SFHSS Express Dashboard

Incurred through Sep 2020

April 8, 2021

Express Dashboard Notes:

- All data is sourced from the All Payer Claims Database (APCD)
- Current dashboard is for incurred dates Oct 2019 Sep 2020 with Paid through Dec 2020. The Diagnostic Cost Grouper (DCG) for risk scoring is based on Oct 2019 – Sep 2020.
- The timing of the dashboard ensures there is a three month run-out so that there is not a huge decrease in spend between current and prior periods
- The risk scores presented are rescaled to the total population between the plans for the purpose of comparison. The annual presentation of risk scores is non-rescaled
- Risk scores may not always add up to a 100% due to members who are non-Medicare but may move to Medicare during the period
- Financials are not included in the Medicare Dashboard

Key Observations:

- The claims suppression as a result of Covid-19 is observable with decreases in payments, risk scores, services obtained and prevalence rates and by the increases of those in the healthy risk band profile.
- Patient counts increased for those accessing care for the following top mental health care episodes: Depression, Obsessive/Compulsive and Eating Disorders.
- Quality markers for all populations improved (ER, Readmission, Avoidable Admissions, Complications).
- The number of High-cost claimants (HCC) decreased but the associated costs increased.
- HSS population accessing care via telemedicine increased by 247%
- Scripts / 1000 decreased for actives/early retirees and increased for Medicare retirees which is in alignment with expectations.
- Slight decrease in the total scripts for the top 15 drugs most of which are specialty however the allowed amount increased; 5 of the top 15 are in the top 20 of worldwide sales for 2020: Humira, Revlimid, Tecfidera, Enbrel, Januvia
- Asthma is in the top episode groups for Medicare retirees for the rolling year. It appeared in the first quarter of this report (Q4 2019) corresponding to the Kincade fire in Sonoma.

Claim Suppression Impacts – Non-Medicare Cost and Utilization April 8, 2021

Non-Medicare Utilization	Current Po	eriod				Prior Peri	od			
	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Allow Amt PEPY Med and Rx	\$15,394.05	\$12,088.70	\$10,522.31	\$23,606.68	\$12,340.50	\$17,359.00	\$14,081.49	\$11,236.95	\$26,550.15	\$13,617.03
Admits Per 1000 Acute	43.6	44.6	33.8	64.0	38.5	45.0	42.4	35.8	91.9	40.8
Days LOS Admit Acute	4.96	5.28	4.55	5.67	4.83	4.70	5.33	4.30	5.46	4.63
Days Per 1000 Adm Acute	215.9	235.5	153.6	363.2	186.0	211.7	225.9	154.0	501.5	188.9
Svcs Per 1000 OP Med	15,155.1	14,929.6	15,037.8	43,960.9	15,978.5	29,568.5	26,603.4	17,676.5	49,442.9	22,814.3
Visits Per 1000 ER	173.7	165.3	164.2	223.9	168.6	191.9	181.2	198.2	282.3	197.1
Scripts Per 1000 Rx	12,034.4	11,848.0	5,341.6	16,493.3	8,164.5	12,265.7	12,304.5	5,592.6	16,606.8	8,479.7
Days Supply PMPY Rx	346.77	339.81	285.28	517.86	314.72	347.67	347.70	291.88	505.84	319.89
Allow Amt Per Adm Acute	\$50,029	\$46,873	\$52,672	\$53,700	\$51,146	\$46,650	\$55,093	\$49,188	\$54,724	\$49,698
Allow Amt Per Svc OP Med	\$206	\$178	\$185	\$184	\$189	\$138	\$133	\$180	\$166	\$158
Allow Amt Per Script Rx	\$144	\$133	\$140	\$178	\$143	\$136	\$130	\$136	\$168	\$137

Financial Summary

	Previous	Current	% Change
Allowed Amount Med and Rx	\$661,204,126	\$589,670,909	-10.8%
Third Party Amt Med and Rx	\$10,234,110	\$8,216,480	-19.7%
Out of Pocket Med and Rx	\$20,807,053	\$16,477,107	-20.8%
Allow Amt PMPY Med and Rx	\$7,047.48	\$6,258.77	-11.2%
Allow Amt PEPY Med and Rx	\$13,992.21	\$12,479.72	-10.8%
Allowed Amount IP Acute	\$196,937,709	\$186,021,674	-5.5%
Allowed Amount OP Med	\$348,711,548	\$288,106,048	-17.4%
Allowed Amount Rx	\$110,051,299	\$110,940,747	0.8%

1,211.61

Claim Suppression Impacts – Medicare Utilization

Scripts per 1000 increased for Medicare members assisted by removal of Refill-Too-Soon Mandates due to Covid-19

