

DATE: May 13, 2021

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

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: May 2021 Board Report

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

COVID-19 Update

As you are aware the COVID-19 pandemic continues to impact our communities. SF DPH is the lead agency advising us on precautions to take during these months of lower COVID-19 cases and **the vaccine is now readily available**. The vaccine distribution goal is shifting from high-volume sites to more localized distribution. We encourage all our members to get the vaccine as the availability reaches you.

<https://sfhss.org/news/covid-19-vaccine>

<https://sf.gov/get-vaccinated-against-covid-19>

Mid-Year – Active Employee Voluntary Benefits Enrollment June 2021

Operations is working with Workterra to plan a mid-year special enrollment for active employee voluntary post-tax benefits such as supplemental life and pet insurance. The last mid-year enrollment for these voluntary benefits was held in May 2019 and exceeded expectations with a 25% increase in benefit enrollments. This year's event will be held in mid-June and we plan to offer a new short-term disability plan with lower rates, a new supplemental life that includes long-term care, and a BenefitHub website that will offer home and auto insurance products. Workterra will handle the work in getting communications out to eligible employees, hosting informational webinars, and all aspects of enrollment. San Francisco City and County employees have been very appreciative of these additional benefit offerings since we began offering them in 2016.

Mental Health Awareness Month: Self-Care and Inclusivity

May is Mental Health Awareness Month and our mission includes enhancing the well-being of all members of SFHSS, including our staff. During the past several months we have grappled with a high-profile trial, senseless deaths, and mass shootings. These repeated and tragic losses of life are not and should not be normal. SFHSS maintains our commitment to racial equity action planning and has put much effort into promoting avenues of self-care and whole-person health in these dynamic times.

Well-Being partnered on a video message from Mayor London Breed that emphasized the importance of mental health and employees utilizing resources available to them. These include but are not limited to EAP counseling, free mental health support apps through our health plans, virtual classes, and an online library of knowledge through our partnership with [CredibleMind](#). Communications designed Mental Health Awareness

Month virtual backgrounds to use on MS Teams and Well-Being and Admin partnered to disseminate pins/green ribbons to promote mental and emotional well-being.

We can all benefit from practicing more self-care, prioritizing mental health, and focusing on the healing value of connecting in safe ways. We invite all city workers to participate in and share the activities featured on the [Well-Being Calendar](#). Lastly, SFHSS would like to amplify the message that “*You Are Not Alone*”. This is the Mental Health Awareness Month theme from the National Alliance for Mental Illness. This message seeks to combat mental health stigma in alignment with SFHSS’s core values of *Respect* and *Inclusivity*.

TeleHealth Update (see attached)

As we have reported throughout the COVID 19 Pandemic, telehealth has expanded greatly. Attached is a summary of the state of telehealth and the offerings as reported by our plans. We will monitor and report as this practice is now standard offering in many practices.

San Francisco Health Services System ACO Evaluation

SFHSS in partnership with Catalyst for Payment Reform (CPR) is working with the Center for Healthcare Organizational Innovation Research (CHOIR) and the Berkeley Center for Healthcare Technology (BCHT), both based in the School of Public Health at the University of California, Berkeley to conduct an evaluation of the Blue Shield of California Accountable Care Organizations. The evaluation consists of three parts: (1) documentation review and synthesis, (2) interviews of management and staff, and (3) analysis of a member survey and claims data. Published results will not identify individuals and organizations included in this analysis but can greatly benefit other healthcare purchasers in the field.

SFHSS is also partnering with the UC Berkeley Team to develop a secondary survey for broader member insights around health plan familiarity, access, and satisfaction. Survey results could support our Communications Division in customizing Open Enrollment materials and define helpful decision-making points for SFHSS members. This survey could discern what drivers one considers making health plan changes and potentially forecast what enrollment might look like for the future.

When the study is completed, anticipated later this calendar year, we will schedule a presentation to the Health Service Board.

Measurement Plan

Staff continues to work on the Measurement Plan introduced via the Director's Report at the April 2021 Health Service Board meeting. Due to time constraints, two data reports generated from the All Payers Claim Database: Health Plan Risk Scores and Express Dashboard were not heard as planned at that meeting. I have asked staff to consider how those reports become a part of the Measurement Plan report that will be presented later this year to the Health Service Board.

Medicare Plan Evaluation

Over the next several months, in consultation with Aon, staff will continue to learn about the Medicare plan landscape including employer-sponsored plans (e.g., “group insurance” plans) and individual market plans. Ultimately, evaluation of our learnings and development of our go-forward recommendations by June 2021 will be guided by this four-pillar framework:

1. Quality
2. Costs
3. Benefits Administration
4. Legal and Policy Guardrails

Reminder: Vendor Black Out Period – Extended

The HSB approved the Vendor Black Out period commenced February 13, 2020. As of June 11, 2020, the vendor Black Out Period was extended through the rest of this calendar year to include the period for the Medical Plan selection process which was presented to the Health Service Board in February 2021. Subsequently, SFHSS will be in negotiations with Medical, Dental and Vision plans for Plan Year 2022 and therefore the Vendor Black Out Period will continue through June 2021.

Follow up from Health Plans from Prior HSB Meetings

Delta Dental

SFHSS continues to meet regularly with Delta Dental to address network access, customer satisfaction, and other administrative issues.

VSP (see attached)

Per the request of the Health Service Board, VSP provided the attached report showing network access.

SFHSS DIVISION REPORTS: April 2021

PERSONNEL

Congratulations!! Promotions:

- Kristi Wong and Kenneth Shen were both promoted to 1210 Benefit Analysts effective April 26th!

Recruitments:

- 0931 Operations Manager: In Post-Referral Selection Process
- 1210 Benefit Analyst: 2 internal employees promoted; one final external candidate pending a background check.
- 0932 Enterprise Systems and Analytics Director: Selection process underway.
- 1054 IS Business Analyst – Screening applications now.

Employees' Working Status:

- Due to Shelter-in-Place provisions, HSS employees have been performing a mix of duties in a variety of locations, including but not limited to essential HSS work

both in the office and remotely and Disaster Service Assignments at various locations, when possible.

OPERATIONS

- Our offices remain closed to the public. We currently have three to four staff on-site Tuesdays and Fridays to perform essential work. Currently assessing needs for onsite staff during October's open enrollment.
- Member Services took over 4100 calls in April. This number is consistent with year over year trend. All customer service metrics were met.
- Top call topics included general benefit, eligibility questions, delinquencies, and/or payments. Delinquency calls continue to decrease and return to normal volume.
- Divisional OE meetings/discussions continue to prepare for Open Enrollment 2021.
- Additional project-based staff will be hired for open enrollment. That will include 2 benefits analysts and 2 benefit technicians.

