost of drugs for all Americans.
Federal	Drug Pricing, Out-of-Pocket Maximums, Transparency	S. 2543 Prescription Drug Pricing Reduction Act of 2019 to amend titles XI, XVIII, and XIX of the Social Security Act to lower prescription drug prices in the Medicare and Medicaid programs, to improve transparency related to pharmaceutical prices and transactions, to lower patients' out-of-pocket costs, and to ensure accountability to taxpayers, and for other purposes.	Introduced September 25, 2019 and referred to the Senate Committee on Finance. Senate Report 116-120 was issued on September 25, 2019. No action since September 25, 2019.	The bill may impact the UHC MAPD rates. It changes the Medicare Part D program by the removal of the coverage gap, reducing the true out-of-pocket expense, improving incentives to increase negotiation between prescription drug plans and manufacturers, protecting the program from manufacturer drug price increases, and increasing transparency into pharmacy benefit manager (PBM) practices and manufacturer drug pricing decisions.
Federal	Cost of drugs	H. R. 3 Elijah E. Cummings Lower Drug Costs Now Act	Introduced September 19, 2019. Amended by the House Committee on Energy and December 12, 2019 and referred to the House Committee on the House Committee on Energy and Commerce, House Committee on Ways and Means and House Committee on Education and Labor. Passed by House on December 12, 2019. Received in Senate December 16, 2019. No action since December 16, 2019.	The bill would require CMS to negotiate prices for certain drugs (current law prohibits the CMS from doing so). Specifically, the CMS must negotiate maximum prices for (1) insulin products; and (2) at least 25 single source, brand-name drugs that do not have generic competition and that are among the 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest spending under the Medicare prescription drug benefit. The bill also makes a series of additional changes to Medicare prescription drug coverage and pricing. Among other things, the bill (1) requires drug manufacturers to issue rebates to the CMS for covered drugs that cost \$100 or more and for which the average manufacturer price increases faster than inflation; and (2) reduces the annual out-of-
Federal	Cost of drugs	H. R. 3947 Competition Prescription Act To Lower the cost of prescription drugs, and for other purposes,	Introduced July 24, 2019 and referred to the House Committee on Energy and Commerce, and in addition to the House Committees on Ways and Means, the Judiciary, Armed Services, and Oversight and Reform. August 28, 2019 Referred to the House Subcommittee on the Constitution, Civil Rights, and Civil Liberties. No action since August 28, 2019.	This bill would lower the cost of prescription drugs by removing delays in introducing generic drugs to the market and expanding patients access to those low-cost alternative drugs. By introducing more generic drugs to the market faster and increasing access to them, the free market will encourage competition between generic and brand-name drugs.

Federal	Department of Health and Human Services, Office of Inspector	Medicare and State Healthcare Programs, Fraud and Abuse, Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements	Proposed rule was issued on October 17, 2019 and comments are due on December 31, 2019. The rule is still in the proposed rule stage.	The bill would remove potential barriers caused by four key healthcare laws and associated regulations that impact more effective coordination and management of patient care and delivery of value-based care that improves quality or care, health outcomes, and efficiency. The four key healthcare laws and associated regulations: (i) The physician self-referral law, (ii) the Federal anti-kickback statute, (iii) the Health Insurance Portability and Accountability Act of 1996 (HIPAA),[9] and (iv) rules under 42 CFR part 2 related to substance use disorder treatment.
Federal	Drug Pricing, We Protect American Investment in Drugs Act” or the “We PAID Act	S. 2387, A bill to establish a process by which reasonable drug prices may be determined, and for other purposes.	Introduced July 31, 2019 and referred to the Senate Committee on Health, Education, Labor and Pensions. No action since July 31, 2019.	This bill may impact all the SFHSS plans. It requires the establishment of a National Academy of Medicine Study to study how best to determine the reasonableness of a drug’s manufacturer list price and retail price and develop at least 1 framework for determining the reasonableness of a drug’s manufacturer list price and retail price. In addition, the bill establishes a nonprofit corporation to be known as the Drug Affordability and Access Committee to determine a responsible
BENEFITS				
Federal	Access to Primary and Behavioral Healthcare	H. R. 5575 Primary and Behavioral Health Care Access Act of 2020	Introduced January 10, 2020. Referred to the House Committee on Energy and Commerce, and in addition to the House Committees on Education and Labor, and Ways and Means. No change since January 16, 2020,	A bill would 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 requirement.
Federal	Breast Cancer Diagnosis	S 3216 Access to Breast Cancer Diagnosis	Introduced January 16, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions, No change since January 16, 2020.	A bill would prohibit group health plans and health insurance issuers offering group or individual health insurance coverage from imposing cost-sharing requirements or treatment limitations with respect to diagnostic examinations for breast cancer that are less favorable than such requirements with respect to screening examinations for breast cancer.
Federal	Breast Feeding Accommodations	H. R. 5592 PUMP for Nursing Mothers Act	Introduced January 13, 2020. Referred to the House Committee on Education and Labor. No change since January 13, 2020	A bill would expand access to breastfeeding accommodations in the workplace, and for other purposes.
Federal	Protection for pre- existing conditions	H. R. 5479 To protect Americans with pre-existing conditions	Introduced December 18, 2019 and referred to the House Committee on Energy and Commerce No action since December 18, 2019.	The bill states that “No American shall be denied health insurance due to pre-existing conditions”.

