

# SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

## MEMORANDUM

DATE: May 11, 2017  
TO: Randy Scott, President, and Members of the Health Service Board  
FROM: Mitchell Griggs  
Acting Executive Director, HSS  
RE: May 2017 Board Report

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### HSS Personnel

- We are currently recruiting for two, 9910 Employee Well-Being Interns
- Two Benefits Analyst (1210) positions are posted to fill open positions
- 0923 – Communications Manager position is now vacant, will begin recruitment

### Operations

- May inbound calls decreased 3% over 2016. Customer service levels were met in May.
- Preparing for high volume Retirements by:
  - Refresher training to entire team
  - Staffing to allow key individuals to specialize in processing retirement applications to increase quality and throughput
  - Updating retirement collateral (Medicare flyers, Advance Directives, Retiree Checklist) provided to retirees in order to arm them with information
- Providing ongoing refresher training for business tools (ECM, Salesforce) and processes (CCD, USD, vendor reports, escalation management)

### Data Analytics

- The File Room digitization project is complete! 89,219 member files were digitized which consisted of more than 2.2 million pages
- The Data Analytics Team has been partnering with the Finance Team to insure a smooth transition to the new financial system. Go-live is July 1, 2017 and HSS must meet various system processing deadlines
- Continuing system remediation for the split carrier enrollment option. 2 more programs were migrated into production and the 3 remaining program modifications are in flight

- Preparation for the 2018 plan year is underway. The Data Analytics team provides varied support including project management, system development and configuration, and data extracts. Current work streams include:
  - Configuration of self-service benefits in a test environment
  - PeopleSoft HCM Self-Service Applications training
  - Configuration testing for a possible vision buy-up plan
  - Created local installations of several versions of kiosk software for demonstration and testing
  - Initiated OE project risk management processes
  - Provided AON Hewitt additional current and previous year enrollment splices

### **Finance and Accounting**

- Financial System Project (F\$P):
  - Preparing for early close of the FY 2016-17 and conversion to new financial system July 1, 2017
  - Ensure continuity of payments during the conversion and for the first month of implementation
  - Participated in testing of the system and began reviewing the training tools
  - Ensure reports from eMerge are designed to work with the new system
- Finance and Accounting
  - Issued first reimbursement for \$7,710 to an active member for Adoption and Surrogacy Assistance Plan
  - Continued to work with Mayor's Office on the FY 2017-18 and FY 2018-19 budget
- Contracting and Vendor Management
  - Executed service agreement with Lab Communications Group for City-wide '2017 SFHSS Well-Being Campaigns' targeting nutrition, volunteerism and stress-mitigation
  - Executed Medicare Group Agreement with United Healthcare
  - Executed agreement with Employee Benefit Specialists for the administration of the Management Cafeteria Plan and voluntary benefits

## Communications

- 35,968 website visits for the month of April 2017
- Launched Play Your Way well- being challenge web page
- Began creation of re-branded material for the Well-Being team
- eNews stats: out of 18,676 delivered and 12,768 were opened.

## Well-being

- 10 more departments identified leaders who will help support employee well-being (28 total). 16 more Champions were identified (total 153)
- 5 Spotlights were awarded. Read them here: [http://myhss.org/well-being/well-beingatwork/spotlight\\_winners.html](http://myhss.org/well-being/well-beingatwork/spotlight_winners.html)
- 8 departments have plans prepared to work toward receiving the Well-Being@Work Award
- Healthy Start (January-March) data revealed that people were most interested in changing their physical activity and eating habits
- Play Your Way and the 30-Day Challenge launched to promote physical activity. The challenge is available to all members and runs 5/1-5/30. It isn't too late to register: <http://myhss.org/well-being/playyourway.html>
- 34 onsite activities were offered in April. This is equivalent to the number of activities provided from January-March combined. This is a result of the recent Champion training. 56% of these activities were offered by HSS staff
- EAP provided counseling to 64 clients in April. Participation in counseling so far in 2017 compared to 2016 represents a 22% increase in the number of hours and a 27% increase in the number of people counseled
- EAP provided 24 organizational well-being services to 116 people in April. This represents a 14% increase in the number of services compared to 2016 and a 93% increase in the number of people served. The majority of services were organizational consultations and trainings. The majority of people served attended trainings and orientations
- There were 945 visits to the Wellness Center in April, this is 200 more visits than the previous month. Play Your Way Week, which included the Fitness Fair, and coaching for the Healthy Weight Program contributed heavily to this increase in participation.
- 412 visits (43.6%) were for group exercise. Due to lack of instructor availability, there were 10 fewer classes offered in April
- On May 19<sup>th</sup> the Wellness Center will be renamed the Catherine Dodd Wellness Center. There will be a celebration from 12-2 for the naming and the 3<sup>rd</sup> anniversary of the Wellness Center

### **Directors Meetings/Presentations/Misc.**

- Met weekly with Aon Hewitt
- Attended the Mayor's Department Head meeting
- Attended PBGH-led group call with stakeholders regarding the status of California State Senate Majority Leader Monning's Bill SB 538 (Hospital Contracts)
- Attended eMerge Executive Steering Committee meeting
- Participated in Kaiser Permanente - 2018 Renewal Meeting
- Sent a Letter of Support to the CA Senate Health Committee on behalf of the City and County of San Francisco, for California Senate Bill SB 199 (Hernandez), which, if enacted, would create a state stakeholder advisory group on implementing a Healthcare Transparency Database
- Participated in Blue Shield's Performance Guarantees Review meeting
- Participated in Blue Shield's rate renewal and Trio clinical strategy meetings
- Met with VSP to determine vision buy-up enrollment needs
- Met with Mayor's policy and budget staff
- Toured FNTI (scanning vendor) facilities and GRM (record storage vendor) facilities
- Met with HSS staff for open enrollment project kick-off and development of self-service benefits open enrollment 2017 pilot

### **Questions from Board members**

***2015 DMHC Timely Access report; page 7***

***Nutrition Counseling coverage; page 8***

#### ***Specialty Pharmacy:***

At the April 13, 2017, Board meeting, President Scott requested Aon to provide annual costs of specialty medications. Aon responded with \$26,000,000 is spent annually on specialty medications for actives and retirees within the Pharmacy benefit.

## **Federal & State Update summarized by Lee Hagy Research Asst.**

### ***Thursday May 4, 2017: U.S. House Votes To Repeal and Replace Affordable Care Act***

After initially failing to secure enough votes to pass the American Health Care Act (AHCA) to repeal and replace the Patient Protection and Affordable Care Act (ACA) in March 2017, President Trump and Republican Congressional leaders of the U.S. House of Representatives were able to secure enough votes to pass an amended version of the AHCA on May 4, 2017, by a vote of 217 to 213, thereby sending the measure to the U.S. Senate, where it is anticipated to undergo many changes before being considered for a vote again (likely in June). (Miller, Society for Human Resource Management, May 4, 2017).

While the AHCA does not eliminate the requirement that most Americans carry health insurance, it would eliminate the penalty imposed for not having insurance and permit insurance companies to implement a one-year 30 percent surcharge on premiums for those who have gaps in health coverage of at least 63 days, but would only apply to policies bought in individual or small group markets. (CNN Wire, May 4, 2017).

As noted by the Society of Human Resource Management, the key issues of interest to the HR profession are the following:

- **Elimination of Minimum Essential Coverage ACA Penalty for failure to have insurance coverage**, with possible follow-up regulatory changes to reduce 1095 reporting and notification requirements to the IRS
- **Delaying the “Cadillac tax” on employer plans to 2026 and end other ACA taxes on employers, including the Health Insurance Tax (HIT)**
- **Repealing the annual limits on Flexible Spending Accounts (FSAs) and permitting their use to reimburse over-the-counter medications**
- **Lowering the tax rate on Health Savings Accounts (HSAs) distributions to 10 percent and allowing individuals to use HSA funds for over-the-counter medicine**

Two forefront divisive issues within the Republican Party regarding replacement of the ACA included tax credits offered for health insurance and the future of Medicaid. Regarding Medicaid, the main issue of contention was whether to continue offering federal support for coverage to single adults without dependents through the expansion of the Medicaid program in states that expanded their insurance to cover this demographic group through the authority of the ACA during the Obama Administration. Under the AHCA, this federal support for Medicaid expansion would be gradually scaled back and eliminated.

As of today, the Affordable Care Act remains in place, including the paying of cost subsidies to support health care exchanges, despite a U.S. House of Representatives lawsuit challenging the constitutionality of Obamacare cost-sharing subsidies. House Speaker Paul Ryan (R-WI) said Thursday March 29, 2017 that the Administration will continue to fund key Obamacare payments to insurers while the lawsuit runs its course. (Sullivan, March 30, 2017).

### ***Trump signs \$1 trillion spending bill keeping government open through September***

By a vote of 79-18, the U.S. Senate voted May 4, 2017 to approve a \$1.1 trillion spending bill to fund the government through September, preventing a government shutdown, but more work will need to be done in the coming months to fund Fiscal Year 2018 before October. President Trump signed this measure on May 5, 2017.

### ***Advancement of HR 1304 Self Insurance Protection Act to U.S. Senate***

On April 5, 2017, the U.S. House voted 400-16 to advance HR 1304, which would block federal efforts to regulate small stop-loss plans as health insurance by excluding the plans from the federal definition of "health insurance coverage." (Think Advisor, April 5, 2017). This bill amends the Public Health Service Act, the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code to exclude from the definition of "health insurance coverage" a stop-loss policy obtained by a self-insured health plan or a sponsor of a self-insured group health plan to reimburse the plan or sponsor for losses incurred in providing health benefits to plan participants in excess of a level set forth in the stop-loss policy.

### ***The Healthy California Act (Creating Single Payer Healthcare System) Advances in Senate***

On April 26, 2017, SB 562, The Healthy California Act, to provide comprehensive universal single-payer health care coverage, advanced through the Senate Health Committee to the Senate Appropriations Committee by a vote of 5-2. As currently written, all California residents would be eligible for the program and would not be required to pay any form of cost sharing for covered benefits. State analysts estimate the costs of the bill as being at least \$250 Billion. (Luery, KCRA News Sacramento, April 26, 2017). Co-authors include Assemblyman David Chiu and State Senator Scott Wiener. In his 2018 bid for Governor of California, former Mayor Gavin Newsom has indicated he is adding a statewide universal healthcare system to his campaign platform in the model of Healthy San Francisco. (Willon, LA Times, March 13, 2017).

**2015 DMHC Timely Access report:**

In a prior Health Service Board meeting, Commissioner Follansbee requested that the carriers respond to the [2015 DMHC Timely Access report](#). Vendors were asked to prepare a written statement to be included in the Director's Report.

***Kaiser Permanente response:***

Kaiser Permanente is pleased in our overall performance in the DMHC's Measurement Year 2015 Timely Access report. The single finding noted by the DMHC in reference to Kaiser Permanente's reporting of "Lines of Business" was reviewed and investigated. Through both internal assessments and consultation with the DMHC's Office of Plan Monitoring, Division of Provider Networks, we retrospectively identified certain mis-classified Medi-Cal plan partner relationships. To correct this issue and to ensure that this administrative reporting issue is not repeated, Kaiser Permanente contacted each of our Medi-Cal plan partners to confirm the reported relationships, DMHC Health Plan IDs, and provider networks are accurate.

***Blue Shield of California response:***

Blue Shield of California is and has been in full compliance with all DMHC requirements, and continues to update access objectives, measurements, policies and procedures to ensure continued compliance and to ensure optimum high quality care to members.

***UnitedHealthcare response – Active/Early Retiree:***

UnitedHealthcare of California is taking all necessary steps to ensure we are compliant with TAR/Network Adequacy Requirements, including working with the DMHC to finalize outstanding issues from the MY2015 Report.

***UnitedHealthcare response – Medicare Retiree:***

UnitedHealthcare administers our plan designs in compliance with applicable federal and state mandates, however as Medicare Advantage Plans are federally regulated products governed by the mandates promulgated by the Centers for Medicare and Medicaid Services (CMS), most state mandates governing operation of the plan are preempted by federal law. We are routinely audited by CMS for compliance, and it is our intent at all times to comply with all applicable laws and regulations.

**Nutrition Counseling coverage;**

In the April 13, 2017 meeting, Commissioner Breslin asked about current coverage for nutrition counseling and any coverage changes planned. Responses from all three medical plans were gathered.

***Kaiser Permanente response:***

Nutrition counseling services are covered under the Health Education benefit. All plans include coverage for Health Education. Specifically regarding nutrition, these topics are covered:

- Diabetes management
- Perinatal: Exercise/Nutrition
- Weight/Exercise/Nutrition Overview (single session)

Note: Weight loss programs (e.g., Optifast, Weight Watchers) and weight loss products, including food are not covered.

***Blue Shield of California response:***

Under the Preventive Services benefit, there are no out of pocket costs for members to talk to their doctor and receive behavioral counseling related to Healthy Diet, Physical Activity, and Obesity. Please see the attached Prevention guide with references to nutritional counseling throughout.

Under Diabetes Prevention Program, see attached flyer, members who qualify receive nutritional counseling as part of the program, and this is a requirement per the CDC Curriculum and below is a link to the CDC Curriculum site: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html>

# The power of prevention

**Put our preventive health guidelines into practice. Your family's health could depend on it.**

You've heard the old saying about an ounce of prevention. Your doctors know that preventive screenings and tests often are the best first steps in preventing illness. They also allow for rapid response at early onset of health problems, when treatments can be most effective.

To take advantage of the power of prevention, you and your entire family need to stay current with the recommended screenings and tests appropriate for your age, gender, medical history, current health and family history.

We have compiled the following guidelines to help you keep track of what's needed and when. It's just one more way we're working to make your health easier to maintain.

## For children ages 0 to 2

### Topics you may want to discuss with your doctor

#### Safety

- Use a checklist to “baby-proof” your home.
- Check your home for the presence of lead paint.

#### Nutrition

- Breast-feeding and iron-enriched formula and food for infants.

#### Dental health

- Do not put your baby or toddler to bed with a bottle containing juice, milk or other sugary liquid. Do not prop a bottle in a baby’s or toddler’s mouth. Clean your baby’s gums and teeth daily.
- Use a clean, moist washcloth to wipe gums. Use a soft toothbrush with water only, beginning with eruption of first tooth.
- Age 6 months to preschool: Discuss with your dentist about taking an oral fluoride supplement if water is deficient in fluoride.
- Age 2: Begin brushing child’s teeth with pea-size amount of fluoride toothpaste.