ENTERPRISE SYSTEMS & ANALYTICS (ESA) (see attached slides)

- Implementing single sign-on for voluntary benefits has moved from discovery and stakeholder approval into development
- SFUSD is converting to SAP for its human capital management system. SFHSS has completed modifications to the enrollment interface file in support of this system change
- Training and development utilizing Salesforce experience initiated 5/5. This allows SFHSS to create online communities for communication with members, as well as build portals, help centers, forums, sites, and mobile apps. ESA is exploring utilizing this application for Dependent Eligibility Verification Audits
- The improved search capability is now available on SFHSS.org searches from the main page will include media in the results making this a more powerful and robust search. This includes documents of presentations, plan materials, forms, reports, etc. Previously the main search returned only the associated web pages.
- Analysis continues on our population and IHA AMP measures as part of establishing the data measurement plan
- New workflows for the EAP clinical software have been deployed
- 6 management reports and 1 daily transactional report have now been created from the content management system; these provide insight into cycle times for processing member events
- Completed work to ensure compliance with new cybersecurity requirements for 3rd party applications we use for communications that leverage an @sfgov.org email address

COMMUNICATIONS

Communications Metrics

- In March, we had a 30% drop in website visits, which is aligned with a reduced number of calls to Member Services
- Our top stories in eNews were about Free Rides to get COVID-19 Vaccination (202 clicks) followed by How to Make a Vaccination Appointment (144 clicks)
- The top three (3) visited webpages include the homepage, City & County Benefits page, and COVID-19 Vaccine information page

Communications Active Projects

- Revamping the New Retiree experience
 - Update presentation to be simpler and address member concerns and confusion
 - Initiating a series of New Retiree videos to help guide members on their actionable steps towards retirement benefits
- Open Enrollment
 - Developing guides and booklets for the plan year 2022
 - Collaborating with new health plans on educating members about their new benefit options
- Social Media
 - Launched social media campaign for Mental Health Awareness Month
- Website
 - Reviewing Drupal vendor RFP
 - Begin collecting survey responses on the website using the Hotjar app.
- Events
 - Collaborate with DHR to jointly host an employee town hall panel discussion about how COVID has impacted mental health for Mental Health Awareness Month
- eNews
 - Testing new topics such as Retiree Corner and Benefits Spotlight to highlight certain benefits to members based on trends and health topics calendar

FINANCE DEPARTMENT

Finance and Accounting

Current Fiscal Year 2022-21

- Prepared the 9-Month Projection of Year-End balances
- Completed Quarter 1 & Quarter 2 FY2020-21 as part of the preparation for the annual Year-End Close
- Completed project to close-out concluded Purchase Orders
- Reviewed the outstanding check report as of 6/30/2020
- Identified budget savings allowing SFHSS to continue meeting existing expenditure obligations and additional expenditure commitments
- Preparation for the annual Trust financial audit for FY 2020-2021

Policies & Procedure Updates:

- Completion of phase 1 of Data Governance or Data Clean-up project
- Activated P-Card for Implementation

Projects/Planning/Budgeting:

- Support the SFHSS General Fund FY2021-22, 2022-23 budget proposal by responding to the Mayor's Budget Office requests for supporting analysis and revisions – The Mayor's Office submits the budget to the Board of Supervisors by June 1st
- Preparing for the next budget phase with the Board of Supervisors Budget Analysts
- Coordinating supporting documentation and reviews of Calendar Year 2022 Rates & Benefits
- Participation in kick-off and regular implementation meetings for the new health plan options

CONTRACTS

- Executed agreement with eIMAGE for health benefits and well-being video communications
- Executed agreement with Blue Shield of California for HMO benefits
- Executed fourth amendment to the agreement with IntraSee for self-service online benefit enrollment modifications through Office of the Controller
- Completed performance guarantees for life and long-term disability insurance for 2022 with The Hartford

WELL-BEING (see attached slides)

- EAP launched Stress First Aid to compliment Mental Health First Aid.
- 38% increase in participation in the bi-weekly stretch breaks lead by SFHSS Well-Being, averaging 55 participants per session.
- 14 Well-Being Spotlights submitted, representing 7 departments.
- Well-Being Manager presented to the SFPD Board of Commissioners to request approval of a uniform modification to allow a green ribbon/pin to be worn in support of Mental Health Awareness Month in May.
- Partnered with MYR, POL, SHF, FIRE, CCC, DPH, MTA to prep for Mental Health Awareness Month.

Attachments:

COVID-19 Updates from Health Plans
TeleHealth Slides
Black Out Memo
VSP Slides
ESA Slide
Well-Being Slides
NCMG Closure
UHC notice to members regarding the closure of NCMA

SFHSS Specific Data – Testing

Cases:	Blue Shield of California (BSC) as of 2/28	Kaiser ^[1]		UnitedHealthcare (UHC)	
		Non-Medicare as of 4/27	Medicare as of 4/27	Non-Medicare as of 5/3	Medicare as of 4/11
Confirmed	390	NR	NR	127	674
Probable	NR	NR	NR	2	10
Possible	NR	NR	NR	33	29
Total	NR	NR	NR	162	713
Test Results:					
Positive	390	2,902	437	22	58
Negative	6,441	45,814	9,257	409	1,467
Inconclusive / Unknown	NR	NR	NR	802	4,300
Total	6,831^[2]	48,716	9,694	1,233	5,825

NR = Not Reported

[1] Does not represent unique members

[2] May be underreported due to claim submission lag

SFHSS Specific Data – Vaccine

Vaccine Type:	Blue Shield of California (BSC) as of 3/30	Kaiser		UnitedHealthcare (UHC)	
		Non-Medicare as of 4/25	Medicare as of 4/25	Non-Medicare as of 3/19	Medicare as of 4/19
Moderna	1,517	13,470	8,504	Fully: 457 Partial: 197	Fully: 2,790 Partial: 734
Pfizer	2,951	25,930	11,365		Fully: 2,441 Partial: 751
J&J (Single)	211	1,020	159		Fully: 144
Total	4,679	40,420	20,028	654	6,860

COVID Health Plan Benefit Info

	BSC as of 2/28/2021	Kaiser Non-Medicare as of 4/29/2021	Kaiser Medicare as of 4/29/2021	UHC Non-Medicare as of 5/3/2021	UHC Medicare as of 4/27/2021
Early Rx Refills Available?	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	Yes, through 1/20/2021	Yes, through 8/31/2020
Tele-Medicine	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 4/20/2021 Non-COVID related copays waived through 9/30/2020	COVID treatment related copays waived through 3/31/2021 COVID testing related copays waived through 7/19/2021
Tele-Behavioral Health	No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID related copays waived through 3/31/2021
Testing / Diagnostics	Copays waived	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 4/20/2021	Copays waived through 7/19/2021

COVID Health Plan Benefit Info (cont.)

