

Item 4 File 11-0972	Department: Department of Public Health (DPH)
EXECUTIVE SUMMARY	
Legislative Objectives	
<ul style="list-style-type: none"> Proposed resolution retroactively authorizing an agreement between the Department of Public Health (DPH) and the San Francisco Community Health Authority (SFCHA) for the SFCHA to reimburse nonprofit and for-profit healthcare providers for services delivered to Healthy San Francisco Program participants for the period between July 1, 2011 and June 30, 2012, in an amount not-to-exceed \$15,970,000. 	
Key Points	
<ul style="list-style-type: none"> The Healthy San Francisco Program provides universal, comprehensive, affordable health care, to residents of San Francisco who are uninsured adults, through a network of nonprofit and for-profit health care clinics and DPH-operated public clinics. The San Francisco Community Health Authority (SFCHA) is a non-profit organization approved by the Board of Supervisors on March 29, 2005 (File 05-0514) to (a) increase access to health care for low and moderate income San Francisco residents and (b) provide third-party administration of various public health insurance programs to San Francisco residents. Under separate agreements, the SFCHA provides third-party administrative services for the (a) Healthy San Francisco Program, (b) Healthy Workers Program, (c) Healthy Kids Program, and (d) Healthy Families Program. DPH makes payments to SFCHA for the costs of health care services provided to Healthy San Francisco Program participants by nonprofit and for-profit health care providers. According to Ms. Tangerine Brigham, Director of Healthy San Francisco, the subject agreement with SFCHA essentially acts as a pass-through mechanism which allows DPH to make payments to the SFCHA, which, in turn, reimburses the nonprofit and for-profit health care providers which provide health care services to low and moderate income residents of San Francisco. DPH awarded the first sole source agreement to SFCHA for reimbursement services in July of 2008, in an amount not-to-exceed \$7,940,617, for the one-year term from July 1, 2008 through June 30, 2009. The Board of Supervisors subsequently approved (a) a second one-year agreement between DPH and SFCHA in an amount not-to-exceed of \$13,306,000, for FY 2009-2010 (File 09-1016), and (b) a third one-year agreement between DPH and SFCHA in an amount not-to-exceed \$15,970,000, for FY 2010-2011 (File 10-0925). DPH is now requesting approval of a fourth one-year agreement between SFCHA and DPH for the SFCHA to continue providing reimbursement services to nonprofit and for-profit health care providers in FY 2011-2012, in an amount not-to-exceed \$15,970,000. 	
Fiscal Impact	
<ul style="list-style-type: none"> A total of \$15,970,000 in General Fund monies was included in DPH's FY 2011-2012 budget to fund SFCHA's reimbursements to nonprofit and for-profit health care providers which provide health care services to Healthy San Francisco Program participants who are residents of San Francisco. Total fee revenues of \$16,917,195 from participant fees and employer contributions, is also included in the FY 2011-2012 budget to partially reimburse DPH for the entire Healthy San Francisco Program. 	
Recommendation	
<ul style="list-style-type: none"> Approve the proposed resolution. 	

MANDATE STATEMENT & BACKGROUND

Mandate Statement

San Francisco Charter Section 9.118 provides that all agreements over \$10,000,000, or for a term greater than ten years, be subject to Board of Supervisors approval.

Background

The Healthy San Francisco Program provides universal, comprehensive, affordable health care to uninsured adults, who are residents of San Francisco, irrespective of the person's employment status, immigration status, or pre-existing medical conditions. The Healthy San Francisco Program defines qualifying adults as being between the ages of 18 and 64, who earn an income less than 500 percent of the Federal Poverty Level¹. Under the Healthy San Francisco Program, health care services are provided to participants through the participant's chosen "Medical Home", which functions as the participant's primary health care provider. Medical Homes include (a) facilities which are operated directly by DPH, or (b) nonprofit and for-profit health care providers (such as the San Francisco Community Clinic Consortium, Kaiser Permanente, and Chinese Community Health Care Association).

The San Francisco Community Health Authority (SFCHA) is a nonprofit organization², approved by the Board of Supervisors on March 29, 2005 (File 05-0514) to (a) increase access to health care for low and moderate income residents of San Francisco and (b) provide third-party administration of various City public health insurance programs. Currently, in addition to the proposed subject agreement to provide reimbursement services to nonprofit and for profit providers of health care services to Healthy San Francisco Program participants, under separate agreements, the SFCHA provides third-party administrative services for the (a) Healthy San Francisco Program³, (b) Healthy Workers Program, (c) Healthy Kids Program, and (d) Healthy Families Program.⁴

¹ Based on the current Federal Poverty Levels, 500 percent of the current Federal Poverty Level is \$54,480 for a single person and \$111,720 for a family of four.

