



Healthy San Francisco Program In-depth

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Genesis of *Healthy San Francisco*

The City and County of San Francisco has long had a tradition of providing access to care for its indigent and uninsured residents and the network of providers serving this population is comprised of both public and non-profit entities. The City has historically used its public safety net system to provide services to this vulnerable population. In addition, a network of community-based health centers working collaboratively at the San Francisco Community Clinic Consortium (SFCCC) also provides services to low-income uninsured residents. Finally, San Francisco's non-profit hospitals provide charity care services to some uninsured residents.

Unfortunately, for uninsured residents, they must navigate this fragmented health care delivery system comprised of safety net and traditional providers when they need care. Due to their uninsured status, they lack a usual source of care and therefore access services in an episodic manner, which is costly and less than ideal. The result is potentially less optimal patient care, confusion and inefficiency. The City has long sought to improve the health care delivery system for uninsured residents, particularly for the estimated 73,000 uninsured adults.

Major milestones leading to the development of *Healthy San Francisco* include:

- In 1997, the San Francisco Health Plan, created by the City and County of San Francisco, began operations, initially to serve the Medi-Cal population in a managed care setting, but with a vision to help provide high quality medical care to the largest possible number of low-income residents.
- In 1998, San Francisco voters approved an initiative that encouraged the expansion of health care coverage to uninsured residents. Since that time, the City, working in partnership with the San Francisco Health Plan, has launched several initiatives including health insurance programs for low-income children and youth not eligible for public programs, health care coverage for In-Home Support Services workers, and a requirement that all City and County contractors provide health insurance to their employees.
- In February 2006, Mayor Gavin Newsom and Supervisor Tom Ammiano established the multi-disciplinary Universal Healthcare Council to explore expansion of health care access to all uninsured San Francisco residents. In June 2006, the Council recommended to the Mayor and the Board of Supervisors a program of universal access to care based on the principles of an integrated health care delivery system, provision of a primary care medical home and greater focus on preventive care and comprehensive services. The program was not health insurance. It was initially called the Health Access Program and later renamed *Healthy San Francisco*.

- In June 2006, Mayor Newsom and Supervisor Ammiano joined forces again to introduce the San Francisco Health Care Security Ordinance. Working with local advocates, Supervisor Ammiano developed a framework that required large- and mid-size San Francisco employers to make health care expenditures on behalf of their employees (known as the Employer Spending Requirement). This provision was contained in the Ordinance along with Mayor Newsom's framework for *Healthy San Francisco* based on the report of the Universal Healthcare Council. Both program components were designed to work in tandem to address the health needs of San Francisco's uninsured residents and workers.
- In August 2006, Mayor Newsom signed the San Francisco Health Care Security Ordinance into law with unanimous support of all members of the San Francisco Board of Supervisors.

Program Development proceeded incrementally given program complexity, the significant systems changes and the desire to provide an opportunity to make appropriate program adjustments and modifications if needed.

- First, in July 2007, enrollment in *Healthy San Francisco* began in two primary care medical homes, Chinatown Public Health Center and North East Medical Services. The program focused initially on city residents whose income was at or below 100% of the Federal Poverty Line (FPL) [\$20,650 for a family of four]. Within the first eight weeks, program enrollment exceeded 1,800 San Francisco residents, well above the forecasted 600 – 1,000 participants.
- In September 2007, the program expanded city-wide to 22 public and non-profit health centers in 27 sites. Of those, 14 centers are operated by the San Francisco Department of Public Health and 8 are under the auspices of the San Francisco Community Clinic Consortium. During this period, *Healthy San Francisco* also debuted:
 - a Customer Service Call Center;
 - a web-based eligibility and enrollment application, One-e-App;
 - a centralized eligibility and enrollment unit within the Department of Public Health; and
 - an enhanced program website.
- By December 2007, enrollment in *Healthy San Francisco* was approximately 7,400, or 10% of the total adult uninsured population in San Francisco.
- In January 2008, the program expanded to all uninsured residents up to 300% of the FPL line.
- January 2008 also marked the City and County's implementation of the Employer Spending Requirement (ESR), the other major component of the Health Care Security Ordinance. This requirement mandates that employers with 20 employees or more contribute a fixed amount per hour worked by employees in San Francisco-based organizations. Employers have a variety

of options to choose from to meet the ESR including providing their employee with private health insurance, health spending accounts, direct reimbursement to employees and *Healthy San Francisco*.

