

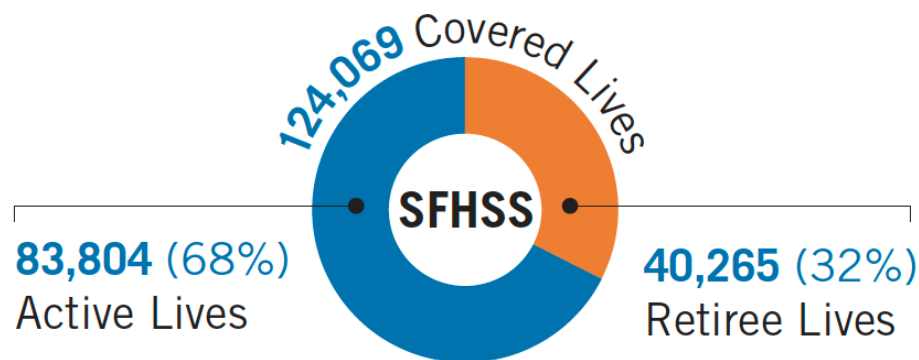
SFHSS 2021 Annual Report and Introduction to Strategic Plan Current State Assessment Toolkit



2021 Vaccine Administration & Mental Health

SFHSS focused our resources on vaccine education and mental health for our members to help our community recover from the prolonged pandemic.

- Prioritized the mental health and well-being for our members through CredibleMind and continued promotion of our 24/7 Employee Assistance Program.
- Dedicated resources to helping members learn about the COVID-19 vaccines, and how and where they can get vaccinated.
- Our staff continued to serve our members through virtual new hire and new retiree consultations, and we transitioned to work back in the office before the Omicron surge.



Strategic Goals Accomplishments

Affordable and Sustainable

With the addition of two new health plans, Health Net CanopyCare HMO and Blue Shield of California PPO – Accolade plans, SFHSS increased competition amongst health plan providers to drive more affordable and sustainable health benefits.

Engage and Support

Configured **eBenefits** experience for City College and Retirees thereby extending access to self-service to all members. SFHSS developed multi-channel member support with benefit education webinars, health plan office hours and a comprehensive website during Open Enrollment, which increased **eBenefits** utilization by 25% and decreased call volume to Member Services by 1% during a year of plan changes. For members who needed more support, SFHSS conducted 354 virtual member consultations.

Reduce Complexity and Fragmentation

SFHSS participated in a University of California, Berkeley conjoint analysis study on the efficacy of our Accountable Care Organizations (ACO) validating our ACO's provide improved care by reducing complexity and fragmentation.

Choice and Flexibility

SFHSS brought more choice and flexibility with new and enhanced health plans for our members. The new Health Net CanopyCare HMO allow members to access specialists outside of their primary care physician's medical group through the CanopyCare Alliance Referral Program and members now have access to the Zuckerberg San Francisco General Family Birth Center. The Blue Shield of CA PPO – Accolade plan provides members with enhanced service guiding them through issues both big and small.

Whole Person Health and Well-Being

SFHSS continued to focus on mental health and well-being to support members as we recover from the pandemic. HSS launched Stress First Aid and Mental Health First Aid offering 60 workshops to 19 departments, and our dedicated app for First Responders had 4,288 downloads. We conducted 23 worksite flu clinics administering 2,123 vaccines.

Key Takeaways for 2021

We are excited to enter the recovery phase of the pandemic and develop new strategic plans.

Our staff is committed and focused on returning to work in the office to better serve our members.

We continue to look for opportunities to improve our member experience and take our goals to new heights.



Introduction to Strategic Plan Current State Assessment Toolkit

The SFHSS 2021 Annual Report as well as the documents outlined below constitute the major elements of the “current state” toolkit which will inform the strategic plan.

SFHSS Express Dashboard

SFHSS 2021 DxCG Risk Score

SFHSS Enrollee Demographic Report for Plan Year 2022

SFHSS Express Dashboard Key Observations:

- Utilization has returned to levels similar to pre-pandemic. Claims and utilization experience in this document are compared to both 2019 (pre-pandemic) and 2020 (pandemic)
- The number of High-cost claimants (=>\$100,000) rose slightly but was down 53% from pre-pandemic. The associated med/Rx costs on a Per Patient basis increased 92% over 2019 and 3.2% over 2020.
- New entrants into the list of top 15 drugs are Emtricitabine-Tenofovir Disoproxil Fumarate (generic antiviral), Cosentyx and Otezla (Immunosuppressants). Allowed amount per Script for the top 15 has decreased by \$377.79. Allowed amount per Script for all drugs has increased \$1.96
- Patient counts increased for those accessing care for the following top mental health care episodes: Depression, Obsessive / Compulsive Disorder, Eating Disorders and Anxiety Disorders.
- % Admits was similar to previous periods for all plans except for the Kaiser Permanente which had a four-fold increase for Non-Medicare and an eight-fold increase for Medicare attributable to Covid-19 admissions and a change in coding methodology.
- Preventive screening rates have increased over 2020 but are still just below pre-pandemic levels.