AFFORDABLE CARE ACT

<p>United States Department of Health and Human Services (HHS) Office for Civil Rights</p>	<p>Nondiscrimination in Health and Health Education Programs or Activities</p>	<p>On June 14, 2019 HHS proposed "substantial revisions" to regulations implementing ACA Section 1557. The proposal cannot change Sections 1557's protection in the law enacted by Congress but it would significantly narrow the scope of the existing HHS implementing regulations.</p>	<p>In May 2019, the Office for Civil Rights issued a new proposed rule and the comment August 13, 2019. The City submitted public comments. The Trump administration asked the court to postpone a ruling until after the rulemaking process was completed. The government argued that the proposed rule, if finalized, would moot the litigation. The hearing was held September 2019. The judge issued a final judgment on October 15, 2019. In his October 15 opinion, Judge O'Connor stated that the federal government did not cite a compelling governmental interest in the rule's protections based on gender identity and termination of pregnancy. The judge suggested, as an example of a less restrictive alternative that would not violate the Religious Freedom Restoration Act, that the government could instead help individuals find and pay health care providers that offer gender transition and abortion-related procedures. The Supreme Court is considering the scope of Title IX (the basis of 1557's sex nondiscrimination provision) this term. A decision is expected by the end of term (roughly June 2020).</p>	<p>The regulations would: a) eliminate the general prohibition on discrimination based on gender identity, as well as specific health insurance coverage protections for transgender individuals, b) adopt blanket abortion and religious freedom exemptions for health care providers, c) eliminate the provision preventing health insurers from varying benefits in ways that discriminate against certain groups, such as people with HIV or LGBTQ people d) weaken protections that provide access to interpretation and translation services for individuals with limited English proficiency, d) eliminate provision affirming the right of private individuals to challenge alleged violation of Section 1557 in court, obtain money damages, as well as requirements for covered entities to provide non-discrimination notices and grievance procedures.</p>
	<p>Subject</p>	<p>Legislation Title</p>	<p>Activity</p>	<p>Comments</p>
<p>Federal</p>	<p>Internal Revenue Service, Employee Benefits Security Administration, Health and Human Services Department Proposed Rule</p>	<p>Proposed Rule to require groups health plans to disclose cost sharing information</p>	<p>An Executive Order by President Trump was issued June 24, 2019 and was published in the Federal Register on June 27, 2019. The rule was filed on November 27, 2019 with a January 14, 2020 deadline for comments. The rule is still in the proposed rule stage. All components of the rule would be applicable for plan years (or in the individual market policy years) beginning on or after 1 year after the finalization of the rule, except for the MLR provision, which would be applicable beginning with the 2020 MLR reporting year</p>	<p>The rule requires group health plans to disclose cost-sharing information upon request, to a participant, beneficiary, or enrollee (or his or her authorized representative), including an estimate of such individual's cost-sharing liability for covered items or services furnished by a provider. Plans and issuers are to make such information available on an internet website and, if requested, through non-internet means, thereby allowing a participant, beneficiary, or enrollee (or his or her authorized representative) to obtain an estimate and understanding of the individual's out-of-pocket expenses and effectively shop for items and services. The rules also require plans and issuers to disclose in-network provider negotiated rates, and historical out-of-network allowed amounts through files posted on an internet website. The HHS proposes amendments to its medical loss ratio program rules to allow issuers offering group health insurance coverage to receive credit in their medical loss ratio calculations for savings they share with enrollees that result from the enrollee's shopping for, and receiving care from, lower-cost, higher-value providers.</p>