Table 1

Employer Spending Requirement (ESR) by Employer Size

Business Size	Rate Schedule			
		1/9/08	4/1/08	1/1/09
Large	100+ employees	1.76/hour		\$1.85/hour
Medium	50-99 employees	\$1.17/hour		\$1.23/hour
	20-49 employees	Not Applicable	\$1.17/hour	\$1.23/hour
Small	1-19 employees	Not Applicable		

- As of late-May 2008, *Healthy San Francisco* enrollment stood at a little over 21,000. There remain plans to expand program eligibility above 300% FPL. However, this must be balanced against concern that the program would attract residents away from private coverage and enrollment capacity. The program's income eligibility will expand beyond 300% FPL, but the timelines for this expansion has not been determined.

Local Challenge to the Employer Spending Requirement

- In November 2006, the Golden Gate Restaurant Association (GGRA) filed a lawsuit challenging the City's Employer Spending Requirement on the grounds that it violated the Employee Retirement Income Security Act (ERISA). ERISA prohibits state and local governments from regulating employer health plans.
- On December 26, 2007, a District Court Judge ruled in favor of the GGRA to overturn the ESR. However, on December 27, 2007, the City filed for a stay of judgment with the Ninth Circuit Appeals Court and it suspended the District Court's ruling, allowing for the implementation of the Employer Spending Requirement as planned and as outlined above, until a hearing on the appeal was held.
- On April 17, 2008, the Ninth Circuit Court of Appeals held the appeals hearing. As of the writing of this document, that Court had not issued its decision on the appeal. Pending this decision, the Employer Spending Requirement is operational.

Lessons Learned

- The development of the *Healthy San Francisco* program has been strategically and methodically planned, but incrementally implemented. This has allowed time for learning from early pilots and fine-tuning operations as needed.
- While the program has faced numerous obstacles, it has demonstrated tenacity and creativity in continuing to move forward.
- While other localities have developed coverage expansion initiatives, *Healthy San Francisco* represents the first time a local government has sought to provide universal health care to its residents.

Program Design

Healthy San Francisco (HSF) is an innovative health care program designed to expand access to health services and deliver appropriate care to uninsured adult residents. HSF is not insurance. HSF restructures the existing health care safety net system (both public and non-profit) into a coordinated, integrated system. It improves access to services and delivery of appropriate care. The *Healthy San Francisco* model is based on one of shared responsibilities. This section describes the role of program participants, the provider network, and the services covered under the program.

Program Participants

To be eligible for *Healthy San Francisco*, an individual must meet all of the following:

- Reside and show proof of residence in San Francisco;
- Be uninsured ;
- Be 18 – 64 years old;
- Be ineligible for full-scope public programs (such as Medi-Cal);
- Have been without employer-based or individually-purchased health insurance for at least 90 days.

In order to make HSF enrollment geographically accessible, the program offers over 30 different health care locations where applicants can enroll. More information on enrollment and eligibility determination is contained in the *Enrollment and One-e-App* section.

Medical Homes

Healthy San Francisco participants select a primary care “medical home” of their choice at the time that they enroll in the program. The primary care medical home is where participants receive all of their primary care and preventive services. The medical home also coordinates participant-needed access to specialty, inpatient, pharmacy, ancillary, and/or behavioral health services and helps a participant navigate through the delivery system. A medical home also serves as a site where an applicant can enroll in *Healthy San Francisco*.

There are 22 medical homes at 27 different locations within *Healthy San Francisco*. The San Francisco Department of Public Health operates 14 medical homes and the San Francisco Community Clinic Consortium operates the remaining 13 medical homes.