#### Autism

- Assessment at 18 and 24 months by your child’s doctor.

### Immunizations

Shot number in a series	1	2	3	4
<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	2	4	6	15–18 months
<b>Flu, annual</b>	For children 6 months and older <sup>2,18</sup>			
<b>Hepatitis A</b>	12–23 months (second dose at least 6 months after first)			
<b>Hepatitis B</b>	0 (birth)	1–2	6–18 months	
<b>Hib</b> (Haemophilus influenzae type b)	2	4	6	12–15 months
<b>IPV</b> (inactivated poliovirus vaccine)	2	4	6–18 months	
<b>MMR</b> (measles, mumps, rubella)	First dose at 12–15 months, second dose at ages 4–6			
<b>Pneumococcal</b> (pneumonia)	2	4	6	12–15 months
<b>RotaRix (rotavirus), or</b>	2	4 months		
<b>RotaTeq (rotavirus)</b>	2	4	6 months	
<b>Varicella</b> (chicken pox)	12–15 months, second dose at ages 4–6			

### Screenings/counseling/services

<b>Autism</b>	Children 18–30 months old
<b>Blood tests</b>	24–48 hours after birth <sup>1</sup>
<b>Flouride use</b>	Discuss use or prescribe supplement for age 6 months and older <sup>25</sup>
<b>Gonococcal ophthalmia</b>	Topical eye medication administered during initial newborn care
<b>Hearing loss</b>	One- or two-step screening process for newborns
<b>Height and weight</b>	Periodically
<b>Iron deficiency anemia</b>	Children age 6–12 months at average or increased risk
<b>Lead</b>	Risk assessment and testing at age 12 and 24 months if risk identified
<b>Sickle cell disease screening</b>	Risk assessment and testing if risk identified
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

## Injury prevention for:

### Infants and young children

#### A special message about SIDS.

Sudden infant death syndrome (SIDS) is the leading cause of death for infants. Put infants to sleep on their backs to decrease the risk of SIDS.

Take these steps to “baby proof” your home and give your child a safe environment:

- Use the right car seat for your vehicle and for your child’s weight. Read the car seat and vehicle manufacturer’s instructions about installation and use. Use a rear-facing car seat until your child is at least 1 year old and weighs at least 20 pounds.
- Keep medicines, cleaning solutions and other dangerous substances in childproof containers, locked up and out of reach of children.
- Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- Keep hot-water heater temperatures below 120° F.
- Keep unused electrical outlets covered with plastic guards.
- Provide constant supervision for babies using a baby walker. Block the access to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves or electric heaters).
- Keep objects and foods that can cause choking away from your child. This includes things like coins, balloons, small toy parts, hot dogs (unmashed), peanuts and hard candy.
- Use fences that go all the way around pools, and keep gates to pools locked.

## For children ages 3 to 10

### Topics you may want to discuss with your doctor

#### Safety

- Use a checklist to “child-proof” your home.
- Check your home for the presence of lead paint.

#### Exercise

- Ages 0–5: Participate in physical activity as a family, such as taking walks or playing at the playground. Limit television to less than two hours a day.
- Age 6 and up: Regular physical activity can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.

#### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.

#### Dental health

- Ask your dentist when and how to floss child’s teeth.
- Age 5: Talk to your dentist about dental sealants.

#### Other topics for discussion

- Well-child visits are a good time to talk to your doctor about any concerns you have with your child’s health, growth or behavior.

### Immunizations

<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	Ages 4–6
<b>Flu, annual</b>	Recommended <sup>2,18</sup>
<b>Hepatitis A</b>	For children not previously vaccinated and risk factors are present
<b>Hepatitis B</b>	For children who did not complete the immunization series between 0–18 months
<b>IPV</b> (inactivated poliovirus vaccine)	Ages 4–6
<b>MMR</b> (measles, mumps, rubella)	Second dose at ages 4–6
<b>Pneumococcal</b> (pneumonia)	For children with risk factors <sup>6</sup> or an incomplete schedule (ages 2–5)
<b>Varicella</b> (chicken pox)	Second dose at ages 4–6

### Screenings/counseling/services

<b>Height, weight, BMI and hearing</b>	At annual exam
<b>Flouride use</b>	Discuss use or prescribe supplement for age 5 and younger <sup>25</sup>
<b>Lead</b>	Risk assessment for age 6 and under
<b>Obesity</b>	Screening, counseling and behavioral interventions for children age 6 and older
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for children age 10 and older at high risk
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

Be aware of your child’s recommended weight: Use our online tools to calculate your child’s body mass index (BMI) by logging in to [blueshieldca.com](http://blueshieldca.com) and searching for BMI.

## Injury prevention for:

### Older children

- Children should use a booster seat in the car’s back seat until they are at least 8 years old or weigh at least 80 pounds.
- Older children should use car seat belts and sit in the back seat at all times.
- Make sure your child wears a helmet while rollerblading or riding a bicycle. Make sure your child uses protective equipment for rollerblading and skateboarding (helmet, wrist and knee pads).
- Warn your child of the dangers of using alcohol and drugs. Many driving and sports-related injuries are caused by the use of alcohol and drugs.

### For all ages

- Use smoke detectors in your home. Change the batteries every year, and check once a month to see that they work.
- If you have a gun in your home, make sure that the gun and ammunition are locked up separately and kept out of children’s reach.
- Never drive after drinking alcohol.
- Use car seat belts at all times.
- Teach your child traffic safety. Children under 9 years old need supervision when crossing streets.

- Teach your children how and when to call 911.
- Learn basic life-saving skills (CPR).
- Post the number for the Poison Control Center – (800) 222-1222 – near your phone. Also, write it in the space on your home “Important Information” list. The number is the same in every U.S. location. Do not try to treat poisoning until you have called the Poison Control Center.

## For children ages 11 to 19

### Topics you may want to discuss with your doctor

#### Exercise

- Regular physical activity (at least 30 minutes per day starting at age 11) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.

#### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake for adolescents and young adults is estimated to be 1,200 to 1,500 mg/day.

#### Sexual health

- Sexually transmitted infection (STI)/HIV prevention<sup>14</sup> practice safe sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

#### Substance abuse

- Use of alcohol, tobacco (cigarettes or chewing), inhalants and other drugs among adolescents is a major concern for parents. Let the doctor know if you have any concerns about your child.

#### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

#### Other topics for discussion

- It is a good idea to let your teenager have private time with the doctor to ask any questions he or she may not feel comfortable asking you.

### Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals not previously vaccinated and risk factors are present
<b>Hepatitis B</b>	For individuals not previously vaccinated
<b>HPV (human papillomavirus)</b>	A three-shot series at pre-adolescent visit (ages 11–12); may also be given to females ages 9–26 and males ages 9–26
<b>Meningococcal</b>	At pre-adolescent visit (ages 11–12); administer to college-bound students living in a dorm if not previously immunized <sup>8</sup>
<b>MMR (measles, mumps, rubella)</b>	At pre-adolescent visit (ages 11–12) if missing second dose
<b>Pneumococcal (pneumonia)</b>	For children with risk factors <sup>6</sup>
<b>Tdap booster (tetanus, diphtheria, pertussis)</b>	For children ages 11–12 who have completed the recommended DTaP immunization series <sup>17</sup>
<b>Varicella (chicken pox)</b>	At pre-adolescent visit (ages 11–12) if missing second dose

### Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Blood pressure, height, weight, BMI, vision and hearing</b>	At annual exam
<b>Cervical cancer</b>	Recommended for women who have been sexually active
<b>Chlamydia</b>	Recommended for all sexually active women under age 25 and for women at increased risk for infection <sup>11</sup>
<b>Contraception</b>	FDA-approved contraceptive methods for females, education and counseling <sup>33</sup>
<b>Depression</b>	For all adolescents
<b>Gonorrhea</b>	Recommended for all sexually active women who are at increased risk for infection <sup>11</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>28</sup>
<b>Hepatitis B</b>	Screening for HBV infection in persons at high risk of infection <sup>30</sup>
<b>Hepatitis C</b>	Screening for HBV infection in persons at high risk of infection <sup>31</sup>
<b>HIV</b>	For all adolescents at increased risk for HIV infection <sup>24</sup>
<b>Obesity</b>	Screening, counseling and behavioral interventions
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>27</sup>
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for adolescents at high risk
<b>Syphilis</b>	For individuals at increased risk for infection <sup>12</sup>
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

## Promoting your pre-teen's and adolescent's social and emotional development

Parents need to offer open, positive communication while providing clear and fair rules and consistent guidance. Let your child find his or her own path while staying within the boundaries you have set.

- Be a good role model for how to handle disagreements, such as by talking calmly.
- Praise him or her for successfully avoiding a confrontation, such as by saying, "I'm proud of you for staying calm."
- Supervise the websites and computer games that your child uses.
- Set limits on use of computers, telephones, texting and TV after a set evening hour to help your child get regular sleep.
- Talk to your child about healthy relationships. Dating abuse does occur among preteens and teens.
- Be a role model for healthy eating and regular physical exercise.

## For women ages 20 to 49

### Topics you may want to discuss with your doctor

#### Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.
- Over 40: Consult physician before starting new vigorous physical activity.

#### Nutrition

- Know your body mass index (BMI), blood pressure and cholesterol level. Modify your diet accordingly.
- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake for women between ages 25 and 50 is estimated to be 1,000 mg/day.
- Vitamin D is important for bone and muscle development, function, and preservation.

#### Sexual health

- Sexually transmitted infection (STI)/HIV prevention;<sup>1,6</sup> practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

#### Substance abuse

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

#### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

If you are pregnant, please refer to the “For pregnant women” page for pregnancy-related recommendations.

### Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
<b>Hepatitis B</b>	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
<b>HPV</b> (human papillomavirus)	For all women age 26 and younger if not previously immunized
<b>Meningococcal</b>	College-bound students living in a dorm if not previously immunized <sup>8</sup>
<b>MMR</b> (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal</b> (pneumonia)	For individuals with risk factors <sup>7</sup>
<b>Td booster</b> (tetanus, diphtheria)	Recommended once every 10 years <sup>15</sup>
<b>Varicella</b> (chicken pox)	Recommended for adults without evidence of immunity; should receive 2 shots <sup>10</sup>

### Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Blood pressure, depression, height, weight and BMI</b>	At well visit, annually
<b>Breast cancer</b>	Recommend mammogram every 1–2 years beginning at age 40; BRCA/BART testing is covered if medically necessary <sup>21</sup>
<b>Breast cancer chemoprevention</b>	Recommended for women at high risk for breast cancer and low risk for adverse effects from chemoprevention
<b>Cervical cancer</b>	Recommend for women who have been sexually active and have a cervix
<b>Chlamydia</b>	Recommended for all sexually active women under age 25 and for women at increased risk for infection <sup>11</sup>
<b>Contraception</b>	FDA-approved female contraceptive methods, education, and counseling <sup>33</sup>
<b>Depression</b>	For all adults
<b>Diabetes</b>	Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg <sup>23</sup>
<b>Domestic violence and abuse</b>	Screening and counseling for interpersonal and domestic violence
<b>Gonorrhea</b>	Recommend for all sexually active women who are at increased risk for infection <sup>11</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>28</sup>
<b>Hepatitis B</b>	Screening for HBV infection in persons at high risk of infection <sup>30</sup>
<b>Hepatitis C</b>	Screening for HBV infection in persons at high risk of infection <sup>31</sup>
<b>HIV</b>	For all adults at increased risk <sup>24</sup>
<b>HPV</b>	Recommended for all sexually active women age 30 and older in conjunction with cervical cancer screening (Pap smear)
<b>Lipid disorder</b>	Recommended for individuals at increased risk <sup>9</sup>
<b>Obesity</b>	Screening, counseling and behavioral interventions
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>27</sup>
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for young adults to age 24 at high risk
<b>Syphilis</b>	Routine screening for pregnant women and individuals at increased risk for infection <sup>12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention

## For men ages 20 to 49

### Topics you may want to discuss with your doctor

#### Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.
- Men over 40: Consult physician before starting new vigorous physical activity.

#### Nutrition

- Know your body mass index (BMI), blood pressure and cholesterol level. Modify your diet accordingly.
- Vitamin D is important for bone and muscle development, function and preservation.

#### Sexual health

- Sexually transmitted infection (STI)/HIV prevention;<sup>16</sup> practice safer sex (use condoms) or abstinence.

#### Substance abuse

- Stop smoking. Limit alcohol consumption.
- Avoid alcohol or drug use while driving.

#### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

“Know your numbers.” We encourage you to learn your “numbers” at your doctor visit and work toward the optimal goals through exercise and a healthy diet.

### Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
<b>Hepatitis B</b>	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
<b>HPV</b> (human papillomavirus)	For all men age 26 and younger if not previously immunized
<b>Meningococcal</b>	College-bound students living in a dorm if not previously immunized <sup>8</sup>
<b>MMR</b> (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal</b> (pneumonia)	For individuals with risk factors <sup>7</sup>
<b>Td booster</b> (tetanus, diphtheria)	Recommended once every 10 years <sup>15</sup>
<b>Varicella</b> (chicken pox)	Recommended for adults without evidence of immunity; should receive two shots <sup>10</sup>

### Screenings/counseling/services

<b>Alcohol misuse</b>	Behavioral counseling
<b>Aspirin</b> <sup>14</sup>	Visit to discuss potential benefit of use <sup>19</sup>
<b>Blood pressure, depression, height, weight and BMI</b>	At annual exam
<b>Depression</b>	For all adults
<b>Diabetes</b>	Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg <sup>23</sup>
<b>Domestic violence and abuse</b>	Screening and counseling for interpersonal and domestic violence
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>28</sup>
<b>Hepatitis B</b>	Screening for HBV infection in persons at high risk of infection <sup>30</sup>
<b>Hepatitis C</b>	Screening for HBV infection in persons at high risk of infection <sup>31</sup>
<b>HIV</b>	For all adults at increased risk <sup>24</sup>
<b>Lipid disorder</b>	Screening periodically, starting at age 35; age 20 if at increased risk <sup>9</sup>
<b>Obesity</b>	Screening, counseling and behavioral interventions
<b>Prostate cancer</b>	Beginning at age 40 if at increased risk <sup>26</sup>
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>27</sup>
<b>Skin cancer</b>	Behavioral counseling for minimizing exposure to ultraviolet radiation for young adults to age 24 at high risk
<b>Syphilis, chlamydia and gonorrhea</b>	Routine screening for individuals at increased risk for infection <sup>11,12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention

### Heart health factors

- Total cholesterol
- LDL “bad” cholesterol
- HDL “good” cholesterol
- Triglycerides
- Blood pressure
- Fasting glucose
- Body mass index (BMI)
- Exercise

### Optimal goals

- Less than 200 mg/dL
- Less than 100 mg/dL
- 50 mg/dL or higher
- Less than 150 mg/dL
- Less than 120/80 mmHg
- Less than 100 mg/dL
- Less than 25 kg/m<sup>2</sup>
- Minimum of 30 minutes most days of the week

## For men and women age 50 and older

### Topics you may want to discuss with your doctor

#### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake is estimated to be 1,500 mg/day for postmenopausal women not on estrogen therapy.
- Vitamin D is important for bone and muscle development, function and preservation.