<p>Court Case – US Court of Appeals for the Fifth Circuit</p>	<p>Texas v Azar (United States Affordable Care Act) Appeal decision of lower court that ruled the ACA unconstitutional due to the individual mandate and inability to sever the mandate from the ACA.</p>	<p>In December 2018, a Texas District Court struck down the ACA in its entirety, finding that the 2017 Tax Cuts and Jobs Act, which reduced the penalty associated with the individual mandate to zero, renders the mandate unconstitutional, and invalidates the mandate as unconstitutional thus invalidates the entire ACA.</p>	<p>On July 9, 2019 the US Court of Appeals for the Fifth Circuit heard oral arguments on the District's Court's decision that the individual mandate is unconstitutional and not severable, it would invalidate the ACA and be appealed to the Supreme Court. The Supreme Court has already upheld the ACA as constitutional in NFIB v. Sebelius and King v. Burwell. In December 2019, the U.S. Court of Appeals for the 5th Circuit affirmed the trial court's decision that the individual mandate is no longer constitutional because the associated financial penalty no longer "produces at least some revenue" for the federal government.' However, instead of deciding whether the rest of the ACA must be struck down, the 5th Circuit sent the case back to the trial court for additional analysis. In the meantime, the parties supporting the ACA have asked the Supreme Court to review the case. The Supreme Court will not expedite this decision, which means that, if the Court does take the case, it likely would be argued and decided in the next term and would not be resolved before the 2020 election.</p>	<p>Among other provisions of the ACA, this court case will impact Section 1557 which protects people who have preexisting conditions, prohibits discrimination based on race, color, national origin, sex, age, or disability. It will also impact the pathway for approval of generic copies of expensive biologic drugs.</p>
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Legislative Watch List

<p>Federal</p>	<p>Transparency of drug rebates</p>	<p>S. 2247 A bill to amend Titles XI and XVIII of the Social Security Act to increase transparency of drug manufacturers discounts and establish requirements relating to pharmacy-negotiated price</p>	<p>Introduced July 24, 2019 and referred to the Senate Committee on Finance. No action since July 24, 2019.</p>	<p>This bill would require greater transparency of discounts by drug manufactures and establish requirements relating to pharmacy-negotiated price concessions. The details are pending.</p>
<p>Federal</p>	<p>Cost of Insulin</p>	<p>H. R. 5364 End Price Gouging for Insulin Act</p>	<p>Introduced on December 9, 2019, referred to the House Committee on Energy and Commerce and the House Committees on Ways and Means, Armed Services, Veterans' Affairs, Oversight and Reform and Natural Resources , for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. Referred to House Subcommittee for Indigenous Peoples by the House Committee on Natural Resources on December 18, 2019 and to the to the House Subcommittee on Health by the Committee on Veterans' Affairs on January 14, 2020.</p>	<p>The bill would require the Secretary of Health and Human Services to establish an annual reference price for insulin products for purposes of Federal health programs.</p>
<p>Federal</p>	<p>Transparency</p>	<p>H. R. 4379, To amend the Patient Protection and Affordable Care Act to require qualified health plans to have in place a process to remove from publicly accessible provider directories of such plans providers that are no longer within the network of such plans, and for other</p>	<p>Introduced September 18, 2019 and referred to the House Committee on Energy and Commerce. No action since September 18, 2019.</p>	<p>This bill would require Blue Shield and UHC to have a process to remove providers that are no longer within the network of their respective plan. This process is applicable for each provider listed in a publicly accessible provider directory of such plan that does not submit any claims to such plan for at least a six-month period in a calendar year:</p>

