

June 13, 2019

TO: Karen Breslin, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: June 2019 Board Report

Introduction

The Health Service Board will hold a Special Meeting on their regularly scheduled July 11, 2019 date for staff and subject matter experts to present current information about the rapidly evolving healthcare marketplace. Topics covered will include market consolidation, emerging integrated delivery systems, physician practice changes, health plan integration with pharmacy benefit managers and other partnerships. An understanding of these market changes will inform SFHSS health benefits models and options in the near term. Subsequent to this meeting SFHSS will develop models for consideration. Multiple stakeholder sessions will be hosted and facilitated by SFHSS over the next several months to solicit discussion and feedback. Updates to the HSB will occur at each meeting through the end of this calendar year.

Vendor Negotiations and Black Out Period

As of June 13, 2019, the HSB approved the vendor Black Out period which commenced on November 9, 2018, is **no longer in effect** because all health plan proposals and rates have now been presented for approval.

Voluntary Benefits Enrollment

Operations worked with Workterra and planned a mid-year special enrollment for active employee post-tax benefits such as supplemental life and pet insurance. Enrollment was May 13th - 31st. Workterra sponsored a Webinar on May 9th that covered all the benefits available to eligible active employees and included representatives from each plan. The Webinar was recorded and available after the event for those who could not attend. SFHSS enrollment communications consisted of five emails sent out during the enrollment period, flyer distribution to the departments by the Well-Being champions and other electronic communication through the City's employee portal and SFHSS website.

(see attached.)

SFHSS Hours of Operation

Soon, **date to be determined**, SFHSS will modify the hours of operation. Communication plans are being developed to announce new member service phone and in-person assistance hours on all Thursdays of 10 AM to 5 PM. Previously member services Thursday hours were 8 AM to 5 PM and every other Thursday 9:30 AM to 5 PM. The change in hours will provide needed time for staff training, process improvement work and implementation of self-service for all active employees.

SFHSS Strategic Plan – A Quick Look at Cascade

We have attached to this report a sampling of the measurement reports produced using the Cascade software. These key performance indicators directly relate to the goals in the Strategic Plan.

LEAN Process Improvement

SFHSS has partnered with the Controllers Office to learn and embed LEAN process improvement methodology into operations. Controller's Office staff **train and coach** city employees to execute process improvements in their departments using the Lean methodology, **partner** with departments to support long-term, lean-inspired culture change in their departments, and **support a community of Lean Leaders** throughout San Francisco City government to continue improving their daily work through Lean. Initially, we are exploring delinquent payments as the top driver of incoming Member Services calls and will learn how the LEAN process improvement project can impact both call volume and delinquency notification volume (see attached slides.)

Unified School District

Implementation meetings begin in June for administering SFUSD dental benefit plans. This had provided an opportunity to put Service Level Agreements in place with SFUSD as well as all other employers. A portion of USD members will be able to access ebenefits in this year's Open Enrollment.

Follow-up from Prior Board Meetings

Health Service Board Website Pages

SFHSS appreciated the feedback heard at the May HSB meeting regarding availability of information for contacting the HSB on the new website. The Communications Manager, Carol Karimi, and Natalie Ekberg, HSB Secretary, have made several revisions to ensure this information is easily found. Please go to <https://www.sfhss.org/health-service-board> to view the changes to the Board meeting pages, and the Board landing page.

HPV Vaccine

Pharmacist Vaccine Regulation (see attached)

This regulation describes the pharmacist practice in providing vaccines and addresses record keeping.

Consent for Minors

State regulation permits minors to consent to receiving the HPV vaccine.

FAMILY CODE – FAM DIVISION 11. MINORS [6500 - 7143] PART 4. MEDICAL TREATMENT [6900 - 6929] CHAPTER 3. Consent by Minor [6920 - 6930] 6926.

(a) A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer.

(b) A minor who is 12 years of age or older may consent to medical care related to the **prevention** of a sexually transmitted disease.

(c) The minor's parents or guardian are not liable for payment for medical care provided pursuant to this section.

(Amended by Stats. 2011, Ch. 652, Sec. 1. (AB 499) Effective January 1, 2012.)

Delta Dental

Delta Dental has provided detailed information regarding the credentialing, accreditation, quality and peer review activities of their dentists. We will schedule an educational session on these matters at a future meeting (see attached slides.)

Tracking List of Issues from Prior Board Meetings

- SFHSS Risk Management Policy
- Relationship with Workers Compensation
- Other Postemployment Health Care Benefits (OPEB)
- Plan Comparisons
 - Opioid Epidemic – Impact on Chronic Pain patients

Attachments: May 2019

Voluntary Benefit Enrollment Results

Management Reports

LEAN Process Improvement Report

Sampling of Cascade Reports - Operations Key Performance Indicators

Legislation Update Report

Pharmacist Vaccine Regulation

Delta Dental report

SFHSS DIVISION REPORTS –May 2019

PERSONNEL

Welcome to Lily Liang 1844 –Operations Executive Assistant to the team!

- 0931 Well Being Manager – interviews in process
- 0931 Contracts Manager – interviews in process
- 2820 Sr. Health Planner – interviews in process
- 1209 – 1 Benefits Technician position open -recruitment underway
- 1813 – 1 Senior Benefits Analyst position open – supplemental questionnaires received; rated next week for eligibility list creation
- 1210 – Benefits Analyst position open – recruitment underway

OPERATIONS – Highlights included in Directors Report

Enterprise Systems & Analytics (ESA) – see project dashboard

Communications

- Complete successful Special Voluntary Benefits Spring Enrollment with vendor Workterra including targeted email campaign resulting in over 1,000 new enrollments.
- Design and prepare new digital and print media collateral and large posters for SFHSS offices and reception area.
- Communications team continues to prepare designs and new materials for PY2020; prepare materials for 2019 Open Enrollment.