#### Sexual health

- Sexually transmitted infection (STI)/HIV prevention:<sup>6</sup> practice safer sex (use condoms) or abstinence.

#### Substance abuse

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

#### Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

#### Other topics for discussion

- Fall prevention.
- Possible risks and benefits of hormone replacement therapy (HRT) for post-menopausal women.
- Risks for and possible benefits of prostate cancer screening in men to determine what is best for you.
- The dangers of drug interactions.
- Physical activity.
- Glaucoma eye exam by an eye care professional (i.e., an ophthalmologist, optometrist) for those age 65 and older.

For heart health, adults should exercise regularly (at least 30 minutes a day on most days), which can help reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes. Consult your physician before starting a new vigorous physical activity.

### Immunizations

<b>Flu, annual</b>	Recommended <sup>2</sup>
<b>Hepatitis A</b>	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
<b>Hepatitis B</b>	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
<b>Pneumococcal (pneumonia)</b>	Recommended for individuals age 65 and older; and individuals under age 65 with risk factors <sup>7</sup>
<b>Td booster (tetanus, diphtheria)</b>	Recommended once every 10 years <sup>15</sup>
<b>Varicella (chicken pox)</b>	Recommended for adults without evidence of immunity; should receive two shots <sup>10</sup>
<b>Zoster (shingles)</b>	Recommended for all adults age 60 and older

### Screenings/counseling/services

<b>AAA (abdominal aortic aneurysm)</b>	For ages 65–75 who have ever smoked, one-time screening for AAA by ultrasonography
<b>Alcohol misuse</b>	Behavioral counseling
<b>Aspirin<sup>14</sup></b>	Visit to discuss potential benefit of use <sup>19, 20</sup>
<b>Blood pressure, depression, height, weight, BMI, vision and hearing</b>	At annual exam
<b>Breast cancer</b>	Recommend mammogram every 1–2 years for ages 50–74; BRCA/BART testing is covered if medically necessary <sup>21</sup>
<b>Breast cancer chemoprevention</b>	Covered for individuals at high risk for breast cancer and low risk for adverse effects from chemoprevention
<b>Cervical cancer</b>	At least every 3 years if cervix present; after age 65, Pap tests can be discontinued if previous tests have been normal
<b>Colorectal cancer</b>	Recommended for adults ages 50–75 <sup>22</sup>
<b>Depression</b>	For all adults
<b>Diabetes</b>	Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg <sup>23</sup>
<b>Domestic violence and abuse</b>	Screening and counseling for interpersonal and domestic violence
<b>Fall prevention</b>	Age 65 or older <sup>29</sup>
<b>Gonorrhea and chlamydia</b>	Recommended for individuals who are at increased risk for infection <sup>1</sup>
<b>Healthy diet and physical activity</b>	Behavioral counseling <sup>28</sup>
<b>HIV</b>	For all adults at increased risk for HIV infection <sup>24</sup>
<b>HPV</b>	Recommended for all sexually active individuals age 65 and younger
<b>Lipid disorder</b>	Screening periodically
<b>Lung cancer</b>	Screening for lung cancer in persons with smoking history <sup>32</sup>
<b>Obesity</b>	Screening, counseling and behavioral interventions
<b>Osteoporosis</b>	Recommend routine screening for women age 65 and older; routine screening for men age 70 and older – beginning age can be reduced for individuals at increased risk <sup>13</sup>
<b>Prostate cancer</b>	Prostate-specific antigen (PSA) test and digital rectal exam. May or may not be appropriate. Discuss with your doctor to see if it is more beneficial than harmful in your case
<b>Sexually transmitted infections</b>	Behavioral counseling as needed <sup>27</sup>
<b>Syphilis</b>	Recommended for individuals at increased risk for infection <sup>12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and cessation intervention

## For pregnant women

Screenings/counseling/services	
<b>Alcohol misuse</b>	Behavioral counseling
<b>Asymptomatic bacteriuria</b>	12–16 weeks gestation or first prenatal visit if after 16 weeks gestation
<b>Breast-feeding counseling</b>	Promote breast-feeding to pregnant or postpartum women. Provide comprehensive lactation support and breast-feeding equipment.
<b>Chlamydia</b>	During first prenatal visit and second screening during the third trimester for those at increased risk <sup>11</sup>
<b>Depression</b>	For all adults
<b>Folic acid</b>	Discuss use of 0.4 to 0.8 mg daily
<b>Gestational diabetes</b>	Women between 24- to 28-week gestations and the first prenatal visit for pregnancy. Women identified to be at increased risk for diabetes.
<b>Gonorrhea</b>	First prenatal visit and second screening during the third trimester if at increased risk <sup>11</sup>
<b>Hepatitis B</b>	First prenatal visit
<b>HIV</b>	First prenatal visit <sup>24</sup>
<b>Iron deficiency anemia</b>	Once during each pregnancy
<b>Rh (D) incompatibility</b>	First prenatal visit and repeat testing at 24- to 28-week gestation unless the biological father is known to be Rh (D) negative for unsensitized Rh (D) negative pregnant women
<b>Syphilis</b>	First prenatal visit, second screening during the third trimester, and at delivery for those at increased risk <sup>12</sup>
<b>Tobacco use and cessation</b>	Screening for tobacco use and tobacco-cessation intervention

Having a baby? Be aware that while almost all women get the “baby blues” after childbirth, as many as 10% will get postpartum depression. For more information visit our website, [blueshieldca.com](http://blueshieldca.com), and search “postpartum depression” or see your healthcare provider.

## Recommendations for a healthy pregnancy

### Prenatal care

Begin within 14 days of confirming pregnancy.

### Dietary supplements

Women of childbearing age should take 0.4 to 0.8 mg of folic acid daily to decrease the risk of fetal birth defects of the brain or spine; recommended calcium intake for pregnant or nursing women: 1,000 milligrams daily.

### Screenings and diagnostics

Blood pressure and weight check at all visits: urine test, obstetrical history and physical, screenings for asymptomatic bacteriuria, chlamydia, gestational diabetes, Group B streptococcal bacteria, Hepatitis B, syphilis, gonorrhea, hematocrit, rubella, varicella, Rh (D) incompatibility; HIV counseling and screening, ultrasonography, screening for alpha fetoprotein, chorionic villus screening (CVS) or amniocentesis (for women age 35 and older), blood test for certain birth defects, prior vaccinations (including flu shots), fundal height, fetal heart tones, discuss preterm labor risk, history of genital herpes, nutrition, smoking cessation, domestic abuse and other medication and drug use.

### Discussion topics at prenatal care visits

Prior vaccinations (including flu shots), history of genital herpes, nutrition, smoking cessation, other medication and drug use.

### Postpartum care

To be performed within three to seven weeks following delivery. Postpartum exam to include weight, blood pressure, breast and abdomen exam, or pelvic exam.

# Endnotes

1. Blood test for newborns may include congenital hypothyroidism, phenylketonuria and sickle cell disease.
2. Annual vaccination against influenza is recommended for all persons age 6 months and older, including all adults. Healthy, nonpregnant adults under age 50 without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine, or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults age 65 and older can receive the standard influenza vaccine or the high-dose influenza vaccine.
3. Risk factors for hepatitis A should be discussed with your provider.
4. Risk factors for hepatitis B should be discussed with your provider.
5. Measles component: Adults born before 1957 can be considered immune to measles. Adults born on or after 1957 should receive one or more doses of MMR, depending upon their immune status. Also, a second dose of MMR may be necessary if exposed, traveling internationally, and other factors. Rubella component: Women with unreliable vaccination history should check with their provider. Check with your doctor for details regarding pregnancy.
6. Administer pneumococcal vaccine to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
7. One dose for adults at risk, including those with chronic lung diseases (including asthma and COPD); cardiovascular diseases, diabetes mellitus, chronic liver disease, chronic renal failure, sickle cell disease, and immunocompromising conditions. Vaccination is also recommended in adults who smoke cigarettes and residents of nursing homes and long-term care facilities. Vaccination is not recommended in Alaskan Native or Native American persons unless they have another risk factor present. A second pneumococcal dose may be necessary for people age 65 and older who received the vaccine more than 5 years previously and were younger than 65 at the time of the primary vaccination. A one-time revaccination is recommended after 5 years for people with certain medical conditions, including immunosuppressive conditions and people who have undergone chemotherapy.
8. Individuals at risk for meningococcal disease include international travelers, college-bound students or anyone with a damaged or removed spleen or with terminal complement component deficiency. These individuals should discuss the risks and benefits of vaccination with their doctor.
9. Lipid disorders risk factors for men ages 20–35 or women age 20 and older include diabetes, previous personal history of congestive heart disease or non-coronary atherosclerosis, family history of cardiovascular disease before age 50 in male relatives and age 60 in female relatives, tobacco use, and obesity (BMI  $\geq$  30).
10. Individuals at risk for varicella infection include those who have close contact with persons at high risk for severe disease (healthcare workers and family contacts of immunocompromised persons) or are at high risk for exposure or transmission (e.g., teachers of young children; childcare employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
11. Risk factors for chlamydia and gonorrhea infection include history of chlamydial or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, commercial sex work, and drug use.
12. Risk factors for syphilis infection include all adolescents and adults who receive health care in a high-prevalence or high-risk clinical setting, men who have had sex with men, commercial sex workers, and those in adult correctional facilities. Individuals being treated for sexually transmitted diseases may be more likely than others to engage in high-risk behavior.
13. Increased risks for osteoporosis include women ages 60 to 64 with all of the following risks for osteoporotic fractures: lower body weight (weight < 70 kg) and no current use of estrogen therapy.
14. People with increased risk for coronary heart disease who may benefit from aspirin therapy are men over age 40, postmenopausal women, and younger people with hypertension, diabetes or who smoke.
15. People in contact with infants under 12 months of age and healthcare personnel can be given the Td vaccine as soon as feasible. It is recommended that Tdap should replace a single dose of Td for adults under age 65 if they have not previously received a dose of Tdap.
16. Sexually transmitted infections, also known as sexually transmitted diseases, include chlamydia, gonorrhea, herpes, HIV, HPV, syphilis, and others. See infection-specific notes for information on risk factors for sexually transmitted infections.
17. The Tdap (tetanus, diphtheria, acellular pertussis) booster is recommended in children ages 11 to 12 who have completed the childhood DTaP immunization series and have not yet received a tetanus and diphtheria (Td) booster dose.
18. Children through age 9 getting flu vaccine for the first time – or who received flu vaccine – should get two doses, at least four weeks apart.
19. Potential benefit of aspirin use in men ages 45 to 79 due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
20. Potential benefit of aspirin use in women ages 55 to 79 due to a reduction in ischemic strokes outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
21. For breast cancer screening, BRCA mutation referral for genetic risk assessment and evaluation for breast and ovarian susceptibility is recommended for women with family history associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes. BRCA/BART testing, if medically necessary. Please see Blue Shield of California medical policy on Genetic Testing for Hereditary Breast and/or Ovarian Cancer.
22. Colorectal cancer screenings include fecal occult blood annually, sigmoidoscopy every five years, and colonoscopy every 10 years. Beginning age and screening interval can be reduced for patients at increased risk.
23. Diabetes screening should be performed for adults ages 40 to 70 who are overweight and obese. Intensive behavioral counseling interventions to promote a healthful diet and physical activity for patients with abnormal blood glucose.
24. Individuals at risk for HIV infection include all adolescents and adults who receive health care in high-prevalence or high-risk clinical setting; men who have had sex with men after 1975; individuals having unprotected sex with multiple partners; past or present injecting drug users; commercial sex workers; individuals whose past or present sex partners were HIV infected, bisexual, or injection drug users; individuals being treated for sexually transmitted diseases; individuals with a history of blood transfusion between 1978 and 1985; and individuals who requested an HIV test despite reporting no individual risk factors.
25. Fluoride oral supplement should be discussed at preventive care visit if primary water source is deficient in fluoride.
26. Increased risk factors for prostate cancer include African-American men and men with family history of prostate cancer.
27. Behavioral counseling to prevent sexually transmitted infections is for sexually active adolescents and adults who meet the following criteria: current sexually transmitted infections, sexually transmitted infections within the past year, multiple current sexual partners, and in non-monogamous relationships if they reside in a community with a high rate of sexually transmitted infections.
28. Intensive behavioral counseling to promote healthy diet and physical activity is recommended for all adults who have hyperlipidemia or have any known risk factors for cardiovascular and diet-related chronic disease.
29. Falls prevention counseling for older adults to exercise or physical therapy to prevent falls in community-dwelling adults age 65 and older who are at increased risk for falls.
30. Hepatitis B screening for non-pregnant adolescents and adults for hepatitis B virus infection at high risk for infection; pregnant women at their first prenatal visit.
31. Hepatitis C screening for adults for hepatitis C virus infection at high risk for infection
32. Lung cancer screening for adults ages 55 to 80 who have a smoking history.
33. For self-administered hormonal contraceptives, you may receive up to a 12-month supply.

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.  
Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.  
Blue Shield of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

These are Blue Shield of California's Preventive Health Guidelines, which are based on nationally recognized guidelines. Members must refer to their *Evidence of Coverage* or *Certificate of Insurance* or Policy for plan/policy coverage of preventive health benefits.