Federal	Transparency	H. R. 5121 To amend title XXVII of the Public Health Service Act and chapter 89 of Title 5, United States Code, to require health insurance issuers to maintain a price comparison tool, and for other purposes.	Introduced on November 15, 2019, referred to the House Committee and Commerce and the House Committee on Oversight and Reform for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. No action since November 15, 2019.	The text of the bill is not available; however, it is expected that this will impact the SFHSS Blue Shield and UHC PPO plans.
		Legislation Title	Activity	Comments
Federal	Surprise Medical Billing	H. R. 4223, To amend the Employee Retirement Income Security Act of 1974 to protect patients from surprise medical bills.	Introduced August 30, 2019 and referred to House Committee on Education and Labor. On September 10, 2019 the Sponsor issued introductory remarks on measure. No action since September 10, 2019.	This bill will be applicable to the UHC PPO. It requires self-insured group health plans to be solely liable for making payments to an emergency services provider for emergency services covered under the plan that are provided to a participant or beneficiary, and such participant or beneficiary shall not be liable to the emergency services provider for any amount for such services other than the applicable copayment, coinsurance, or deductible amount required under the plan for covered emergency services.
Federal	Improving Provider Directories Act	H. R. 4575, a bill to amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to establish a process to address inaccurate information listed in publicly accessible provider directories of such plans and issuers, and for other purposes.	Introduce in House September 27, 2019, and referred to the House Energy and Commerce, House Education and Labor, and House Ways and Means Committee. Referred to the House Subcommittee on Health by the House Committee on Ways and Means on September 30, 2019 and referred to the Subcommittee on Health by the Committee on Energy and Commerce on September 30, 2019.	The bill will require plans to establish a process to address inaccurate information listed in any publicly accessible provider directory of such plan or issuer. The process shall include prominently displaying on each publicly accessible provider directory of such plan or issuer contact information, such as an email address, phone number, or website address, that will allow an individual to notify such plan or issuer of any inaccurate information listed with respect to a provider in such directory; investigate whether such information is inaccurate; and in the case that such plan or issuer determines that such information is inaccurate, correct and update such information in such directory; and submit to the State insurance commissioners of the States in which such plan or coverage, as applicable, is offered, and makes publicly available, an annual report on the number of notifications received during the year involved and the corrective actions taken with respect to such notifications.
Federal		H. R. 4223, To amend the Employee Retirement Income Security Act of 1974 to protect patients from surprise medical bills.	Introduced August 30, 2019 and referred to House Committee on Education and Labor. On September 10, 2019 the Sponsor issued introductory remarks on measure. No action since September 10, 2019.	This bill will be applicable to the UHC PPO. It requires self-insured group health plans to be solely liable for making payments to an emergency services provider for emergency services covered under the plan that are provided to a participant or beneficiary, and such participant or beneficiary shall not be liable to the emergency services provider for any amount for such services other than the applicable copayment, coinsurance, or deductible amount required under the plan for covered emergency services.