FINANCE DEPARTMENT

Budget and Procurement

- Mayor's FY 2019-20 and FY 2020-21 Proposed Budget for was released on June 1st
- Working with the Board of Supervisor's Budget and Legislative Analyst on their review.

Finance and Accounting

- Working on FY 2018-19 Year-End Close
- Successfully closed/cancelled 72% of Purchase Orders that have zero balances or are no longer required

Contracts

- Executed second amendment to 2017 agreement with In Wave Group for wellbeing communications consulting.
- Finalized first amendment to 2018 agreement with K&H Print Solutions for Open Enrollment print and mail services and support.
- Released request for quotes for Employee Assistance Program (EAP) case management software and support.
- Released request for proposals for stakeholder engagement facilitator for discussion of health benefit delivery models and solutions.

- Finalized request for proposals for Open Enrollment and Member Services videos
- Designed and populated navigation page for SFHSS.org with active requests for bids, quotes, proposals and qualifications, past opportunities, black-out periods, and upcoming opportunities.

WELL BEING

Employee Assistance Program

- On track for meeting same number of Organizational Services and individual clients services when compared to 2018

Colorful Choices Produce Challenge

- 1309 participants (18% decrease from 2018)
 - 97% employees, 1% Retirees, 2% Family members
- 92% departments engaged

Well-Being@Work

- 33 (%)departments implemented a well-being department survey
- 28 departments of the XXX that are implementing a Well-Being Annual plan, have engaged in meetings with Well-Being Coordinators to start to develop their annual plan around well-being

Catherine Dodd Wellness Center

- 5th-year anniversary celebration
 - Healthy Food Demo, Throwback Tuesday and a Salsa event were offered – 146 participants engaged







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Enrollment exceeded expectations with a total of 1153 enrollments;

- Critical illness: 221
- Accident: 146
- Supplemental term life: 477
- Short-term disability: 124
- LegalShield: 111
- LifeLock: 29
- Pet Insurance: 45

SFHSS Management Report

June 13, 2019 Health Service Board meeting

Project	Status	Key Accomplishments
Cybersecurity		<ul style="list-style-type: none"> Department risk assessment submitted on 5/24/19
eBenefits		<ul style="list-style-type: none"> User acceptance testing underway for OE modifications and New Hire / Retirement events - on track Life changes workflow issues have been fixed. Development continuing. Due to resource contention for development and test environments, rollout of life changes will be delayed until post the Peoplesoft upgrade. - delayed
VOIP telephony upgrade		<ul style="list-style-type: none"> Met with DT on 5/30/19 to discuss automatic call distributor (ACD) / call management system (CMS) requirements for both Member Services and the wellness center Handsets expected mid July Network equipment expected mid August Training will be scheduled at go-live
Payment Gateway: Member facing payments		<ul style="list-style-type: none"> Development proceeding Exploring options for single sign on. Met with DT on 6/7/19
Enterprise Content Management System (ECM) Business Insights / scanner licenses		<ul style="list-style-type: none"> Pending Civil Service Commission and other purchasing approvals Expect scanner licenses could be procured mid OE vs. prior to OE start
Salesforce upgrade to Lightning		<ul style="list-style-type: none"> 100% of staff trained and migrated to new experience



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@Work Updates

Key Players:

Departments with Key Players: 66

✓ Department Leads: 49

Department Champions: 184

Well-Being@Work Annual Planning:

- ✓ 33 Departments implemented well-being department survey's
- ✓ Well-Being Coordinators have met with 28 departments and have developed 23 annual plans for workplaces represented among these departments.

Challenge: Colorful Choices 2019

Participation: 1309

- 97% Employees
- 1% Retirees
- 2% Family members

Engagement:

- 92% Departments
- 53% on Teams
- 26% Used Mobile App

Meeting the Recommendation for Produce Consumption:

Consume 5 servings of fruits and vegetables each day.

- Pre-Survey 6% (total- 1039)
- Post-Survey 69% (total-352)



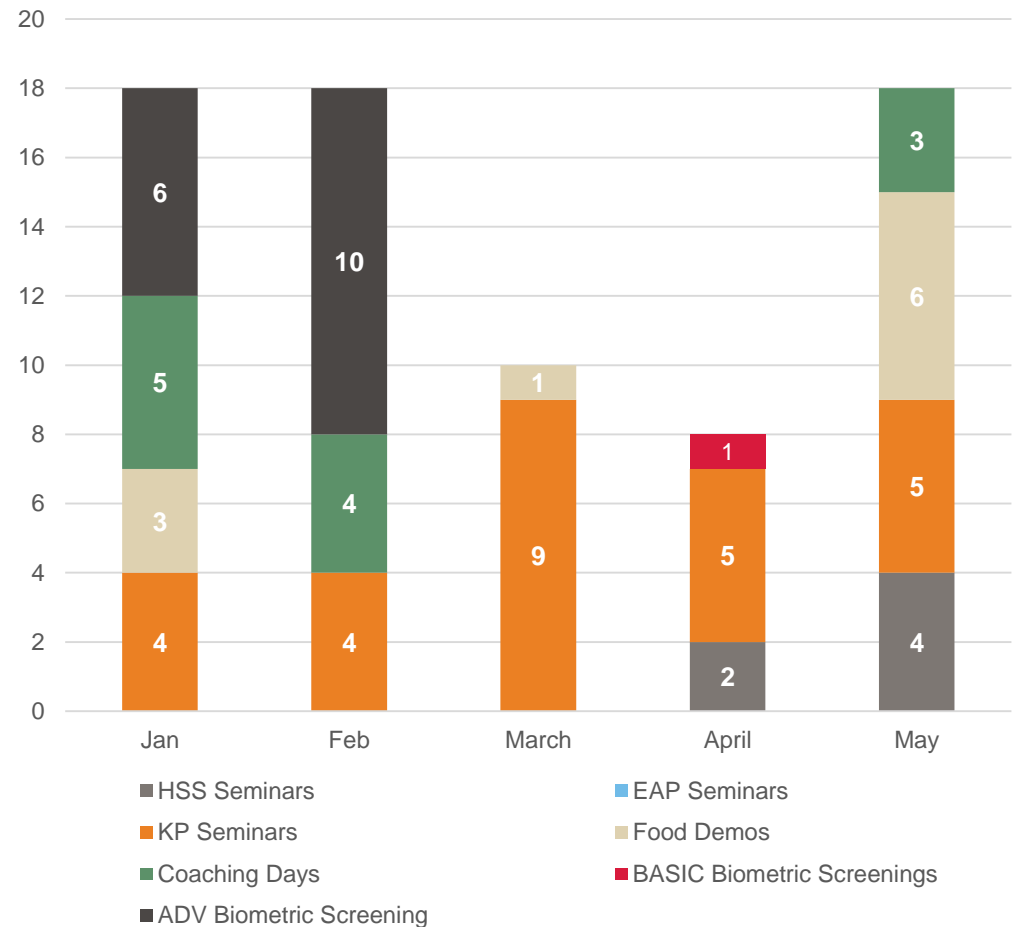
Well-Being@Work: Activities at Department Location

