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

Request for Information for Medicare Health Plans

DATE: September 27, 2021

TO: **Medicare Advantage Vendors**

FROM: Michael Visconti
Contracts Administration Manager
San Francisco Health Service System

RE: **Request for Information (RFI) for Medicare Health Plans, 2023 Plan Year (RFPQ#HSS2021.M1i)**

I. RFI Intent

The San Francisco Health Service System (SFHSS) is soliciting information on highly qualified Medicare Advantage insurance partners. The purpose of this non-binding RFI is to allow SFHSS to understand the current market opportunities driven by its strategic goals and objectives as outlined in the August 12, 2021 and September 9, 2021 Health Service Board meetings (see table and links below).

Strategic Goal	Pillar(s)	Key Objectives
Affordable and sustainable	**Cost:** SFHSS expects no increase to premiums **Quality:** SFHSS will prioritize plans with a CMS Star rating of 4.0 or higher	■ Support health plan models focused on sustainable, financially stable, high-quality, cost-effective health plan programs and options ■ Leverage SFHSS purchasing power to enhance plan competition and reduce future Medicare plan premium cost trends
Reduce complexity and fragmentation	**Administration:** SFHSS expects superior customer service, plan design administration and program offering	■ Minimize member disruption by maintaining a similar balance of current copays and deductibles as well as network and pharmacy formulary
Engage and support	**Quality:** SFHSS will prioritize plans with a CMS Star rating of 4.0 or higher **Administration:** SFHSS expects superior customer service, plan design administration and program offering	■ Innovate for better care management of the drivers that affect risk scores

Strategic Goal	Pillar(s)	Key Objectives
Choice and flexibility	**Administration:** SFHSS expects superior customer service, plan design administration and program offering	■ Enhance diversity of choices geographically while maintaining balanced enrollment among offered plans ■ Reduce administrative complexity of "split families" (retiree families with one or more Medicare individual and one or more non-Medicare individual)
Whole person health and well-being	**Quality:** SFHSS will prioritize plans with a CMS Star rating of 4.0 or higher	■ Partner with plans committed to the strategic goal of ongoing whole person health, well-being of Members and improved health equity

- August 12, 2021 Health Service Board meeting: https://sfhss.org/board-meeting/2021-08-12t200000#tab-27124
- September 9, 2021 Health Service Board meeting: https://sfhss.org/board-meeting/2021-09-09t200000

II. The San Francisco Health Service System

SFHSS is dedicated to providing outstanding health and other employee benefits to SFHSS Members, preserving and improving sustainable, quality health benefits, enhancing the well-being of employees, retirees, and their families, and adhering to the highest standards of customer service. SFHSS executes all process phases related to benefit operations and administration of non-pension benefits (including health, dental and vision) for approximately 136,000 individuals, including both active and retired employees of the City and County of San Francisco, the San Francisco Unified School District, the Community College of San Francisco, and the San Francisco Superior Court (collectively known as City Employees), and their covered dependents (Members) pursuant to The City and County of San Francisco Charter §§ 12.200-12.203 and A8.420- A8.432, and San Francisco Administrative Code §§ 16.700-16.703.

- More information about SFHSS and the programs offered can be found here: https://sfhss.org/
- More information on the demographics of the population which is served can be found here: https://sfhss.org/resource/2020-sfhss-2020-demographics-report

Additionally, in September 2020, SFHSS issued a Request for Proposal (RFP) for Health Plans for the non-Medicare-eligible population ("RFP for Health Plans, 2022 Plan Year" available at https://sfhss.org/RFPs including a detailed background on the San Francisco Health Service System). The results of that RFP were presented to and approved by the Health Service Board in February of 2021 (Agenda Item: Approve the Following SFHSS Staff Recommendation for the Medical Plan Offerings in Plan Year 2022 (Non-Medicare)" available at https://sfhss.org/board-meeting/2021-02-11t210000).

