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1. DPH Enrollment

**HOSPITAL SERVICES: 82,593 & PRIMARY CARE SERVICES: 61,202**

As of June 2014, the San Francisco Department of Public Health (DPH) through the San Francisco Health Network (SFHN) was responsible for providing hospital services to 82,593 managed care enrollees. Of these enrollees, DPH clinics were responsible for the primary care services for 61,202 (74%) enrollees and non-DPH clinics were responsible for 21,391 (26%) enrollees.

Medi-Cal (MC) accounted for 46,595 (56%) of the total hospital services enrollees. The following public programs accounted for the remaining enrollees: Healthy Workers (HW) 12,242 (15%); Healthy Kids (HK), 1,388 (2%); and Healthy San Francisco (HSF), 22,368 (27%)\(^1\).

\(^1\)HSF enrollment in this report represents only partial enrollment of the program. It includes only participants who are assigned to DPH and non-DPH clinics as their medical home and to San Francisco General Hospital and Laguna Honda Hospital for hospital and ancillary services. Participants enrolled with Brown & Toland Physicians, Chinese Community Health Care Association, Kaiser Permanente, North East Medical Services and Sister Mary Philippa are not included as these participants seek hospital services outside of DPH.
overall enrollment numbers for hospital services increased 1.8% in the last 12 months, from 81,084 in June 2013 to 82,593 in June 2014. The increase in enrollment as a result of the Affordable Care Act (ACA) implementation effective January 1, 2014 has not been significant primarily due to application approval delay. However, changes at the program level were more predominant, including:

- MC expansion in January 2014 with the passing of AB85, a state mandate requiring all managed care health plans to assign 75% of the new Medi-Cal expansion (MCE) members who do not choose a primary care provider (PCP) to the public health system;
- The transition of San Francisco Provides Access to Health Care (SF PATH), San Francisco's Low Income Health Program (LIHP), participants to MC in January 2014 (see section 2 of this report);
- The transition of HF members to MC in October 2013; and
- The transition of some HSF participants to MC, resulting a 30% decrease of membership over the last 12 months.

As illustrated in Chart 1 below, enrollment of individual programs fluctuated, but the trending pattern remained relatively steady, with DPH's primary care enrollment trending upward slightly by 3%, from 59,338 in June 2013 to 61,202 in June 2014, and with non-DPH's primary care enrollment down about 1.7% from 21,746 in June 2013 to 21,391 in June 2014. Additional enrollment details are included in the Appendix.
2. Low Income Health Program Transition

PROGRAM BACKGROUND AND ELIGIBILITY
In response to California’s “Bridge to Reform” Demonstration 1115 Medicaid Waiver, a new statewide health care program called the Low Income Health Program (LIHP) was created. LIHP, called San Francisco Provides Access to Health Care (SF PATH) in San Francisco, was administered by the Department of Public Health (DPH) and was designed to move low-income uninsured individuals into a coordinated system of care to improve access to care, enhance quality of care, reduce episodic care and improve health status.

PROGRAM TERMINATION AND TRANSITION TO MEDI-CAL EXPANSION
The SF PATH program successfully ended on December 31, 2013. This program finished with 15,046 participants, of which 14,290 were preliminarily determined eligible for Medi-Cal expansion (MCE) and 756 were not eligible for Medi-Cal (MC) but were eligible for subsidized health insurance through Covered California. As of May 31, 2014, all SF PATH participants were dispositioned by the Department of Health Care Services (DHCS) and 13,680 individuals were transitioned to MC with coverage effective January 1, 2014. 430 were not transitioned because of various reasons such as already having active Medi-Cal, exceeding the age limit by January 1, 2014 and so forth.

The SF PATH transition accounts for the majority of current MCE patients assigned to the San Francisco Health Network’s (SFHN) primary care clinics. In January 2014, it was confirmed that in San Francisco, 11,780 LIHP participants had transitioned to a Medi-Cal managed care plan based on eligibility data sent by both San Francisco Health Plan (SFHP) and Anthem Blue Cross (Anthem), the two Medi-Cal managed care plans in San Francisco. DHCS was able to confirm 13,380 SF PATH participants successfully transitioned to Medi-Cal by February 18, 2014.

SFHN continues to track the LIHP transitioned enrollments since ACA implementation in order to ensure all eligible participants successfully transitioned and to monitor retention of these members within SFHN. Individuals who were enrolled in Medi-Cal through LIHP were given an aid code of L1, which will remain until these participants have a full Medi-Cal determination by the Human Services Agency (HSA). However, LIHP participants who transitioned to Medi-Cal have 90 days to select a plan and primary care
provider through Health Care Options, a branch of DHCS that assists members with enrollment into Medi-Cal, will be in the Medi-Cal fee for service (FFS) program until they make a selection or are defaulted to a plan and provider. As LIHP participants undergo full Medi-Cal eligibility determinations, they will transition from LIHP eligibility to other Medi-Cal eligibility, leading to a decrease in L1 participants over time (Table 1).