- 72 onsite activities (YTD)

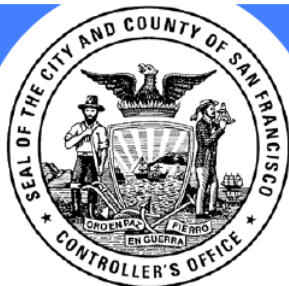
May Highlights

- ✓ Increased by 10 onsite activities, compared to April
- ✓ 6 Food Demos were hosted at various worksite locations to encourage healthy choices during the Colorful Choices Challenge
- ✓ Healthy Weight Program cohort started at the Legion of Honor, hosted by the Fine Arts Museum

2019 Onsite Activities



San Francisco Health Service System LEAN Partnership



CITY PERFORMANCE LEAN PROGRAM

Office of the Controller
City Performance Unit

LEAN Methodology promotes:

- **Respect** for your staff and your customers
- **Humility** in asking for and **accepting input** from colleagues
- **Willingness** to recognize **problems as opportunities**
- **Focusing on process**, not people
- Willingness to **personally engage** with Lean
- Ability to **model Lean thinking** and behaviors for others

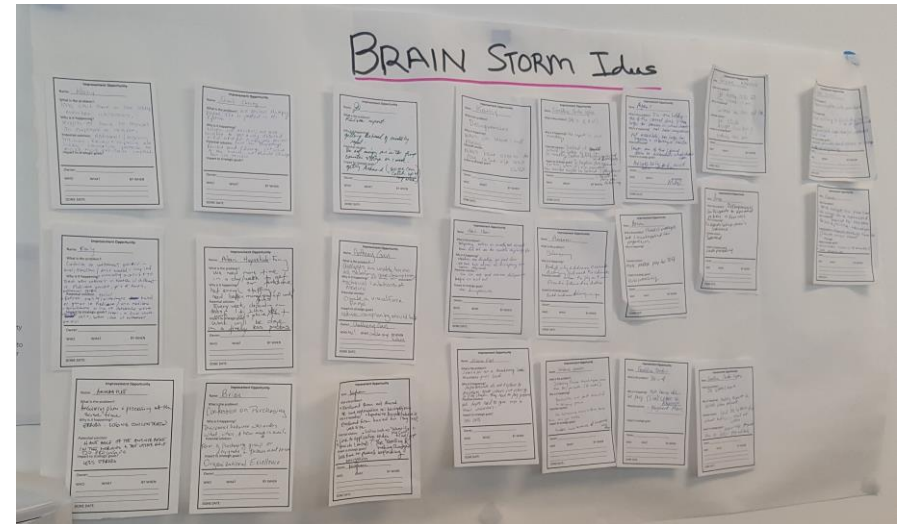


CITY PERFORMANCE LEAN PROGRAM

Office of the Controller
City Performance Unit

LEAN Partnership: Delinquency Project

- In a Lean partnership, City Performance team members train key staff and leadership and coach staff at all levels to innovate, implement, and manage change.
- City Performance will lead three workshop series to train staff towards analyzing root causes of problems and designing their own improvements including *Why Change is Needed*, *Process Mapping for Delinquency Resolution*, and *Voice of the Customer*
- SFHSS Staff visited Zuckerberg San Francisco General Hospital to shadow various departments incorporating LEAN methodology into daily practice.
- SFHSS created a Huddle Board to capture brainstorm ideas, organize solutions using an impact/effort matrix, capture small wins, and implement Just Do It initiatives.
- Data analysis is under way to explore delinquency as the top driver of incoming Member Services calls and how the LEAN process improvement project could impact both call volume and delinquency notification volume.



