

# HEALTH CARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS OVERVIEW

AUGUST 2022

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



# Materials & Recording

- This webinar is being recorded.
- The slides & selected recordings will be posted on the HCAO Webpage:

<https://sfgov.org/olse/health-care-accountability-ordinance-hcao>

## **Questions & Answers Box**

Ask your questions via the Q&A box during the presentation.

## **Live Question and Answer Session**

Select questions will be answered LIVE at the end of the presentation. If your question isn't answered LIVE, you will receive an email response at the email address you used at the time of registration.

*Some questions may require more information and you may be asked to contact us.*

# Staff

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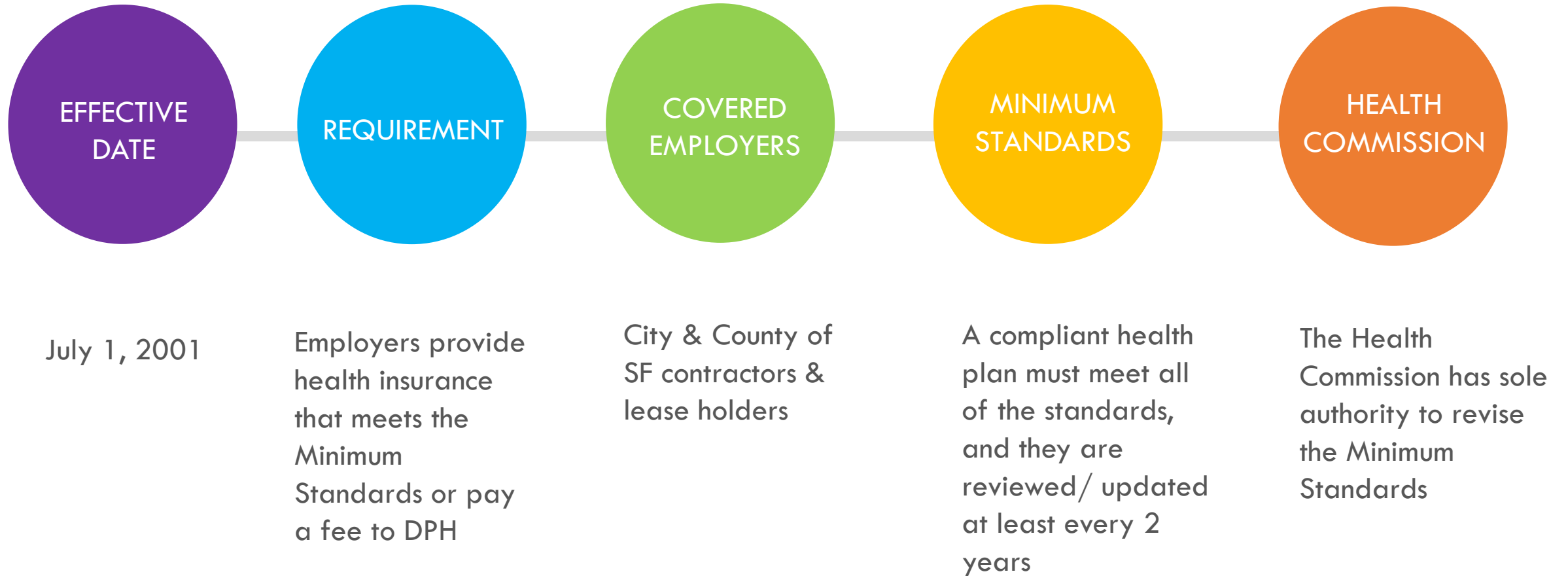
Office of Labor Standards Enforcement  
Contract Compliance Officer

