SFHSS 2023 RISK SCORE REPORT

SAN FRANCISCO
HEALTH SERVICE SYSTEM

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Risk Score Report Introduction

SFHSS annually calculates and reports the risk score of the SFHSS population to the Health Service Board to either validate or discover variances with information and assumptions provided by the health plans in predicting expected costs. This allows the Health Service System and Health Service Board to have a more informed discussion regarding what the premiums will be for the following year.

What is a Risk Score?

Risk factors for a disease or adverse event are a basis for a calculation of risk scores. A risk score of 1.0 is a baseline; the patient with this score would be considered healthy and, therefore, less costly. Scores of less than 1.0 mean a reduced anticipated cost of care. Scores greater than 1.0 mean there is an increased risk and higher anticipated cost of care. These scores also help stratify risk as Healthy, Stable, At Risk, Struggling, or In Crisis. Risk scores also support risk adjustment payment models, value-based care, and predictive analytics. Risk scores are used by payers and providers to predict the future cost of providing healthcare and treatment services.

Data such as Social Determinants of Health (SDOH) also play a significant role in the health of both individuals and communities, which is why equity is engrained in everything we do at SFHSS. Profiles of areas where SFHSS members reside and are high in the Social Vulnerability Index (SVI) are included in the report to provide this additional risk perspective. The index ranks 16 social factors including socioeconomic status, household characteristics, racial and ethnic minority status and housing type and transportation to measure vulnerability.

Data Period

Models predict both a 12-month current (concurrent) and future (prospective) risk scores. This report utilized a rolling 12 months from October 2022 to September 2023, to ensure the report is available early in the Rates & Benefits cycle.

Risk Adjustment Method

The scores in this report are based on healthcare claims from the health plans and utilizing the Cotiviti Risk Adjustment system. The models are based on a commercial population. Therefore, the Medicare risk scores will appear high but are useful for trending risk. The Cotiviti Risk Adjustment software upgrades includes additional diagnosis codes as well as adjustments of weighting of previously included diagnosis codes accounts for changes to previous risk scores up to (+/- 5%). All previous scores are restated.

Risk Categories

Healthy patients are infrequent or non-utilizers being treated for the occasional low-severity acute conditions.

Stable patients are somewhat active utilizers being treated for low-severity acute conditions.

At Risk patients are active utilizers, most often being treated for medium-severity acute conditions and low-severity chronic conditions.

Struggling patients are heavy utilizers, most often being treated for high-severity acute conditions and medium-severity chronic conditions.

In Crisis patients are heavy utilizers most often being treated for multiple severe acute and/or chronic conditions.

SFHSS 2023 Risk Score Executive Summary

Overall, the risk score hasn't changed too much from year to year, indicating our population is relatively stable.

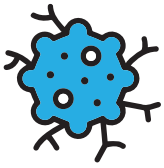
Musculoskeletal Disorders continue to be the largest driver of prospective health risk for the non-Medicare population, followed by Neoplasms. Cardiovascular disease, diabetes, and mental health are tied in a three-way tie, rounding out our top five cost drivers by risk categories.

The San Francisco Health Service System (SFHSS) continues to focus its efforts on the mental health and well-being of our membership. SFHSS offer a variety of online classes, from meditations to boot camps, to support our members' mental health, heart health, and continued mobility. We partner with the YMCA of San Francisco to offer our members the Diabetes Prevention Program (DPP) to help them make lifestyle changes to lose weight, improve overall health, and reduce their risk for type-2 diabetes.

We continue to see disparities in health based on race groups, which is why we believe we must lead with equity in all we do. We will continue our efforts to do targeted joint outreach with our health plan partners.

Top Five Disorders of the Non-Medicare Population

Musculoskeletal



Neoplasms

Cardiovascular

Diabetes

Mental Health

SFHSS Risk Score Plan Overview: 2020-2023

Concurrent Score

Concurrent models are indicators of the expected relative cost risk of a patient compared to the average for the national population, during the current year. Concurrent scores measure the current illness burden and include acute and chronic conditions such as a broken arm, catching the flu, or near-term costs for diabetes. Age and Gender have little impact since all conditions are known.

Risk increased significantly for the non-Medicare retiree population in the Blue Shield HMO plans and in Health Net CanopyCare.

In the Blue Shield HMO, there was increased risk from Cardiovascular and Urinary Tract Disorders. Additionally there are more members in the "At Risk" and "Struggling" categories.

The Health Net non-Medicare population for 2023 was less than 1,000 lives. The small population size is more susceptible to overall risk score changes. For example, the average age of this population increased from 48.1 in the 2022 report to 54.7 in the 2023 report. Age is one of the factors of the calculated risk score.

Risk decreased in all populations for those enrolled in Kaiser Permanente plans and those enrolled in the Blue Shield PPO which again would indicate decreasing costs. When comparing the Actual PMPY to the expected PMPY (page 6), the overall risk contribution dropped which likely was due to a slightly younger population of non-Medicare retirees from 53.3 average in 2021 to 52.8 average age in 2023.

Legend

Actives — Early Retirees — Medicare Retirees

Note: All Plans does not include those enrolled in the UHC PPO, UHC Doctors EPO & UHC Select Network EPO. UHC PPO is only the UHC Medicare Plan.