Delivery System

Currently, the delivery system is composed of the following health providers:

- 27 primary care medical homes (health centers) for the provision of preventive care and primary care;
- San Francisco General Hospital for the provision of specialty care, emergency care, pharmacy, diagnostic and inpatient services;
- Community Behavioral Health Services for the provision of mental health and substance abuse services.

The Department of Public Health will expand the delivery system as needed based on demand, capacity and resources.

The Department of Public Health has entered into grant agreements with the non-profit clinics that constitute the San Francisco Community Clinic Consortium for their participation in *Healthy San Francisco*. At present, San Francisco non-profit hospitals participate in *Healthy San Francisco* through the provision of charity care to *Healthy San Francisco*. Hospitals do not receive any reimbursement under the program.

Provided Services

Healthy San Francisco provides a comprehensive array of services designed to promote wellness and address chronic health conditions or acute care needs. Because *Healthy San Francisco* is not insurance, it only provides services within the geographic boundaries of the City and County of San Francisco. *Healthy San Francisco* participants cannot use their program eligibility to receive services in other localities.

Major services provided by the program include the following:

- Preventive and routine care
- Specialty care
- Urgent care
- Emergency care
- Ambulance service
- Hospital care
- Alcohol and drug abuse care
- Laboratory services and tests
- Durable medical equipment
- Prescription medications

Major exclusions include, but are not limited to:

- Out-of area (care is provided **only** within San Francisco)
- Out of the outpatient and inpatient provider network of care
- Vision
- Dental
- Long-term care
- Fertility and cosmetic procedures

Participant Fees

Some HSF participants pay fees to remain enrolled in the program (i.e., Quarterly Participation Fee) and when they access services (i.e., Point-of-Service Fee). The cost of any care received by the HSF participant that was provided by a non-HSF provider (either inside or outside San Francisco) is the responsibility of the participant, irrespective of the participant's income.

Participants are required to pay a quarterly participation fee based on where their income falls on the Federal Poverty Level. The fee structure is designed to be affordable. Individuals with incomes at or below 100% FPL, those who are homeless and those receiving General Assistance/General Relief pay no participation fee. Individuals with incomes at or below 500% FPL receive a subsidy with respect to their participation fee. A participant must pay the quarterly participation fee in order to remain enrolled in the program. The table below provides the fee structure:

Table 1

Quarterly Participation Fees to Health San Francisco Based on Federal Poverty Level

	Federal Poverty Level					
	0 – 100%	101 – 200%	201 – 300%	301 - 400%	401 – 500%	501+%
Quarterly Participant Fee	\$0	\$60	\$150	\$300	\$450	\$675
Fee as Percent of Income	0%	2.3%	2.9%	3.9%	4.4%	5.2%
Discounted Employee Fee*	\$0	\$0	\$0	\$75	\$113	\$169

*Amount paid by an eligible *Healthy San Francisco* participant working for an employer participating in the “City Option” (e.g., electing *Healthy San Francisco* from a menu of Employer Spending Requirement options).

Participants pay point-of-service fees when they access services. The fees vary depending upon the service provided. Point-of-service fees are not assessed for those with incomes at or below 100% FPL, those who are homeless and those receiving General Assistance/General Relief. Those with incomes between 101 – 500% FPL pay the same point-of-service fees. Those with incomes in excess of 500% FPL pay higher point-of-service fees. These fees are shown in the table below.

Table 2

Participant Point-of-Service Fees Based on Federal Poverty Level

Service	General Assistance/ Homeless	0 – 100%	101 – 500%	501% and Over
Primary Care	\$0	\$0	\$10	\$20
Urgent Care	\$0	\$0	\$20	\$50
Ancil/Rad/PT/OT	\$0	\$0	\$20	\$50
Specialty	\$0	\$0	\$20	\$50
Pharmacy	\$0	\$0	\$5/\$25	\$25/\$50
ER (non-admit)	\$0	\$25	\$50	\$100
Same day surgery	\$0	\$0	\$100	\$200
Inpatient (participants will apply for Medi-Cal w/ inpatient admissions)	\$0	\$0	\$200/ admission	\$350/ admission
Behavioral Health	UMDAP ¹	UMDAP	UMDAP	UMDAP

The HSF fee structure (both participant and point-of-service) is designed to be affordable to help ensure that it does not impede access to care. Department analysis found that, on average, HSF participants would pay no more than 5% of their income on fees (both participant and point-of-service).