CITY PERFORMANCE LEAN PROGRAM

Office of the Controller
City Performance Unit

OPERATIONS KEY PERFORMANCE INDICATOR - CALL VOLUME

Date: 06/07/2019

★ SAN FRANCISCO HEALTH SERVICE SYSTEM (SFHSS) VALUES

RESPECT

EXCELLENCE

STEWARDSHIP

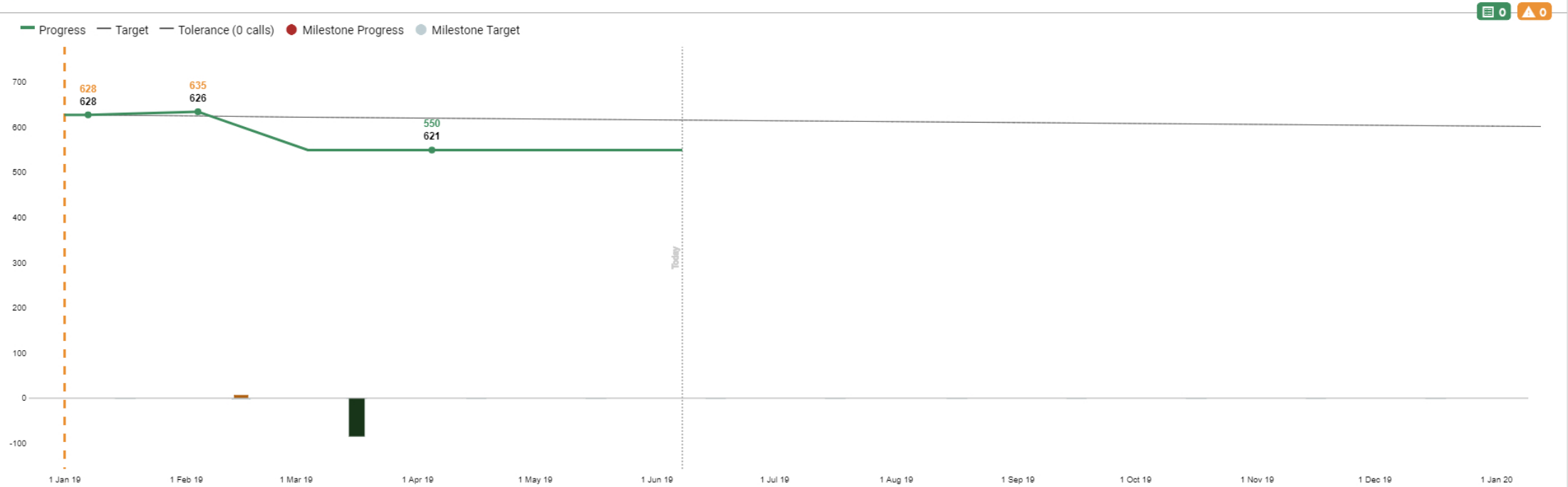
INCLUSIVITY

COLLABORATION

On Track

KEY PERFORMANCE INDICATOR - ACHIEVE 50% DECREASE IN MEMBER CALL COUNSELING VOLUME RELATED TO DELINQUENCY QUESTIONS AND PAYMENTS BY MARCH 2020

550 calls
67 calls ahead



≡ NOTES

- There are 48 reasons coded in PeopleSoft for why members call SFHSS (e.g. Family Status Change)
- Delinquency or Payment/Refund, Eligibility, 1095, Benefit Premium, and Hire-CCSF are the top five reasons why members call.
- These top five reasons absorb over 50% of the entire call volume that Member Services received in the month of February.

