

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

MEMORANDUM

DATE: March 8, 2018
TO: Randy Scott, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: February 2018 Board Report

Highlights:

2017 Data and Innovation Award

The SFHSS project on *Implementation of the Split Carrier Requirement* was selected as a winner for the 2017 Data and Innovation Awards for the category of Mission Impossible. The award was presented at a ceremony at City Hall on March 2, 2018. Please join me in Congratulating Marina Coleridge for leading the team and taking the initiative to submit the application and to the entire team for their efforts in making this endeavor a success.

Transition

The SFHSS leadership team and staff have welcomed me with open arms since my first day on February 12, 2018. I am impressed with the dedication and quality of the work produced by the entire team. I am most grateful for the highly professional support I have received from Mitchell Griggs who has led the department over the last year.

Strategic Plan

The SFHSS Strategic Plan covered the period of 2015-2017. The department continues to reference the goals as guideposts for our work until a new strategic plan is developed. I will present our plan for preparing a new Strategic Plan at the April 2018 Board meeting.

UHC/City Plan

Staff is working with AON to fully understand the drivers impacting the viability of the United Healthcare Plan (aka City Plan.) Several presentations are slated for the April Board meeting. To be discussed are the out of area employees, self-selection of high cost members and spend down of stabilization funds. These drivers must be addressed to ensure viability of the plan.

Actuarial and Consulting Services Request for Proposals

The RFP was issued on Feb 9, 2018. On Wednesday, February 21st, SFHSS held a pre-proposal conference for the 2018 Request for Proposals (RFP) for Actuarial and Consulting Services. Ten individuals (including prospective Supervising Actuaries) from five actuarial firms were in attendance either in-person or via conference call. The deadline for all proposals is Friday, March 23rd. SFHSS expects to issue a notice of intent to award by April 30th.

To align with the timeline set forth in the RFP, and to permit any contracting or administrative delays following the notice to award, SFHSS has executed a sixteenth amendment to the

agreement with our current actuary (Aon) to allow for a thorough and complete transition of actuarial services, if necessary, following the RFP, and to ensure that all actuarial and consulting services in coordination with the current rates and benefits calendar are complete prior to submission of the rates package to the Board of Supervisors in July.

Operations

- Appeals from members wanting to move from Trio to Access+ are diminishing but still coming in. Member Services and Blue Shield Premier Priority continue to partner to address any Trio issues rapidly and effectively.
- Appeals to Re-enroll in Access+:
 - o ~90 appeals approved
 - o ~45 appeals denied
 - o 12 still under review
- Performance Metrics for Member Services still indicating high quality of OE processing
- Continuing to cross train staff on specialized processes to ensure back up for every process
- 3rd Floor member lobby construction is underway. Member services has moved to the Catherine Dodd Wellness center on the 1st floor. Communications were distributed about the new location of member services and signage was placed in the building's lobby.

Enterprise Systems & Analytics

- The project team which implemented in PeopleSoft the ability to administer a split carrier benefit was awarded the Mayor's 2017 Data and Innovation Award for the Mission Impossible Category. The project was extremely complex and took a year to complete. The project team attended the lunch award ceremony at City Hall on March 2nd. Attendees were given a short presentation of the project's highlights
- ESA has been supporting the rates and benefits process by extracting and compiling various data sets for Aon
- Programming modifications in PeopleSoft for the 2018 plan year benefits is still ongoing. Additional computer programs have been completed and migrated into production during the past month. 6 more programs require modification.

Finance and Accounting

- Submitted FY 2018-19 and FY 2019-20 Budget General Fund Operating Budget to Mayor's Office and Controller's Office
- Preparation for FY 2017-18 year-end close

Financial System Project

- Beginning cash balance for Trust will be calculated when the Controller's Office closes FY 2016-17 in the old financial system

Communications

- Revised and completed SFHSS' section of City and County Employee Handbook.
- Continue working with graphic designer on redesign of SFHSS active member and retiree brochures with attractive, easy to read branded design and updated information.
- Preparing for dependent verification communications campaign with SFHSS Management Team and Aon.
- Completed 2018 10-County Survey.
- Prepared signage for temporary relocation of Member Services directing members to Wellness Center on first floor

Well-being

- Hosted the first annual Well-Being@Work Award Ceremony to celebrate the work of all departments on well-being in 2017 and specifically the 19 Award winners, and 35 departments receiving Spotlights. There were 119 attendees. Speakers included Directors Directors Ivar Satero (AIR), Nancy Alfaro (311), Mohammed Nuru (SFPW), Micki Callahan (DHR), and Department Lead Tom DiSanto (CPC).
- As part of the Live, Feel, and Be Better in 2018 campaign, 16 biometric screenings were coordinated throughout the City in January and February. Additionally, 1465 people pledged to work on their blood pressure, weight, or healthy habits in 2018.

Directors Meetings/Presentations/Misc.

- Met with Aon Hewitt Face to face and weekly status calls
- Blue Shield, Brown and Toland ACO Advisory Meeting
- DTIS Citywide VoIP Program status meeting
- UHC MAPD PPO Performance Review
- Best Doctors Call with Dr. Follansbee
- KP Performance Review
- KP Mental Health Wellness Report Presentation
- KP EAP Meeting
- DEVA Project Meetings
- Meet with DHR Director Mikki Callahan
- San Francisco Health Service System Actuarial and Consulting Services Pre-Proposal Meeting

Follow up from prior Board Meetings

Blue Shield Drug Tiers

We are working with Blue Shield and our consultants to get more information on Blue Shields recommended tier structure change. Will provide more information on April.

Delta Dental Opioid

We received additional information from Delta Dental summarizing their opioid management activities. We plan to meet with them to discuss their practices as well as understanding their current and possible activities around linkage of oral health to overall health.

Attachments

Diabetes Prevention/Management Programs – BS and UHC

Hearing Aid Benefit – BS and UHC

SFHSS Copay & Deductible Benchmarking

Mayor's Data And Innovation Award

Mission Impossible Category

Award was presented Friday March 2nd 2018 at City Hall

This short presentation of the project highlights was delivered at that time

Split Carrier Enrollment

Affordable Medical Coverage for Families with Medicare and Non-Medicare Members

SAN FRANCISCO HEALTH SERVICE SYSTEM

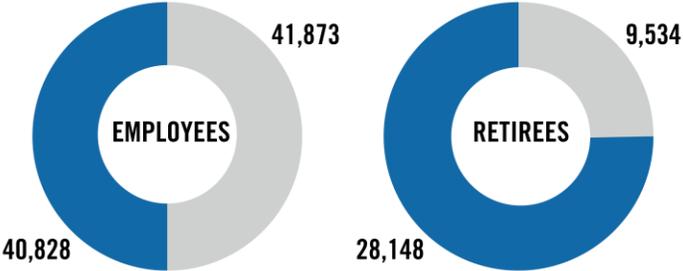
Affordable, Quality Benefits & Well-Being

- Marina Coleridge, Enterprise Systems & Analytics Manager
- Alona Bumanlag, Principal IS Business Analyst
- Yuriy Gologorskiy, Principal Administrative Analyst
- Vince McEnerney, IS Business Analyst
- Vish Shenoi, Principal IS Programmer Analyst
- Mitchell Griggs, Chief Operating Officer



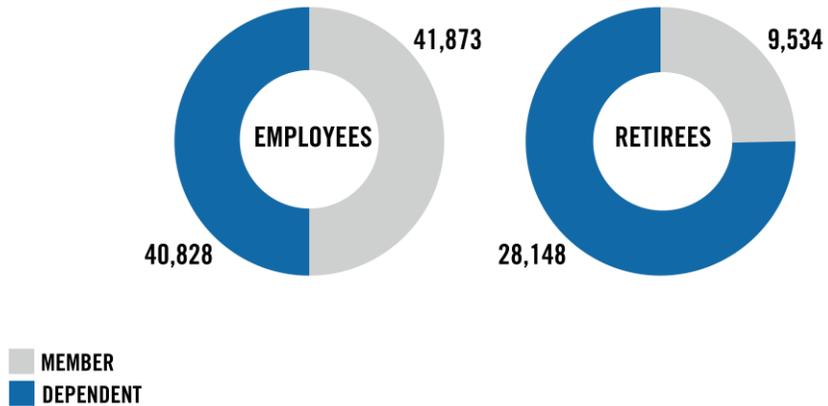
- Jeff Hildebrant, IT Project Director - HR & Benefits
- Cecille Badiola, Principal IS Business Analyst
- Norman Ng, Principal IS Business Analyst
- Boon Teoh, Principal IS Programmer Analyst
- Patty Rogers, Principal IS Business Analyst

**ALL LIVES COVERED ON SFHSS MEDICAL PLANS:
120,383**

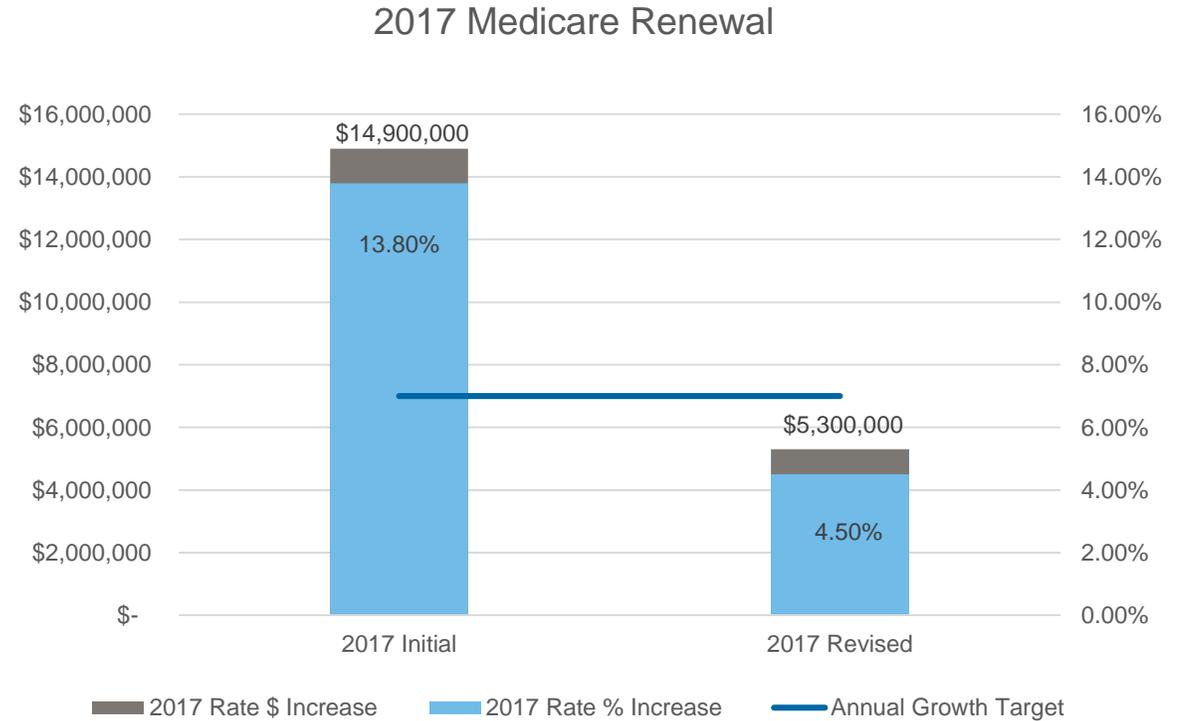


MEMBER
DEPENDENT

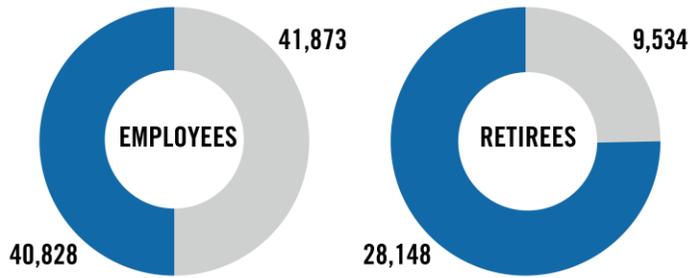
**ALL LIVES COVERED ON SFHSS MEDICAL PLANS:
120,383**