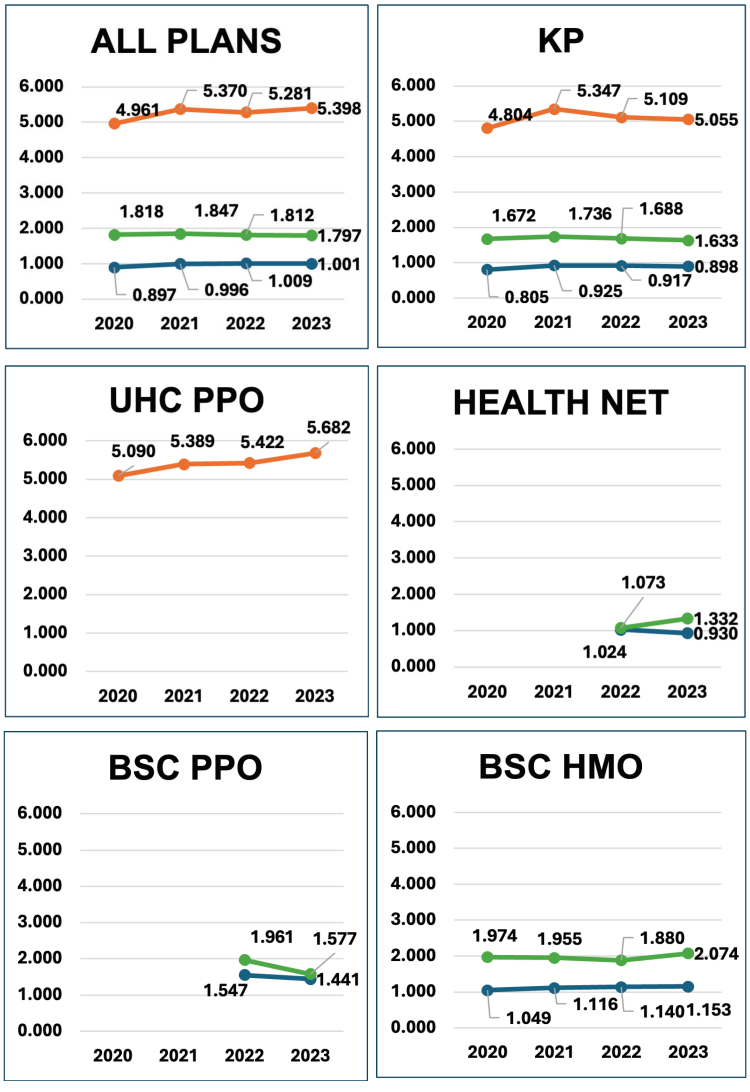
Highlights

BSC HMO ↑

Health Net HMO ↑

BSC PPO ↓

Kaiser Permanente HMO & Sr. Advantage ↓



SFHSS Risk Score Plan Overview: 2020-2023

Prospective Score

Prospective models are indicators of the expected risk of a patient compared to the average for the population, in the next year. Prospective scores measure the chronic condition illness burden since it affects future cost such as diabetes or cancer.

Prospective scores pay less attention to current acute conditions that will not affect future cost. Prospective scores include expected risk for potential acute or new conditions based on age and gender distribution. Age/gender has a significant impact since future conditions are unknown.

Prospective risk scores increased in the Blue Shield HMO plans for both actives and non-Medicare retirees.

The Blue Shield PPO Non-Medicare population expected risk for the following year decreased. The corresponding expected cost reduction is 26%. This was due to an increase in overall member count with 11% increase in the number in the "Healthy" category.

Active populations in the Blue Shield PPO plans as well as in Health Net have a decreased risk score.

The main driver for decreasing risk in Health Net was due to increased membership which boosted the number of members in the healthy risk category by 6%. The Active BSC PPO had a decreased member count which corresponded to a 5% reduction in members in the "At Risk" category.

Legend

Actives | Early Retirees | Medicare Retirees

Note: All Plans does not include those enrolled in the UHC PPO, UHC Doctors EPO & UHC Select Network EPO. UHC PPO is only the UHC Medicare Plan.

