Attachment C
San Francisco Healthy San Francisco -- Project Structure

The following outlines the operational planning and implementation structure for Healthy San Francisco.

Context
The Department of Public Health (DPH) is responsible for the overall implementation of the Healthy San Francisco (HSF) and has chosen to partner with the San Francisco Health Plan (SFHP) on this important initiative. The Universal Healthcare Council provided the framework and outline for the HAP, and the vision of how the currently fragmented health care safety net system would be organized into a cohesive structure to provide comprehensive, quality services to the estimated 82,000 San Francisco adults without health insurance. Since that time, both DPH and SFHP have worked to develop the critical design components tied to this overall vision. The HAP is a very complex project not without its challenges. From design to implementation, there is an ongoing need for both entities to dedicate time clarifying key aspects of HSF. In addition, a structure is needed address policy issues that will inevitably arise during the HAP planning and implementation processes.

Health Access Program Vision and Policy Making Committee - Purpose and Objectives
The purpose of the Health Access Program Vision and Policy Making Committee is to develop an overall vision for the HAP, to make all policy decisions related to the development and implementation of the program and to ensure that sufficient resources (i.e., time, funding, staff) are allocated to the implementation. Decisions of the Committee are binding. The Committee will be provided with staff support for logistics, taking minutes, etc.

Key Committee objectives (not listed in priority order) include, but are not limited to:
- clarifying current delivery systems issues that HAP is intended to resolve,
- coming to consensus on the vision and design of HAP,
- finalizing the functional responsibilities of DPH, SFHP, providers and others critical to the successful implementation of HAP,
- empowering staff to develop design and operational work plans tied to the vision of the program,
- approving a common glossary of key terms and communications plan for all staff involved in the HAP.

The overall vision, policies and key decisions will be communicated to internal staff, governing bodies (San Francisco Health Commission and San Francisco Health Plan Governing Board), elected officials (Mayor's Office and Board of Supervisors), advisory bodies (HAP Advisory Committee), other City and County agencies and the general public.

While operational issues that have policy implications may be brought to the Committee for discussion and resolution, it is not anticipated that this Committee will be operational in nature (i.e., it will not be responsible to handling operational issues, developing operational work plans, etc.). Operational issues will be addressed at the workgroup level as described below. Decisions and recommendations from the Committee will be funneled down to key implementation/operational work groups with DPH and/or SFHP staff (refer to Appendix C [page 18] for the Project Structure Communication Approach).

Operational/Design Work Groups

Work groups are needed to develop and implement specific operational work plans for key components of the HAP. The primary purpose of these work groups is to advance HAP to the operational stage based on program design. There is recognition, however, that some work groups may have to address unresolved design issues. Given the time constraints, work groups will be asked to address only those unresolved design issues that are critical for the HAP launch. Not all design issues require resolution before the launch and work groups will be instructed to "park" these issues for consideration and deliberation at a later date. Any design issues that are resolved by a work group will be communicated to other work groups and summarized in the project's overall HAP design summary. The Committee will have access to this document.

The overall scope for each work group includes the following activities:
- o Complete outstanding design issues and develop design recommendations (as needed)
- o Develop and update a detailed operational work plan
- o Review development/operational status, updates, issues, challenges
- o Prepare for and support phased-in implementation
- o Monitor post-implementation issues

At present, the work groups are:
1. Behavioral Health
2. Covered Employer
3. Communications/Marketing
4. DPH Provider
5. Evaluation/Reporting
6. Finance/Budget
7. Information Technology (central eligibility and registration, premium billing, One-E-App)
8. July 2007 Debut
9. Provider Network
10. Service Integration/Coordination (care/case management, customer service, health promotion, pharmacy, public coverage coordination)

Each work group will have staff with programmatic, operational and design expertise in the specific area of concentration.

Each work group will have a Group Lead. This person will serve as chair, keeping discussions on topic and in scope, escalating vision clarification and policy-related issues to the Vision and Policy Making Committee, and ensuring appropriate work group membership. A subset of Group Leads (applicable to the topic) will come together when necessary to discuss cross-group design recommendations, development challenges and dependencies.