SFHSS 2021 DxCG Risk Scores Executive Summary

- In 2020, Risk Scores were artificially lower due to Claims Suppression. The 2021 Risk Scores align more closely to pre-Covid values but there is still evidence of claims suppression impacting risk scores for some populations which are below pre-Covid values.
- Utilization related to Covid-19 diagnosis spiked early in 2021 which was a driver to risk scores.
- Musculoskeletal Disorders are the clinical condition which is the largest driver of the prospective health risk for all populations
- Historically, psychiatric disorders were a main driver of risk in actives in the healthy, stable and at-risk populations. In this most recent report, psychiatric disorders are also now a key driver for risk in the struggling population.
- Disparities in risk scores amongst SFHSS race groups are evident.
- SFHSS active member population with the top 5 risk scores are dispersed throughout the bay area: 3 zip codes in Contra Costa county, 1 zip code in Alameda county and 1 zip code in San Francisco City & County

Enrollee Demographic Report for Plan Year 2022 Summary

- **Total Lives:** Overall total lives decreased by 1%. The 5 year trend of new hires/rehires, retirements and terminations shows that hiring plummeted in 2020 across all 4 employers. In part due to the closure of testing centers. Hires increased in 2021 but remain below pre-pandemic levels with terminations and retirements continuing to out pace retirements. Looking at Medicare lives only, this population increased by 4% (p3, p6)
- **Plan Changes:** In 2022, SFHSS introduced Health Net CanopyCare available to Non-Medicare members. Initial enrollment was just under 350 lives. In addition, SFHSS changed plan administrators for the PPO plan from UHC to BSC. The Blue Shield PPO-Accolade provides access to a health assistant and nurse for personalized support. In the transition there was a slight dip in enrollment. This is attributable to mixed Medicare families. The Blue Shield PPO is Non-Medicare only. Only available to mixed Medicare families desiring a PPO option is the UHC Companion Plan. Approximately 57 families are in this plan. (p3)
- **Families:** Across the board, enrollment coverage of families decreased from 2021. All categories of dependent coverage experienced a 2-4% decrease: spouse or domestic partner only, children only, or spouse/domestic partner and children. This decrease was observed both in employee members and retiree members. (p17)
- **Vision / Voluntary Benefits:** The Vision Premier offering available to all members enrolled in medical coverage continues to be hugely popular increasing another 2%. For the voluntary benefits which are fully employee paid and available to employees of the City and County of SF and the Superior Court, Supplemental Life Insurance has the highest enrollment and also experienced this largest increase in enrollment. (p5)
- **FSAs:** For the 2022 plan year, the health care FSA and dependent care FSA experienced a 10% and 45% enrollment increase respectively over the January 1 2021. This was aided by targeted outreach performed by SFHSS to non high income earners (below \$130K) during the 2021 plan year to encourage enrollment in this pre-tax benefit. (p4)
- **Race/Ethnicity:** The most significant change in distribution of benefit eligible employees by race/ethnicity from 2021 was a decrease of the percentage of Hispanic employees from 14.39% to 13.86%. The percentage of Black employees decreased from 13.2% to 13.13%, White employees increased from 33.2% to 33.6%, Asian employees changed from 27.4% to 27.5% and percent distribution of Filipino employees was unchanged. This information will flow into our strategic planning, racial equity action planning and initiatives related to population health and social determinants of health (SDoH). (p19)
- **Retirees:** 92% of retirees reside in California, 7% reside in other states and 1% live in countries outside of the USA. SFHSS monitors this information to ensure services are available where SFHSS members reside. (p14-15)
- **Hetch Hetchy:** SFHSS members in this area decreased by 10 (8 employees, 2 retirees). Total lives decreased by 24 to 319 (154 of which are employee lives. (p9, p14)
- **Average Age:** The SFHSS active employee population average age increased from 35.89 to 36.10; SFUSD has the youngest avg age and Community College SF has the oldest avg. age. The average age of non-Medicare retirees dropped significantly from 56.21 to 53.15 and the Medicare retiree population average age increased by .02 to 74.95. Age and Gender are predictors of risk scores as well as prevalence of chronic conditions. SFHSS utilizes this information in strategic planning. (p19, p25)