



Understanding the Roles, Responsibilities, and Limitations of SFHSS and the Health Service Board

Presented by
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Agenda

1. Role of San Francisco Health Service System (SFHSS) and the Health Service Board (HSB)
2. Limitations of SFHSS and HSB
3. Role of Health Plans/Vendors
4. Health Plan Oversight
5. Member Escalation

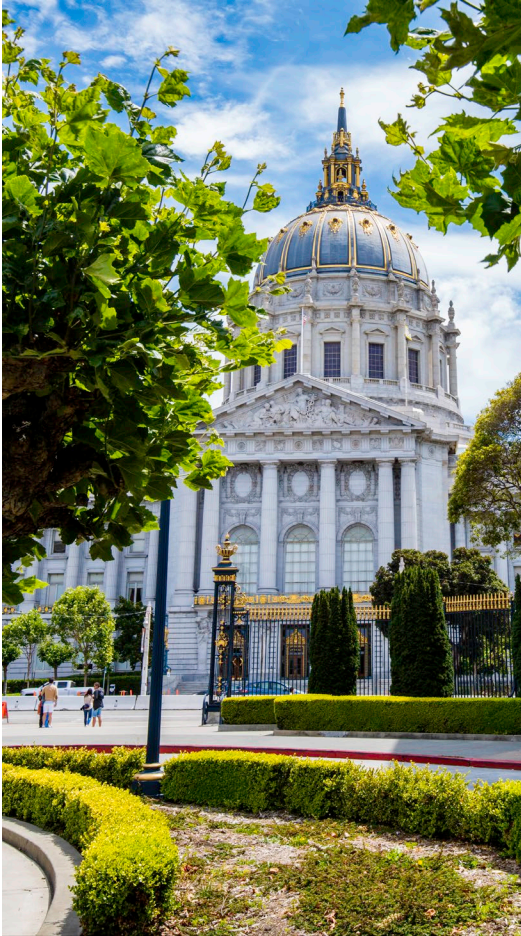
San Francisco Health Service System and Health Service Board

Role of SFHSS: What SFHSS Can Do



- Administer and implement the decisions of the Health Service Board (HSB) according to the City Charter
- Manages enrollment according to local, state, and federal rules
- Supports HSB in fiduciary duties
- Contracts with plan administrators to deliver services
- Evaluates and monitors plan compliance and performance according to our contractual agreements

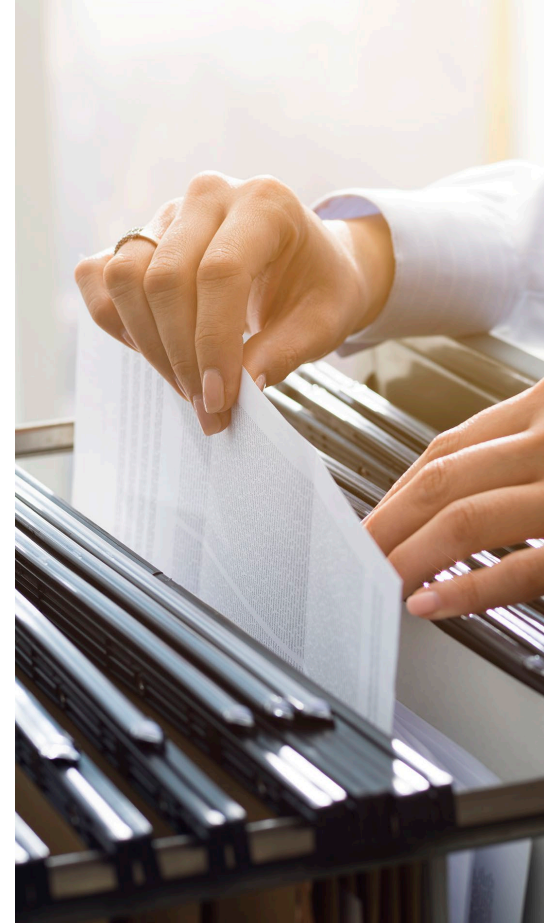
Role of Health Service Board: What HSB Can Do



- Sets the policy direction for the San Francisco Health Service System
- Approves plan design and selects health plan vendors under City Charter authority
- Approves the rates and benefits
- Maintains fiduciary and settlor responsibilities