OPERATIONS KEY PERFORMANCE INDICATOR - DELINQUENCY NOTIFICATIONS

Date: 06/07/2019

★ SAN FRANCISCO HEALTH SERVICE SYSTEM (SFHSS) VALUES

RESPECT

EXCELLENCE

STEWARDSHIP

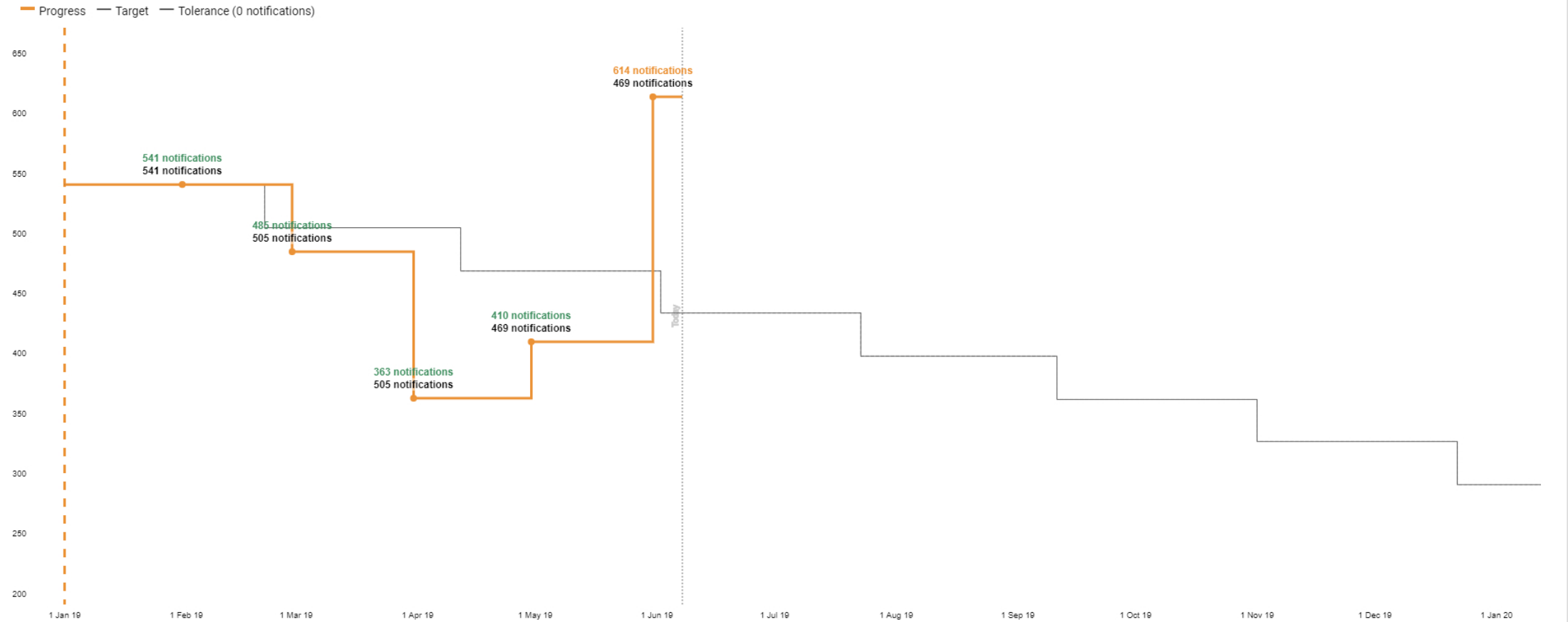
INCLUSIVITY

COLLABORATION

Behind

KEY PERFORMANCE INDICATOR - ACHIEVE 30% DECREASE IN DELINQUENCY TERMINATION NOTIFICATIONS BY MARCH 2020

614 notifications
180 notifications behind



NOTES

- A decrease in Member Services call volume as a result of LEAN process improvement efforts should in turn, affect the number of delinquency notifications sent to members.
- Data analysis is currently under way to explore trends in data between call volume and delinquency notification volume.
- SFHSS has created a Huddle Board to capture brainstorm ideas, organize solutions using an impact/effort matrix, capture small wins, and implement Just Do It initiatives in relation to the delinquency process overall.

	Subject	Legislation Title	Activity	Comments
State	California Managed Care Organization (MCO) tax		No action by the Legislature, would require the Governor to call a special session	The current MCO tax package took effect in 2016 and expires in 7/1/219. It leverages significant federal funding for the State. There was a small impact on Blue Shield rates for 2019. Extending the MCO tax package past 2018-19 would require statutory reauthorization from the Legislature and approval from the federal government.
Federal	Excise tax on high-cost employer sponsored health plans (Cadillac Tax)	H.R. 748 Middle Class Health Benefits Tax Repeal of 219	No action since 5/21/2019 when referred to the Consensus Calendar of the House Ways and Means Committee	This bill would amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage. Tax is still scheduled to take effect in 2022.
Federal	Excise tax on high cost employer sponsored health plans	S. 684 Middle Class Health Benefits Tax Repeal of 2019	No action since 3/6/2019 when read twice and referred to the Senate Committee on Finance	This bill would repeal the excise tax on employer-sponsored health care coverage for which there is an excess benefit (high-cost plans). The repeal applies to taxable years beginning after December 31, 2019. Tax is still effective in 2020.
Federal	Healthcare Insurance Tax	H.R. 2447 Jobs and premium Protection Act	No action since 5/01/2019 when referred to the House Committee on Ways and Means, and in addition to the House Committee on Energy and Commerce, 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	This bill would repeal the annual fee on health insurance providers enacted by the Patient Protection and Affordable Care Act. Tax is still effective in 2020.

	Subject	Legislation Title	Activity	Comments
Federal	Healthcare Insurance Tax (HIT)	H.R. 1398 Health Insurance Tax Relief Act of 2019	No action since 2/27/2019 when referred to the House Committee on Ways and Means, and in addition to the House Committee on Energy and Commerce, 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.	This bill would delay the reimposition of the annual fee on health insurance providers until after 2021. Tax is still effective in 2020.
Federal	Healthcare Insurance Tax (HIT)	S. 172 Health Insurance Tax Relief Act of 2019	No action since 1/16/2019 when read twice and referred to the Senate Committee on Finance	This will would delay the reimposition of the annual fee on health insurance providers until after 2021. Tax is still effective in 2020.
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of -Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees	Pending final determination, 1/31/2019 HHS proposed elimination of the Anti-Kickback Statute (AKS) safe harbor protection for rebates paid by Manufacture	This rule would require group Medicare Advantage Plans that provide Part D coverage, to apply manufacture prescription drug rebates at the point-of-sale rather than at the backend at the end of the year. The rule does not benefit SFHSS members at the point-of-sale since the member continue to pay the co-pay. On the plan side, the elimination of the rebate at the backend, would mean that the plans are losing the rebates from the manufactures. UHC has indicted that the impact on premiums may be an additional cost of up to \$35.00 PMPM.

	Subject	Legislation Title	Activity	Comments
Federal	Drug Rebates	H. R. 1034 Phair Pricing Act of 2019	No action since 2/07/2019 when referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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.	This legislation would amend title XVIII of the Social Security Act to require pharmacy-negotiated price concessions to be included in negotiated prices at the point-of-sale under part D of the Medicare program,

BOARD OF PHARMACY

Order of Adoption

Add and Adopt §1746.4, which is new regulation text as follows:

§1746.4 Pharmacists Initiating and Administering Vaccines.

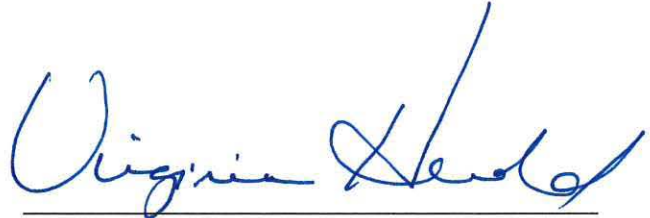
- (a) A pharmacist initiating and/or administering any vaccine pursuant to section 4052 or 4052.8 of the Business and Professions Code shall follow the requirements specified in subdivisions (b) through (f) of this section.
- (b) Training: A pharmacist who initiates and/or administers any vaccine shall keep documentation of:
 - (1) Completion of an approved immunization training program, and
 - (2) Basic life support certification.

This documentation shall be kept on site and available for inspection.

