

June 11, 2020

TO: Karen Breslin, President, and Members of the Health Service Board  
FROM: Abbie Yant, RN, MA Executive Director SFHSS  
RE: June 2020 Board Report

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

**Social Determinants of Health (SDOH) Steering Committee**

SFHSS has formed an internal steering committee to develop a data plan that prioritizes SDOH-related work. Social determinants of health are the conditions in places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Race is a powerful determinant of health, particularly in these times. We live in communities of color across the Bay Area and we work in the diverse city of San Francisco. SFHSS strives to be an agent of change—working on programs to improve health equity and health outcomes for our members.

The steering committee includes interdivisional representation responsible for designing, coordinating, and organizing racial equity plans and activities. Steering committee members stay tuned to guidance issued by the Human Rights Commission, Office of Racial Equity, and Government Alliance for Race and Equity, a national network of municipal, regional and state governments (100 cities and 30 states) working to achieve racial equity and advance opportunities for all. SFHSS is committed to exploring a wide range of SDOH indicators that impact the whole person health and well-being of our membership.

**Medical Plan Competitive Bid**

As the Health Service Board is aware, SFHSS has considered for some time when it would be appropriate to issue a request for proposals to bid out our medical plans competitively. We have discussed openly at Health Service Board meetings the rationale for taking this step.

The goal of the RFP supports the five strategic goals the SFHSS established in 2019. These include:

- Affordable and sustainable: acknowledging member costs (both through contributions and plan design) as well as the long-term financial sustainability of the overall program
- Reduce complexity and fragmentation: selecting vendor partner(s) who provide comprehensive and integrated health plans
- Engage and support: identifying vendor partner(s) who will promote health literacy and provide member advocacy
- Choice and flexibility: appreciating the various needs of members and providing meaningful opportunity in the areas of health plan, plan design, and network/health systems
- Whole person health and well-being: seeking vendor partners who will support SFHSS' ongoing health and well-being activities and look to shift from sick care to health care

The San Francisco Health Service System will issue a request for proposal (RFP) and conduct a competitive bid process to evaluate and select qualified health benefit organization partners for the 2022 plan year. The release date for the RFP will be no later than September 2020. SFHSS seeks proposals that will apply to our active employee Members, non-Medicare-eligible Members, and their dependents. The RFP will not include or affect the Medicare Retiree population plans, including the UHC Medicare Advantage PPO plan, Kaiser Permanente Senior Advantage plan or the Kaiser Multi-Region plans offered in Hawaii, Pacific Northwest and Washington. The RFP will not include or affect the Kaiser Active and Early Retiree plan.

Respondents to the RFP will be asked to propose solutions with similar health plan funding methods to our existing plan partners, including fully-funded, self-funded, and flex-funded models. SFHSS looks forward to evaluating and partnering with organizations to provide our members with high-value benefits and improved health outcomes and to provide the City with long term, affordable, and sustainable health services.

### **Communications Notice**

On this date, June 11, 2020, we are extending a formal Communications Notice (previously titled as “Black Out Notice”) through the rest of this calendar year to include all the Medical Plan vendors. This notice will continue throughout the RFP and the negotiations that will take place with Medical, Dental, and Vision vendors for Plan Year 2022. The Communications Notice will continue through June 2021. See attached notice.

### **Health Plans COVID19 Copays - as of 6/4/2020 (subject to change)**

The health plans continue to comply with the Federal and State mandates regarding co-pays for COVID 19 testing and treatment. (See attached)

### **UHC Returns of 10% ASO Fees**

Due to the COVID19 pandemic, UnitedHealth care has issued a 10% administrative fee credit for self-funded plans; this includes the UHC PPO (City Plan). The estimated credit is \$8,400 and will be credited against the July invoice.

### **Transitioning to Medicare**

When our early retirees are approaching Medicare age of eligibility, they receive notices from CMS advising them of the need to enroll in Medicare. At 90 days and 30 days before the eligibility date, SFHSS also notifies the member of the obligation to enroll in Medicare. Should the member not receive confirmation of their enrollment, we cannot assist, nor do we influence the Medicare enrollment process. On the member’s actual date of eligibility, SFHSS will drop the member from coverage.

Social Security offices have been closed during the pandemic but accepted applications for Medicare via web and phone. During this transition, CMS did accumulate a backlog of applications. For those who waited to just before their eligibility date was delayed in getting approved for Medicare. SFHSS acknowledged this issue of delayed CMS approval for Medicare and provided members with extra time to receive authorization before SFHSS would drop members from coverage. CMS/SSA has publicly confirmed their backlog has been alleviated, and approval for Medicare is now timely as it was before the pandemic. Therefore, SFHSS will

adhere to its Member Rules and drop members from coverage if they have not enrolled in Medicare by their Medicare eligibility date.

**Open Enrollment October 2020**

SFHSS is so fortunate to have transitioned to e-Benefits! This year, we will not be hosting any in-person health fairs or open enrollment benefit fairs. Our Communications team is gearing up for much more online support with webinars – live and recorded, Facetime, podcasts, etc.

**Coming Soon!**

In July, e-Benefits is expanding access to New Employees and members with Qualifying Events to enroll online. This will include opportunities for mid-year changes to health plans and changes to FSA's as approved by the Health Service Board on May 28, 2020

**Delta Dental**

Member questions and responses regarding the Smileway benefit are attached.  
Delta Dental Utilization table is attached.

**SFHSS Health and Safety Plan:**

The City issued a new guideline for City offices considering resuming some in-person office activities. Generally, the City is advising where telecommuting is working and has advised that we should plan to continue for the next 12-18 months. Mitchell Griggs, COO, is developing the SFHSS Facility Health and Safety Plan, which will be submitted to the City Administrator for approval before implementation.

**Attachments:**

- Delta Dental Smileway Questions and Responses (located at the end of this report)
- Delta Dental Utilization Report
- Legislative Report
- SFHSS COVID Summary Report
- Communications Notice Memo
- Well Being Report
- Finance Report

## **SFHSS DIVISION REPORTS: June 2020**

### **PERSONNEL**

#### **Retirements:**

**Deborah McGuire** - Deborah came to the City from Blue Shield in 1991 as the first outside hire into HSS. Deborah immediately jumped into processing City Plan hospital claims. Within a few years of her arrival, Deborah participated in developing the Benefit Technician and Benefits Analyst PCS job descriptions and was promoted into Benefits Analyst in 1995. In 2001, Deborah was promoted to an 1813 as Senior Analyst. Deborah has continued to be a leader in this role ever since.

In her tenure at HSS, Deborah has helped to define and refine the premium delinquency process. Deborah keeps a dish full of change on her desk, which she uses to pay a small number of delinquencies on behalf of members.

Although Deborah has many achievements at HSS, the most notable fact about her nearly 30 years of service is that she always treats member as she would want to be treated, with respect and kindness. Her outstanding service is very much appreciated.

**Annabelle Per** - Annabelle began her nearly 40-year career with the City in December of 1980 at Unified School District. In 1985 she moved to City College, in 1996 she started at the Department of Social Services, and then to Human Resources Department. In 2005, Annabelle joined the Health Service System, where she currently serves City Members as 1210 Benefits Analyst.

Annabelle has served the City with a desire to assist members with compassion and consideration. Through the years, Annabelle has worked with exactitude and closed attention to producing the best outcomes for members. When asked what her most significant achievement in her career has been, Annabelle said it was acting as a Disaster Service Worker in the City's response to COVID 19. Although the work has been taxing, Annabelle shared that it has been rewarding to aid the City and City residents during this trying time.

During her career, Annabelle's outstanding work has enriched the City, and it's members. We thank her sincerely for her service.

#### **Recruitments:**

- 0953 CFO: Interviewing and selection ongoing.
- 0931 Operations Manager: Currently accepting applications continuously.
- 1844 Senior Management Assistant: Interviews being held for top candidates.

#### **Employees' Working Status:**

- Due to Shelter-in-Place provisions, HSS employees have been performing a mix of duties in various locations, including but not limited to essential HSS work both in the office and remotely and Disaster Service Assignments at multiple locations. There were/are times when work and resources are not available, or staff are not available to perform assignments. However, HSS is working on getting access to additional work access and resources for all employees.

## **OPERATIONS**

- Call volume has returned to pre-shelter in place numbers, and VoIP continues to work well with telecommuting. All service metrics were met. Calls are mostly new retirement counseling and payments of premiums
- Officers of the Day and Admin continue to maintain necessary operations and perform tasks on-site as needed each week
- Development of health and safety plan, protocols and policies around facilities for return to work underway
- New IRS guidance allowing specific mid-year changes adopted by Health Service Board means Member Services staff are adjusting operations to process benefit changes daily as they would during Open Enrollment

## **Enterprise Systems & Analytics (ESA)**

- ESA team has been working on self-service for qualifying life events, new hires, and open enrollment. Testing has begun in collaboration with Member Services
- Data reporting to support EAP and “CORIDCO” app program
- Completed work and implementation of single sign-on for Salesforce; staff can use their active directory sign-on to access Salesforce eliminating separate sign-on credentials
- IT Support requests have significantly increased due to telecommuting; support staff have done an excellent job in responding to tasks and making telecommuting a reality

## **Communications**

- Open Enrollment - completed a draft of the Retiree Guide and Booklet
- Collaborated with Well Being on Mental Health Awareness Month communications to continue to raise awareness for our new 24/7 EAP
- Addressed media relations requests regarding the May HSB Board Meeting and impending rate increases
- Partnered with DHR on ongoing employee engagement- health & Well-Being

## **Well-Being**

- 24/7 EAP – increase in 49% of clients serviced when compared to the average of those served PRE-COVID
- SFHSS EAP currently getting trained on new Penelope Software
- Launched the CordicoShield app to 1st responder departments (DEM, FIR, POL, and SHF)
- Mental Health Awareness Month dedicated website and weekly themed emails to all members
- Initiated four focus groups with Key Players to identify well-being resources and tools to support employees during the pandemic

## **Finance**

### **Budget and Procurement**

- Working on revised FY 2020-21 and FY 2021-22 budget due to Mayor’s Office on 6/12

**Finance and Accounting**

- Working on FY 2019-20 Year-End Close Activities

**COVID-19 Emergency**

- Submitted four COVID-19 Emergency Departmental Cost Recovery Requests for personnel and non-personnel expenditures to Controller's Office in May

**Contracts**

- Executed the second amendment to the agreement with IntraSee for self-service online benefit enrollment modifications with the Office of the Controller.
- Completed the review of the September 2020 UnitedHealthcare Prescription Drug List (PDL) changes.
- Finalized the second amendment to the agreement with K&H for Open Enrollment print, mail, and support services.
- Compiled vendor ethics form SFEC-126 with our health, dental, vision, and life insurance partners.

**Dental Delta SmileWay Responses to Member Questions:**

**DD Responses - May 2020**

1. Do extra cleanings count towards the annual max? **DD Response: Yes.**
2. How is customer service educated on the benefit? **DD Response: Our Contact Center representatives are trained on this wellness benefit.**
3. How are providers educated on the benefit? **DD Response: the dentists/providers see additional benefits. They are responsible for verifying the member's benefits before a dental appointment or when they call our Contact Center to check the member's benefits.**
4. Do you validate people have the chronic disease they say they do (i.e., is there a delay from the member's online/phone enrollment until the benefit is available)?  
**DD Response: If the member calls our Contact Center, there are a couple of questions similar to those noted below, if a member chooses to enroll online.**

Mark the selected enrollee's condition. If multiple apply, please indicate only the primary condition:

- diabetes
- heart (cardiovascular) disease
- HIV/AIDS
- rheumatoid arthritis
- stroke (cerebrovascular disease)

I certify that the selected enrollee has the condition marked above and thus is eligible for this program.