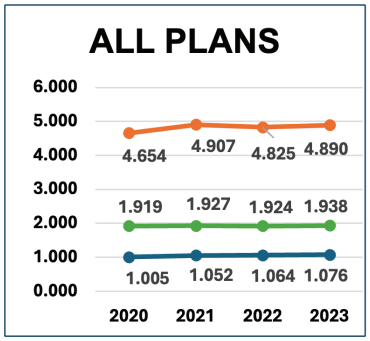
Highlights

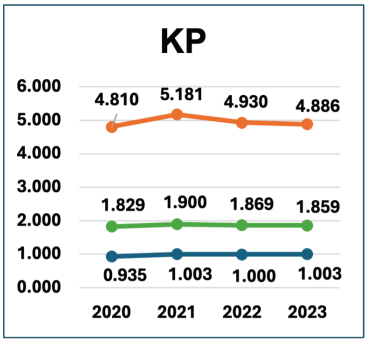
BSC HMO ↑

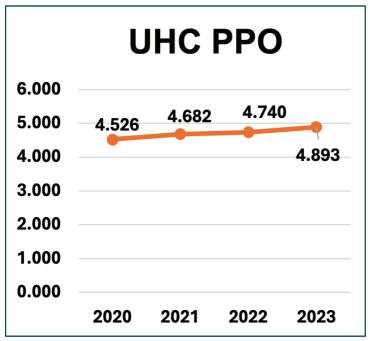
Active Population ↑

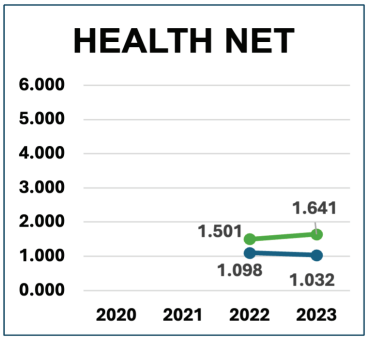
BSC PPO ↓

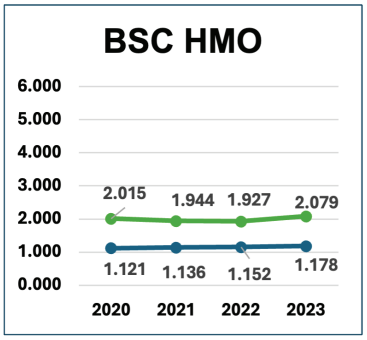
Health Net HMO ↓

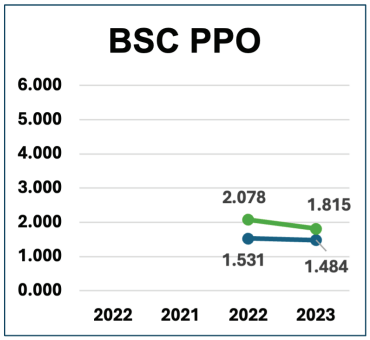












Relative Commercial Plan Performance

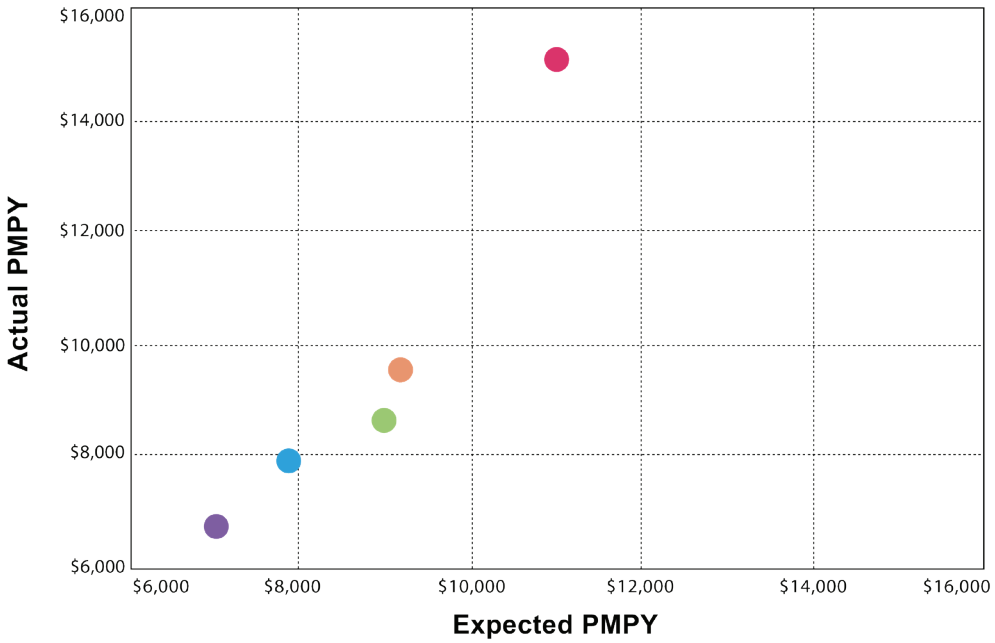
Actual Per Member Per Year vs. Expected Per Member Per Year

The expected Per Member Per Year (PMPY) cost is based on the allowed amount for Medical and Rx and is adjusted for the risk of the population.

On the previous pages, we observed a decrease in the concurrent risk score for active and non-Medicare retiree populations in Kaiser Permanente and the Blue Shield PPO which would indicate lower costs. Both plans have increases over previous year on the Actual PMPY despite risk score. This is most likely due to increasing drug costs.

Kaiser Permanente costs are lower than expected when adjusting for the risk of the population. The Blue Shield PPO costs are significantly higher when adjusted for the population's risk.

Health Net is not included in the financial segments of this report due to the small population size. Mixed Medicare plans administered by UnitedHealthcare (UHC PPO, UHC Doctors EPO, and UHC Select EPO), are excluded due to limited claims experience.



All Plans
Expected PMPY: $7,904
Actual PMPY: $7,973
Current Variance: $69
Previous Variance: $18

Kaiser Permanente
Expected PMPY: $7,035
Actual PMPY: $6,764
2022 Actual PMPY: $6,581
Current Variance: $271
Previous Variance: $503

BSC Trio
Expected PMPY: $9,077
Actual PMPY: $8,687
2022 Actual PMPY: $8,167
Current Variance: $390
Previous Variance: $283

BSC Access+
Expected PMPY: $9,115
Actual PMPY: $9,639
2022 Actual PMPY: $10,066
Current Variance: $523
Previous Variance: $1,043

BSC PPO
Expected PMPY $10,958
Actual PMPY: $15,316
2022 Actual PMPY: $15,086
Current Variance: $4,358
Previous Variance: $2,751

Members and Cost Distribution by Risk Category

Non-Medicare Population

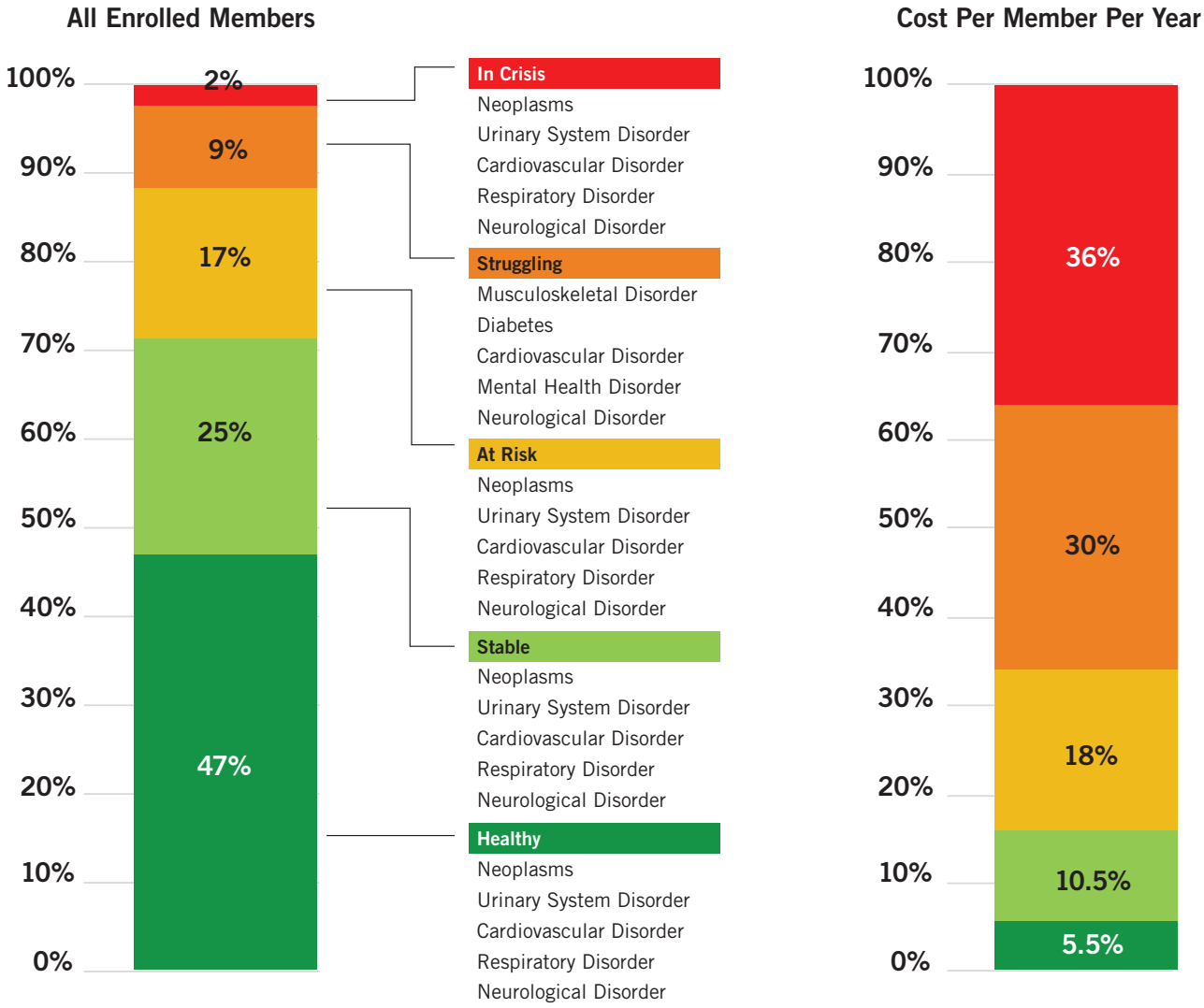
Risk bands group patients in risk categories from **Healthy** to **In Crisis**. In previous years, the cost percentage was based on an allowed amount of PMPY measure. This has now been restated using the allowed amount so that the cost allocation is based on total dollars and not upon member months.