- (c) Continuing Education: A pharmacist must complete one hour of ongoing continuing education focused on immunizations and vaccines from an approved provider once every two years.
- (d) Notifications: A pharmacist shall notify each patient's primary care provider of any vaccine administered to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the primary care provider. Primary care provider notification must take place within 14 days of the administration of any vaccine. If a patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the pharmacist shall advise the patient to consult an appropriate health care provider of the patient's choice. A pharmacist shall notify each pregnant patient's prenatal care provider, if known, of any vaccine administered to the patient within 14 days of the administration of any vaccine.
- (e) Immunization Registry: A pharmacist shall report, in accordance with section 4052.8, subdivision (b)(3), of the Business and Professions Code, the information described in section 120440, subdivision (c), of the Health and Safety Code within 14 days of the administration of any vaccine. A pharmacist shall inform each patient or the patient's guardian of immunization record sharing preferences, detailed in section 120440, subdivision (e), of the Health and Safety Code.
- (f) Documentation: For each vaccine administered by a pharmacist, a patient vaccine administration record shall be maintained in an automated data processing or manual record mode such that the information required under section 300aa-25 of title 42 of the United States Code is readily retrievable during the pharmacy or facility's normal operating hours. A pharmacist shall provide each patient with a

vaccine administration record, which fully documents the vaccines administered by the pharmacist. An example of an appropriate vaccine administration record is available on the Board of Pharmacy's website.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4052, 4052.8 and 4081, Business and Professions Code; Section 120440, Health and Safety Code; and Section 300aa-25, Title 42, United States Code.



Virginia Herold
Executive Officer
California State Board of Pharmacy



San Francisco Health Service System Board Inquiries

June 13, 2019

Delta Dental Dentist Accreditation

Delta Dental credentials dentists as part of our internal contracting process before a dentist can be admitted into our networks. All dentists are credentialed to the National Committee of Quality Assurance (NCQA) standards. NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality.

All Delta Dental companies share common networks. In the enterprise of Delta Dental-affiliated companies, Delta Dental Insurance Company manages network credentialing for all Delta Dental networks, and has received NCQA Accreditation in Credentialing.

The dental credentialing process includes obtaining a state license, evidence of malpractice coverage, Drug Enforcement Administration (DEA) certificate and a specialty training verification. Delta Dental reviews malpractice history and state board actions. Dentists are required to complete an application that includes practice history and indicates compliance with current Centers for Disease Control Infection Control Guidelines.

Delta Dental Dentist Accreditation

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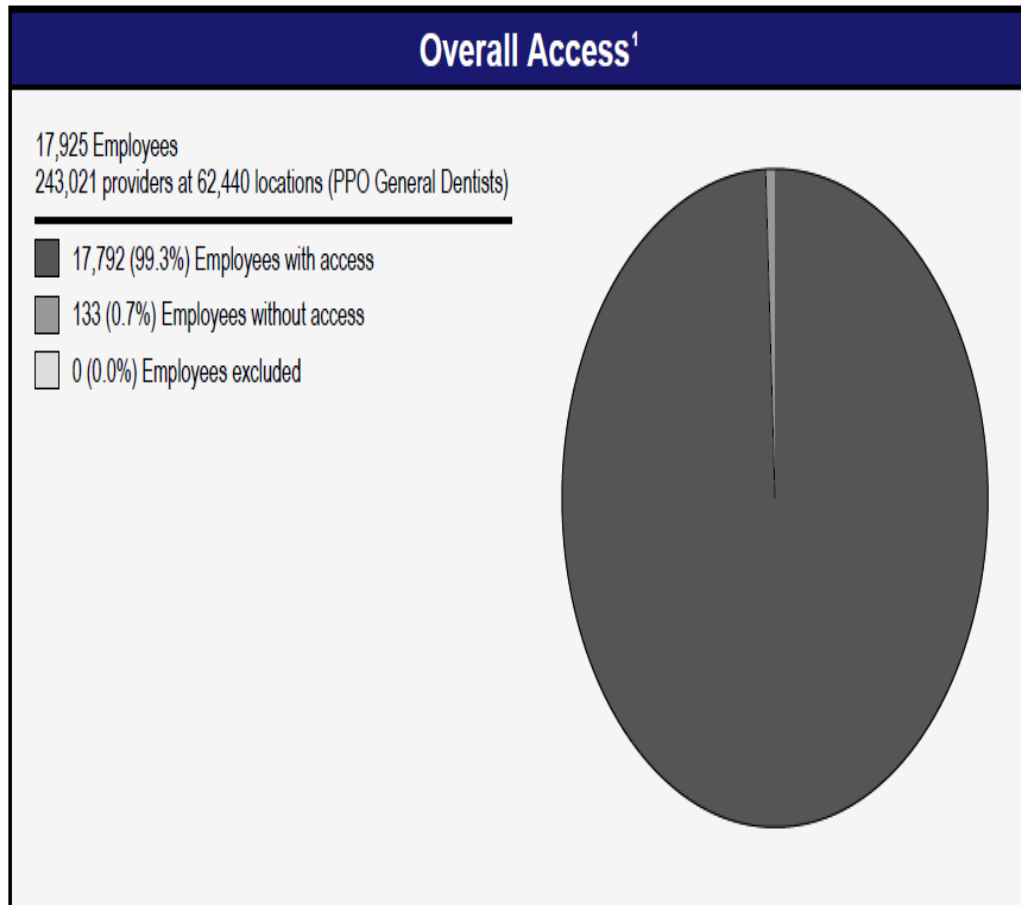
Licensure and good standing are verified annually through the State Board and National Practitioner Data Bank (NPDB). Contracted dentists are credentialed at least once every three years. Network dentists must submit a credentialing form, current dentist's license, and a copy of their malpractice insurance policy in order to maintain their status. Recredentialing also includes review of any applicable chart audit results, enrollee satisfaction survey responses and enrollee grievances.

“Achieving credentialing accreditation from NCQA demonstrates that Delta Dental has the systems, process and personnel in place to conduct credentialing in accordance with the strictest quality standards,” said Margaret E. O’Kane, NCQA President.

NCQA has reviewed and accredited Delta Dental Insurance Company's Credentialing functions only. For complete details on the scope of this review, visit www.ncqa.org.

Delta Dental PPO Retiree Network Access

Report utilized California's main counties, which are used in other SFHSS demographic reports. 99.3% of retirees have access to PPO General Dentists within 1.2 miles.