These increases were not sustainable from a budgetary perspective

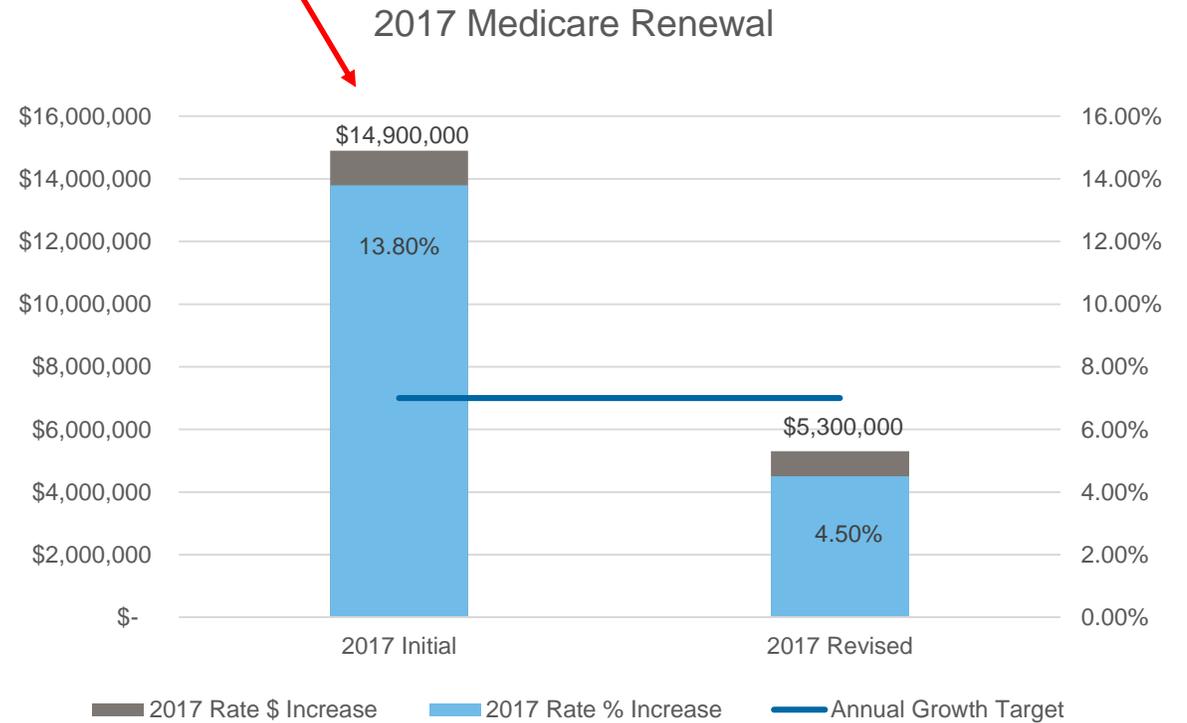


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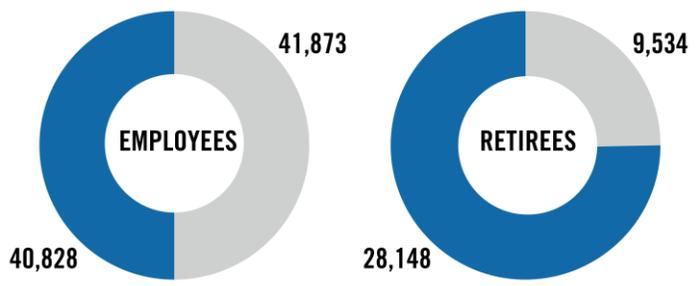


MEMBER
DEPENDENT

These increases were not sustainable from a budgetary perspective

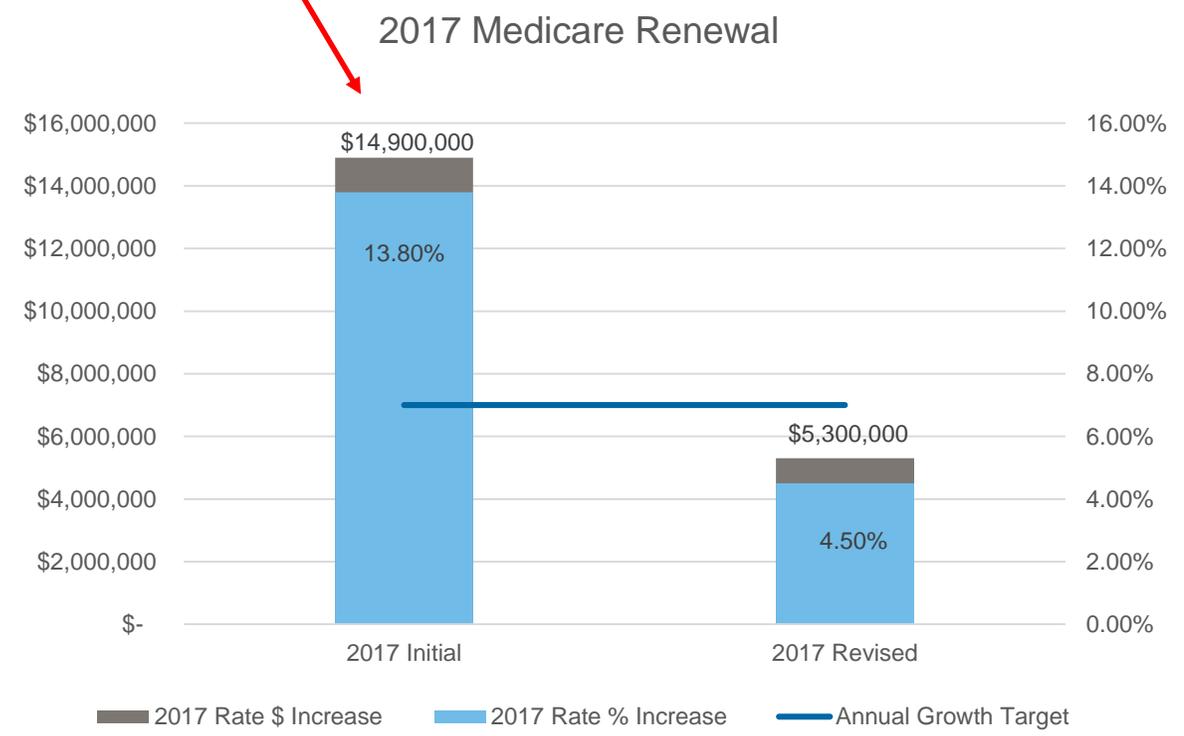


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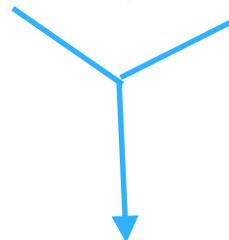
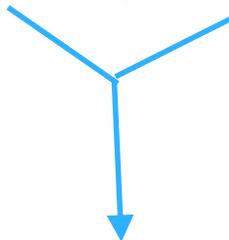
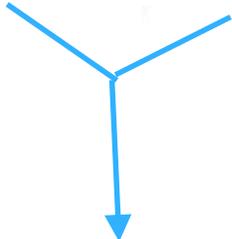


MEMBER
DEPENDENT

These increases were not sustainable from a budgetary perspective



Employer Sponsored Group Health: Basic Rules



Split Families: Medicare and Non-Medicare family members – 2016 Premiums

Medicare Retiree +
Non-Medicare
Dependent



\$373.86



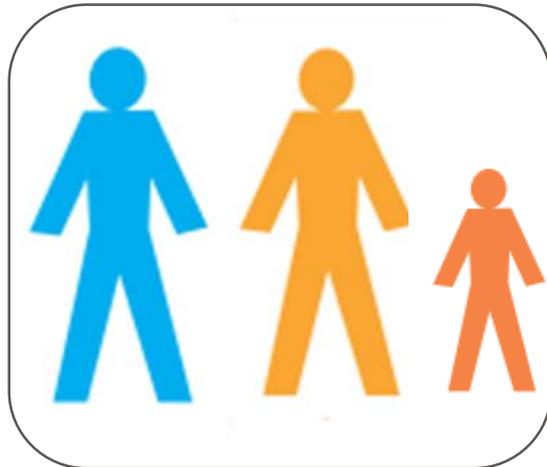
blue 
california

\$452.17



 UnitedHealthcare®

Medicare Retiree + 2
Non-Medicare
Dependents



\$971.03



blue 
california

\$1073.12



 UnitedHealthcare®

Split Families: Medicare and Non-Medicare family members – 2016 Premiums

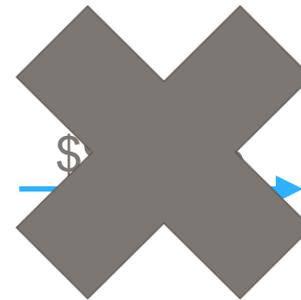
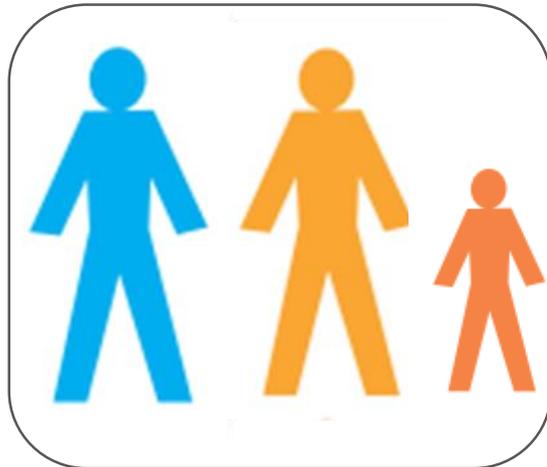
Medicare Retiree +
Non-Medicare
Dependent



\$452.17



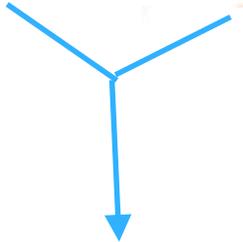
Medicare Retiree + 2
Non-Medicare
Dependents