¹ UMDAP is the Uniform Methods for Determining Ability to Pay that has been developed by the State of California for all counties providing mental health services.
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Enrollment and One-e-App

Individuals and families can enroll in *Healthy San Francisco* (HSF) at over thirty sites across the city, including: all 27 clinics where care is delivered, San Francisco General Hospital, a centralized Eligibility and Enrollment office and the San Francisco Health Plan. Individuals can be screened for eligibility and enroll in *Healthy San Francisco* at any of these sites, subject to meeting eligibility requirements. (See *Program Design* section for detail on eligibility requirements.) For employees whose employers are participating in the Employer Required Spending Requirement and whose employers elect the City Option, program enrollment occurs through the San Francisco Health Plan.

At the time of enrollment, eligible participants select their medical home from a list of clinics. Participants who are current patients at a particular clinic are able to retain this site as their medical home. Other participants can select from sites open to new patients according to their practitioner's language, location, and clinic specialty area preferences. This becomes the locus of their future care. (See *Program Design* section for more details).

Once enrolled, a participant's coverage under *Healthy San Francisco* is effective for one year. At the end of the year, participants who continue to meet program eligibility criteria are renewed based on the City and County of San Francisco residency and income documentation they provide to their Certified Application Assistor (CAA).

One-e-App

Certified Application Assistors use a web-based application called One-e-App to screen and enroll participants in *Healthy San Francisco*. One-e-App is the HSF System of Record and provides the final determination for HSF eligibility. One-e-App enables participants to be screened for eligibility in a range of federal or state health coverage programs before enrolling in *Healthy San Francisco*, preserving limited local resources. HSF Participants can select or change their medical home in One-e-App and Assistors can send automated reminder notices to participants regarding their upcoming renewals.

How does One-e-App work?

Based on the Turbo Tax model, One-e-App provides a one-stop application process by asking the minimum required data to provide a highly accurate screen for eligibility across a range of health and social service programs.

- Users complete the necessary information to submit applications electronically to the appropriate location. This includes selecting a provider and signing and submitting key documents electronically.
- By faxing supporting documents (such as, proof of income, rights and declarations, and birth certificates) into One-e-App for storage, these documents become available for retrieval as needed and at the time of program renewal.

What programs does One-e-App submit applications to?

In San Francisco, One-e-App is used to screen and submit electronic applications for a range of programs:

- *Healthy San Francisco* (One-e-App is the System of Record)
- Medi-Cal (Medicaid)
- Healthy Families (SCHIP)
- Healthy Kids
- Child Health and Disability Prevention Program (CHDP)

One-e-App also provides referrals to the following programs, so applicants can follow-up to apply:

- Family Planning (FPACT)
- Access for Infants and Mothers (AIM)
- Presumptive Eligibility
- Breast and Cervical Cancer Detection and Treatment Programs

How does One-e-App submit applications electronically?

One-e-App replaces the mailing process with electronic submission of applications via electronic interfaces to programs for final determination.

What are the benefits of One-e-App?

- *Increases coverage opportunities* for families and individuals by screening for a broad range of health and social services programs.
- *Improves retention opportunities* by storing data and documents in the system for retrieval at renewal or when a family's circumstances have changed.
- *Permits improved patient management* by facilitating selection of a medical home.
- *Reduces manual data entry* and redundancy by delivering data electronically.
- *Connects with and benefits from existing systems* such as state and county eligibility systems to deliver and retrieve relevant applicant data thereby minimizing the need to capture and enter the same data from the patient multiple times.

Third Party Administration through the San Francisco Health Plan

The Health Care Security Ordinance, which created *Healthy San Francisco*, included a provision that the San Francisco Department of Public Health coordinate with a third party vendor to administer program operations. The Department is ultimately responsible for the overall planning, development, implementation and on-going administration of *Healthy San Francisco*.