	BSC as of 2/28/2021	Kaiser Non- Medicare as of 4/29/2021	Kaiser Medicare as of 4/29/2021	UHC Non-Medicare as of 5/3/2021	UHC Medicare as of 4/27/2021
Treatment	Copays waived for treatment between 3/31/2020 – 2/28/2020	Copays waived through 7/31/21	Copays waived through 12/31/21	Copays waived through 4/20/2021 Out of Network waived through 10/22/2020	Copays waived through 3/31/2021
Specialist and Primary Care	If a member presents at a specialist office and receives testing or treatment with a COVID-19 diagnosis, there would be no member cost share for services	Copays waived through 7/31/21	Copays waived through 7/31/21	Pan deductible and coinsurance applies	Copays waived through 9/30/2020 for specialist; through 12/31/2020 for Primary Care
Other	https://www.blueshieldca.com/coronavirus/your-coverage	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	Emotional support line available: 1-866-342-6892 Sanvello: On-demand emotional support mobile app, free to members https://www.uhc.com/health-and-wellness/health-topics/covid-19	

Telehealth – What is Telehealth?

- Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.
 - The State of California uses the term telehealth, though some providers and payors may use the term telemedicine when referring to the provision of health care at a distance.
- Ideally, there should not be any regulatory distinction between a service delivered via telehealth and a service delivered in person. Both should be held to the same quality and practice standards.

Telehealth – Types of Telehealth

- **Synchronous (Live Video):** live, two-way interaction between a person and a provider using audiovisual telecommunications technology.
- **Asynchronous (Store-and-Forward):** provides for the review of medical information at a later time by a provider at a distant site without the patient being present in real time.
- **eConsult:** a type of “store and forward” services. Electronic messages are exchanged which are initiated by the PCP to a specialist.
- **Remote Patient Monitoring (RPM):** personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and related support.
- **Mobile Health (mHealth):** health care practice and education supported by mobile communication devices, from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks.
- **Direct to Consumer or Direct to Patient (DTC or DTP):** typically, live video visits where providers engage with patients directly. These visits can include a clinician seeing their own patient, or they could include a patient engaging with a telehealth company directly.

Source: California Telehealth Resource Center, *Telehealth Reimbursement Guide for California (2021 Edition)*

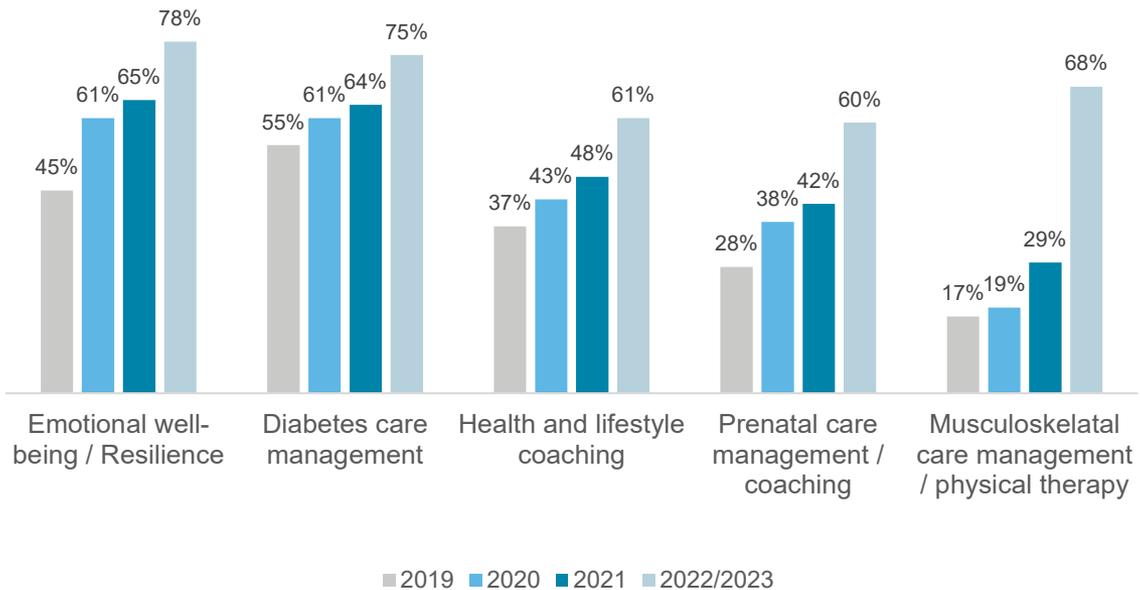
Telehealth – Current and Future State

Anticipated Service Expansion

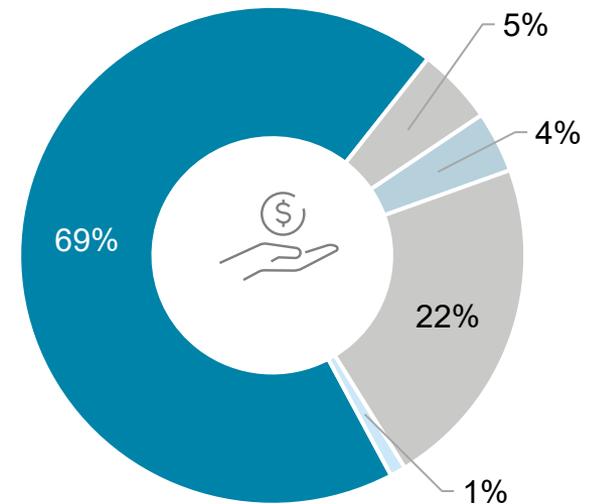


80%

Believe virtual care will have significant impact on how care is delivered in future



Employer Approach to Telehealth Cost Share



- Waived cost due to pandemic
- Already no cost to the employee
- Reduced cost due to the pandemic
- Did not adjust the cost of share for telehealth visits
- Don't know

Source: Business Group on Health 2021 Large Employers' Health Care Strategy and Plan Design Survey

Telehealth – Plan Coverage

- In many cases telehealth services are covered benefits and are billable by government programs and private payors.
- As the field is rapidly expanding, it should be noted that more and more public, private, and commercial payors are covering telehealth services.
- It is important that you check with your payors on a to see if additional services have been added for reimbursement.
- The following slides outline specifics for SFHSS' plans.

