

**STATUS REPORT ON THE IMPLEMENTATION OF THE
SAN FRANCISCO
HEALTH CARE SECURITY ORDINANCE**

**A Joint Report of
the Department of Public Health and
the Office of Labor Standards Enforcement**

**Submitted to the
San Francisco Board of Supervisors**

July 2008

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EXECUTIVE SUMMARY

In July 2006, the San Francisco Board of Supervisors adopted the San Francisco Health Care Security Ordinance (Ordinance No. 218-06) which creates two new City and County programs, the Employer Spending Requirement (ESR) and the Health Access Program. In April 2007, the San Francisco Board of Supervisors amended the Ordinance (via Ordinance No. 69-07) to address certain programmatic issues. In April 2007, the Health Access Program name was changed to Healthy San Francisco (HSF).

Both program components of the Ordinance work in tandem and are designed to address the health needs of San Francisco's uninsured residents and workers. The Office of Labor Standards Enforcement (OLSE) oversees the implementation and enforcement of the ESR while the Department of Public Health (DPH) oversees the implementation of HSF.

The Ordinance states that submission of periodic reports on the implementation of the Ordinance shall begin on a quarterly basis starting July 1, 2007, and continue through June 30, 2008. This report meets this mandated reporting requirement. In addition to DPH and OLSE, the Ordinance specifies that the City Controller's Office coordinate with both entities to prepare periodic reports.

The Ordinance has been in effect for one year (July 2007 – June 2008). This report provides an update on the status of the program since submission of the April 2008 status report and provides an overall summary of major activity that has taken place since the enactment of the Ordinance.

Specifically, the following occurred in the first year of the Ordinance's implementation:

- The Office of Labor Standards Enforcement (OLSE):
 - Adopted the Regulations Implementing the Employer Spending Requirement of the Health Care Security Ordinance after holding several public hearings to solicit comments and feedback.
 - Set up a dedicated telephone line (415.554.7892) and created a webpage within the OLSE website specifically for the Employer Spending Requirement -- www.sfgov.org/site/olse_index.asp?id=45168.
 - Made over 60 presentations to employer groups, San Francisco Chamber of Commerce, brokers, human resources consultants, advocates and others regarding implementation of the Employer Spending Requirement.
 - Created and distributed informational materials and forms needed to ensure compliance with the Employer Spending Requirement (available at www.sfgov.org/olse/hcso).
 - Worked with the Treasurer/Tax Collector and the Department of Telecommunications and Information Services to develop and budget for a procedure to electronically scan the Annual Reporting Forms.
 - Implemented the Employer Spending Requirement in January 2009 after a decision by the United States Ninth Circuit Court of Appeals.

- Created enforcement protocols to investigate complaints regarding non-compliance, order corrective action for violations and seek penalties where violations are not corrected.
- The Department of Public Health:
 - Created the Healthy San Francisco Advisory Committee that provides input on the design and development of the program.
 - Created the Healthy San Francisco website (www.healthysanfrancisco.org) which provides programmatic information for applicants, participants, providers, staff and members of the public.
 - Secured over \$73 million in funding from the federal government to support Healthy San Francisco for a three-year period.
 - Adopted the Regulations Implementing Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance, through the San Francisco Health Commission.
 - Piloted Healthy San Francisco for a two-month period in July and August 2007 at two health centers in the Chinatown community.
 - Launched the full program city-wide in September 2007 with 22 participating health centers at 27 different locations.

DPH's and OLSE's efforts have resulted in the following:

1. over 24,000 uninsured San Francisco residents are enrolled in Healthy San Francisco as of late June 2008 and
2. almost 550 San Francisco employers selected the City Option (i.e., Healthy San Francisco/Medical Reimbursement Account) in order to meet the Employer Spending Requirement and committed \$8.98 million for approximately 18,800 employees.

DPH and OLSE worked diligently to effectively and efficiently implement the Ordinance in spite of and under the shadow of a Golden Gate Restaurant Association lawsuit which challenged the legality of the Employer Spending Requirement on federal grounds. As of the date of this report, a decision on the lawsuit is pending from the United States Ninth Circuit Court of Appeals.