Percent Risk Contribution is the weighted average percent risk contribution to indicate how much a person's risk is driven by this condition.

Across all Risk Category groups, Musculoskeletal Disorder contributes to the largest segment of costs (15%), followed by Neoplasms (9%), and then Diabetes, Cardiovascular Disorder, and Mental Health Disorder each at 7%.

2%

Non-Medicare population drives **36%** of costs.



Major Health Conditions and Disorders by Risk Band Profiles

Medicare Population

The Diagnostic Cost Group (DCG) model creates a Percent Contribution for each person which indicates how much a person's risk is driven by a certain condition.

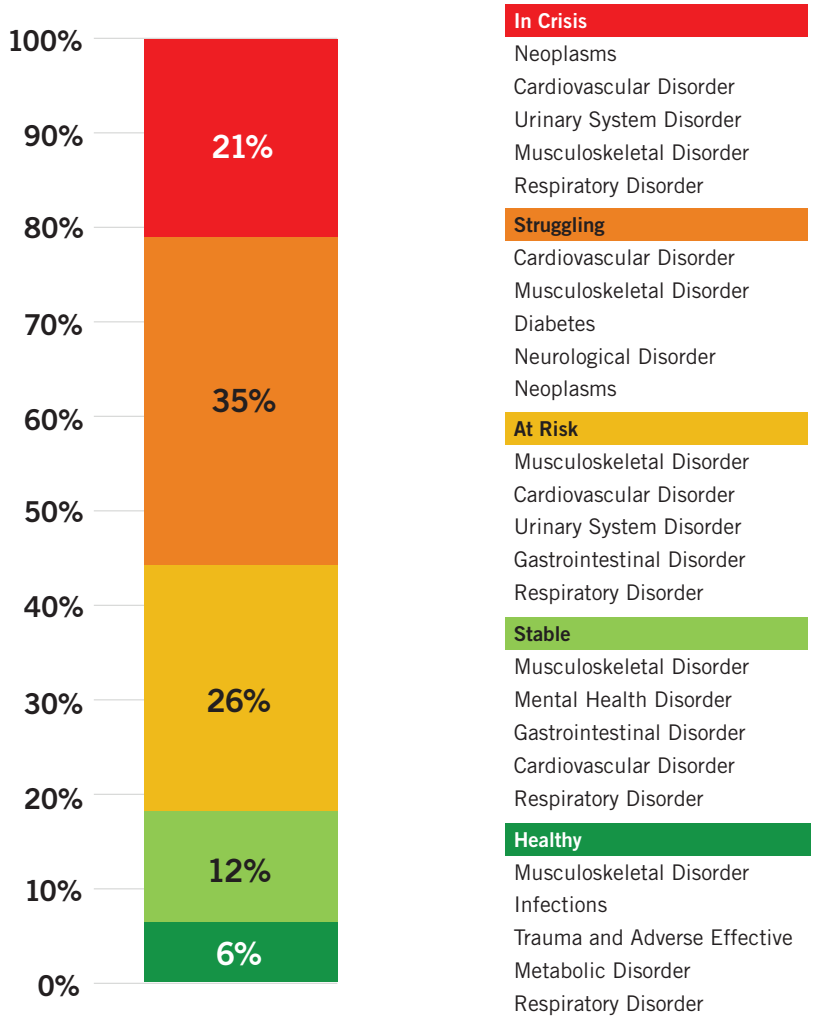
Percent Risk Contribution is the weighted average percent risk contribution to indicate how much a person's risk is driven by this condition.

Cardiovascular Disorder in this population is the largest percent contributor to the risk score (17%).

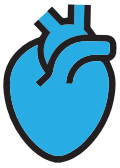
Musculoskeletal Disorders are prevalent in all risk bands in the Medicare population and is the second largest condition contributing 12% to the risk score.

Neoplasms and Urinary System Disorder rounds out the top 3 conditions to the Medicare population comprising 11% of the risk score.

Risks by Certain Conditions



Top Three Risk Conditions

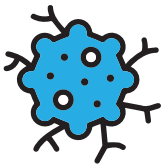


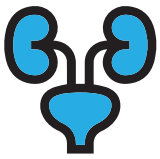
17%

Cardiovascular Disorder in the Medicare Population is the largest contributor to the risk score.

12%

Musculoskeletal Disorder is the second largest condition contributor to the risk score.





11%

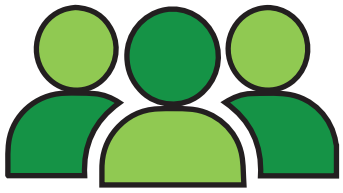
Neoplasms and Urinary System Disorder rounds out as the top three contributor to the risk score.

Risk Band Profiles by Age and Gender

Analyzing Risk Score Across Age and Gender

59% of SFHSS members are categorized as healthy or stable.

Not surprising that as we age, our health deteriorates. This is clear from the table below where the average age increases through the progression of the higher risk categories.



59%
SFHSS Members are categorized as Healthy or Stable.

Healthy		
Male Members %	**Female Members %**	**Member Age Average**
54%	**46%**	**34.0**

Stable		
Male Members %	**Female Members %**	**Member Age Average**
44%	**56%**	**43.6**

At Risk		
Male Members %	**Female Members %**	**Member Age Average**
42%	**58%**	**55.0**

Struggling		
Male Members %	**Female Members %**	**Member Age Average**
41%	**59%**	**63.7**

In Crisis		
Male Members %	**Female Members %**	**Member Age Average**
50%	**50%**	**72.0**

Deep Dive: Musculoskeletal Disorders

Commercial Population and Medicare Population

Musculoskeletal disorders are the largest contributor of risk for our commercial population (Active and Non-Medicare retirees) and the 2nd largest contributor of risk for the Medicare population. The more granular view of the conditions helps to identify potential strategies to delay onset of conditions.

In the SFHSS commercial population, diagnoses related to Osteoarthritis are the largest cost contributor. For the Medicare population, Rheumatoid Arthritis is the largest cost contributor. For both populations, Arthropathies/Joint disorders have the largest prevalence.

Granular view of conditions.