Staff support will be assigned to each work group, and will be responsible for scheduling, logistics, agendas, recording meeting highlights, cataloging follow-up items and maintaining pertinent work group documents. In addition, all work group staff support will meet weekly to identify, discuss and coordinate cross-group issues, dependencies, recommendations, challenges, delays and identify potential vision clarification and policy-related issues for escalation to the Vision and Policy Making Committee.
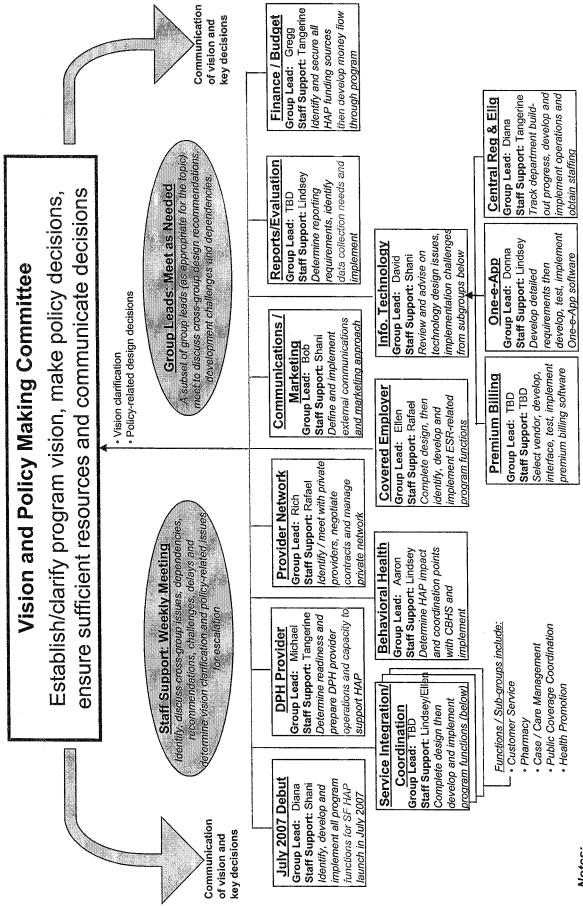
Refer to the Appendix A for specific work group purpose and membership and meeting schedule. Refer to Appendix B for each work group's proposed charter. The first meeting of each work group will include reviewing and updating/confirming the charter.

Committee Membership

The Committee will consist of the following nine (9) standing members:

Department of Public Health	San Francisco Health Plan
Mitchell Katz	Jean Fraser
Tangerine Brigham	Ellen Kaiser
Barbara Garcia	Don Gordon
Gene O'Connell	Robyn Thaw
Gregg Sass	

In addition, the Committee may invite staff from either organization to participate in specific meeting discussions if the staff person has expertise in the area being considered, and can inform and enhance the Committee's deliberations.

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Vision and Policy Making Committee

Establish/clarify program vision, make policy decisions, ensure sufficient resources and communicate decisions

Communication of vision and key decisions

- Vision clarification
- Policy-related design decisions

Staff Support: Weekly Meeting
Identify, discuss cross-group issues, dependencies, recommendations, challenges, delays and determine vision clarification and policy-related issues for escalation

Group Leads: Meet as Needed
A subset of group leads (as appropriate for the topic) meet to discuss cross-group design recommendations, development challenges and dependencies.

July 2007 Debut
Group Lead: Diana
Staff Support: Shani
Identify, develop and implement all program functions for SF HAP launch in July 2007

DPH Provider
Group Lead: Michael
Staff Support: Tangerine
Determine readiness and prepare DPH provider operations and capacity to support HAP

Provider Network
Group Lead: Rich
Staff Support: Rafael
Identify / meet with private providers, negotiate contracts and manage private network

Communications / Marketing
Group Lead: Bob
Staff Support: Shani
Define and implement external communications and marketing approach

Reports/Evaluation
Group Lead: TBD
Staff Support: Lindsey
Determine reporting requirements, identify data collection needs and implement

Finance / Budget
Group Lead: Gregg
Staff Support: Tangerine
Identify and secure all HAP funding sources then develop money flow through program

Service Integration/ Coordination
Group Lead: TBD
Staff Support: Lindsey/Ellen
Complete design then develop and implement program functions (below)