Federal		H. R. 4457 Chronic Condition Copay Elimination Act	Introduced on September 24, 2019 and referred to the House Committee on Energy and Commerce, House Committees on Education and Labor, House Committee for Ways and Means. Referred to the Subcommittee on Health by the Committee on Ways and Means on September 24, 2019 and referred to the Subcommittee on Health by the Committee on Energy and Commerce on September 25, 2019.	The bill may impact SFHSS since it will require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for additional preventive care for individuals with chronic conditions without the imposition of cost sharing requirement, and for other purposes. Chronic Conditions are defined as Heart disease, including congestive heart failure and coronary artery disease, diabetes, osteoporosis and osteopenia, hypertension, asthma, liver disease, bleeding disorders, and depression. The criteria is that the item or service is low-cost, there is medical evidence supporting high-cost efficiency, or a large expected impact, of the item or service in preventing exacerbation of the chronic condition or the development of a secondary condition, there is a strong likelihood, documented by clinical evidence, that the item or service will prevent the exacerbation of the chronic condition or the development of a secondary condition that requires significantly higher-cost treatments.
State	Pharmacy Benefit Management Reporting to the California Department of Managed Health Care (DMHC)	Required by AB 315 passed in 2018	The task force met July 31, 2019, September 12, 2019, October 14, 2019 and December 4, 2019. The DMHC's report to the Legislature based on Task Force recommendations is due February 1, 2020. The report is not currently available.	The result of the work of the Task Force will increase the transparency of how pharmacy benefit managers operate and determine if PBMs are serving the best interests of the patients, and not just increase the PBM's bottom line.
State	Change of Gender: Updated marriage and birth certification	California SB 741	Senate Committee on Judicial and Senate Committee on Health hearing was scheduled on July 9, 2019 but it was canceled at the request of the author of the legislation. No actions since July 9, 2019.	The SFHSS workload may increase if this bill is passed.
Federal	Healthcare Insurance Tax	S. 80 Jobs and Premium Protection Act	No action since January 10, 2019 when it was referred to the Senate Committee on Finance.	This bill will repeal the annual fee on health insurance providers enacted by the Patient Protection and Affordable Care Act. Tax is still effective in 2020.
Federal	Healthcare Insurance Tax	H.R. 2447 Jobs and premium Protection Act	No action since May 1, 2019 when referred to the House Committee on Ways and Means, and in addition to the House Committee on Energy and Commerce.	This bill will repeal the annual fee on health insurance providers enacted by the Patient Protection and Affordable Care Act. Tax is still effective in 2020.
Federal	Drug Rebates	H. R. 1034 Phair Pricing Act of 2019	No action since February 7, 2019 when referred to the House Committee on Energy and Commerce, and in addition to the House Committee on Ways and Means.	This bill would amend title XVIII of the Social Security Act to require pharmacy-negotiated price concessions to be included in negotiated prices at the point-of-sale under Part D of the Medicare program.
State	Out-of-Network Coverage	A B 72 Health care coverage, out-of-network	Introduced in the California Assembly December 18, 2014, Signed by the Governor on Sept 23, 2016. Bill challenged by Association of American Physicians and Surgeons in the U.S. District Court. The motion to dismiss was granted the defendant (DMHC) on June 6, 2019.	This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2017, to provide that if an enrollee receives covered services from a contracting health facility, and receives covered services provided by a noncontracting individual health professional, the enrollee would pay the in-network rates.
State	Emergency Hospital Services; Costs	AB 1611, Emergency Hospital Services	No action since referred to the Senate Committee on Health hearing canceled at the request of the author on July 10, 2019.	This bill would require a health care service plan contract amended, or renewed on or after January 1, 2020, to provide that if an enrollee receives covered emergency services from a noncontracting hospital, with certain exceptions, the enrollee will pay the in-network rates.
	Subject	Legislation Title	Activity	Comments
Federal	Funding research on clinical effectiveness of medical treatments	HR 3439 Protecting Access To Information for Effective and Necessary Treatment Act" or the "PATIENT Act".	Introduced June 24, 2019 referred to the House Committee on Ways and Means, and to the House Committee on Energy and Commerce. On June 26, 2019, ordered to be reported as a substitute. No action since June 26, 2019.	This bill would extend the Patient-Centered Outcomes Research Trust Fund (PCORI) and the fee. This may increase premiums.

Federal	Medical billing practices Hospital's balanced billing	H. R. 3630 No Surprises Act. A bill to amend title XXVII of the Public Health Service Act to protect health care consumers from surprise billing practices, and for other purposes.	Introduced July 9, 2019 and referred to the House Committee on Energy and Commerce and the House Committee on Education, referred on July 10, 2019 to the House Subcommittee on Health. On July 11, 2019 House Subcommittee on Health held consideration and mark-up session and then forwarded to the Full House Committee on Energy and Commerce. No action since July 11, 2019.	This bill would end surprise medical bills (balanced billing) and adds third-party arbitration. The bill addresses the market failure at the heart of surprise billing; appropriately uses notice and consent exceptions; and establishing a minimum insurer payment that would likely avoid increasing health care spending relative to the status quo.
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Enterprise Systems & Analytics Report

February 11, 2021

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> • Data management kick-off held 1/19/21. One goal of this initiative will be to classify all HSS data by sensitivity level
VOIP telephony upgrade		<ul style="list-style-type: none"> • DT currently piloting Contact Center “Enterprise” Implementation • Expect two months for confirmation that solution meets all standards in terms of quality, reliability and resiliency • Post pilot HSS will have discovery session with vendor for requirements
Enterprise Content Management System (ECM) Business Insights		<ul style="list-style-type: none"> • 7 cycle time / work-in-progress reports in development • 4 reports design and validation completed
IRS-1095		<ul style="list-style-type: none"> • IRS 1095-C Forms for individuals have been posted • IRS 1095 filing with the IRS is in progress
Dependent Eligibility Verification Audit		<ul style="list-style-type: none"> • Kick-off meeting held 1/15/21 to capture requirements to build internal capability
eBenefits		<ul style="list-style-type: none"> • Configured eBenefits for 2021 IRS allowed changes to Dep Care FSA • Initiated kick-off meeting with Community College San Francisco to onboard their population for Open Enrollment
Covid-19		<ul style="list-style-type: none"> • Working with DHR & HSS leadership to identify City Employees who meet Tier 1B vaccination definitions based on job function • Working with USD to identify employees who meet Tier 1B vaccination definitions based on job function
Social Determinants of Health (SDoH)		<ul style="list-style-type: none"> • Collaborating on pilot analysis • Layering in various data points related to social determinants