The Department entered into a contract with the San Francisco Health Plan (SFHP) to provide an array of Third-Party Administrator functions for the program. SFHP was an obvious choice for the third-party administrator due to its critical role in serving underserved populations in San Francisco. SFHP is a City-sponsored health plan providing health insurance to more than 50,000 San Franciscans. It was created by the City and County of San Francisco to provide high quality medical care to low-income San Francisco residents, while supporting San Francisco's public and community-minded doctors, clinics, and hospitals. While created by the City, SFHP is not overseen by local government. SFHP was a member of Mayor Newsom's Universal Healthcare Council, that developed the health access model.

Healthy San Francisco is based on the notion that there are positive aspects of managed care systems that from which uninsured individuals can benefit. As a result, the Department collaborated with a health maintenance organization – SFHP – that had substantial expertise in such areas as customer service, utilization tracking and monitoring, quality improvement, communications, provider contracting, enrollment processes, participant billing systems and other administrative areas. In working on *Healthy San Francisco*, SFHP drew on more than ten years experience serving the adult and child Medi-Cal population, Healthy Families, Healthy Kids/Young Adults, In Home Support Services Workers, and a variety of other low income, previously uninsured populations in San Francisco.

Because SFHP acts only as a third-party administrator, it bears **no** financial risk for the cost of medical services provided to *Healthy San Francisco* participants. *Healthy San Francisco* participants are not members of the San Francisco Health Plan because the program is not health insurance. The Department and ultimately the City and County of San Francisco assume the financial risk.

The current administrative activities performed by SFHP include:

- assisting in eligibility and enrollment (See *Enrollment and One-e-App* section for more detail),
- developing a participant billing system and collecting applicable participation fees,
- creating a system to manage participant selection and any subsequent change of primary care medical home,
- creating and managing a customer service system to respond to participants, provider and employer inquiries,
- performing certain external communication and outreach activities and developing applicant and participant program materials,
- conducting provider communications, private provider contracting, and related provider support services,
- collecting required utilization data for providers, analyzing these data, and producing applicable utilization reports,
- managing the eligibility and enrollment process of participants who are in the program as a result of the Employer Spending Requirement,
- providing access to select care/case management and health promotion services, and
- providing other services as requested and agreed upon of an administrative nature.

Program Funding

Healthy San Francisco had to answer four major financial questions during its inception:

- What was the estimated total program cost to provide universal access to all eligible, uninsured San Francisco adult residents?
- What were the assumptions underlying these cost projections?
- What were the program's sources of funding when fully operational?
- What were the first year program augmentations and how were they funded?

Estimated Total Program Cost for *Healthy San Francisco*

The estimated costs of the program were developed under the auspices of the Universal Healthcare Council (see Genesis Section for more detail) and were based primarily on an actuarial analysis. The Kaiser Foundation Health Plan funded the actuarial analysis developed by Milliman, Inc. The cost estimates were developed in May 2006 and have been adjusted forward with the launch of the program in July 2007.

The analysis estimated the utilization and costs of health care services to be provided to the uninsured residents eligible for HSF. The estimated costs took into account the projected service utilization for the adult uninsured population. The predicted costs were derived based on the demographic characteristics of the uninsured adults in San Francisco. The analysis took into account: (1) the range of services provided under HSF and (2) a tiered point-of-service fee structure based on family income and size (i.e., Federal Poverty Level) (3) the cost analysis used by Medicare and Medi-Cal based reimbursement rates and (4) estimated costs for third-party administration.

The actuarial analysis provides a broad estimate of potential utilization and costs of HSF but it is by no means definitive. Because the actuarial analysis is an estimate, the actual costs will be influenced by such factors as:

- pent-up demand for services by those who previously had limited access to care; and
- increases in health care costs

Findings showed that excluding administrative costs, total medical costs ranged from \$148 million per year at Medi-Cal reimbursement rates to \$180 million at Medicare re-imburement rates. These costs did not factor in cost escalation or adverse risk selection. Accordingly, at the time of actual implementation in July 2007, an estimated cost model of approximately \$200 million was used in developing the operational plan for the program's rollout.