I. INTRODUCTION

An estimated 73,000 adult San Francisco residents are uninsured.¹ These residents have limited access to routine preventative care, delay seeking treatment when ill, suffer from poorer health outcomes and ultimately rely on more costly episodic or emergency care for health conditions that could have been treated in primary care settings. Whenever care is needed, uninsured residents must navigate a cumbersome and fragmented delivery system comprised of public and non-profit providers.

In July 2006, the San Francisco Board of Supervisors adopted the San Francisco Health Care Security Ordinance (Ordinance No. 218-06) which creates two new City and County programs, the Employer Spending Requirement (ESR) and Healthy San Francisco (HSF). The programs work in tandem and are designed to address the health needs of San Francisco's uninsured residents and workers. HSF became operational on July 2, 2007. The ESR went into effect on January 9, 2008 for San Francisco employers with 50 or more employees and on April 1, 2008 for for-profit employers with 20-49 employees.

The ESR requires medium and large businesses to spend a minimum amount on health care for their employees. Employers have flexibility in how they make their required expenditure, as long as it used for health care for their employees. In order to provide affordable health care options, the Ordinance also created HSF. HSF is a health care program that, while not health insurance, will provide participants with access to affordable, comprehensive health care services.

The Ordinance specifies the roles and responsibilities of various City and County agencies in the development and maintenance of this Ordinance. They are:

- Office of Labor Standards Enforcement (OLSE) – Enforces the ESR provisions.
- Department of Public Health (DPH) – Administers HSF.
- Controller's Office – Ensures that any required health care expenditures made by an employer to the City are kept separate and apart from general funds and limits use of these funds to the HSF. Coordinates with DPH and OLSE on preparation of periodic reports.
- Office of Treasurer and Tax Collector – Provides to OLSE all non-financial information necessary for OLSE to fulfill its responsibilities.

The Ordinance specifies regular reporting to the Board of Supervisors on the status of both programs. Quarterly reports were required during the period from July 1, 2007 through June 30, 2008. From July 2008 through June 2010, reports will be submitted on a bi-annual basis. The reports are a joint submission of the OLSE, DPH and Controller's Office.

¹ The California Health Interview Survey is conducted by the [UCLA Center for Health Policy Research](#) in collaboration with the [California Department of Public Health](#), the [Department of Health Care Services](#) and the [Public Health Institute](#).

II. GOLDEN GATE RESTAURANT ASSOCIATION LAWSUIT

In November 2006, the Golden Gate Restaurant Association filed a lawsuit against the City and County of San Francisco challenging the Employer Spending Requirement of the Health Care Security Ordinance on the grounds that it conflicted with the Employee Retirement Income Security Act (ERISA) which, among other things, establishes national standards for pension and health plans in private industry. The lawsuit did not challenge the legality of the Healthy San Francisco program. According to estimates developed by the City Controller's Office, roughly 20,000 San Francisco workers will benefit from the Employer Spending Requirement.

On December 26, 2007, federal Judge White issued his order granting the motion for summary judgment filed by the Golden Gate Restaurant Association. The United States District Court ruled that the City and County San Francisco could not implement the Employer Spending Requirement provisions of the Ordinance because of ERISA preemption. On December 27, 2007, the San Francisco City Attorney filed a petition with the U.S. Ninth Circuit Court of Appeals asking for an emergency stay pending appeal of the lower court's decision. The City Attorney asked that the Ninth Circuit Court of Appeals consider the petition by December 31, 2007. The Ninth Circuit Court of Appeals held a hearing on the emergency stay January 3, 2008.

On January 9, 2008, the Ninth Circuit Court of Appeals granted the City and County of San Francisco's petition which allowed the Health Care Security Ordinance to go into effect on January 9, 2008, pending the City and County's appeal of the United States District Court's decision. As a result of the Ninth Circuit Court of Appeals' ruling, the effective date of the Employer Spending Requirement became January 9, 2008 for employers with 50 or more employees. The effective date for for-profit employers with 20-49 employees was April 1, 2008.

On February 7, 2008, the Golden Gate Restaurant Association (GGRA) filed an application to the United States Supreme Court, seeking to lift the Court of Appeals' ruling. On February 21, 2008, Supreme Court Justice Kennedy denied the GGRA's application.

On April 17, 2008, United States Ninth Circuit Court of Appeals heard oral arguments on the appeal. As of the date of this report, the Court had not issued its decision on the appeal. As a result, the Employer Spending Requirement remains in effect.