**UnitedHealthcare response – Active/Early Retiree:**

UnitedHealthcare offers several resources for nutritional counseling:

1. Diabetes self-management training includes medical nutrition therapy services.
2. The “Healthy Pregnancy Program” offers a phone call from a care coordinator 4 weeks postpartum that includes information on nutrition. Nutritional Counseling is covered at 85% after the annual deductible for services related to diabetes education. Members can register for Healthy Pregnancy through MyUHC.com. Members can only access nutritional counseling through their Medical Benefits, and providers can be found at MyUHC.com. Only covered as related to Diabetes Education.
3. Rally, which is available to all UHC members, has information on eating healthy. When members log in online or through the Mobile App, they can set up missions for themselves, including Eating until Full, Incorporating Fruits and Vegetables, and Eating Mindfully. Users can mark each mission complete once a day and earn Rally Coins. There is also a lot of Health Weight and Nutrition information at [www.uhc.com/health-and-wellness](http://www.uhc.com/health-and-wellness) including articles on current topics, recipes including quick and healthy options, and online seminars on many and varied topics.
4. For 2018, UnitedHealthcare will offer the Real Appeal Program which includes:
  - a. A personalized transformation coach for an entire year for members who qualify for the program

Online Virtual Coaches guide participants through the program, step by step, customizing it to fit their needs, personal preferences, goals and medical history. Classes can be attended on the computer or on the mobile app.

- b. 24/7 online support and mobile app.

Staying accountable to goals is easier than ever with:

- Customizable food, activity, weight and goal trackers.
- Unlimited access to digital content, including streaming workout videos.
- Success group support which lets participants chat with others who are doing the Real Appeal program.
- The weekly Real Appeal All-Star Show featuring healthy tips from celebrities, athletes and health experts.
- Weekly analysis, feedback and goal reporting.

c. A Success Kit.

All the gadgets participants need to help kick-start their weight loss and keep them going strong will be delivered to their door after they attend their first group coaching session. It includes these helpful tools:

- Personal blender
- Digital food scale
- Measuring cups and spoons
- “Perfect” portion plate
- Resistance band
- Pedometer
- Real Appeal water bottle
- Electronic body weight scale
- Body tape measure
- Exercise DVDs

Real Appeal is provided at no additional cost to employees as part of their benefit plan. It teaches participants how to eat healthy and be active – without turning their lives upside down.

***UnitedHealthcare response – Medicare Retiree:***

In general, dietary counseling and weight reduction programs are excluded benefits under the MAPD plan. Below are related programs for members who meet specific eligibility requirements.

Medical Nutrition Therapy

Covered at \$0 cost share for beneficiaries eligible for Medicare-covered medical nutrition therapy services.

This benefit is for people with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by the member’s doctor.

UHC covers three hours of one-on-one counseling services during the first year that members receive medical nutrition therapy services under Medicare (this includes this plan, any other Medicare Advantage plan, or Original Medicare), and two hours each year after that. If the condition, treatment, or diagnosis changes, members may be able to receive more hours of treatment with a physician’s order. A physician must prescribe these services and renew their order yearly if the member’s treatment is needed into the next plan year.

Obesity screening and therapy to promote sustained weight loss

Covered at \$0 cost share for eligible members.

If members have a body mass index of 30 or more, UHC covers intensive counseling to help members lose weight. This counseling is covered if members receive it in a primary care setting, where it can be coordinated with a member's comprehensive prevention plan. Members can talk to their primary care doctor or practitioner to find out more.

### Real Appeal

For 2018, UnitedHealthcare will offer the Real Appeal Program which includes:

\$0 cost for eligible members with a BMI of 23-29 with a comorbid condition or 30+ BMI.

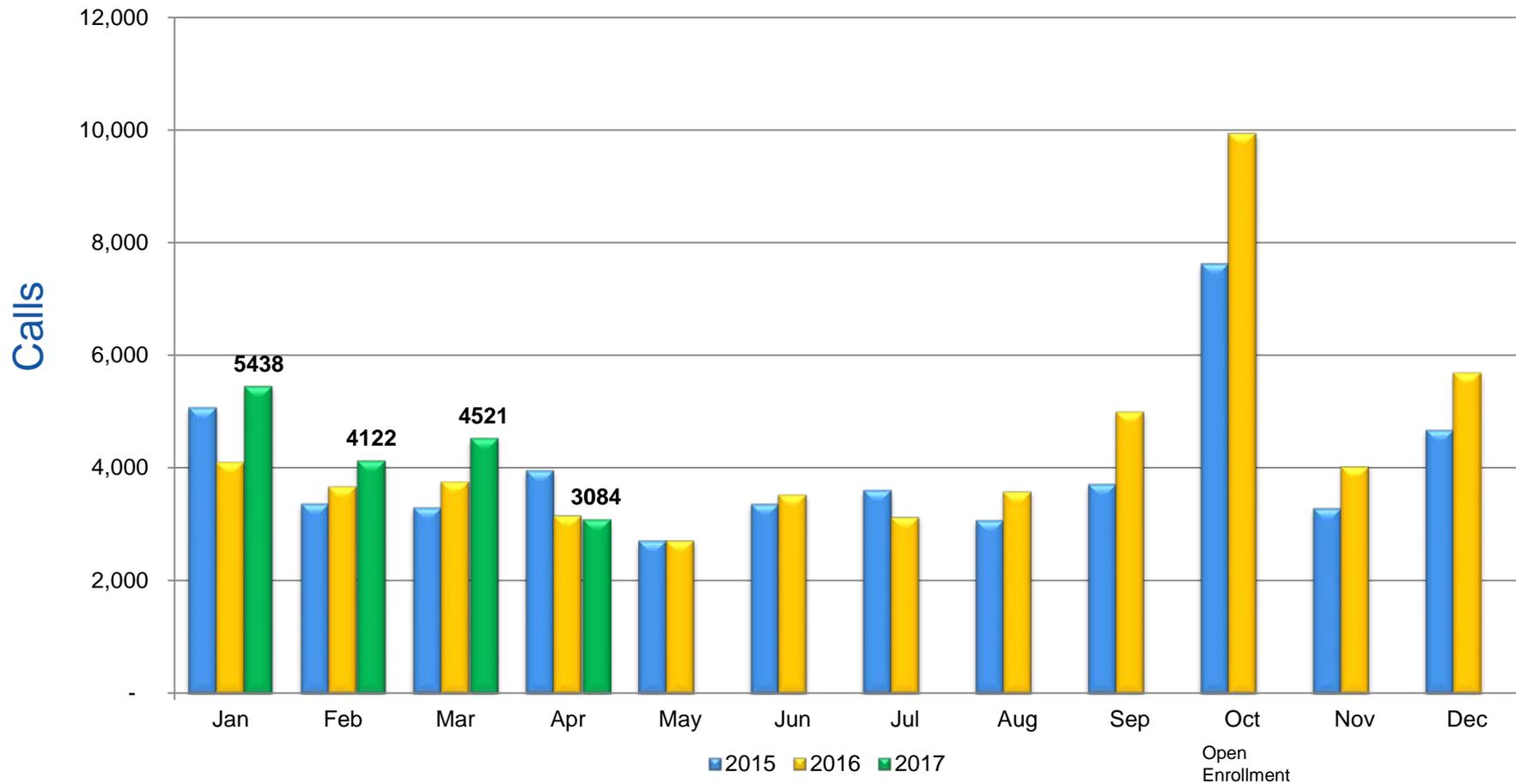
With Real Appeal members receive personalized, individualized support and professional coaching for a full year, online and on a smart phone:

- Personalized weight loss coaching - step-by-step guidance customized to a member's needs
- Online tools and all-star support - group chats and a weekly video show featuring celebrities
- A Success Kit of useful resources - including nutrition tips, fitness guides and recipes

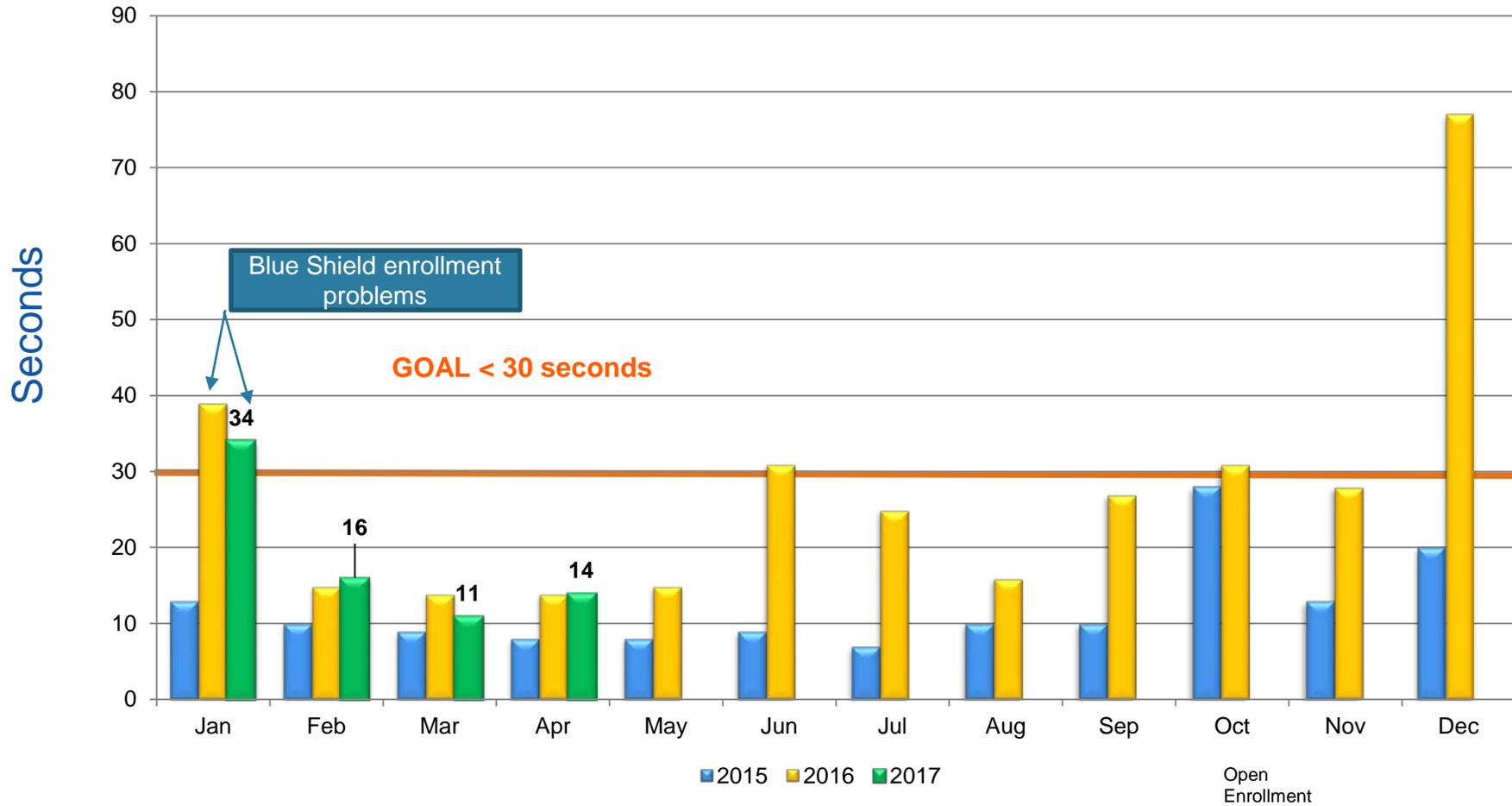
## Calls and Office Visits: April 2017

- Calls and In-person Assistance total:
  - Inbound calls: 3,084 answered calls (3.1% ↓ from 2016)
  - Speed of answer: 14 seconds (equal to 2016)
  - Abandonment rate: 0.9% (29 Calls)
  - In-person assistance: 1,160 members (2% ↓ from 2016)