Behavioral Health
Group Lead: Aaron
Staff Support: Lindsey
Determine HAP impact and coordination points with CBHS and implement

Covered Employer
Group Lead: Ellen
Staff Support: Rafael
Complete design, then identify, develop and implement ESR-related program functions

Info. Technology
Group Lead: David
Staff Support: Shani
Review and advise on technology design issues, implementation challenges from subgroups below

Functions / Sub-groups include:
- Customer Service
- Pharmacy
- Case / Care Management
- Public Coverage Coordination
- Health Promotion

Premium Billing
Group Lead: TBD
Staff Support: TBD
Select vendor, develop, interface, test, implement premium billing software

One-e-App
Group Lead: Donna
Staff Support: Lindsey
Develop detailed requirements then develop, test, implement One-e-App software

Central Reg & Elig
Group Lead: Diana
Staff Support: Tangerine
Track department build-out progress, develop and implement operations and obtain staffing

Communication of vision and key decisions

Notes:

(1) Each group will be commissioned with a charter, outlining scope, responsibilities, deliverables, membership and authority.

(2) Each organization's (e.g., DPH, SFHP, OLSE) unique project infrastructure, to complete tasks specific to the organization, is not reflected here.

3/26/2007

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Appendix A – Work Group Overview

Work Group	Purpose	Membership	Staff Support
Behavioral Health	Determine HAP impact and coordination points with CBHS and implement	**Aaron Chapman (Lead)** Bob Cabaj Michelle Ruggels Josephine McCreary Jim Stillwell	Lindsey Angelats
Covered Employer	Complete design, then identify, develop and implement ESR-related program functions	**Ellen Kaiser (Lead)** Don Gordon Jean Fraser Joannie Chang Robyn Thaw Scott Yturria Tangerine Brigham	Rafael Gomez
Communications / Marketing	Define and implement external communications and marketing approach	**Bob Menezes (Lead)** Eileen Shields Robyn Thaw Tangerine Brigham	Shani Trudgian
DPH Provider	Determine readiness and prepare DPH provider operations and capacity to support HAP	**Michael Drennan (Lead)** Barbara Wisner Jeff Critchfield Jim Franicevich Lisa Johnson Marcellina Ogbu Sheila Kerr Other Providers to be added	Tangerine Brigham
Finance / Budget	Identify and secure all HAP funding sources then develop money flow through program	**Gregg Sass (Lead)** Ann Okubo Jean Fraser Scott Yturria Valerie Inoyue	Tangerine Brigham

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Work Group	Purpose	Membership	Staff Support
Information Technology *(with three Subgroups below)*	Develop and maintain technology architecture, and review and advise on technology design issues, status and implementation challenges from the One-e-App, Premium Billing, and DPH Central Elig & Reg subgroups	**David Counter (Lead)** Donna Jacobs Kim Tally Kevin Gilpin (Siemens) Pat Skala Don Gordon One-e-App Designee Premium Billing Designee	Shani Trudgian
One-e-App	Develop detailed requirements then develop, test, implement One-e-App software	**Donna Jacobs (Lead)** Diana Guevara Kim Tally Kevin Gilpin Jenine Smith Omar Carvallo Pat Skala Vanda Mendoza-Baptiste Adrian Nunez One-e-App Designee	Lindsey Angelats
Premium Billing	Select vendor, obtain contract then develop, interface (to/from One-e-App), test and implement Premium Billing system (a.k.a. Participant Fee Billing)	***Don Gordon*** *SFHP Designees* *Premium Billing Vendor Designee*	TBD
DPH Central Registration & Eligibility	Track department build-out progress, develop and implement operations and obtain staffing	**Diana Guevara (Lead)** *(work group activity may be woven into an existing DPH committee focused on central registration and eligibility)*	Tangerine Brigham
July 2007 Debut	Identify, develop and implement all program functions for SF HAP debut in July 2007	**Diana Guevara (Lead)** Albert Yu Jenine Smith Kim Tally Kit Chan Lily Lee Marcellina Ogbu Michael Drennan Randy La Botte	Shani Trudgian