Name of physician

Phone number of physician

**Opt In**

Cancel

**SFHSS Dental PPO Utilization Statistics, 2013-2019**

Segmented for Active Employee group and Retiree group

**ACTIVE EMPLOYEE GROUP (09502)**

	2013	2014	2015	2016	2017	2018	2019	DDCA Book of Business (Actives)
Member Distribution by Number of Submitted Cleaning Procedures								
o None	31.1%	31.8%	32.3%	32.7%	32.2%	32.4%	31.9%	40.4%
o One	26.7%	26.9%	26.5%	26.5%	26.4%	26.8%	26.0%	24.2%
o Two	36.3%	35.7%	35.7%	35.5%	36.4%	36.2%	37.5%	31.0%
o Three or More	5.9%	5.6%	5.5%	5.3%	5.0%	4.6%	4.5%	4.4%
Percentage of All Members Who Incurred At Least One Basic Level Service	36.1%	36.0%	35.8%	35.2%	34.7%	34.3%	34.4%	30.4%
Percentage of All Members Who Incurred At Least One Major Level Service	12.7%	12.6%	12.4%	12.4%	12.3%	11.7%	11.6%	11.2%
Percentage of All Members Who Incurred At Least One Orthodontic Service	3.0%	3.0%	3.1%	3.2%	3.0%	2.7%	3.1%	2.8%
Percentage of Members Utilizing the Plan Who Achieved \$2,500 Annual Benefit Maximum (excludes orthodontia)	3.3%	3.4%	3.7%	4.9%	4.9%	5.0%	4.5%	3.5%
Network Utilization Distribution by Procedure Counts (excluding orthodontia)								
o PPO dentist	31.4%	34.6%	35.7%	37.0%	36.6%	37.1%	38.2%	57.3%
o Premier dentist	65.0%	63.3%	62.2%	60.9%	60.1%	59.7%	58.2%	38.3%
o Non-contracted	3.6%	2.0%	2.2%	2.1%	3.3%	3.1%	3.6%	4.5%

**RETIREE GROUP (01673)**

	2013	2014	2015	2016	2017	2018	2019	DDCA Book of Business (Retirees)
Member Distribution by Number of Submitted Cleaning Procedures								
o None	30.4%	29.7%	28.8%	29.6%	29.2%	29.2%	28.5%	
o One	22.5%	22.5%	22.1%	21.3%	21.4%	21.6%	21.1%	
o Two	35.6%	35.8%	36.9%	37.4%	37.8%	37.9%	38.2%	
o Three or More	11.5%	11.9%	12.1%	11.8%	11.5%	11.3%	12.1%	
Percentage of All Members Who Incurred At Least One Basic Level Service	42.2%	42.9%	42.6%	42.6%	41.9%	42.0%	41.5%	
Percentage of All Members Who Incurred At Least One Major Level Service	22.6%	23.4%	23.9%	23.1%	22.8%	23.8%	23.1%	
Percentage of Members Utilizing the Plan Who Achieve \$1,250 Annual Benefit Maximum (orthodontia not covered) PY2014 - 2017 Max was \$1,000	14.2%	15.3%	13.2%	13.2%	13.1%	10.4%	9.9%	\$1,000: 7.4% \$1,500: 6.2%
Network Utilization Distribution by Procedure Counts								
o PPO dentist	35.3%	37.2%	37.7%	39.2%	40.0%	41.0%	41.6%	
o Premier dentist	60.5%	58.5%	57.6%	56.2%	55.3%	54.2%	53.0%	
o Non-contracted	4.2%	4.3%	4.6%	4.7%	4.7%	4.9%	5.3%	



**LEGISLATIVE UPDATE JUNE 11, 2020**

	Subject	Legislation Title	Activity	Comment
<b>COVID-19 RELATED</b>				
Federal	Economic Recovery	HR 6800 Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act	Last Action June 1, 2020 - Placed on Senate Legislative Calendar under General Orders	This bill responds to the COVID-19 outbreak and its impact on the economy, public health, state and local governments, individuals, and businesses. Among other things, the bill provides FY2020 emergency supplemental appropriations to federal agencies; provides payments and other assistance to state, and local governments; expands paid sick days, family and medical leave, provides funding and establishes requirements for COVID-19 testing and contact tracing; eliminates cost-sharing for COVID-19 treatments.
Federal	Economic Relief and Security	HR 748 Coronavirus Aid, Relief and Economic Security (CARES) Act, also known as "Phase 3"	Became Public Law on March 27, 2020	This bill provides \$2 trillion in response to the COVID-19 outbreak and its impact on the economy, public health, state and local governments, individuals, and businesses. Provides \$100 billion specifically to "eligible health care providers" for healthcare related expenses or lost revenues attributable to the COVID-19 pandemic. The funding is to address both the economic harm across the entire healthcare system due to cancelation or postponement of elective procedures and to address the financial impact on providers incurring additional expenses caring for COVID-19 patients.
Federal	Economic Response	HR 6201 Families First Coronavirus Response Act, also known as "Phase 2"	Became Public Law on March 18, 2020	This bill provides \$104 billion in paid sick leave, tax credits, and free COVID-19 testing; expanding food assistance and unemployment benefits; and increasing Medicaid funding.
Federal	Economic Preparedness	HR 6074 Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, also known as "Phase 1"	Became Public Law on March 6, 2020	This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak. It funds programs that address issues such as developing, manufacturing, and procuring vaccines and other medical supplies
<b>COST OF DRUGS</b>				
Federal	Cost of Prescription Drugs	S 3384 Lowering Prescription Drug Pricing for America's Seniors and Families Act of 2020	Introduced March 3, 2020 and referred to the House Committee on Finance. No action since March 3, 2020.	A bill to allow for negotiation of prices for certain covered Medicare part D drugs, to allow for importation by individuals of prescription drugs from Canada, to preserve access to affordable generics and biosimilars, to increase the use of real-time benefit tools to lower beneficiary costs, to establish a manufacturer discount program, and for other purposes.
<b>BENEFIT DESIGN &amp; ENROLLMENT OPTIONS</b>				
Federal	Health Flexible Spending Arrangements	HR 7008 A bill to amend the Internal Revenue Code of 1986	Introduced May 22, 2020 and referred to the House Committee on Ways and Means.	This bill would amend the Internal Revenue Code of 1986 to provide flexibility for families with health flexible spending arrangements and dependent care flexible spending arrangements, and for other purposes.
Federal	Dependent Flexible Spending	HR 6958 Roll over Unused Dependent Care Balances	Introduced May 22, 2020 and referred to the House Committee on Ways and Means.	This bill would provide that the unused balance of a dependent care flexible spending arrangement at the end of plan year 2020 may be rolled over to the following plan year.

**LEGISLATIVE UPDATE JUNE 11, 2020**

	<b>Subject</b>	<b>Legislation Title</b>	<b>Activity</b>	<b>Comment</b>
Federal	Continued Coverage for Pre-Existing Conditions	S 3383 A bill to amend the Patient Protection and Affordable Care Act	Introduced March 3, 2020 and referred to the House Committee on Health, Education, Labor and Pensions. No action since March 3, 2020.	This bill would ensure that preexisting condition exclusions with respect to enrollment in health insurance coverage and group health plans continue to be prohibited; this bill is related to the Continued Coverage for Pre-existing Conditions Act of 2019.
Federal	Mental Health and Substance Abuse	S 3792 A bill to require parity in the coverage of mental health and substance use disorder services	Introduced May 21, 2020 and referred to the House Committee on Health, Education, Labor and Pensions.	This bill would require parity in the coverage of mental health and substance use disorder services provided to enrollees in private insurance plans, whether such services are provided in-person or through telehealth.
<b>TRANSPARENCY</b>				
Federal	Improving Awareness of Health Coverage Options	H.R. 6130 To update the model COBRA continuation coverage	Introduced on March 9, 2020, referred to the House Committee on Education and Labor. No action since March 9, 2020.	This bill will require the Secretary of Labor to update the model COBRA continuation coverage general notice and the model COBRA continuation coverage election notice, and for other purposes.
<b>LEGISLATIVE WATCH LIST</b>				
<b>SURPRISE MEDICAL BILLING</b>				
Federal	Surprise Medical Billing	HR 5800 Ban Surprise Billing Act	Introduced February 2, 2020 and referred to the House Committee on Energy and Commerce, also referred to the House Committees on Education and Labor, Ways and Means, and Oversight and Reform	The bill would require a group health plan to provide services without imposing any requirement under the plan or coverage for prior authorization of services or any limitation on coverage that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers and participating insurance providers and participating emergency facilities with respect to such plan or coverage.
<b>MEDICARE</b>				
Federal	Medicare	S 3237 WELL Seniors Act of 2020	Introduced January 28, 2020 and referred to the House Committee on Finance.	The bill would improve the annual wellness visit under the Medicare program.
Federal	Medicare	S 3238 Preventive Home Visit Act	Introduced January 28, 2020 and referred to the House Committee on Finance.	The bill would provide coverage of preventive home visits under Medicare by establishing a bundled payment amount for a preventive home visit, including any referrals made in connection with the visit.
<b>RULE MAKING</b>				
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Federal pre-rulemaking process for the selection of quality and efficiency measures for use by HHS public call	In January 2020, HSS initiated new rule making concerning quality and efficiency measures.	This bill would fill critical gaps in measurement that align with and support the "Meaningful Measures Framework". The purpose is to improve outcomes for patients, their families and providers while also reducing burden and moving payment toward value through focusing everyone's efforts on the same quality areas. The Meaningful Measures Initiative also helps to identify and close important gap areas of measures, align measures across the continuum of care and across payers, and to spur innovation in new types of measures such as patient reported measures and electronic measures.

**LEGISLATIVE UPDATE JUNE 11, 2020**

	<b>Subject</b>	<b>Legislation Title</b>	<b>Activity</b>	<b>Comment</b>
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements.	Proposed rule was issued on July 18, 2019 and comments are due by September 9, 2019. Final rule issued November 8, 2019 with a comment close date of December 30, 2019. This final rule with comment period is effective January 1, 2020.	This rule would update the prospective payment system (HH PPS) payment rates and wage index for CY 2020; implement the Patient-Driven Groupings Model (PDGM), a revised case-mix adjustment methodology, for home health services beginning on or after January 1, 2020, implement a change in the unit of payment from 60-day episodes of care to 30- day periods of care, and proposes a 30-day payment amount for CY 2020. Additionally, this proposed rule modifies the payment regulations pertaining to the content of the home health plan of care; allow physical therapy assistants to furnish maintenance therapy; and change the split percentage payment approach under the HH PPS. This may impact the development of the Kaiser and UHC 2021 Medicare plan rates.
Federal	Internal Revenue Service, Employee Benefits Security Administration, Health and Human Services Department Proposed Rule	Proposed Rule to require groups health plans to disclose cost sharing information	An Executive Order by President Trump was issued June 24, 2019 and was published in the Federal Register on June 27, 2019. The rule was filed on November 27, 2019 with a January 14, 2020 deadline for comments. The rule is still in the proposed rule stage. All components of the rule would be applicable for plan years (or in the individual market policy years) beginning on or after 1 year after the finalization of the rule, except for the MLR provision, which would be applicable beginning with the 2020 MLR reporting year	The rule requires group health plans to disclose cost-sharing information upon request, to a participant, beneficiary, or enrollee (or his or her authorized representative), including an estimate of such individual's cost-sharing liability for covered items or services furnished by a provider. Plans and issuers are to make such information available on an internet website and, if requested, through non-internet means, thereby allowing a participant, beneficiary, or enrollee (or his or her authorized representative) to obtain an estimate and understanding of the individual's out-of-pocket expenses and effectively shop for items and services. The rules also require plans and issuers to disclose in- network provider negotiated rates, and historical out-of-network allowed amounts through files posted on an internet website. The HHS proposes amendments to its medical loss ratio program rules to allow issuers offering group health insurance coverage to receive credit in their medical loss ratio calculations for savings they share with enrollees that result from the enrollee's shopping for, and receiving care from, lower-cost, higher-value providers.
Federal	Department of Health and Human Services, Office of Inspector	Medicare and State Healthcare Programs, Fraud and Abuse, Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements	Proposed rule was issued on October 17, 2019 and comments are due on December 31, 2019. The rule is still in the proposed rule stage.	The bill would remove potential barriers caused by four key healthcare laws and associated regulations that impact more effective coordination and management of patient care and delivery of value-based care that improves quality or care, health outcomes, and efficiency. The four key healthcare laws and associated regulations: (i) The physician self-referral law, (ii) the Federal anti-kickback statute, (iii) the Health Insurance Portability and Accountability Act of 1996 (HIPAA),[9] and (iv) rules under 42 CFR part 2 related to substance use disorder treatment.