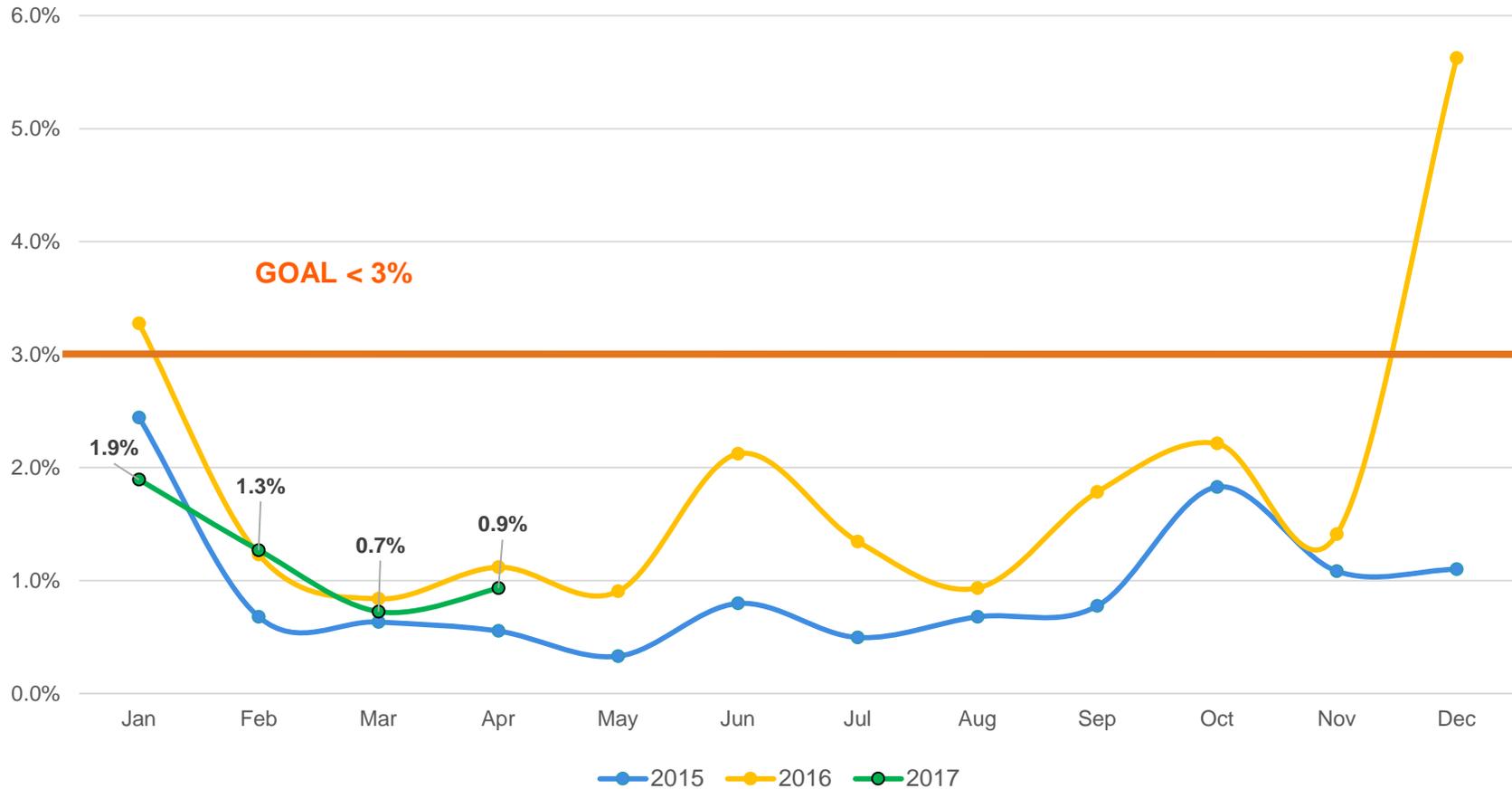
# Inbound Calls: April 2017



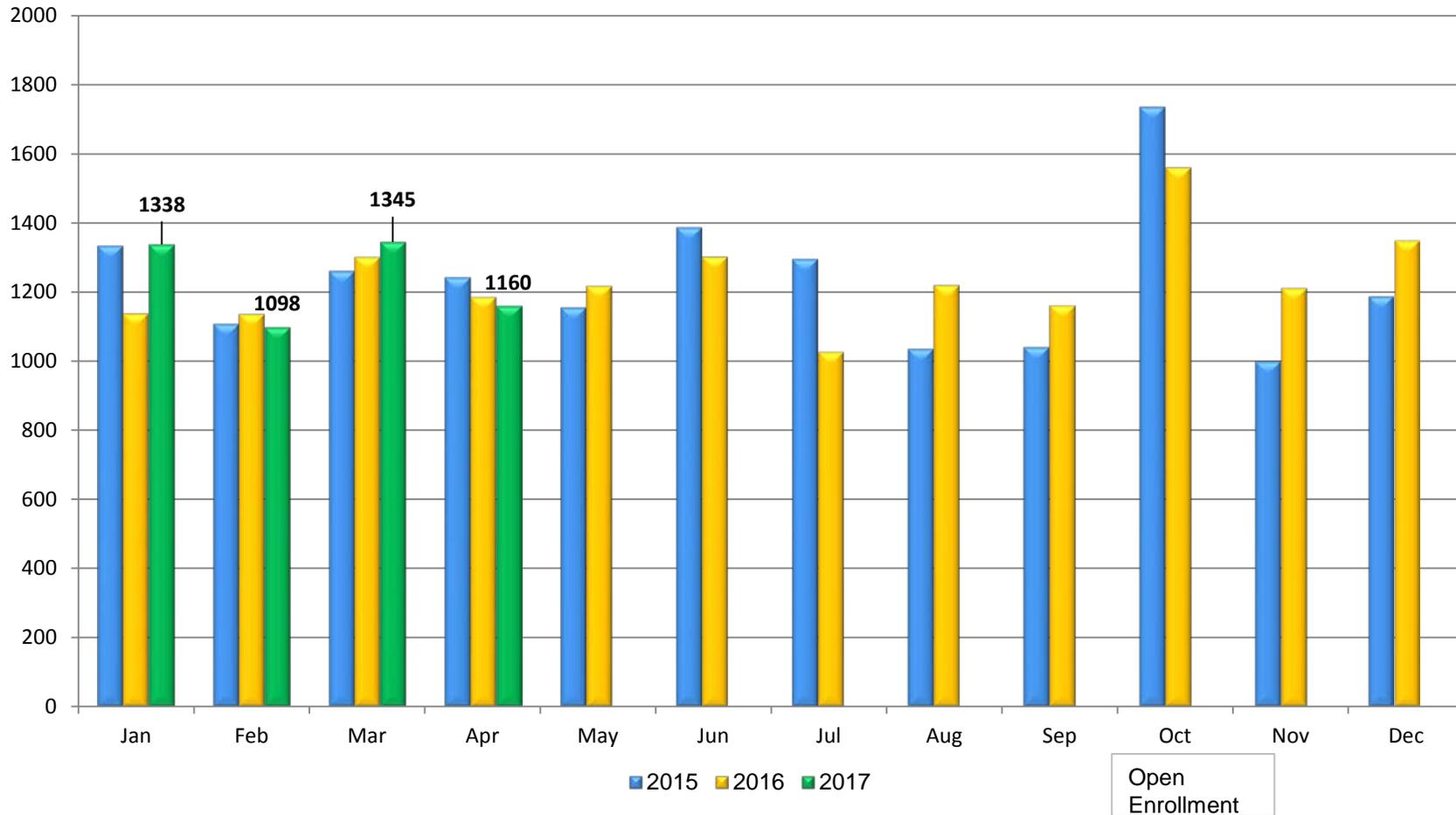
# Call Speed of Answer: April 2017



# Abandonment Rate: April 2017



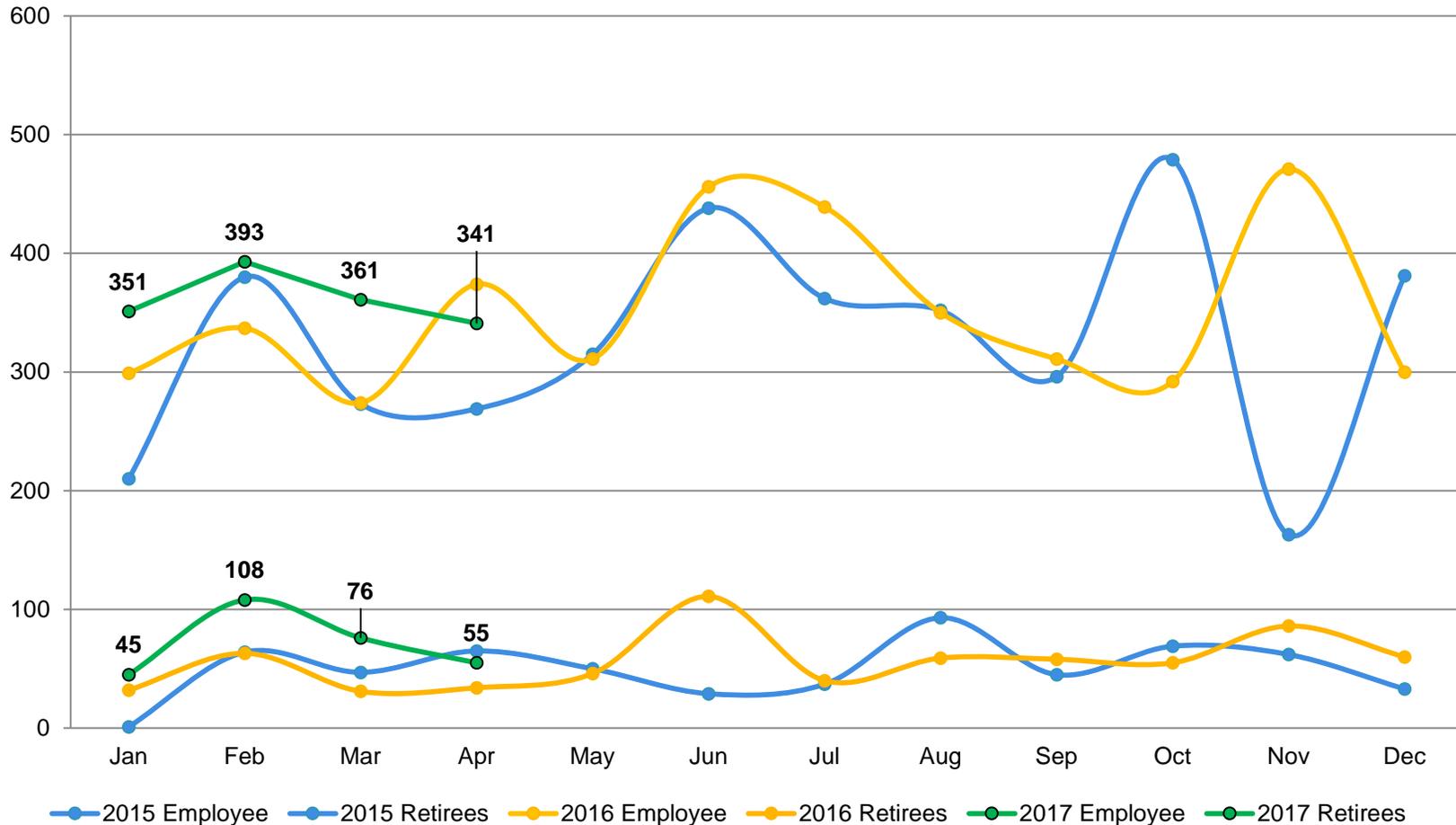
# In-person Assistance: April 2017



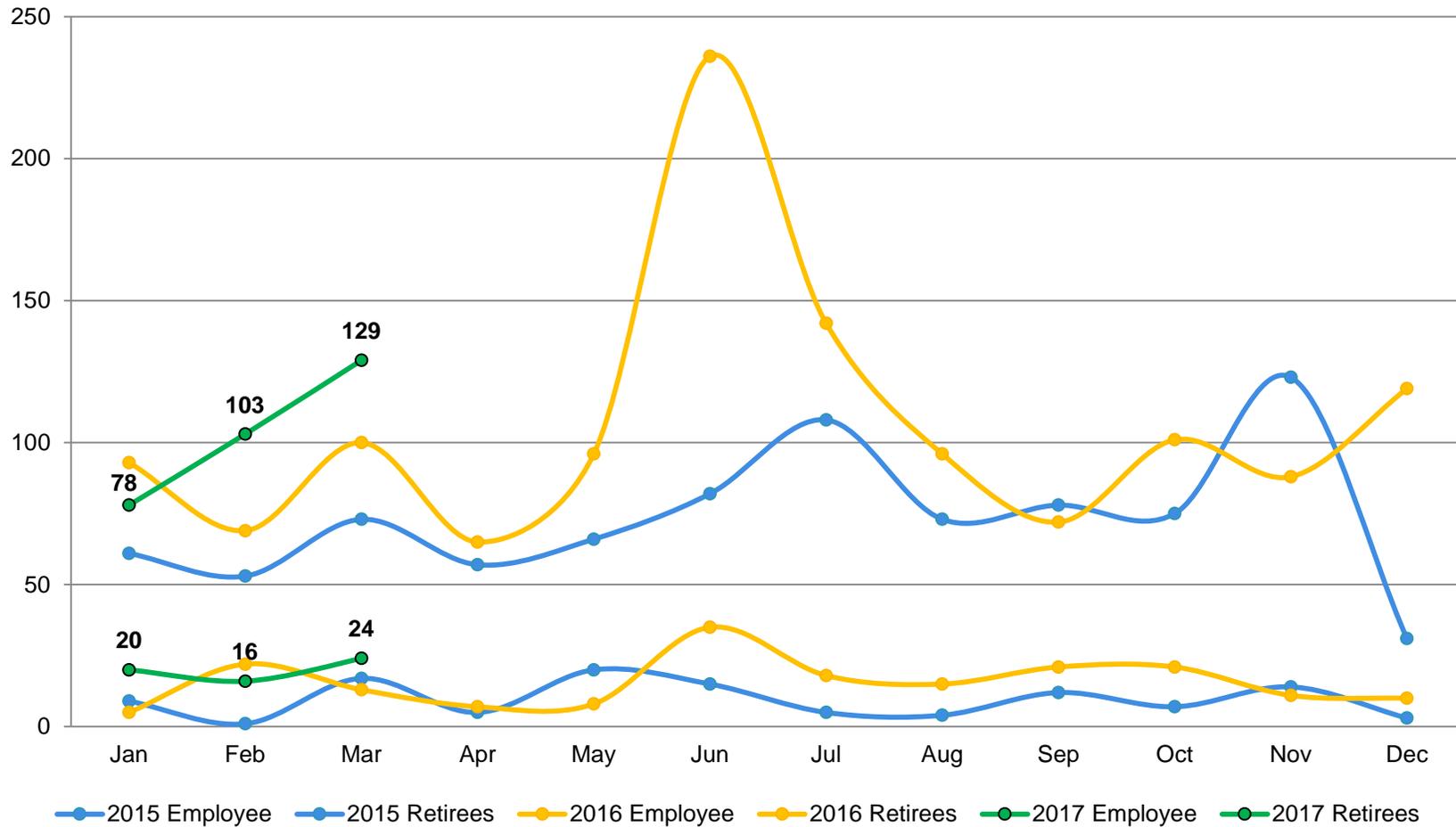
## Delinquencies & Terminations: April 2017

- Delinquency Notices Sent
  - Employees: 341
  - Retirees: 55
- Termination Notices Sent
  - Employees: 91
  - Retirees: 11

# Delinquency Notices: April 2017



# Termination Notices: April 2017



# Data Analytics Management Report

May 11, 2017

## PEOPLESOFT / BENEFITS ADMINISTRATION SYSTEM:

- Continued system remediation from split carrier implementation:
  - Completed programming and testing of SFERs Inbound file
  - Completed programming and testing of changes to Resend Page
  - Documenting specifications for required modifications to IRS Form 1099 program
  - Testing modifications to UHC Medical program to resolve issue with dependent record
  
- Researched and identified root cause of discrepancies with Delta Dental Retiree Payment File. Documented specifications for modification to program and submitted for development
  
- Met with Member Services on 4/19 to discuss improvements of delinquency processes. Documenting development requirements
  
- Researched capitation payment file discrepancies for Finance

## PEOPLESOFT / BENEFITS ADMINISTRATION SYSTEM:

- Attended F\$P readiness meetings (4/20/17, 5/2/17) to prepare for impacts to HSS processes. F\$P is the new PeopleSoft Financials system being implemented by the City with a go-live for July 1, 2017
- Met with Systems Division (formerly eMerge) on 4/26 to review HSS PeopleSoft plan year programming requirements
- Attended meeting on 4/25 with VSP to discuss implementation scenarios for a possible vision buy-up program. Initiated proof of concept testing in PeopleSoft test environment
- Initiated configuration of self-service benefits in test environment
- Attended PeopleSoft HCM Self-Service Applications Release 9.2 training 5/3-5/5

## Data Analytics

- Fulfilled ad-hoc report requests:
  - Provided annual census file to Aetna for LTD/Life
  - Provided Operations with information on disabled dependents to support workflow changes
  
- Conducted various analysis in support of rates & benefits:
  - Queried and analyzed costs and utilization related to musculoskeletal surgeries and physical therapy
  - Provided current and previous year enrollment splices to Aon Hewitt
  
- Submitted data file to FSA vendor for annual discrimination testing
  
- Completed plan year updates to data dictionaries used by Truven for the All Payer Claims Database (APCD)
  