Work Group	Purpose	Membership	Staff Support
Provider Network	Identify / meet with private providers, negotiate contracts and manage private network	**Rich Rubinstein (Lead)** Cia Byrnes Gregg Sass Jean Fraser	Rafael Gomez
Reports/Program Evaluation	Determine reporting requirements, identify data collection needs and implement	**Tangerine Brigham (Temp. Lead)** Marcellina Ogbu Chris Elliot Ellen Kaiser Gregg Sass John Luce Lisa Johnson Rich Rubinstein	Lindsey Angelats
Service Integration / Coordination (sub-groups to be defined at a later date)	Complete design then develop and implement program functions (Customer Service, Pharmacy, Case / Care Management, Public Coverage Coordination, Health Promotion)	*Lead (TBD)* Darlene Bahrs Maria Martinez Sharon Kotabe Other members to be added	Lindsey Angelats Ellen Kaiser

Appendix B – Work Group Charters (in alphabetical order)

<u>Behavioral Health Charter</u>

Objective: Bring together key CBHS and HAP project resources who can represent HAP's operational and clinical impact to the Behavioral Health area and make decisions on behalf of CBHS. This group's scope may expand through the program's phase-in process, as Behavior Health operations and systems are integrated into the HAP over time.

- o **Group Scope / Boundaries:**
  - Define initial and long-term coordination points between CBHS and the HAP.
  - Identify open design issues in the Behavioral Health area, prepare and escalate recommendations to obtain design decisions.
  - Prepare a workplan of all tasks and activities to be completed to support the initial HAP implementation as well as the deeper integration of Behavioral Health (operations and systems) into the program over time.
  - Provide status on workplan activities, and identify risks, challenges and potential delays.
  - Receive updates on design decisions as well as environmental and political happenings that impact the Behavioral Health area.
- o **Members' Responsibilities:**
  - Come prepared to meetings with follow-up from prior meeting and background information, as applicable, on agenda topics.
  - Identify risks, challenges, delays in the tasks and activities that need to be discussed/resolved or escalated.
  - Manage your tasks and activities using the detailed workplan, aligning to the schedule and dependencies.
  - Communicate and champion key design, planning and development information to all appropriate and affected staff at CBHS.
  - For missed meetings, review the meeting highlights prior to the next meeting
- o **Meeting Format / Schedule:**
  - Meetings are guided by the Behavioral Health detailed workplan and open design items assigned to Behavioral Health.
  - Meetings are both working, interactive meeting as well as status updates on key tasks and activities.
  - Meet on a regular basis, starting in April.
- o **Group Output / Deliverables:**
  - Initial and long term Behavioral Health coordination points with the HAP
  - Detailed Behavioral Health Workplan, with updated status
  - Design recommendations for open design items

Covered Employer Charter

Objective: By May 31st, finalize the design recommendations governing contributions to SF HAP by applicable employers and participation by covered employees in the SF HAP. Then, assign responsibilities and articulate a structure for the development and implementation of the design.

- **Group Scope / Boundaries:**
    - Solicit from DPH and City Attorney key parameters for developing the HAP-ESR rules/relationship by April 13.
    - By May 31st make design recommendations for all aspects of the ESR-HAP interface, including participant fees for covered employees, covered employee enrollment process, medical spending account rules, scope of responsibilities for OLSE, SFHP and DPH, and other tasks defined by the group.
    - By May 31st assign responsibilities and clarify structure for development and implementation of the design recommendations, which may include a revised Charter.
- **Members' Responsibilities:**
    - Come prepared to meetings.
    - Work in small groups to complete specific design recommendations as assigned by the group.
    - For missed meetings, review the meeting highlights prior to the next meeting.
- **Meeting Format / Schedule:**
    - Weekly meetings. May be additional working meetings with smaller teams if needed.
- **Group Output / Deliverables:**
    - HAP-ESR Design recommendations
    - Assignment of responsibilities and structure for next phase of development.

DPH Provider Charter

Objective: Ensure DPH primary and specialty providers (physicians and staff) understand and are prepared for the HAP's operational and clinical impact as well as enhanced capacity needs. In addition, this group enables DPH providers to receive consistent and timely project communication as well as to raise issues and concerns. Ultimately, the work group is focusing on primary / preventative care improvement, clinical service Integration and sufficient clinical capacity.