**COST OF DRUGS**

**LEGISLATIVE UPDATE JUNE 11, 2020**

	<b>Subject</b>	<b>Legislation Title</b>	<b>Activity</b>	<b>Comment</b>
Federal	Orphan Drugs	S. 3271 Fairness in Orphan Drug Exclusivity Act	Introduced February 11, 2020 and referred to the Senate Committee on Health, Education, Labor and Pensions	The bill would limit amend the Federal Food, Drug, and Cosmetic Act with respect to limitations on exclusive approval or licensure of orphan drugs.
Federal	Cost of Prescription Drugs	S. 3166 Prescription Drug Affordability and Access Act	Introduced January 8, 2020, Read twice and referred to the Senate Committee on Health, Education, Labor, and Pensions. No change since January 8, 2020	The bill would lower the cost of drugs for all Americans.
Federal	Drug Pricing, Out-of Pocket Maximums, Transparency	S. 2543 Prescription Drug Pricing Reduction Act of 2019	Introduced September 25, 2019 and referred to the Senate Committee on Finance. Senate Report 116-120 was issued on September 25, 2019. No action since September 25, 2019.	The bill may impact the UHC MAPD rates. It changes the Medicare Part D program by the removal of the coverage gap, reducing the true out-of-pocket expense, improving incentives to increase negotiation between prescription drug plans and manufacturers, protecting the program from manufacturer drug price increases, and increasing transparency into pharmacy benefit manager (PBM) practices and manufacturer drug pricing decisions.
Federal	Cost of Drugs	H. R. 3 Elijah E. Cummings Lower Drug Costs Now Act	Introduced September 19, 2019. Amended by the House Committee on Energy and December 12, 2019 and referred to the House Committee on Energy and Commerce, House Committee on Ways and Means and House Committee on Education and Labor. Passed by House on December 12, 2019. Received in Senate December 16, 2019. No action since December 16, 2019.	The bill would require CMS to negotiate prices for certain drugs (current law prohibits the CMS from doing so). Specifically, the CMS must negotiate maximum prices for (1) insulin products; and (2) at least 25 single source, brand-name drugs that do not have generic competition and that are among the 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest spending under the Medicare prescription drug benefit.. The bill also makes a series of additional changes to Medicare prescription drug coverage and pricing. Among other things, the bill (1) requires drug manufacturers to issue rebates to the CMS for covered drugs that cost \$100 or more and for which the average manufacturer price increases faster than inflation; and (2) reduces the annual out-of-pocket spending threshold, and eliminates beneficiary cost-sharing above this threshold, under the Medicare prescription drug benefit.

**LEGISLATIVE UPDATE JUNE 11, 2020**

	<b>Subject</b>	<b>Legislation Title</b>	<b>Activity</b>	<b>Comment</b>
Federal	Cost of Insulin	H. R. 5364 End Price Gouging for Insulin Act	Introduced on December 9, 2019, referred to the House Committee on Energy and Commerce and the House Committees on Ways and Means, Armed Services, Veterans' Affairs, Oversight and Reform and Natural Resources , for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. Referred to House Subcommittee for Indigenous Peoples by the House Committee on Natural Resources on December 18, 2019 and to the to the House Subcommittee on Health by the Committee on Veterans' Affairs on January 14, 2020.	The bill would require the Secretary of Health and Human Services to establish an annual reference price for insulin products for purposes of Federal health programs.
Federal	Cost of Chronic Condition Treatments	H. R. 4457 Chronic Condition Copay Elimination Act	Introduced on September 24, 2019 and referred to the House Committee on Energy and Commerce, House Committees on Education and Labor, House Committee for Ways and Means. Referred to the Subcommittee on Health by the Committee on Ways and Means on September 24, 2019 and referred to the House Subcommittee on Health by the Committee on Energy and Commerce on September 25, 2019.	The bill may impact SFHSS since it will require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for additional preventive care for individuals with chronic conditions without the imposition of cost sharing requirement, and for other purposes. Chronic Conditions are defined as Heart disease, including congestive heart failure and coronary artery disease, diabetes, osteoporosis and osteopenia, hypertension, asthma, liver disease, bleeding disorders, and depression. The criteria is that the item or service is low- cost, there is medical evidence supporting high- cost efficiency, or a large expected impact, of the item or service in preventing exacerbation of the chronic condition or the development of a secondary condition, there is a strong likelihood, documented by clinical evidence, that the item or service will prevent the exacerbation of the chronic condition or the development of a secondary condition that requires significantly higher-cost treatments.
State	Pharmacy Benefit Management Reporting to the California Department of Managed Health Care (DMHC)	Required by AB 315 passed in 2018	The task force met July 31, 2019, September 12, 2019, October 14, 2019 and December 4, 2019. The DMHC's report to the Legislature based on Task Force recommendations is due February 1, 2020. The report is not currently available.	The result of the work of the Task Force will increase the transparency of how pharmacy benefit managers operate and determine if PBMs are serving the best interests of the patients, and not just increase the PBM's bottom line.

**BENEFIT DESIGN & ENROLLMENT OPTIONS**

**LEGISLATIVE UPDATE JUNE 11, 2020**

	<b>Subject</b>	<b>Legislation Title</b>	<b>Activity</b>	<b>Comment</b>
Federal	Access to Primary and Behavioral Healthcare	H. R. 5575 Primary and Behavioral Health Care Access Act of 2020	Introduced January 10, 2020. Referred to the House Committee on Energy and Commerce, and in addition to the House Committees on Education and Labor, and Ways and Means. <b>No change since January 10, 2020.</b>	A bill would require group health plans and health insurance issuers offering group or individual health insurance coverage to provide for 3 primary care visits and 3 behavioral health care visits without application of any cost-sharing requirement.
Federal	Breast Cancer Diagnosis	S 3216 Access to Breast Cancer Diagnosis	Introduced January 16, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions. <b>No change since January 16, 2020.</b>	A bill would prohibit group health plans and health insurance issuers offering group or individual health insurance coverage from imposing cost-sharing requirements or treatment limitations with respect to diagnostic examinations for breast cancer that are less favorable than such requirements with respect to screening examinations for breast cancer.
State	Health Care Coverage: Treatment for Infertility	AB 2781 An act to repeal and add Section 1374.55 of the Health and Safety Code, and to repeal and add Section 10119.6 of the Insurance Code, relating to health care coverage.	Introduced February 21, 2020	This bill would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2021, to provide coverage for the treatment of infertility. The definition of infertility would be revised, and would remove the exclusion of in vitro fertilization from coverage.

**TRANSPARENCY**

Federal	Transparency	H. R. 5121 To amend title XXVII of the Public Health Service Act and chapter 89 of Title 5, United States Code, to require health insurance issuers to maintain a price comparison tool, and for other purposes.	Introduced on November 15, 2019, referred to the House Committee and Commerce and the House Committee on Oversight and Reform for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. <b>No action since November 15, 2019.</b>	The text of the bill is not available; however, it is expected that this will impact the SFHSS Blue Shield and UHC PPO plans.
Federal	Improving Provider Directories Act	H. R. 4575, a bill to amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to establish a process to address inaccurate information listed in publicly accessible provider directories of such plans and issuers, and for other purposes.	Introduce in House September 27, 2019, and referred to the House Energy and Commerce, House Education and Labor, and House Ways and Means Committee. Referred to the House Subcommittee on Health by the House Committee on Ways and Means on September 30, 2019 and referred to the Subcommittee on Health by the Committee on Energy and Commerce on September 30, 2019.	The bill will require plans to establish a process to address inaccurate information listed in any publicly accessible provider directory of such plan or issuer. The process shall include prominently displaying on each publicly accessible provider directory of such plan or issuer contact information, such as an email address, phone number, or website address, that will allow an individual to notify such plan or issuer of any inaccurate information listed with respect to a provider in such directory; investigate whether such information is inaccurate; and in the case that such plan or issuer determines that such information is inaccurate, correct and update such information in such directory; and submit to the State insurance commissioners of the States in which such plan or coverage, as applicable, is offered, and makes publicly available, an annual report on the number of notifications received during the year involved and the corrective actions taken with respect to such notifications.

**AFFORDABLE CARE ACT**

**LEGISLATIVE UPDATE JUNE 11, 2020**

	Subject	Legislation Title	Activity	Comment
United States Department of Health and Human Services (HHS) Office for Civil Rights	Nondiscrimination in Health and Health Education Programs or Activities	On June 14, 2019 HHS proposed "substantial revisions" to regulations implementing ACA Section 1557. The proposal cannot change Sections 1557's protection in the law enacted by Congress but it would significantly narrow the scope of the existing HHS implementing regulations.	In May 2019, the Office for Civil Rights issued a new proposed rule and the comment August 13, 2019. The Trump administration asked the court to postpone a ruling until after the rulemaking process was completed. The government argued that the proposed rule, if finalized, would moot the litigation. The hearing was held September 2019. The judge issued a final judgment on October 15, 2019 and judge stated that the federal government did not cite a compelling governmental interest in the rule's protections based on gender identity and termination of pregnancy. The judge suggested that the government could instead help individuals find and pay health care providers that offer gender transition and abortion-related procedures. The Supreme Court is considering the scope of Title IX (the basis of 1557's sex nondiscrimination provision) this term. A decision is expected by the end of term (roughly June 2020).	The regulations would: a) eliminate the general prohibition on discrimination based on gender identity, as well as specific health insurance coverage protections for transgender individuals, b) adopt blanket abortion and religious freedom exemptions for health care providers, c) eliminate the provision preventing health insurers from varying benefits in ways that discriminate against certain groups, such as people with HIV or LGBTQ people d) weaken protections that provide access to interpretation and translation services for individuals with limited English proficiency, d) eliminate provision affirming the right of private individuals to challenge alleged violation of Section 1557 in court, obtain money damages, as well as requirements for covered entities to provide non- discrimination notices and grievance procedures.

**LEGISLATIVE UPDATE JUNE 11, 2020**

	Subject	Legislation Title	Activity	Comment
<p>Court Case – US Court of Appeals for the Fifth Circuit</p>	<p>Texas v Azar (United States Affordable Care Act) Appeal decision of lower court that ruled the ACA unconstitutional due to the unconstitutionality of the individual mandate and inability to sever the mandate from the ACA.</p>	<p>In December 2018, a Texas District Court struck down the ACA in its entirety, finding that the 2017 Tax Cuts and Jobs Act, which reduced the penalty associated with the individual mandate to zero, renders the mandate unconstitutional, and invalidates the mandate as unconstitutional thus invalidates the entire ACA.</p>	<p>On July 9, 2019 the US Court of Appeals for the Fifth Circuit heard oral arguments on the District's Court's decision that the individual mandate is unconstitutional and not severable, it would invalidate the ACA and be appealed to the Supreme Court. The Supreme Court has already upheld the ACA as constitutional In December 2019, the U.S. Court of Appeals for the 5<sup>th</sup> Circuit affirmed the trial court's decision that the individual mandate is no longer constitutional because the associated financial penalty no longer "produces at least some revenue" for the federal government.<sup>1</sup> However, instead of deciding whether the rest of the ACA must be struck down, the 5<sup>th</sup> Circuit sent the case back to the trial court for additional analysis. The Supreme Court has agree to review the case. The Supreme Court will not expedite this decision, which means that, if the Court does take the case, it likely would be argued and decided in the next term and would not be resolved before the 2020 election.</p>	<p>Among other provisions of the ACA, this court case will impact Section 1557 which protects people who have preexisting conditions, prohibits discrimination based on race, color, national origin, sex, age, or disability. It will also impact the pathway for approval of generic copies of expensive biologic drugs.</p>



COVID-19 Q&A as of 6/4/2020

	BSC	Kaiser	UHC - NM	UHC - M
Early Rx Refills Available?	Yes	at Pharmacist's discretion (no end date on this)	Yes, through 6/15/20	Yes, through 6/15/20
Tele-Medicine	Copays Waived through 9/30/20	No copay (no end date on this)	Copays Waived – through 7/24/20	Copays Waived through 9/30/20
Tele-Behavioral Health	Copays Waived through 9/30/20	No copay (no end date on this)	Copays Waived through 7/24/20	Copays Waived through 6/18/20
Testing/Diagnostics	Copays Waived through 9/30/20	Copays Waived (through 2020)	Copays waived through 7/24/20	Copays waived through 9/30/20
Treatment	Copays Waived for Treatment between 3/31/20 - 9/30/20	Subject to Regular Plan Copays (no end date on this)	Copays waived through 7/24/20	
Other				Copays for most primary care and specialty care services waived 5/11/2020 through 9/30/20
			Emotional support line available. Sanvello, on-demand emotional support mobile app	
Refunds/Credits	Not at this time	None	*UHC PPO (City Plan): 10% admin fee credit for May payable in July *UHC Dental: 50% premium credit for May payable in July	None
	<a href="https://www.blueshieldca.com/coronavirus/your-coverage">https://www.blueshieldca.com/coronavirus/your-coverage</a>	<a href="https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information">https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information</a>	<a href="https://www.unitedhealthgroup.com/newsroom/2020/2020-03-09-covid-19-support-resources.html">https://www.unitedhealthgroup.com/newsroom/2020/2020-03-09-covid-19-support-resources.html</a>	
			<a href="https://www.uhc.com/health-and-wellness/health-topics/covid-19">https://www.uhc.com/health-and-wellness/health-topics/covid-19</a>	

**MEMORANDUM**

**DATE:** June 11, 2020  
**TO:** Karen Breslin, President, and Members of the Health Service Board  
**FROM:** Abbie Yant  
SFHSS Executive Director  
**RE:** Notice of Extension of Period of Unauthorized Communications and Other Prohibited Activities through June 2021

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This memorandum shall serve as notification to the Health Service Board (“Board”) of the extension of the period of unauthorized communications and other prohibited activities in connection with the San Francisco Health Service System (“SFHSS”) competitive bid process for medical plans, and for the SFHSS Rates and Benefits process, for the 2022 plan year.