Sources of Funds

Funding for the *Healthy San Francisco* program comes from a variety of sources, but the primary source of funds is governmental.

Table 1

Projected Annual Sources of Funding for *Healthy San Francisco* at Full Rollout

Funding Source	Amount (in millions)	Comment
City and County of San Francisco	\$111	Existing funds to SFDPH to provide care to indigent and uninsured adults.
Federal Allocation	\$ 24	Federal Health Care Coverage Initiative funding for three years totaling \$73.12 million. This reimbursement-based funding is part of the California five-year Section 1115 Medi-Cal Hospital/ Uninsured Care Demonstration. Funding supports a subset of HSF participants.
State	\$45	Realignment and other funding sources.
Fees from employer/employee participation fees for those participating in HSF via the Employer Spending Requirement	\$12	Estimate based on likely participation of employers in HSF option starting Spring 2008.
Participant fees	\$8	Assumes sliding scale of share of quarterly participant contribution based on Federal Poverty Level.

First Year *Healthy San Francisco* Augmentation Budget

In preparation for the launch and implementation of *Healthy San Francisco*, the San Francisco Department of Public Health augmented its budget with additional revenue because of the Health Care Coverage Initiative and program fees (both employer and participant fees). These revenues enabled the Department to expand clinical services, enhance registration, information systems and other systems to best serve uninsured persons. The budget assumed increased utilization of selective services as residents became enrollees in the program. Specifically, the budget assumes 20,000 new *Healthy San Francisco* members with medical homes, of which 7,000 would be with the Department clinics and 13,000 with non-profit providers, including the San Francisco Community Clinic Consortium.

Table 2 presents the summarized 2007-08 fiscal year augmentation budget for HSF. It does not represent the entire fiscal year HSF program budget.

Table 2

Healthy San Francisco 2007-2008 Augmentation Budget

Line Item	Cost (in millions)	Comment
Incremental Costs:		
Clinical Expansion	\$11.7	Includes enhancement of SFPDPH clinic hours; increased hospital and ancillary services; pharmacy; and behavioral health to treat expanded population
Delivery System Re-Design	\$1.5	Expanded focus on medical home and other primary and preventive care innovations
Patient Access	\$4.7	Eligibility and registration; improved access to service; select non-profit providers
Administration	\$5.0	Third-party administrative costs; information technology; general administration
TOTAL NEW INCREMENTAL COSTS	\$23.0	
New Revenues (See Above)		
Health Care Coverage Initiative Fund	\$18.28	
Participation fees (individuals and employers)	\$4.75	
Point of service fees (SFPDPH only)	\$.05	
TOTAL NEW INCREMENTAL REVENUES	\$23.09	

Clinical Outcomes and Evaluation Approach

Healthy San Francisco's goals are to increase access to, satisfaction with, and utilization of the program's health care delivery system. At the same time, HSF seeks to improve quality of care and patient outcomes and maintain health costs that are less than conventional health insurance products. Because HSF seeks to improve the existing health care safety net (public and non-profit) in a variety of ways, assessing clinical outcomes and evaluating the program is both necessary and complex.

Clinical Outcomes

The program collects a range of administrative and clinical data. This includes, but is not limited to, such areas as clinical experience and utilization, quality improvement, application/enrollment, patient satisfaction and financial indicators. This information is vital to determining how HSF improves access to care, impacts quality of care, contributes to improved health status and affects utilization. Ongoing quality review has been incorporated into the program. Healthcare Effectiveness Data and Information Set (HEDIS) measures have been incorporated into the program.

At present, HSF analyzes application and enrollment data on a regular basis. It has not yet performed any analysis on utilization and cost data. Analysis of this type will require at least 16 months of these data (starting from the September 2007 program expansion) in order to make any reasonable conclusions. Analysis of utilization and cost data before then would not be statistically meaningful or indicative of expected long-term trends. Given enrollment levels to date, the concentration of enrollment among very low-income residents (i.e., those with incomes at or below 100% of the Federal Poverty Level), and that enrollment sites are predominately point-of-service sites would tend to result in higher utilization rates, and potential pent-up demand. There is a need to see how the HSF population utilizes services over a longer period of time with a larger and more diverse population based on income, enrollment site, etc. before utilization and cost data can be analyzed.