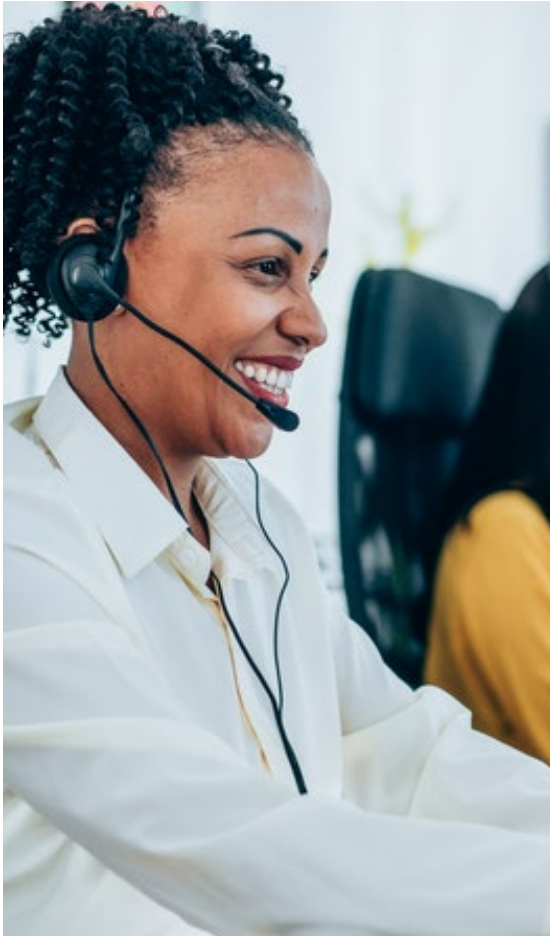
What SFHSS and HSB Cannot Do

- **Cannot demand** health plans overturn denied prior authorizations/claims which follow the plan's or governmental criteria for medical necessity or are otherwise excluded from coverage
- **Cannot reduce** the time allowed by regulators to facilitate the review of prior authorizations, claims, appeals, or grievances
- **Cannot access** individual cases for prior authorization or medical claim denials without HIPAA-compliant release
- **Does not** employ medical professionals for the purpose of reviewing prior authorizations and medical claims



Health Plans and Vendors

Role of Health Plans / Vendors

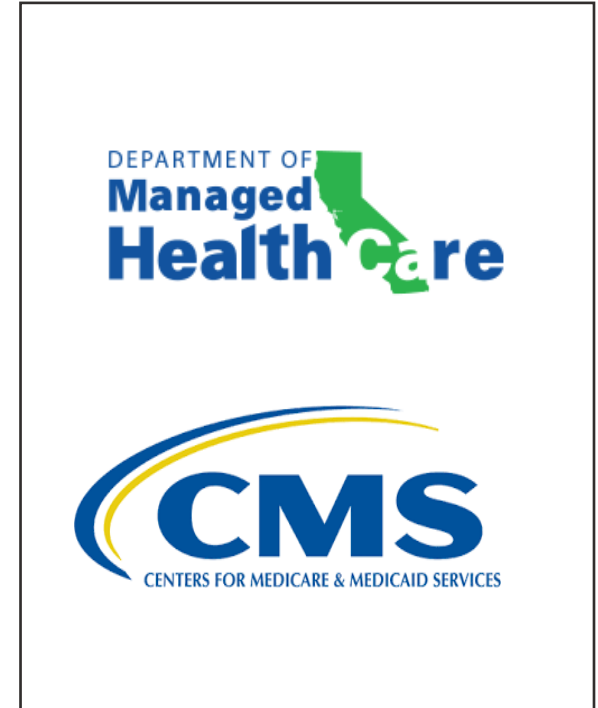


- Provide benefits in accordance with Evidence of Coverage (EOC)
- Manage provider networks and member inquiries
- Conduct medical necessity reviews for prior authorization and claims processing
- **Must comply with:**
 - Department of Managed Health Care (DHMC)
 - California Department of Insurance (CDI)
 - Centers For Medicare & Medicaid Services (CMS)
 - and FDA regulations
- Health plans do not provide direct patient care