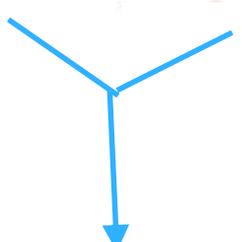
\$1073.12



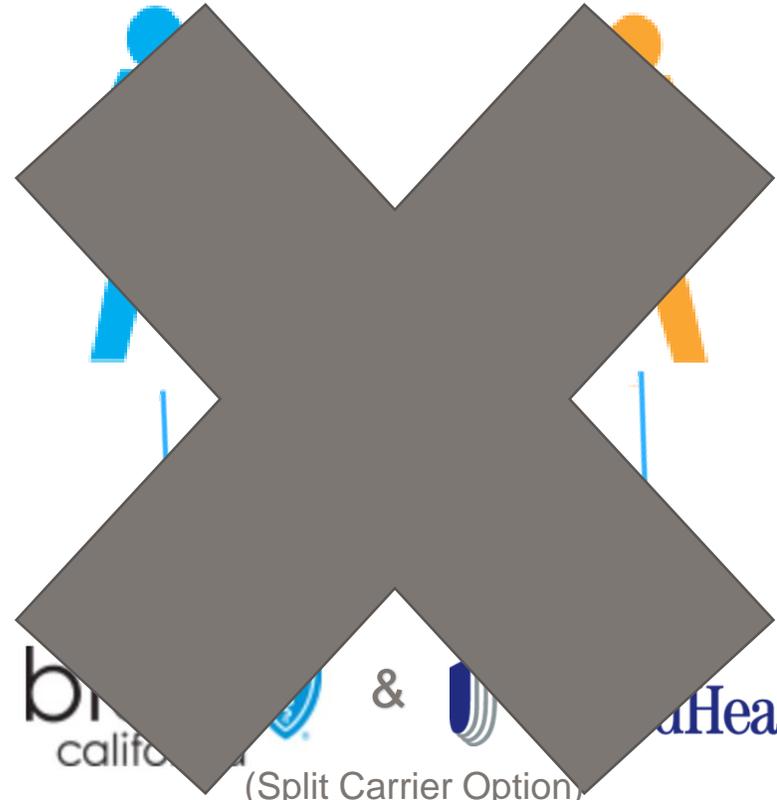
With the elimination of the Blue Shield Medicare plan, how do we minimize an increased financial impact to Medicare Retirees with Non-Medicare Dependents?



blue
california 

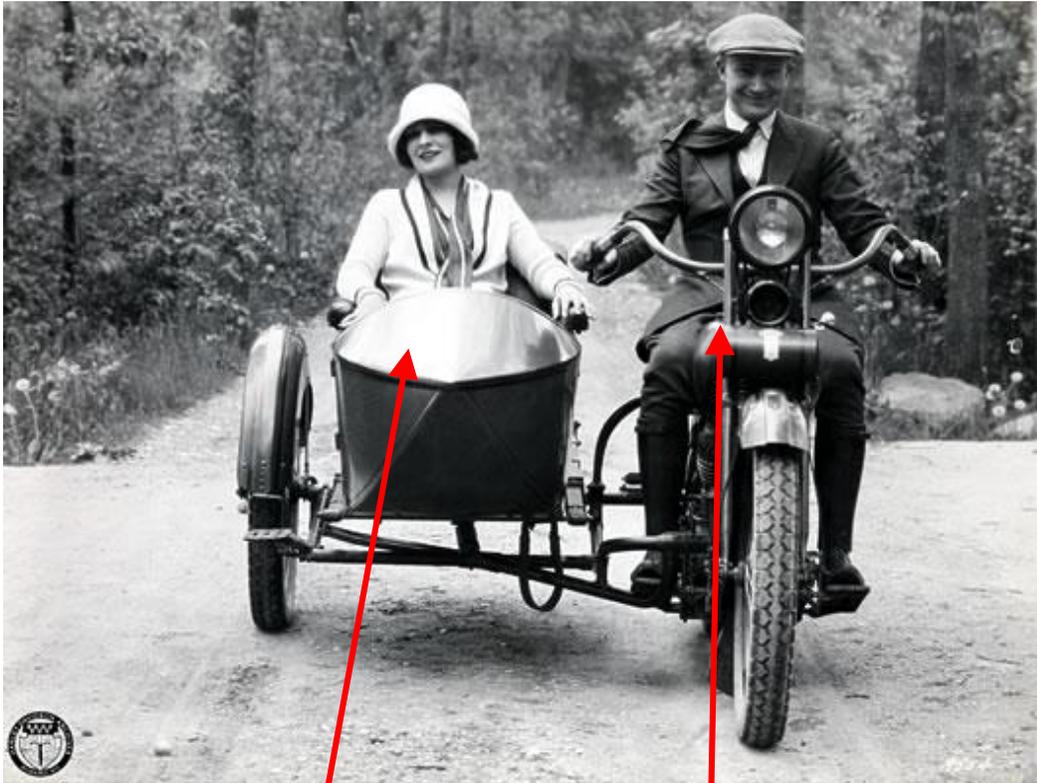


 UnitedHealthcare®



blue califonia  &  UnitedHealthcare®
(Split Carrier Option)

On to the Hard Part!

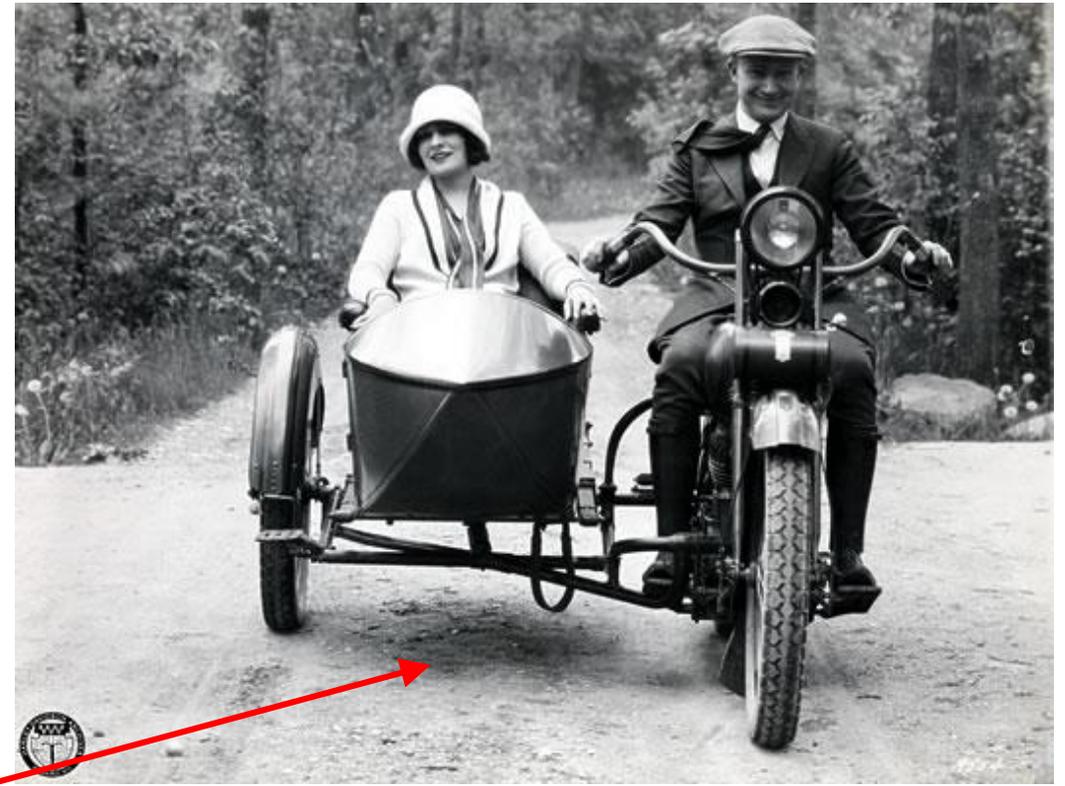


Dependent

Employee / Retiree

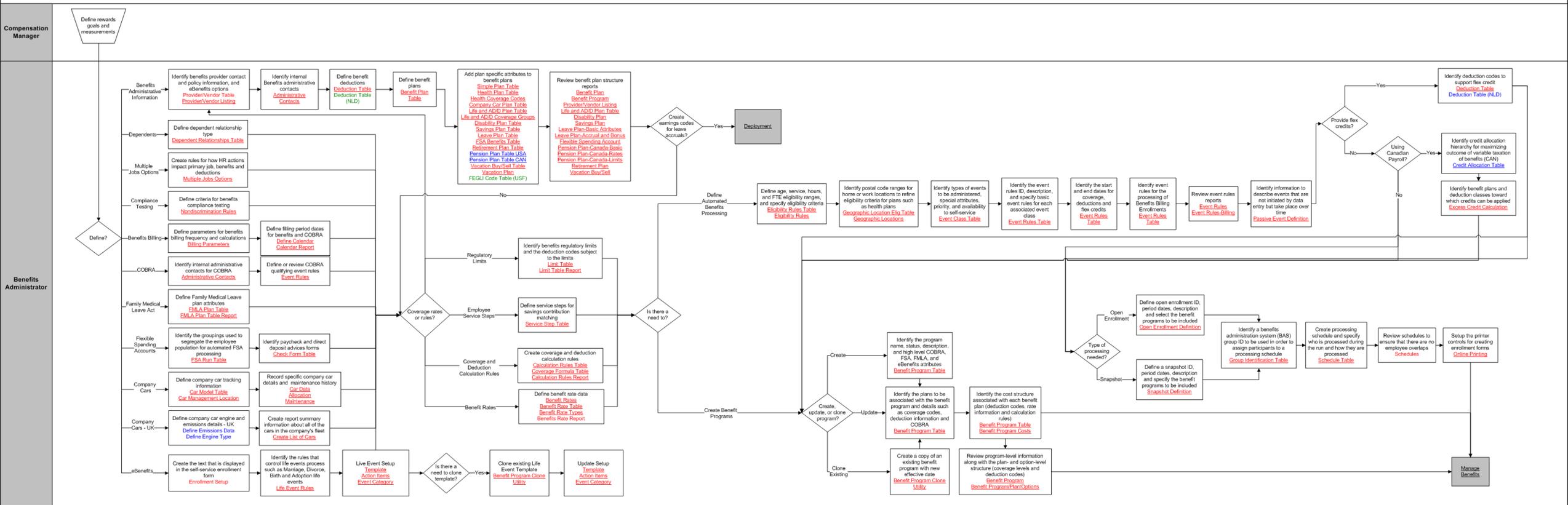
Sidecars Go Where The Driver Goes

2 Subscriber records were created in the system



Sometimes we need the data associated with this record (premium amounts for example) and sometimes we want to ignore the elements of the record (enrollment files to health, counts of enrollees – the subscriber after all is still just one person, not two)

System Modification Work Summary:



1

Plan type added

Benefit Program: KUI Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 Last

'Plan Type: 10 Medical Minimum Annual Contribution: 0.00 + -

DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KUIX Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan [Load Cross Plan Values](#)

Self-Service Configuration

Option: Find | View All First 1-5 of 26 Last

Optn ID	*Optn Type	Benefit Plan	Covrg Code	Deductn Cd	Option Code	Default Option	Opt Level	Option Seq	Geog Locn	Elig ID
1	D			KUMED9		<input type="checkbox"/>		1		+ -
2	W			KUMED9	W	<input type="checkbox"/>		2		+ -
3	D	KUMED1	1	KUMED9	11	<input type="checkbox"/>	1	3	KMID KNUL	+ -
4	D	KUMED1	2	KUMED9	12	<input type="checkbox"/>	1	4	KMID KNUL	+ -
5	D	KUMED1	3	KUMED9	13	<input type="checkbox"/>	1	5	KMID KNUL	+ -

