SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

REQUEST FOR PROPOSALS
Health Plans—2022 Plan Year
RFPQ#HSS2020.M1

Results and Recommendation to the Health Service Board

SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

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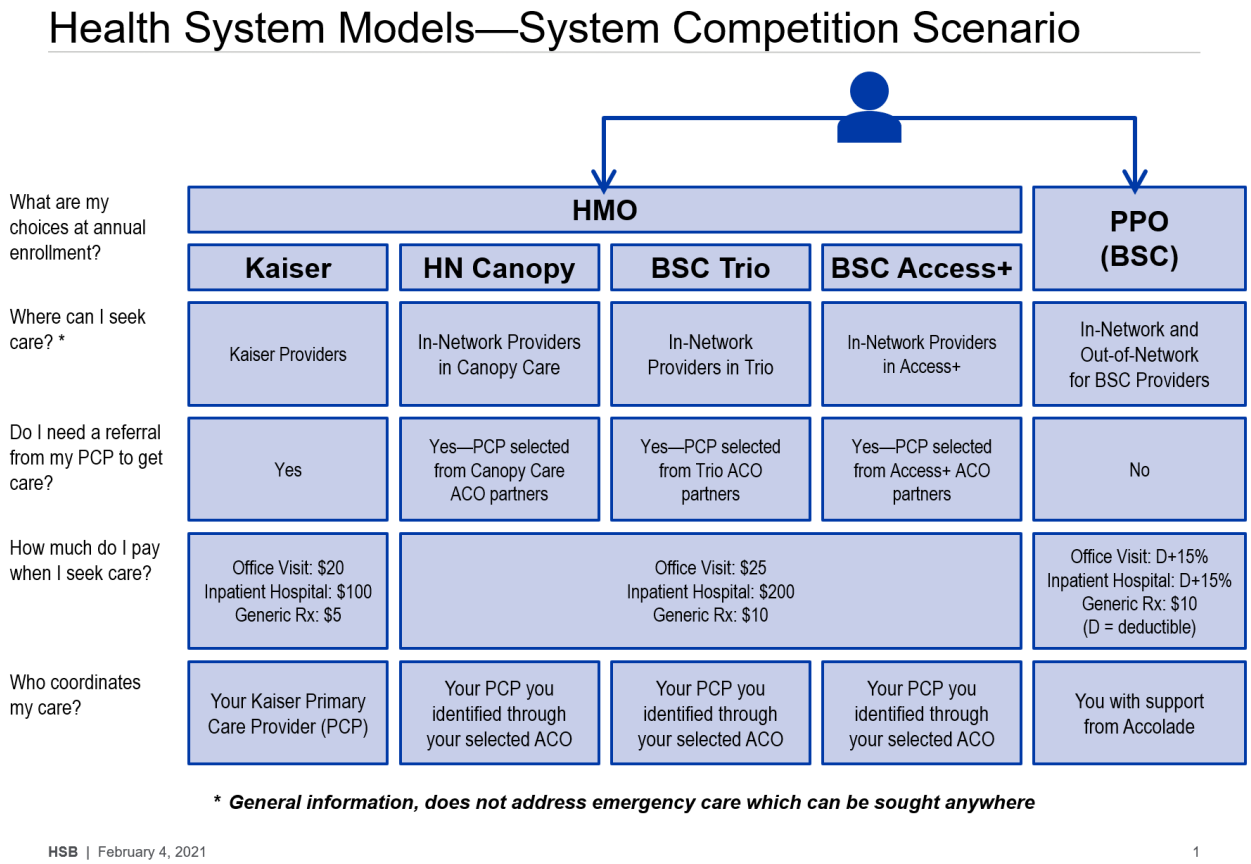
Recommendation for the Health Service Board

1. Approve the following San Francisco Health Service System (SFHSS) plan offerings: the addition of HealthNet Canopy HMO (flex funded) and Blue Shield of California (BSC) PPO with Accolade (self-funded); continue with BSC Access+ and Trio plans for the PY2022; discontinue the United Healthcare PPO plan.