Current Period

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	Kaiser Permanente	UHC	Total	Kaiser Permanente	UHC	Total
Admits Per 1000 Acute	132.9	165.3	150.7	152.3	188.4	172.0
Days LOS Admit Acute	5.74	5.83	5.79	5.21	6.02	5.70
Days Per 1000 Adm Acute	763.0	963.9	873.1	793.6	1,134.2	979.6
Svcs Per 1000 OP Med	35,309.8	75,676.4	57,431.1	42,196.9	84,398.8	65,254.5
Visits Per 1000 FR	361.8	416.1	391.6	436.8	483.5	462.3
Scripts Per 1000 Rx	19,234.7	26,373.1	23,147.3	19,275.5	22,314.7	20,938.8

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1,371.82

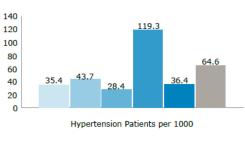
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Prior Period

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1,159.84

Days Supply PMPY Rx

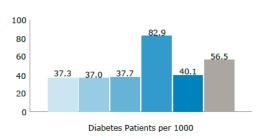


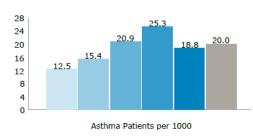
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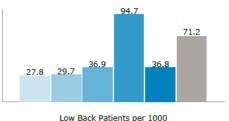
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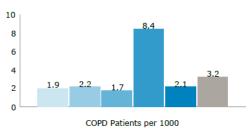
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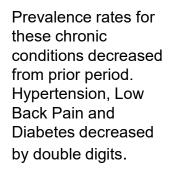


Current Period

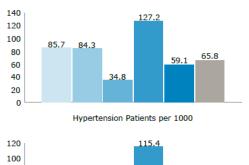


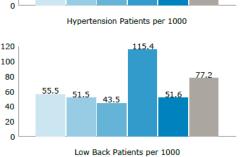


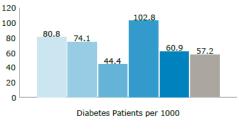


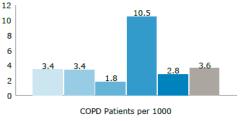


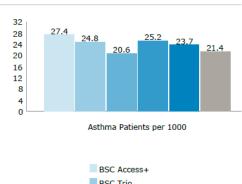






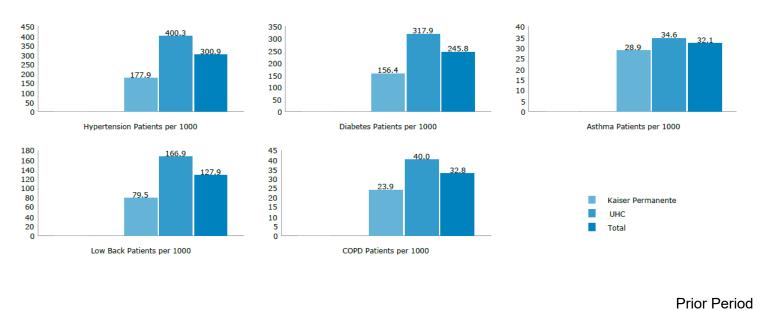




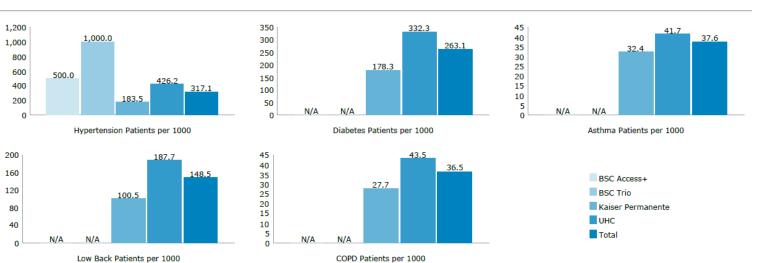




Current Period



Prevalence rates for these chronic conditions decreased from prior period. Overall rates are higher than the Non-Medicare population as expected. Same as the Non-Medicare population, Hypertension, Low Back Pain and Diabetes decreased by double digits.



Non-Medicare Current Period

Medicare Current Period

Utilization Metrics (per 1000 enrollees)

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total	
Emergency Room	174	165	164	224	169	
% Admit	12.2%	13.6%	2.3%	17.2%	6.9%	
% Ambulatory	87.8%	86.4%	97.7%	82.8%	93.1%	
Readmissions	2.5	3.2	1.6	5.3	2.2	
Avoidable Admissions	1.8	1.4	1.1	4.6	1.4	
Complications	9.2	8.6	8.2	29.3	9.5	
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Non-Medicare Prior Period

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total	
Emergency Room	192	181	198	282	197	
% Admit	10.6%	10.9%	2.3%	19.5%	6.1%	
% Ambulatory	89.4%	89.1%	97.7%	80.5%	93.9%	
Readmissions	3.3	3.8	2.1	6.6	2.8	
Avoidable Admissions	1.8	1.5	1.3	4.0	1.5	
Complications	16.6	12.2	9.6	30.9	12.8	

Utilization Metrics (per 1000 enrollees)

	Kaiser Permanente	UHC	Total	
Emergency Room	362	416	392	
% Admit	3.4%	30.8%	19.3%	
% Ambulatory	96.6%	69.2%	80.7%	
Readmissions	12.5	12.1	12.3	
Avoidable Admissions	17.5	19.2	18.4	
Complications	42.8	63.0	54.1	
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Medicare Prior Period