1

Plan type added

Benefit Program: KU1 Effective Date: 01/01/2000

Plan Type: Medical Minimum Annual Contribution: 0.00
DispPhSeq: 10 Maximum Annual Contribution: 0.00
Event Rules ID: KU1X Medical/Dental/Vision Rules HIPAA Plan
Waive Coverage: P Allowed with Proof COBRA Plan [Load Cross Plan Values](#)

Self-Service Configuration

Optn ID	Optn Type	Benefit Plan	Covrg Code	Deductn Cd	Opt Cor	Error ID	Error Message
1	D			KUMED9		11 0x393930A	Element INS09 is used. It should not be used when element INS02 is '01'. Segment INS is defined in the guideline at position 0100. This error was detected at: Segment Count: 7038 Element Count: 9 Character: 3697812 through 3697813 Student Status Code should not be used for Member Level Detail.
2	W			KUMED9	W	12 0x393941C	Value of element N404 is incorrect. Expected value is 2 alpha characters. Segment N4 is defined in the guideline at position 0600. This error was detected at: Segment Count: 81383 Element Count: 4 Character: 5372524 through 5372527 Invalid Country Code in Member City, State, ZIP Code.
3	D	KUMED1	1	KUMED9	11	13 0x393941C	Value of element N404 is incorrect. Expected value is 2 alpha characters. Segment N4 is defined in the guideline at position 0600. This error was detected at: Segment Count: 81388 Element Count: 4 Character: 5372624 through 5372627 Invalid Country Code in Member Mail City, State, ZIP Code.
4	D	KUMED1	2	KUMED9	12		Element INS16 (Country Code) is present. This Element is marked as 'Excluded' and therefore must not be present in the data. Segment INS is defined in the guideline at
5	D	KUMED1	3	KUMED9	13		

1

Plan type added

Benefit Program: KU1 Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 Last

'Plan Type: 10 Medical Minimum Annual Contribution: 0.00 + -

DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KU1X Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan [Load Cross Plan Values](#)

Self-Service Configuration

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5		KUMED1	3	KUMED9	13		

16

Interface files modified & tested

1

Plan type added

Benefit Program: KUI1 Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 | Last

'Plan Type: 10 Medical Minimum Annual Contribution: 0.00 + -

DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KU1X Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan [Load Cross Plan Values](#)

Self-Service Configuration

Option: Find | View All First 1-5 of 26 | Last

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5		KUMED1	3	KUMED9	13		

16

Interface files modified & tested

39

Coverage Codes Added

1

Plan type added

Benefit Program: KUI1 Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 Last

'Plan Type: 10 Medical Minimum Annual Contribution: 0.00

DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KUI1X Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan

Load Cross Plan Values

Self-Service Configuration

Option: Find | View All First 1-5 of 26 Last

Optn ID	Optn Type	Benefit Plan	Covrg Code	Deductn Cd	Opt Cor	Error ID	Error Message
1						11 0x393930A	Element INS09 is used. It should not be used when element INS02 is '01'. Segment INS is defined in the guideline at position 0100. This error was detected at: Segment Count: 7038 Element Count: 9 Character: 3697812 through 3697813 Student Status Code should not be used for Member Level Detail.
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4							Health Coverage Codes
5							Element INS16 (

16

Interface files modified & tested

Coverage Code 2

*Effective Date: 01/01/2002 *Status: Active

*Description: Self+Family-High Short Description: Fam-High

COBRA Coverage Set:

Total Covered Persons

Total Minimum Covered: 2

Total Maximum Covered: 99

Allowable Covered Person Types

Covered Person Type	Minimum Covered	Maximum Covered
Child	1	99
Employee	1	1
Spouse	1	1

39

Coverage Codes Added

1

Plan type added

Benefit Program: KUI1 Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 Last

*Plan Type: 10 Medical Minimum Annual Contribution: 0.00 + -

DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KUI1X Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan [Load Cross Plan Values](#)

Self-Service Configuration

Option: Find | View All First 1-5 of 26 Last

Optn ID	*Optn Type	Benefit Plan	Covrg Code	Deductn Cd	Opt Cor	Error ID	Error Message
1							
2	W						
3		KUMED1	1			11 0x393930A	Element INS09 is used. It should not be used when element INS02 is '01'. Segment INS is defined in the guideline at position 0100. This error was detected at: Segment Count: 7038 Element Count: 9 Character: 3697812 through 3697813 Student Status Code should not be used for Member Level Detail.
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5		KUMED1	3			13 0x393941C	Value of element N404 is incorrect. Expected value is 2 alpha characters. Segment N4 is defined in the guideline at position 0600. This error was detected at: Segment Count: 81388 Element Count: 4 Character: 5372624 through 5372627 Invalid Country Code in Membe Health Coverage Codes

16

Interface files modified & tested

Coverage Code 2: Find | View All First 1 of 1 Last

*Effective Date: 01/01/2002 *Status: Active + -

*Description: Self+Family-High Short Description: Fam-High

COBRA Coverage Set:

Total Covered Persons

Total Minimum Covered: 2

Total Maximum Covered: 99

Allowable Covered Person Types: Personalize | Find | First 1-3 of 3 Last

Covered Person Type	Minimum Covered	Maximum Covered
Child	1	99
Employee	1	1
Spouse	1	1

39

Coverage Codes Added

40

Computer Programs Modified

1

Plan type added

Benefit Program: KU1 Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 Last

*Plan Type: 10 Medical Minimum Annual Contribution: 0.00

DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KU1X Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan [Load Cross Plan Values](#)

Self-Service Configuration

Option: Find | View All First 1-5 of 26 Last

Optn ID	*Optn Type	Benefit Plan	Covrg Code	Deductn Cd	Opt Cor	Error ID	Error Message
1							
2	W						
3		KUMED1	1			11 0x393930A	Element INS09 is used. It should not be used when element INS02 is '01'. Segment INS is defined in the guideline at position 0100. This error was detected at: Segment Count: 7038 Element Count: 9 Character: 3697812 through 3697813 Student Status Code should not be used for Member Level Detail.
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16

Interface files modified & tested

Coverage Code 2: Find | View All First 1 of 1 Last

*Effective Date: 01/01/2002 *Status: Active

*Description: Self+Family-High Short Description: Fam-High

COBRA Coverage Set:

Total Covered Persons

Total Minimum Covered: 2

Total Maximum Covered: 99

Allowable Covered Person Types: Personalize | Find | First 1-3 of 3 Last

Covered Person Type	Minimum Covered	Maximum Covered
Child	1	99
Employee	1	1
Spouse	1	1

39

Coverage Codes Added

40

Computer Programs Modified

1

Plan type added

Benefit Program: KU1 Effective Date: 01/01/2000

Plan Type: Find | View All First 2 of 26 Last

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DispPhSeq: 10 Maximum Annual Contribution: 0.00

Event Rules ID: KU1X Medical/Dental/Vision Rules HIPAA Plan

Waive Coverage: P Allowed with Proof COBRA Plan

Load Cross Plan Values

Self-Service Configuration

Option: Find | View All First 1-6 of 26 Last

Optn ID	Optn Type	Benefit Plan	Covrg Code	Deductn Cd	Opt Cor	Error ID	Error Message
1	0						
2	W						
3	0	KUMED1	1			11 0x393930A	Element INS09 is used. It should not be used when element INS02 is '01'. Segment INS is defined in the guideline at position 0100. This error was detected at: Segment Count: 7038 Element Count: 9 Character: 3697812 through 3697813 Student Status Code should not be used for Member Level Detail.
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16

Interface files modified & tested

Coverage Code 2: Find | View All First 1 of 1 Last

*Effective Date: 01/01/2002 *Status: Active

*Description: Self+Family-High Short Description: Fam-High

COBRA Coverage Set:

Total Covered Persons

Total Minimum Covered: 2

Total Maximum Covered: 99

Allowable Covered Person Types

Covered Person Type
Child
Employee
Spouse

39

Coverage Codes Added

40

Computer Programs Modified

```

Local Record &rec, &rec1;
Local File &file, &file2;
Local number &c, &d, &e, &f;

&rec1 = CreateRecord(Record.IS_DEPT_TBL);
&rec = CreateRecord(Record.IS_CUST_TBL);
&file = GetFile("c:/Ismail/Outbnd.txt", "R", &FilePath_Absolute);
&file2 = GetFile("c:/Ismail/Log.txt", "W", &FilePath_Absolute);
&file2.WriteLine("PeopleTools 8.48 - Application Engine Server");
&file2.WriteLine("Process Started by .." | IS_EMP11_AET.OPRID);
&file2.WriteLine("Process Run Control Id .." | IS_EMP11_AET.RUN_CNTL_ID);
&file2.WriteLine("Begin Process at" | %Datetime);
&file2.WriteLine("Process Normally Executed");
&arr = CreateArray("", 0);
If &file.IsOpen Then
  While &file.ReadLine(&str);
    &arr = Split(&str, ",");
    &Sql = CreateSQL("SELECT * FROM PS_IS_DEPT_TBL");
    While &Sql.Fetch(&rec1);
      &did = &rec1.IS_DEPTNO.Value;
      If &arr [1] = &did Then
        &f = &f + 1;
      End-If;
    End-While;
  End-While;
  If &f = 0 Then
    &rec1.IS_DEPTNO.Value = &arr [1];
    &rec1.IS_DESC.Value = &arr [2];
    &rec1.IS_LOC.Value = &arr [3];
    &rec1.Insert();
  End-If;

```


331 Event Rules Defined

Event Rules | EOI and Level Rules | Date Rules | Billing Rules

Event Rules ID: KU1X

Event Rules Find | View All | First | 1 of 1 | Last

*Effective Date: 01/01/2000 Status: Active

*Description: Medical/Dental/Vision Rules Short Descr: MedDen

Event Class Find | View All | First | 1 of 8 | Last

Event Classification: BIR Birth/Adoption Use History

Pre-enter Ignore Plan

Elect Required Ignore Overage Dependent

Retain Covered Dependent Ignore DepiBen Edits

Provide FlexCR Upon Default Ignore Investment Edits

*Default Method: Assign Cur Covrg Else Low Opt

*Allowable FSA Pledge Changes: Not Applicable

Self-Service Configuration

Collect DepiBen Allow DepiBen Additions Collect Fund Allocations

Certification

Certificate ID:

Electable Options

*Select Allowed: Current Plan + Waive Coverage Code Control

Coverage Code Control Customize | Find | View All | First | 1 of 4 | Last

*Covered Person Type	Same	More	Less	*If No Current Coverage
Child	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Allowed

331 Event Rules Defined

Event Rules ID: KU1X

Event Rules Find | View All First 1 of 1 Last

*Effective Date: 01/01/2000 Status: Active
*Description: Medical/Dental/Vision Rules Short Descr: MedDen

Event Class Find | View All First 1 of 8 Last

Event Classification: BIR Birth/Adoption
 Pre-enter
 Elect Required
 Retain Covered Dependent
 Provide FlexCR Upon Default
 Use History
 Ignore Plan
 Ignore Overage Dependent
 Ignore DepiBen Edits
 Ignore Investment Edits

*Default Method: Assign Cur Covrg Else Low Opt
*Allowable FSA Pledge Changes: Not Applicable

Self-Service Configuration
 Collect DepiBen Allow DepiBen Additions Collect Fund Allocations

Certification
Certificate ID:

Electable Options
*Select Allowed: Current Plan + Waive Coverage Code Control

Coverage Code Control Customize | Find | View All First 1 of 4 Last

*Covered Person Type	Same	More	Less	*If No Current Coverage
Child	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Allowed

331 Event Rules Defined

907 Detail Rates Calculated

12,000 Retirees Migrated into new plan

331 Event Rules Defined

Event Rules ID: KU1X

Event Rules

*Effective Date: 01/01/2000 Status: Active

*Description: Medical/Dental/Vision Rules Short Descr: MedDen

Event Class

Event Classification: BIR Birth/Adoption

Pre-enter

Elect Required

Retain Covered Dependent

Provide FlexCR Upon Default

Use History

Ignore Plan

Ignore Overage Dependent

Ignore Dep/Ben Edits

Ignore Investment Edits

*Default Method: Assign Cur Covrg Else Low Opt

*Allowable FSA Pledge Changes: Not Applicable

Self-Service Configuration

Collect Dep/Ben Allow Dep/Ben Additions Collect Fund Allocations

Certification

Certificate ID:

Electable Options

*Select Allowed: Current Plan + Waive Coverage Code Control

Coverage Code Control

*Covered Person Type: Child Same More Less *If No Current Coverage: Allowed

907 Detail Rates Calculated

Rate ID	Description	Effective Date	Rate
...

