



City and County of San Francisco
London Breed
Mayor

San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

MEMORANDUM

DATE: March 25, 2022

TO: Dan Bernal, President, San Francisco Health Commission and
Members of the Health Commission

THROUGH: Grant Colfax, Director of Health
Naveena Bobba, Deputy Director

FROM: Greg Wagner, Chief Operating Officer

RE: Proposed Approval of Healthy SF Policy Changes

Background

In February 2022, the Healthy San Francisco program (HSF) reached a total of 16,249 enrollees, continuing its mission to make health care services available and affordable to uninsured San Francisco residents. The HSF enrollment and eligibility system, One-E-App, will be replaced within the calendar year, allowing HSF to propose long overdue updates to eligibility criteria, including eliminating rules that serve little purpose in the context of today's healthcare landscape and that add complexity to the enrollment process and barriers to accessing care. Two of such rules include enrollment restrictions for individuals with active I-94 status¹ and the 90-day waiting period for recently uninsured individuals.

The HSF program solicited feedback on these proposed changes through semi-structured interviews and focus groups with 17 key stakeholders, including leadership from the San Francisco Community Clinic Consortium, North East Medical Services, Mission Neighborhood Health Center, and the Enrollment and Eligibility Unit at Zuckerberg San Francisco General Hospital and Trauma Center, as well as San Francisco Health Plan (SFHP) enrollment staff and leadership (Appendix A). Feedback is summarized below.

Removal of Restrictions for Individuals with Active I-94 Status

HSF policy currently states that those with an active I-94 status are not eligible to enroll, with the exception of asylees, refugees, and U and T visa holders. HSF proposes removing this restriction

¹ An I-94 is an arrival and departure record for all non-immigrant visitors to the United States. Individuals with an I-94 are legally required to leave the United States by the departure date listed. An individual who overstays their departure date is considered unlawfully present. Those with active I-94 records may be eligible for restricted or full-scope Medi-Cal, depending on a variety of other eligibility criteria.

on eligibility and allowing those with an active I-94 status to enroll in the program, if ineligible for full-scope Medi-Cal (Appendix B). This change was supported by 94% of stakeholders, who provided feedback that the current policy places an undue burden on the certified applicant assistants (CAAs) to develop immigration expertise and to ask participants for invasive information to verify I-94 status.

While data on potential impact is lacking, anecdotal reports from CAAs indicate that this change would impact very few people while significantly simplifying and streamlining the program application process. CAAs also reported that those with active I-94 status who are seeking health care through HSF often plan to overstay their departure date, at which point they would become eligible for HSF, but that they go without access to care until their departure date passes. Because of this, no significant changes to HSF enrollment numbers are expected.

Removal of Restrictions on Length of Time Uninsured

HSF policy states that an individual must be uninsured for 90 days or have lost coverage involuntarily to be eligible for the program. HSF proposes removing this 90-day waiting period for enrollment (Appendix B). The original intention of this rule was to prevent individuals from dropping employer-sponsored health insurance to enroll in HSF. This “crowd out” rule made sense in a pre-Affordable Care Act (ACA) environment but serves little to no purpose today. The ACA Medi-Cal expansion, broad subsidies of private health insurance through Covered CA, Guaranteed Issue², and standardized health benefits make this 90-day rule meaningless. Instead, such 90-day rule simply delays necessary care to individuals by making them wait to enroll. This change is not expected to impact HSF enrollment numbers, only to allow individuals seeking care to enroll in the program sooner. The enrollment process will continue to include education about the difference between HSF and health insurance, and why health insurance is the best option, when available.

Fifty-six percent (56%) of stakeholders supported removing the waiting period altogether, 38% of stakeholders supported keeping the rule but shortening the waiting period to 30 or 45 days, and one stakeholder (6%) supported the current policy as is.

As part of the HSF enrollment and eligibility system change this fall, HSF is also making one programmatic change, which cannot be made in the current system due to system limitations. This is to align the program federal poverty level calculations with Medi-Cal programs using the Modified Adjusted Gross Income (MAGI) rules to simplify the enrollment process and to ensure that all HSF applicants are accurately screened and directed to apply for full-scope Medi-Cal, if eligible.

Next Steps

Implementation of these two proposed HSF policy changes will align with the implementation of a new eligibility and enrollment software in the fall of 2022. If approved, the HSF program will create a detailed plan to ensure a smooth implementation process, including communication with Medical Homes and trainings for all HSF CAAs.