The results of this recommendation expand provider groups to include MarinHealth and Zuckerberg San Francisco General Hospital.

Aon introduced the system competition model to the Health Service Board and adopted the model at the July 2019 meeting as part of a broader market assessment. Based on this model, the SFHSS staff recommendation results in the following:



Health Plans Offering for PY 2022

As a result of the Request for Proposals (RFP) for Health Plans for the 2022 Plan Year (the "RFP"), SFHSS staff recommends the following health plans for SFHSS Members who are active employees, non-Medicare-eligible retirees, and their respective non-Medicare-eligible dependents (collectively, "Non-Medicare Members"):

- Blue Shield of California (BSC) Access+ HMO **(continuing)**
- BSC Trio HMO **(continuing)**
- Health Net Canopy Care (Canopy) HMO **(new)**
- BSC Blue Card Network (national) PPO with Accolade **(new)**
- Kaiser HMO (excluded from the RFP)[i] **(status quo)**

SFHSS will assess and evaluate the need to provide BSC Access+ in 2023, following a coordinated and sustained effort with SFHSS carriers and provider partners throughout 2021 to include additional Sutter Health facilities – currently only available under Access+ – under the Trio HMO and/or Canopy HMO, for the 2023 plan year.

The health plans listed above received the highest total scores by the expert panel of RFP evaluators, and met or exceeded the RFPs comprehensive scope of benefits, services and standards.

The recommended combination of plans for PY2022 also meets the objectives of the RFP, mitigates Member disruption, advances SFHSS strategic goals, and best positions SFHSS, the Health Service Board and our Members to address current needs, including social determinants of health, and the administration and provision of sustainable, comprehensive, high-value benefits to all Members

Financial Impact

The financial impact of the competitive bid process was substantial.

- $16M projected overall cost savings for three-year RFP period (2022-2024) through a combination of administrative fee reductions, and a shift in Rx rebate cost share percentage in SFHSS favor – $14M to employers and $2M to active employees/early retirees based on MOU/City Charter contribution sharing formulas
- Further cost savings anticipated with introduction of Health Net Canopy as members can now choose another focused HMO with deeper levels of provider risk sharing via capitation
- Nominal cost change for new PPO administrator, though potential exists to markedly improve member health and lower plan claims into the near term via improved utilization of health care services with the introduction of Accolade for member decision support and clinical advocacy

Medicare

The recommended plans and the RFP have no effect on the current SFHSS Medicare-eligible Member population or their available plans (Kaiser Permanente Senior Advantage and UnitedHealthcare MAPD).

RFP Objectives and Accomplishments

The objectives of the RFP were met as described below.

Objectives	Accomplishments
Create competition between carriers, plans and integrated delivery systems for Members and promote **value-based payment** over fee-for-service models for Members	**Establishes an opportunity for competition** between BSC Trio, Health Net Canopy, and Kaiser HMO plans in 2022-2024
Partner with **quality care** focused organizations	BSC, Health Net, and Kaiser are all **NCQA accredited** and are **board members of the Integrated Healthcare Association,** which focuses on providing standardized, quality-based metrics
Improve **Member choice** among HMO plans with integrated delivery systems	**Expanded member choice among carriers, plans and provider groups** by including Canopy network which add MarinHealth and Zuckerberg San Francisco General Hospital. The Canopy network is moving rapidly towards an integrated network.
Secure a sustainable PPO plan option and improve support for SFHSS and enrolled Members	**Improved clinical support and advocacy** for our high cost, high risk PPO population through BSCs partnership with Accolade which assigns each Member a Registered Nurse and Health Assistant to navigate the highest value care options available. Allows for member movement within products with a single carrier. May afford option to migrate from PPO to HMO is some cases.
Strengthen our HMO services, benefits, and Member support	The recommended Respondents distinguished their proposals through the acceptance and expansion of comprehensive, detailed, and thoroughly **expanded services, support, initiatives, and requirements for a diverse member population**[ii]**,** including RFP Sections: 5.7.16.5 Support of Primary Care Physician Practice Models (BSC and HN confirmed); 5.7.16.7 Attention to Whole Person Care; and 5.7.16.8 Closing Gaps in Health Care Related to Racial Inequities and Social Determinants of Health (BSC, HN, UHC confirmed) – including SDoH; HN also incorporates ACEs, and focus on trauma-informed care models