Regarding the "split families" referenced in the goals and objectives table above, the below description is from the "RFP for Health Plans, 2022 Plan Year" and describes the current (plan year 2021) ability to split enrollment across some of the SFHSS plan offerings (Split Enrollment, pg. 14-15):

> The San Francisco Health Service System collaborates with Blue Shield of California (BSC) [PY2021 Access+ and Trio HMO plans] and UnitedHealthcare (UHC) [UnitedHealthcare PPO plan] to offer Members the unique ability to "split enrollment" across some of our plans, when a primary member (active employee or retiree member), or a dependent of that primary member becomes eligible to enroll in Medicare. Currently, Kaiser Permanente is not required to accommodate split enrollment with the other health plans. In the case where a primary member is enrolled with Blue Shield or UHC, and either the primary member or a dependent of the primary member, becomes eligible to enroll in Medicare, and the Medicare beneficiary elects to enroll in the UHC MAPD PPO plan, the non-Medicare eligible members and/or non-Medicare eligible dependents may elect to enroll in either the UHC PPO, Blue Shield Access+, or Blue Shield Trio HMO plans. This unique enrollment requires additional eligibility file and programmatic requirements and if requested by SFHSS, will be required for any Selected Respondent(s) [to the Health Plan RFP for the 2022 Plan Year].
>
> RFP for Health Plans, 2022 Plan Year, "Split Enrollment" pg. 14-15.

As a result of the Health Plan RFP, Blue Shield of California, in partnership with Accolade, will take over administration of the PPO plan from UHC (see February 2021 Health Service Board Meeting, Agenda Item: Approve the Following SFHSS Staff Recommendation for the Medical Plan Offerings in Plan Year 2022 (Non-Medicare), available at https://sfhss.org/board-meeting/2021-02-11t210000).

Split enrollment will continue to be allowed between the Blue Shield of California HMO (Access+ and Trio) and the UnitedHealthcare MAPD PPO as it was prior to the Health Plan RFP for PY2022. However, there will no longer be split enrollment between the PPO plan (BSC – Accolade) and the UnitedHealthcare MAPD PPO.

III. SFHSS Needs

SFHSS currently offers Medicare-eligible retirees the following plans:

- Kaiser Permanente of California Senior Advantage HMO
- Kaiser Permanente of Hawaii Senior Advantage HMO
- Kaiser Permanente of Washington Senior Advantage HMO
- Kaiser Permanente of the Northwest Senior Advantage HMO
- UnitedHealthcare Open Access Medicare Advantage with Part D PPO

SFHSS has identified an opportunity to assess the group Medicare Advantage marketplace to ensure that its offering to members continues to meet its strategic goals and objectives, including the diverse and changing needs of its retiree population. Part of the goals and objectives is to explore new and innovative program offerings as identified by CMS to address member needs beyond traditional health care, e.g., meal delivery, transportation services, dental care, etc. An additional area of interest is identifying a group plan offering for family units where one or more members is Medicare-eligible, and one or more members is not Medicare-eligible with the purpose of easing the administrative burden of managing mixed Medicare eligibility and offering comprehensive, affordable coverage.

IV. Submitting your Response

Response Deadline

Vendors must complete the Vendor Quote Form [Appendix A] and submit the form in both Microsoft Word (.docx) **and** Adobe PDF format, unless otherwise specified, via email to michael.visconti@sfgov.org, cc: to vanessa.price-cooper@sfgov.org, no later than **4:00 PM (PT) on Friday, October 22, 2021**. Any attachments to the Vendor Quote Form must not exceed ten (10) total pages in aggregate and must be submitted with the Vendor Quote Form.

Questions and Clarifications

Any questions or requests for clarification must be submitted via email to michael.visconti@sfgov.org, cc: to vanessa.price-cooper@sfgov.org, no later than **4:00 PM (PT) on Friday, October 1, 2021**. A summary of the clarifications, questions and answers will be posted to the SFHSS website.

As a result of this RFI, SFHSS may release a request for proposals or request for bid. Failure to respond to this RFI will not preclude an entity from responding to any subsequent procurement requests nor will any response to this RFI be evaluated as a component of a subsequent request for proposals or request for bid.

V. Minimum Qualifications

Qualified Respondents shall:

1) Licensed by CMS to offer employer group-based Medicare Advantage PPO plans and/or HMO plans with Part D.
2) Have an established, adequate (as determined by CMS standards) network in the bay area counties: San Francisco, San Mateo, Santa Clara, Marin, Contra Costa, and Alameda.
3) Have a 2020 Medicare Star rating of 4.0 or greater.