Pursuant to the Board’s Service Provider Selection Policy, the Board must be notified of the start of this period of unauthorized communications and other prohibited activities prior to the release of any solicitation for the selection of a primary service provider, as well as prior to the beginning of the annual SFHSS Rates and Benefits process.

During this period, the Board is prohibited from any communications or activities, with current or potential future service providers, on matters relating to SFHSS competitive bid processes for the selection of the primary service provider for medical plans for the 2022 plan year (“Unauthorized Communications and Other Prohibited Activities”), except communications related to SFHSS matters during Board or Board Committee Meetings.

Unauthorized Communications and Other Prohibited Activities include communications and activities prohibited by state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III (Conduct of Government Officials and Employees), Chapter 2 (Conflict of Interest and Other Prohibited Activities) of City’s Campaign and Governmental Conduct Code, Section 1.126 of the San Francisco Campaign and Governmental Conduct Code (Campaign Reform Ordinance), and Section 87100 *et seq.* and Section 1090 *et seq.* of the Government Code of the State of California.

Communications and activities include face-to-face conversations, conversations through one or more third-parties or intermediaries, telephone conversations, emails, text messages, letters, faxes or any other social media, written or electronic communications.

Any communications with current or potential future service providers for reasons unrelated to SFHSS during this period must be immediately disclosed in writing to the Executive Director and the Board.

**SAN FRANCISCO**  
**HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

The period of Unauthorized Communications and Other Prohibited Activities related to the ongoing SFHSS medical plan competitive bid processes commenced on February 13, 2020. It is hereby extended through the competitive bid process for the medical plans (June – December 2020), and the Rates and Benefits process for the 2022 plan year. This period is expected to end in July 2021 after the Board of Supervisors final approval of the 2022 rates and benefits.

# Well-Being Monthly Report

Health Service Board Meeting | June 11, 2020

## EAP Counseling Increased by 50%

- **Increased from 89 to 136 clients served** (External 24/7 EAP + SFHSS Internal EAP\*)
- **37% increase** in Organizational Consultations (SFHSS Internal EAP)\*

### External (24/7) EAP services\*\*

- ✓ **Total number of calls: 327**
  - ✓ Total Number of First Call Resolution: 212
  - ✓ Total Number of Cases: 115 individuals connecting with a licensed therapist
    - ✓ High call volume directly align email communication and critical incident

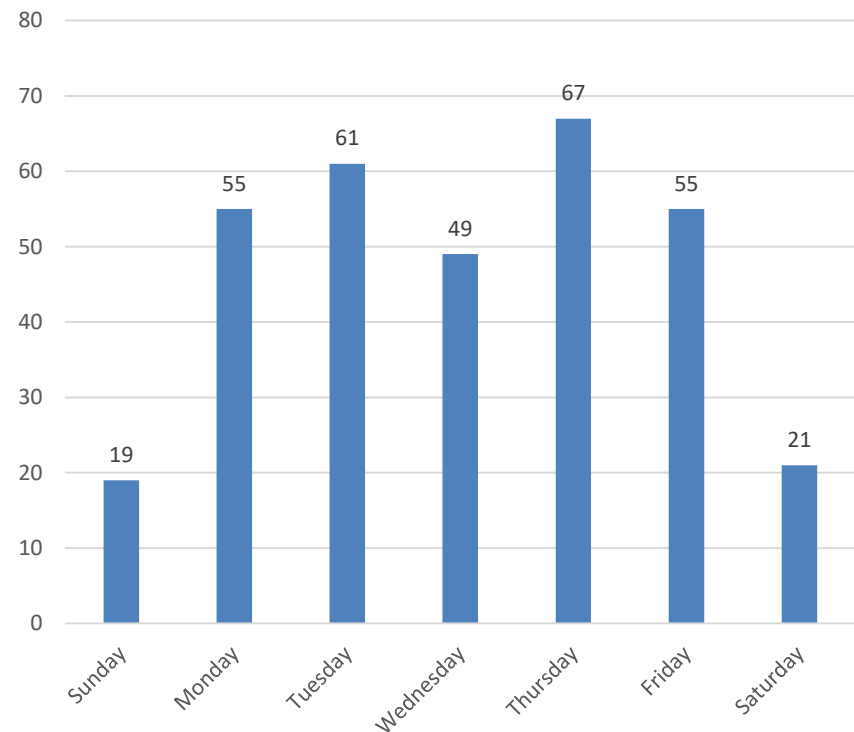
### SFHSS Internal (EAP) – Services Provided\*

- ✓ Critical Incident Response – 1 incident in May
  - Servicing 95 unique individuals
- ✓ Organizational consultations – 26
- ✓ Individual counseling - Work related
  - Total Number of Clients: 21

\*Data does not represent the entire month of May for SFHSS Internal EAP

\*\*Program launched 4/24

External (24/7) EAP: Total # of Calls by Day of the Week - May 2020



## Behavioral Health: CordicoShield Mobile App

### First Responders

A customized and confidential wellness app to provide direct access to mental health resources and support hotlines:

- ✓ Departments: Emergency Management (DEM), Fire (FIR), Police (POL), and Sheriff (SHF)

### Promotional Highlights – Launched 5/11

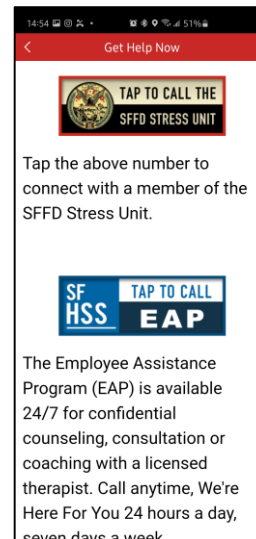
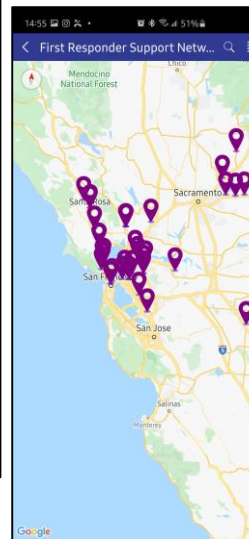
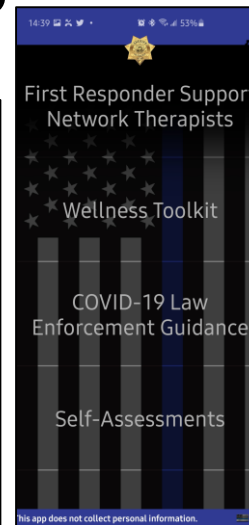
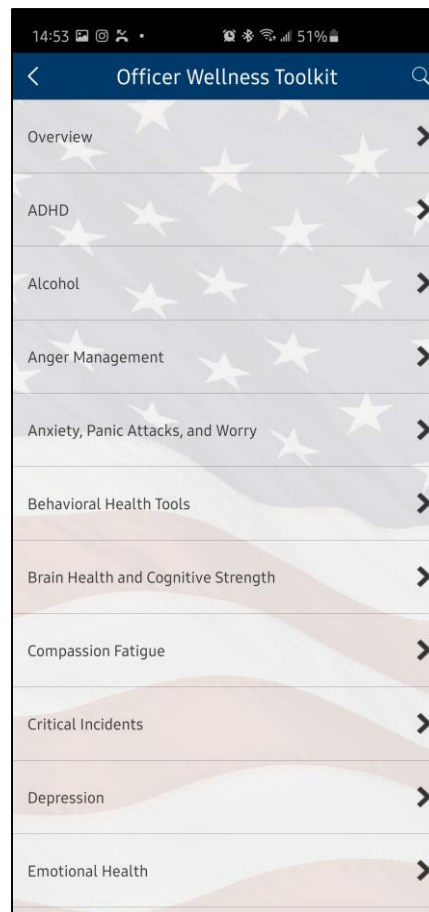
- ✓ Promotional Video from Chief (FIR, POL, SHF)
- ✓ SHF highlighted app for grief support when dealing with an employee death
- ✓ Staff and/or line up meetings promotion (DEM, FIR, POL)
- ✓ Engagement strategy - “Treasure Hunt” was developed



## Behavioral Health: CordicoShield Mobile App

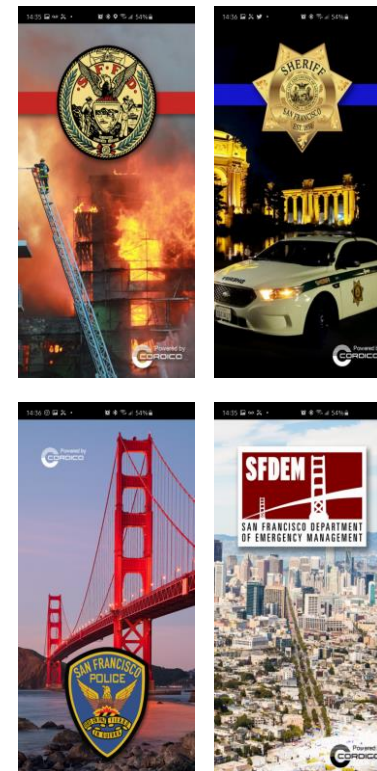
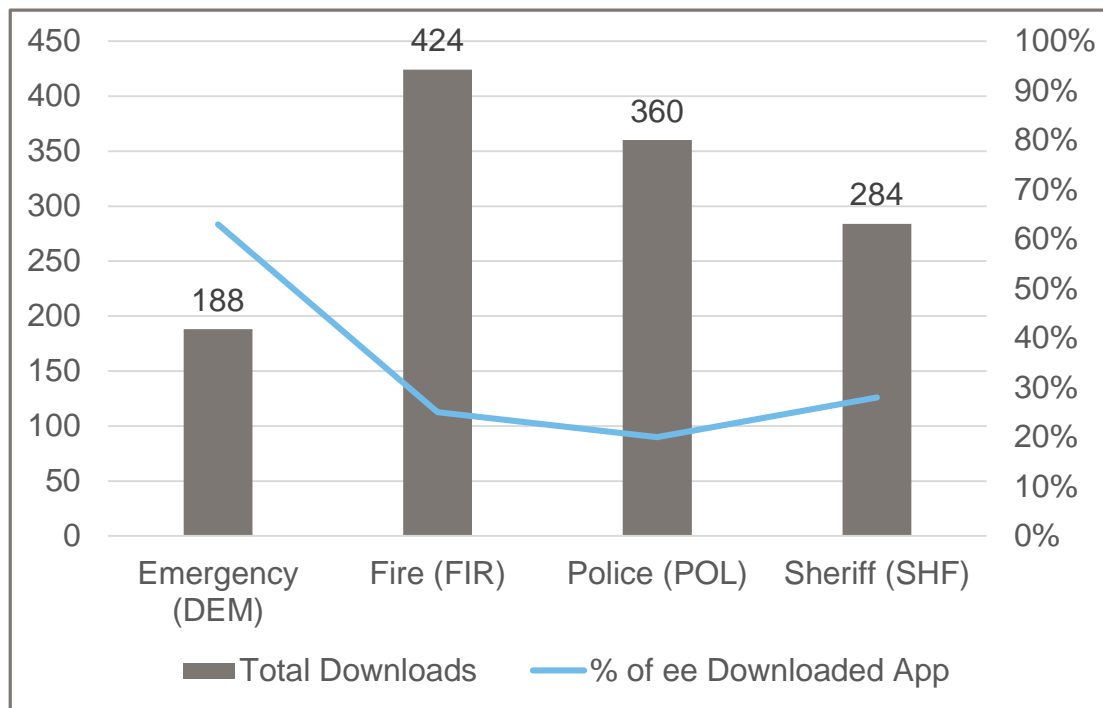
### Wellness App Modules:

- ✓ Anonymous self-assessments
- ✓ Peer support
- ✓ Geo-mapping of vetted therapists
- ✓ One-touch calling to support hotlines
- ✓ Well-Being Benefits
- ✓ Wellness toolkit with on-demand tools for alcohol, anger, anxiety, burnout, mindfulness and more.



