

**DATE:** April 8, 2021  
**TO:** Dr. Steven Follansbee, President, Members of the Health Service Board  
**FROM:** Abbie Yant, RN, MA Executive Director SFHSS  
**RE:** April 2021 Board Report

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

### **SFHSS 2020 Audit Report and 2021 Audit Plan – (see attached slides)**

The attached report reviews SFHSS audit activities from 2020 and sets forth the plan for 2021. The report addresses:

- 2020 Audit Performance
- 2020 Audit Findings
- 2021 and Beyond – Revised Approach
- 2021 Continuous Monitoring and Audit Plan
- Appendix: Regulatory/Accreditation Details

Building upon the lessons learned from the audits conducted, SFHSS will conduct ongoing monitoring of the existing regulatory and accrediting body organizational standards. The SFHSS 2021 audit plan will focus on monitoring contract compliance and the pre-implementation audits of new self-funded plans.

### **New Medical Plan Offering**

SFHSS leadership and Aon have had initial meetings with HealthNet Canopy and Blue Shield of California and Accolade and are developing detailed implementation plans. SFHSS leadership has begun internal staff education on these new plan offerings and will continue to engage front-line staff in the implementation as we will all become ambassadors for the plans offered by SFHSS.

### **COVID-19 Update**

As you are aware the COVID-19 pandemic continues to impact our communities. SF DPH is the lead agency advising us on precautions to take during these months of lower COVID-19 cases and **the vaccine distribution continues to ramp up**. We encourage all our members to get the vaccine as the availability reaches you.

<https://sfhss.org/news/covid-19-vaccine>

<https://sf.gov/get-vaccinated-against-covid-19>

The new San Francisco COVID 19 Vaccine Tracker has the most current data regarding vaccinations administered in San Francisco.

<https://data.sfgov.org/stories/s/COVID-19-Vaccinations-Progress/7mye-zncy/>

### **Reminder: Vendor Black Out Period – Extended**

The HSB approved the Vendor Black Out period commenced February 13, 2020. As of June 11, 2020, the vendor Black Out Period was extended through the rest of the 2020 calendar year to include the period for the Medical Plan selection process.

Subsequently, SFHSS will be in negotiations with Medical, Dental and Vision plans for Plan Year 2022 and therefore the Vendor Black Out Period will continue through June 2021.

### **Health Plan Experience Reporting – SFHSS Measurement Plan**

Last month the HSB heard high-level health plan experience reporting provided using data provided by Blue Shield of California and United Healthcare. This month, April 2021 you will hear the Kaiser experience report. These presentations are only a subset of what is now routinely provided to HSS staff.

One of this year's departmental goals is to develop the HSS Measurement Plan which will compile these reports and compare where applicable against Integrated Healthcare Associations' Align.Measure.Perform (AMP) Measure Set (subset and/or other well-established measurements.) This tool will allow SFHSS to set system targets for improvement with the health plans.

I have attached to this Director's Report the SFHSS 2021 Measurement Plan (see attached). As you can see there is much work to be done. We have yet to map out the report schedule to the Health Service Board. At the minimum, we will report and update the board each year at the beginning of rates and benefits setting the stage for the health plan rate approvals.

### **Racial Equity Action Plan Update**

This month I'd like to recognize how recent events of mass violence impacting the Asian communities have challenged us all. These ongoing racial tensions played out in extremely disheartening tragedies. Racial discrimination has deep roots, and we must continue to work to create safe environments and equity for all. At the March SFHSS All Staff meeting we discussed how these crimes sit squarely at the intersection of racism, misogyny, and xenophobia and the importance of naming these behaviors. Let us stand in solidarity with the Asian communities and all of the unique and diverse cultures within them against hate crimes and prejudice.

The SF Department of Human Resources hosted a closed *Managing Implicit Bias* training in March specifically for the SFHSS Leadership Team, SFHSS Racial Equity Advisory members, Member Services supervisors, and two Health Service Board Commissioners. In this interactive virtual Zoom, training participants learned about the effects of bias on decision-making and garnered tools to continue creating inclusion in support of their colleagues and the membership they serve. The *Managing Implicit Bias* curriculum has been shared with over 10,000 CCSF employees in departments across the city. This counts towards our commitment to quarterly training around racial equity, diversity, and inclusion as a part of the SFHSS Racial Equity Action Plan endorsed by the Health Service Board.

Our City is not alone in this work, which is happening on a national scale. In March, the *Equality Act* ([HR 5](#)) was introduced as a bill to prohibit discrimination based on sex, gender identity, and sexual orientation. Amendments to the *Fair Labor Standards Act* ([HR 2243](#)) were proposed to prohibit discrimination in the payment of wages on account of sex, race, or national origin. The *Federal Jobs Act* ([HR 1136](#)) was introduced as a bill to establish a Government-wide initiative to promote diversity and inclusion in the Federal workforce. The fight for equity through legislation is ongoing.

### April 2021 Legislative Tracking

SFHSS is consolidating legislative tracking to provide the most pertinent and up-to-date information about benefits administration and public health to our Health Service Board. Below are brief descriptions and resource links related to policy tracking and regulatory updates.

**Regulatory Update 2/26:** [Departments Update Guidance on Coverage of COVID-19 Diagnostic Testing and Vaccinations](#) - the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury released *Implementation Frequently Asked Questions (FAQs) Part 44* which are intended to remove barriers to people getting tests. Answers clarify that employers may offer benefits for COVID-19 vaccines (and their administration) under an Employee Assistance Program, or at an on-site medical clinic as an excepted benefit.