Telehealth – SFHSS Plan Coverage

	UnitedHealthcare			
	Blue Shield of California	Kaiser	Non-Medicare	Medicare
Direct to Provider	Yes	Yes	Yes	Yes
Third-party	Yes – Teladoc	No	Yes - Teladoc	Yes – AmWell, Teladoc and Doctors on Demand
Member Copay	<p>Direct to provider: \$25 or \$30 (based on provider type)</p> <p>Direct to provider behavioral health (through Magellan): \$25</p> <p>Teladoc: \$0</p>	\$0	Ded + Coins.	<p>Direct to provider: \$5 or \$15 (based on provider type)</p> <p>Virtual Doctor Visits: \$0 copay</p> <p>Virtual BH Visits: \$15 copay</p> <p>Virtual Cognitive BH Therapy (through AbleTo): \$0 copay</p> <p>Virtual Nutrition Therapy through Kroger Health: \$0 copay</p>
Languages	240 languages via third-party language line	Members can request providers that speak a specific language, or it is provided via third-party language line	12 Languages + ASL additional languages provided via third-party language line	<p>English and Spanish or via third-party language line</p> <p>No language requirements for direct to provider telehealth</p>

Telehealth – When to Use It

- **Telemedicine isn't appropriate for emergency situations like heart attack or stroke, cuts or lacerations, or broken bones that require X-rays, splints, or casts.** Anything that requires immediate, hands-on care should be handled in person.
- Telemedicine may be a viable option the next time you come down with a case of the sniffles or need a consultation about the use of a certain medication.
 - For example, if you suspect that a cut may be infected, you can schedule a virtual consultation with your health care provider to discuss your symptoms. If you're on vacation and think you're coming down with strep throat, you can communicate with your primary care physician or with a provider through a third-party app (e.g., Teladoc).
- It's helpful for a variety of other health issues including psychotherapy and teledermatology, which offers consultations of moles, rashes, etc. Colds and flu, insect bites, sore throats, diarrhea, and pink eye are some other common issues addressed using telemedicine.
- Ask your provider if they are scheduling telehealth visits or connect with your health plan to connect to other resources (see prior slide for more information).

Source: GoodRx - *What Is Telemedicine, and How Does It Work?*

Telehealth – Rules and Regulations

- Telehealth provided to members in California:
 - Telehealth is seen as a tool in medical practice, not a separate form of medicine. There are no legal prohibitions to using technology in the practice of medicine, as long as the practice is done by a California licensed physician and complies with state and federal privacy laws.
 - On April 3, 2020, Governor Newsom signed an executive order (N-43-20) relaxing certain state privacy and security laws for medical providers. This order is similar to the federal HHS Office for Civil Rights waiver issued on March 17, 2020, regarding federal privacy and security laws.
- Telehealth provided to members outside of California:
 - Many states have signed the Interstate Medical Licensure Compact to allow telehealth to be provided across state lines (California is not part of this legal agreement)
 - Telehealth provided to members outside of California may be provided by a provider in another state, if the member and provider are in states included in the compact; otherwise, the laws of the state the member is in will apply
- Typically, when requesting an appointment through a telehealth app (e.g., Teladoc), members will be asked to provide their location for purposes of ensuring that the applicable state laws are followed

Sources: *Medical Board of California, Practicing Medicine Through Telehealth Technology*

Interstate Medical Licensure Compact: U.S. State Participation in the Compact

Telehealth – Long-Term Sustainability

- There are many key actions that are needed to ensure the long-term sustainability of telehealth, which require action:
 - Health plans: reimbursing providers adequately for telehealth visits, simplifying patient cost-sharing (copays, coinsurance, etc.) and patient education on how to use telehealth, where to access it and what it will cost
 - Providers: commit to consistently guiding patients to high-value, cost-efficient use of telehealth and invest in a high-quality virtual patient experience
 - Patients: commit to paying the same amount for in-person vs. telehealth
- Health plans and providers need to examine the hard evidence from 2020 cost and utilization data to determine where telehealth can be used to achieve strategic objectives
 - Prior to 2020 there were very few reliable estimates of cost (to provide and consume) and limited data on quality and outcomes of telehealth
- Over the next few months, all parties need to compromise to address concerns such as TCOC unit cost for providers to offer telehealth services, overall utilization, and patient experience.

MEMORANDUM

DATE: May 13, 2021
TO: Dr. Stephen Follansbee, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: Black-Out Notice Extension through June 2021

This memorandum shall notify the Health Service Board (“Board”) of the Blackout Period in connection with the San Francisco Health Service System (“SFHSS”) competitive bid process for the medical plans and the Rates and Benefits process for the 2022 plan year.

Pursuant to the Board’s Service Provider Selection Policy, the Board must be notified of a Blackout Period prior to the release of any solicitation for the selection of a primary service provider and also includes the annual SFHSS Rates and Benefits process.

During the Blackout Period, the Board is prohibited from any communications with a potential SFHSS service provider on matters relating to SFHSS contracting except communications on SFHSS matters during Board or Board Committee Meetings.

Communications include face-to-face conversations, telephone conversations, email, text messages, letters, faxes, or any other social media, written or electronic communications.

Any communications with service providers for reasons unrelated to SFHSS during the Blackout Period must be immediately disclosed in writing to the Director and the Board.

The Blackout Period commenced on February 13, 2020, and is extended through the competitive bid process for the medical plans (June – December 2020) and the Rates and Benefits cycle for the plan year 2022 and therefore is expected to end in July 2021 after the Board of Supervisors final approval.

VSP Access Summary – Overall

- Following is a summary of GeoAccess results for SFHSS membership
 - GeoAccess represents the number of members who have access to a network provider within a certain mile radius of the member’s home address,
 - For example, 98% of members have access to at least 2 network providers within a 5-mile driving radius

Geography	Standard (# of providers within # of miles)	Total Number of Members	% of Members With Access	Average Driving Distance for Those <u>Not Meeting</u> the Standard
National	2 providers in 10 miles	71,586	99.0%	17.3 miles
California	2 providers in 5 miles	69,132	97.8%	9.7 miles
Bay Area*	2 providers in 5 miles	65,300	98.5%	8.4 miles

* Bay Area includes Alameda County, Contra Costa County, Marin County, Napa County, San Francisco County, San Mateo County, Santa Clara County, Solano County, and Sonoma County

VSP Access Summary – Top 10 Counties

- Access Standard: 2 providers within 5 miles

Geography	Total Number of Members	% of Members With Access	Average Driving Distance for Those <u>Not Meeting</u> the Standard
San Francisco	29,263	100%	N/A
Daly City	4,507	100%	N/A
Oakland	2,927	100%	N/A
South San Francisco	2,221	100%	N/A
San Bruno	1,301	100%	N/A
Pacifica	1,199	79.9%	5.5 miles
San Mateo	1,196	100%	N/A
Vallejo	1,196	100%	N/A
Antioch	967	100%	N/A
Hayward	833	100%	N/A
Novato	769	100%	N/A

VSP Access Summary – Sonoma and Surrounding Area

- Access Standard: 2 providers within 5 miles

Geography	Total Number of Members	% of Members With Access	Average Driving Distance for Those <u>Not Meeting</u> the Standard
Sonoma	231	98.3%	5.7 miles
Boyes Hot Springs	1	100%	N/A
Napa	104	91.3	7.1 miles
Vineburg	1	100%	N/Q
El Verano	4	100%	N/A
Glen Ellen	13	0%	7.7 miles

VSP Claims Summary – Top 5 States

- Following are the in- and out-of-network claims for calendar year 2020

State	Total Claim Count	% In-Network
California	44,718	91.5%
Nevada	220	90.5%
New York	151	13.9%
Oregon	149	95.3%
Arizona	146	93.1%