Advance **whole person health and well-being** for our Members	Integrated behavioral health partners, clinical support, and new strategic partnerships with **improved access to care, care management and coordination** for the SFHSS Member community and at-risk populations
Manage future risk scores and costs through innovation and transparency	**Fixed cost savings from reduced fees and pharmacy rebates** including improved transparency, reporting, IHA metrics, and renewed emphasis on quality, without relying on reductions in large claim pooling or any assumptions or improvements in Member behavior or claim experience expected through the addition of Accolade
Ensure **minimal Member disruption** in the 2022 and 2023 plan years	Retaining **Access+ HMO in PY2022,** and **directly spearheading the retention of Asian American Medical Group, additional Sutter Health facilities, and the Palo Alto Medical Foundation** in SFHSS HMO networks in 2023 through BSC Trio and/or Health Net Canopy[iii]

Panel Selection and Scoring Rubric

The RFP evaluated Respondents and their proposed health plans across six (6) overarching categories.

SFHSS carefully vetted, assembled and convened a panel of six experts, comprised of an equal number of internal SFHSS and external subject-matter experts, with cross-disciplinary health benefits, integrated delivery, behavioral health, diverse populations, health information technology, financial, rate-setting, clinical and operational experience, to fully review, assess, discuss, and debate the RFP responses. The panel included experts from Bay Area municipal health benefits administration agencies, and a former chief medical officer for the health insurance marketplace for the state of California.

Over three months, eighteen separate meetings, and four oral interviews, the evaluation panel assessed and scored the responses to the RFP questionnaire, graded the extent to which each proposed plan and Respondent accepted, expanded on, and adhered to the RFP scope; calculated the degree of disruption from specific plans and combinations thereof; and reviewed the relative financial strength and financial proposals and projections for the three plan years.[iv]

The following table represents the six overarching RFP scoring categories:

Scoring Rubric

Category	Description	Points
Questionnaire	Strength and comprehensiveness of each responses to the RFP questionnaire, including standard questions for all Respondents, plan and network-specific questions, and pharmacy questions.	400
Financial	The relative strength of each financial proposal (rates, fees, discounts, rebates, sustainability) calculated by projected costs over PY2022 – PY2024 for each HMO proposal and each PPO proposal using current plan enrollments.	300
Non-Financial	SFHSS identified and described twelve (12) principal categories of work and 114 underlying scope of work elements, terms and conditions within Section 5.7 of the RFP. Respondents were evaluated based on their confirmation (or acceptance), modification (expansion or reduction), or rejection of each service level, benefit, and negotiable or non-negotiable requirement	250
Oral Interviews	The Evaluation Panel evaluated the strength of each Respondents' answers to three comprehensive questions at their oral interview, conducted between January 5th and January 7th[v].	250
Alignment with SFHSS and Member Needs	Alignment of each proposed plan with the SFHSS and Member needs described throughout the RFP, including, but not limited to, broad acceptance of SFHSS administrative requirements, degree to which Respondent would be an active, flexible and cooperative partner with SFHSS from annual renewals to day-to-day operations, lack of or proposed strategy for minimizing member disruption (outside of pharmacy and geographical access), addressing solutions for the SFHSS Member population respective to current plan-type preferences (e.g. understanding that a growing percentage of our population, currently at approximately 97%, prefers an HMO model and that a majority of that population prefers the Kaiser integrated system model).	200
Disruption	Relative degree of member, network, benefit, and pharmacy disruption (Rx - 50 points, benefit/geographical access - 50 points) for each proposed network compared to current SFHSS HMO and PPO plans.	100

The aggregate final scoring by the Evaluation Panel across the six scoring categories is attached herein as Appendix A; the scores of the selected plans are summarized below.