Table 1. LIHP Transitioned Medi-Cal Enrollees with Active L1 Aid Code by Health Plan

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<tr>
<th>Health Plan</th>
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<td>Fee For Service (FFS)</td>
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<td>467</td>
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<td>Anthem Blue Cross</td>
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<td>1,046</td>
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<td>SFHP</td>
<td>11,025</td>
<td>10,602</td>
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<tr>
<td>Non SF Plan</td>
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<td>315</td>
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<td><strong>Total</strong></td>
<td><strong>13,102</strong></td>
<td><strong>12,430</strong></td>
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3. Access & Capacity

Department of Public Health (DPH) clinics are responsible for 61,202 managed care members’ primary care services. The San Francisco Health Network (SFHN), formed in October 2013, has been working to improve access and capacity with the divisions of primary care, subspecialty and other hospital services by:

- Developing metrics and reports to understand, monitor and communicate to stakeholders access and capacity in each DPH clinic;
- Monitoring and evaluating enrollment, disenrollment and out-of-network costs; and
- Taking measures to improve patient appointment scheduling.

SFHN is working with the Controller’s Office in the City to develop key performance indicators (KPIs) to monitor and help communicate to internal and external stakeholders access and capacity in each DPH clinic and for specialty care within SFHN. These KPIs include 3rd to next follow-up appointment, 3rd to next new appointment, panel size per provider, active panel (seen in last two years) and visit per hour.

SFHN has also developed a Managed Care Enrollment Dashboard and out-of-network (OON) cost analysis to provide clinics feedback on enrollment progress, disenrollment and OON costs for primary care services in each clinic and for overall hospital services. A workgroup has also been formed to monitor and address some of the issues identified. For instance, one area being addressed is to ensure that health plan-initiated disenrolled members are also removed from DPH’s system successfully as active patients so that the clinic capacity can be further maximized.

In addition to monitoring and evaluating, access, capacity, enrollment, disenrollment and OON costs, SFHN has taken the first step towards developing a full call center by implementing a centralized patient appointment scheduling system for clinics before the end of the year to secure appropriate managed care eligibility clearance and authorization for services.
4. Managed Care Contracts

San Francisco Health Network (SFHN) is looking for all aspects of contracting opportunities to expand its membership and recapture those switching to different programs due to Affordable Care Act (ACA) implementation. SFHN amended its contract with Anthem Blue Cross (Anthem) in 2014 to include Laguna Honda Hospital and has successfully entered into an agreement with North East Medical Services (NEMS) as of September 1, 2014 for the Medi-Cal (MC) population through San Francisco Health Plan. It is also in discussion with a couple of private payors to explore opportunities to participate in Covered California.

ANTHEM BLUE CROSS CONTRACT AMENDMENT
SFHN has a contract with Anthem for Medi-Cal managed care. Enrollment has grown 54%, from 3,299 members in July 2013 to 5,075 members in June 2014. This is primarily due to more people becoming eligible for MC as a result of ACA implementation in January 2014. Highlights during the year include:

- **Addition of Laguna Honda Hospital to the contract effective July 1, 2014**
  ACA mandated that Medi-Cal managed care provide short term inpatient rehabilitation services as an essential benefit. This contract enables SFHN to provide these services to these patients.

- **Addition of SFGH and Laguna Honda Hospital pharmacies to the Anthem pharmacy network**
  Anthem made modifications to their pharmacy network on May 1, 2014, resulting in fewer in-network pharmacies within San Francisco. SFHN responded to this reduction by requesting that the SFGH pharmacy be added to the pharmacy network for better patient access. It also identified a list of local pharmacies that are near its clinics and recommended they be added to the pharmacy network. As of June 2014, Anthem confirmed that SFGH pharmacy and Bay Drug Pharmacy have been added to the network.

NEMS/SFHN PARTNERSHIP
After several months of negotiation, SFHN has successfully entered into an agreement with NEMS on the newly enrolled MC population through San Francisco Health Plan.
(SFHP). This agreement requires NEMS to provide primary care services and SFHN to provide the hospital and ancillary services to assigned members starting on January 1, 2015. Enrollment of these members can start as early as November 2014. The estimated membership for the first year is between 500 and 3,000 members. For the specialty care of this population, NEMS is working with the UCSF Clinical Practice Group (CPG) at SFGH to develop an agreement and referral process. An implementation team and workgroups are being formed among NEMS, CPG, SFHN and SFHP to ensure our readiness to provide care to these enrollees.

**COVERED CALIFORNIA PARTNERSHIP**

SFHN is exploring opportunities to participate in Covered California to recapture patients who are required to transition from existing programs such as Healthy San Francisco to Medi-Cal through Covered California and to expand its membership in the commercial business.
5. Contact Information

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Director of Managed Care
Office of Managed Care
San Francisco Health Network
San Francisco Department of Public Health

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San Francisco, California 94102
(415) 554-2862
stella.cao@sfdph.org
## Enrollment Details: DPH Clinics and Non-DPH Clinics That Access SFGH Services by Program

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**Notes:** HSF enrollment in this report represents only partial enrollment of the program. It includes only participants who are assigned to DPH and non-DPH clinics as their medical home and to San Francisco General Hospital and Laguna Honda Hospital for hospital and ancillary services. Participants enrolled with Brown & Toland Physicians, Chinese Community Health Care Association, Kaiser Permanente, North East Medical Services and Sister Mary Philippa are not included in here as these participants seek hospital services outside of DPH.