Benefit Rates

Rate Table ID: CTCMED

Benefit Rate Table

*Effective Date: 12/16/2016 *Effective Status: Active

*Benefit Rate Type: Benefit Plan and Coverage Code

*Description: SBCTC Medical/Vision Plan Rate Short Description: CTC Medica

*Premium Frequency: Monthly *Rate per Unit: None

Currency Code: USD

Rate Data

Benefit Plan	Coverage Code	Total Rate	Before-Tax Rate	After-Tax Rate	Non-Taxable Rate	Taxable Rate
1 DH	1	564.83000	26.00000	0.00000	538.83000	0.00000
2 D	1	661.10000	131.00000	0.00000	530.10000	0.00000
3 U	1	623.65000	94.00000	0.00000	529.65000	0.00000
4 CH	1	563.28000	25.00000	0.00000	538.28000	0.00000
5 TV	1	558.81000	60.00000	0.00000	498.81000	0.00000

And loaded into PeopleSoft

12,000

Retirees Migrated into new plan

331 Event Rules Defined

Event Rules ID: KU1X

Event Rules

*Effective Date: 01/01/2000 Status: Active

*Description: MedicalDental/Vision Rules Short Descr: MedDen

Event Class

Event Classification: BIR Birth/Adoption

Pre-enter

Elect Required

Retain Covered Dependent

Provide FlexCR Upon Default

Use History

Ignore Plan

Ignore Overage Dependent

Ignore Dep/Ben Edits

Ignore Investment Edits

*Default Method: Assign Cur Covrg Else Low Opt

*Allowable FSA Pledge Changes: Not Applicable

Self-Service Configuration

Collect Dep/Ben Allow Dep/Ben Additions Collect Fund Allocations

Certification

Certificate ID:

Electable Options

*Select Allowed: Current Plan + Waive Coverage Code Control

Coverage Code Control

*Covered Person Type: Child

Same More Less *If No Current Coverage: Allowed

907 Detail Rates Calculated

PLAN	COV	RATE									
1	DH	1	2	D	1	3	U	1	4	CH	1
...

Benefit Rates

Rate Table ID: CTCMED

Benefit Rate Table

*Effective Date: 12/16/2016 *Effective Status: Active

*Benefit Rate Type: Benefit Plan and Coverage Code

*Description: SBCTC Medical/Vision Plan Rate Short Description: CTC Medica

*Premium Frequency: Monthly *Rate per Unit: None

Currency Code: USD

Rate Data

Benefit Plan	Coverage Code	Total Rate	Before-Tax Rate	After-Tax Rate	Non-Taxable Rate	Taxable Rate
1 DH	1	564.83000	26.00000	0.00000	538.83000	0.00000
2 D	1	661.10000	131.00000	0.00000	530.10000	0.00000
3 U	1	623.65000	94.00000	0.00000	529.65000	0.00000
4 CH	1	563.28000	25.00000	0.00000	538.28000	0.00000
5 TV	1	558.81000	60.00000	0.00000	498.81000	0.00000

And loaded into PeopleSoft

12,000 Retirees Migrated into new plan

\$9.6 Million in Annual Savings for the City

\$9.6 Million in Annual Savings for the City

Same Quality Healthcare

\$9.6 Million in Annual Savings for the City

Same Quality Healthcare

Lower cost and choice for the individual



\$388.80



blue california & UnitedHealthcare® (Split carrier option)

\$549.37



UnitedHealthcare®



\$1009.47



blue california & UnitedHealthcare® (Split carrier option)

\$1327.97



UnitedHealthcare®

Management Report

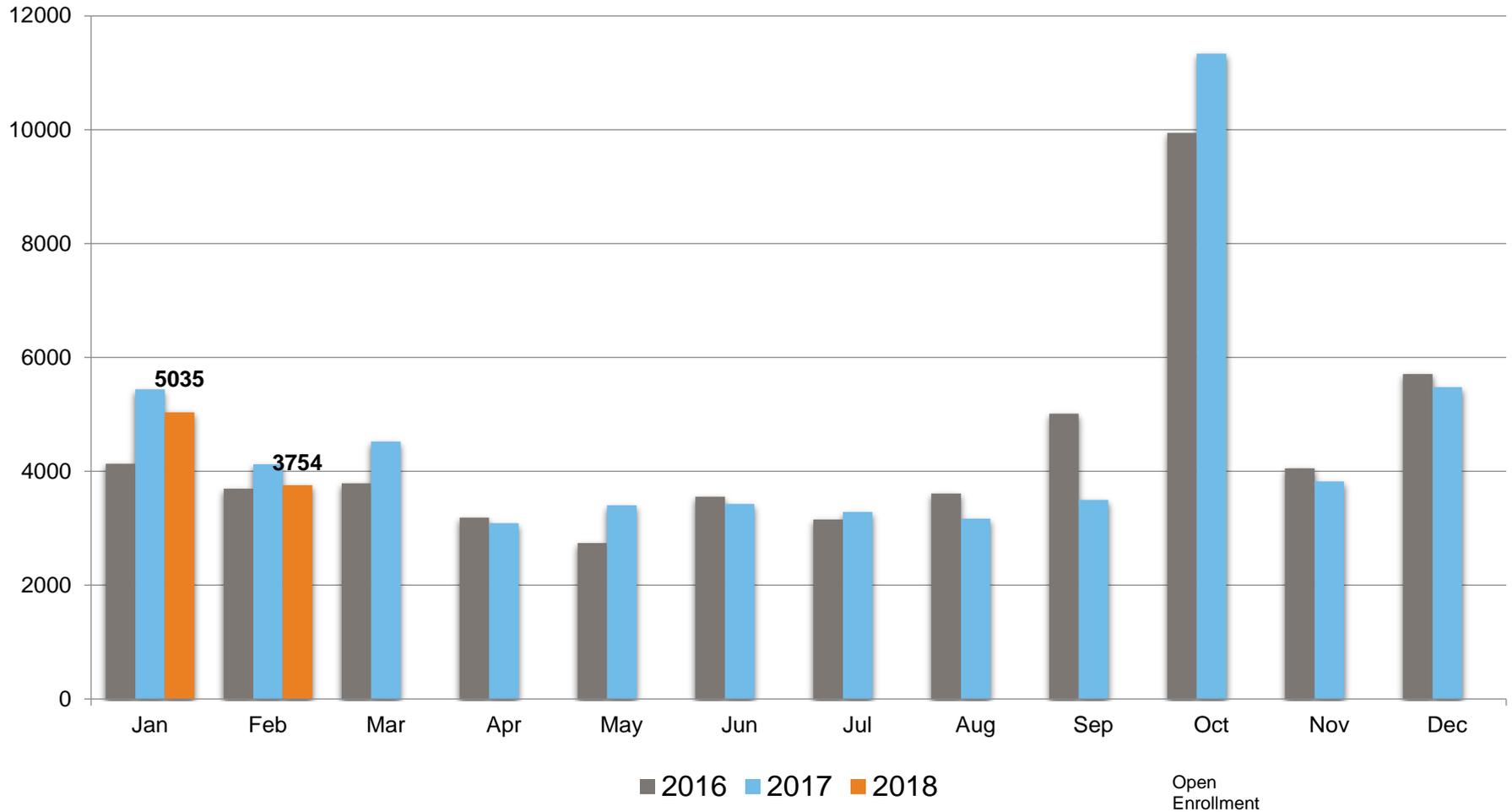
OPERATIONS UPDATE | March 2018

Calls and Office Visits: February 2018

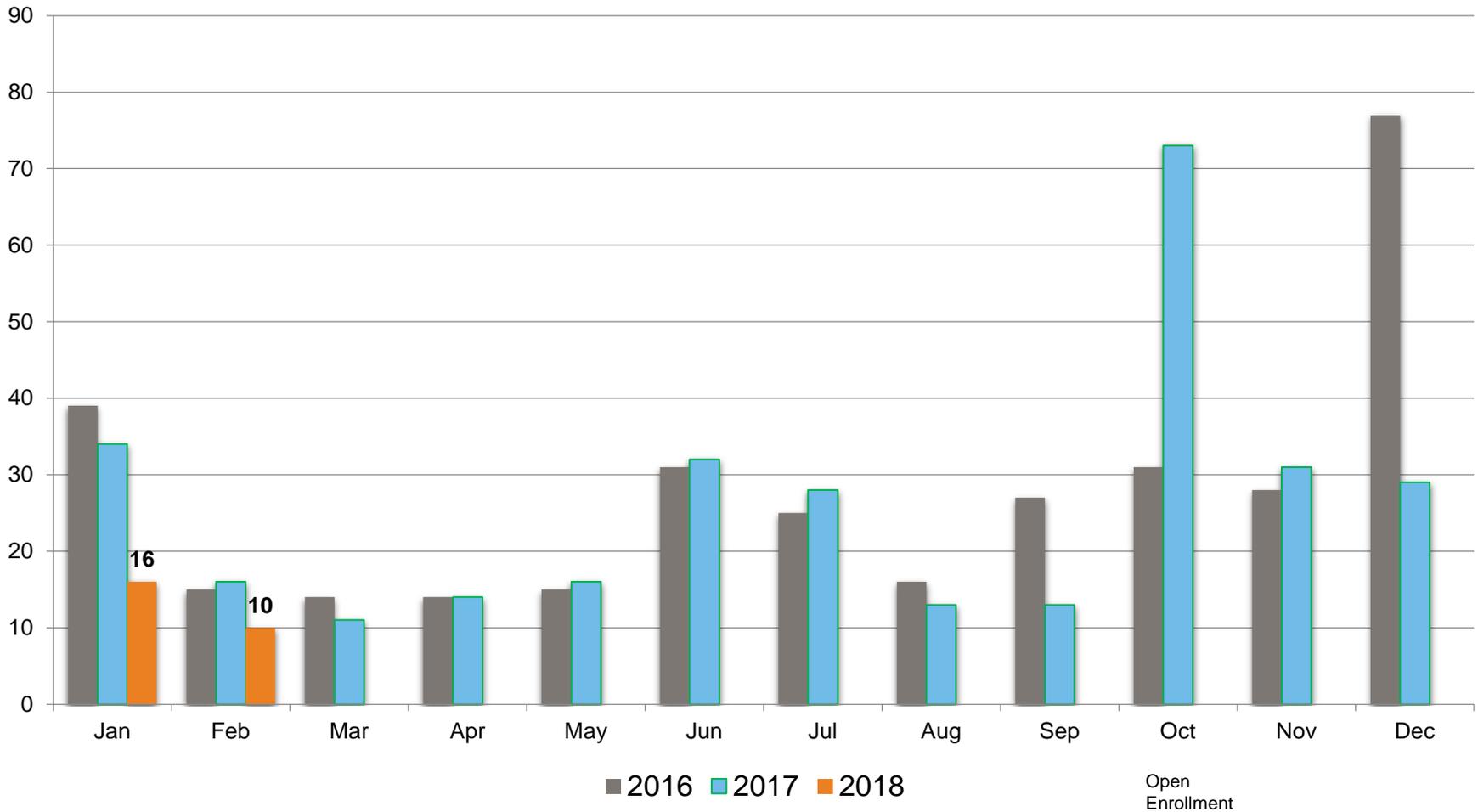
Calls and In-person Assistance total:

- Inbound calls: 3,754 answered calls (8.9% ↓ from 2017)
- Speed of answer: 10 seconds (37.5% ↓ from 2017)
- Abandonment rate: 0.7% (26 calls)
- In-person assistance: 959 members (13% ↓ from 2017)

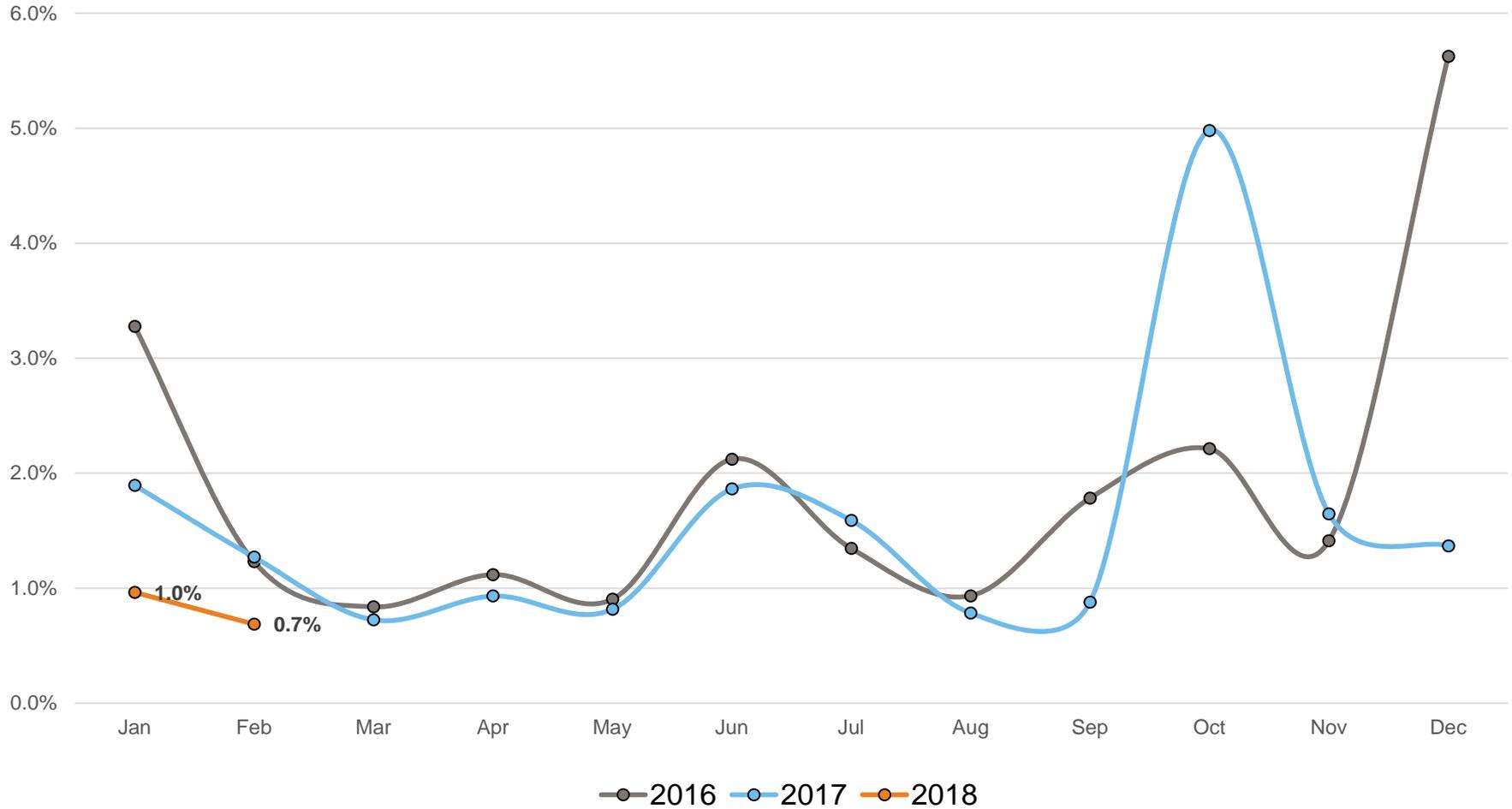
Inbound Calls: February 2018



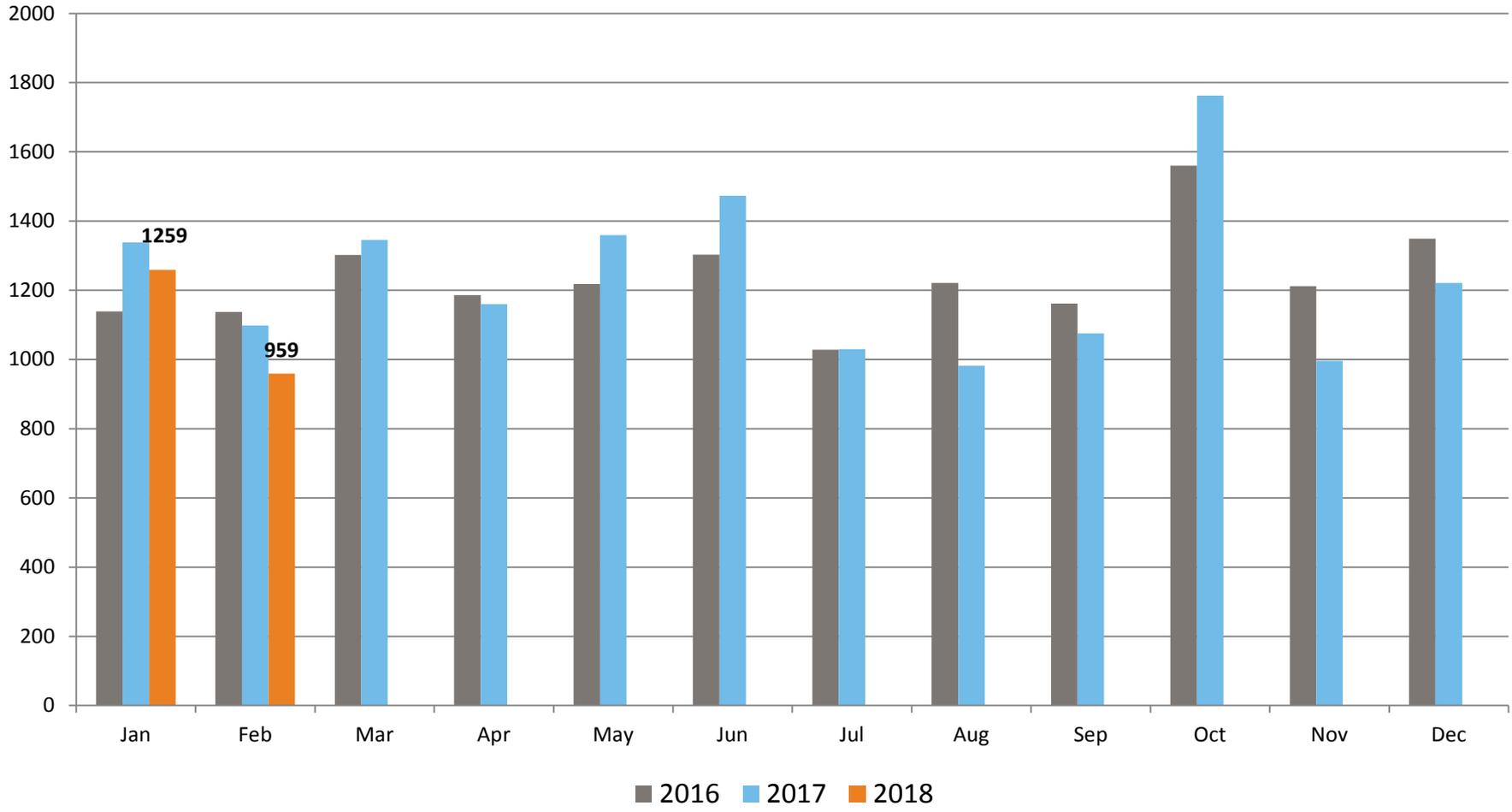
Average Speed of Answer: February 2018



Abandonment Rate: February 2018



In-person Assistance: February 2018



Delinquencies & Terminations: February 2018

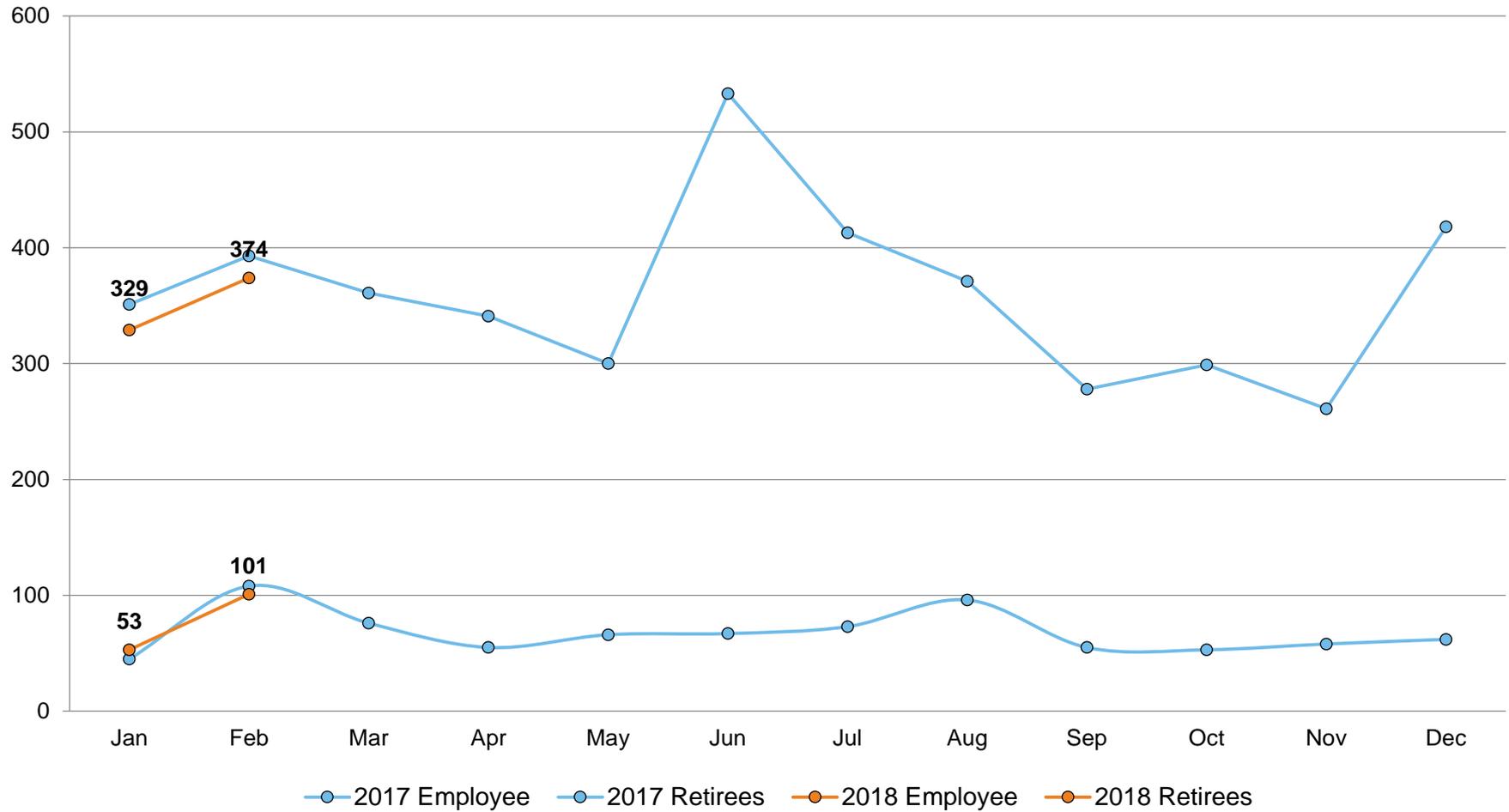
Delinquency Notices Sent.