Enterprise Systems & Analytics Report

May 13, 2021

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> • Obtained email authorization for 3rd party platforms utilized by SFHSS (allows communications from @sfgov.org to flow through when using systems outside of the City such as our communications platform) • Risk Assessment review with City Chief Information Security Office and SFHSS Executive Director completed 5/6
VOIP telephony upgrade		<ul style="list-style-type: none"> • HSS call center updates deployed to a test environment. • VoIP enterprise solution still pending DT testing
Enterprise Content Mgmtt System		<ul style="list-style-type: none"> • Total of 7 reports have been completed and migrated to production
Dependent Eligibility Verification Audit		<ul style="list-style-type: none"> • Met with Salesforce 5/5 leveraging their expert coaching to build out proof of concept • Weekly internal development meetings scheduled
eBenefits		<ul style="list-style-type: none"> • Development underway for for CCD population
Social Determinants of Health (SDoH)		<ul style="list-style-type: none"> • Data measurement / gap analysis continuing – approx. 75% complete • Established rating criteria • Deep dive on MSK conditions completed
Open Enrollment		<ul style="list-style-type: none"> • Met with Workterra and Dept of Technology on 5/7 for technical requirements of Single Sign On for Voluntary Benefits • Attending BSC and Healthnet implementation meetings
System Enhancements		<ul style="list-style-type: none"> • Improved search capability deployed to SFHSS.org. Now search results return media (i.e., pdfs, docs, images) as well as the web pages • New Organizational Development workflows added to EAP clinical software Penelope • Modifications to SFUSD interface completed (conversion to SAP)

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

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

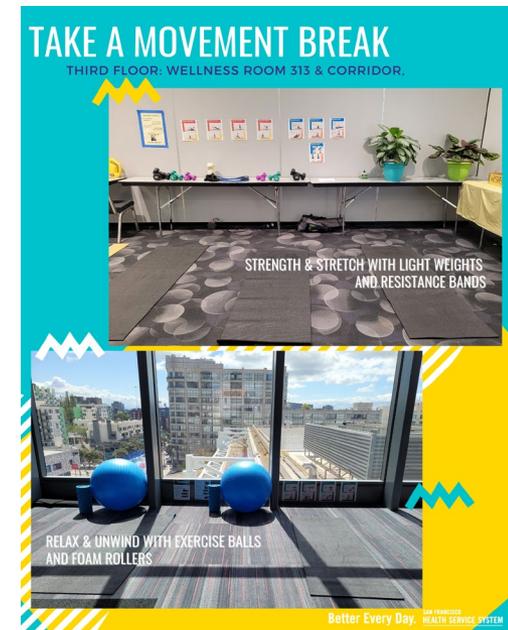
 Serious issues. Project most likely delayed or significant budget overrun

Well-Being Monthly Report

Health Service Board Meeting | May 13, 2021

Highlights:

- COVID Command Center (CCC) Support:
 - ✓ Wellness moment at All-Hands weekly meetings
 - ✓ Monthly pet therapy offering
 - ✓ Supported “active” movement area – stretch and strength station
 - ✓ Return to work transition support
- SFHSS EAP Launched Stress First Aid Workshop
- Weekly Wellness Virtual Presentations for SFHSS Ops Team. Topics included:
 - Resiliency
 - Well-being and Indoor Plants
 - Gratitude- The Science of Happiness



Well-Being@Work: Department Spotlights (FY'Q3)

Spotlights highlight programs that support employee well-being and provide opportunities to share effective and innovative execution of well-being programs in the workplace.

Highlights:

- 14 Well-Being Spotlights from 7 departments
- 79% represent activities done in a virtual setting
- 43% of departments found creative ways to engage in-person while practicing socially distancing

Department Spotlight highlights:

- AIR: DEI Employee Resource Groups
- ASR: Wellness Activity Survey
- CPC: 1-Year of Shelter-in Place Wellness Events
- MTA: What Are Your WellBeing Goals for 2021?
- RPD: EHS Training Team Building Event
- SFPD: Social-Distancing Celebrations & Check-ins

For more details and to view additional Spotlights, visit here: <https://sfhss.org/well-beingwork-spotlights>

AIR: DEI Employee Resource Groups

Our Office of Diversity, Equity, and Inclusion (DEI) has launched three new Employee Resource Groups (ERGs) to support our LatinX, our Black, Indigenous, and People of Color (BIPOC), and Asian and Pacific Islander (API) employees at SFO.

Our newest ERGs - LatinX@SFO, BIPOC@SFO, and API@SFO - aim to create a network of support for our employees, bringing team members with common identities and/or shared experiences together to build community, share resources, enhance professional development, and raise awareness of critical issues. Each ERG is sponsored by a member of the Airport's leadership team to ensure greater advocacy and awareness at the leadership level of the diverse needs of our employees.

SFO's ERG Program was initiated in 2018, and also includes: Out@SFO, Parents@SFO, Veterans@SFO, and Women@SFO.

SFO Employee Resource Groups (ERGs) are voluntary, employee-led groups that foster an inclusive workplace aligned with the Airport's Core Values. ERG membership is open to all Commission employees and allies are encouraged to participate.

WELL-BEING@WORK

API@SFO

ASR: Wellness Activity Survey

As part of our efforts to promote Physical and Emotional Well-Being within ASR, we explored more ways to offer well-being activities to staff.

With the help of the HSS Well-Being Team, we planned on hosting our very own Physical and/or Emotional Well-Being activities specifically for ASR employees.

So, we decided to gauge our staff's interest in the various activities and workshops that were being offered to us. As an incentive, we decided to hold (2) drawings for a chance to win some HSS Swag!

We've taken those results and have planned out (3) Activities through the end of the 20-21 FY!

WELL-BEING@WORK

1. Yoga - 30 Minute Session

Interested	10
Not Interested	0

2. Meditation - 30 Minute Session

Interested	10
Not Interested	0

4. Which of the following best describes you? (Select all that apply)

Stressful	10
Challenging	10
Relaxing	10
Refreshing	10
Exciting	10
Fun	10
Other	10

Top Interest Factor

Most Popular Activity

SAN FRANCISCO HEALTH SERVICE SYSTEM

CPC: 1 Year of Shelter-in-Place Event

To commemorate 1 year of Sheltering-In-Place, the San Francisco Planning Department hosted a "Letter to Your Future Self" event. The activity included reflecting on this past year in this global pandemic and writing our hopes for the future.

The activity ended with a safe space for people to share their thoughts. We even heard some inspiring words from a staff member's kid. Staff was very appreciative of the time and space for this activity that was open and approved for employees to participate in during work hours.

Everyone looks forward to reading their letter 5 or 10 years from now!

WELL-BEING@WORK

CELEBRATING 1 YEAR OF SHELTERING-IN-PLACE

LETTER TO YOUR FUTURE SELF ACTIVITY

It's been 1 year of Sheltering-In-Place, and we're celebrating with a special event. All you need is a pen and paper, and the spirit to write to your future self.