- o **Group Scope / Boundaries:**
  - Identify and address HAP's operational and clinical impact to DPH providers.
  - Provide recommendations for open program design issues relating to HAP's point of service and clinical navigation processes.
  - Continue to identify opportunities for capacity expansion and develop / implement solutions.
  - Identify issues, constraints and concerns relative to HAP's implementation and impact.
  - Develop and manage to a list of ongoing activities, including dependencies, that support HAP's timelines, short and long term goals and definition of success.
- o **Members' Responsibilities:**
  - Come prepared to meetings with follow-up from prior meeting and background information, as applicable, on agenda topics.
  - Identify risks, challenges, delays in the tasks and activities that need to be discussed/resolved or escalated.
  - Manage assigned activities in your area, aligning to the schedule and dependencies.
  - Communicate and champion key design, planning and development information to all appropriate and affected staff at DPH clinics and the hospital.
  - For missed meetings, review the meeting highlights prior to the next meeting.
- o **Meeting Format / Schedule:**
  - Meetings are guided by the DPH provider capacity and communications workplan and the open issues report assigned to this group
  - The meeting frequency is TBD
- o **Group Output / Deliverables:**
  - Communication tailored and specific to DPH clinics and hospital-based providers

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Information Technology Charter

Objective: Bring together information technology representatives from all organizations and software vendors supporting the HAP technology solution, to address technology-related design details as well as development and implementation issues, dependencies, deliverables and timeframes. This group will serve as the steering committee for several technology-related sub-groups.

- o **Group Scope / Boundaries:**
  - Initially, this group will address the remaining technology-related design details and will then evolve into development and implementation focused-work.
  - Define the HAP technology solution by developing the technology infrastructure (interim and final); update as design evolves and communicate with project team.
  - The following sub-groups will report status and issues up to this group: (1) One-e-App, (2) Premium Billing (SFHP specific) and (3) Central Registration and Eligibility (DPH specific).
  - Confirm sub-group scope, schedule, deliverables and membership.
  - Review schedule delays from the sub-groups, address impact and prepare contingency plan recommendations.
  - Identify vision and policy issues to escalate for clarification and decisions.
  - Identify and address technology-related design issues and prepare recommendations for both design changes and new detailed design, to be escalated for review.
  - Identify updates to detailed technology workplans and confirm dependencies, deliverables, timelines.

- o **Members' Responsibilities:**
  - Come prepared to meetings with follow-up from prior meeting and background information, as applicable, on agenda topics.
  - Utilize the detailed workplans specific to the sub-groups to provide status, deliverable updates, and dependencies on other areas of the project.
  - Identify and raise design issues and updates to the project decision makers, then communicate the decisions made with the area of the project you represent.
  - Identify and mitigate technology-related risks, challenges, and delays in the area of the project you represent.
  - For missed meetings, review the meeting highlights prior to the next meeting.
- o **Meeting Format / Schedule:**
  - Meeting are guided by open technology design items list and the applicable detailed workplans (e.g., s, One-e-App, Premium Billing, Central Registration & Eligibility).
  - Receive updates / communication on project-wide design decisions, changes, regulatory / political HAP-related news.
  - Meetings will include brief workplan status updates and interactive discussions on HAP technology-related topics.
  - Meet 2 hours, bi-weekly starting in April, location TBD
- o **Group Output / Deliverables[1]:**
  - Interim (pre-One-e-App) HAP Technology Architecture diagram
  - HAP Technology Architecture diagram

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[1] The initial development of detailed workplans as well as functional and technical interface specifications is not within the scope of this group. However, reviewing and revising these documents is part of its charter.

- Updates to detailed technology-related workplans
- Technology-related design recommendations (changes and new design)
- Technology-related contingency plans (as necessary)

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July 1 2007 Debut Charter

Objective: Bring together key resources involved in preparing and supporting the HAP's July 1st debut at the DPH Chinatown Clinic. This group will first clarify and confirm the scope of the debut, then develop a detailed workplan to meet the July 1st date, and finally execute the workplan, obtaining frequent status and discussing / mitigating risks and challenges. During this process, recommendations for open design items affecting the July 1st debut will be developed by this group and escalated for decision and resolution.