Plans Selected

Plan Name	Key Elements	Score (out of 1500)
BSC Trio HMO	• Highest scoring plan with 84.7% of the total available points, second highest flex-funded HMO plan (behind Access+) • Integrated model which provides direct competition with Kaiser and Health Net Canopy Care (Canopy) and create more choice for SFHSS Members • Cost savings without reductions to current Member services, administrative support, and benefits • Promotes value-based payment model through use of capitation for physician-led medical care services, and cost target methodology that includes ACO physician/facility partner risk sharing linked to financial goal and quality goal attainment • In-depth understanding and acceptance of required scope of work, and recognition of the ongoing need for comprehensive, high-value health benefits and services for SFHSS Members • Key strategic partnerships, expansion of benefits and access to benefits, and targeted whole person health and wellbeing • Acceptance of key operational, data, and administrative elements necessary for a cooperative and strategic partnership • Transparent approach, awareness of current issues, concrete plans for overcoming obstacles • Accepts SFHSS innovations, data sharing, collaboration, and increased transparency to manage future risk and claim costs • Lower administrative fees for PY2022 than PY2021, full pharmacy rebate passthrough for PY2022 • No member disruption for the approximately 12,000 members now enrolled in Trio, as well as an alternative option for approximately 16,000 Access+ members (or 70% of total Access+ members) now utilizing physicians in the Trio provider network	1270.71 (fully funded); 1250.71 (flex funded)

BSC Access+ HMO	• Second highest ranked HMO plan, highest flex-funded HMO plan; 83.9% of total • No disruption for PY2022 for Members currently enrolled; incentive to include more Access+ provider groups within Trio by PY2023 • In-depth understanding and acceptance of required scope of work, and recognition of the ongoing need for comprehensive, high-value health benefits and services for SFHSS Members • Key strategic partnerships, expansion of benefits and access to benefits, and targeted whole person health and wellbeing • Acceptance of key operational, data, and administrative elements necessary for a cooperative and strategic partnership • Transparent approach, awareness of current issues, concrete plans for overcoming obstacles • Accepts SFHSS innovations, data sharing, collaboration, and increased transparency to manage future risk and claim costs • Lower administrative fees for PY2022 than PY2021, full pharmacy rebate passthrough for PY2022	1258.84 (flex funded); 1237.34 (fully funded)
Health Net Canopy HMO	• Third highest ranked HMO plan (behind Trio and Access+); 82.3% of total • More favorable Financial score (254 out of 300) than flex funded BSC Access+ (197.5), comparable to Trio flex-funded financial score (260) • Provides access to MarinHealth and Zuckerberg San Francisco General Hospital • Provides overlapping coverage and options for Members with at least twelve (12) major Bay Area provider groups covered in full or in part by BSC Trio • Integrated model which provides direct competition with Kaiser and BSC Trio HMOs creating more choice for SFHSS Members • Promotes value-based payment model through significant use of capitation for physician, facility, and other network provider-delivered medical services, as well as rigorous quality measurement • In-depth understanding and acceptance of required scope of work, and recognition of the ongoing need for comprehensive, high-value health benefits and services for SFHSS Members • Key strategic partnerships, expansion of benefits and access to benefits, and targeted whole person health and wellbeing • Acceptance of key operational, data, and administrative elements necessary for a cooperative and strategic partnership • Transparent approach, awareness of current issues, concrete plans for overcoming obstacles • Cost savings without reductions to current Member services, administrative support, or benefits • Innovations, data sharing, collaboration, and increased transparency to manage future risk and claim costs	1234.26 (flex funded)