**Regulatory Update 2/26:** The Department of Labor (DOL) Employee Benefits Security Administration (EBSA) released [EBSA Disaster Relief Notice 2021-01](#), titled "*Guidance on Continuation of Relief for Employee Benefit Plans and Plan Participants and Beneficiaries Due to the COVID-19 (Novel Coronavirus) Outbreak.*" The relief provided pursuant to the 2020 Notices continues until sixty days after the announced end of the COVID-19 National Emergency.

**Bill Became Public Law 3/11:** [American Rescue Plan Act of 2021 \(HR 1319\)](#) - this bill provides additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. This includes but is not limited to funding for COVID-19 vaccinations, testing, treatment, and prevention; mental health and substance use disorder services; programs for health care workers, transportation workers, federal employees, veterans, and other targeted populations; health monitoring in response to COVID-19; and health care providers in rural areas. The bill also includes provisions that extend unemployment benefits and related services; make student loan forgiveness tax-free through 2025; provide a recovery rebate to eligible individuals; provide premium assistance for certain health insurance coverage; and require coverage, without cost-sharing, of COVID-19 vaccines and treatment under Medicaid and the Children's Health Insurance Program.

[How the American Rescue Plan Act of 2021 Impacts COBRA Subsidies](#) - under the American Rescue Plan a participant or qualified beneficiary is entitled to receive a subsidy for their full monthly cost of COBRA from April 1, 2021, through September 30, 2021. A qualified beneficiary is someone who lost coverage due to involuntary

termination or a reduction in hours and who is not eligible under another group plan or Medicare.

<b>Additional Bills of Interest by Topic Area</b>	
Misleading Health Insurance Coverage Advertising ( <a href="#">S 1002</a> )	Care for COVID-19 Act ( <a href="#">HR 898</a> )
Parity in Mental Health & Substance Abuse Coverage ( <a href="#">HR2264</a> )	Coverage of Pre-Existing Conditions ( <a href="#">HR 892</a> )
Amending the Patient Protection and Affordable Care Act ( <a href="#">S 983</a> )	Coverage of Congenital Birth Defects ( <a href="#">HR 1916</a> )
Personalized Care Act Health Savings Accounts ( <a href="#">HR 725</a> )	Coverage of Cancer Screenings ( <a href="#">HR 1176</a> )

### **Medicare Plan Evaluation**

Over the next several months, in consultation with Aon, staff will continue to learn about the Medicare plan landscape including employer-sponsored plans (e.g., “group insurance” plans) and individual market plans. Ultimately, evaluation of our learnings and development of our go-forward recommendations by June 2021 will be guided by this four-pillar framework:

1. Quality
2. Costs
3. Benefits Administration
4. Legal and Policy Guardrails

### **Follow up from Health Plans**

#### **Kaiser Permanente Doctor Leave of Absence Overview**

For temporary leaves of absence, patients receive a letter in the mail from their doctor (this cannot always be sent before the start of a leave of absence). Patients are not usually reassigned to another physician, but rather, other physicians at the medical office take over as needed. This includes seeing patients for office/phone/video visits and responding to emails, reviewing test results, etc. If a patient wants to be reassigned to another physician permanently, they can do so on kp.org or by calling KP.

#### **UHC MA Silver Sneakers**

UHC confirmed that the information shared amongst some retired members regarding UHC Silver Sneakers benefit changes applies to individual MA plans offered by UHC. SFHSS UHC Group MAPPO still has Silver Sneakers in place through 2021 and has the option to change vendors for 2022.

**Administration Update:** The HSB email tracker report is attached.

## **SFHSS DIVISION REPORTS: MARCH 2021**

### **PERSONNEL**

#### **Recruitments:**

- 0931 Operations Manager: Departmental Hiring Interviews set for 4/5 & 4/6
- 1210 Benefit Analyst: Interviews conducted; PRSP
- 0932 Enterprise Systems and Analytics Director: Announcement reposted 3/24 – 4/6 due to lack of qualified candidates
- 1054 IS Business Analyst – Principal: Announcement posts 4/5 – 4/30

#### **Promotions:**

- Sonali Shenoy and Michael Johnson both promoted to 1813 Senior Benefit Analyst positions

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

- Due to Shelter-in-Place provisions, HSS employees have been performing a mix of duties in a variety of locations, including but not limited to essential HSS work both in the office and remotely and Disaster Service Assignments at various locations, when possible.

### **OPERATIONS**

- Our offices remain closed to the public. We currently have three to four staff on-site Tuesdays and Fridays to perform essential work.
- Member Services took over 4700 calls in March. This number is consistent with year over year trend. All customer service metrics were met.
- Top call topics included general benefits, eligibility questions, and delinquencies/payments. Delinquency calls are decreasing and returning to normal volume.
- Divisional OE meetings/discussions continue to prepare for Open Enrollment 2021.

### **Enterprise Systems & Analytics (ESA) (see attached slides)**

2022 Plan Year system work including October 2021 open enrollment period is the top priority for ESA and the biggest driver of current work tasks including:

- Evaluating electronic delivery mechanisms for materials
- Completed review of Benefits Decision Tools / Virtual Health Fair software
- Requirements completed for automating address change updates currently entered manually by HSS staff
- Data file submitted to print vendor 4/1 for National Change of Address (NCOA) updates
- Census files delivered to AON for HVI and Budget reports
- Single Sign-on (SSO) technical attributes provided to Workterra
- HealthNet draft configuration test environment in process
- Specifications submitted for 7 enhancements for eBenefits
- Requirements submitted for self-service registration for CCD population
- HSS call center updates to streamline member experience for Well-Being or Member Services underway