- o **Group Scope / Boundaries:**
    - Clarify and obtain confirmation of all HAP functions going live on July 1st (scope of debut).
    - Prepare workplan of all tasks and activities to be completed for the July 1st debut.
    - Identify open design issues, prepare and escalate recommendations to obtain design decisions.
    - Provide status on workplan activities, and identify risks, challenges and potential delays.
    - Identify interim technology requirements to support the program, prior to implementing One-e-App
    - Prepare contingency plans as necessary.
    - Receive updates on design decisions as well as environmental and political happenings that impact the July 1st debut.
- o **Members' Responsibilities:**
    - Come prepared to meetings with follow-up from prior meeting and background information, as applicable, on agenda topics.
    - Identify risks, challenges, delays in the tasks and activities for the July 1st debut.
    - Manage your tasks and activities using the detailed workplan, aligning to the schedule and dependencies.
    - Communicate and champion key design, planning and development information to those in your area involved with in July 1st debut activities.
    - For missed meetings, review the meeting highlights prior to the next meeting.
- o **Meeting Format / Schedule:**
    - Meeting are guided by the July 1st Debut detailed workplan and open design items affecting the July 1st debut.
    - Meetings are both working, interactive meeting as well as status updates on key tasks and activities.
    - Meet weekly starting in April.
- o **Group Output / Deliverables:**
    - Detailed Workplan, with updated status
    - Interim technology requirements (prior to One-e-App)
    - Design recommendations for open design items affecting July 1st Debut
    - Risk mitigation and contingency plans

One-e-App Charter

Objective: Bring together key DPH Information Systems stakeholders, DPH Patient Financial Service leadership, SFHP-DPH One-e-App Project Managers to create an efficient forum to facilitate the design, testing, and timely implementation of the One-e-App system. These meetings will include vendor representation (Center to Promote Healthcare Access, Siemens, Premium Billing Vendor) when needed. In addition, Subject Matter Experts will attend meetings as needed. This work group will oversee and execute a detailed workplan to ensure critical tasks and deliverables are completed in line with deadlines on the One-e-App project calendar.

- o **Group Scope / Boundaries:**
    - Identify and resolve (or identify off-line approach to make recommendation) outstanding technical, process and program-level design issues related to the One-e-App implementation
    - Adhere to One-e-App implementation workplan with task, task owner, and due date detail
    - Ensure One-e-App customization accurately reflects HAP enrollment and eligibility rules or existing program enrollment and eligibility rules (other coverage programs)
    - Address and communicate key project risks, delays, and contingencies to project management, vendors, and DPH-SFHP leaders in a timely manner
- o **Members' Responsibilities:**
    - Come prepared to meetings with follow-up from prior meeting and background information, as applicable, on agenda topics
    - Actively identify risks, challenges, delays in the area of the project you represent
    - Share in-depth knowledge of relevant programs, policies, procedures and workflow
    - Communicate and champion key design, planning and development information to the area of the project you represent
    - For missed meetings, review the meeting highlights prior to the next meeting.
- o **Meeting Format / Schedule:**
    - Meetings are guided by One-e-App workplan and the open issues report assigned to this group
    - Include One-e-App SFHP/DPH IS Project Managers, DPH PFS leadership, One-e-App Project Manager, and Vendor representatives (as needed)
    - Meet weekly starting in April
- o **Group Output / Deliverables:**
    - Completion of tasks outlined in One-e-App workplan
    - One-e-App Technology Design with Interfaces
    - One-e-App internal project calendar
    - Risk mitigation and contingency plans
    - One-E-App core functionality list
    - One-E-App custom functionality list
    - Scripts (enrollment scenarios) for testing sessions
    - Protocol for One-e-App user training sessions for "train the trainer" model

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Provider Network Charter

Objective: Actively engage private non-SFCCC providers, SFCCC providers, and hospitals in discussions about participation in SF HAP. Identify and address perceived barriers to participation. Generate agreements to participate in SF HAP wherever possible.