	Kaiser Permanente	UHC	Total	
Emergency Room	437	483	462	
% Admit	2.6%	29.8%	18.1%	
% Ambulatory	97.4%	70.2%	81.9%	
Readmissions	15.7	14.5	15.0	
Avoidable Admissions	21.2	24.6	23.1	١
Complications	44.4	70.6	58.9	•
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Risk Band Profiles - % of Population



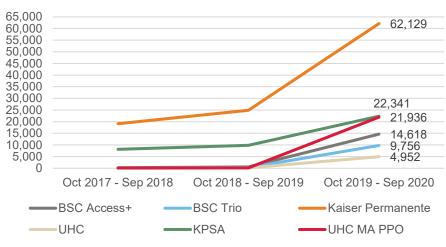
Well Care and Preventive Visits - Non-Medicare

	Previous	Current	% Change
Visits Well Baby	5,514	3,909	-29.1%
Visits Well Child	3,649	2,142	-41.3%
Visits Preventive Adult	25,738	9,587	-62.8%
Visits Per 1000 Well Baby	4,420.6	3,191.9	-27.8%
Visits Per 1000 Well Child	953.7	554.8	-41.8%
Visits Per 1000 Prevent Adult	344.7	128.0	-62.9%
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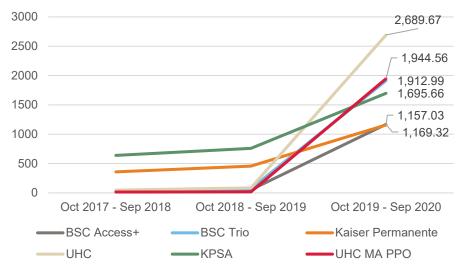
Well Care and Preventive Visits - Medicare

	Previous	Current	% Change
Visits Preventive Adult	11,400	8,113	-28.8%
Visits Per 1000 Prevent Adult	393.5	271.3	-31.0%

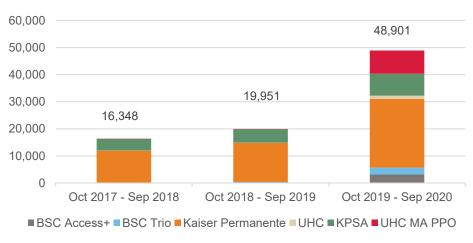




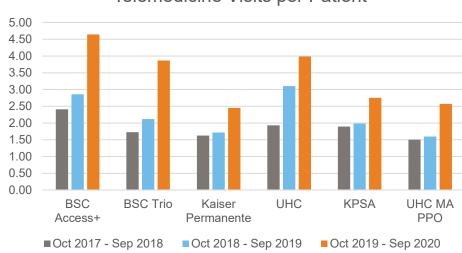
Telemedicine Services per 1000



Telemedicine Patients



Telemedicine Visits per Patient



Summary and Next Steps:

Under-utilization of visits and delayed care are evident in the claim suppression observed. The increase in telemedicine is a positive outcome which provides greater access to care for our members. The improved quality markers is likely in part due to deferred care, some of which may be wasteful practices.

SFHSS will be working in tandem with the plans to steer members to get their preventive care.

Additionally, as outlined in the SFHSS Population Health Measurement Plan, SFHSS is utilizing the APCD to identify the focus areas by chronic conditions, preventive care, and high-cost claims.

Appendix

Express Dashboard Definitions:

- Third party amounts are plan payments for members with other coverage. The coordination of benefit rules determine which coverage pays first or is "primary" and which coverage pays second or is "secondary"
- High-Cost Claimants are those members with greater than or equal to \$100,000 in spending for the time period
- Chronic conditions are categorized into 3-episode types:
 - Chronic Acute Flare-ups Manageable conditions such as Asthma, Coronary Artery Disease, Diabetes and Hypertension which have experienced an acute flare-up which is an indicator that the condition may not be well managed
 - Chronic Conditions Maintenance identifies episodes of care related to the maintenance of a chronic condition
 - Chronic, Non-Stratified All other episodes not stratified as a manageable condition with a flare-up or a maintenance episode
- Measures identified as acute are those that take place in an acute inpatient setting. These include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities
- Total premium includes Basic Vision and the Healthcare Sustainability Fee

CCSF Non Medicare Dashboard

February 16, 2021

Previous Period: Oct 2018 - Sep 2019 (Incurred) **Current Period:** Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020



Previous Period: Oct 2018 - Sep 2019 (Incurred) Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Financial Summary

	Previous	Current	% Change
Allowed Amount Med and Rx	\$661,204,126	\$589,670,909	-10.8%
Third Party Amt Med and Rx	\$10,234,110	\$8,216,480	-19.7%
Out of Pocket Med and Rx	\$20,807,053	\$16,477,107	-20.8%
Allow Amt PMPY Med and Rx	\$7,047.48	\$6,258.77	-11.2%
Allow Amt PEPY Med and Rx	\$13,992.21	\$12,479.72	-10.8%
Allowed Amount IP Acute	\$196,937,709	\$186,021,674	-5.5%
Allowed Amount OP Med	\$348,711,548	\$288,106,048	-17.4%
Allowed Amount Rx	\$110,051,299	\$110,940,747	0.8%