Here are some questions to get you started:

- How do you feel about this year?
- What are you proud of?
- What are you looking forward to in the future?
- How do you plan to spend your time?
- How do you plan to spend your money?
- How do you plan to spend your energy?
- How do you plan to spend your love?

Write your letter to your future self and share it with your colleagues. We'll be reading them all together!

Let's make this year a great one for everyone!

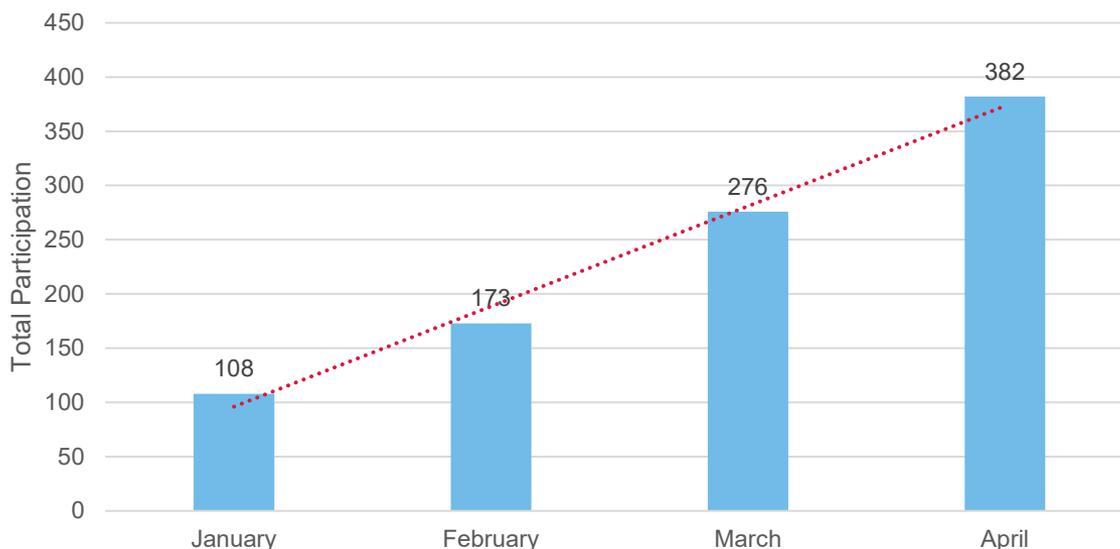
SAN FRANCISCO HEALTH SERVICE SYSTEM

Citywide Stretch Breaks

Highlights:

- 38% increase in participation from March to April
- 274 more participants from January to April
- 34 sessions offered in 2021

2021 Stretch Break Participation by Month



The Well-Being Team leads reoccurring virtual 10-minute stretch breaks two days/week for all members. The activity has seen an exceptional increase in participation since January 2021. This activity continues to received positive feedback.

CredibleMind

<https://sfhss.org/crediblemind>



Launched December 2020

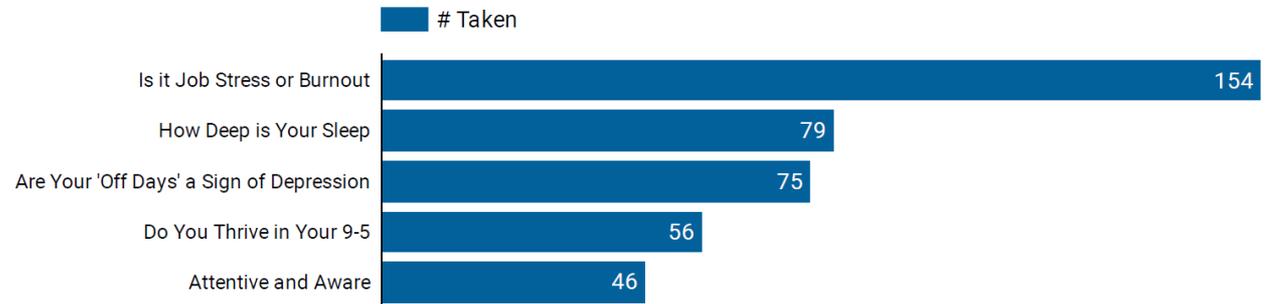
Communication Efforts:

- eNews
- Better Every Day Newsletter
- Key Player Network
- Word of Mouth

April

- Top 5 Topics Visited:
 - Mindfulness
 - Anxiety
 - Burnout
 - Race, Inclusion & Minority Wellbeing
 - Financial Health
- Assessments Taken: 83
- Top Assessments Accessed:
 - Attentive and Aware
 - Is it Job Stress or Burnout

Total Assessment Taken: Since Launch

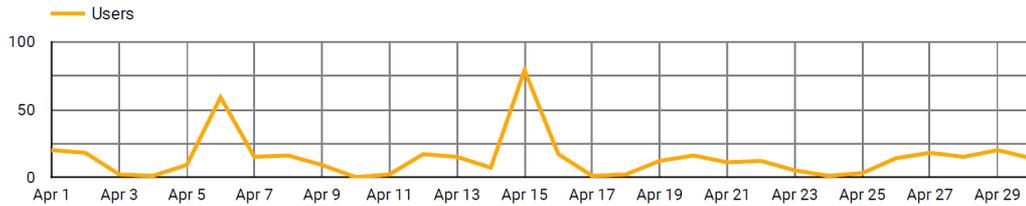




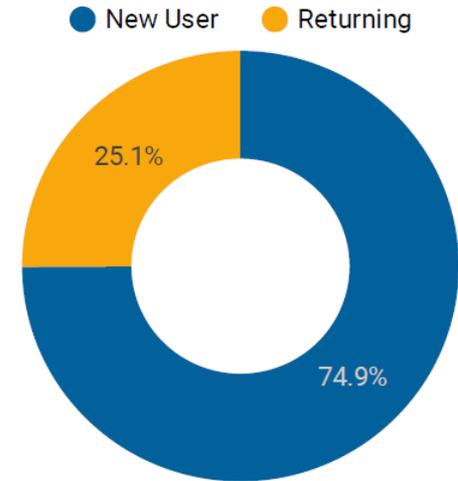
CredibleMind

Percent of Sessions New vs Returning

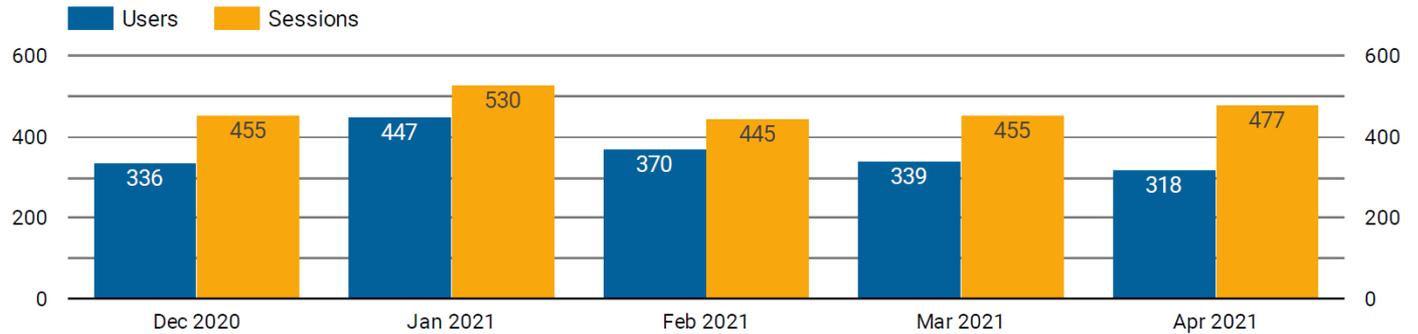
Audience Overview



Users	New Users	Sessions per User	Sessions	Avg. Session Duration	New Subscribers
318	260	1.5	477	00:05:01	6
Total Subscribers	72				