## **Communications**

- Support Demographics Report
- Developed social media plan
- Secured Sendible, a social media management tool, to help us schedule posts and track our results
- Collaborated with DHR and DPH on COVID-19 vaccine communications
- Hosted COVID Vaccine Townhall with DPH for Retirees 65+ with 110 participants
- In February, we had a 14% decrease in website traffic with 48,658 pageviews
  - We had 11,860 new users visit our website
  - Live Better Feel Better email drove the most traffic to the website with 3,212 pageviews
  - COVID-19 vaccine page second most visited resource with 4,103 views
- Vaccine stories continue to garner the highest interest in eNews with 367 clicks
- Developed EAP Mediation promotional materials

## **FINANCE DEPARTMENT**

### Current Fiscal Year 2020-21:

- Fiscal 2<sup>nd</sup> quarter close activities, transactions concluded
- Fiscal 3<sup>rd</sup> quarter coming to an end and wrapping up transactions
- Preparing for the 9-Month outlook due to Controller's Office in April

### Policies & Procedure Updates:

- Implemented new e-Settlements on-line invoicing system for approved suppliers
- eSettlements—benefits City approved vendors to directly enter charges into PeopleSoft to get reimbursed electronically
- Adjusting for processing change in vendor check runs –from daily to weekly

### Projects/Planning/Budgeting:

- Submission of SFHSS General Fund proposals to be included in Mayor's Budget Book for FY 2021-22, 22-23
- Calendar Year 2022oRenewals/New Plans

### New Account activity code added

- Completed FY 2020-21 Quarter Two Year-End Close activities;
- Work on finalizing FY 2020-21 Quarter Three Year-End Close activities
- Preparing 9-Month Projection Report for the Controller's Office

## **CONTRACTS**

- Executed amendment to agreement with Kanopi for SFHSS Drupal website design
- Executed amendment to agreement with CredibleMind for mental health and well-being member support
- Executed amendment to agreement with Cordico for first responder on-demand mental health application
- Executed agreement with Kaiser for HMO benefits
- Completed RFP for Member-facing Health Benefits and Well-being Videos
- Completed RFI for Member health plan and open enrollment decision tools
- Completed RFI for open enrollment virtual health fair platforms
- Issued RFP for SFHSS Drupal website coding for FY21/22

**WELL-BEING (see attached slides)**

- EAP facilitated training to Peer Mediators in partnership with DHR receiving a Net Promoter Score of 65
- Facilitated a key player training: Supporting Employee Resiliency with Recognition and Appreciation
- Offered 10 Mental Health First Aid Trainings (MHFA) between February and March
- Launched partnership with CON for an eLearning module for the Well-Being@Work overview key player training

**Attachments:**

Audit Report and Plan  
COVID-19 Updates from Health Plans  
Black Out Memo  
SFHSS Population Health Measurement Plan  
HSB Email Report - Quarterly  
ESA Slide  
Well-Being Slides

# SFHSS 2020 Audit Report SFHSS 2021 Audit Plan

April 2021

# SFHSS Audit Report

- 2020 Audit Performance
- 2020 Audit Findings
- 2021 and Beyond – Revised Approach
- 2021 Continuous Monitoring and Audit Plan
- Appendix: Regulatory/Accreditation Details

# 2020 Audit Performance – Status of Planned Audits

Audit Description (Vendor)	Audit Category	Status	Note
<b>Mental Health Parity (UnitedHealthcare)</b>	Operational and Fiduciary	Completed	Current plan year benefits in compliance
<b>Medical – High Cost Claims (Blue Shield of California)</b>	Fiduciary	Completed	In compliance, no findings.
<b>Medical – High Cost Claims (Kaiser Permanente)</b>	Fiduciary	Completed	In compliance, no findings.
<b>HIPAA Privacy</b>	Operational and Fiduciary	Determined Not Needed*	
<b>HIPAA Security</b>	Operational and Fiduciary	Needs Assessment Deferred**	
<b>Pharmacy Fraud Waste &amp; Abuse (Blue Shield of California)</b>	Fiduciary	Completed	In compliance, no findings.
<b>Pharmacy Fraud Waste &amp; Abuse (UnitedHealthcare)</b>	Fiduciary	Completed	In compliance, no significant findings

\* Current HIPAA privacy work to date is sufficient, additional review is not needed

\*\* HIPAA Security assessment deferred until further discussions can be had with City and County of San Francisco IT to ensure there are no duplicated efforts

# 2020 Audit Performance – Audit Descriptions

SFHSS and Aon performed five audits in 2020:

- Mental Health Parity and Addiction Equity Act (MHPAEA):
  - Evaluates compliance with mandated requirements
- Medical – High-cost claims medical management:
  - Evaluates medical management of complex, high-cost claims
    - Blue Shield of California
    - Kaiser Permanente
- Pharmacy (anti) fraud, waste and abuse audit:
  - Identifies opportunities to improve pharmacy plan design, pricing, prescribing patterns to eliminate fraud, waste, and/or abuse
    - Blue Shield of California
    - UnitedHealthcare (Non-Medicare)

# 2020 Audit Findings

- 2020 audits, outlined on the prior slide, confirmed compliance and performance to contractual terms, fiduciary roles, regulatory and accreditation organization standards

# 2021 and Beyond – Revised Approach

## Audits & Health Plan Monitoring

For 2021 and beyond, SFHSS will implement a revised approach to focus on both continuous monitoring and targeted audits