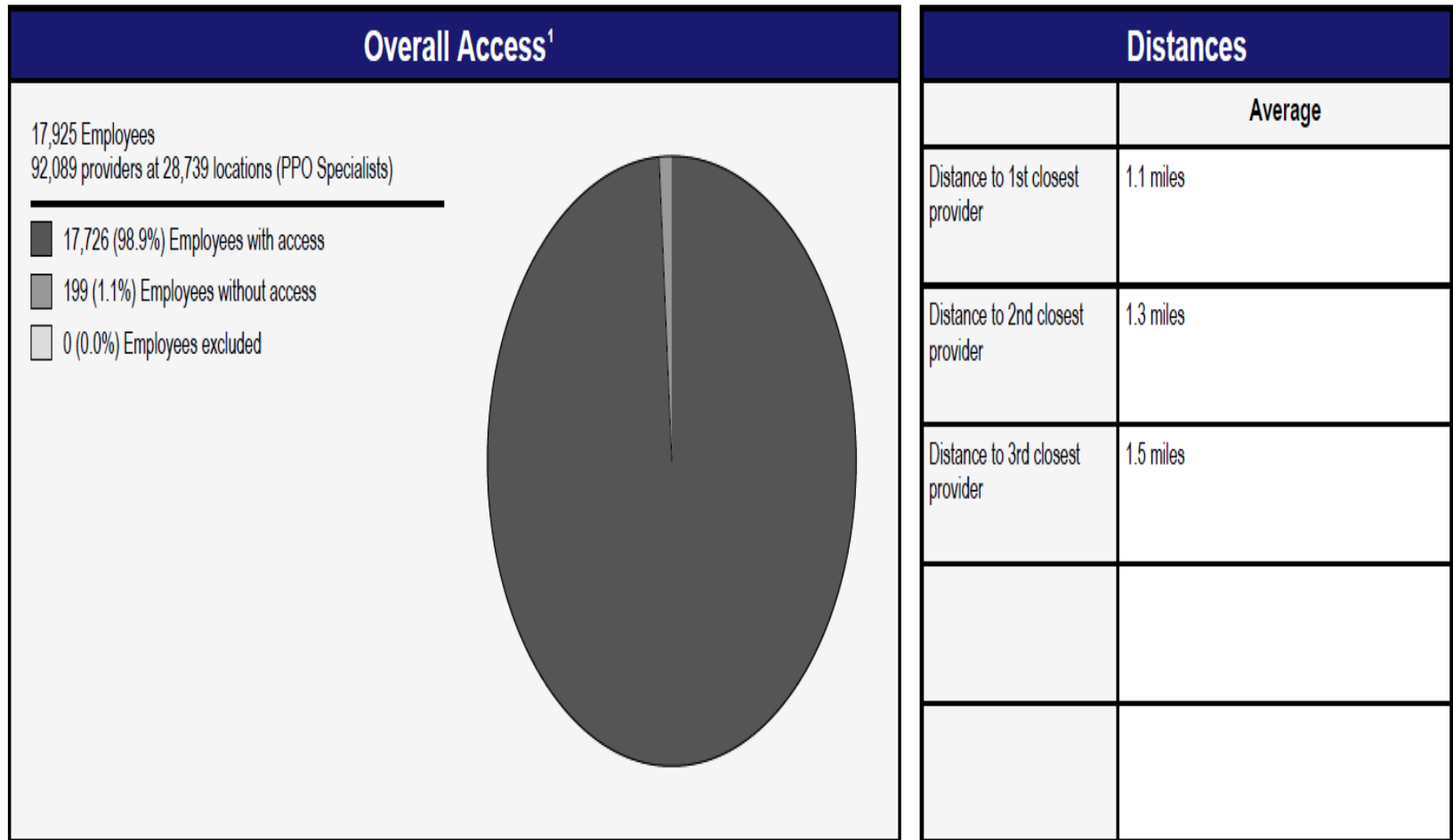


Distances	
	Average
Distance to 1st closest provider	0.9 mile
Distance to 2nd closest provider	1.1 miles
Distance to 3rd closest provider	1.2 miles

Delta Dental PPO Retiree Network Access

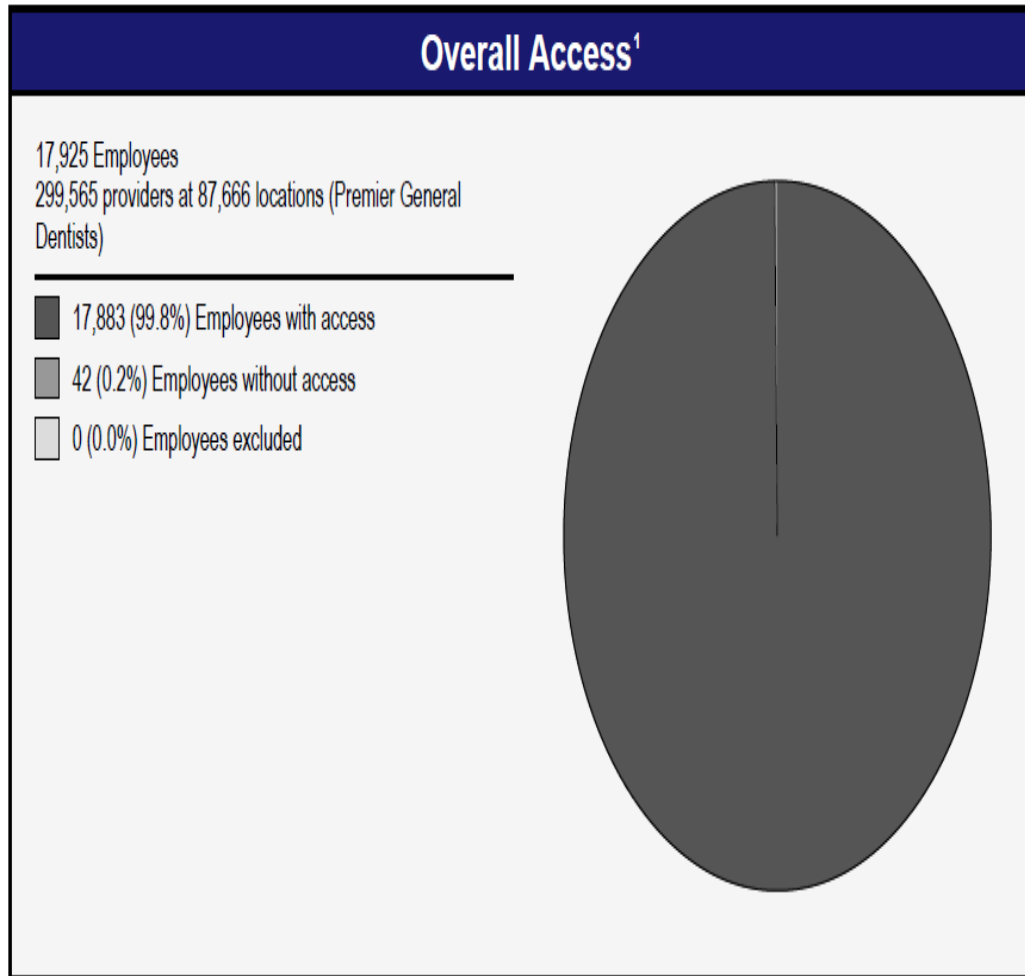
98.9% of retirees have access to PPO Specialist Dentists
within 1.5 miles.