BSC Blue Card Network PPO with Accolade	• Highest ranked PPO; 83.0% of total available points • Administration of same benefits as incumbent Respondent UnitedHealthcare • Addition of Accolade providing our highest cost and highest risk population with the highest levels of service, guidance and navigation, advocacy, and clinical care • Registered Nurse or Health Assistant to assist every PPO Member with specific events or answer any healthcare and benefits questions 24/7 • Increased collaboration and partnership with a carrier who oversees only 3% of our overall Non-Medicare population (current situation with UnitedHealthcare PPO), • Projected optimized cost savings within our most high-cost population and increased ROI in Years 1 through 3 • Target our highest risk population with the highest levels of service, navigation, advocacy and clinical support.	1245.64 (self-funded)

Plans Not Selected: PPO

Only Blue Shield of California with Accolade PPO was selected because Members would not benefit from multiple PPO plans given in-network providers are nearly identical across carriers.Through the recommendation to have Blue Shield of California (in partnership with Accolade) administer and support the self-funded PPO plan, while maintaining and/or improving current service levels (such as providing every PPO member with access to dedicated clinical support and a trusted Health Assistant and Registered Nurse), SFHSS will:

- increase collaboration and partnership with a carrier who oversees more than approximately 3% of our overall Non-Medicare population
- optimize cost savings within our most high-cost population
- target our highest risk population with the highest levels of service, navigation, advocacy, and clinical support

Plans Not Selected: HMO

The Evaluation Panel did not select the Anthem HMOs, the Health Net Standard HMO, and the UHC Doctor's Plan for the following reasons:

- they scored lower than the recommended plans
- the more developed partnership between Canopy and Health Net (the Canopy Care HMO) was selected over the less developed UHC Doctors Plan EPO partnership with Canopy
- the more integrated and provider focused Canopy HMO was selected over Health Net's Standard HMO
- the Anthem HMOs did not capture the scope of work, terms, and requirements of the RFP, while BSC and Health Net accepted them almost entirely and expanded on several requirements

Support for the Recommendation: Financials

Flex-Funding Non-Kaiser HMOs and Self-Funding the PPO

In evaluating Respondents' financial proposals, the Evaluation Panel determined that remaining Flex Funded for non-Kaiser HMO plan(s), and Self-Funded for the PPO plan, allowed SFHSS to immediately benefit from cost reductions flowing from plan management initiatives. While some fully-insured quotations came with Year 2 / Year 3 not-to-exceed caps on increasing rates, not all fully-insured quotations proposed similar caps. Thus, the Evaluation Panel discussed maintaining existing funding strategies for the plans covered within this RFP to enhance near-term plan financial sustainability.

Differentiating Financial Scoring for Recommended Plans

Subsequently, the Evaluation Panel evaluated the degree of commitment to capitation/risk sharing in HMO provider financial models, as well as incentives in place through Respondent HMO models, to reward provider partner cost and quality performance. These and other factors[vi] led to an overall scoring result that placed the recommended Blue Shield and Health Net plans at higher overall scores than Anthem and United Healthcare plans.

Forecasted Savings from RFP

In any RFP process, a key goal is to generate financial savings through the RFP process, relative to would-be program spend anticipated in the years covered by the RFP under a status quo renewal processes. We are pleased to report expected non-Medicare medical and prescription drug plan savings anticipated for the three-year period covered by the RFP of approximately $16M total spend by having performed this RFP process, derived from two sources:

- lower per employee/retiree per month administrative fees than currently in place for SFHSS PPO and non-Kaiser HMO plans;
- an increase in the percentage sharing of pharmacy rebates kept by SFHSS versus shared with health plan partners.