- **Continuous regulatory/accreditation monitoring:**
  - Health plans and benefit administration providers are regulated and subject to regular reporting and external audits through state and national oversight organizations
  - SFHSS will implement continuous monitoring of contractual performance monitoring, health plan regulatory compliance and accreditation standards and reporting
  - Monitoring will vary by plan type (HMO vs. PPO) and population (non-Medicare and Medicare)
- **Targeted Audits:**
  - SFHSS will supplement with targeted third-party audits as allowable in agreements with providers and for areas of special interest to SFHSS

# 2021 and Beyond – Revised Approach

## Audits & Health Plan Monitoring

**Continuous regulatory/accreditation monitoring will include the following (see Appendix for detail):**

- **California Department of Managed Health Care (DMHC)** – conducts a routine medical survey of each licensed full service and specialty health plan at least once every three years; focus is non-Medicare plans
- **Centers for Medicare and Medicaid Services (CMS)** – performs periodic audits on Medicare Advantage Plans such as Kaiser Permanente Senior Advantage and United Healthcare’s Medicare Advantage PPO plan to ensure the program integrity of the Medical (Part C) and Prescription Drug (Part D) programs
- **NCQA (National Commission on Quality Assurance)** – certifies the entity meets or exceeds established standards on process and outcomes validated through periodic data submissions and audits

# 2021 Continuous Monitoring and Audit Plan

- **Continuous monitoring:** perform monitoring as outlined in this report
- **Pre-Implementation Audit:** As SFHSS implements two new self-funded plan options for Actives and Early Retirees for 1/1/2022, there will be a pre-implementation audit of the two new arrangements.
  - The health plans will be performing administrative services on behalf of SFHSS members and may also involve downstream providers being capitated and delegated for administrative functions. These entities will be reviewed in the following areas:
    - Administrative Services Compliance
      - Compliance/Fraud Waste & Abuse
    - Enrollment (membership accounting)
    - Provider Relations/Contracts
    - Credentialing
    - Network
      - Timely access (availability of appointments PCP/Specialists)
      - Language Assistance Program
    - Provider Dispute (Grievance and Appeals)
    - Quality Improvement
    - Utilization Management Program
      - Referrals
      - Pre-service Authorization Medical Necessity
      - Concurrent/Retrospective review
    - Claims Process and Systems
      - Timeliness and accuracy
      - Encounter files
    - Provider Dispute (Grievance and Appeals)
    - Financial
      - DOFR, Funds Flow, Reconciliation
    - Reports

# Appendix

## Regulatory/Accreditation Details

# DMHC: Medical Audits & Financial Solvency

Department of Managed Health Care (DMHC) conducts a routine medical survey of each licensed full service and specialty health plan at least once every three years. The medical survey is a comprehensive evaluation of the plan's compliance with the law in the following health plan program areas:

- Quality Assurance
- Grievances and Appeals (enrollee complaints)
- Access and Availability (network providers, appointments, services, language, etc.)
- Utilization Management (referrals and authorizations)
- Overall plan performance in meeting enrollees' health care needs

DMHC issues a Final Report that is publicly available and may perform a Follow-Up Survey within 18 months of the Final Report for any uncorrected deficiencies.

The DMHC Financial Solvency Standard Board reports on and monitors the license health plans and downstream Risk Bearing Entities (such as capitated Medical Groups) for satisfying financial standard for areas such as Working Capital, Tangible Net Equity, Cash-to-Claims, and Claims Timeliness.

<https://www.dmhc.ca.gov/LicensingReporting/HealthPlanComplianceMedicalSurvey.aspx>

# CMS: Regulates Medicare Advantage Plans

CMS also performs periodic audits on Medicare Advantage Plans such as Kaiser Permanente Senior Advantage and United Healthcare's Medicare Advantage PPO plan to ensure the program integrity of the Medical (Part C) and Prescription Drug (Part D) programs.

CMS audits plans in approximately three-year cycles on the following program areas:

- Organization/Coverage Determinations, Appeals, and Grievances
- Compliance Program Effectiveness
- Formulary and Benefit Administration
- Service Authorization Requests
- Quality Improvement Program Effectiveness

CMS also monitors and periodically network adequacy, fiscal soundness, annual bid submissions and other areas such as marketing materials. Plans not performing in these areas are reported on publicly on their website.

Accreditation (not regulatory): Certifies the entity meets or exceeds established standards on process and outcomes validated through periodic data submissions and audits

### NCQA (National Commission on Quality Assurance) accreditation programs

- Health Plan
- Case Management
- Utilization Management
- Credentialing
- Credentials Verification Organization
- Long-term Services and Supports Programs
- Provider Network
- Managed Behavioral Healthcare Organization
- Wellness and Health Promotion Accreditation/Certification
- Distinction in Multicultural Health Care
- Disease Management
- Health Information Product Certification
- Physician and Hospital Quality Certification

### Health Plan Accreditation Focused Area:

- Quality Management and Improvement
- Population Health Management
- Network Management
- Utilization Management
- Credentialing and Recredentialing
- Members' Rights and Responsibilities
- Member Connections
- Medicaid Benefits and Services (if applicable)

Note: Capitated Medical Groups may also attain accreditation in some of the above programs to facilitate delegation by health plans.