Commercial Population			
Musculoskeletal Groups	**# of Patients**	**Patient Visits**	**Cost**
Arthropathies/Joint Disord, NEC	9,472	35,644	$10,247,804.68
Spinal/Low Back Disorder	5,727	25,384	$14,943,025.48
Fracture	4,153	16,420	$17,369,986.94
Injury	3,567	8,225	$7,961,445.02
Osteoarthritis	2,806	27,433	$19,078,968.49
Bursitis	1,990	9,153	$2,410,417.22
Hallux Deformities	469	1,241	$1,282,304.11
Osteoporosis	378	1,480	$463,232.66
Gout	377	1,485	$551,341.59
Musculosk Disord, Congenital	333	1,026	$1,368,438.24
Rheumatoid Arthritis	254	3,810	$6,074,816.52
Musculosk Disord, Autoimmune	197	2,532	$1,982,456.94
Infections - Musculoskeletal	38	279	$723,448.38
Musculosk Disord, NEC	28	234	$35,363.16
Cancer - Primary Bone	<26	111	$508,974.33
TOTAL	**21,965**	**131,861**	**$85,002,023.76**

Medicare Population		
Musculoskeletal Groups	**# of Patients**	**Patient Visits**
Arthropathies/Joint Disord, NEC	5,408	27,620
Spinal/Low Back Disorder	5,189	36,829
Osteoarthritis	4,481	44,205
Injury	2,150	6,379
Fracture	1,810	12,242
Osteoporosis	1,642	6,846
Bursitis	1,505	8,232
Hallux Deformities	594	1,558
Gout	445	1,535
Rheumatoid Arthritis	318	4,216
Musculosk Disord, Autoimmune	211	1,665
Musculosk Disord, Congenital	108	628
Musculosk Disord, NEC	83	592
Infections - Musculoskeletal	70	506
Cancer - Primary Bone	<26	109
TOTAL	**15,257**	**149,619**

Top Five Musculoskeletal Disorders

Osteoarthritis

Spinal/Lower Back

Fracture

Anthropathies/Joints

Injury

Deep Dive: Mental Health Disorders

Commercial Population and Medicare Population

Supporting the Mental Health and Well-Being of our membership is one of our Strategic Goals and it's easy to see why. Mental Health is one of the top five cost drivers impacting our population risk score.

The Health Service System has worked in close collaboration with our health plans and partners to provide a "No Wrong Door" approach where members can get access a range of resources from self-assessments to education on a condition on the lower touch self-help spectrum to one-on-one counseling or in-patient care, if needed, on the higher touch spectrum where members need more support.

Our 24/7 Employee Assistance Program is the anchor to all our mental health programs. If someone wants to know where to start, they can call EAP and be guided to resources that are appropriate for their needs.

Well-Being is also expanding their "Healing Circles" partnership with the Department of Public Health to give employees who feel marginalized a community where they can express their feelings and share solutions.

Depression is most prevalent condition within Mental Health disorders.

Your mental health journey starts with a single moment, so ***Don't Wait—Reach Out*** for help. (628) 652-4600.

Commercial Population			
Mental Health Groups	**# of Patients**	**Patient Visits**	**Cost**
Depression	4,279	50,088	$11,043,072.70
Anxiety Disorder	3,331	31,076	$4,818,571.56
Other Disorders, NEC (ADHD, Speech Disorder etc.)	2,148	16,919	$3,247,019.17
Substance Abuse	779	7,392	$6,018,073.17
Psychoses, NEC	593	1,930	$607,538.35
Autism	452	22,509	$5,666,785.32
Bipolar Disorder	382	8,917	$3,112,706.29
Obsessive-Compulsive Disorder	134	1,534	$400,964.38
Eating Disorders	120	1,652	$1,565,791.28
Schizophrenia	84	1,644	$1,255,794.89
Antisocial Behavior	79	314	$83,875.14
TOTAL	**10,361**	**142,905**	**$37,820,192.25**

Medicare Population		
Mental Health Groups	**# of Patients**	**Patient Visits**
Depression	960	7,280
Psychoses, NEC	790	1,310
Anxiety Disorder	692	4,040
Other Disorders, NEC (ADHD, Speech Disorder etc.)	484	1,775
Substance Abuse	302	1,667
Bipolar Disorder	83	1,447
Schizophrenia	50	900
Obsessive-Compulsive Disorder	<26	96
Autism	<26	46
Eating Disorders	<26	62
Antisocial Behavior	<26	52
TOTAL	**3,020**	**18,545**

Top 5 Commercial Mental Health Disorders
Depression
Anxiety Disorder
Other Disorders, NEC (ADHD, Speech Disorder, etc.)
Substance Abuse
Psychoses, NEC

Top 5 Medicare Mental Health Disorders
Depression
Psychoses, NEC
Anxiety Disorder
Other Disorders, NEC (ADHD, Speech Disorder, etc.)
Substance Abuse

Social Vulnerability Index (SVI)

Risk Score does not capture all contributors to overall health risk.

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Reducing social vulnerability can decrease both human suffering and economic loss.

The SVI index was developed by the CDC and is a composite measure that corresponds to key social determinants of health (SDOH). SVI indicates the relative vulnerability of every U.S. Census tract.

Census tracts are subdivisions of counties for which the Census collects statistical data. SVI ranks the tracts on 16 social factors, including unemployment, racial and ethnic minority status, and disability, and further groups them into four related themes.

Thus, each tract receives a ranking for each Census variable and for each of the four themes as well as an overall ranking.

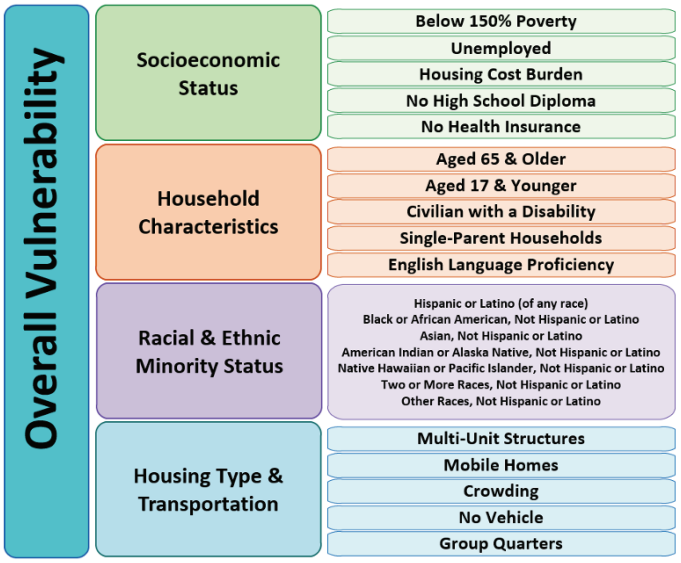
On CDC's recommendation SFHSS cross-walked the Census Tracts in SVI to Zip Codes using HUD UPS ZIP Code Crosswalk Files. The latest release from the CDC included additional census tracts for further classification of SFHSS member areas.