III. EMPLOYER SPENDING REQUIREMENT

Pursuant to Section 14.4(h) of the Ordinance, this section provides an update on the enforcement and administration of the employer obligations under the HCSO.

During the initial implementation phase, the Office of Labor Standards Enforcement (OLSE) focused much of its efforts on educating employers about the Employer Spending Requirement (ESR) of the HCSO. From June 2007 through the present, the OLSE has conducted 60 presentations, reaching over 2,800 attendees. In addition, OLSE has discussed the HCSO on two radio shows, at a meeting of the Small Business Commission which was televised on SFGTV, and posted a video presentation geared to public works contractors on the OLSE website. From July 2007 to June 2008, the OLSE has had 74,782 individual visits to its HCSO web page, hundreds of calls to its dedicated HCSO telephone line, and numerous calls transferred from 3-1-1. In the same period, 3-1-1 responded to hundreds of calls for information regarding the ESR. The email list that the OLSE has developed has also garnered quite a significant following, with 1,133 subscribers as of June 26, 2008. Regular notices sent to this list include reminders regarding expenditure deadlines, updates on the GGRA litigation, notifications of new outreach and educational materials, and a schedule of HCSO presentations.

The OLSE is also finalizing employee and employer outreach materials that include the basics of the Paid Sick Leave Ordinance (PSLO), the Minimum Wage Ordinance (MWO), and the HCSO. These materials were developed in partnership with the Mayor's Office of Economic and Workforce Development and Barbary Coast Consulting, will be made in six different languages (English, Spanish, Chinese, Tagalog, Vietnamese, and Russian), and will be distributed via general public outreach and an employer outreach campaign. Eighty-five hundred (8,500) copies of the employer piece (Attachment A) are expected to be distributed July to December of 2008, then updated with 2009 rates and coverage requirements. Barbary Coast Consulting is in the process of finalizing the employee piece, which will be stylistically consistent with the employer outreach piece.

Recently added to the website is another educational tool created by the OLSE: the Employer Spending Requirement (ESR) Calculator. The ESR Calculator is an Excel document that has been designed to aid employers in their calculations of the minimum required HCEs. It can be downloaded from our website at www.sfgov.org/olse/hcso.

In the most recent quarter, the OLSE shifted its focus from implementation to enforcement, as covered employers with 50 or more employees were required to have made their first quarter Health Care Expenditures (HCEs) by April 30, 2008. For for-profit employers with 20 to 49 employees, the Employer Spending Requirement (ESR) took effect on April 1, 2008 and initial quarterly expenditures are due by July 30, 2008.

Numerous employees have submitted complaints alleging violations of the ESR, and the OLSE is currently investigating each of them. Alleged violations include: failure to make the required health care expenditures and retaliation against an employee for exercising her rights under the HCSO. The OLSE has also received several complaints regarding HCSO surcharges that many businesses have begun imposing; however, because the OLSE has no authority to restrict the employer's decisions regarding how it operates its business, these complaints have been forwarded to the City Attorney's Office for review.

While the number of employers who have taken advantage of the City Option is encouraging (see pp. 4 and 12), it does not provide a complete picture of ESR compliance. Some employers may have chosen the City Option as a temporary compliance option. As a result, it is possible that participation rates for the City Option may decline after employers have done additional research on the other options available to them and decide to select another option when making subsequent health care expenditures.

Numerous employers have already chosen other options to fulfill the ESR, such as purchasing third-party healthcare coverage, contributing to a health spending account, funding a self-insured program, or providing direct reimbursements to covered employees for health care expense. Accurate data, however, will not be available until after employers have completed the 2008 HCSO Annual Reporting Form, which will be mailed to all covered employers who are registered with the Treasurer & Tax Collector in December 2008, with a due date of February 2009. These forms will be scanned electronically by T/TX staff, and the OLSE expects to be able to report on this data in mid-2009.

IV. HEALTHY SAN FRANCISCO

This section provides a summary of Healthy San Francisco and Medical Reimbursement Account components of the Health Care Security Ordinance. The Department of Public Health (DPH) is responsible for implementing and administering these components.

