



# Here for you

SUMMER 2006

## Gearing Up for Health Access

### Mayor signs Worker Health Care Security Ordinance

SFHP Partners with Departments of Public Health and Human Services to Work Out Program Details

On Monday, August 7, 2006, Mayor Newsom signed the Worker Health Care Security Ordinance into law. This is the ordinance that merged the Mayor's idea of a Health Access Program with Supervisor Ammiano's idea of an employer health care spending requirement.

As you may recall, Supervisor Ammiano introduced legislation in 2005 that would require San Francisco employers to spend money on health care for employees. At the same time, Mayor Newsom was convening a Universal Healthcare Council to look into trying to improve the existing safety net system for uninsured San Franciscans.

In June 2006, those two ideas were merged into one ordinance which was passed unanimously by the San Francisco Board of Supervisors on July 18, 2006, and signed into law by the Mayor two weeks later.

With the passage of the ordinance and an implementation goal of July 1, 2007, the Department of Public Health, the Department of Human Services, and SFHP have 11 months to complete the design of the program. We have an enormous amount of work to do before then, so we have convened an interagency staff Working Group to get started.

### What is the San Francisco Health Access Program?

The San Francisco Health Access Program (SF HAP) will be a City program designed to provide access to affordable health care to all uninsured San Franciscans. The concept is that uninsured San Franciscans,

after being screened for eligibility in other medical programs such as Medi-Cal, will be given a primary care home and a list of SF HAP medical services costs in exchange for an enrollment fee that will be based on the person's income.

"This is not insurance," states Jean Fraser, SFHP's CEO. "Unlike insurance, SF HAP does not pay for care outside of San Francisco, nor is it an entitlement for all people in San Francisco to get free care. This is a City program intended to improve access to health services for San Franciscans who don't have insurance, and to protect them from catastrophic costs for accidents or illnesses occurring in San Francisco. It's a much needed substitute for the City's sliding fee scale system."

Inspired by existing programs in San Mateo and Contra Costa counties, SF HAP is most accurately described as a transparent safety net system. The program is designed to provide long-term relationships with primary care providers to people who do not have access to commercial insurance. SF HAP will provide a safety net to people who need financial protection and access to health services during those periods they are without employer-sponsored coverage.

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Want more details on the San Francisco Health Access Program, the Employer Spending Requirement, or other Worker Health Care Security Ordinance Information?

Visit SF HAP online beginning September 1, 2006.

Check out the project website at [www.sfhap.org](http://www.sfhap.org).

While you're there, subscribe to our monthly project newsletter for regular updates.



A MESSAGE FROM

Jean S. Fraser,  
CEO

*"The most pathetic people in the world are those with sight, but no vision."*

HELEN KELLER

Recently I attended a briefing on the Massachusetts individual health insurance requirement given by John McDonough of Health Care for All, a major health care advocacy group based in Massachusetts. While the route to universal health care that Massachusetts has chosen – requiring all individuals to purchase health insurance while reforming the insurance market – is not the same as San Francisco's, his talk made me more hopeful than ever that significant change is afoot.

I'm not a big fan of an individual mandate, and interestingly, neither is Mr. McDonough. He acknowledges, as do we, that there are potential problems with each model, especially as the real change must occur at the federal level.

McDonough argues that the issue is not how successful the Massachusetts individual mandate or the San Francisco employer spending requirement will be. Rather, the critical accomplishment is changing the terms of the national debate on access to health care. With a Republican governor and a Democratic mayor each saying health care is an issue that **can** be tackled, the pressure is mounting for other public officials, and even for Congress, to take action.

I am proud that San Francisco has said "Yes" to expanding health care access.

SFHP is committed to fulfilling its commitment to work with the Department of Public Health to provide a true safety net for people who have no employer-based health insurance. But more important, we rally behind the message – a bi-coastal, bi-partisan message – that public officials can no longer simply wring their hands or point fingers about health care access, they must do something.

Cheers, Jean



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“Designing the details of the SF HAP will be challenging,” says Jim Soos, of DPH. “On one hand, we need to create a program that improves the current sliding scale system so that people without access to private insurance find it valuable. On the other hand, we can’t make it so enticing that employers or individuals drop commercial coverage to join.”