Demographics

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total	
Employees	10,633	6,204	28,550	1,864	47,250	
Members	23,201	11,845	56,155	3,014	94,215	
Family Size	2.2	1.9	2.0	1.6	2.0	
Average Employee Age	49.6	49.6	46.5	53.8	47.9	
Average Member Age	37.7	39.5	36.6	47.2	37.6	
Employees % Male	51.6%	51.6%	51.2%	55.0%	51.5%	
Members % Male	47.6%	48.3%	48.6%	47.8%	48.3%	
Risk Score	45.1	47.2	46.2	108.6	48.0	

Current Allowed Amount PMPM Med and Rx



High Cost Claimants Overview

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
High Cost Claimants	252	121	411	75	830
HCC Allow Amt Per Pat Med and Rx	\$243,972	\$210,123	\$235,916	\$244,755	\$243,643
HCC Allow Amt Pay Per Pat Med IP	\$198,844	\$189,490	\$204,348	\$187,776	\$200,714
HCC Allow Amt Per Pat Med OP	\$76,447	\$59,828	\$67,041	\$112,562	\$75,048
HCC Allow Amt Per Pat Rx	\$45,261	\$27,228	\$19,657	\$34,181	\$30,562
HCC Percent of Total Allowed Amount	37.6%	33.9%	47.1%	32.3%	34.7%
HCC Allowed Amount	\$61,480,900	\$25,424,893	\$96,961,398	\$26,201,775	\$202,223,831
Total Allowed Amount	\$163,686,244	\$74,992,225	\$300,407,518	\$44,006,786	\$583,092,772
Allow Amt PMPY with HCC	\$7,055.26	\$6,331.22	\$5,349.60	\$14,598.37	\$6,188.95
Allowed Amount PMPY without HCC	\$4,405.29	\$4,184.72	\$3,622.93	\$8,508.92	\$4,402.95

A High Cost Claimant is defined as a member with greater than or equal to \$100,000 in spending for the time period.



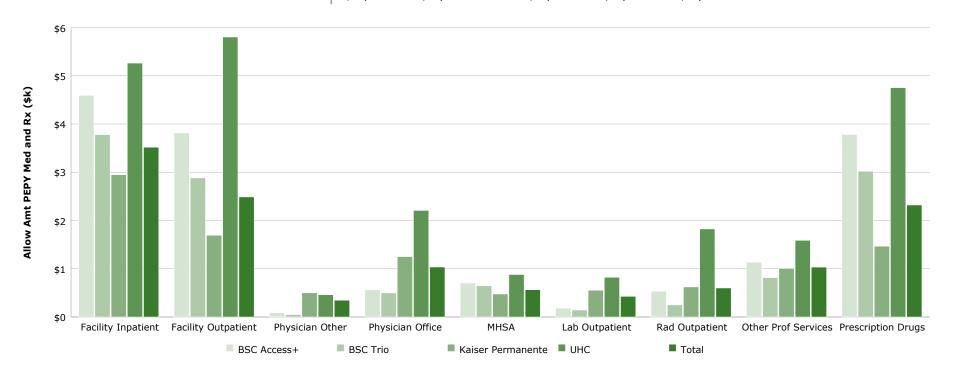
Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Cost Per Employee Per Year (PEPY)

Total Allowed Amount	\$15,394.05	\$12,088.70	\$10,522.31	\$23,606.68	\$12,340.50
Prescription Drugs	\$3,782.84	\$3,019.11	\$1,466.56	\$4,753.64	\$2,321.33
Other Prof Services	\$1,135.55	\$816.33	\$1,006.89	\$1,588.22	\$1,033.76
Rad Outpatient	\$531.67	\$250.76	\$623.26	\$1,825.36	\$601.17
Lab Outpatient	\$183.51	\$144.81	\$553.24	\$822.70	\$427.05
MHSA	\$702.66	\$646.63	\$476.48	\$880.24	\$565.65
Physician Office	\$563.62	\$499.35	\$1,252.24	\$2,208.06	\$1,036.14
Physician Other	\$87.35	\$50.62	\$501.38	\$461.49	\$347.46
Facility Outpatient	\$3,814.61	\$2,882.29	\$1,693.29	\$5,803.57	\$2,488.93
Facility Inpatient	\$4,592.24	\$3,778.79	\$2,948.95	\$5,263.41	\$3,519.02
	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total



Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Cost and Utilization Trends

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total	West Norm
Allow Amt PEPY Med and Rx	\$15,394.05	\$12,088.70	\$10,522.31	\$23,606.68	\$12,340.50	\$12,652.10
Admits Per 1000 Acute	43.6	44.6	33.8	64.0	38.5	49.5
Days LOS Admit Acute	4.96	5.28	4.55	5.67	4.83	4.30
Days Per 1000 Adm Acute	215.9	235.5	153.6	363.2	186.0	204.9
Svcs Per 1000 OP Med	15,155.1	14,929.6	15,037.8	43,960.9	15,978.5	25,842.7
Visits Per 1000 ER	173.7	165.3	164.2	223.9	168.6	178.3
Scripts Per 1000 Rx	12,034.4	11,848.0	5,341.6	16,493.3	8,164.5	8,649.5
Days Supply PMPY Rx	346.77	339.81	285.28	517.86	314.72	329.39
Allow Amt Per Adm Acute	\$50,029	\$46,873	\$52,672	\$53,700	\$51,146	\$33,708
Allow Amt Per Svc OP Med	\$206	\$178	\$185	\$184	\$189	\$142
Allow Amt Per Script Rx	\$144	\$133	\$140	\$178	\$143	\$150

Plan Performance*

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Relative Risk Score Concurrent	45.1	47.2	46.2	108.6	48.0
Members Avg Med	23,201	11,845	56,155	3,014	94,215
Allowed Amount PMPM Med and Rx	\$580.21	\$526.89	\$441.78	\$1,215.88	\$511.33
Health Service System Ratio to the Average	2.9	2.5	2.1	2.5	2.4

^{*}Plan Performance is based on the current DCG time period.

Premium Contributions

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Employer Premium Contribution Med	\$191,097,740	\$88,064,602	\$348,040,571	\$36,261,191	\$663,464,103
Employee Premium Contribution Med	\$32,763,147	\$13,730,979	\$47,578,421	\$45,553	\$94,118,100
Total Medical Premium Amount	\$223,860,887	\$101,795,581	\$395,618,992	\$36,306,744	\$757,582,203

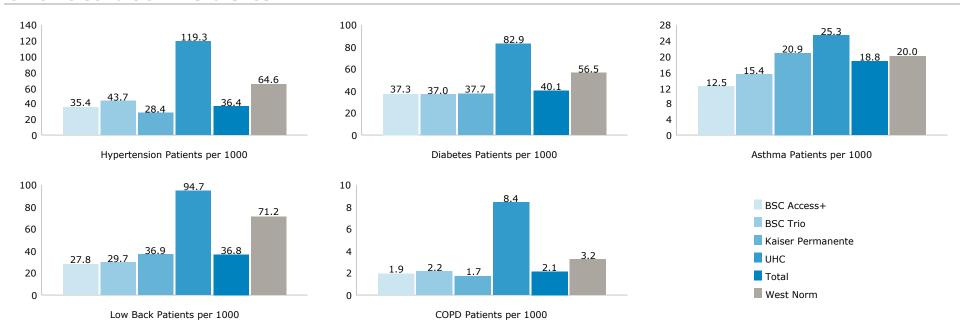


Previous Period: Oct 2018 - Sep 2019 (Incurred) Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Chronic Condition Prevalence



Quality Markers

Utilization Metrics (per 1000 enrollees)

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Emergency Room	174	165	164	224	169
% Admit	12.2%	13.6%	2.3%	17.2%	6.9%
% Ambulatory	87.8%	86.4%	97.7%	82.8%	93.1%
Readmissions	2.5	3.2	1.6	5.3	2.2
Avoidable Admissions	1.8	1.4	1.1	4.6	1.4
Complications	9.2	8.6	8.2	29.3	9.5

Well Care and Preventive Visits

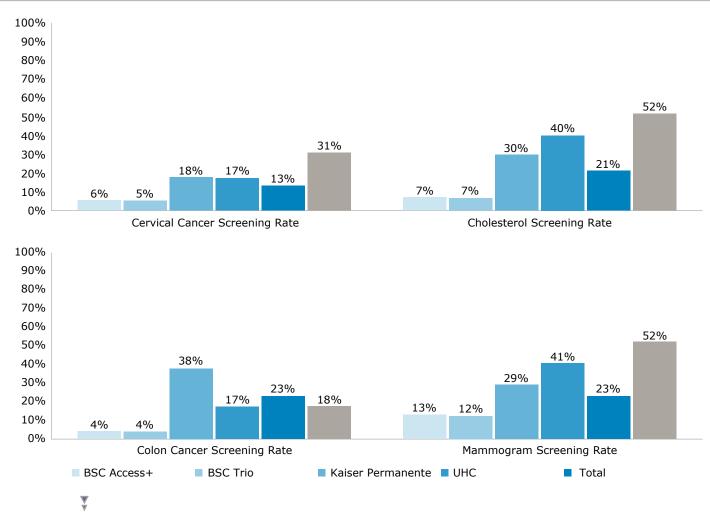
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Visits Well Child	3,649	2,142	-41.3%
Visits Preventive Adult	25,738	9,587	-62.8%
Visits Per 1000 Well Baby	4,420.6	3,191.9	-27.8%
Visits Per 1000 Well Child	953.7	554.8	-41.8%
Visits Per 1000 Prevent Adult	344.7	128.0	-62.9%



Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

Preventive Screening Rates



Express Dashboard

Time Period: 2019 (Previous Complete Incurred Calendar Year)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

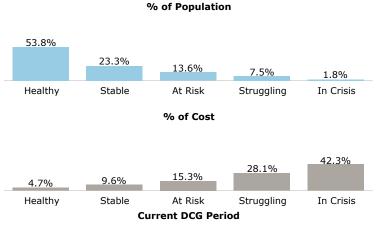
Top 10 Episode Summary Groups

	Current Complete Year					
	Allowed Amount Per Epis West Region	Episodes	Patients			
Prevent/Admin Hlth Encounters	\$705	50,194	43,065			
Diabetes	\$6,087	2,228	2,101			
Pregnancy w Vaginal Delivery	\$20,085	420	420			
Osteoarthritis	\$7,017	1,998	1,873			
Cancer - Breast	\$24,781	436	420			
HIV Infection	\$31,400	229	225			
Coronary Artery Disease	\$16,356	477	390			
Cerebrovascular Disease	\$23,801	336	270			
Newborns, w/wo Complication	\$10,680	314	260			
Pregnancy w Cesarean Section	\$29,287	151	151			
Top 10 Subtotal	\$2,158	56,783	45,500			
All Episode Summary Groups	\$2,089	195,045	72,875			

Episode Type

Total	\$466,861,716	195,045	\$2,394	100.0%
Well Care	\$33,162,752	44,998	\$737	7.1%
Chronic, Non-Stratified	\$150,343,584	12,462	\$12,064	32.2%
Chronic, Maintenance	\$21,218,827	6,258	\$3,250	4.5%
Chronic, Acute Flare-ups	\$25,693,095	567	\$45,314	5.5%
Acute Conditions	\$236,443,458	130,490	\$1,812	51.6%
	Allowed Amount Epis Total	Episodes	Allowed Amount Per Epis Total	% of Total

Risk Band Profiles



1) The healthiest 53.8% of the population accounts for 4.7% of the total cost.

Top 11 Mental Health Episodes

	Current Complete Year							
	Allowed Amount Per Epis Total	Allowed Amount Per Epis West Region	Episodes	Patients	Visits			
Autism	\$13,576	\$14,262	275	268	12,905			
Schizophrenia	\$10,122	\$10,717	106	102	1,556			
Eating Disorders	\$11,150	\$12,747	63	59	576			
Bipolar Disorder	\$5,996	\$4,274	436	373	6,920			
Substance Abuse	\$5,691	\$8,321	945	773	6,337			
Antisocial Behav	\$3,293	\$1,740	50	49	250			
Obsess-Compulsiv	\$2,539	\$1,328	87	80	1,013			
Depression	\$2,308	\$1,736	3,942	3,731	41,969			
Psychoses, NEC	\$2,786	\$1,220	139	117	876			
Anxiety Disorder	\$868	\$802	2,959	2,802	20,357			



²⁾ The least healthy 1.8% of the population accounts for 42.3% of the total cost.

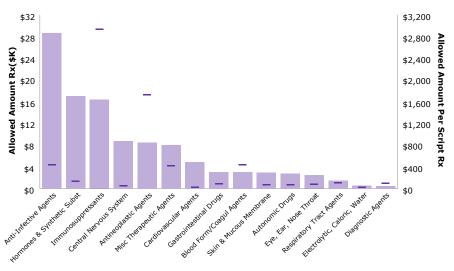
Drug

Current Period: Oct 2019 - Sep 2020 (Incurred)

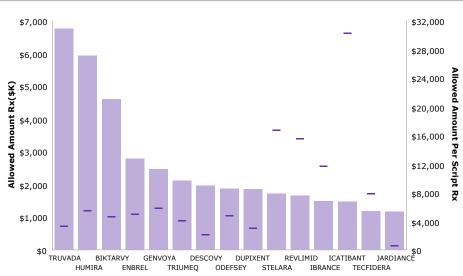
Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Top 15 Therapeutic Classes



Top 15 Drugs



Allowed Amount Rx — Allowed Amount Per Script Rx

	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
Anti-Infective Agents	\$28,626,016	25.8%	64,683	\$442.56
Hormones & Synthetic Subst	\$17,044,473	15.4%	122,279	\$139.39
Immunosuppressants	\$16,365,429	14.8%	5,578	\$2,933.92
Central Nervous System	\$8,791,164	7.9%	162,197	\$54.20
Antineoplastic Agents	\$8,530,670	7.7%	4,946	\$1,724.76
Misc Therapeutic Agents	\$8,033,682	7.2%	19,148	\$419.56
Cardiovascular Agents	\$4,902,886	4.4%	182,599	\$26.85
Gastrointestinal Drugs	\$3,070,346	2.8%	32,301	\$95.05
Blood Form/Coagul Agents	\$3,053,740	2.8%	6,863	\$444.96
Skin & Mucous Membrane	\$2,991,425	2.7%	41,799	\$71.57
Autonomic Drugs	\$2,810,115	2.5%	36,808	\$76.35
Eye, Ear, Nose Throat	\$2,477,118	2.2%	31,705	\$78.13
Respiratory Tract Agents	\$1,509,611	1.4%	14,258	\$105.88
Electrolytic, Caloric, Water	\$613,163	0.6%	25,489	\$24.06
Diagnostic Agents	\$508,538	0.5%	5,050	\$100.70
Top 15 Subtotal	\$109,328,374	98.5%	755,703	\$144.67
All Therapeutic Classes	\$110,940,747	100.0%	777,275	\$142.73