## Behavioral Health: CordicoShield Mobile App

- Total downloads as of 5/31 (DEM, FIR, POL, SHF): 1256
- Police downloaded app to 1,500 department issued phones





## COVID – 19: Well-Being Resources and Support

### SFHSS Virtual Resources <https://sfhss.org/events>

- ✓ Virtual Webinars
- ✓ Facebook Activities
- ✓ Virtual Group exercise classes
  - Partnership with YMCA
  - ZSFG sponsored
- COVID – 19 Well-Being dedicated resource webpage <https://sfhss.org/covid-19-well-being-resources>

### City Partnerships

- ✓ SFHSS has developed a Work From Home Guide that is sent out to all participants who attend the DHR Work From Home Webinar.
- ✓ USD Letters from Students to 1<sup>st</sup> responders – EAP obtained letters from kindergarten, 1<sup>st</sup> and 3<sup>rd</sup> grade classes and shared with our first responder department
- ✓ Heal SF Logistics Team participation
- ✓ Work with DPH Wellness Officer to support mental health and well-being of employees



## Mental Health Awareness Month

- Dedicated webpage to support Mental Health Awareness Month <https://sfhss.org/were-here-for-you>
- Weekly themed emails to all active employees and retirees through May
  - Worry & Anxiety
  - Social Isolation & Depression
  - Substance Abuse
  - Self Help
- Open Rates: 30% average
  - 40% Average: Retiree emails
  - 21% Average: Employee emails

WE'RE HERE *For You*



MENTAL HEALTH AWARENESS MONTH



### Self-Help

As Mental Health Awareness Month comes to a close we want to build upon some of the great learnings from this month. We have covered the topics of Anxiety, Depression, Substance Abuse and for this last week, we are focusing on Self-Help.

#### What Does Self Help Mean?

Self Help is a broad term that means you actively do something to help yourself feel better or make a change. Examples of self-help are checking out resources (e.g. websites) that may have useful information for you, reading books that provide guidance, reaching out to others when you have a problem, and/or writing out a schedule with small goals for yourself when you need motivation. The Mental Health Awareness Month series has offered many links to self-help resources – [make time to check them out](#)

#### What can you do now?

- Take a [Mindfulness Quiz](#): How mindful are you
- Take a [Gratitude Quiz](#): Are you truly grateful for the good things in your life?
- [Learn more about Radical Acceptance](#)
- Take a self-assessment: [What's your meditation style?](#)
- Reach out to your support system of loved ones
- [Help others](#); it benefits you too!



#### Here are a few practices to explore

##### Start a Mindfulness Practice

According to the [Greater Good Science Center](#) at the University of California, Berkeley, "mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment." It also involves acceptance of our thoughts and feelings without judgment and allows us to tune into the present moment. This helps us be more present for ourselves and for others. Mindfulness can be in several settings (the workplace, school, etc) as a way to deal with stresses and difficulties we might find occupying our minds.



#### We're Here for You

Check out some online classes, apps and resources. Reach out for help by contacting SFHSS EAP or mental health benefits through your health plan.

- [Well-Being COVID-19 Resource Page](#)
- Engage in a [virtual class or seminar](#)
- There are no-cost apps like [Insight Timer](#) and [Sanvello](#)
- Try [audio meditations](#) from HelpGuide
- [24/7 FREE Telecounseling](#): EAP Counselors are available for individual confidential telephone counseling and consultations for active employees. Call: (628) 652-4600 or (800) 795-2351
- Mental Health Benefits through your [Health Plan](#)

## COVID – 19: Mental Health/Well-Being Resources and Support

**PLAY YOUR WAY** Take a Movement Break  
Get up and move more as part of your everyday routine!  
Try these exercises anywhere, any time with little equipment needed. Complete a set each day or try one exercise at a time. Do what feels best for you!

Heart Healthy Exercises Lower Body Exercises Upper Body Exercises

**Set 1**

- 10 minutes of walking or jogging
- 10 squats
- 10 arm circles
- 10 lunges
- 10 calf raises
- 10 side lunges

**Set 2**

- 10 minutes of walking or jogging
- 10 squats
- 10 arm circles
- 10 lunges
- 10 calf raises
- 10 side lunges

**Set 3**

- 10 minutes of walking or jogging
- 10 squats
- 10 arm circles
- 10 lunges
- 10 calf raises
- 10 side lunges

**Set 4**

- 10 minutes of walking or jogging
- 10 squats
- 10 arm circles
- 10 lunges
- 10 calf raises
- 10 side lunges

**End Of Shift Self-Reflection**

You continue to provide critical services while under the added stress of the COVID-19 pandemic. It is normal to experience a myriad of feelings - Anxiety, irritation, fear, frustration, sadness, anger, and fatigue, among others. Each person reacts differently. These feelings are a normal response to a very abnormal situation and require us to take care of ourselves. Self-care is essential and a way to ensure we are utilizing healthy coping strategies for the resiliency that is so critical to our health and well-being going forward.

Here are a few things to reflect on to help you check in with yourself about how you are dealing with the stress of COVID-19 and to establish a self-care routine.

- How have you been decompressing when you leave work and move into your personal life?
- What do you need to transition from the EOC to your regular job and/or personal life?
- How are you feeling? What do you need to help you with any difficult feelings?
- What is your plan for long-term self-care? Consider the following and check the resources on the back of this handout:
  - Share your thoughts and feelings with someone you trust
  - Take breaks throughout the day - even a moment to take some deep breaths
  - Eat regular meals and healthy snacks to keep you energized
  - Get plenty of sleep
  - Exercise - even a short walk
  - Do things you enjoy

San Francisco Health Service System | sfhss.org/well-being

### EOC/DOC Support

- ✓ Created Sound bytes for EOC/DOC Safety and Wellness Officer
- ✓ Created visual management displays to support self care
- ✓ End of shift reflection handout
- ✓ Managing Worry handout
- ✓ Breathe Posters/signage
- ✓ Par – Course signage – support movement
- ✓ Safety officer/Wellness Officer – well-being support checklist
- ✓ Exercise sets – handout
- ✓ Breathe and Stretch handout and pocket guide

**Practice Self-Care:**

De-stress through movement

Take a quick walk or do a simple stretch

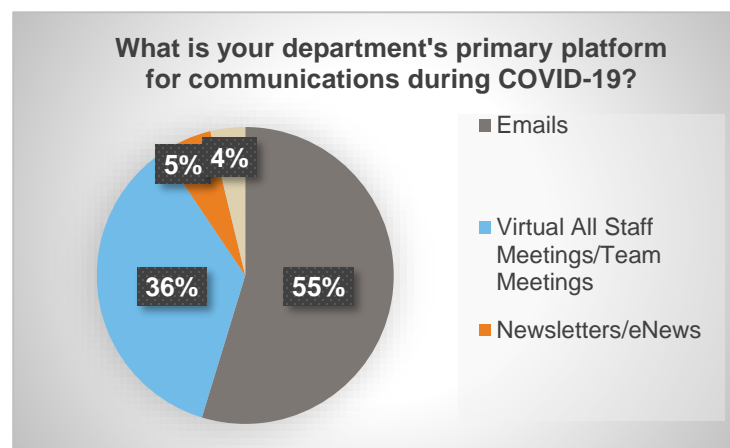
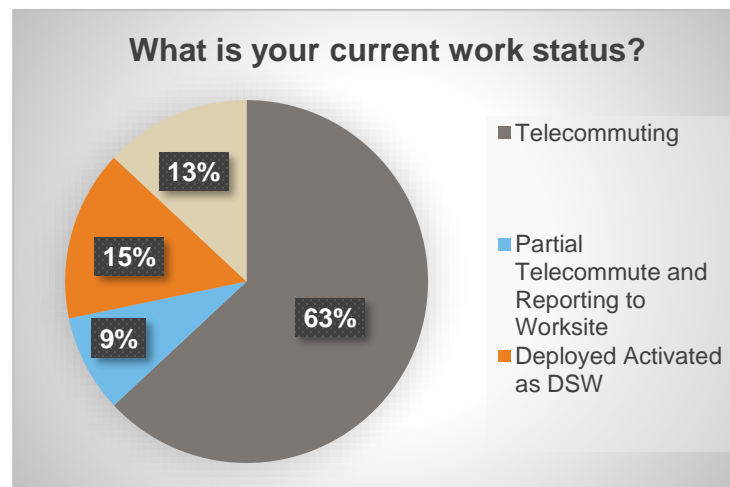
Learn more on [sfhss.org/well-being](https://sfhss.org/well-being)

San Francisco Health Service System

## Well-Being@Work: Focus Groups

- ✓ Initiated 4 focus groups
- ✓ Attendance: 60 Champions and Department Leads
- ✓ Goal: Understand department's well-being needs during the pandemic
- ✓ Content: Reviewed current well-being resources and discussed department well-being support needs
- ✓ Feedback: Will help develop a citywide employee COVID-19 Well-Being Survey

### Poll Results:





# SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

## Memorandum

DATE: June 11, 2020

TO: Karen Breslin, President and Members of the Health Service Board

FROM: Pamela Levin, Chief Financial Officer

RE: Financial Report as of March 31, 2020

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This report summarizes revenues and expenses of the Employee Benefit Trust Fund (Trust Fund) and the General Fund Administration Budget for the first nine months of FY 2019-20, as well as fiscal year-end projections through June 30, 2020.

### Executive Summary

#### **Trust Fund**

- Projecting a \$5.4 million increase in the fund balance, from \$92.2 June 30, 2019 to \$97.6 June 30, 2020
- Fiscal Year Projected change in fund balance by plan
  - UHC PPO: \$0.7 M projected decrease primarily due to unfavorable claims experience
  - Blue Shield Access +: \$10.4 M projected increase primarily due to favorable claims experience and pharmacy rebates
  - Blue Shield Trio: \$4.0 M projected decrease primarily due to unfavorable claims experience
- Cumulative expenses compared to revenues with nine months of experience by plan
  - UHC PPO: cumulative expenses tracking \$1.05 M more than revenues
  - Blue Shield Access +: cumulative expenses tracking \$5.14 M less than revenues
  - Blue Shield Trio: cumulative expenses tracking \$4.28 M more than revenues
  - Delta Dental Sell-Funded plan: cumulative expenses tracking \$5.74 M less than revenues
- Healthcare Sustainability Fund: \$2.73 M projected balance
- Interest: \$1.4 M projected increase in fund balance
- Performance guarantees: \$0.3 M received year-to-day date
- Pharmacy Rebates: \$3.89 M received year-to-date, \$8.0 M projected

#### **General Fund**

- Projecting \$4,000 year-end balance

Employee Benefit Trust Fund

On June 30, 2019, the audited Trust Fund balance was \$92.2 million. Based on activity through March 2020, the fund balance is projected to be \$97.6 million as of June 30, 2020. The projected \$5.4 million increase includes reserves for unpaid claims and is a result of the following changes:

	Change in Fund Balance (in millions)	Page
United Health Care PPO Plan	\$ (0.7)	3
Blue Shield Access+ Flex-Funded Plan	10.4	4
Blue Shield Trio Flex-Funded Plan	(4.0)	5
Delta Dental Self-Funded Plan	(0.0)	6
Health Care Sustainability Fund	(1.2)	7
Interest	1.4	7
Performance Guarantees	0.3	7
Performance Guarantees – Surrogacy and Adoption Assistance Plan	(0.2)	7
Forfeitures	0.0	7
Transfers Out	(0.6)	7
Total	\$ 5.4	

Pharmacy Rebates are discussed on page 8.

General Fund Administration Budget

Based on the financial results for the first nine months of FY 2019-20, a balance of \$4,000 is projected at the end of FY 2019-20.