The hope is that the employer health care spending requirement passed as part of the Worker Health Care Security Ordinance, will encourage more employers to offer health insurance and to halt the trend of employers dropping coverage

### What is the employer spending requirement?

Part of the Worker Health Care Security Ordinance requires that San Francisco’s medium and large-sized employers spend money on employee health care. While the City’s Office of Labor Standards Enforcement is charged with interpreting and enforcing this section of the ordinance, we’ve been getting a lot of questions about it so here is an outline of how it works:

Business Size	Amount to Spend on Effective Date	Date Spending Requirement is Effective
100+ Employees	\$1.68/hour for each covered employee	July 1, 2007
50 – 99 Employees	\$1.11/hour for each covered employee	July 1, 2007
20 – 49 Employees	\$1.17/hour for each covered employee	March 31, 2008*
1-19 Employees	Not applicable	Not applicable

- **The spending amount** increases annually by 5% through 2009.
- **In 2010 the rate** will be based on the average contribution for a full-time employee to the City Health Service System.

**Employers will choose** how to spend health care money, which may be spent on any kind of health care service including medical, dental or vision insurance premiums, health savings accounts, reimbursement for medical costs or on the Health Access Program for employees who live in San Francisco.

\* This chart reflects the spending requirement *effective dates* by business size only; therefore the 2008 increase for businesses with 50+ employees is not included. However, by this date, contributions by businesses with 50+ employees will have increased an additional 5%, reflecting the spending requirement annual increase through 2009.



## SFHP 101: Answers to Some Frequently Asked Questions

### Is SFHP a non-profit organization?

No, we’re actually a governmental entity. In the early 1990’s, the State authorized counties to create their own HMOs, and in 1994, the City created the San Francisco Health Authority, which now operates San Francisco Health Plan. Although we work closely with the San Francisco Department of Public Health, we are separate from the City, and are not part of the City’s organizational structure. We instead report to our own governing board.

### Who is on the SFHP governing board?

There are 19 seats on our governing board, each of which is reserved for a person representing a particular San Francisco group. For example, we have three representatives from the San Francisco Department of Public Health and one each from UCSF, the Board of Supervisors, and the Mayor. In addition, each of our major groups of providers has at least one representative. For a complete list of our current Governing Board members, and meeting times for their public meetings, visit us on the web at [www.sfhp.org](http://www.sfhp.org).

Well Adolescent Visits	SFHP #1 in the State and #1 in the City of San Francisco
Well Child Visits	SFHP tied for #1 in the State and #1 in the City of San Francisco
Access to Primary Care for 25 Months to 6 Years	SFHP tied for #1 in the State and #1 in the City of San Francisco
Access to Primary Care for Children 7-11 Years	SFHP tied for #1 in the State and #1 in the City of San Francisco
Childhood Immunization	SFHP #2 in the City of San Francisco and above the state average
Access to Primary Care for 12 months to 2 Years	SFHP is #2 in the City of San Francisco and in the top 7 Statewide

### We’re state leaders in quality!

The Healthy Families Program 2004 HEDIS data has finally come in. It shows that we lead the State, City and County in four out of six key quality health care measures.

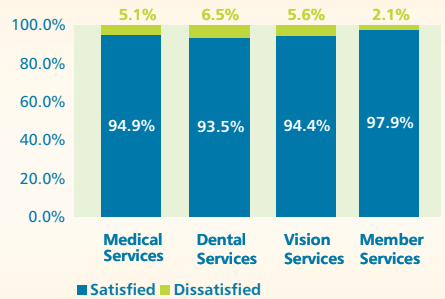
“We are elated by the results,” said Dori Lange, SFHP Director of Quality Improvement. “They are a testament to the commitment to quality care shared by our providers, community partners, and staff.”

# HEALTHY KIDS & YOUNG ADULTS

## Members get satisfaction

1,455 Healthy Kids & Young Adults households (nearly 30% of the entire membership) participated in our 2005/06 member satisfaction survey. Shown below are highlights of the results as well as a few of the comments members wrote in on the survey. We are pleased that our service, and the service of our providers, continues to rank so high.

*I feel confident because my child is healthier; I don’t worry about big doctor bills; My daughter is safe; We feel protected; Everyone is so friendly; You speak my language*



We recognize that there is always room for improvement, so we’ll be using the results from this year’s survey to adjust, refine, and perfect these services. Survey responses will help us to improve our enrollment and communications strategies, too.

The complete report is available for download from our website at [www.sfhp.org](http://www.sfhp.org).

## SFHP at-a-glance:

Here’s a sneak preview of our 2005 HEDIS results!

Measure	2004 Results	2005 Results
Immunizations	73%	77%
Well Adolescent	45%	49%
Asthma	69%	94%
Prenatal	84%	88%

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