	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
TRUVADA	\$6,766,558	6.1%	2,056	\$3,291.13
HUMIRA	\$5,940,949	5.4%	1,093	\$5,435.45
BIKTARVY	\$4,601,833	4.1%	1,001	\$4,597.24
ENBREL	\$2,789,613	2.5%	558	\$4,999.31
GENVOYA	\$2,466,904	2.2%	425	\$5,804.48
TRIUMEQ	\$2,121,854	1.9%	525	\$4,041.63
DESCOVY	\$1,965,095	1.8%	926	\$2,122.13
ODEFSEY	\$1,872,904	1.7%	391	\$4,790.03
DUPIXENT	\$1,850,019	1.7%	611	\$3,027.85
STELARA	\$1,721,786	1.6%	103	\$16,716.36
REVLIMID	\$1,658,909	1.5%	107	\$15,503.82
IBRANCE	\$1,494,433	1.3%	128	\$11,675.26
ICATIBANT	\$1,480,892	1.3%	49	\$30,222.29
TECFIDERA	\$1,183,475	1.1%	151	\$7,837.58
JARDIANCE	\$1,169,306	1.1%	2,134	\$547.94
Top 15 Subtotal	\$39,084,529	35.2%	10,258	\$3,810.15
All Drugs	\$110.940.747	100.0%	777.275	\$142.73

Drug

Previous Period: Oct 2018 - Sep 2019 (Incurred) Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Brand & Generic Cost

Speciality Drug Metrics



	Allowed Amount Med and Rx			Allow Amt PMPY Med and		
	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	\$43,956,928	\$41,458,375	-5.7%	\$468.52	\$440.04	-6.1%
Specialty Drugs						
Prescription Specialty Drugs	\$66,094,371	\$69,482,372	5.1%	\$704.47	\$737.49	4.7%
Professional Specialty Drugs	\$17,839,891	\$19,478,759	9.2%	\$190.15	\$206.75	8.7%
Facility Outpatient Specialty Drugs	\$1,352,318	\$1,974,898	46.0%	\$14.41	\$20.96	45.4%
Specialty Total	\$85,286,579	\$90,936,030	6.6%	\$909.03	\$965.20	6.2%
Total	\$129,243,508	\$132,394,405	2.4%	\$1,377.55	\$1,405.24	2.0%

Key Drug Metrics

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Allow Amt PMPY Rx	\$1,733.72	\$1,581.20	\$745.61	\$2,939.65	\$1,164.18
Scripts Per 1000 Rx	12,034.35	11,848.04	5,341.56	16,493.28	8,164.48
Allow Amt Per Script Rx	\$144.06	\$133.46	\$139.59	\$178.23	\$142.59
Days Supply PMPY Rx	346.77	339.81	285.28	517.86	314.72
Scripts Generic Efficiency Rx	98.2%	98.6%	96.7%	96.1%	97.6%
% Scripts Dispensed as Generic	85.4%	85.3%	83.4%	82.0%	84.4%



CCSF Medicare Dashboard

February 16, 2021

Previous Period: Oct 2018 - Sep 2019 (Incurred) **Current Period:** Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020



Previous Period: Oct 2018 - Sep 2019 (Incurred) Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Demographics

	Kaiser Permanente	UHC	Total
Employees	10,827	12,988	23,816
Members	13,514	16,386	29,901
Family Size	1.2	1.3	1.3
Average Employee Age	75.3	74.9	75.1
Average Member Age	74.8	74.4	74.6
Employees % Male	48.4%	47.2%	47.7%
Members % Male	45.1%	44.1%	44.5%
Risk Score	255.6	270.3	263.7

Cost and Utilization Trends

	Kaiser Permanente	UHC	Total
Admits Per 1000 Acute	132.9	165.3	150.7
Days LOS Admit Acute	5.74	5.83	5.79
Days Per 1000 Adm Acute	763.0	963.9	873.1
Svcs Per 1000 OP Med	35,309.8	75,676.4	57,431.1
Visits Per 1000 ER	361.8	416.1	391.6
Scripts Per 1000 Rx	19,234.7	26,373.1	23,147.3
Days Supply PMPY Rx	1,298.38	1,432.37	1,371.82