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



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



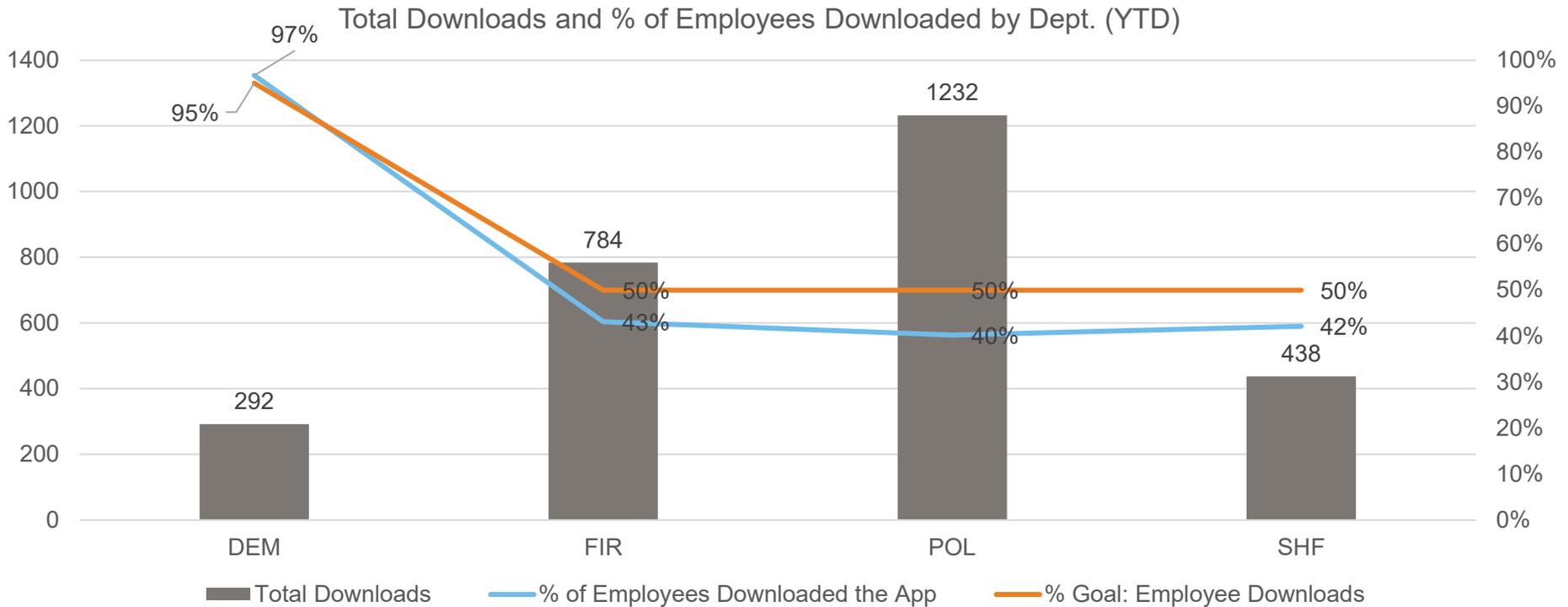
Serious issues. Project most likely delayed or significant budget overrun

Well-Being Monthly Report

Health Service Board Meeting | February 11, 2021

Behavioral Health: Cordico Wellness App

- Total downloads:
 - 2,746 (4.25% increase from December)
 - 112 new downloads in January