## United Health Care PPO Plan

### Fiscal Year End Projection

A \$0.7 million decrease in fund balance is projected as a result of the following:

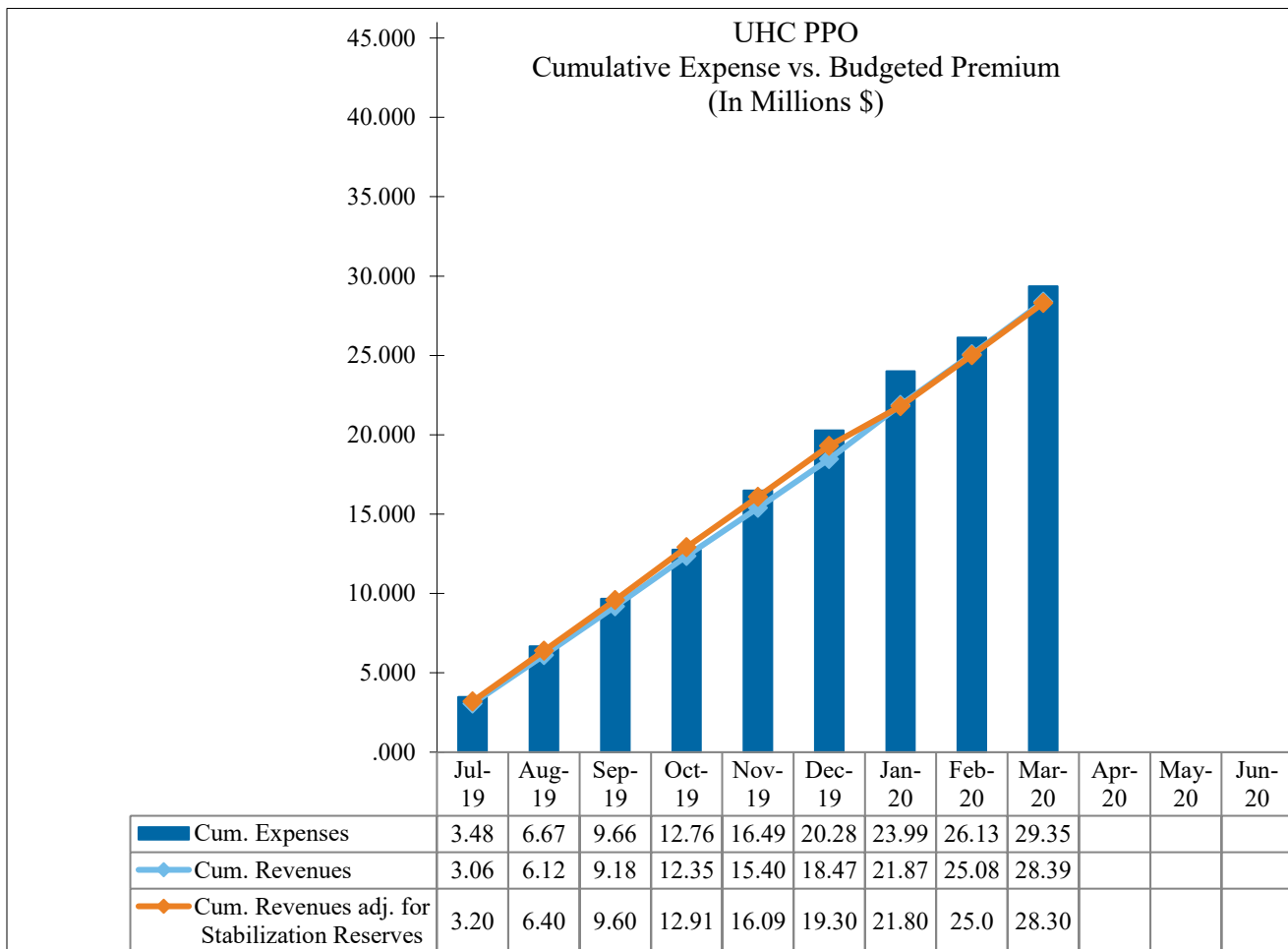
a. \$1.8 million decrease in fund balance:

- \$0.8 million associated with subsidizing 2019 rates (for the first six months of FY 2019-20) from the 2017 year-end claim stabilization reserve
- \$1.0 million decrease in fund balance due to unfavorable claim experience

b. \$1.1 million increase in fund balance:

- \$0.1 million associated with the increase in 2020 rates (for the second six months of FY 2019-20) due to rating buy-up of the 2018 year-end claims stabilization deficit
- \$1.0 million of pharmacy rebates (additional information on page 7)

### First Nine (9) months



With nine months of experience, cumulative expenses for UHC PPO track \$1.05 M more than the expected cost levels regardless of whether cumulative expenses are compared to the actual revenues (\$29.35 M - \$28.30 M) and when the cumulative expenses are compared to cumulative revenues with the \$0.09 M buyup for the rate stabilization reserves (\$29.35 M - (\$28.39 M - \$0.09 M)).

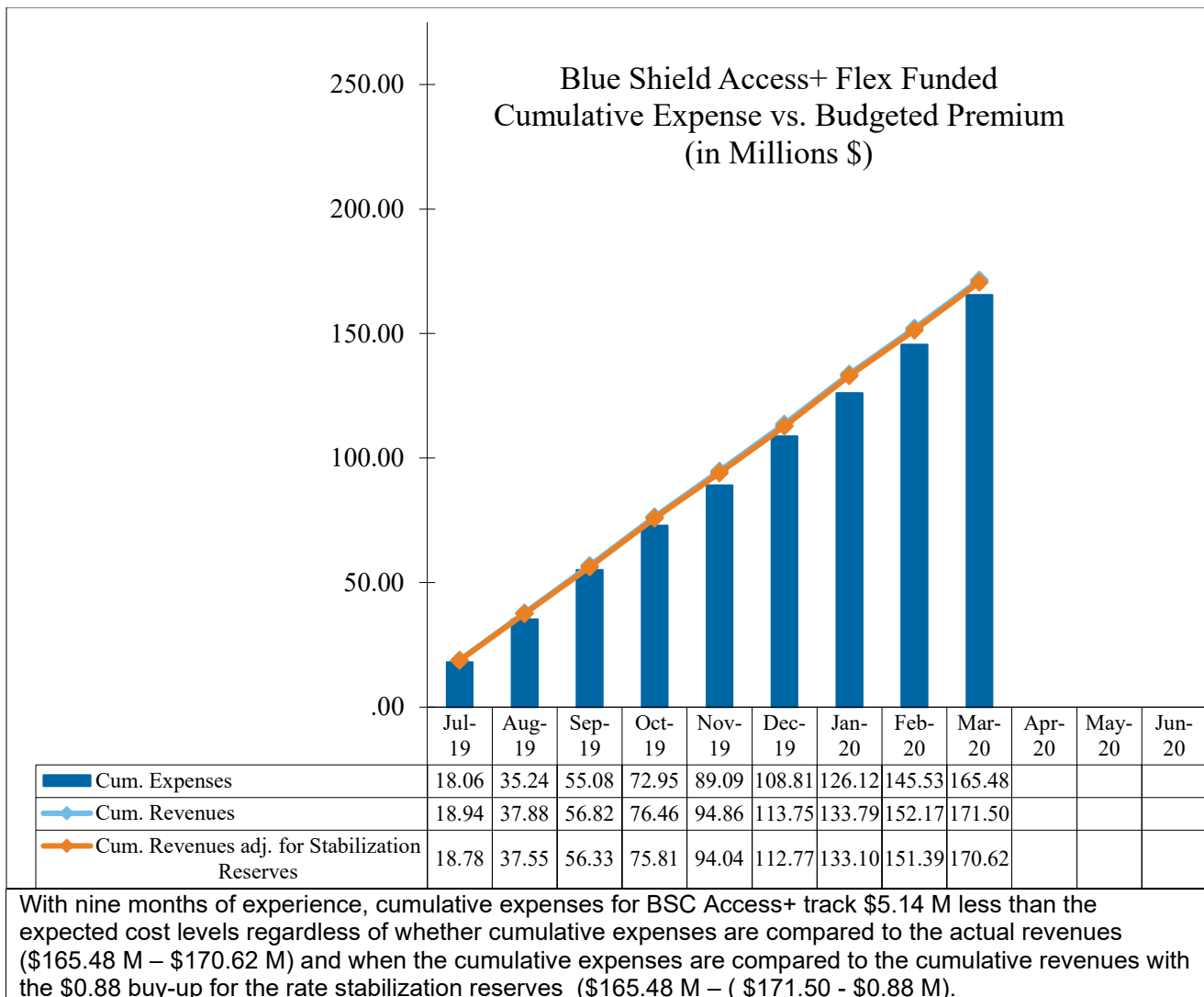
**Blue Shield Access+ Flex Funded Plan**

**Fiscal Year End Projection**

A \$10.4 million increase in fund balance is projected resulting from:

- \$1.0 million associated with the increase in 2019 rates (for the first six months of FY 2019-20) to recover the 2017 year-end claim stabilization reserve
- \$0.6 million associated with the increase in 2020 rates (for the second six months of FY 2019-20) from the 2018 year-end claim stabilization reserve
- \$4.8 million of pharmacy rebates (additional information on page 7)
- \$4.0 million due to favorable claim experience

**First Nine (9) months**





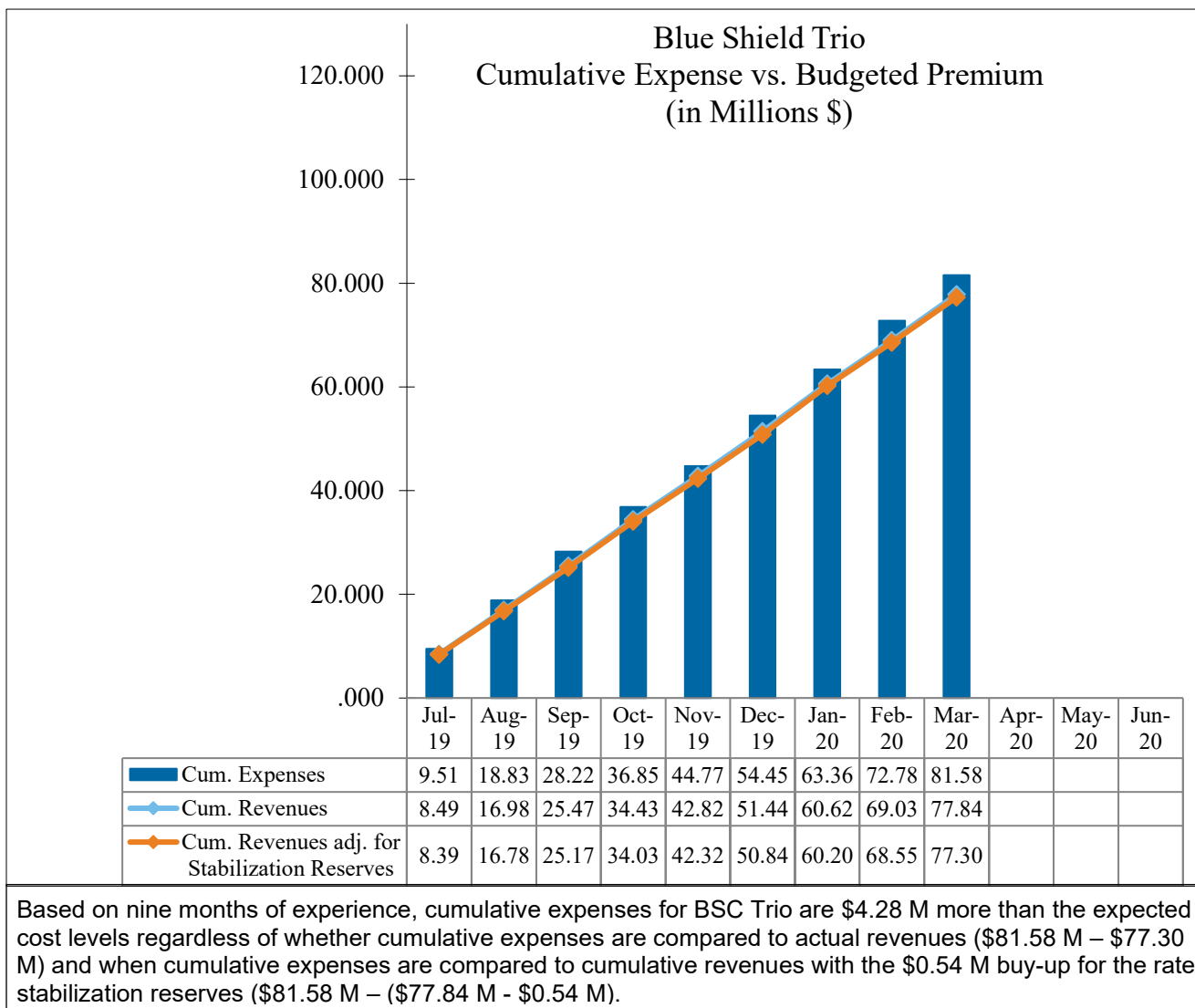
## Blue Shield Trio Flex-Funded Plan

### Fiscal Year End Projection

A \$4.0 million decrease in fund balance is projected resulting from:

- a. \$3.1 million increase in fund balance:
  - \$0.6 million associated with the increase in 2019 rates (for the first six months of FY 2019-20) to recover the 2017 deficit
  - \$0.3 million associated with the increase in 2020 rates (for the second six months of FY 2019-20) to recover the 2018 deficit
  - \$2.2 million in pharmacy rebates (additional information on page 7)
- b. \$7.1 million decrease in fund balance due to unfavorable claim experience.