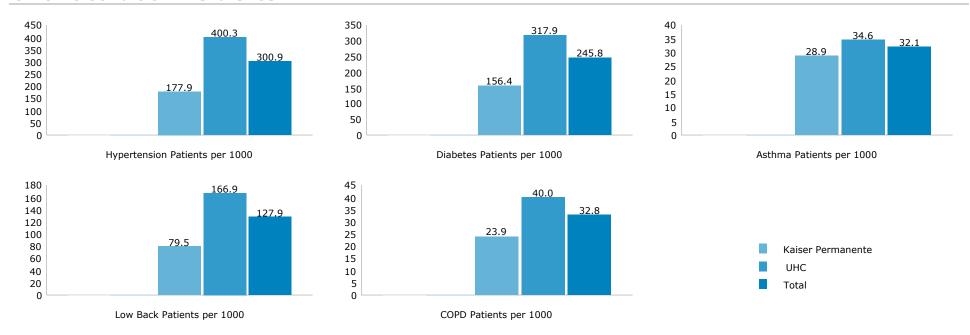


Previous Period: Oct 2018 - Sep 2019 (Incurred) Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Chronic Condition Prevalence



Quality Markers

Well Care and Preventive Visits

Utilization Metrics (per 1000 enrollees)

	Kaiser Permanente	UHC	Total
Emergency Room	362	416	392
% Admit	3.4%	30.8%	19.3%
% Ambulatory	96.6%	69.2%	80.7%
Readmissions	12.5	12.1	12.3
Avoidable Admissions	17.5	19.2	18.4
Complications	42.8	63.0	54.1

	Previous	Current	% Change
Visits Preventive Adult	11,400	8,113	-28.8%
Visits Per 1000 Prevent Adult	393.5	271.3	-31.0%

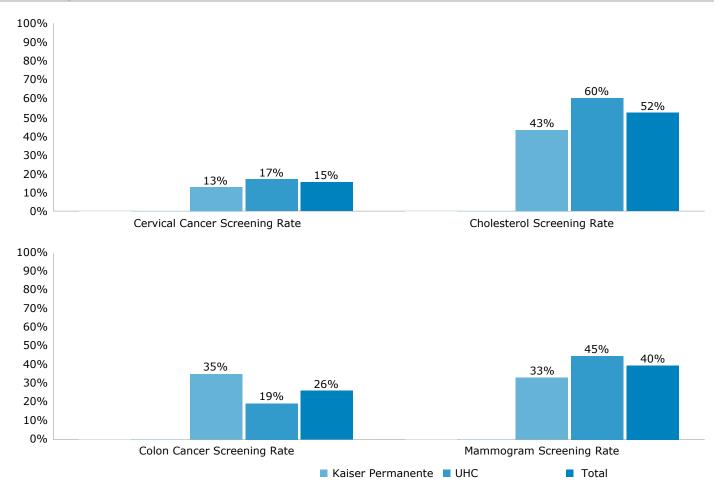


Previous Period: Oct 2018 - Sep 2019 (Incurred)
Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Preventive Screening Rates



Time Period: 2019 (Previous Complete Incurred Calendar Year)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Top 10 Episode Summary Groups

	Current Complete Ye			
	Episodes	Patients		
Diabetes	4,483	4,208		
HIV Infection	190	188		
Cancer - Leukemia	213	208		
Prevent/Admin Hlth Encounters	23,146	19,623		
Cancer - Lung	235	227		
Rheumatoid Arthritis	288	281		
Cancer - Prostate	625	611		
Hypertension, Essential	6,999	6,711		
Cardiac Arrhythmias	2,594	2,011		
Asthma	861	819		
Top 10 Subtotal	39,634	23,995		
All Episode Summary Groups	147,939	28,980		

Episode Type

Total	147,939
Well Care	20,294
Chronic, Non-Stratified	25,081
Chronic, Maintenance	13,531
Chronic, Acute Flare-ups	1,705
Acute Conditions	87,328
	Episodes

Risk Band Profiles

% of Population



Current DCG Period

Drug

Previous Period: Oct 2018 - Sep 2019 (Incurred) Current Period: Oct 2019 - Sep 2020 (Incurred)

Paid Through: Dec 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Specialty Drug Metrics

	Scripts Rx		Days Supply PMPY Rx		Claims Paid				
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	661,280	675,559	2.2%	1,314.37	1,347.77	2.5%	663,681	677,492	2.1%
Specialty Drugs									
Prescription Specialty Drugs	14,342	16,643	16.0%	21.33	24.18	13.4%	14,442	16,759	16.0%
Professional Specialty Drugs							8,929	8,836	-1.0%
Facility Outpatient Specialty Drugs							2,791	2,463	-11.8%
Specialty Total	14,342	16,643	16.0%	21.33	24.18	13.4%	26,162	28,058	3.2%
Total	675,622	692,202	2.5%	1,335.70	1,371.95	2.7%	689,842	705,549	2.3%

Key Drug Metrics

	Kaiser Permanente	UHC	Total
Scripts Per 1000 Rx	19,234.75	26,373.09	23,147.30
Days Supply PMPY Rx	1,298.38	1,432.37	1,371.82
Scripts Generic Efficiency Rx	98.1%	98.1%	98.1%
% Scripts Dispensed as Generic	84.3%	80.5%	81.9%