Anticipated savings based on incumbent plan quotations for each of the next three years as well as in aggregate ($M), based on existing plan headcount remaining constant over the next three years are set forth in the table below:

$ Million	PPO	Non-Kaiser HMO	Combined
Total Savings			
o 2022	$0.4	$4.7	$5.1
o 2023	$0.4	$5.0	$5.4
o 2024	$0.4	$5.4	$5.8
o Three-Year	$1.2	$15.1	$16.3
Employee/Early Retiree Savings			
o 2022	$0.1	$0.5	$0.6
o 2023	$0.1	$0.5	$0.6
o 2024	$0.1	$0.6	$0.7
o Three-Year	$0.3	$1.6	$1.9
Employer Savings			
o 2022	$0.3	$4.2	$4.5
o 2023	$0.3	$4.5	$4.8
o 2024	$0.3	$4.8	$5.1
o Three-Year	$0.9	$13.5	$14.4

Savings based on comparison of current administrative fees trended 2% annually through 2024 to incumbent Respondent administrative fee quotations for 2022-2024, as well 6% annual trend in prescription drug rebate levels applied to difference between current and proposed pharmacy rebate sharing percentages.

Additional Incremental Projected Savings from Recommended Plans

In addition to the calculated savings above from lower administrative fees and improved pharmacy rebate sharing as a result of this RFP, incremental SFHSS non-Medicare health plan savings are expected from the health plans the Evaluation Panel has recommended. These gains are driven by an anticipation that some current BSC Access+ plan members will migrate to the Health Net Canopy plan, as well as elimination of the BSC Access+ plan in 2023 as current Access+ members would be expected to migrate to the BSC Trio and Health Net Canopy plans. The table below illustrates a range of estimated financial projections for incremental savings to migrate from current plan offerings to the plan combinations presented in the SFHSS staff Recommendation. Please note that this data assumes a conservative migration into Canopy of: (i) five percent of the current Access+ population; and (ii) five percent of the current Trio population:

	Plan Year 2022
BEST ESTIMATE - Low Range	
o Plans Offered	BSC PPO, BSC Access+, BSC Trio, Health Net Canopy
o Enrollment Distribution Assumed	
-- PPO	• All UHC PPO --> BSC PPO
-- HMO	• 5% now in Access+ --> HN Canopy • 95% now in Access+ stay in Access+ • 5% now in Trio --> HN Canopy • 95% now in Trio stay in Trio
o Savings Versus Incumbent Baseline	
-- Total Savings	$96,000
-- Member Share	($33,000)
-- Employer Share	$129,000
BEST ESTIMATE - High Range	
o Plans Offered	BSC PPO, BSC Access+, BSC Trio, Health Net Canopy
o Enrollment Distribution Assumed	
-- PPO	• All UHC PPO --> BSC PPO
-- HMO	• 10% now in Access+ --> HN Canopy • 90% now in Access+ stay in Access+ • 10% now in Trio --> HN Canopy • 90% now in Trio stay in Trio
o Savings Versus Incumbent Baseline	
-- Total Savings	$593,000
-- Member Share	$21,000
-- Employer Share	$572,000

Future Objectives and Unrealized RFP Opportunities

Provider Gaps

While more integrated systems from Health Net (Canopy) and Blue Shield of California (Trio) provide additional choices and competition to the existing Kaiser HMO plan, the RFP failed to produce a standalone proposal from Sutter Health Plus. While Sutter Health met the requirements to bid, and the required pre-proposal deadlines for their Notice of Intent to Bid and Conflict of Interest Disclosure Statement, Sutter Health Plus ultimately and formally withdrew from the RFP on October 20, 2020.

As a result, while Sutter physicians and facilities are prominent within the BSC Access+ Network, only a limited set of Sutter facilities are in-network for BSC Trio today. These facilities include five California Pacific Medical Center facilities in San Francisco, Alta Bates/Summit Medical Center campuses in Oakland/Berkeley, and Eden Medical Center in Castro Valley. The Palo Alto Medical Foundation (PAMF) physicians and the Asian American Medical Group (AAMG) are not currently part of the Trio network.

BSC Access+ stands out given the network contains most Bay Area provider groups/systems.