# SFHSS Specific Data

Cases:	Blue Shield of California (BSC) as of 2/28	Kaiser [1]		UnitedHealthcare (UHC)	
		Non-Medicare as of 3/23	Medicare as of 3/23	Non-Medicare as of 3/26	Medicare as of 3/14
Confirmed	336	NR	NR	122	630
Probable	NR	NR	NR	2	10
Possible	NR	NR	NR	32	29
<b>Total</b>	<b>336</b>	<b>NR</b>	<b>NR</b>	<b>156</b>	<b>669</b>
<b>Test Results:</b>					
Positive	336	2,760	421	22	57
Negative	6,028	39,023	8,380	391	1,402
Inconclusive / Unknown	NR	NR	NR	727	3,826
<b>Total</b>	<b>6,364<sup>[2]</sup></b>	<b>41,783</b>	<b>8,801</b>	<b>1,140</b>	<b>5,285</b>

NR = Not Reported

[1] Does not represent unique members

[2] May be underreported due to claim submission lag

# COVID Health Plan Benefit Info

	BSC as of 2/28/2021	Kaiser Non-Medicare as of 3/25/2021	Kaiser Medicare as of 3/25/2021	UHC Non-Medicare as of 1/6/2021	UHC Medicare as of 3/25/2021
<b>Early Rx Refills Available?</b>	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	Yes, through 1/20/2021	Yes, through 8/31/2020
<b>Tele-Medicine</b>	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 4/20/2021 Non-COVID related copays waived through 9/30/2020	COVID treatment related copays waived through 3/31/2021 COVID testing related copays waived through 4/20/2021
<b>Tele-Behavioral Health</b>	No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID related copays waived through 3/31/2021
<b>Testing / Diagnostics</b>	Copays waived	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 4/20/2021	Copays waived through 4/20/2021

# COVID Health Plan Benefit Info (cont.)

	BSC as of 2/28/2021	Kaiser Non- Medicare as of 3/25/2021	Kaiser Medicare as of 3/25/2021	UHC Non-Medicare as of 1/6/2021	UHC Medicare as of 3/25/2021
<b>Treatment</b>	Copays waived for treatment between 3/31/2020 – 2/28/2021	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 4/20/2021 Out of Network waived through 10/22/2020	Copays waived through 3/31/2021
<b>Specialist and Primary Care</b>	If a member presents at a specialist office and receives testing or treatment with a COVID-19 diagnosis, there would be no member cost share for services	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.		Copays waived through 9/30/2020 for specialist; through 12/31/2020 for Primary Care
<b>Other</b>	<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://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information">https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information</a>	Emotional support line available: 1-866-342-6892 Sanvello: On-demand emotional support mobile app, free to members <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:** April 8, 2021  
**TO:** Dr. Stephen Follansbee, President, and Members of the Health Service Board  
**FROM:** Abbie Yant, RN, MA Executive Director SFHSS  
**RE:** Black-Out Notice Extension through June 2021

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This memorandum shall notify the Health Service Board (“Board”) of the Blackout Period in connection with the San Francisco Health Service System (“SFHSS”) competitive bid process for the medical plans and the Rates and Benefits process for the 2022 plan year.

Pursuant to the Board’s Service Provider Selection Policy, the Board must be notified of a Blackout Period prior to the release of any solicitation for the selection of a primary service provider and also includes the annual SFHSS Rates and Benefits process.

During the Blackout Period, the Board is prohibited from any communications with a potential SFHSS service provider on matters relating to SFHSS contracting except communications on SFHSS matters during Board or Board Committee Meetings.

Communications include face-to-face conversations, telephone conversations, email, text messages, letters, faxes, or any other social media, written or electronic communications.

Any communications with service providers for reasons unrelated to SFHSS during the Blackout Period must be immediately disclosed in writing to the Director and the Board.

The Blackout Period commenced on February 13, 2020, and is extended through the competitive bid process for the medical plans (June – December 2020) and the Rates and Benefits cycle for the plan year 2022 and therefore is expected to end in July 2021 after the Board of Supervisors final approval.

# SAN FRANCISCO HEALTH SERVICE SYSTEM

## SFHSS Population Health Measurement Plan March 31, 2021

**Scope:** This measurement plan is aligned with objectives related to HSS strategic goals for reducing complexity and fragmentation and whole person health and well-being. The objectives include: 1) Review and analyze data to identify opportunities to consider SDOH in overall health, 2) Devise a plan to incorporate into programs and services, 3) Identify collaboration partners for SDOH (e.g., community, health plan, stakeholders, etc.), 4) Align data analytic expectations with health plans, and 5) Monitor and measure progress. The 2021 measurement plan includes analysis of active employees and early retirees. Beyond 2021, Medicare retirees will be included in the scope.

### **Step 1 Discover:** (complete Q2 2021)

- a) Perform data gap analysis to determine what data we have today, from what source (e.g., carrier or APCD)
- b) Inventory data metrics and identify shared metrics across all data sources
- c) Align to industry data standards such as IHA AMP to determine what metrics are missing

### **Step 2 Analysis:** (complete Q3 2021)

- a) Develop criteria to determine priority areas in data with focus on four key areas of: prevalence, disparities (e.g. gender, race, departments), cost, and impact
- b) Run data through APCD and/or request from carriers and/or other resources such as ADI
- c) Analysis includes applying scoring criteria identified in 2a and comparison against industry benchmarks (e.g. IHA AMP, CPR, HP2030 targets)

### **Step 3 Reporting Output:** (complete Q3 2021)

- a) Identify SFHSS top 5 focus areas within each of these categories – chronic disease, preventive care, HCC/complex cases, Rx
- b) Partner with carriers to identify their top 5 focus areas
- c) Identify shared focus areas

### **Step 4 Action Plan Development:** (complete Q4 2021)

- a) Develop action items, including timeline and success measures for next 6 and 12 months
- b) Partner with carriers on shared focus areas
- c) Partner with other departments, as needed
- d) Incorporate into HSB reporting and health plan performance metrics

### **Step 5 Implementation and Ongoing Review:** (Implement 1/1/2022 with annual analysis in Q4)

- a) Annual evaluation of results
- b) Identify successes, misses and revised metrics needed
- c) Update Action Plan for coming year