² According to Ms. Tangerine Brigham, Director of the Healthy San Francisco Program, the San Francisco Community Health Authority (SFCHA) is considered a subsidiary of the San Francisco Health Authority, which was created by the Board of Supervisors in 1994, as codified in Chapter 69 of the Administrative Code, to provide third-party administration for various public health programs. Ms. Brigham advised that the SFCHA was created in response to State incentives to separate the third-party administration of the Medi-Cal program, which is administered by the San Francisco Health Authority, from other City health programs, which are administered by SFCHA. There is a 19-member Governing Board which oversees both the SFCHA and the San Francisco Health Authority. The Governing Board members include: (a) 14 persons appointed by the Board of Supervisors, (b) Director of DPH (who is currently the chair of the Governing Board), (c) Director of Mental Health, (d) Chancellor of the University of California at San Francisco, (e) one person appointed by the Mayor, and (f) one person appointed by the Health Commission.

³ For the Healthy San Francisco Program, the third-party administrative activities include: (1) assisting with eligibility and enrollment, (2) overseeing collection of participant fees, (3) collecting utilization data from providers to analyze and produce utilization reports, (4) communicating program information to participants and responding to inquiries, (6) providing outreach activities, (7) communicating with providers and handling grants, (8) managing the DPH public health services option for participants and (9) providing other administrative functions as required including tracking reimbursements to providers.

⁴ The Healthy San Francisco Program provides uninsured San Francisco residents access to health care while the Healthy Workers Program and Healthy Kids Program are local insurance plans for those populations. The Healthy Families Program is a State-sponsored low cost insurance program that is administered by the City.

In July of 2008, on a sole-source basis, DPH entered into an agreement with the SFCHA for the SFCHA to reimburse nonprofit and for-profit Medical Homes for health care services provided to Healthy San Francisco participants, in an amount not-to-exceed \$7,940,617 for the one-year term from July 1, 2008 through June 30, 2009. This initial agreement for reimbursement services was not subject to Board of Supervisors approval because it did not meet the \$10,000,000 threshold established in Charter Section 9.118. According to Ms. Tangerine Brigham, Director of Healthy San Francisco, each nonprofit and for-profit health care provider enters into separate agreements with SFCHA, not with the DPH, to provide specified health care services to Healthy San Francisco Program participants. The agreement between DPH and SFCHA essentially acts as a pass-through mechanism which allows DPH to make payments to the SFCHA, which, in turn, pays the nonprofit and for-profit health care providers for the cost of the health care services provided to Healthy San Francisco Program participants.

On September 22, 2009, the Board of Supervisors retroactively approved a second one-year agreement between DPH and the SFCHA, to allow for the continued reimbursement of nonprofit and for-profit health care providers from DPH through the SFCHA for health care services delivered to Healthy San Francisco Program participants, for the one-year period from July 1, 2009 through June 30, 2010, in an amount not-to-exceed \$13,306,000. On August 3, 2010, the Board of Supervisors retroactively approved a third consecutive one-year reimbursement agreement between DPH and the SFCHA for the one-year period from July 1, 2010 through June 30, 2011, in an amount not-to-exceed \$15,970,000.

DPH is now requesting the fourth consecutive, one-year agreement with SFCHA, to allow for the continued reimbursement to nonprofit and for-profit health care providers, through the SFCHA, for health care services provided to Healthy San Francisco Program participants, for the one-year period retroactive from July 1, 2011 through June 30, 2012, in an amount not-to-exceed \$15,970,000. The proposed \$15,970,000 amount for FY 2011-12 is identical to the FY 2010-11 amount of \$15,970,000 (see Fiscal Impacts section below). According to Ms. Brigham, DPH awards a new agreement annually, instead of one multi-year agreement, because of numerous changes in enrollment and changes to the network of nonprofit and for-profit health care providers.