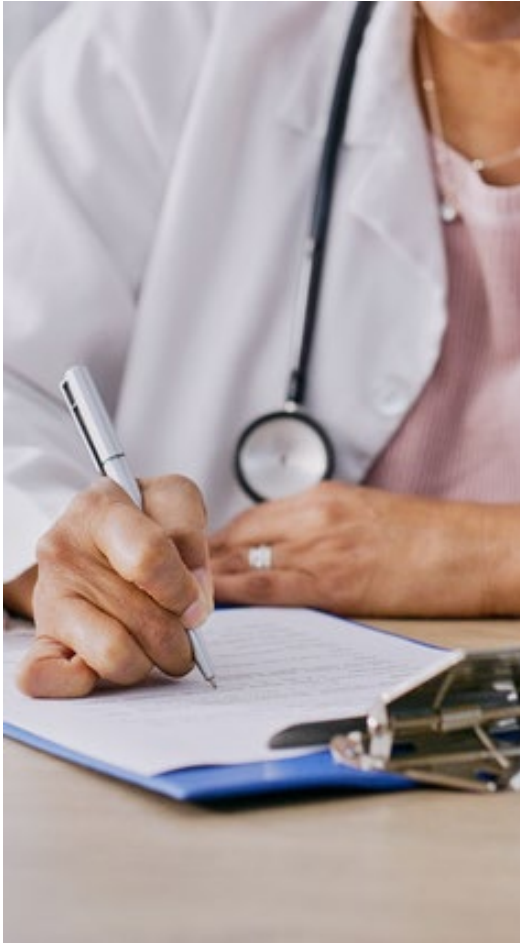
Health Plan Oversight

Health Plan Regulators

- Department of Managed Health Care (DMHC)
- Centers For Medicare & Medicaid Services (CMS)



Health Plan Oversight

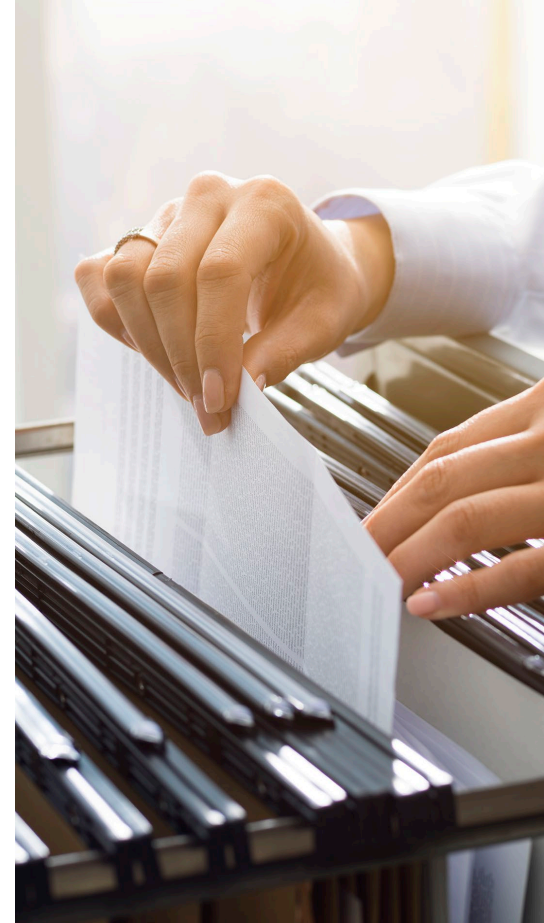


- Regulatory agencies set compliance rules and determine compliance
- Investigate complaints, enforce regulations, issue penalties
- Access point for Independent Review Entities (IREs) such as Maximus for Medicare Advantage

Member Escalation

Member Escalation Paths

- Vendor Appeals & Grievances (most expedient and required process)
 - External review from Qualified Independent Contractor
- Submit complaint directly to regulator after the vendor has issued an adverse determination
- If unclear where to start, contact SFHSS for next steps members can take to facilitate access to care



Summary

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What SFHSS Can Do	What HSB Can Do	What SFHSS & HSB Cannot Do	Role of Health Plan	Health Plan Oversight
<ul style="list-style-type: none"> ▪ Implement HSB decisions ▪ Manage enrollments ▪ Contracts with vendors ▪ Monitor contractual agreements 	<ul style="list-style-type: none"> ▪ Set policies ▪ Approve plan designs ▪ Select health plan vendors ▪ Approve rates and benefits 	<ul style="list-style-type: none"> ▪ Overturn denied prior authorizations/claims that follow medical necessity ▪ Access individual cases ▪ Reduce time allowed by regulators for review 	<ul style="list-style-type: none"> ▪ Provide benefits per EOC ▪ Manage provider networks ▪ Conduct medical necessity reviews for prior authorizations and claims 	<ul style="list-style-type: none"> ▪ Set compliance rules ▪ Determine compliance ▪ Enforce regulations ▪ Investigate complaints



Thank You

Questions?