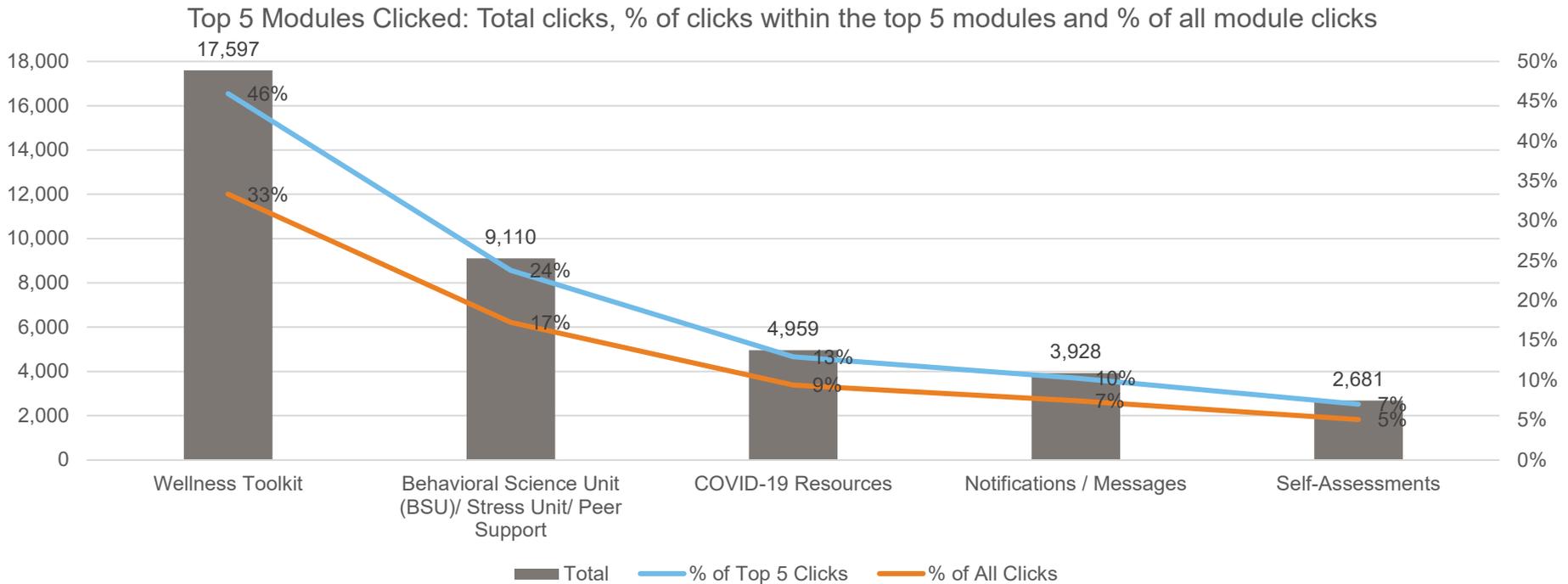


Data represented 5/25 through 1/29/2021

Behavioral Health: Cordico Wellness App

Modules -

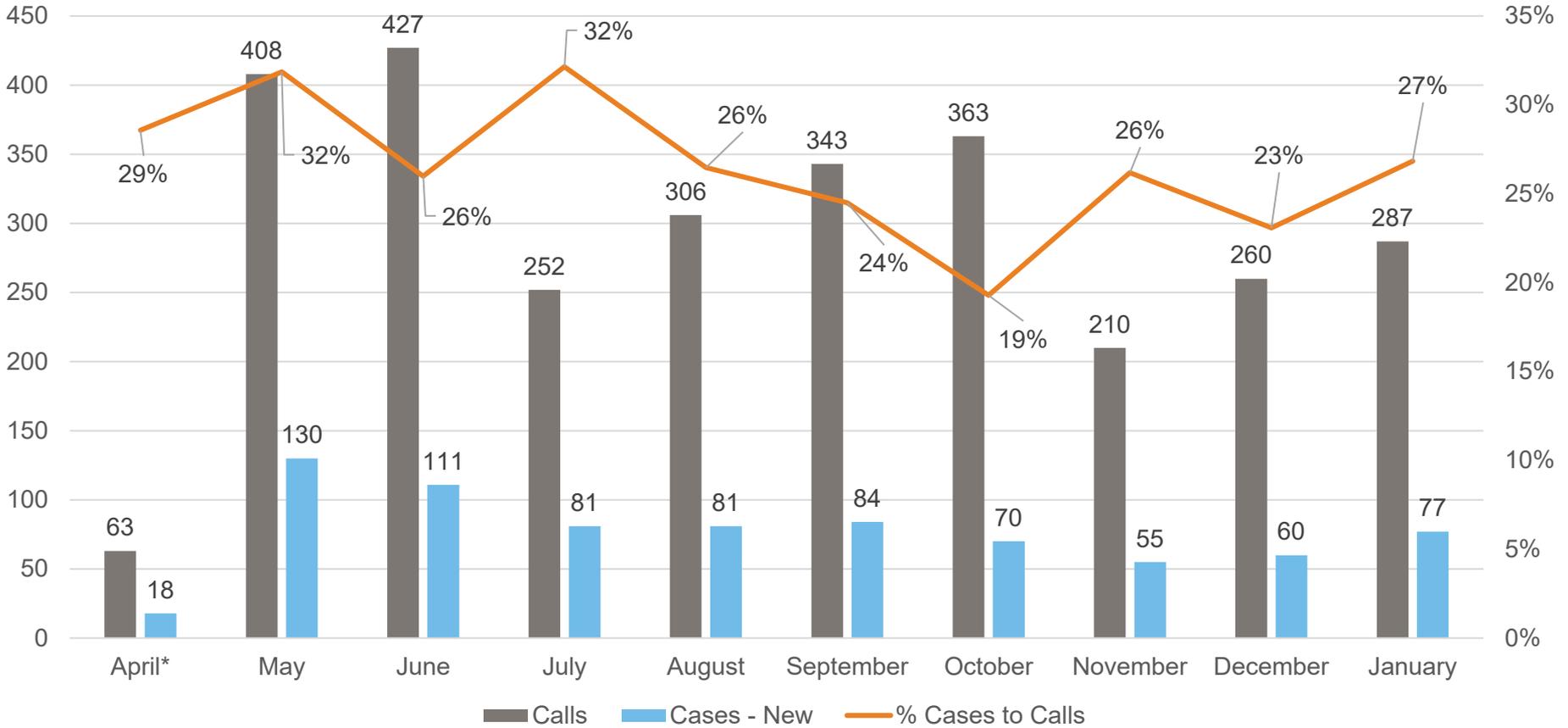
- Total of 52,888 modules clicks YTD
- 72% of all clicks come from the top 5 clicked modules



*Data represented 5/25 through 1/29/2021

10.4% increase in calls from December to January

External 24/7 EAP + SFHSS Internal EAP:
Total Number of Calls, Cases and % Cases



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