### First Nine (9) Months



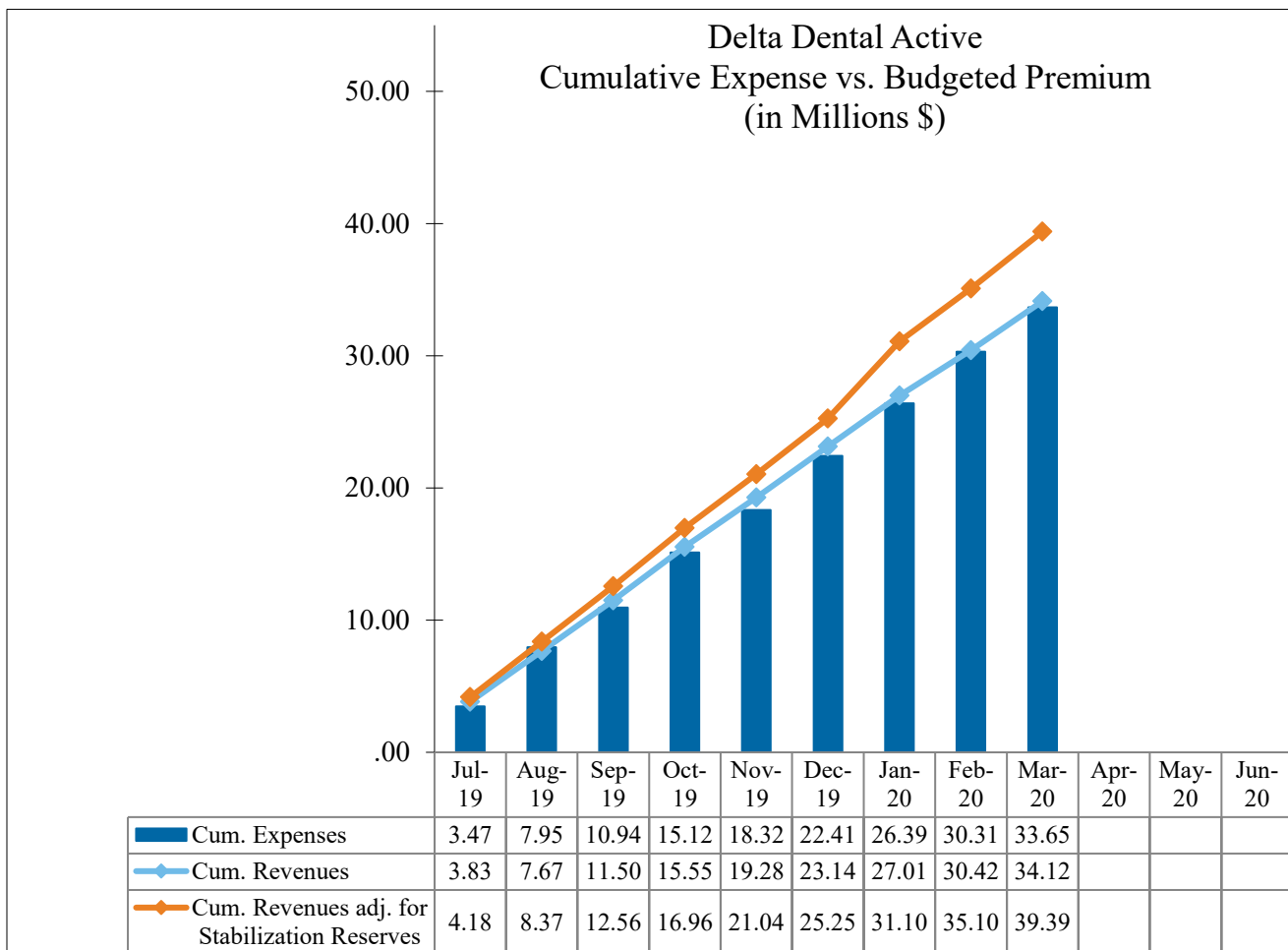
## Delta Dental Self-Funded Plan

### Fiscal Year End Projection

No change in fund balance is projected:

- a. \$5.6 million increase in fund balance due to favorable claim experience
- b. \$5.6 million decrease in fund balance:
  - \$2.1 million decrease in fund balance associated with subsidizing 2019 rates (for the first six months of FY 2019-20) from the claim stabilization reserve
  - \$3.5 million decrease in fund balance associated with subsidizing 2020 rates (for the second six months of FY 2019-20) from the claim stabilization reserve

### First Nine (9) Months



Based on nine months of experience, cumulative expenses for Delta Dental are \$5.74 M less than the expected cost levels regardless of whether the cumulative expenses are compared to actual revenues (\$33.65 M - \$39.39 M) and when cumulative expenses are compared with cumulative revenues with the \$5.27 M buy down from for the rate stabilization reserve (\$33.65 M - (\$34.12 M + \$5.27 M)).

## Other Trust Fund Notes

### Healthcare Sustainability Fund

The following table reflects the year-to-date actuals through March 31, 2020. With nine (9) months of actuals, a projected balance of \$2.73 million is expected at the end of FY 2019-20.

<b>Healthcare Sustainability Fund FY 2019-20</b>				
	<b>Revised Budget</b>	<b>March YTD Actual</b>	<b>Projection</b>	<b>Variance</b>
<b>Revenues/Premiums</b>				
Annual Revenues	\$ 2,602,555	\$ 1,916,073	\$ 2,551,247	\$ 635,174
Carryforward from fund balance	3,080,176	3,080,176	3,909,772	\$ 829,596
Total	\$ 5,682,731	\$ 4,996,249	\$ 6,461,019	\$ 1,464,770
<b>Expenditures</b>				
Annual Expenditures	\$ 2,676,868	\$ 1,285,576	\$ 2,423,269	\$ 1,137,693
One-time Expenditures	2,215,436	339,090	1,305,422	\$ 966,332
Grand Total Expenditures	\$ 4,892,304	\$ 1,624,666	\$ 3,728,691	\$ 2,104,025
Balance	\$ 790,427	\$ 3,371,583	\$ 2,732,328	\$ 1,941,901

### Interest

An \$1.4 million increase in fund balance is projected based on the Trust Fund cash balances for FY 2019-20.

### Performance Guarantees

Three hundred thousand (\$0.30 million) in performance guarantees have been received in FY 2019-20. The \$92.2 million fund balance includes the \$8.3 million in PGs received since FY 2005-06.

### Performance Guarantees for Adoption and Surrogacy Assistance Plan

Performance guarantees are used to fund the Adoption and Surrogacy Assistance Plan. As of March 31, 2020, \$59,900 has been reimburse to members, and the year-end projection is \$185,000.

### Forfeitures and Transfers Out

The IRS allows forfeitures from flexible spending accounts to be used to fund the administration of the accounts. Since the funding for the administration is in the General Fund and the forfeitures reside in the Trust, a transfer needs to be made at the close of each fiscal year. If required to balance the General Fund budget, up to \$0.6 million will be transferred. The goal is to minimize the transfer each fiscal year.

**Pharmacy Rebates**

The following table summarizes the FY 2019-20 pharmacy rebates as of March 31, 2020 and year-end projection. The rebates are provided at the end of each quarter. As of March 31, 2020, \$3.9 million of pharmacy rebates has been received. The year-end projection is \$8.0 million. The rebates offset the claims payments to the plans.

Vendor	Amount (year to date)	Year-End Projection
Blue Shield	\$3,353,131	\$7,000,000
UHC	\$ 541,812	\$1,000,000
Total	\$3,894,943	\$8,000,000



**HEALTH SERVICE SYSTEM**  
**STATEMENT OF REVENUES AND EXPENSES**  
FY 2019-2020  
FOR THE NINE MONTHS ENDED March 31, 2020

**ACTIVE & RETIRED COMBINED**

	Year-To-Date Revenues	Year-To-Date Expenses	Year-To-Date Net Excess(Shortage)
<b>1 SELF-INSURANCE</b>			
2 UHC PPO, including ASO *	28,388,180	29,347,786	(959,606)
3 Blue Shield Access+ *	171,499,973	165,476,292	6,023,681
4 Blue Shield Trio *	77,835,358	81,576,264	(3,740,906)
5 Delta Dental - Active only, including ASO	34,124,757	33,649,932	474,825
<b>6 TOTAL SELF-INSURANCE</b>	<b>311,848,269</b>	<b>310,050,274</b>	<b>1,797,994</b>
<b>8 INSURANCE PRODUCTS</b>			
9 UHC MAPD	57,759,041	57,759,041	0
10 Kaiser-HMO	326,644,738	324,563,577	2,081,161
11 Vision Service Plan, All (City Plan & HMO)	6,172,396	6,149,981	22,416
12 Sub-total HMO	390,576,175	388,472,599	2,103,577
14 Delta Dental - Retired	12,224,371	12,184,827	39,545
15 Delta Care	656,152	646,966	9,185
16 UHC Dental	341,060	339,474	1,586
17 Sub-total Dental	13,221,583	13,171,267	50,316
19 Long Term/Short Term Disability	5,586,859	5,460,597	126,263
20 Flexible Benefits	2,156,188	2,156,005	183
21 Flexible Spending-Dependent Care	4,360,757	4,700,773	(340,015)
22 Flexible Spending -Medical Reimbursement	6,530,820	6,040,167	490,653
23 Best Doctors (\$1.15)	487,668	486,169	1,499
24 Healthcare Sustainability Fund (\$3.00)	1,916,073	1,627,938	288,135
25 Adoption & Surrogacy		63,312	(63,312)
<b>26 TOTAL INSURANCE PRODUCTS</b>	<b>424,836,124</b>	<b>422,178,825</b>	<b>2,657,299</b>
<b>28 SAVINGS AND INVESTMENTS</b>			
29 Interest	1,373,147		1,373,147
30 Performance guarantees	317,814	-	317,814
31 Forfeitures	0		0
<b>32 TOTAL SAVINGS &amp; INVESTMENTS</b>	<b>1,690,961</b>		<b>1,690,961</b>
<b>34 TRANSFERS OUT OF FORFEITURES</b>		<b>0</b>	<b>0</b>
<b>36 TOTAL FUNDS</b>	<b>738,375,354</b>	<b>732,229,100</b>	<b>6,146,254</b>

\* Expenses are net of pharmacy rebates - see report for details

SUMMARY- In millions	FY19-20	FY19-20
	Year-To Date Actual As of March 2020 - Net	Projected Annual-Net
Self Insurance		
UHC PPO	(1.0)	(0.7) (a)
Blue Shield-Access+	6.0	10.4 (b)
Blue Shield-Trio	(3.7)	(4.0) (b)
Dental, Actives	0.5	0.0 (c)
Insurance Products		
Medical HMOs	2.1	0.0
Dental	0.1	0.0
LTD/Flexible Benefits/FSA/Best Doctors	0.3	0.0
Healthcare Sustainability Fund (\$3.00)	0.3	(1.2) (d)
Savings & Investments		
Interest	1.4	1.4
Performance guarantees	0.3	0.3 (e)
Performance guarantees - Surrogacy and adoption	0.0	(0.2) (f)
Forfeitures	0.0	0.0
Transfers Out	0.0	(0.6) (g)
<b>TOTAL</b>	<b>6.2</b>	<b>5.4</b>
Net assets		
Beginning of the year		92.2
End of the year		97.6

(a) Annual Projection is net of claim stabilization of \$0.8 million used to reduce 2019 rates, \$0.1 million to increase 2020 rates, and Pharmacy rebate of \$1.0 million

(b) Annual Projection is net of claim stabilization of \$1.6 million to increase 2019 rates, \$0.9 million to increase 2020 rates, and Pharmacy rebate of \$7 million

(c) Annual Projection is net of claim stabilization of \$2.1 million to reduce 2019 rates and \$3.5 million to reduce 2020 rates

(d) \$3.00 per member per month for communications, wellness, actuarial work; is part of a total premium.