- o **Group Scope / Boundaries:**
    - Engage private providers in discussions of SF HAP participation.
    - Engage SFCCCs in discussion of SF HAP participation; identify and address perceived issues and barriers.
    - Cooperatively develop participant fee and SFCCC provider payment structures that ensure that FQHC and other federal/state funding is not supplanted or reduced.
    - Develop a model for interfacing SF HAP with hospital charity care and engage hospitals in this discussion.
    - Negotiate rates and contractual terms governing private provider participation.
- o **Members' Responsibilities:**
    - Maintain consistent communication with other members on internal/external activities and feedback related to the workgroup.
    - Attend meetings as needed.
    - For missed meetings, review the meeting highlights prior to the next meeting.
- o **Meeting Format / Schedule:**
    - As needed
- o **Group Output / Deliverables:**
    - Signed agreement with private providers to accept SF HAP participants, including terms, rates and number they will accept.
    - Agreement from hospitals on how SF HAP participants will be treated under charity care policies/practices.
    - *Timeline for all tasks is fluid.*

Reports / Program Evaluation Charter

Objective: Bring together key DPH operations, clinical, performance, and financial leads and SFHP representatives to create an efficient forum to identify internal (DPH and SFHP) and external (regulatory agencies, Board of Supervisors, etc.) HAP reporting requirements. A subset of meetings will include IS representation to identify and help implement efficient data gathering processes after reporting requirements have been identified. This workgroup will oversee and execute a detailed implementation workplan to ensure that critical reports are delivered in line with deadlines specified in the HCCI and Health Care Security Ordinance and by other external and internal data audiences.

- o **Group Scope / Boundaries:**
    - Identify, develop and implement internal and external HAP reporting requirements, including those needed for program evaluation
    - Discuss and decide (or identify off-line approach to make recommendation) on critical process design issues related data collection and reporting
    - Raise and address detailed reporting issues and proposed changes
    - Approve and adhere to reporting implementation workplan with task, task owner, and due date detail
    - Communicate reporting requirements (e.g., required data fields) with the Information Technology work group in a timely manner
    - Address and communicate key project risks, delays, and contingencies to project management and DPH-SFHP leaders in a timely manner
- o **Members' Responsibilities:**
    - Come prepared to meetings with follow-up from prior meeting and background information, as applicable, on agenda topics
    - Actively identify risks, challenges, delays in the area of the project you represent
    - Share in-depth knowledge of relevant programs, policies, procedures and workflow
    - Communicate and champion key design, planning and development information to the area of the project you represent
    - Have authority and responsibility for making decisions for the area of the project you represent
    - For missed meetings, review the meeting highlights prior to the next meeting.
- o **Meeting Format / Schedule:**
    - Meetings are guided by the detailed Reporting workplan and the open issues report assigned to this group
    - Meet weekly starting in May
- o **Group Output / Deliverables:**
    - Develop a repository of reporting requirements for internal and external stakeholders
    - Identify a source and data retrieval process/method for key data points and required reports
    - Document a source and data retrieval process for key data points and required reports

Other Charters to draft:

Premium Billing Charter
- o Shani to draft after meeting with Don and/or Premium Billing consultant

Central Registration & Eligibility Charter
- o Shani to draft after receiving input from Diana and Donna

Communications / Marketing Charter
- o Shani to draft after meeting with Bob

Finance / Budget Charter
- o Shani to draft after soliciting input from Tangerine and Scott

Service Integration / Coordination Charter
- o Wait until this part of the project structure is more clearly defined

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Appendix C – Project Structure Communication Approach

Critical to the project structure is the process of communicating a consistent message via a standard mechanism to all project team members. Integral to this process is the approach for communicating from the Vision and Policy Making Committee to all work groups and from the work groups to the Vision and Policy Making Committee. The paragraphs below represent both approaches, and include the different media, types of information, schedule and expectations for consistent communication.

All work groups will communicate design recommendations, policy-related design decision and vision clarification requests and significant project challenges (e.g., delays, issues, environmental constraints) to the Vision and Policy Making Committee in a timely and structured way. The communication methods include:
  o Design issues report (updated by the work group and generated from the Project-Wide Issues Repository)
  o Consolidated Workplan (updated from each work group's detailed workplan)
  o Design Recommendations (using a standard template)

All communications will include a requested response / due date needed by the work group, so the impact to the work groups' deliverable schedule is minimized and to help prioritize the work of the Vision and Policy Making Committee. Weekly Staff Support meetings will coordinate all communication to prevent overlaps, gaps and conflicting requests.