- Employees: 374
- Retirees: 101

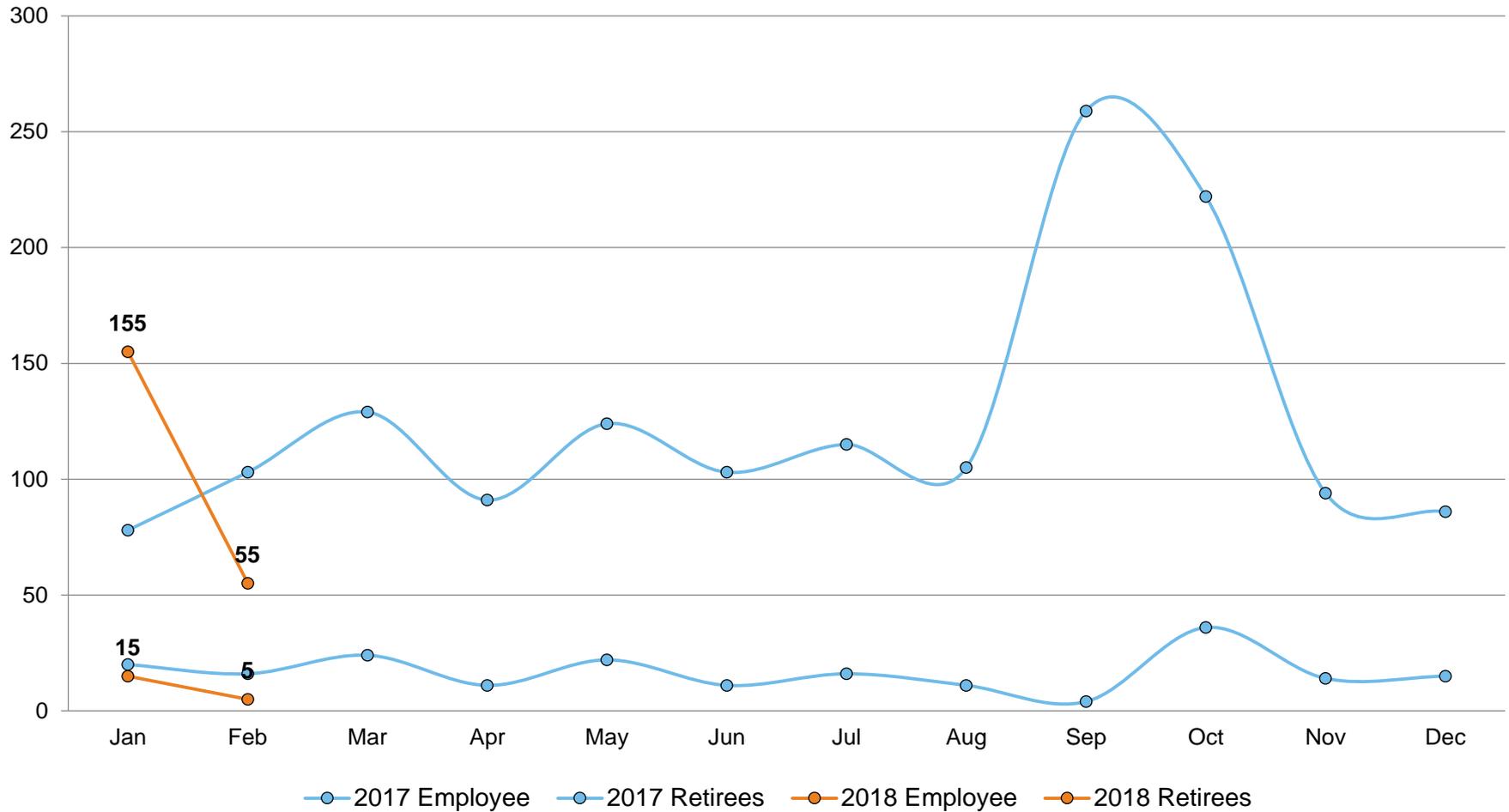
Termination Notices Sent.

- Employees: 55
- Retirees: 5

Delinquency Notices: February 2018



Termination Notices: February 2018



Enterprise Systems & Analytics Report

March 08, 2018

2017 Data and Innovation Award Winner – Mission Impossible

- The Mayor's office seeks submissions for the most innovative and data-driven projects City and County employees had completed in the last year
- The project team which implemented in PeopleSoft the ability to administer a split carrier benefit won the award for Mission Impossible given the complexity of the work
- This project took a year to complete and wrapped up in mid 2017
- Split Carrier allows Medicare retirees enrolled in the UHC MA PPO plan to enroll their Non-Medicare dependents in Blue Shield
- On March 2nd, the project team attended the Lunch Award Ceremony at City hall
- A short presentation of the project's highlights was delivered

PeopleSoft / Benefits Administration

- Additional work completed for the 2018 Plan Year implementation:
 - Specifications written for new dental and vision payment files
 - Completed testing of modifications for the following:
 - Over the counter payment page
 - One time adjustment payroll page
 - Delinquency Letters
 - Overage Balance Transfer page
- Generated multiple audit queries for member services to ensure errors with data entry are resolved prior to eligibility file transmission to the health plans
- Generated Dependent Eligibility Verification Audit (DEVA) test file
- Continued testing for IRS Form 1095 Electronic Filing

Self-Service Benefits

- Began workflow mapping for New Hires and Open Enrollment
- Worked with contractor for launch of lobby construction

Data Analytics

- Provided source data for AON Healthcare Value Index Report
- Extracted data for Out of Area analysis
- Provided summary enrollment data to Superior Court for budgeting
- Compiled 12 months sfhss.org statistics for web initiatives
- Compiled data dictionary updates for annual maintenance of All Payer Claims Database (APCD)
- Modifying additional splices for Express Dashboard
- Provided to Aetna census for Union of Physicians and Dentists for

IT Initiatives

- Rolled out 4 / 8 new systems received through PC refresh
- Upgrading users to Windows 10
- Set up computer and telecom equipment for temporary relocation of member services

Meetings attended by staff

Miscellaneous:

- Agile Software Development Webinar – 2/8
- Program Management webinar 2/20
- Attended KP Patient Advisory Council – Cardiology Meeting 2/20
- Attended Continuity of Operations (COOP) Planning meeting 2/21
- Attended Truven (IBM Watson) public sector group training on wellness ROI 2/28
- Attended weekly eBenefits project meetings
- Attended Emerging De-Identification Standards Webinar 2/28
- Attended webinar on planning migration of Perceptive Content (ECM)

Management Report

FINANCE and CONTRACTING | March 8, 2018

Finance and Contracting Activities Update

Finance and Accounting

- Submitted FY 2018-19 and FY 2019-20 Budget General Fund Operating Budget to Mayor's Office and Controller's Office
- Preparation for FY 2017-18 year-end close

Financial System Project

- Continue F\$P Conversion Data Cleanup Project
- Completed Purchase Order Cleanup Phase II
- Ongoing coordination with Controller's Office on next phases
- Beginning cash balance for Trust will be calculated when the Controller's Office closes FY 2016-17 in the old financial system

Finance and Contracting Activities Update

Contracting and Vendor Management

- Issued RFP for Actuarial and Consulting Services on February 9, 2018
- Completed RFP for well-being ergonomics and web design services and fully executed a agreement with lowercase productions, LLC
- Completed RFP for well-being retiree campaign and outreach services and agreement with Rise-and-Shine Studio
- Fully executed Group Agreement with Kaiser Permanente
- Fully executed Sixteenth Amendment to Agreement with Aon for transition services
- Selected 1823 Senior Administrative Analyst with specialty in contracting, projected transfer date of March 12, 2018

Management Report

Communications | March 8, 2018

Communications Update

- Revised and completed SFHSS' section of City and County Employee Handbook.
- Continue working with graphic designer on redesign of SFHSS active member and retiree brochures with attractive, easy to read branded design and updated information.
- Preparing for dependent verification communications campaign with SFHSS Management Team and Aon.
- Completed 2018 10-County Survey.
- Prepared signage for temporary relocation of Member Services directing members to Wellness Center on first floor.