In addition to the proposed \$15,970,000 agreement between DPH and the SFCHA to enable the SFCHA to reimburse nonprofit and for-profit health care providers for the health care services provided to Healthy San Francisco Program participants, the DPH has an existing separate agreement with the SFCHA, for \$6,708,110 for FY 2011-2012⁵, to provide third-party administrative services for the Healthy San Francisco Program including both the public facilities operated by the DPH itself and the nonprofit and for-profit facilities, which are available to participants in the Healthy San Francisco Program.

Table 1 below shows that the overall number of participants in the Healthy San Francisco Program increased by 1.7 percent from FY 2009-2010 to FY 2010-2011. While the number of participants enrolled in the public health care facilities, operated by DPH itself, has decreased by 8 percent, the number of participants, who have enrolled in facilities operated by the nonprofit

⁵ That separate agreement was not subject to Board of Supervisors approval because the not-to-exceed amount of \$6,708,110 did not exceed the \$10,000,000 threshold established in Charter Section 9.118.

and for-profit health care providers, increased by 10.8 percent from FY 2009-2010 to FY 2010-2011.

Table 1: Healthy San Francisco Participants

Type of Health Facilities	FY 2009-10	FY 2010-11	
	Participants	Participants	Percentage Change from Previous Year
Public Health Care Facilities operated by DPH	25,719	23,656	-8.0%
Health Care facilities operated by Nonprofit and For-Profit Health Care Providers	27,709	30,692	10.8%
Total	53,428	54,348	1.7%

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would retroactively authorize the Director of Public Health to execute a new one-year agreement between DPH and the SFCHA in order for DPH to make payments to the SFCHA, which would then reimburse nonprofit and for-profit health care providers for health care services provided to Healthy San Francisco participants for the period from July 1, 2011 through June 30, 2012, in an amount not-to-exceed \$15,970,000.

The proposed not-to-exceed amount of \$15,970,000 for the subject agreement would cover the costs of the Healthy San Francisco Program participants that use facilities operated by nonprofit and for-profit health care providers. The not-to-exceed \$15,970,000 would not cover the costs of the Healthy San Francisco Program participants that use the public health care facilities operated by DPH, which is separately funded in DPH's annual budget.

FISCAL IMPACTS

As shown in Table 2 below, the proposed not-to-exceed FY 2011-12 agreement for \$15,970,000 includes (a) an estimated \$6,848,700 in reimbursements to full-service nonprofit and for-profit health care providers which provide a full scope of medical services including specialty care, inpatient services, and pharmacy services to Healthy San Francisco Program participants, (b) an estimated \$7,683,015 in reimbursements to limited-service nonprofit and for-profit health care providers which provide only primary and some specialty care to Healthy San Francisco Program participants, and (c) an estimated \$1,438,285 for additional costs including \$232,935 for the San Francisco Community Clinic Consortium (SFCCC), a collection of community-based, non-profit partner clinics, \$300,000 for Emergency Medical Transportation by private ambulance, \$300,000 for additional nonprofit and for-profit health providers that may be added during the fiscal year, \$230,000 to increase clinic capacity, as needed, and \$375,350 for potential over enrollment.

Table 2: FY 2011-12 Healthy San Francisco Sources and Uses of Funds for Nonprofit and For-Profit Providers

	2011-12 Budget
Source of Funds--General Fund	\$15,970,000
Use of Funds	
Full Service Providers	\$6,848,700
Limited Service Providers	\$7,683,015
Subtotal	\$14,531,715
San Francisco Community Clinic Consortium	\$232,935
Emergency Medical Transportation	300,000
Additional Providers TBD (2011-12)	300,000
Increase Clinic Capacity	230,000
Overenrollment	375,350
Subtotal	\$1,438,285
Total Use of Funds	\$15,970,000

Ms. Brigham confirms that the SFCHA does not receive any funds from the proposed not-to-exceed \$15,970,000 agreement, and simply provides a pass-through mechanism for reimbursing the nonprofit and for-profit providers. According to Ms. Brigham, all staff and overhead costs for the SFCHA to provide the reimbursements to the nonprofit and for-profit providers as well as other third-party support services are included in the FY 2011-2012 \$6,708,110 third-party administrative services agreement between DPH and SFCHA.