**MEMORANDUM**

**DATE:** April 8, 2021  
**TO:** Dr. Stephen Follansbee, President of the Health Service Board  
**FROM:** Abbie Yant, Executive Director of the San Francisco Health Service System  
**RE:** Health Service Board Email Outcome Report for January-March 2021

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**Health Service Board Future Email Outcome Reports:**

The following email activities were tracked and categorized under the email policy with the following categories:

- Member Services Experience (General Information, Feedback)
- Benefits Inquiry (Open Enrollment, Eligibility/Enrollment, Payments, Provider Information)
- Policy Questions (Rates & Benefits, Plan/Provider changes)
- Board Meeting Questions (Time of the meeting, Public Comment Instructions, Agenda)
- Miscellaneous Inquiry (Unrelated Board matters or questions)

In total, 14 emails were received between January and March. The SFHSS Member Service team responded, addressed, or had conversations with members who contacted the Health Service Board by email.

<b>Health Service Board Email Outcome Report January-March</b>		
<b>Member Need</b>	<b>Monthly Total</b>	<b>Action</b>
Member Services	1	Closed
Benefits Inquiry	5	Closed
Policy Questions	4	Closed
Board Meeting Questions	3	Closed
Miscellaneous	1	Closed

# Enterprise Systems & Analytics Report

April 8, 2021

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> <li>• Data management Initiative ongoing and on track.</li> <li>• Annual Disaster Service Worker training completed 3/25</li> </ul>
VOIP telephony upgrade		<ul style="list-style-type: none"> <li>• DT currently piloting Contact Center “Enterprise” Implementation</li> <li>• HSS call center updates to streamline member experience for Well-Being or Member Services underway</li> </ul>
Enterprise Content Management System		<ul style="list-style-type: none"> <li>• Work-In-Progress report migrated to production</li> <li>• Developed 2 new average time by analyst monthly productivity reports – currently in validation steps</li> </ul>
Dependent Eligibility Verification Audit		<ul style="list-style-type: none"> <li>• Meeting held with Salesforce account team Feb 24 to explore how to leverage HSS current use of Salesforce for this workflow.</li> </ul>
eBenefits		<ul style="list-style-type: none"> <li>• Specifications submitted for 7 enhancements for eBenefits</li> <li>• Requirements submitted for self-service registration for CCD population</li> </ul>
Social Determinants of Health (SDoH)		<ul style="list-style-type: none"> <li>• Data measurement / gap analysis in process</li> </ul>
Open Enrollment		<ul style="list-style-type: none"> <li>• Evaluating electronic delivery mechanisms for materials</li> <li>• Completed review of Benefits Decision Tools / Virtual Health Fair software</li> <li>• Requirements completed for automating address change updates currently entered manually by HSS staff</li> <li>• Data file submitted to print vendor 4/1 for National Change of Address (NCOA) updates</li> <li>• Census files delivered to AON for HVI and Budget reports</li> <li>• Single Sign on (SSO) technical attributes provided to Workterra</li> <li>• Healthnet draft configuration of test environment in process</li> </ul>

 On Schedule, Adequate Resources, Within Budget, Risks in Control

 Potential issues with schedule /budget can be saved with corrective actions

 Serious issues. Project most likely delayed or significant budget overrun

# Well-Being Monthly Report

Health Service Board Meeting | April 8, 2021

## W@W Key-Player Training:

### Supporting Employee Resiliency with Recognition and Appreciation

"Going to Work" looks different from what we are used to. Organizations need ways to recognize employees who have transitioned their work duties to be at home or on the frontline. The training provided strategies and best practices for key players to learn how to keep employees from feeling invisible by providing a sense of community, personal interaction, visibility, and recognition for their accomplishments.

**Attendees: 52**

#### Training Goals:

- ✓ Demonstrate the importance of employee recovery and resiliency through recognition and appreciation.
- ✓ To use recognition and appreciation to promote a sense of belonging and social connectedness.
- ✓ Facilitate diversity, equity, and inclusion for your workforce through recognition and appreciation.
- ✓ Showcase what other departments are doing.



## City Department Support

- **SF Recreation and Parks Department (3/12)** - *Boots on The Ground – Stress Management* 20-minute sessions
- **Fire Department (3/17)** – Provided educational materials and 54 FIR Stations received well-being resources for healthy eating in support of National Nutrition month.
- **SF Port (3/18)** - Provided 20-minute well- being activity during their bi-monthly “Coffee Chats.”
- **Covid Command Center’s (started 3/24)** - Established Dog Therapy service (recurring through June as 1x/month)