- Developing proof of concept to layer SQL Server Reporting Services on Oracle Database for easier report generation

# IT INITIATIVES

## File Room Digitization:

- Completed digitization and data load into the Enterprise Content Management System (ECM) of all HSS Member Files:
  - 89,219 files
  - 2,200,028 pages

## Cyber Security:

- Attended monthly Multi-State Information Sharing & Analysis Center (MS-ISAC) webcast on 5/2

## Open Enrollment (OE) for 2018 plan year:

- Created local installations of several versions of kiosk software for demonstration and testing
- Initiated risk management process

## Miscellaneous:

- Reviewed submissions for myhss.org website redesign
- Completed testing and recommendation for bulk email software



# Communication Management Report

May 11, 2017

## eNews May 2017 Stats as of 05/04/17

<b>Subject Line = HSS eNews: April 2017</b>		
Total Delivered	18,376	
Opened	12,768	35%
Clicked Links	906	4%

<b>Clicked Links</b>		
<b>Topic</b>	<b>Total Links</b>	<b>Total Clicks</b>
Retirement 30-day Deadline	3	101
Health Service Board: 2018 Rates & Benefits	2	51
Wellness Center	8	906
Play Your Way	5	88
Women's Health Week	4	63

## Vendor Management

- Launch of Play Your Way 30-day challenge in collaboration with Well-Being team and Citizen Group agency
- Assisted Barretto-Co. agency in photo and video shoot of Better Every Day campaign for the Well-Being team

## Website

- 35,968 website visits for the month of April 2017
- Maintained Well-Being team web pages with monthly edits
- Troubleshoot and launched: <http://myhss.org/well-being/playyourway.html>

## Graphic Design

- Began the creation of re-branded material for the Well-Being team.
  - Completed PowerPoint, flyer, and handout templates for Better Every Day and the Wellness Center
  - Refreshed e-mail header/footers for the Wellness Center and the Employee Assistance Program (EAP)
  - Working on the completion of EAP's templates
- Creation of Wellness Center May activity flyers:
  - Wellness Coaching
  - Feldenkrais: Gentle Movements
  - Metabolism Matters
  - May Calendar

# Finance and Contracting Activities Update

## Finance and Accounting

- Financial System Project (F\$P):
  - Preparing for early close of the FY 2016-17 and conversion to new financial system July 1, 2017
  - Completed Phase 2 Chart of Accounts
  - Participated in User Experience Testing for the Employee Reimbursement Expense, General Ledger, Accounts Payable and Interdepartmental Services
  - Issuing FY 2017-18 purchase orders to accommodate the early close of FY 2016-17
  - Reviewed Oracle training tool for Professional Service Contracts, Purchasing Commodities, Accounts Payable
  - Worked with eMerge to develop reports that are a basis for payments to vendors and charges to departments
  - Participated in development of reports in the Oracle Business Intelligence module

## Finance and Contracting Activities Update

### **Finance and Accounting - continued**

- Issued first reimbursement for \$7,710 to an active member for Adoption and Surrogacy Assistance Plan
- Participated in initial meeting with KPMG concerning the impact of F&P on the FY 2016-17 Financial Statements
- Continued to work with Mayor's Office on the FY 2017-18 and FY 2018-19 budget

### **Contracting and Vendor Management**

- Executed service agreement with Lab Communications Group for City-wide '2017 SFHSS Well-Being Campaigns' targeting nutrition, volunteerism and stress-mitigation
- Executed Medicare Group Agreement with United Healthcare
- Executed agreement with Employee Benefit Specialists for the administration of the Management Cafeteria Plan and voluntary benefits
- Completed RFP for 'Promoting Well-Being for Leaders Workshops', a management training series

## Finance and Contracting Activities Update

### **Contracting and Vendor Management - continued**

- F\$P:
  - Develop vendor payment schedule and design contingencies for July payments
  - Met with SFHSS vendors to initiate onboarding and discuss contingencie
- Reviewing responses to Drupal website solution:
  - Theme Design Services: evaluation of five (5) proposals received in response to RFQ
  - Development Services: evaluation of five (5) proposals received in response to RFQ
  - Hosting Services: evaluation of three (3) proposals received in response to RFQ
- Submitted specifications to OCA for bidding Open Enrollment contracts for:
  - Printing
  - Mail House Services

# WELL-BEING MONTHLY REPORT

APRIL 2017 REPORT

Provided at the May, 2017 Health Service Board Meeting

## Well-Being@Work Update: April

- Department Lead Recruitment – SF
  - 28 departments have leads so far (+10 compared to March)
- Champion Recruitment
  - Currently there are 153 Champions (+16 compared to March)

## Well-Being@Work Champion Update: April

- Spotlights
  - 5 Spotlights were awarded
  - [http://myhss.org/well-being/well-beingatwork/spotlight\\_winners.html](http://myhss.org/well-being/well-beingatwork/spotlight_winners.html)
- Grants
  - The first Well-Being@Work Grant Applications are currently under review
- Awards
  - 8 departments have Award plans for 2017

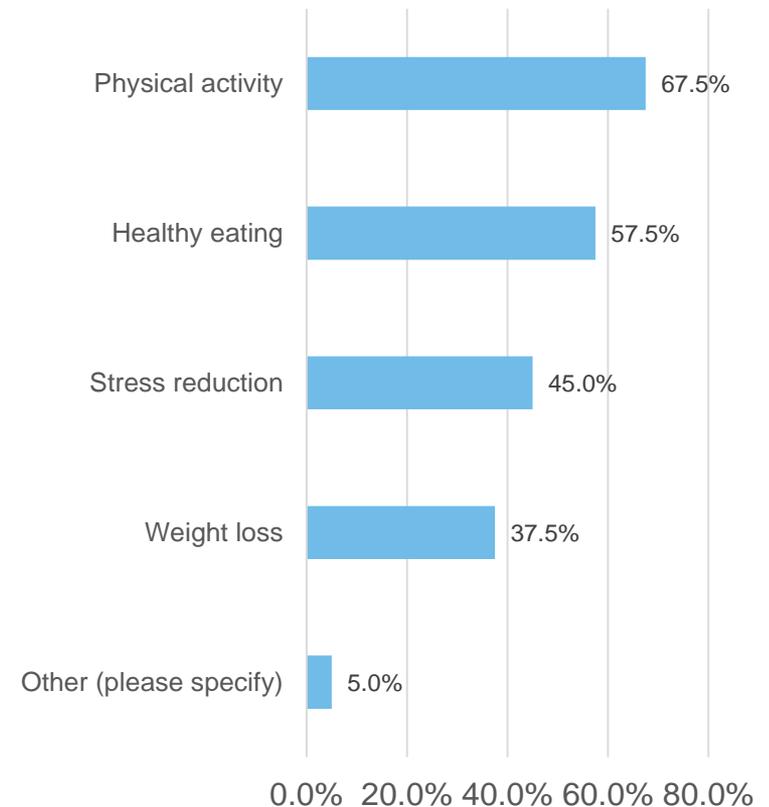
## Campaign Update: Healthy Start (January-March)

Healthy Start was a campaign to help participants develop healthy habits they could practice throughout the year. Resources were provided to help people *initiate, motivate, and maintain* their S.M.A.R.T goals throughout 6 weeks.

Of those who completed the evaluation survey:

- 55% wanted to initiate a healthy habit and needed tools to stay motivated
- 82% would participate in Healthy Start again next year
- The majority of participants wanted to make improvements in physical activity and healthy eating

% Participants Based on Goals Selected for Healthy Start

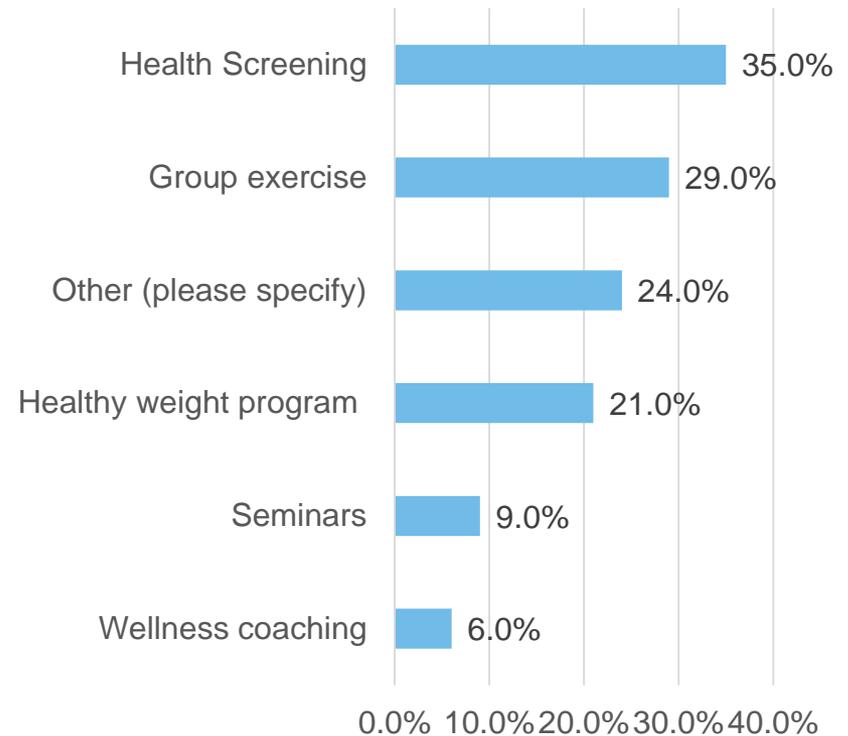


## Champions Promote Healthy Start

### *Examples of how Champions promoted Healthy Start:*

- **Child Support Services (CSS)**  
Champions initiated a Healthy Weight program to promote healthy habits with the support of a coach
- **Department of Technology (DT)**  
Champions hosted a screening to help people understand their numbers so they could set goals for the New Year
- **Controller's Office (CON)**  
Champions ordered a nutrition seminar and had a packed conference room of employees who learned about healthy meal planning for the year

Participation of Healthy Start Activities Promoted at Various Departments Citywide



# Campaign Update: Play Your Way

- Campaign begins on May 1
- Just over 2,000 Participants for Play Your Way 30-Day Challenge
  - 97% CCSF employees
  - 90% CCSF Departments have registered participants (47/52)
  - 50% of registered participants have not participated in a campaign before



# Onsite (Departments) Activities Update

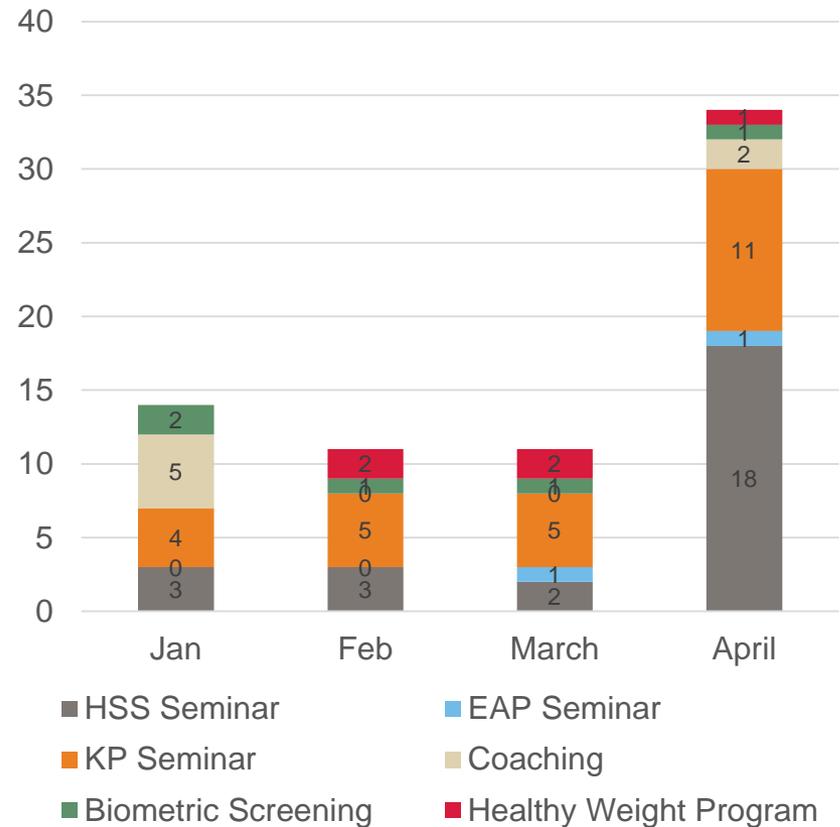
## April: Number of onsite activities

- 34 (70 YTD)
- 56% provided by Well-Being Staff
- 1 new Healthy Weight Program launched at 3120 Mission Street (14-week program)

## April 2017 Compared to 2016

- 79% increase in onsite activities
- Attributed to Well-Being@Work launch and returning Champions who are very engaged

2017 Onsite Activities



# Employee Assistance Program: Counseling Update

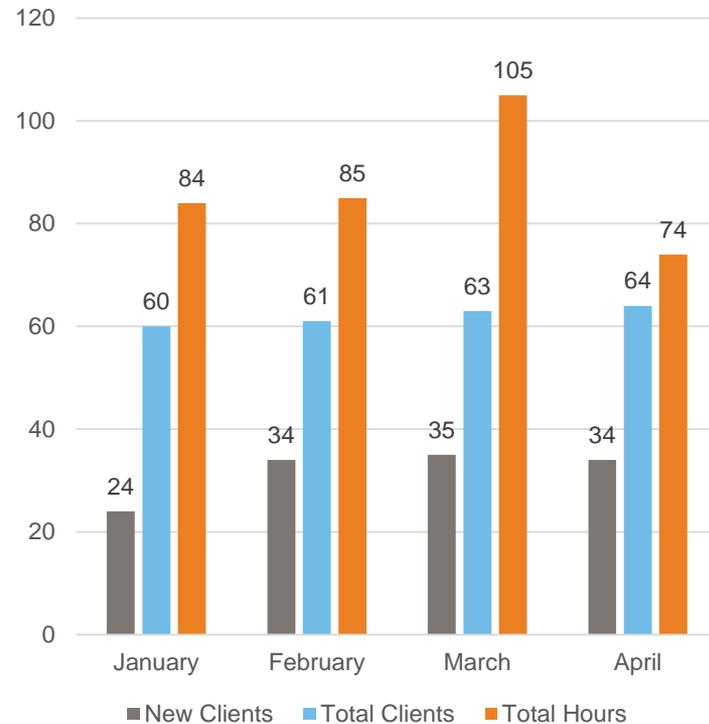
In April 2017 EAP provided:

- 74 hours of counseling
- Served 64 clients
- 34 new clients

Comparison to 2016 YTD:

- 17% increase in new clients
- 27% increase in total clients
- 22% increase in total hours of service

EAP Clinical Services: YTD 2017



# Employee Assistance Program: Organizational Well-Being

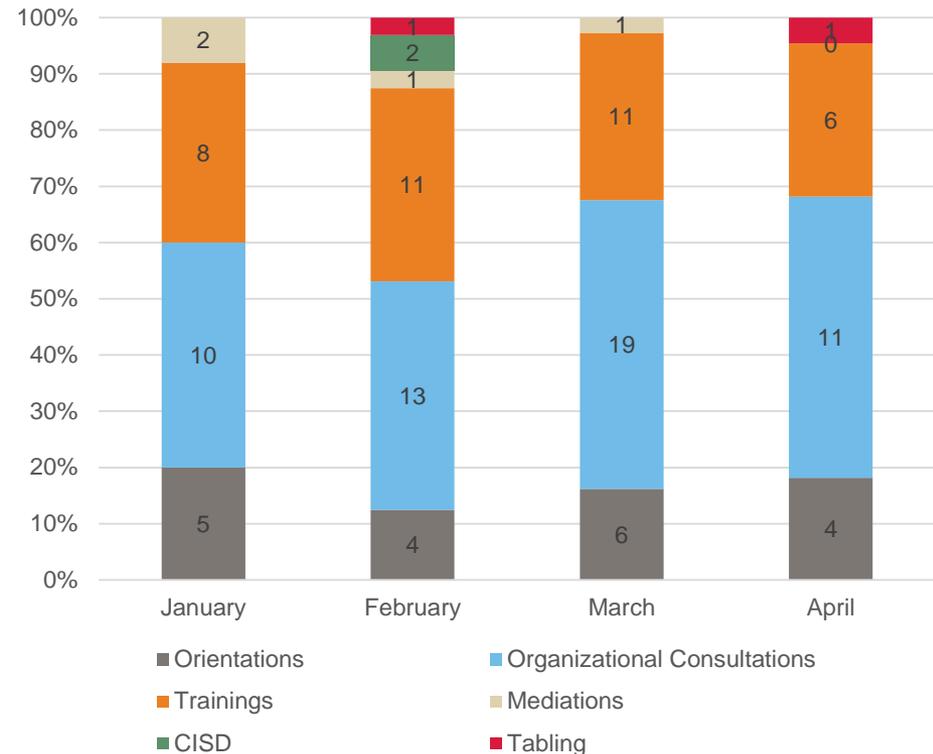
## April Organizational Services

- 24 organizational services (116 YTD)
  - 50% were organizational consultations
  - 28% were trainings

## Comparison to 2016 YTD (102):

- 14% increase in organizational services provided

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



# Employee Assistance Program: Organizational Well-Being

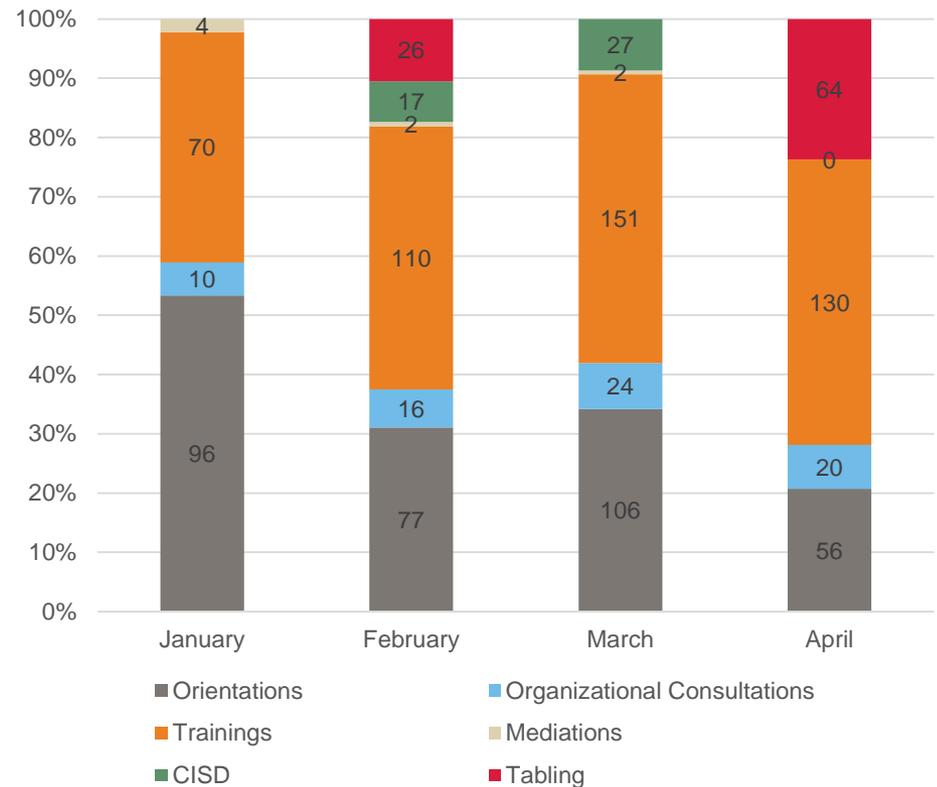
## April Organizational Services

- 270 people served by these services (1008YTD)
  - 48% of people served attended trainings
  - 21% of people served attended orientations

## Comparison to 2016 YTD (522):

- 93% increase in people served

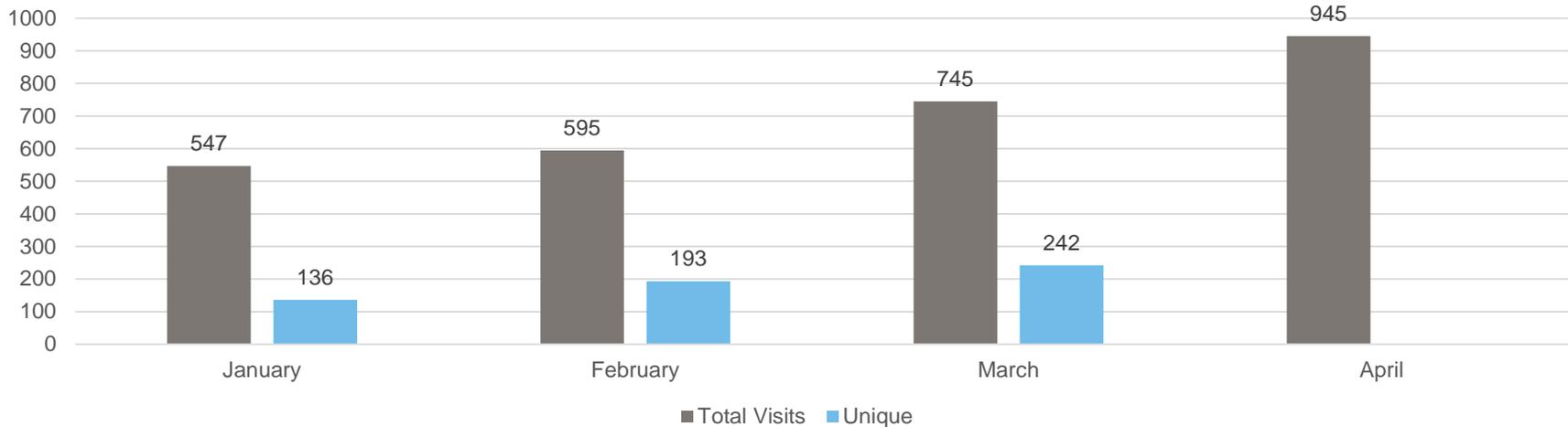
Number and Percentage of Organizational Services by Type and Month: YTD 2017



## Employee Assistance Program: Project Updates

- Completed EAP Telecounseling policy. EAP can now provide telecounseling decreasing barriers to service
- Met with SFPD BSU to establish collaboration and efficiencies for similar services

## Wellness Center – Participation

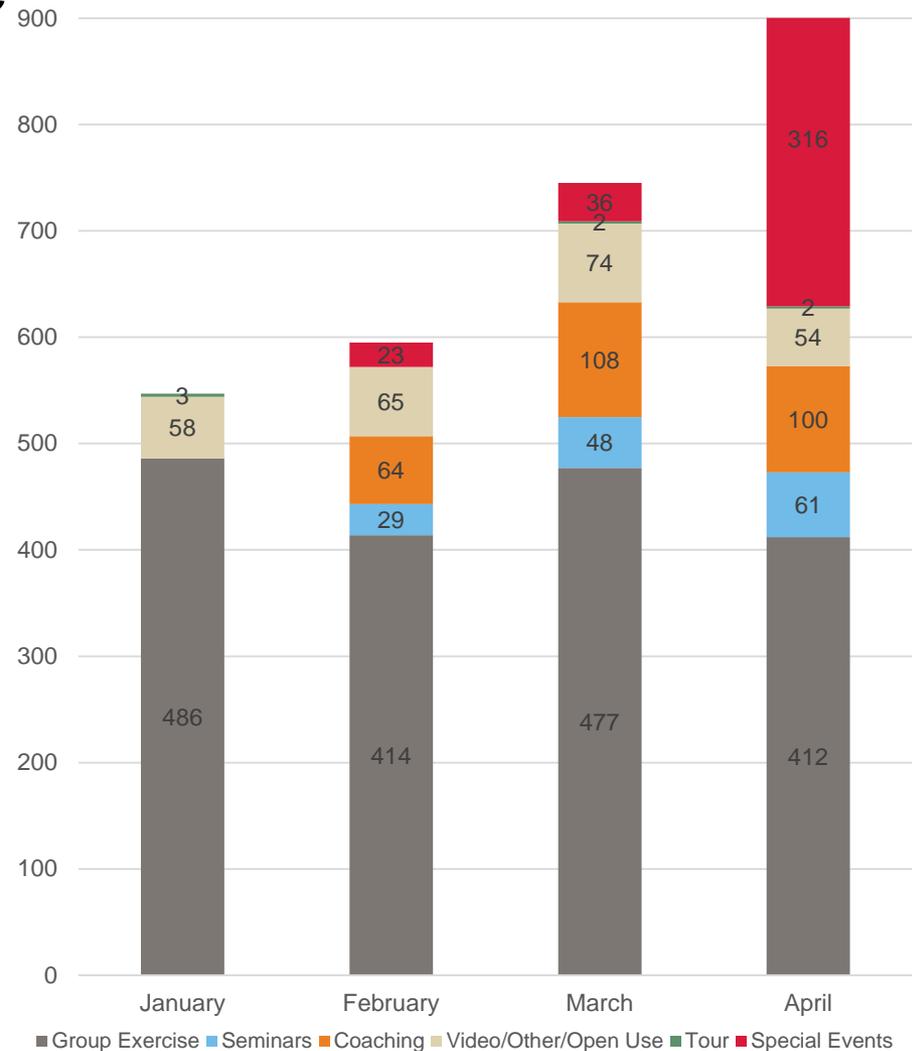


- There was a total participation of 945 visits for April 2017. This is an increase of over 350 visits when compared to April 2016. This increase is directly related to the Fitness Fair event that took place on 4/26 and Healthy Weight Program Coaching.
- Healthy Weight Program participation was added to months February through April, so numbers will be higher than previously reported.
- Unique participation for April is not reportable due to missing data from the Special Event: Fitness Fair.

# Wellness Center – Visits by Type by Month

Total visits by offering for April:

- Group Exercise – 412
- Special Events – 316
- Coaching - 100
- Video/Open Use/ Other – 54
- Seminars – 61
- Facility Tours - 2



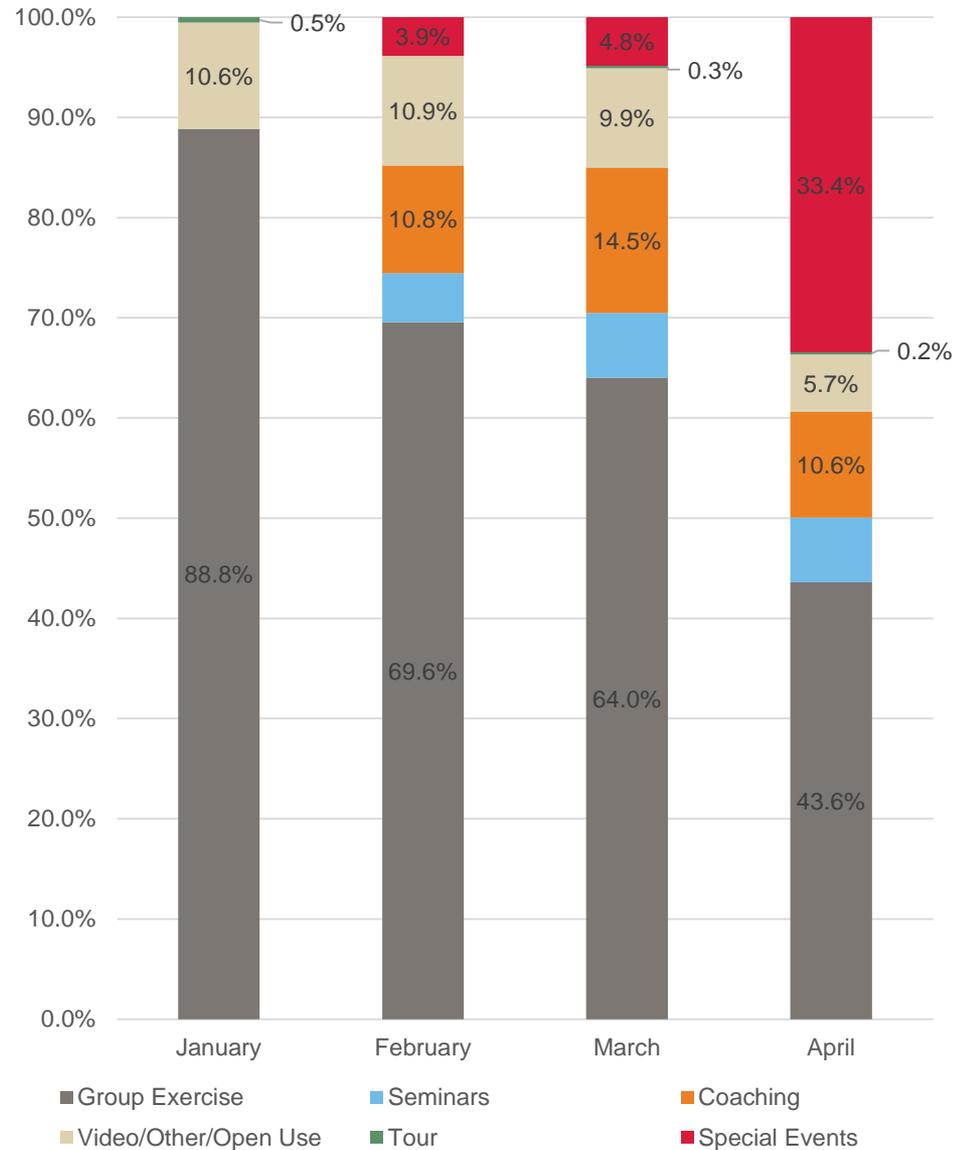
# Wellness Center - % of Visits by Type by Month

Average % Participation by offering for April:

- Group Exercise – 43.6%
- Special Events – 33.4%
- Coaching – 10.6%
- Video/Open Use/ Other – 5.7%
- Seminars – 6.5%
- Facility Tours - 0.2%

There was a decrease in Group exercise due to 17% of classes being canceled.