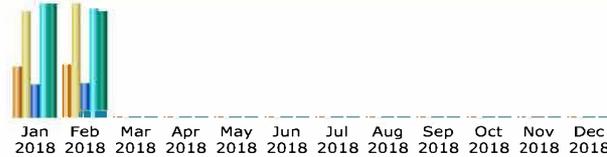
February 2018 Web Traffic

Summary

Month Feb 2018
01 Feb 2018 - 00:00
27 Feb 2018 - 23:56

Unique visitors	Number of visits	Pages	Hits
18426	39384 (2.13 visits/visitor)	115973 (2.94 Pages/Visit)	368478 (9.35 Hits/Visit)
		107510	293796

Monthly history



Month	Unique visitors	Number of visits	Pages	Hits	Size
Jan 2018	17545	36976	111391	384230	26.86 GB
Feb 2018	18426	39384	115973	368478	25.29 GB
Mar 2018	0	0	0	0	0
Apr 2018	0	0	0	0	0
May 2018	0	0	0	0	0
Jun 2018	0	0	0	0	0
Jul 2018	0	0	0	0	0
Aug 2018	0	0	0	0	0
Sep 2018	0	0	0	0	0
Oct 2018	0	0	0	0	0
Nov 2018	0	0	0	0	0
Dec 2018	0	0	0	0	0
Total	35971	76360	227364	752708	52.15 GB

February 2018 eNews

	February 2018		February 2017*
Total Delivered	15,517	99%	18,459
Opened	6,330	41%	14,342
Clicked Links	372	6%	867

**February 2017 eNews included 1095-C tax form notice due to 2017 IRS deadline extension. Mailing list scrubbed in 2017; current eNews contact list contains 15,497 subscribers.*

WELL-BEING MONTHLY REPORT

February 2018 REPORT

Provided at the March 2018 Health Service Board Meeting

Well-Being@Work: 2017 Award Ceremony

- The first annual Well-Being@Work Award Ceremony Goals:
 - Demonstrate appreciation for Champions and leaders who contribute to Well-Being@Work
 - Help connect departments and Champions by sharing Spotlights (stories of what departments are doing for well-being)
 - Create a forum to share 2017 accomplishments and demonstrate ways to incorporate well-being at the workplace
- 119 participants
 - 7.5% Department heads and/or Deputy Directors
 - 16.8% Department Leads
 - 52.9% Well-Being Champions
 - 22.6% other department employees



Well-Being@Work Spotlights and Awards

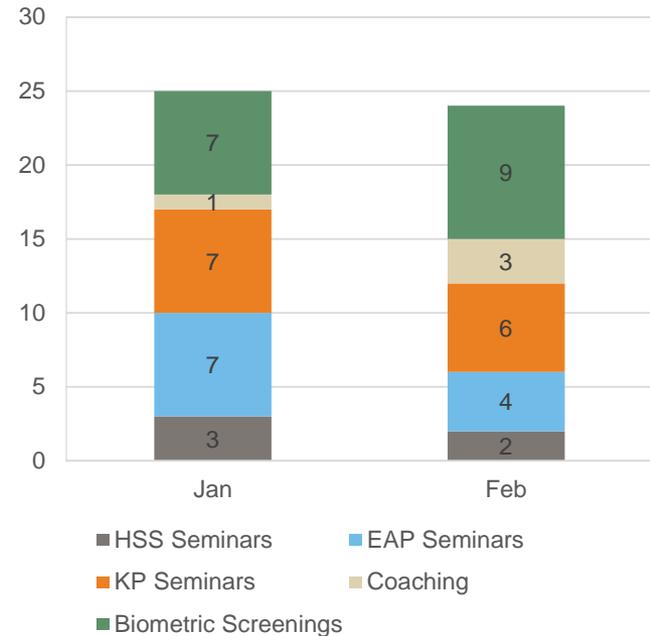
- 19 Departments received Awards
 - 5 Flying Awards
 - 14 Soaring Awards
- 75 Program Spotlights from 35 different City departments
- 13 Individual Spotlights
- Speakers included Directors Ivar Satero (AIR), Nancy Alfaro (311), Mohammed Nuru (SFPW), Micki Callahan (DHR), and Department Lead Tom DiSanto (CPC)



Well-Being@Work: Activities at Department Location

- 25 activities in February (49 activities YTD)
- 40% of YTD activities provided Well-Being Team
- 127% increase in onsite activities in February (11 in 2017 and 25 in 2018)
 - Attributed to screenings and activities associated with the Live, Feel, and Be Better in 2018 campaign.

2018 Onsite Activities at Worksite



Campaign and Challenges

Live, Feel, and Be Better in 2018

- 7% (109) Healthy Blood Pressure
- 46% (668) Healthy Weight
- 47% (688) Healthy Habits
- 1465 total pledges



Diabetes Prevention & Management Programs

Diabetes Programs	United Healthcare	Blue Shield of California
Type of Program	UHC has a Diabetes Management Program as part of overall disease management.	BSC has Diabetes Prevention Program at no cost to eligible members.
Services Provided	Telephonic nurse support to guide members to gaps in care, providers, medication, and lifestyle guidance.	Trained lifestyle coaches promote lifestyle changes, exercise, healthy eating, and behavior modification.
Support and Sessions	High risk members receive 1 to 1 support, low/moderate receive mail communications along with educational materials.	Program is 1 year for members with 16 sessions for first 6 months, 1 session per month in the last 6 months. Sessions in person, online, or both. Peer support and stress management also are included .
Program Focus	Focus is on limiting disease progression, healthier lifestyle, and management of co-morbidities.	Focus is on pre-diabetic members and reducing risk of becoming type 2 diabetics BSC uses a partner, Solera Health, to provide these services. www.mywellvolution.com



March 1, 2018

Subject: SFHSS Copay & Deductible Benchmark History

In a comparison of benchmark data from 2013 through 2018 for both HMO and PPO plan designs, SFHSS plan design features have remained the same year over year. Some movement in the benchmarking data is shown, however because underlying data methodology for each run may change each year, some level of change would be considered within margin and may not seem directionally correct given general knowledge of the health care market.

HMO Plan Comparison

The current 2018 SFHSS HMO plan copays for primary care providers are in line with benchmarks over time.

The SFHSS specialist office visit copay has remained lower than all benchmarked plans each year because most respondents in the benchmarking database have a differentiated/higher copay for specialty care versus primary care.

Additionally, the hospital admission copay for both Kaiser and Blue Shield is notably lower than benchmarks, even when comparing back as far as 2013 benchmarks. The benchmarks for hospital per day and per admission charges have been steadily increasing; while SFHSS plan cost sharing has remained the same since 2013.

PPO Plan Comparison

Benchmark coinsurance percentages have remained at 80% or 90% since 2013, which is in alignment with the SFHSS plan design of 85% Coinsurance.

The most significant change for Aon's Book of Business benchmark is a steady increase in Government clients' deductibles. SFHSS' UHC plan individual deductible is half of the average when compared to the Aon Book of Business for National and Government clients. The family deductible is also slightly lower than the benchmarks. Looking back to 2013 and 2014, the UHC plan deductibles were close to the Government Book of Business plans. While we have seen increases to the benchmark deductibles over time, UHC deductibles are at the same amount as 2013 deductibles.

Summary

The benchmarks indicate shifts in member share of the costs over time. Most of the shifting has been seen in the deductibles and hospital copays. Changes to primary care and specialty care office visit copays has been limited. SFHSS plans have not shifted at the same rate the market has.

Attachment: Benchmarking Comparison: 2013 – 2018

Hearing Aid Network and Benefit

- Blue Shield of California does not have a hearing aid network, this allows any vendor providing hearing aids to be covered, including Costco.
 - All claims would be subject to the limit of \$2,500 per ear, per member, every 36 months for hearing aids and ancillary equipment.
- UnitedHealthcare contracting requirements include a provision that the provider has a Medicare and Medicaid State certificate. Because Costco does not have these certificates, UHC will not cover Costco. This is no different than how UHC would treat any other provider which doesn't meet UHC's contracting requirements. UHC does offer EPIC Hearing through their network providers as well as Optum hi Health Innovations.
 - Under UHC, the plan pays up to \$2,500 per ear, every 3 years, for these EPIC Hearing and Optum network providers, and for non-network providers that have required certification.

San Francisco Health Service System

Benchmarking Comparison: 2013 - 2018

HMO

		2013-2018		2018		2017				2016			
Medical HMO Coverage		SFHSS Blue Shield	SFHSS Kaiser	Aon Book of Business		Aon Bench		Aon Book of Business		Aon Book of Business		Carrier Book of Business	
				GOVT (2)	NATL (94)	GOVT (63)	NATL (466)	GOVT (16)	NATL (529)	GOVT (106)	NATL (468)	Blue Shield	Kaiser
Individual Deductible		None	None	N/A	\$500	\$500	\$500	\$750	\$450	\$250	\$450	N/A	N/A
Family Deductible		None	None	N/A	\$1,000	\$1,000	\$1,000	\$1,500	\$1,000	\$750	\$1,000	N/A	N/A
Copays													
Office Visit	PCP	\$25	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$16	\$20
	Specialist	\$25	\$20	\$40	\$40	\$25	\$30	\$40	\$40	\$35	\$40	\$16	\$20
Hospital	Per day	None	None	\$0	\$295	\$150	\$200	\$250	\$100	\$250	\$100	\$113	None
	Admission	\$200	\$100	\$250	\$362	\$250	\$250	\$300	\$250	\$300	\$250	\$336	\$150
Outpatient Surgery		\$100	\$35	100%	100%	\$125	\$100	100%	100%	100%	100%	\$118	\$50
Emergency Room		\$100	\$100	\$100	\$150	\$100	\$100	\$125	\$100	\$100	\$100	\$67	\$75

HMO

		2013-2018		2015		2014		2013	
Medical HMO Coverage		SFHSS Blue Shield	SFHSS Kaiser	Aon Book of Business		Aon Book of Business		Aon Book of Business	
				GOVT (110)	NATL (478)	GOVT (99)	NATL (477)	GOVT (136)	NATL (579)
Individual Deductible		None	None	\$275	\$350	\$100	\$363	\$250	\$300
Family Deductible		None	None	\$750	\$900	\$300	\$800	\$725	\$750
Copays									
Office Visit	PCP	\$25	\$20	\$20	\$20	\$20	\$20	\$20	\$20
	Specialist	\$25	\$20	\$35	\$35	\$35	\$35	\$35	\$35
Hospital	Per day	None	None	\$175	\$100	\$0	\$88	\$150	\$100
	Admission	\$200	\$100	\$275	\$250	\$275	\$250	\$250	\$250
Outpatient Surgery		\$100	\$35	100%	100%	100%	100%	100%	100%
Emergency Room		\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

Note: **BOLD** text indicates a change from the prior year

San Francisco Health Service System

Benchmarking Comparison: 2013 - 2018

PPO

		2013- 2018	2018		2017				2016	
		SFHSS	Aon Book of Business		Aon Bench		Aon Book of Business		Aon Book of Business	
Medical PPO Coverage		UHC	GOVT (19)	NATL (375)	GOVT (174)	NATL (1,689)	GOVT (39)	NATL (1,719)	GOVT (226)	NATL (1,417)
Individual Deductible		\$250	\$450	\$750	\$500	\$500	\$500	\$538	\$400	\$500
Family Deductible		\$750	\$900	\$1,500	\$1,000	\$1,200	\$1,200	\$1,250	\$1,000	\$1,200
Copays										
Office Visit	PCP	85%	\$25	\$25	\$20	\$20	80%	80%	80%	80%
	Specialist	85%	\$40	\$40	\$25	\$35	80%	80%	80%	80%
Hospital	Per day	None	\$0	\$117	\$100	\$175	None	\$100	\$150	\$150
	Admission	85%	90%	80%	\$250	\$250	90%	80%	90%	80%
Outpatient Surgery		85%	80%	80%	\$100	\$100	80%	80%	90%	80%
Emergency Room		85%	80%	80%	\$100	\$115	80%	80%	85%	80%

PPO

		2013- 2018	2015		2014		2013	
		SFHSS	Aon Book of Business		Aon Book of Business		Aon Book of Business	
Medical PPO Coverage		UHC	GOVT (265)	NATL (1,558)	GOVT (243)	NATL (1,639)	GOVT (265)	NATL (1,734)
Individual Deductible		\$250	\$500	\$500	\$375	\$500	\$350	\$500
Family Deductible		\$750	\$1,000	\$1,200	\$800	\$1,125	\$800	\$1,000
Copays								
Office Visit	PCP	85%	90%	80%	80%	80%	90%	80%
	Specialist	85%	80%	80%	80%	80%	80%	80%
Hospital	Per day	None	\$100	\$100	\$100	\$100	\$200	\$100
	Admission	85%	90%	80%	90%	80%	90%	80%
Outpatient Surgery		85%	90%	80%	90%	80%	90%	80%
Emergency Room		85%	80%	80%	80%	80%	80%	80%

Note: **BOLD** text indicates a change from the prior year