In refining our reporting in this area, zip codes selected for further analysis are those with a benchmark membership of at least 200 lives.

The highest percentage of SFHSS lives reside in San Francisco County as compared to other counties. This map ranks the census tracts by the level of vulnerability in the San Francisco area. The dark blue areas are the most vulnerable communities.

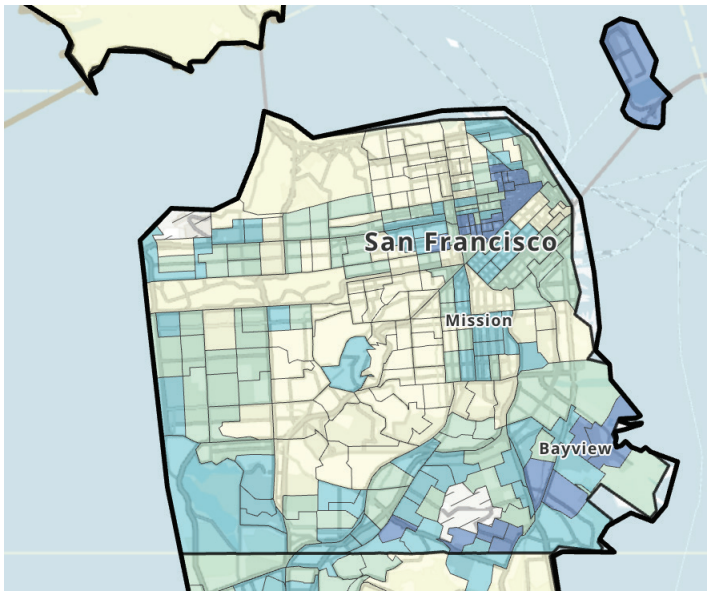
Applying the CDC's social vulnerability index (SVI) to areas where SFHSS populations live, several of the high vulnerability zip codes have a higher risk score than the previous report.

Profiles of these populations have been provided in the appendix.



https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

San Francisco County



https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

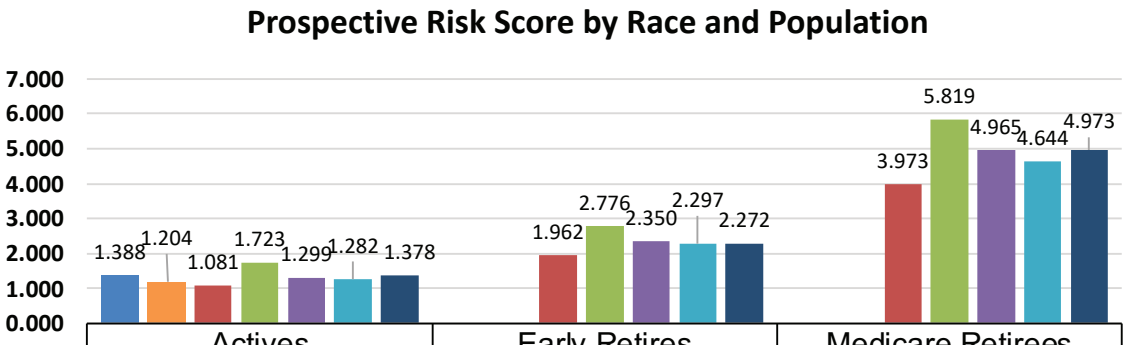
Level of Vulnerability

Low
Low-Medium
Medium-High
High

Social Determinants of Health (SDOH) and Health Equity

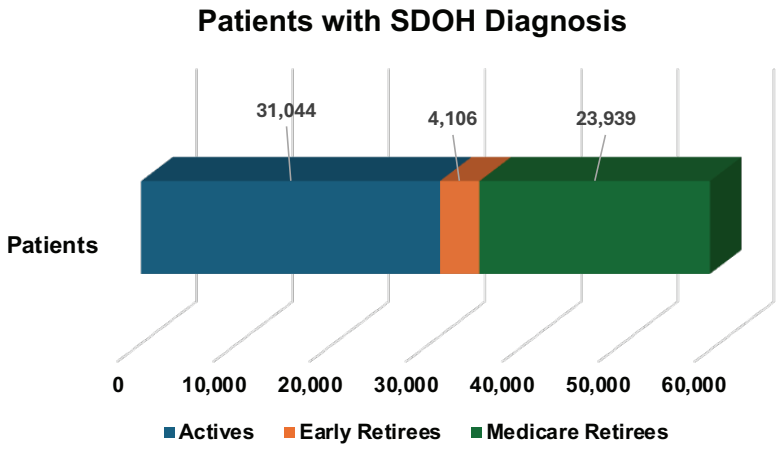
Social Determinants of Health recognizes many other factors that influence health and health care. SDOH factors contribute to inequities in health. SFHSS has a role in advancing racial and health equity for our membership. As indicated in the SFHSS Strategic Plan, we remain committed to capturing quantitative and qualitative information to inform Phase II of the Racial Equity Action Plan.

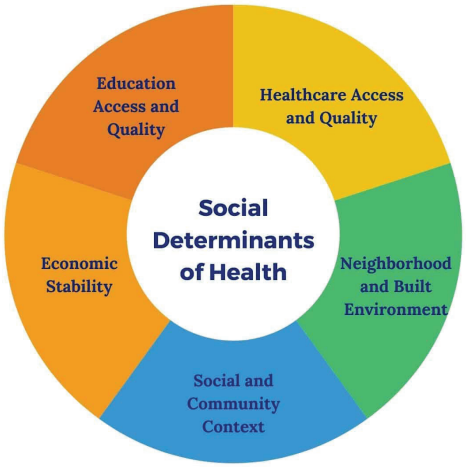
The bar graph below shows that across all populations, Actives, Early Retirees, and Medicare Retirees, black members have the higher risk.



	Actives	Early Retires	Medicare Retirees
Amer. Indian/AK Native	1.388		
Multiracial	1.204		
Asian	1.081	1.962	3.973
Black	1.723	2.776	5.819
Filipino	1.299	2.350	4.965
Hispanic	1.282	2.297	4.644
White	1.378	2.272	4.973

For SFHSS population, the driving categories of SDOH diagnoses are those related to the primary support group including family circumstances and problems related to certain psychosocial circumstances. Providers evaluating members for a SDOH diagnoses is an emerging area for care consideration.





