

San Francisco Health Service System Health Service Board

SFHSS Medicare Advantage Request for Information (RFI) Update

September 9, 2021

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Medicare Plans Discussion

- The goals of today's meeting are to inform the HSB of:
 - Consolidated goals and objectives
 - Path from RFI to RFP
 - RFI advantages, process and timeline

Medicare Plans Discussion—Consolidated Goals and Objectives

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

Medicare Plans Discussion—Consolidated Goals and Objectives (cont.)

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

Underlying all activity are legal / policy guardrails, meaning:
SFHSS will work within the construct of the City Charter

Medicare Plans Discussion—Path From RFI to RFP

Previous discussions by SFHSS staff and the HSB are as follows:

- 2018 Strategic Planning—Innovation Day June 2018
- Adopted Strategic Plan—October 2018
- Medicare Market Update—November 2020
- HSB Input on RFP Goals to SFHSS—June 2021
- HSB Input on Consolidated RFP Goals and Review of RFI Process—August 2021

Medicare Plans Discussion—Path From RFI to RFP

- At the August 12, 2021, HSB meeting, Staff shared the decision to move forward with an RFI as a precursor to a possible RFP
- An RFI is an opportunity to educate and inform SFHSS prior to an RFP to:
 - Allow for additional fact-finding
 - Ask more open-ended questions than an RFP
 - Allow vendors to fully explain their current and future offerings
 - Affirm or negate the goals and objectives stated earlier and thus affirm or negate the need to perform an RFP
- An RFI approach also allows for broader contribution in the process, including:
 - SFHSS Executive Director, COO, CFO, Senior Health Program Planner
 - Aon
 - HSB Commissioner (elected member)—Commissioner Zvanski
 - HSB Commissioner (appointed member)—Commissioner Scott

Medicare Plans Discussion—RFI Advantages

- The initial RFI will be advantageous for the following reasons:
 - While Medicare Advantage (MA) plans are highly regulated, there are opportunities for vendors to be innovative, which may create complexity in the assessment of MA plans. An RFI approach offers a non-binding opportunity for SFHSS to revitalize its understanding of the MA marketplace.
 - A key learning from the Active/Early Retiree RFP process completed in early 2021 was to be concise in expectations of potential vendor partners. An RFI approach provides an opportunity to educate and inform SFHSS to create an efficient scope of work.
 - An RFI allows for a more open dialogue between SFHSS and the interested vendors including the opportunity for the vendors to develop a better understanding of SFHSS and its challenges. An RFI approach offers an opportunity for creative solutioning within a more flexible framework.
 - Per City procurement rules, the RFI process will allow for a greater level of transparency. An RFI approach offers SFHSS the opportunity to include two members of the HSB to participate in the analysis phase of the RFI and provide a broader contribution to the RFP (where confidentiality requirements prohibit the HSB's involvement).

Medicare Plans Discussion—RFI Process

- Key features of the RFI process are as follows:
 - The RFI process is an open evaluation, and the results are non-binding—meaning SFHSS will not execute a carrier contract as an outcome of an RFI and further, SFHSS could choose to move forward with an RFP or not as a result of the RFI
 - Carrier participation in the RFI is open to any carrier but carriers are encouraged to review and consider the desired goals and objectives outlined earlier (e.g., continuing to provide plans with a CMS Star rating of 4.0 or higher)
 - When the RFI is ready for release to the market, an email notification to pre-identified carriers will be sent. Additionally, information on how carriers can participate will be made publicly available to allow for broader carrier participation
 - The RFI is a separate and distinct process from any future RFP—meaning that carrier responses, participation panel discussions, and assessment will not be included as part of the RFP process, however, it is expected that the RFI process will affirm or may modify the RFP goals and objectives and inform the RFP scope of work
 - This also means that a carrier who does not participate in the RFI process may still participate in the future RFP

Medicare Plans Discussion—RFI Timeline

- The proposed timeline of the RFI is as follows:

Activity	Timeline
Establish Participation Panel	September 17, 2021
Release RFI to the Market	September 24, 2021
Carrier Responses to RFI Due	October 22, 2021
Review of RFI Responses by Participation Panel	October 25 – November 19, 2021
Health Service Board Presentation	December 9, 2021

- Should the RFI affirm the need to perform an RFP, the draft timeline will be as follows:

Activity	Timeline
Secure Evaluation Panel Participants	December – January 2022
Release RFP to the Market	January 2022
Carrier Responses to RFP Due – Non-Financial	March 2022
Carrier Responses to RFP Due – Financial	April 2022
Health Service Board Presentation	May – June 2022

Medicare Plans Discussion—RFI Pre-Identified Carriers

- SFHSS is working on a list of pre-identified carriers who will receive notice of the availability of the RFI
- This list is under development but includes the following plans as of September 3, 2021:
 - Aetna
 - Alignment Health Plan
 - Anthem
 - Blue Shield of California
 - CCHP Health Plan
 - Centene/Health Net
 - Cigna
 - Humana
 - Kaiser Permanente
 - SCAN Health Plan
 - Stanford Health Care
 - UnitedHealthcare
- Other carriers that wish to receive the notification may contact Michael Visconti, Contracts Manager at SFHSS, via email

Medicare Plans Discussion—Path From RFI to RFP

Next Steps:

- Staff will finalize the RFI and release to the market
- The results of the RFI will inform the decision to proceed with an RFP process and the content of the RFP
- Staff will present to the Board the options and potential gains for a Medicare Advantage plan RFP for the 2023 plan year (December 2021/January 2022)
 - SFHSS may then retain the current group Medicare Advantage plan offering framework and expand potential Medicare Advantage plan offerings to SFHSS Medicare retirees without an RFP
 - The Board may choose to expand current options within the existing framework and incumbent vendors and Staff will conduct a Medicare Advantage plan RFP for the 2023 plan year (January 2022-June 2022)