Comprehensive Program Evaluation

In addition to its ongoing utilization and quality review, HSF is planning a comprehensive program-wide evaluation to be conducted by an independent evaluator(s). The evaluation will determine if success has been met, what lessons have been learned and what factors are needed for sustainability. The program has an evaluation committee that helps establish the various parameters of the study and its major components. The goal is to release the evaluation Request for Proposal before the fall of 2009.

In designing an evaluation, the Department faces the following challenges:

- narrowing the evaluation to something that is feasible;
- choosing an evaluation methodology given that randomization to the program is not possible (e.g., pre and post, enrollee group and control group, etc.) and;
- identifying an evaluation methodology that will work across different clinical sites.

In addition, because HSF is not insurance, examining health insurance rates pre- and post-HSF is not an appropriate evaluation measure.

The broad evaluation categories include, but are not limited to access to care, participant satisfaction, provider satisfaction, replicability, quality, service utilization and sustainability. In addition, the goal is to have the evaluation:

- Examine the basic structure of the HSF program to determine if the eligibility criteria, financing, delivery system and benefits package are appropriate for the target population;
- Structured to provide feedback on the overall development and launch of the HSF; specifically, assessing the overall planning structure, community participation, program management and other qualitative aspects;
- Examine the extent to which HSF restructures the fragmented safety-net system from a crisis delivery approach into a coordinated model that emphasizes prevention and primary care, ensures the availability of a medical home, and reorganizes the eligibility processes to be more customer-friendly, administratively efficient, and fiscally productive, among other aspects;
- Focus on the lessons learned, replicability and sustainability issues.

Frequently Asked Questions (FAQs)

What is *Healthy San Francisco*?

Healthy San Francisco (HSF) is an innovative health care program developed by the City and County of San Francisco to expand access to health services and to deliver appropriate care to uninsured adult residents. HSF is **not** insurance. It restructures the existing safety net (both public and not profit providers) into a coordinated, integrated system within San Francisco.

Who is eligible for *Healthy San Francisco*?

To be eligible for *Healthy San Francisco*, a resident must:

- Reside and show proof of residence in San Francisco;
- Be uninsured;
- Be 18 – 64 years old;
- Be ineligible for full-scope public programs such as Medi-Cal;
- Have been without employer-based or individually-purchased health insurance for at least 90 days.

How does a San Francisco resident enroll in *Healthy San Francisco*?

Enrollment for Health San Francisco occurs in over thirty sites across the city, including 27 clinics where care is delivered, San Francisco General Hospital, a centralized Eligibility and Enrollment office, and the San Francisco Health Plan (for certain program applicants). At the time of enrollment, a *Healthy San Francisco* participant selects a medical home where s/he will receive care and have care coordinated for specialty or inpatient services.

Where is care provided for *Healthy San Francisco* participants?

Care is provided in the 27 clinics or primary care medical homes across the city, 14 of which are operated by the San Francisco Department of Health and 13 by health centers affiliated with the non-profit San Francisco Community Clinic Consortium. Additionally, San Francisco General Hospital provides the specialty, pharmacy, diagnostic, and inpatient services care as well as some outpatient care through its clinics. Behavioral services (i.e., mental health and substance abuse services) are also provided. Finally, several San Francisco non-profit hospitals participate in *Healthy San Francisco* through the provision of charity care. They do not receive reimbursement from the program.

What is a medical home?

The primary care medical home is a core concept behind *Healthy San Francisco*. It means that every enrolled participant has one medical location, selected by the participant, to which s/he goes for all his or her medical needs. This allows for care to be coordinated, increases efficiency, reduces duplication of effort, and improves management of chronic conditions. A *Healthy San Francisco* participant's identification card identifies his or her medical home.

What are the services covered under *Healthy San Francisco*?