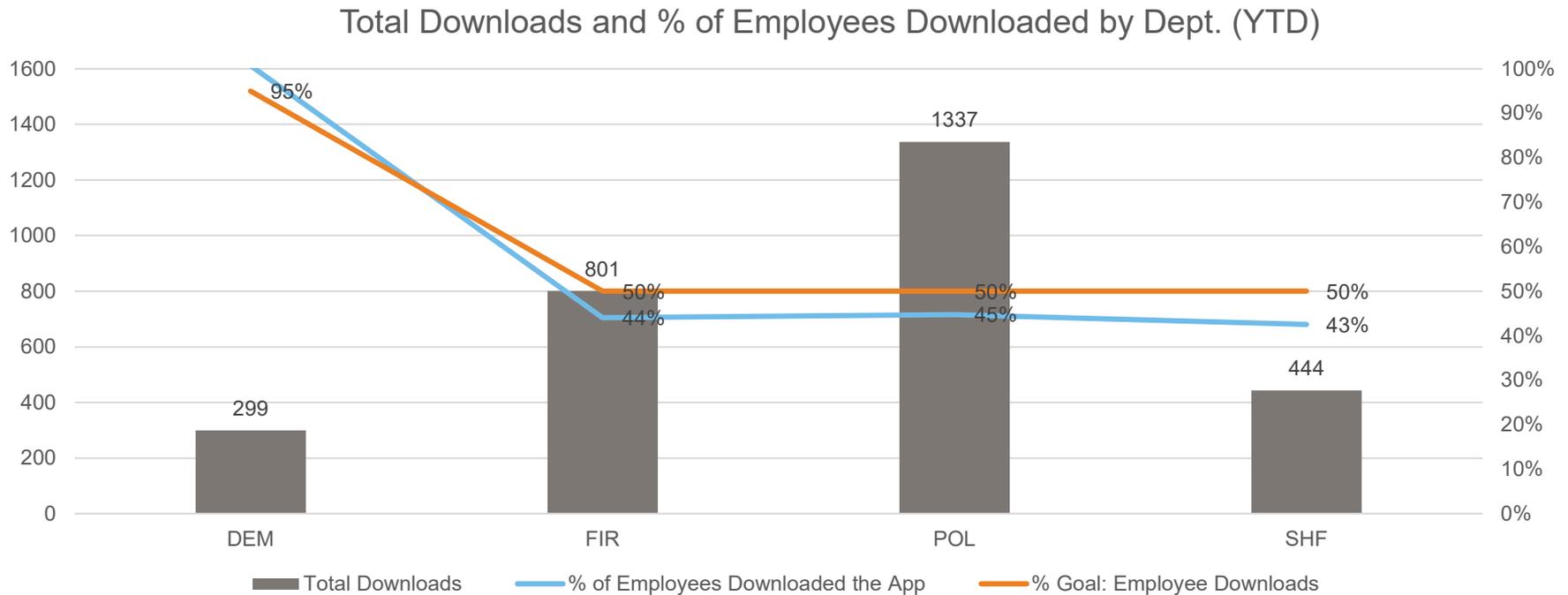
### SFHSS Operations Department Weekly Wellness Presentations

Provided weekly Wellness Virtual Presentations that focus of various well-being topics. Each week, approximately 22 Op’s staff engaged in our wellness presentations.

- **March 4-** All things March Scavenger Hunt
- **March 11-** Sleep your way to better health
- **March 24** - Quarantine Food Trivia

## Behavioral Health: Cordico Wellness App

- Total downloads:
  - 2,881 (4.9% increase from January) - YTD
  - 135 new downloads in February



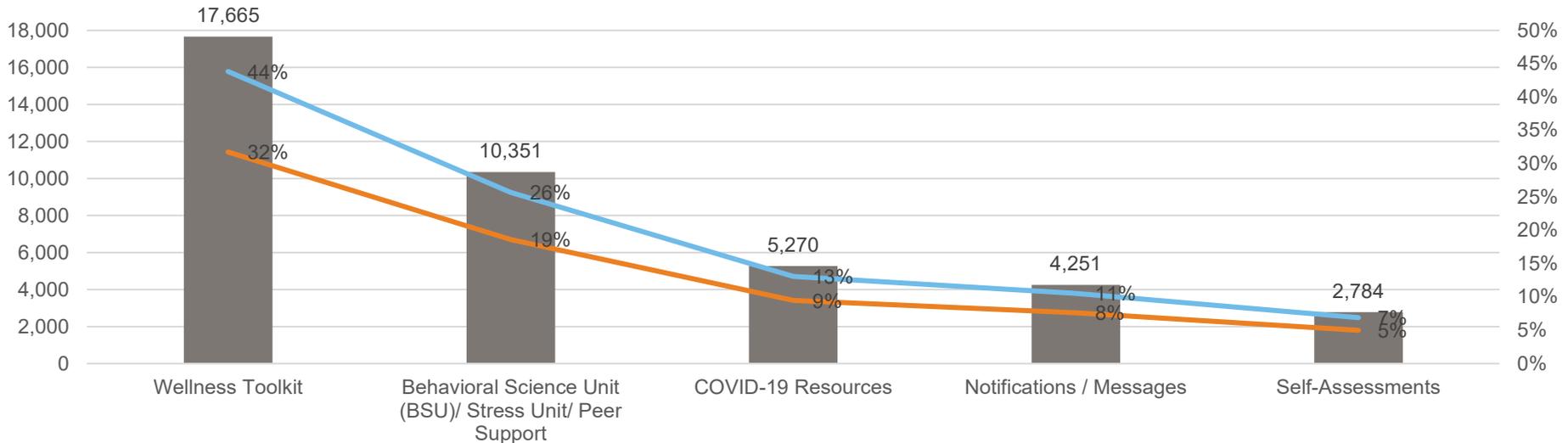
Data represented 5/25 through 2/26/2021

## Behavioral Health: Cordico Wellness App

### Modules -

- Total of 55,814 modules clicks YTD
- February – Highest number of clicks
  - ✓ 1,212 from the Police department
  - ✓ 314 from the Police and Fire departments

Top 5 Modules Clicked: Total clicks, % of clicks within the top 5 modules and % of all module clicks