Most of our members fall under the Social and Community Context.

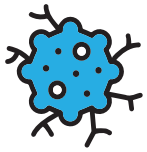
SFHSS Top % Risk Contributors Trended by Race & Ethnicity

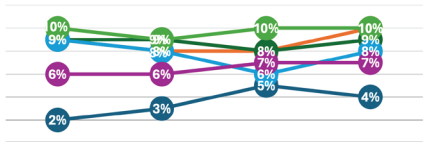
As we look at risk scores across race and ethnicity, the data reaffirms why applying an equity lens is essential to our strategy and work. Year-over-year, the Black population have higher risk scores than any other race among Actives, Early Retirees, and Medicare Retirees. The top three conditions impacting their risk are diabetes, cardiovascular disease, and musculoskeletal conditions. We believe this is another area where advancing the practice of primary care can enable physicians to better track, monitor, and mitigate adverse health risks for patients with social determinants of health needs.

Pct Risk Contribution from Musculoskeletal Disorders

	2020	2021	2022	2023
White	16%	17%	17%	17%
Hispanic	16%	15%	15%	15%
Filipino	13%	13%	14%	13%
Black	16%	16%	16%	15%
Asian	14%	15%	14%	14%
Amer.Indian/AK Native	14%	14%	14%	13%

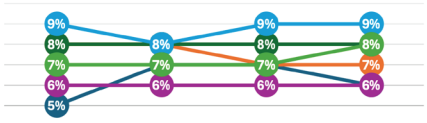
Pct Risk Contribution from Neoplasms





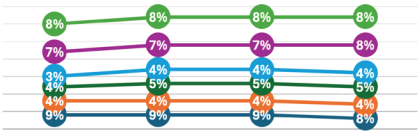
	2020	2021	2022	2023
Amer.Indian/AK Native	2%	3%	5%	4%
Asian	9%	8%	8%	10%
Black	9%	9%	8%	9%
Filipino	9%	8%	6%	8%
Hispanic	6%	6%	7%	7%
White	10%	9%	10%	10%

Pct Risk Contribution from Cardiovascular Disorders



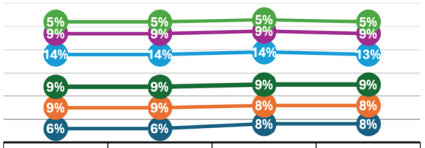
	2020	2021	2022	2023
Amer.Indian/AK Native	5%	7%	7%	6%
Asian	8%	8%	7%	7%
Black	8%	8%	8%	8%
Filipino	9%	8%	9%	9%
Hispanic	6%	6%	6%	6%
White	7%	7%	7%	8%

Pct Risk Contribution from Mental Health Disorders



	2020	2021	2022	2023
White	8%	8%	8%	8%
Hispanic	7%	7%	7%	8%
Filipino	3%	4%	4%	4%
Black	4%	5%	5%	5%
Asian	4%	4%	4%	4%
Amer.Indian/AK Native	9%	9%	9%	8%

Pct Risk Contribution from Diabetes



	2020	2021	2022	2023
White	5%	5%	5%	5%
Hispanic	9%	9%	9%	9%
Filipino	14%	14%	14%	13%
Black	9%	9%	9%	9%
Asian	9%	9%	8%	8%
Amer.Indian/AK Native	6%	6%	8%	8%

Closing Statement

The Risk Score Report serves as a guide for how and where we should focus our energy to collaborate with our health plan partners on solutions for our members, and it tells us where we should focus the weight of our collective purchasing power to help drive industry-wide solutions.

If we look at the top drivers of cost, which include Musculoskeletal conditions, Neoplasms, Cardiovascular Disease, Diabetes, and Mental Health conditions, our members can benefit from early detection, disease intervention, and more preventative care.

Helping to Advance the Primary Care Practice is one of the strategic goals for the Health Service System. If we can collaborate with our health plan partners to set standard metrics and improvement targets for cost of care and quality metrics to incentive early detection and prevention, then that may lead to better patient outcomes. Addressing the practice of primary care promotes active member engagement in delivering the right care at the right time and at the right setting.

Another strategic goal for the San Francisco Health Service System (SFHSS) support the mental health and well-being of our membership. SFHSS offer a variety of online classes, from meditations to boot camps, to support our members' mental health, heart health, and continued mobility. We partner with the YMCA of San Francisco to offer our members the Diabetes Prevention Program (DPP) to help them make lifestyle changes to lose weight, improve overall health, and reduce their risk for type-2 diabetes.

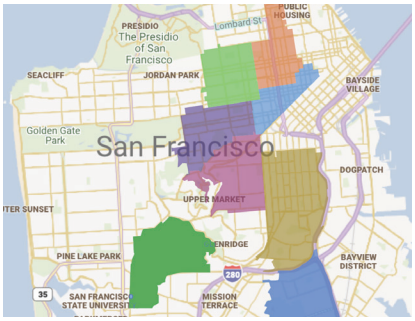
The disparities in health based on race groups, especially amongst the Black population, reaffirm why we must lead with equity in all we do. To that end, we will continue joint outreach efforts with our health plan partners.

Appendix

Social Vulnerability Index – By San Francisco Zip Codes

San Francisco County

The provided risk scores are the concurrent score followed by the prospective score.



ZIP CODE: 94102

Risk Score: 1.209, 1.222
No of Lives: 864
Median Age: 41
Largest Ethnic/Race Group: White
Dominant Gender: Male
Family Size: 1.5
Majority Enrollment: KP
Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94114

Risk Score: 1.371, 1.489
No of Lives: 1,039
Median Age: 44
Largest Ethnic/Race Group: White
Dominant Gender: Male
Family Size:
Majority Enrollment: KP
Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94115

Risk Score: 6.249, 5.260
No of Lives: 253
Median Age: 77
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.1
Majority Enrollment: UHC
Risk Contributor: Cardiovascular Disorder

ZIP CODE: 94115

Risk Score: 1.450, 1.402
No of Lives: 876
Median Age: 42
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.6
Majority Enrollment: KP
Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94127

Risk Score: 5.407, 4.837
No of Lives: 687
Median Age: 77
Largest Ethnic/Race Group: Black
Dominant Gender: Female
Family Size: 1.3
Majority Enrollment: UHC
Risk Contributor: Cardiovascular Disorder

ZIP CODE: 94117

Risk Score: 5.508, 4.867
No of Lives: 361
Median Age: 76
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.2
Majority Enrollment: UHC
Risk Contributor: Cardiovascular Disorder