(e) Only reflects performance guarantees received in FY 2019-2020

(f) Reflects use of fund balance

(g) Transfer of \$0.6M from forfeitures to General Fund per FY 2019-2020 budget

	For 9 months ended March 31, 2020	For 9 months ended March 31, 2019	\$ Change	% Change	
<b>1 SELF-INSURANCE</b>					
2 UHC PPO, including ASO					
3 Revenues	28,388,180	25,435,145	2,953,035	11.6%	l
4 Expenses	(29,347,786)	(28,488,034)	(859,752)	3.0%	f
5 Net UHC PPO Excess(Shortage)	(959,606)	(3,052,889)	2,093,283	-68.6%	
6 Blue Shield-Access+					
7 Revenues	171,499,973	154,867,333	16,632,640	10.7%	p
8 Expenses	(165,476,292)	(151,475,881)	(14,000,410)	9.2%	p
9 Net Blue Shield-Access Excess(Shortage)	6,023,681	3,391,452	2,632,229	77.6%	
10 Blue Shield-Trio					
11 Revenues	77,835,358	80,241,767	(2,406,409)	-3.0%	p
12 Expenses	(81,576,264)	(75,691,519)	(5,884,745)	7.8%	p
13 Net Blue Shield-Trio Excess(Shortage)	(3,740,906)	4,550,248	(8,291,154)	-182.2%	
14 Delta Dental - Active only, including ASO					
15 Revenues	34,124,757	35,266,556	(1,141,799)	-3.2%	h
16 Expenses	(33,649,932)	(33,989,247)	339,314	-1.0%	
17 Net Delta Dental - Active Excess(Shortage)	474,825	1,277,310	(802,485)	-62.8%	
18 <b>NET SELF-INSURANCE</b>	<b>1,797,994</b>	<b>6,166,121</b>	<b>(4,368,127)</b>	<b>-70.8%</b>	
<b>19 INSURANCE PRODUCTS</b>					
24 Kaiser-HMO					
25 Revenues	326,644,738	315,341,689	11,303,049	3.6%	d, l
26 Expenses	(324,563,577)	(315,347,390)	(9,216,187)	2.9%	d, l
27 Net Kaiser- HMO Excess(Shortage)	2,081,161	(5,701)	2,086,862	-36604.2%	
28 UHC MAPD					
29 Revenues	57,759,041	52,898,365	4,860,676	9.2%	d, l
30 Expenses	(57,759,041)	(52,898,365)	(4,860,676)	9.2%	d, l
31 Net UHC MAPD Excess(Shortage)	0	0	0		
32 Vision Service Plan, All (City Plan & HMO)					
33 Revenues	6,172,396	5,598,466	573,930	10.3%	o
34 Expenses	(6,149,981)	(5,584,905)	(565,076)	10.1%	o
35 Net Vision Service Plan Excess(Shortage)	22,416	13,561	8,855		
36					
37 Delta Dental - Retired					
38 Revenues	12,224,371	11,629,851	594,520	5.1%	d
39 Expenses	(12,184,827)	(11,616,134)	(568,692)	4.9%	d
40 Net Delta Dental - Retired Excess(Shortage)	39,545	13,717	25,828	188.3%	
41 Delta Care					
42 Revenues	656,152	675,737	(19,585)	-2.9%	a
43 Expenses	(646,966)	(667,806)	20,840	-3.1%	a
44 Net Delta Care Excess(Shortage)	9,185	7,931	1,255	15.8%	
45 UHC Dental					
46 Revenues	341,060	310,327	30,733	9.9%	d, h
47 Expenses	(339,474)	(309,204)	(30,271)	9.8%	d, h
48 Net UHC Dental Excess(Shortage)	1,586	1,124	462	41.1%	
49 Net Dental	50,316	22,771	27,545	121.0%	
50					
51 Long Term/Short Term Disability					
52 Revenues	5,586,859	5,639,684	(52,825)	-0.9%	h
53 Expenses	(5,460,597)	(5,639,684)	179,088	-3.2%	h
54 Net Long Term/Short Term Disability Excess(Shortage)	126,263	0	126,263		
55 Flexible Benefits					
56 Revenues	2,156,188	1,838,842	317,346	17.3%	g
57 Expenses	(2,156,005)	(1,838,817)	(317,188)	17.2%	g
58 Net Flexible Benefits Excess(Shortage)	183	25	159	0.0%	
59 Flexible Spending-Dependent Care					
60 Revenues	4,360,757	4,054,003	306,754	7.6%	d
61 Expenses	(4,700,773)	(4,310,143)	(390,629)	9.1%	f
62 Net Flexible Spending-Dependent Care Excess(Shortage)	(340,015)	(256,140)	(83,876)	32.7%	
63 Flexible Spending -Medical Reimbursement					
64 Revenues	6,530,820	5,669,876	860,944	15.2%	d
65 Expenses	(6,040,167)	(6,108,279)	68,112	-1.1%	
66 Net Flexible Spending-Medical Reimbursement Excess(Shortage)	490,653	(438,403)	929,056	-211.9%	
67 Best Doctors (\$1.15)					
68 Revenues	487,668	887,142	(399,474)	-45.0%	b
69 Expenses	(486,169)	(826,322)	340,153	-41.2%	b
70 Net Best Doctors Excess(Shortage)	1,499	60,820	(59,322)		
71 Adoption & Surrogacy					
72 Expenses	(63,312)	(111,198)	47,886	-43.1%	
73 Healthcare Sustainability Fund (\$3.00)					
74 Revenues	1,916,073	1,902,855	13,217	0.7%	e
75 Expenses	(1,627,938)	(1,452,114)	(175,823)	12.1%	e
76 Net Healthcare Sustainability Fund (\$3.00) Excess(Shortage)	288,135	450,741	(162,606)	-36.1%	
77 <b>NET INSURANCE PRODUCTS</b>	<b>2,657,299</b>	<b>(263,524)</b>	<b>2,920,822</b>	<b>-1108.4%</b>	
<b>78 SAVINGS AND INVESTMENTS</b>					
79 Interest	1,373,147	0	1,373,147	0.0%	
80 Performance guarantees	317,814	503,986	(186,172)	-36.9%	
81 <b>TOTAL SAVINGS &amp; INVESTMENTS</b>	<b>1,690,961</b>	<b>503,986</b>	<b>1,186,975</b>	<b>235.5%</b>	
82 <b>TOTAL NET EXCESS (SHORTAGE)</b>	<b>6,146,254</b>	<b>6,406,583</b>	<b>(260,329)</b>	<b>-4.1%</b>	

Notes: a decrease in membership

c decrease in deductions

d increase in membership

e \$3 per member per month for communications, wellness, actuarial work

f increase in claims

l increase in rates

h decrease in rates

j increase in deductions

b discontinued on 1/1/20

g decrease in claims

o vision buy-up effective 1/1/18

p effective 1/1/18

**Healthcare Sustainability Fund FY 2019-20**

	<b>Revised Budget</b>	<b>March YTD Actual</b>	<b>Projection</b>	<b>Variance</b>
<b>Revenues/Premiums</b>				
Annual Revenues	\$ 2,602,555	\$ 1,916,073	\$ 2,551,247	635,174
Carryforward from fund balance	3,080,176	3,080,176	3,909,772	829,596
<b>Total</b>	<b>\$ 5,682,731</b>	<b>\$ 4,996,249</b>	<b>\$ 6,461,019</b>	<b>\$ 1,464,770</b>
<b>Expenditures</b>				
<b>Annual</b>				
<b>Personnel Services and Mandatory Fringes</b>	<b>\$ 1,262,265</b>	<b>667,995</b>	<b>\$ 1,081,221</b>	<b>413,226</b>
Communications				
Open Enrollment Communications	353,561	286,449	348,561	62,112
Operations Communications	156,754	18,639	194,567	175,928
Well-Being Communications	175,750	12,363	158,000	145,637
Other Communications	90,332	67,493	62,138	(5,355)
<b>Total Communications</b>	<b>\$ 776,397</b>	<b>384,944</b>	<b>\$ 763,266</b>	<b>\$ 378,322</b>
Well-Being	337,500	34,322	262,453	228,131
Initiatives to Reduce Health Care Costs	282,500	196,525	298,123	101,598
Board Transcription Services/SFGOV	18,206	1,791	18,206	16,415
Contingency for Unforeseen Issues			-	-
<b>Total Annual Expenditures</b>	<b>\$ 2,676,868</b>	<b>1,285,576</b>	<b>2,423,269</b>	<b>\$ 1,137,693</b>
<b>One-Time</b>				
Communications				
Open-Enrollment Communications	\$ 192,400	29,800	190,000	160,200
Operations Communications	1,506,532	299,057	697,700	398,643
Other Communications	181,660	10,233	264,210	253,977
<b>Total Communications</b>	<b>\$ 1,880,592</b>	<b>339,090</b>	<b>\$ 1,151,910</b>	<b>\$ 812,820</b>
Well-Being	100,697	-	98,512	98,512
Initiatives to Reduce Health Care Costs	234,147		55,000	55,000
<b>Total One-Time Expenditures</b>	<b>\$ 2,215,436</b>	<b>339,090</b>	<b>\$ 1,305,422</b>	<b>\$ 966,332</b>
<b>Grand Total Expenditures</b>	<b>\$ 4,892,304</b>	<b>1,624,666</b>	<b>\$ 3,728,691</b>	<b>\$ 2,104,025</b>
<b>Balance</b>	<b>\$ 790,427</b>	<b>\$ 3,371,583</b>	<b>\$ 2,732,328</b>	

**SAN FRANCISCO  
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

SAN FRANCISCO HEALTH SERVICE SYSTEM - ADMINISTRATION  
STATEMENT OF REVENUES AND EXPENDITURES  
**As of March 31, 2020**

YEAR-TO-DATE						ANNUAL						
Budget	Non-COVID-19 Actuals	COVID-19 Actuals	Total Actuals	Fav/(Unfav)		Original Budget	Revised Budget	Non-COVID-19 Projection	COVID-19 Projection	Total Projection	Fav/(Unfav)	
				Variance	%Var						Variance	%Var
<b>REVENUES</b>												
468,478			-	(468,478)	-100.0%	624,637	624,637	505,000		505,000	(119,637)	-19.2%
8,590,602	8,590,626		8,590,626	24	0.0%	11,454,136	11,454,136	11,454,136		11,454,136	0	0.0%
6,848	15		15	(6,833)	-99.8%	9,131	9,131	0		-	(9,131)	-100.0%
243,784	243,784		243,784	0			325,045	325,045		325,045	0	0.0%
9,309,712	8,834,425	-	8,834,425	(475,287)	-5.1%	12,087,904	12,412,949	12,284,181	-	12,284,181	(128,768)	-1.0%
<b>EXPENDITURES</b>												
4,074,736	3,896,892	55,265	3,952,157	122,579	3.0%	5,432,981	5,432,981	5,270,289	40,693	5,310,982	121,999	-2.2%
1,996,507	1,896,741	26,201	1,922,942	73,565	3.7%	2,662,009	2,662,009	2,601,732	16,277	2,618,009	44,000	-1.7%
1,397,629	1,067,029	171,617	1,238,646	158,983	11.4%	1,804,258	1,863,505	1,863,506	290,563	2,154,069	(290,564)	15.6%
41,276	26,765		26,765	14,511	35.2%	45,130	55,035	55,035	11,681	66,716	(11,681)	21.2%
999,758	1,125,902		1,125,902	(126,144)	-12.6%	2,143,526	2,399,419	2,130,419		2,130,419	269,000	-11.2%
8,509,906	8,013,330	253,083	8,266,413	243,493	2.9%	12,087,904	12,412,949	11,920,981	359,214	12,280,195	132,754	-1.1%
799,806	821,095	(253,083)	568,012	(231,794)		0	(0)	363,200	(359,214)	3,986		
<b>REVENUE LESS EXPENDITURES</b>												