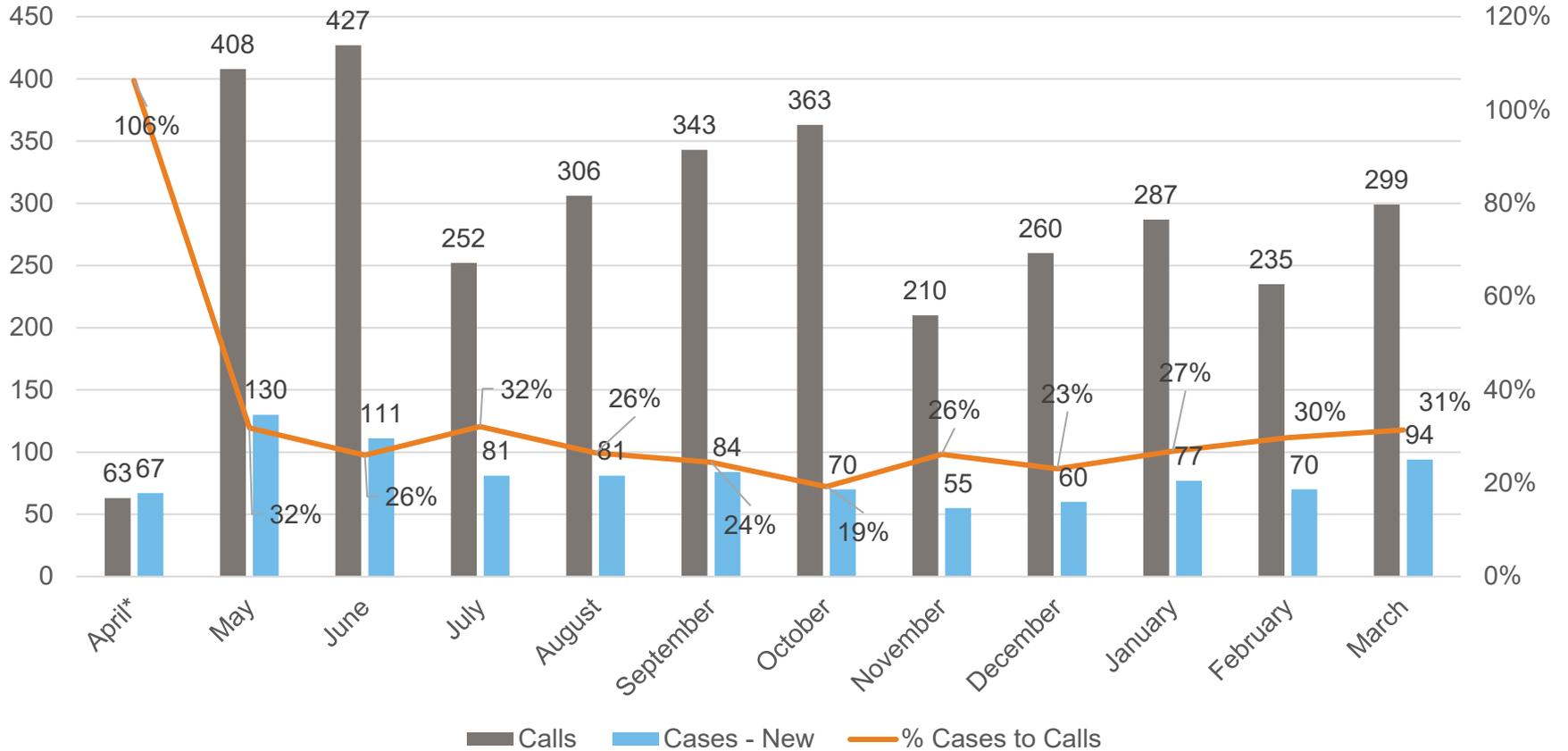


\*Data represented 5/25 through 2/26/2021

■ Total    — % of Top 5 Clicks    — % of All Clicks

## Second highest percentage of cases to call volume at 31% in March

External 24/7 EAP + SFHSS Internal EAP:  
Total Number of Calls, Cases and % Cases



\*April represents only External 24/7 EAP from 4/24 (inception)

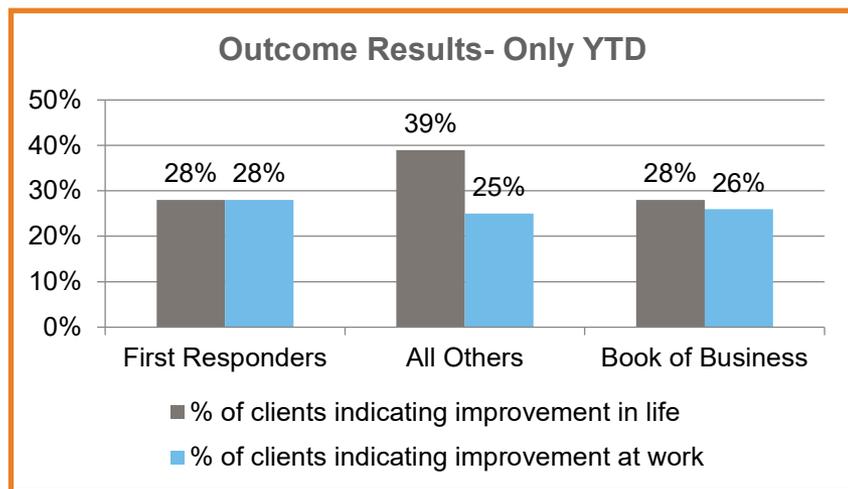
## March

- 299 calls total of which 94 became a case
  - ✓ 18% of cases = Internal SFHSS EAP
  - ✓ 82% of cases = External EAP
- Partner/Relationship continues to be the top presenting issue over the last three months, representing 30% of calls

## External 24/7 EAP

(Data represents 4/24/2020 through 3/31/2021)

- 2,370 calls of which 793 became cases



## SFHSS Internal EAP

(Data represents 5/1/2020 through 3/31)

### Services

- 273 leadership consultations
- 674 individual consultations
- Responded to 20 critical incidents serving 350 individuals
- Took on 138 new cases