Employees and Early Retirees living in the Hetch Hetchy/Tuolumne County area geography can currently select the UHC PPO plan. Starting in 2022, the available plan will change to the BSC PPO with Accolade. SFHSS staff will work with our HMO plan providers to explore potential to bring key health systems in the Tuolumne County and surrounding area into HMO plan offerings to potentially be able to expand service area availability of one or more SFHSS HMO plans into these communities.

Pathway to Addressing Provider Gaps

To address the provider gaps as a result of Sutter Health Plus decision not to submit an RFP bid, over the next year SFHSS recommends that staff:

- Follow the advice provided by Sutter Health in their RFP intent to bid withdrawal letter to explore future opportunities for partnering with respect to the Sutter clinicians. (EN) See Notice of Withdrawal from Sutter Health to SFHSS, dated October 20, 2020.
- Work with our partners at BSC to expand Provider Group options, including Sutter in particular, under the Trio HMO plan
- Report our progress to the Health Service Board at each public meeting
- Uncover Member reasons for choosing Access+ to determine best way to meet their needs during possible plan migration

- Commence targeted outreach in advance of Open Enrollment to educate members about the advantages of the available choices
- Collaborate with carriers to promote their plans
- Educate and train Benefit Analysts to guide members to the best plan for their situation

Conclusion:

Based on the summary of results above the two recommendations are as follows:

1. Approve the following San Francisco Health Service System (SFHSS) plan offerings: the addition of HealthNet Canopy HMO (flex funded) and Blue Shield of California (BSC) PPO with Accolade (self-funded); continue with BSC Access+ and Trio plans for the PY2022; discontinue the United Healthcare PPO plan.

Appendix A: Aggregate Final Scoring by the Evaluation Pane

The following list includes all final aggregate scores of each of the nineteen (19) plans (including various funding models) proposed by the four (4) Respondents to the RFP by the Evaluation Panel.

Rank	Respondent	Plan	Type	Funding	Score
1	Blue Shield of California	Trio	HMO	Fully Insured	1270.71
2	Blue Shield of California	Access+	HMO	Flex Funded	1258.84
3	Blue Shield of California	Trio	HMO	Flex Funded	1250.71
4	Blue Shield of California	Blue Card Network (w/ Accolade)	PPO	Self-Funded	1245.64
5	Blue Shield of California	Access+	HMO	Fully Insured	1237.34
6	Health Net	Canopy	HMO	Flex Funded	1234.26
7	Blue Shield of California	Blue Card Network	PPO	Self-Funded	1218.46
8	Health Net	Standard	HMO	Flex Funded	1125.14
9	UnitedHealthcare	Choice/Choice Plus	PPO	Self-Funded	1118.29
10	Anthem	Blue Card	PPO	Fully Insured	1064.49
11	UnitedHealthcare	Select/Select Plus	PPO	Self-Funded	1041.04
12	UnitedHealthcare	Doctors Plan	EPO	Self-Funded	1025.29
13	Blue Shield of California	Blue Card Network	PPO	Fully Insured	1015.71
14	Anthem	Blue Card	PPO	Self-Funded	1006.49
15	Anthem	Blue Connection	EPO	Self-Funded	975.74
16	Anthem	Blue Cross	EPO	Self-Funded	949.99
17	Blue Shield of California	Tandem	PPO	Fully Insured	918.21
18	Anthem	Blue Connection	HMO	Fully Insured	893.24
19	Anthem	Blue Cross	HMO	Fully Insured	855.74

Appendix B: Comparison of HMO Covered Provider Networks

The following is a comparison of available provider groups across key proposed HMO networks by the RFP Respondents.