Healthy San Francisco (HSF) is an innovative health care program designed to expand access to health services and deliver appropriate care to San Francisco's uninsured adult residents. HSF provides a package of services, promotes choice of providers, recognizes the importance of affordability, and maintains a focus on accountability. HSF addresses both access to and management of care. HSF makes significant improvements for uninsured residents seeking services at DPH and other safety net systems by:

- ensuring that uninsured residents receive a designated primary care medical home,
- streamlining the eligibility and enrollment process,
- making information on services and the costs clearer and more accessible,
- providing uninsured residents with an organized health care delivery system and
- issuing program participants a HSF identification card to make access to services easier.

A. Major Activity Since Submission of April 2008 Status Report

Since the April 2008 status report, the Department has:

1. Entered into a contract with the State Department of Health Care Services for the \$73.12 million three-year award under the Health Care Coverage Initiative for Healthy San Francisco. The Board of Supervisors approved the resolution authorizing the Department to enter into this contract in May 2008.
2. Begun enrollment of employees participating in HSF as a result of their employer's selection of the City Option to meet the Employer Spending Requirement. Enrollment of these HSF participants is done through the program's third-party administrator, the San Francisco Health Plan.

B. Healthy San Francisco Enrollment

As of June 28, 2008, there were 24,392 participants residents enrolled in HSF (33% of the uninsured adult population).

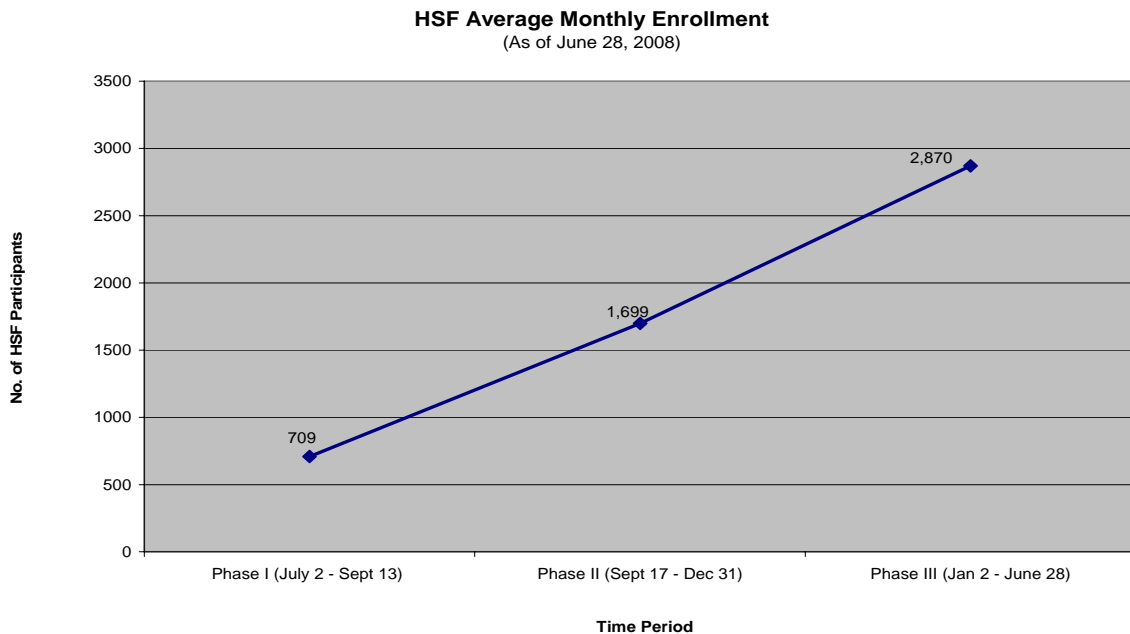
HSF enrollment is being phased-in over a 24-month period. Enrollment has focused on low-income residents with fewer affordable health care options. Currently, the program is open for enrollment to uninsured, adult residents with incomes at or below 300% FPL (one person – no more than \$30,630; family of four – no more than \$61,950). Individuals with incomes in excess of 300% FPL are eligible to receive subsidized health care services under the Department's Sliding Scale program. Program eligibility will be expanded in the future.