The Vision and Policy Making Committee will communicate decisions, updates to recommendations, vision clarification, environment changes that affect the project, schedule changes to milestone activities and information that impacts the project to all work groups. The communication methods include regular distribution of the following:
  o Committee meeting highlights, with decisions in bold
  o Design issues report (updated with Committee decisions and generated from the Project-Wide Issues Repository)
  o Updated design documents (e.g., Design Summary, Program Functions list), with changes highlighted
  o Updated glossary of key project terms and definitions

In addition, Staff Support will review the communication from the Vision and Policy Making Committee regularly and in detail, assess work group-specific impact and update the work groups in which they are assigned.

SF HAP Project - Healthy San Francisco
Critical Path Activities, Timeline and High Level Dependencies*

Healthy San Francisco

4/25/2007

*Dependencies to be developed as a group

JULY 1ST 2007
Population = FPL
<100% at Chinatown

SEPTEMBER 1ST 2007
Population = All DPH
for all FPL's

JANUARY 1ST 2008
HAP Available for Large
Covered Employers

APRIL 1ST 2008
HAP Available for Medium
Covered Employers

KEY PROJECT ACTIVITY	April 2007	May 2007	June 2007	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	January 2008	February 2008	March 2008
Obtain Financing / Payments	Develop HAP project budget estimate (DPH and SFHP), obtain through City budget process			HCCI funds / Participant fee payments							Covered Employer payments	
Finalize DPH / SFHP Contract	Identify functions, payment amount, structure, legal terms											
Complete Program Design	Identify open design issues, make recommendations and final decisions communicate design											
Prepare for July 1 Debut		Paper app/translation, temp ID card, INVISION updates, participant communication/materials, processes, training		Monitor, Improvements / Transition								
Establish DPH Central Enroll & Elig Unit	Identify Staffing Needs		Recruit and Hire / DPW Buildout	Train								
			Policies, procedures									
Implement One-e-App (OEA)	Project Start	Configure / Develop	Build Interfaces	UAST Test	Data conversion / Test Verification							
	Obtain vendor	Req'd	Build OEA Interface	Deploy / Training		Test Train						
Implement Premium Billing System			Recruit/hire staff									
Implement INVISION Changes	Define technical requirements for July 1 Debut and Sept 1 launch, then develop, test and implement		Build		Test							
OEA-HDX Interface												

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SF HAP Project - Healthy San Francisco
Critical Path Activities, Timeline and High Level Dependencies*

Healthy San Francisco

*Dependencies to be developed as a group

JULY 1ST 2007 — Population = FPL <100% at Chinatown

SEPTEMBER 1ST 2007 — Population = All DP-H for all FPL's

JANUARY 1ST 2008 — HAP Available for Large Covered Employers

APRIL 1ST 2008 — HAP Available for Medium Covered Employers

KEY PROJECT ACTIVITY	April 2007	May 2007	June 2007	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	January 2008	February 2008	March 2008
Call Centers Participant	1EA/A3 interface	Build out Office Space		Recruit/hire staff	Train							
Inquiry		Obtain vendor	Bus Process	ACD Config Script / Translation								
Employer			Bus Process	Train	Obtain vendor	Bus Process	Recruit/hire staff	Script\Translation Train	Train			
Satellite (SFHP) Enrollment Center								Employer / employee collateral development				
Marketing Program	ID cards, participant handbook, provider directory, website development, brochure, recruit/hire/train marketing staff, participant correspondence											
Complete ESR Program Design	Make Recommendations / Decisions, Communicate Design											
Secure MRA *Medical Reimbursement Administrator*					Obtain vendor	PBS Interface	Develop Invoice	Deploy Test	Train			
Accommodate ESR								Recruit and hire Elec pay process	Train			
DPH Capacity Expansion	Expand primary, specialty, diagnostic, and ancillary access through additional clinic hours / days, implementing clinical and administrative efficiencies, adding staff											
Provider Contracting SF CCC CCHCA Kaiser			Negotiation/Contract Development					Participant monthly access fee system Patient panel process Encounter data Panel/prov capture into 1EA				
HSF Evaluation	Identify evaluation requirements, determine data collection process, develop reporting mechanisms, confirm with key stakeholders											

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