Provider Group	BSC Access+	Anthem Blue Connection	BSC Trio	HN Canopy Care	UHC Doctors Plan
Adventist Health (Sonora)	No	No	No	No	No
Alameda Health System	Yes	No	Yes (Alameda Hospital)	Yes	Yes
Asian American Medical Group	Yes	Yes	No	No	No
Brown and Toland Medical Group	Yes	No	Yes (SFHSS only)	No	No
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes	Yes	Yes	Yes	Yes
Dignity Physicians Medical Group	Yes (Santa Cruz)	Yes	Yes (Santa Cruz)	Yes (Dominican - Santa Cruz)	Yes, Specific to Santa Cruz and San Mateo (Sequoia Medical Group) and San Francisco Counties
El Camino Hospital	Yes	Yes	Yes	No	No
Good Samaritan Hospital	Yes	Yes	Partial (Santa Clara and LA Only)	Yes	Yes
Hill Physicians	Yes	Yes	Yes	Yes	Yes
John Muir Physician Network	Yes	Yes	Yes	Yes	Yes
MarinHealth	No	No	No	Yes	Yes
Meritage	Yes	Yes	Partial (Marin Only)	Yes	Yes

Provider Group	BSC Access+	Anthem Blue Connection	BSC Trio	HN Canopy Care	UHC Doctors Plan
San Jose Regional Medical Center	Yes	No	Yes	Yes	Yes
San Ramon Regional Medical Center	Yes	No	Yes	Yes	Yes
Santa Clara Valley Medical Center	Yes	No	Yes	No	No
SCCIPA	Yes	Yes	Yes	Yes	Yes
Stanford Hospitals and Clinics	Yes	No	Yes	No	No
Sutter Health System					
o Alta Bates/Summit campuses	Yes	No	Yes	No	No
o Amador Campus	No	No	No	No	No
o California Pacific Medical Center (CPMC)	Yes	No	Yes (SFHSS only)	No	No
o Eden Medical Center (Castro Valley)	Yes	No	Yes	No	No
o Palo Alto Medical Foundation	Yes	No	No	No	No
o Rest of Sutter Health System	Yes	No	No	No	No
UCSF Health					
o Benioff Children's Hospital	Yes	Yes	Yes	Yes	Yes
o Sonoma Valley Hospital	Yes	Yes	Yes	Yes	Yes
o UCSF Medical Center	Yes	Yes	Yes	Yes	Yes
Washington Hospital	Yes	Yes	Yes	Yes	Yes
Zuckerberg San Francisco General Hospital	No	No	No	Yes	No

Appendix C: Addendum and Questions and Answers during the RFP

- Addendum No. 1 (issued on September 23, 2020)
- Addendum No. 2 (issued September 25, 2020)
- Addendum No. 3 (issued October 1, 2020)
- Addendum No. 4 (issued October 8, 2020)
- Addendum No. 5 (issued October 21, 2020)

(available at https://sfhss.org/RFPs)

[i] The Kaiser HMO was excluded from the RFP to avoid disruption in 2022 for the 56,124 Members enrolled in Kaiser as of January 1, 2020 and promote competition with Kaiser in the responses to the RFP.
[ii] Of the over 220 highly detailed services, benefit levels, and technical and administrative requirements within the RFP, over half reflected a material improvement in service from existing HMO services (RFP pp. 24-28 and 62-94, Section 2 – Categories of Work and Section 5.7 – Scope of Work).
[iii] Neither Sutter Health nor the Chinese Community Health Plan (CCHP) submitted a proposal in response to the RFP. Sutter Health responded with a notice of intent to bid and later withdrew their submission (to-date) on the proposal within the online submission platform.
[iv] SFHSS has prepared a detailed description of the extensive background, preparation, collaboration and detailed proceed for the RFP, available at https://sfhss.org/RFPs.
[v] UnitedHealthcare (1/5/2021 10-11AM); Health Net (1/5/2021 1-2PM); Anthem (1/6/2021 11AM-12PM); BSC (1/7/2021 1:30-2:30PM).
[vi] Aggressive financial proposals from Anthem and UnitedHealthcare were offset by a diminution of services, caveats or restrictions to essential elements, terms and condition, or restricted geographical, medical group and hospital access, resulting in lower scores within the other five overarching RFP scoring categories.