The following chart provides basic demographic information based on the 24,393 participants:

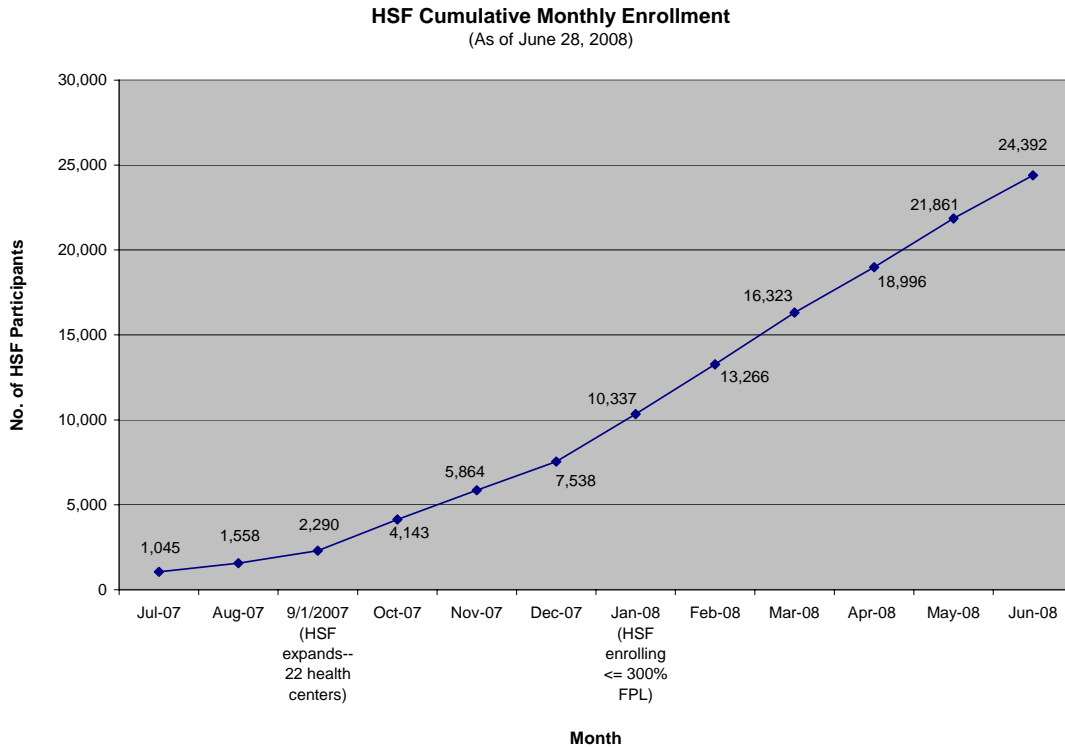
Age	7% are 18 - 24; 37% are 25 - 44; 27% are 45 - 54; 29% are 55 - 64
Ethnicity	38% Asian/Pacific Islander; 23% Latino; 15% Caucasian; 9% African-American, 2% Other; less than 1% Native American; 12% Not Provided
Gender	49% female; 51% male
Income	78% at/below 100% FPL; 17% between 101 – 200% FPL; 5% between 201 – 300% FPL
Language	48% English; 27% Cantonese/Mandarin; 19% Spanish; 1% Vietnamese; 1% Filipino (Tagalog and Ilocano); less than 1% Other

Twenty-five percent (25%) of Healthy San Francisco participants reside in the Excelsior/Mission districts. Homeless individuals comprise 13% of all HSF participants.