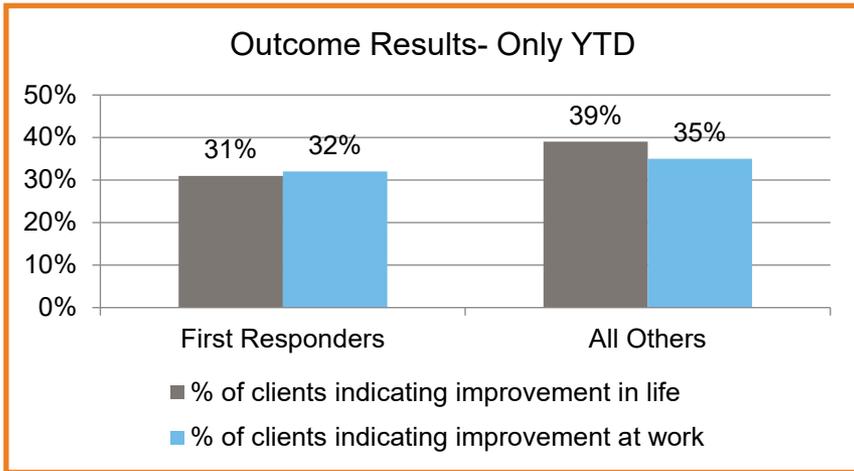
January

- 287 calls total of which 77 became a case
 - 33% are from SFHSS Internal EAP
 - 67% are from External 24/7 EAP

External 24/7 EAP

(Data represents 4/24/2020 through 1/31/2021)

- 2027 calls of which 650 became cases



SFHSS Internal EAP

(Data represents 5/1/2020 through 1/31)

Services

- 222 leadership consultations
- 532 individual consultations
- Responded to 17 critical incidents serving 333 individuals
- Took on 117 new cases