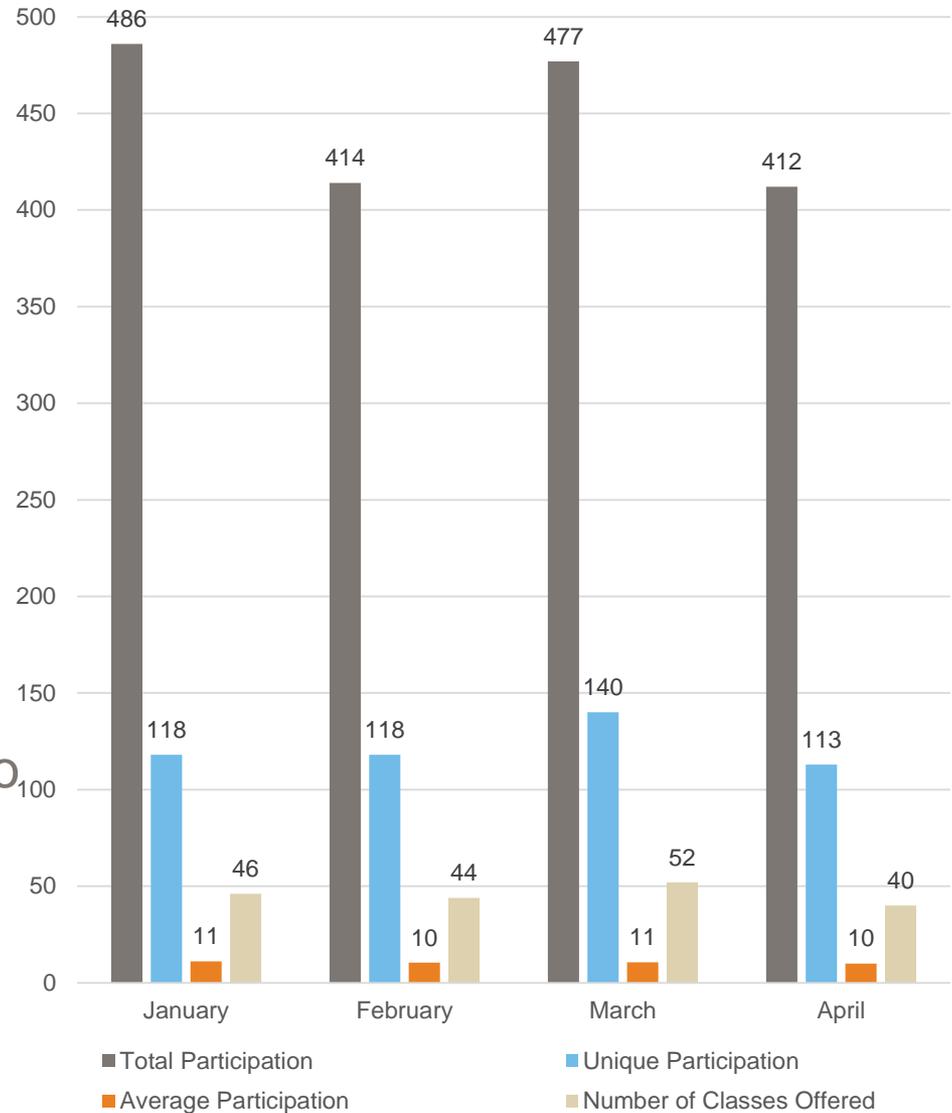
Special events saw an increase in participation due to the Fitness Fair event and Play Your Way week.



# Wellness Center – Group Exercise

There were a total of:

- 412 visits for group exercise for April. This is a decrease in 47% when compared to 2016.
- 10.3 average participants per group exercise class
- A total of 40 classes were offered. This represents 10 fewer classes when compared to April 2016.



# Wellness Center Special Event Update: Play Your Way Week

The Wellness Center hosted its very first Play Your Way Week (4/24 - 4/28) for two reasons:

1. To promote the physical activity challenge: Play Your Way
2. Recruit new participants for the Wellness Center

Activities (attendees):

- Wellness Center tours (2)
- Instant Recess 15 minute breaks (72)
- Seminars (41)
- Fitness Fair (244)
- Group exercise classes



● GIVEAWAY ELIGIBLE ACTIVITIES ● ONGOING GROUP EXERCISES ● FITNESS FAIR

	MONDAY 4/24	TUESDAY 4/25	WEDNESDAY 4/26	THURSDAY 4/27	FRIDAY 4/28
10:00am-2:00pm	Wellness Center Tours Walk in or Schedule a tour to bring a group to the Wellness Center!				
10:00am-10:15am Instant Recess: Play	Line Dance	Let's Move Taboo!	Musical Chairs	Line Dance	Act It Out!
11:00am-12:00pm	Open Use & Table Tennis Use the Wellness Center facilities and equipment to get your "YOU" time in!				
11:10am-11:55am		Bellywood	Fitness Fair! 11am-2pm Learn about your physical activity benefits and resources		Venture City Walk City Hall Steps
12:10pm-12:55pm	Yoga	Total Body Conditioning		Latin Dance	Tai Chi
12:10pm-12:55pm SEMINARS	Get Moving	Chair Yoga		Healthy Food Walk: Hayes Valley Tour	Exercise at Your Workstation
1:10pm-1:55pm	Total Body Toning	Open Use & Table Tennis		Total Body Toning	Open Use & Table Tennis
3:00pm-3:15pm Instant Recess: Relax	Resistance Band Activity	Stretch	Resistance Band Activity	Stretch	Resistance Band Activity
5:15pm-6:00pm			Interval Training	Zumba	

Wellness Center 1145 Market Street, Suite 100, San Francisco, CA 94103  
wellness@sfgov.org | 415.554.0643 | myhss.org/well-being

## 100 Healthy Giveaways Distributed Daily! To win:

- ATTEND ANY ACTIVITY IN BLUE
- REGISTER FOR THE PLAY YOUR WAY 30-DAY CHALLENGE AND SUBMIT "PLEDGE TO PLAY"
- BRING A COWORKER

Employees: Please remember to bring your employee ID. Retirees/Family: Please show your insurance card.

Better Every Day. SAN FRANCISCO HEALTH SERVICE SYSTEM

# Wellness Center Special Event Update: Play Your Way Week

## Instant Recess

- 72 employees participated in the Instant Recess activities
- Average participation of 14 employees per day
- Activities included: Line Dancing, Musical Chairs, Let's Move Taboo, Act It Out, Stretch, and Resistance Bands.



## 5 Seminars were offered

- Get Moving – 6 participants
- Chair Yoga – 10 participants
- Healthy Food Walk – 10 participants
- Venture City Walk – 3 participants
- Exercises at Your Workstation – 12 participants



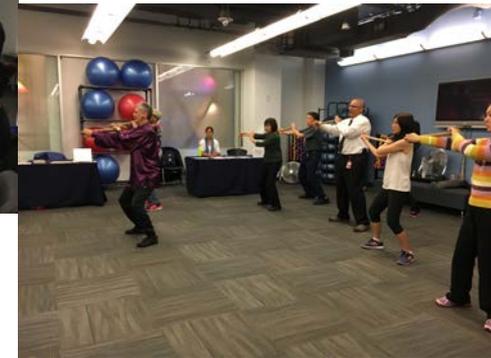
## Wellness Center Special Event Update: Fitness Fair

- 244 employees attended the Fitness Fair on April 26<sup>th</sup>, compared to 270 in June 25, 2015.
- A total 28 departments and retirees were represented, compared to 25 departments and retirees were represented in 2015.
- The Fitness Fair included 15 tables and 5 group exercise demonstrations.
- We'd like to thank all of our vendor partners and City partners for hosting a table at the fair.

Fair Tables	Number of Visitors
SF Environment	169
SFHSS Well-Being	157
Champion Play Your Way	139
SFHSS EAP	138
Animal Care & Control	137
DPH - OSH	110
Rec & Park	101
Kaiser Permanent	100
Blue Shield of California	99
Wellness Coach	98
Crunch Gym	77
24 HR Fitness	69
United Healthcare	68
Federal Fitness Center	60
Fitness SF	47
Fitness Demonstrations	30

# Wellness Center Special Event Update: Fitness Fair

- Fitness Demonstrations included:
  - Bellywood
  - Bachata
  - Tai Chi
  - Feldenkrais
  - Yoga
- The most visited tables were: SF Environment, Wellness Center table, Animal Care & Control, and EAP
- 100% of open coaching appointments available for May were scheduled by the Coach during this event.



# Shoe Donation

- A total of 187 pairs of shoes were collected for the St. Anthony's Foundation Free Clothing Program.



Walk, Reuse, Recycle -

## SHOE DONATION

April 3 – 28, 2017

Is your closet cluttered with unwanted shoes? According to the [SF Department of Environment](#), textiles are one of the top five materials that San Franciscans send to the landfill. Help reduce waste and give back to your community by donating your unwanted reusable shoes.

The [St. Anthony Foundation's Free Clothing Program](#) collection bin is available at HSS Wellness Center.

We are collecting all types of reusable shoes. Shoes donated will go to San Francisco's homeless and low-income families and individuals.

**LOCATION:**

SFHSS Wellness Center  
1145 Market Street, Suite 100  
San Francisco, CA 94103  
(415) 554-0643

**DROP OFF HOURS:**

Monday – Friday,  
8:00am – 4:00pm

SAN FRANCISCO  
HEALTH SERVICE SYSTEM  
Stated Entry Fee:

[myhss.org/well-being](http://myhss.org/well-being)

# Special Events in May at the Wellness Center include

- 5/13 - *NEW* Feldenkrais Class
- 5/19 - Wellness Center's 3<sup>rd</sup> Anniversary and New Name Celebration
- 5/23 - Metabolism Matters



## CATHERINE DODD WELLNESS CENTER



**Celebrate the Wellness Center's 3rd Anniversary and New Name Friday, May 19<sup>th</sup> 12:00-2:00**

To honor former Director Catherine Dodd's leadership of the Health Service System and her vision for well-being for all members, the Wellness Center located at 1145 Market Street, 1st Floor will be officially named the Catherine Dodd Wellness Center on Friday May, 19th. Join us for a celebration from 12:00-2:00 to celebrate the naming and the 3rd anniversary of the Wellness Center.

**12:00-1:00 Naming Ceremony**

- A mini-movement and meditation class
- Remarks by former Director Dodd
- And more!

**12:00-2:00 Well-Being Fair**

- Nutrition game
- Relaxation station
- Infused water and fruit
- Play Your Way activities

All attendees will receive a special gift.

Let us know if you will attend: RSVP today at <https://sfhsswellnesscentercelebration.eventbrite.com>

## Rates and Benefits Calendar for Plan Year 2018

Meeting Date	Topics to be Addressed or Outcomes to be Achieved
February 9, 2017 1:00 pm Room 416, City Hall	<ul style="list-style-type: none"> <li>• Black out Notice – Rates and Benefits</li> <li>• City Plan: Administrative fees</li> <li>• City Plan               <ul style="list-style-type: none"> <li>○ Review of claims experience</li> <li>○ Review of Stabilization Reserve</li> </ul> </li> <li>• Copay benchmarking</li> </ul>
March 9, 2017 1:00 pm Room 416, City Hall	<ul style="list-style-type: none"> <li>• Presentation of 10-County amount</li> <li>• Stop loss recommendation for self-funded plans</li> <li>• Blue Shield Flex-Funded Non-Medicare review of claims experience, benefit design</li> <li>• Blue Shield Claims Stabilization Reserve</li> </ul>
April 13, 2017 1:00 pm Room 416, City Hall	<ul style="list-style-type: none"> <li>• Risk scores</li> <li>• Vision buy-up option</li> <li>• Aetna renewal</li> <li>• Dental renewal</li> <li>• Kaiser multi-region plan</li> <li>• Gender Dysphoria</li> <li>• Healthcare Value Initiative (“HVI”)</li> <li>• SimpleTherapy personalized pain recovery</li> </ul>
May 11, 2017 1:00 pm Room 416, City Hall	<ul style="list-style-type: none"> <li>• Kaiser Permanente actives/early retirees: review of claims experience, approve premium contributions for 2018</li> <li>• Blue Shield Flex-Funded Non-Medicare: approve benefits and premium contributions for 2018</li> <li>• City Plan actives and early retirees (self-insured): approve benefits and premium contributions for 2018</li> <li>• VSP rate confirmation and buy-up option</li> <li>• Best Doctors YTD report and renewal</li> <li>• Kaiser multi-region plan</li> </ul>

<p>June 8, 2017 1:00 pm Room 416, City Hall</p>	<ul style="list-style-type: none"> <li>• UHC Medicare Advantage (fully-insured): approve retiree rates and premium contributions for 2018</li> <li>• Kaiser Permanente Senior Advantage fully-insured retiree rates and premium contributions for 2018</li> <li>• Dental renewal</li> </ul>
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**END OF RATES AND BENEFITS PROCESS**

**Board of Supervisors (“BOS”) Schedule for 2018 Rates and Benefits**

June 20, 2017 – 2018 Rates package introduced by Supervisor Farrell to BOS and assigned to Budget and Finance Committee

June 29, 2017 – BOS Budget and Finance Committee review of rates package

July 11, 2017 – First reading by full BOS

July 18, 2017 – Second reading by full BOS