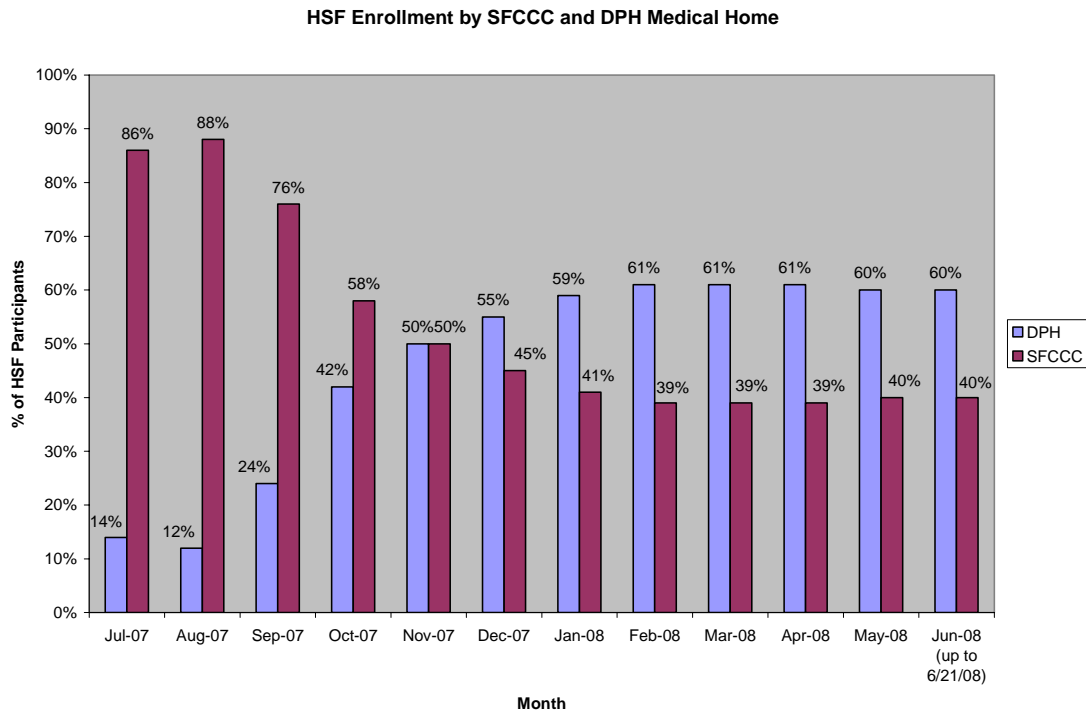
The average monthly enrollment continues to increase as the program’s income eligibility has expanded. As the graph below indicates, monthly enrollment was approximately 2,800 from January to June 2008.



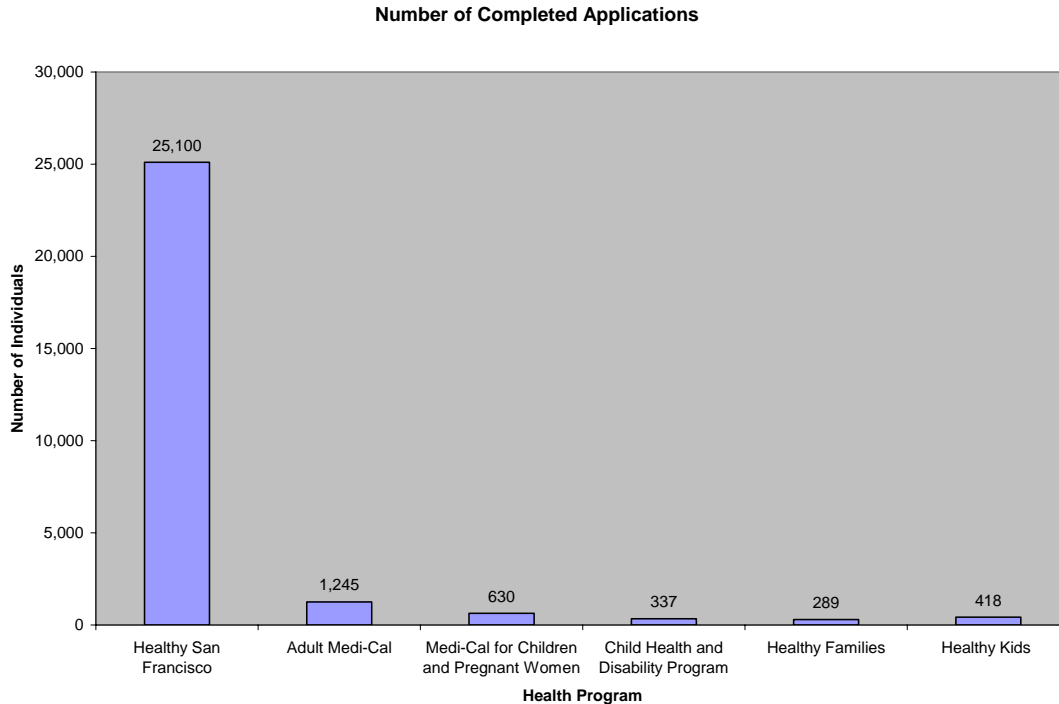
The following graph provides overall monthly cumulative enrollment for the program since its inception in July 2007 to June 21, 2008.



Since the city-wide launch of HSF in September 2007, medical home selection by HSF participants has been relatively consistent with approximately 60% selecting a San Francisco Department of Public Health (DPH) primary care primary care clinic medical home and 40% selecting a San Francisco Community Clinic Consortium (SFCCC) primary care clinic medical home (as of June 21, 2008).