ZIP CODE: 94117

Risk Score: 1.248, 1.302
No of Lives: 1,160
Median Age: 42
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.5
Majority Enrollment: KP
Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94134

Risk Score: 5.646, 5.105
No of Lives: 666
Median Age: 75
Largest Ethnic/Race Group: Asian
Dominant Gender: Female
Family Size: 1.2
Majority Enrollment: KP
Risk Contributor: Cardiovascular Disorder

ZIP CODE: 94110

Risk Score: 1.191, 1.251
No of Lives: 3,004
Median Age: 41
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.7
Majority Enrollment: KP
Risk Contributor: Musculoskeletal Disorder

ZIP CODE: 94110

Risk Score: 5.404, 4.804
No of Lives: 773
Median Age: 75
Largest Ethnic/Race Group : White
Dominant Gender: Female
Family Size: 1.2
Majority Enrollment: UHC
Risk Contributor: Cardiovascular Disorder

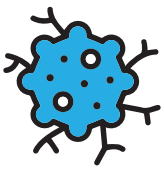
ZIP CODE: 94109

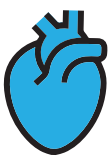
Risk Score: 5.637, 4.868
No of Lives: 374
Median Age: 78
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.1
Majority Enrollment: UHC
Risk Contributor: Neoplasms

ZIP CODE: 94109

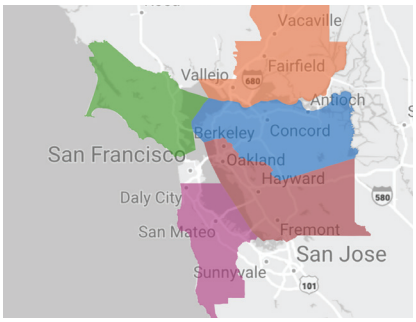
Risk Score: 1.428,1.456
No of Lives: 1,001
Median Age: 43
Largest Ethnic/Race Group: White
Dominant Gender: Female
Family Size: 1.4
Majority Enrollment: KP
Risk Contributor: Neoplasms


Musculoskeletal

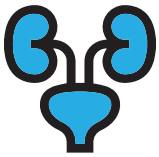

Neoplasms


Cardiovascular

Demographics in High-Risk Score Areas Outside of SF



Musculoskeletal



Urinary System

Cardiovascular

Non-Medicare Population

ZIP CODE: 94531
- **Risk Score:** 1.476, 1.398
- **No of Lives:** 1,243
- **Median Age:** 37
- **Largest Ethnic/Race Group:** Black
- **Dominant Gender:** Female
- **Family Size:** 2.3
- **Majority Enrollment:** KP
- **Risk Contributor: Musculoskeletal Disorder**

ZIP CODE: 94564
- **Risk Score:** 1.668, 1.483
- **No of Lives:** 468
- **Median Age:** 36
- **Largest Ethnic/Race Group:** Hispanic
- **Dominant Gender:** Female
- **Family Size:** 2.4
- **Majority Enrollment:** KP
- **Risk Contributor: Urinary System Disorder**

ZIP CODE: 94590
- **Risk Score:** 1.676, 1.698
- **No of Lives:** 314
- **Median Age:** 39
- **Largest Ethnic/Race Group:** Black
- **Dominant Gender:** Male
- **Family Size:** 1.8
- **Majority Enrollment:** KP
- **Risk Contributor: Urinary System Disorder**

ZIP CODE: 94903
- **Risk Score:** 1.589, 1.339
- **No of Lives:** 397
- **Median Age:** 37
- **Largest Ethnic/Race Group:** White
- **Dominant Gender:** Male
- **Family Size:** 1.3
- **Majority Enrollment:** KP
- **Risk Contributor: Musculoskeletal Disorder**

ZIP CODE: 94580
- **Risk Score:** 1.481, 1.376
- **No of Lives:** 373
- **Median Age:** 36
- **Largest Ethnic/Race Group:** Asian
- **Dominant Gender:** Female
- **Family Size:** 2.2
- **Majority Enrollment:** KP
- **Risk Contributor: Musculoskeletal Disorder**

ZIP CODE: 94589
- **Risk Score:** 1.496, 1.622
- **No of Lives:** 340
- **Median Age:** 39
- **Largest Ethnic/Race Group:** Black
- **Dominant Gender:** Female
- **Family Size:** 2.0
- **Majority Enrollment:** KP
- **Risk Contributor: Urinary System Disorder**

Medicare Population

ZIP CODE: 94030
- **Risk Score:** 5.635, 4.928
- **No of Lives:** 388
- **Median Age:** 76
- **Largest Ethnic/Race Group:** White
- **Dominant Gender:** Female
- **Family Size:** 1.3
- **Majority Enrollment:** UHC MA PPO
- **Risk Contributor: Cardiovascular Disorder**

ZIP CODE: 94591
- **Risk Score:** 6.056, 5.614
- **No of Lives:** 348
- **Median Age:** 78
- **Largest Ethnic/Race Group:** Black
- **Dominant Gender:** Female
- **Family Size:** 1.3
- **Majority Enrollment:** KP
- **Risk Contributor: Cardiovascular/Urinary Sys. Dis.**

ZIP CODE: 94565
- **Risk Score:** 5.903, 5.387
- **No of Lives:** 255
- **Median Age:** 72
- **Largest Ethnic/Race Group:** Black
- **Dominant Gender:** Female
- **Family Size:** 1.2
- **Majority Enrollment:** KP
- **Risk Contributor: Cardiovascular Disorder**

ZIP CODE: 94903
- **Risk Score:** 5.599, 4.979
- **No of Lives:** 270
- **Median Age:** 78
- **Largest Ethnic/Race Group:** White
- **Dominant Gender:** Female
- **Family Size:** 1.3
- **Majority Enrollment:** KP
- **Largest Risk Contributors: Cardiovascular Dis.**

ZIP CODE: 94010
- **Risk Score:** 5.789, 4.823
- **No of Lives:** 287
- **Median Age:** 76
- **Largest Ethnic/Race Group:** White
- **Dominant Gender:** Female
- **Family Size:** 1.3
- **Majority Enrollment:** UHC MA PPO
- **Risk Contributors: Cardiovascular Disorder**

ZIP CODE: 94901
- **Risk Score:** 5.906, 5.076
- **No of Lives:** 200
- **Median Age:** 76
- **Largest Ethnic/Race Group:** White
- **Dominant Gender:** Female
- **Family Size:** 1.3
- **Majority Enrollment:** UHC MA PPO
- **Risk Contributor: Cardiovascular Disorder**

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