(Endodontists, Oral Surgeons, Orthodontists, Pedodontists, Periodontists, Prosthodontists)



Delta Dental PPO Retiree Network Access

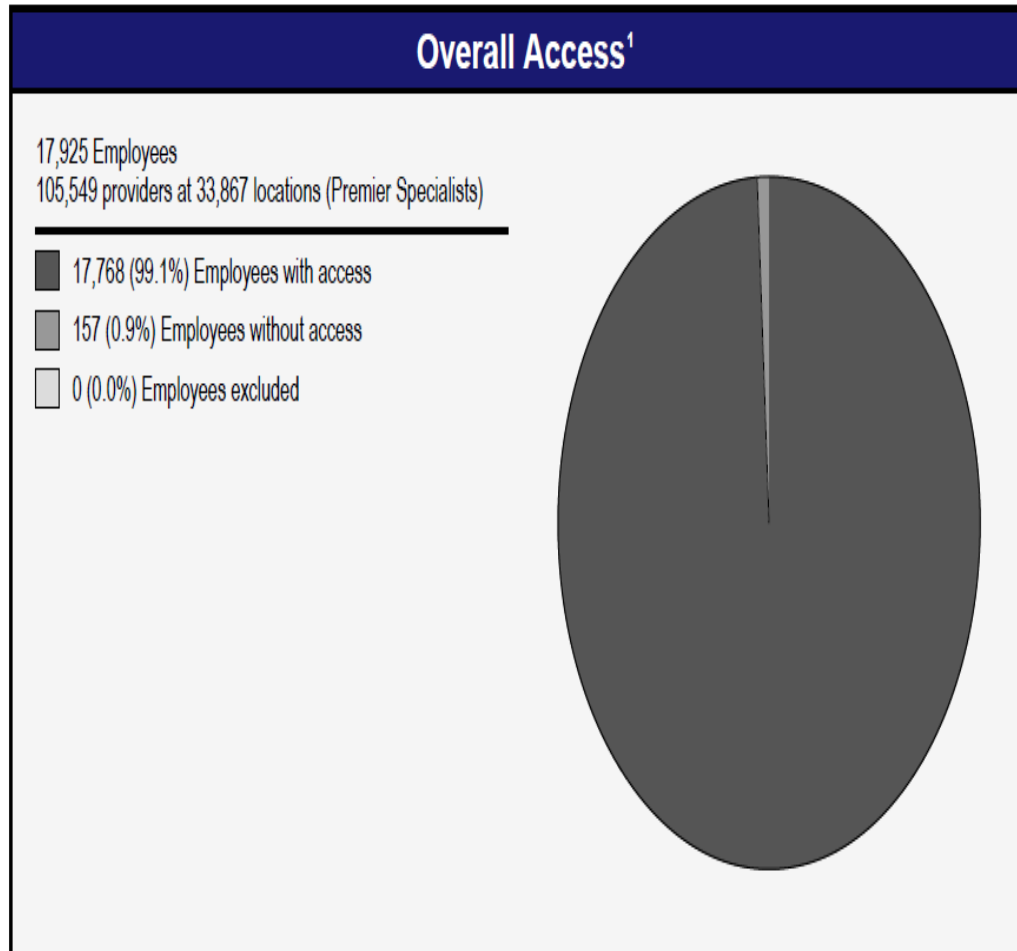
99.8% of retirees have access to **Premier** General Dentists within 0.9 miles



Distances	
	Average
Distance to 1st closest provider	0.6 mile
Distance to 2nd closest provider	0.8 mile
Distance to 3rd closest provider	0.9 mile

Delta Dental PPO Retiree Network Access

99.1% of retirees have access to **Premier** Specialist Dentists within 1.3 miles



Distances	
	Average
Distance to 1st closest provider	1.0 mile
Distance to 2nd closest provider	1.2 miles
Distance to 3rd closest provider	1.3 miles

2018 Retiree Grievances & Appeals

Retiree Member Count 28,250; total of 49 complaints in all of 2018

Total Cases		49
Average Response Time		18 days
Determinations	In Favor of Member	37%
	In Favor of Plan	61%
	Inconclusive	0%
	Split	2%

Reasons for “In Favor of Plan”:

- Plan limitations
- Non-Covered Services
- Plan Exclusions
- Policy Dispute
- Services not rendered