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Appendix A—Vendor Quote Form

Request for Information (RFI) for Medicare Health Plans, 2023 Plan Year

1) Does your organization meet the minimum qualifications referenced in Article V [Minimum Qualifications] of this Request for Information?

Put an "X" next to one: YES: _____ NO: _____

2) Contact, Tax, and Vendor Information Page:

a) Company or Organization:

- Name:
- Physical Address:
- Website:
- Federal Tax ID:
- City Supplier ID (if applicable):

b) Primary RFI Contact:

- Name:
- Email:
- Telephone:

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3) Questionnaire: Please indicate where your response differs by plan offering.

a) Which Medicare Advantage with Part D plans are you including in your response to this RFI?

Name	CMS Contract Number	2020 Star Rating	2019 Star Rating	Type (HMO, PPO, etc.)	Geographic Access
Sample Plan A	123456	4.5	4.5	PPO	National
Sample Plan B	234567	5.0	4.5	HMO	California

b) For each of the plans listed above, please provide a zip code listing where the plan is available. The listing must be provided in an unlocked Excel file.

c) Provide your organization's core competency(ies), including significant differentiators that the organization delivers to it's group Medicare Advantage clients.

d) Which CMS Innovation Models are you using today or are in development? Indicate which models are used for each of the group MA with Part D plans you are including in this RFI response. (https://innovation.cms.gov/innovation-models#views=models).

- Please outline your learnings from these programs: what successes have you achieved; what opportunities have you identified?

e) Describe how your organization's vision and values align with SFHSS' strategic goals around: Affordable and Sustainable, Reduce Complexity and Fragmentation, Engage and Support, Choice and Flexibility, Whole Person Health and Well-being.

f) Outline what unique and innovative solutions you have used to managed mixed Medicare eligible family units (see earlier description of "Split Families").

g) What changes have you made or are in process to support the CMS Quality Payment Program, created by Congress as part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)?

h) How will the plan(s) you are including in your response to this RFI support SFHSS' RFI and RFP objectives:

- Support health plan models focused on sustainable, financially stable, high-quality, cost-effective health plan programs and options
- Leverage SFHSS purchasing power to enhance plan competition and reduce future Medicare plan premium cost trends
- Minimize member disruption by maintaining a similar balance of current copays and deductibles as well as network and pharmacy formulary
- Innovate for better care management of the drivers that affect risk scores
- Enhance diversity of choices geographically while maintaining balanced enrollment among offered plans
- Reduce administrative complexity of "split families" (retiree families with one or more Medicare individual and one or more non-Medicare individual)

- Partner with plans committed to the strategic goal of ongoing whole person health, well-being of Members and improved health equity

i) Describe programs are you currently offering or are in development to support whole-person health and wellbeing, including reducing the impact of negative social determinants of health, advance health equity, and increasing health literacy. Programs may include but are not limited to the following: fitness, dental, eye exams / glasses, hearing aids, meal benefit, transportation, bathroom safety, in-home support, telemonitoring, and caregiver support.

- How do you communicate and what tools do you use to engage with members, providers and/or facilities on the availability of these programs?
- What client-specific reporting will you provide to SFHSS on utilization of these programs?

j) What is your organization doing to encourage the CMS Primary Care First Model?

k) Describe your strategy and key initiatives to ensure that your Medicare Advantage with Part D plans will offer SFHSS members a sustainable value proposition. Provide three specific examples of each initiative and an up-to-date summary of results by initiative.

l) Describe your Star enhancement strategy, including a description of the continuous quality improvement initiatives included in this strategy.

m) What do you view as gaps in preparedness for the current pandemic and future pandemics, epidemics affecting the Bay Area / Northern California region, or similarly disruptive and widespread disease outbreaks? How are you working to address current (including vaccine tracking and outreach)? How are you working to close gaps to solidify preparedness for future events?

n) Describe any CMS program or issue audits related to any of your Medicare Advantage offerings that have been completed in 2019 – 2020 and CMS's findings and/or actions.

o) Describe how your MA risk adjustment methodologies provide a true reflection of member risk, how services are linked to risk and diagnosis and include how this methodology is managed to avoid any potential concern of overpayments from the federal government.

p) How do you address non-SSI contributors within your Medicare Advantage structure?

q) What steps do you take to ensure provider access for urban, suburban, and rural members?

- If you identify an access issue in a geography, how do you improve access for these members?

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