Major services included in the program are: preventive and routine care, specialty care, urgent care, emergency care, ambulance service, hospital care, alcohol and drug abuse care, mental health, laboratory services and tests, durable medical equipment, and prescription medicine. The program does **not** cover out-of-area care (i.e., care provided outside the City and County of San Francisco), care provided by providers not participating in HSF, vision, dental, long-term care, or fertility and cosmetic procedures.

What does it cost to participate in *Healthy San Francisco*?

There are both quarterly program participation fees and point-of-service fees when accessing care. These payments vary based on income level. To see detail of both the quarterly participation fees and point-of-service fees, please see Tables 1 and 2 in the *Program Design* section. Generally, participation fees range from \$0 to \$675/quarter and point-of-service fees range from \$0 to a high of \$350 for hospital admission, both based on the participant's income compared to the Federal Poverty Level (FPL). Program participants with incomes under 100% FPL, those who are homeless and those receiving General Assistance/General Relief pay no participation or point-of-service fees.

What is the enrollment in *Healthy San Francisco*?

Enrollment grew from 1,800 in September 2007 after the first two months when the program was offered on a pilot basis at only two medical homes to 7,400 by December 2007 after the program had been rolled out across the City to those with incomes at or below 100% FPL. As of late May 2008, *Healthy San Francisco* enrollment was 21,000. (In January 2008, the eligibility level was raised to 300% of FPL). Of the estimated 73,000 uninsured adults in San Francisco, *Healthy San Francisco* currently serves almost 30% and continues to grow.

What is the Employer Spending Requirement?

An important component of the August 2006 Health Care Security Ordinance, which created *Healthy San Francisco*, was to simultaneously create a health care employer spending requirement for San Francisco employers with more than 20 employees. Beginning in January 2008, employers were required to contribute either \$1.17 or \$1.76 per hour worked per employee, based on the size of the employer. Please see Table 1 in *The Genesis of Health San Francisco* section for more detail.

Do all funds from the Employer Spending Requirement go to *Healthy San Francisco*?

No, *Healthy San Francisco* (or the “City Option”) is only one of several options for employers to cover part of their employees’ medical costs. Other options include purchasing health insurance, contributing to Health Saving Accounts, direct reimbursement of employee medical expenses and providing health services at the employer’s work site.

What is the role of the San Francisco Health Plan in *Healthy San Francisco*?

San Francisco Health Plan provides third-party administrative services under a contract with the San Francisco Department of Public Health. The Plan does perform a wide range of enrollment, eligibility, and customer service functions for the program. It also manages contractual relationships with non-public providers among other responsibilities. HSF participants are not members of the San Francisco Health Plan. The San Francisco Health Plan does not assume financial risk for the *Healthy San Francisco* program.

What is One-e-App?

One-e-App is a web-based, decentralized eligibility determination and enrollment system with build-in software to determine an applicant’s potential health coverage options. The system automatically enrolls applicants into *Healthy San Francisco* if they are not deemed eligible by the system for other public health insurance programs. If they are, One-e-App submits applications to these other public insurance programs. It can generate automated renewal and disenrollment notices as well as reports on enrollment rates.

What does *Healthy San Francisco* cost?

A 2006 actuarial analysis estimated that total program costs, including administration would be \$200 million/year once the program was fully operational with full enrollment. Anticipated funding comes from the City and County of San Francisco (over 55%), the federal government (12%) (through a three- year Health Care Coverage Initiative grant), State funding (22%), employer fees through the Employer Spending Requirement (6%) and participant fees (4%).

Is *Healthy San Francisco* being evaluated?

Plans are underway to conduct an evaluation that will assess if the program has been successful, what lessons have been learned, and what factors are needed for sustainability. An internal team of experts is developing the parameters of the evaluation. Concurrently, ongoing evaluation by *Healthy San Francisco* occurs through the collection and review of both administrative and clinical data. This includes but is not limited to: clinical experience and utilization, quality improvement, application/enrollment trends, patient satisfaction, and financial data. Ongoing quality review, as well as the use of HEDIS measures, has been incorporated into the program.