There are 100 Certified Application Assistors (CAAs) that enroll HSF participants into the program via the web-based eligibility and enrollment system (One-e-App). One-e-App enables efficient identification and enrollment of uninsured residents into public insurance programs. As of mid-June, CAAs had processed applications for 28,000 individuals and ten percent (10%) of these were eligible for public health insurance.



C. Employer Selection of City Option to Meet Employer Spending Requirement

During this report period, certain San Francisco businesses were required to make health care expenditures on behalf of their employees in accordance with the Health Care Security Ordinance. San Francisco employers with more than 50 employees were required to make their first quarterly health care expenditure by April 30, 2008 to meet the Employer Spending Requirement (ESR). The ESR went into effect for for-profit employers with 20 – 49 employees on April 1, 2008. These employers have until July 31, 2008 to make their first quarterly health care expenditures. In complying with the Ordinance, employers have a variety of options to choose from, such as health insurance, direct reimbursement to employees, health spending accounts, the City Option, etc.

San Francisco employers are selecting the City Option to meet the ESR. The City Option provides an employee with either Healthy San Francisco or a Medical Reimbursement Account depending upon the employee’s eligibility. It is important to note that an employer does not enroll an employee into HSF. The employee must take action and go through the HSF application process in order to become a HSF participant. It can take 4 – 6 weeks for an employee to get enrolled into HSF after the employer has made their required health care expenditure and once the employee takes action.

Data on the City Option indicate the following as of June 27, 2008:

- 547 employers have selected the City Option and made payments of \$7,668,000 for 16,327 employees. One-half are potentially eligible for HSF (8,010 employees with funding at \$3,941,000) and one-half would potentially receive a Medical Reimbursement Account (8,317 employees with funding at \$3.727 million).
- 105 employers have selected the City Option and payments of \$1,313,000 are in process for 2,459 employees (one-half are potentially eligible for HSF and one-half would potentially receive a Medical Reimbursement Account).
- In total, \$8,981,000 in health care expenditures has been committed for 18,786 employees.

The employer payments are submitted to the HSF third-party administrator for processing. The third-party administrator transfers the full value of the Healthy San Francisco payments to the City and County of San Francisco on a periodic basis. In accordance with the Ordinance, those funds are used exclusively for the HSF program.

D. 2007-08 Fiscal Year Summary of Major Program Activity

The following provides a one-year summary of major activity that occurred in the planning and implementation of Healthy San Francisco.

1. Communications and Outreach: DPH adopted and implemented a multi-pronged approach to informing the public about the HSF:

- In the August 2006, the HSF website (www.healthysanfrancisco.org) was launched. The website currently serves all program stakeholders including individuals interested in enrolling, current program participants, eligibility workers, providers, employers, employees, press, state and national agencies, and the public-at-large. Since its launch, the website has had 93,733 individual visits. By July 7, 2008 the website will be translated into Chinese and Spanish.
- In anticipation of increased interest in Healthy San Francisco, from late June 2007 to December 2007, the program's Inquiry Call Center was in operation. The call center handled public inquiries about the program, the application process and phase-in timeframe. The call center served as a centralized communications forum for the public and other stakeholders to access live program information. The call center had language capacity in English, Chinese and Spanish. The call center was also linked to the City's 3-1-1 system.
- In January 2008, 3-1-1 became the principle mechanism for providing information to the public. From July 2007 to June 2008, 3-1-1 responded to over 2,600 calls for HSF information.

2. Funding Issues: In March 2007, DPH was awarded \$73.1 million in services funding to support HSF under the Health Care Coverage Initiative (HCCI). The HCCI award is for a three-year period beginning September 1, 2007 and terminating August 31, 2010. Services funding under HCCI is via reimbursement for incurred expenditures -- the

reimbursement rate is at 50% of costs. Therefore, to receive \$73.12 million in services funding, DPH must document that it has incurred \$146.24 million in expenses. DPH's 2007-08 budget provided for a \$23 million augmentation for Healthy San Francisco. The augmentations supported clinical expansions (i.e., primary care, hospital services, pharmacy, behavioral health and others), delivery system innovations, patient access and administrative services.