As stated above, the \$15,970,000 not-to-exceed amount for the proposed FY 2011-12 agreement between DPH and SFCHA is identical to the FY 2010-11 not-to-exceed amount of \$15,970,000. However, as shown below in Table 3, the total actual costs for the FY 2010-11 agreement were \$14,396,117, or \$1,573,883 less than the not-to exceed authorized amount of \$15,970,000. As shown in Table 3 below, the primary difference in the not-to-exceed amount versus the actual costs resulted from the Additional Costs which were estimated at \$1,371,168 in FY 2010-11, but the FY 2010-11 actual costs were \$240,355 for a savings of \$1,130,813. Ms. Brigham advises that the actual Additional Costs were less than anticipated primarily because additional nonprofit and for-profit health providers were not added during FY 2010-2011 and the contingency for overenrollment was not used. According to Ms. Brigham, because the DPH cannot accurately project the level of Additional Costs that may be required for FY 2011-2012, the total proposed not-to-exceed agreement amount of \$15,970,000 with SFCHA for FY 2011-12 remains at the same not-to-exceed \$15,970,000 FY 2010-11 agreement amount. Ms. Brigham anticipates that the not-to-exceed \$15,970,000 amount should be sufficient for FY 2011-2012.

Table 3: Cost Comparison of FY 2010-11 and FY 2011-12 Agreements Between DPH and SFCHA

Non Profit and For-Profit Providers	FY 2010-2011 (Agreement – Not-to-Exceed Costs)	FY 2010-2011 (Actual Costs)	FY 2011-2012 (Proposed Agreement - Not-to- Exceed Costs)
Full Service Health Care Providers	\$7,159,500	\$6,691,767	\$6,848,700
Limited Service Health Care Providers	7,439,332	7,463,995	7,683,015
Additional Costs (SFCCC, Emergency Medical Transportation, Additional Providers, Increased Clinic Capacity, and potential overenrollment)	1,371,168	240,355	1,438,285
Total Annual Cost	\$15,970,000	\$14,396,117	\$15,970,000

Ms. Brigham advises that \$15,970,000 of General Fund revenues for the proposed FY 2011-12 agreement are included in DPH's FY 2011-2012 budget, to cover the total not-to-exceed amount of the subject agreement to reimburse nonprofit and for-profit medical providers for health care services provided to Healthy San Francisco participants. However Ms. Brigham advises that the entire health care services provided to Healthy San Francisco Program, including the public operated facilities operated by DPH itself and the nonprofit and for-profit providers, is supplemented by fees paid by participants and contributions from their employers with total contributions of \$16,917,195 budgeted for FY 2011-12.

POLICY CONSIDERATION

The proposed agreement is a sole source agreement.

The proposed agreement between the DPH and the SFCHA for the SFCHA to provide reimbursement services to nonprofit and for-profit health care providers for the health care services provided to Healthy San Francisco Program participants under the Healthy San Francisco Program was originally awarded by DPH on a sole-source basis to the SFCHA in 2008 and has never been competitively bid. According to Ms. Brigham, a competitive request for proposals process is not appropriate for this agreement because the SFCHA, through a separate agreement, provides the third-party administration for the entire Healthy San Francisco Program, such that using another firm or party to provide reimbursement services would be inefficient.

The Budget and Legislative Analyst has previously recommended that the Controller consider performing a "review of the fiscal condition" of the SFCHA, as permitted under California Welfare and Institutions Code Section 14087.36(ab). Ms. Monique Zmuda, of the Controller's Office, states that at this time there is no plan to perform a "review of the fiscal condition" because the SFCHA's operations are transparent and the risk to the City is not at a level that warrants such a review.

The proposed agreement is retroactive to July 1, 2011.

According to Ms. Brigham, the proposed agreement's effective date is retroactive back to July 1, 2011 due to the following:

"The Department was required to negotiate provider payment rates with each of the non-Department delivery systems providing services to Healthy San Francisco participants. There were eight such systems to negotiate with, which resulted in more time being needed to finalize the contract between the Department and SFCHA.

While there is one contract with SFCHA, this contract is based on negotiating and reaching agreements with eight separate health care delivery systems. In addition, funding for the provider payment rates is contingent upon revenues from Healthy San Francisco and the Department had more complete information on those revenues toward the end of the 2010-2011 fiscal year.”

Ms. Brigham stated that since the current agreement expired on June 30, 2011, DPH has continued to reimburse nonprofit and for-profit health care providers for services provided in FY 2010-2011, but has not reimbursed any providers for expenses incurred subsequent to June 30, 2011.

RECOMMENDATION

Approve the proposed resolution.