² HealthCare.gov. <https://www.healthcare.gov/glossary/guaranteed-issue/>: “A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, guaranteed issue doesn't limit how much you can be charged if you enroll.”

Appendix A

Table 1: Stakeholders included in feedback gathering process

Title	Organization	Method	Date
Director, Health Care Coverage and Access	San Francisco Community Clinic Consortium	Interview	10/15/2021
Eligibility Supervisor, Eligibility and Enrollment Unit	Zuckerberg San Francisco General Hospital and Trauma Center	Interview	10/19/2021
Manager of Member Services	North East Medical Services	Interview	10/18/2021
Patient Services Supervisor	Mission Neighborhood Health Center	Interview	10/20/2021
Enrollment Services Leadership and Team Members (n=5)	San Francisco Health Plan	Focus Group	10/29/2021
Chief Policy Development and Coverage Programs Officer	San Francisco Health Plan	Interview	11/10/2021
Director, Policy and Coverage Programs	San Francisco Health Plan	Interview	10/21/2021
Senior Manager, Coverage Programs	San Francisco Health Plan	Interview	10/22/2021
Healthy San Francisco Leadership and Team Members (n=5)	San Francisco Health Plan	Focus Group	10/12/2021

Appendix B: Healthy San Francisco Policies and Procedures

A full copy of the 41-page Healthy San Francisco Policies and Procedures (P&P) can be viewable via: https://healthysanfrancisco.org/files/2013/07/HSF_PoliciesandProcedure.PDF

The proposed policy changes are in section 2. Eligibility on pages 2 and 3 of the P&P, and are highlighted in red below.

Eligibility

Policy:	2.1 Determining Eligibility
Last Updated:	06/30/2017

The Department of Public Health (DPH) determines eligibility rules for HSF in conformance with the governing regulations as adopted by the San Francisco Health Commission. DPH authorizes trained Certified Application Assistors at designated enrollment sites to screen applicants for HSF eligibility, according to program rules.

Eligible applicants must:

- i Be deemed ineligible for local, state, and federal full-scope (share of cost and no-share of cost) public health insurance programs, such as Medi-Cal or Medicare. Applicants must be deemed ineligible by the California Healthcare Eligibility Enrollment and Retention System (CalHEERS), if available, or have written proof of denial (excludes denials related to failure to cooperate).
- ii Lack health insurance (i.e. uninsured). Individuals with time-limited or restricted health insurance benefits from a state/federal program, such as emergency Medi-Cal or pregnancy-related Medi-Cal, may be considered eligible. However, Individuals enrolled in private restricted health insurance, such as catastrophic coverage plans, are not eligible for HSF.
- iii Be a current San Francisco City and County resident, with proof of San Francisco residency. ~~Any individual with an active I-94 form, (unless a refugee, asylee, in possession of a certification letter from the Office of Refugee Resettlement, or U or T visa holder) is not considered a San Francisco resident.~~
 - 1 Homeless applicants can provide verbal proof of San Francisco residency.
 - 2 If a household member is away at school but is 1) claimed as a dependent on a San Franciscan's tax return, and 2) currently and will in the future spend at least part of the year in San Francisco, they are considered a San Francisco resident.
- iv Be age 18 or over, an emancipated minor, or a minor applying for coverage on his or her own behalf who is not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent.
- v Have a household income of 500% of the Federal Poverty Level (FPL) or below. Countable income includes all earned and unearned taxable income and non-retirement related liquid assets. **However, there is no income limit for**

individuals participating in HSF as part of SF City Option, offered under the Employer Spending Requirement (See section 2.5).

- vi** ~~Not have been covered by employer-paid or privately purchased health insurance within the last 90 days, except for individuals who lost coverage due to the following circumstances:~~
- ~~○ Job loss and health insurance terminated~~
 - ~~○ Moved and no insurance available~~
 - ~~○ Individual providing coverage is deceased, or relationship has changed due to, legal separation, domestic partnership termination or divorce~~
 - ~~○ Aged out of parent's or guardian's health insurance~~
 - ~~○ COBRA coverage ended or dropped~~
 - ~~○ Employer terminated employee's health insurance~~

~~There is no enrollment waiting period for those covered by public coverage within the last 90 days. There is no enrollment waiting period for those who drop, disenroll, or decide not to enroll in Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Health Coverage after job loss. Individuals must disenroll from COBRA coverage and be uninsured to be eligible for HSF.~~