3. Board Authorization of Medical Reimbursement Accounts: In April 2007, the Board of Supervisors amended the Health Care Security Ordinance to authorize the Department of Public Health to establish and maintain Medical Reimbursement Accounts (MRA). This provision is generally known as the "City Option." It allows an employer to make its health care expenditure with the City on behalf of its employees. The employee(s) will be given either Healthy San Francisco or a Medical Reimbursement Account, based on the information the employer provides. With the City Option, an employer can meet the obligations under the Employer Spending Requirement to provide a health care expenditure benefit for both their resident and non-resident employees.

4. Healthy San Francisco and Medical Reimbursement Account Regulations: In July 2007, the San Francisco Health Commission adopted the "Regulations Implementing the Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance." The regulations were adopted after a public process that involved noticing the regulations, seeking public comment and holding a public meeting. The regulations set forth the parameters for the administration of HSF and the MRA provision and will be used to develop appropriate public and participant informational materials. The regulations cover the following:

- Eligibility
- Program Fees
- Services
- Service Provision and Delivery Network
- Covered Employee Participation
- Public Information
- Administration
- Reporting

5. Healthy San Francisco Implementation: HSF has a phased-in implementation strategy designed to focus enrollment on the most vulnerable initially. In addition, an incremental approach was necessary given the complexity of the implementation and to provide an opportunity to make appropriate adjustments and modifications in the program as necessary. DPH estimates that it will take 18 – 24 months to fully implement HSF from its September 2007 launch. The following were critical dates in HSF implementation:

July 2007 Debut

The purpose of the debut was to test critical aspects of the program before expanding HSF more widely. This strategy was consistent with the incremental and targeted phase-in approach for the program. Because HSF was in "debut-phase" during this period, there was no active outreach to solicit participation in the program.

- HSF “debuted” on July 2, 2007 at Chinatown Public Health Center and North East Medical Services for a two-month period – during the months of July and August 2007.
- Program enrollment was limited to individuals seeking services at these two sites, who met all program requirements and had annual household income at or below 100% of the Federal Poverty Level (one person – no more than \$10,200; family of four – no more than \$20,650).

September 2007 Launch

The program was launched City-wide. The provider network was expanded to include public and non-profit health centers which are a strong feature of the program. Each of these health centers will serve as primary care medical homes for HSF participants.

- HSF was expanded to include 22 primary care medical homes (health centers) at 27 different locations.
- Program enrollment was limited to individuals who met all program requirements and had annual household income at or below 100% of the Federal Poverty Level.
- DPH launched its web-based eligibility and enrollment System (One-e-App) to enroll uninsured residents into Healthy San Francisco. The system determines if a person applying for HSF is eligible for public health insurance programs before determining if they are eligible for HSF. All HSF primary care medical homes have access to One-e-App and staff who assist individuals in the application process.
- Opened a Customer Service Call Center for Healthy San Francisco that provides participants with information on how HSF works, sends participants program information, address participant billing issues and/or assist participants with a complaint or problem. The customer service center is operated by the Department’s HSF third-party administrator, the San Francisco Health Plan.
- Unveiled the DPH Eligibility and Enrollment Unit, a new centralized unit developed to better streamline the eligibility and enrollment process for Department clients enrolling in Healthy San Francisco.

January 2008 Expansion

The program’s income eligibility was expanded. In addition, expansion was necessary to accommodate implementation of the Employer Spending Requirement which went into effect for employers with 50 or more employees on January 9, 2008.

- The program began enrolling HSF participants at higher income levels, namely those with incomes up to 300% of the Federal Poverty Level (one person – no more than \$30,630; family of four – no more than \$61,950).
- The San Francisco Health Plan (SFHP) became an enrollment site for those uninsured residents interested in enrolling in HSF who do not have a clinical appointment with one of the participating medical homes. The SFHP also serves as the only enrollment site for individuals participating in the HSF program via the Employer Spending Requirement.

- The employer component of the Healthy San Francisco website became operational. The aspect of the website fully described the City Option that employers could use to meet the Employer Spending Requirement.

6. Third Party-Administrator: The Health Care Security Ordinance included a provision that the Department of Public Health coordinate with a third-party vendor to administer program operations. 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 has 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.

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 current administrative activities performed by SFHP include such functions as:

- operating the participant billing system and collecting applicable participation fees,
- 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,
- serving as an enrollment site and
- managing the eligibility and enrollment process of participants who are in the program as a result of the Employer Spending Requirement and
- providing access to select care/case management and health promotion services.

ATTACHMENTS