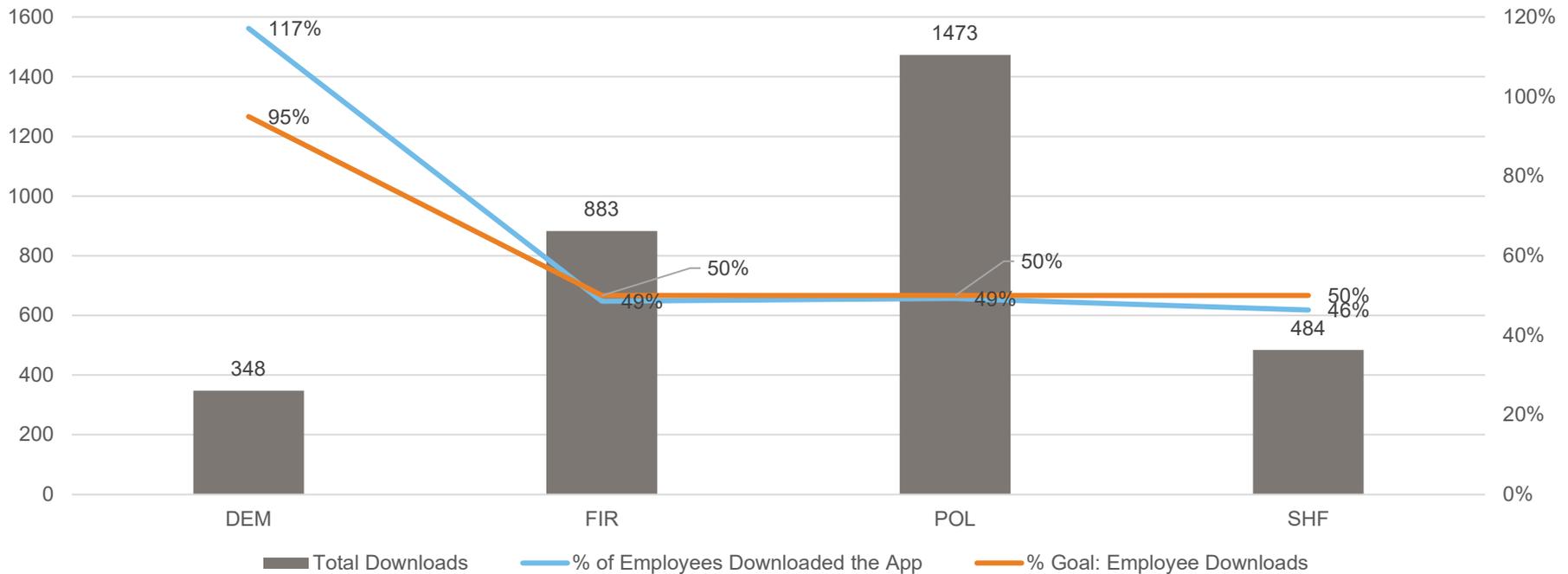
Traffic by Month



Behavioral Health: Cordico Wellness App

- Total downloads:
 - 3,188 (4.7% increase from March) - YTD
 - 144 new downloads in April

Total Downloads and % of Employees Downloaded by Dept. (YTD)



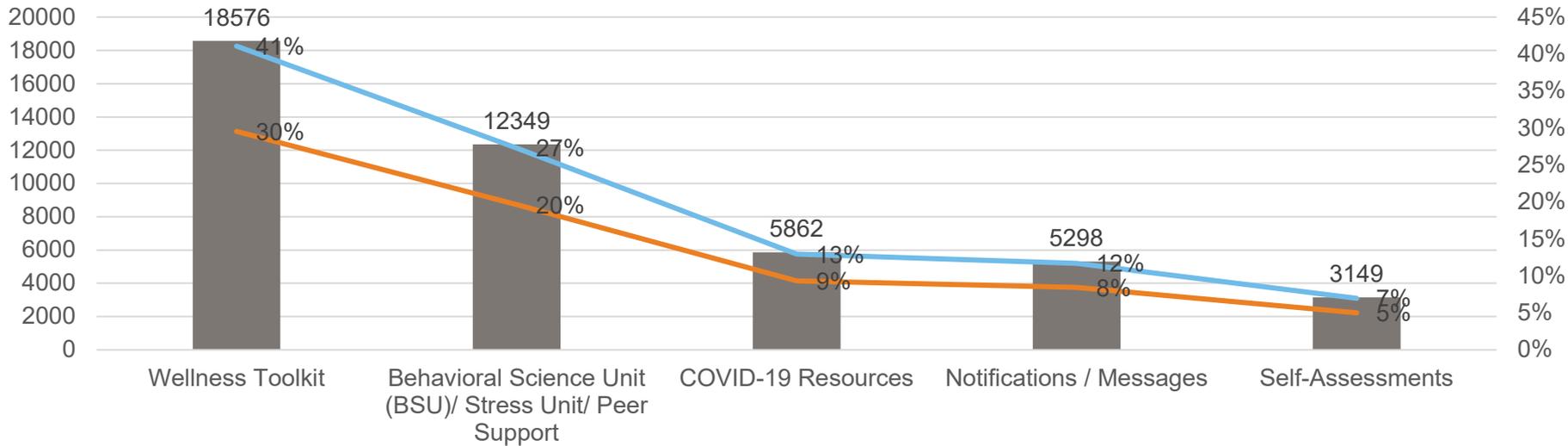
Data represented 5/25 through 4/30/2021

Behavioral Health: Cordico Wellness App

Modules -

- Total of 55,814 modules clicks YTD
- April – Highest number of clicks
 - ✓ 790 (Wellness Toolkit) – Department of Emergency Management (DEM)
 - ✓ 485 (Wellness) - Fire

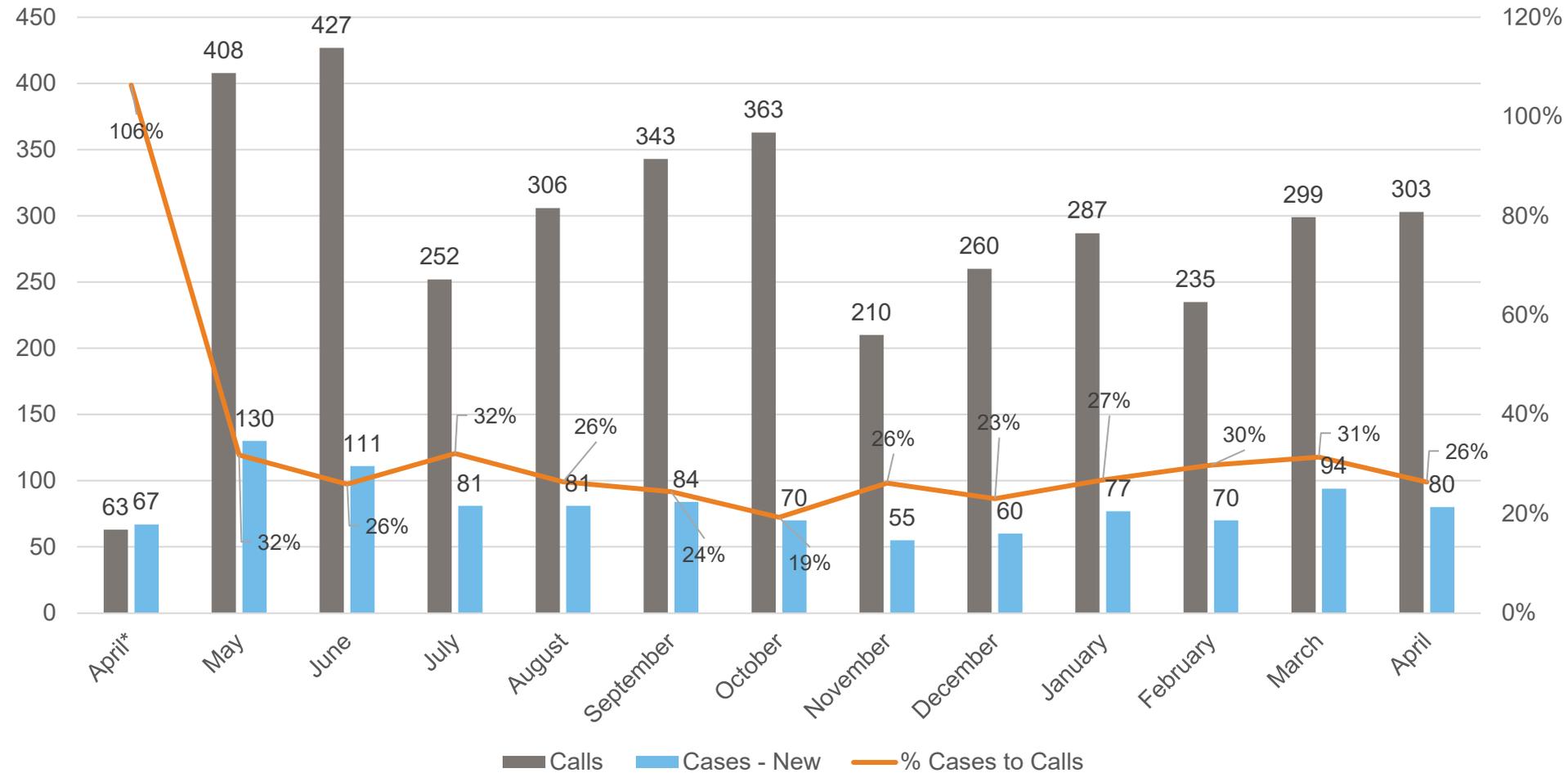
Top 5 Modules Clicked: Total clicks, % of clicks within the top 5 modules and % of all module clicks



*Data represented 5/25 through 4/30/2021

■ Total — % of Top 5 Clicks — % of All Clicks

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



■ Calls ■ Cases - New — % Cases to Calls

**April represents only External 24/7 EAP from 4/24/2020 (inception)*

April

- 303 calls total of which 26% (80) became a case
- Top presenting issue – Psychological (16% increase from March)
- 63% of all callers are between the age of 41 – 60
- 4% increase in callers who identify as Asian
- 2% increase in callers who identify as Black

External 24/7 EAP

(Data represents 4/24/2020 through 4/29/2021)

- 2,544 calls of which 861 became cases
- Highest call volume has taken place on Tuesday's (374 calls) and Monday's (351 calls)
- 20% of all calls come in between 5 pm and 8 am (outside of regular business hours)

SFHSS Internal EAP

(Data represents 5/1/2020 through 4/30)

Services

- 296 leadership consultations
- 770 individual consultations
- Responded to 20 critical incidents serving 350 individuals
- Took on 150 new cases

Northern California Medical Group Practice Closure (Sonoma County)

Northern California Medical Associates closed its practice in Sant Rosa, CA on May 1st, citing natural disasters and financial strain as reasons for the closure. The SFHSS Health Plans have taken the following actions to address this closure.

UHC (M):

1. Confirm that this clinic was an in-network provider? **Yes**
2. How many SFHSS members have sought treatment from this clinic in the last 12 months? **11**
3. If they are doing any member outreach to support members in identifying a new provider? **Members received letter from UHC (sample attached)**

UHC (NM):

1. Confirm that this clinic was an in-network provider? **Yes**
2. How many SFHSS members have sought treatment from this clinic in the last 12 months? **3**
3. If they are doing any member outreach to support members in identifying a new provider? **Members should have received notice from the provider group, members can go to myuhc.com or call customer service to find a new provider**

BSC:

1. Confirm that this clinic was an in-network provider? **Yes**
2. How many SFHSS members have sought treatment from this clinic in the last 12 months? **1**
3. If they are doing any member outreach to support members in identifying a new provider? **Member will receive a letter with notification of the change once the provider transitions have occurred**



ATLANTA, GA 30374-0376

DPSS\$PKG



Questions?

We're here to help.

Toll-Free **1-800-457-8506**

TTY **711**, 8 a.m. - 8 p.m. local time,

Monday - Friday

UnitedHealthcare Group Medicare Advantage (PPO)

April 2, 2021

Member ID:

Dear ,

We were recently told that Northern California Medical Associates will close on May 1, 2021.

We're here to help

Since you have received care from Northern California Medical Associates in the past, we want to let you know about your other options for care.

What other provider can you use?

You can choose any network provider or out-of-network provider, as long as they are a Medicare-approved provider and accept your plan. Your share of the cost will be the same.

We're happy to help you find a provider. Please call Customer Service toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday. You can also visit **www.UHCRetiree.com** to search for one.

Questions?

If you have any questions, please call Customer Service toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday.

Thank you for being a member of our plan.

Sincerely,

The UnitedHealthcare Team

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

If you need help finding a network provider, please call **1-800-457-8506**, TTY **711**, or visit **www.UHCRetiree.com** to access our online directory. If you would like a Provider Directory mailed to you, you may call the number above or request one at the website link provided above.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。