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Office of Labor Standards Enforcement  
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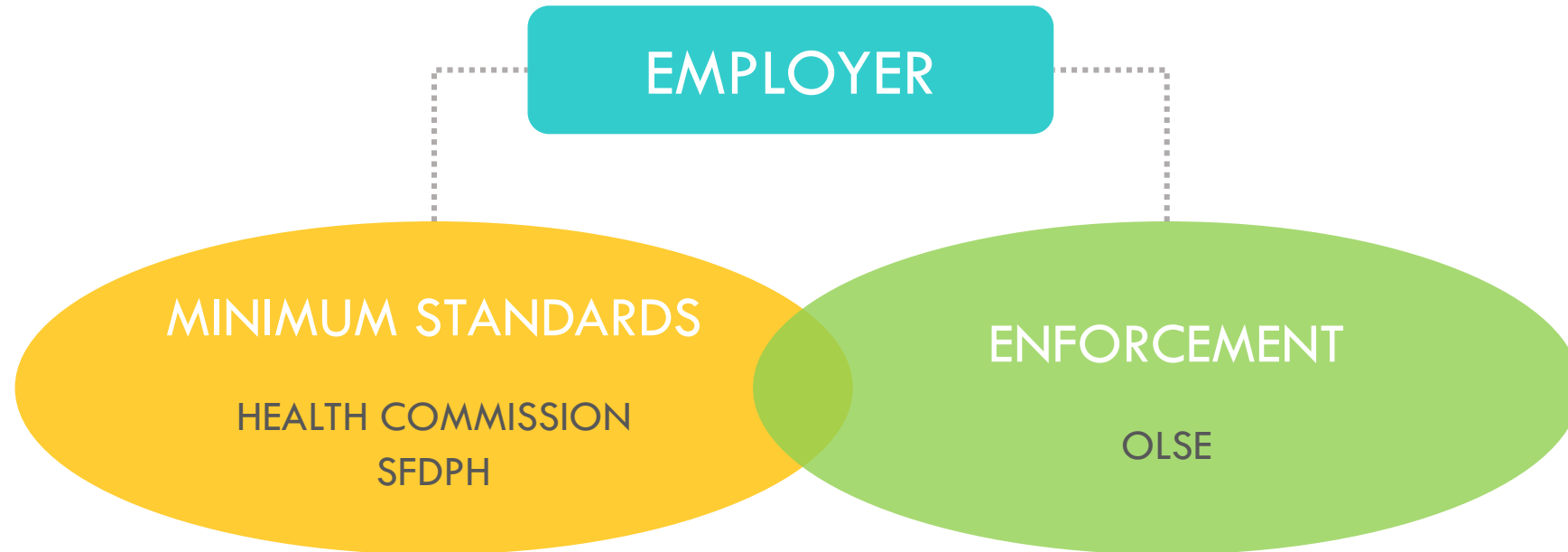
# HCAO OVERVIEW



\* **Healthy Airport Ordinance:** Applies to employers with employees covered under the SFO Quality Standards Program (QSP). For more info about whether your employees covered under the SFO QSP, contact 650-821-1103; [qsp@flysf.com](mailto:qsp@flysf.com)



# DEPARTMENT ROLES



- Updates Minimum Standards
- Reviews health plan compliance

- Audits employers
- Responds to worker complaints
- Negotiates settlements
- Coordinates payment plans



# MINIMUM STANDARDS

# 16

MINIMUM STANDARDS

JAN 1, 2023 – DEC 31, 2024

- EMPLOYER CONTRIBUTION
- EMPLOYEE COST-SHARING
- COVERED SERVICES



## MINIMUM STANDARDS

All gold and platinum plans are automatically deemed compliant if:

- the employer covers 100 percent of both the plan premium and medical services deductible; and
- the plan covers all required covered services standards (5, 8-16)





# MINIMUM STANDARDS

BENEFIT REQUIREMENT	CURRENT STANDARD (2022)	EFFECTIVE JAN 1, 2023
1. Premium Contribution	Employer pays 100%	No change
2. Annual Out-of-Pocket (OOP) Maximum	<u>In-Network</u> : \$8,200 max  <u>Out-of-Network</u> : Not specified	<u>In-Network</u> : <ul style="list-style-type: none"><li>• Require employer cover OOP expenses up to 50% of the plan's out-of-pocket maximum. These expenses must be covered on a first dollar basis.</li><li>• Employers may use any health savings or reimbursement product that supports compliance with this standard.</li><li>• OOP Maximum is \$8,750.</li></ul> <u>Out-of-Network</u> : Not specified.



# MINIMUM STANDARDS

BENEFIT REQUIREMENT	STANDARD	EFFECTIVE JAN 1, 2023
<b>3. Regular (Medical Services) Deductible</b>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: \$3,000 max</li><li>• <u>Out-of-Network</u>: Not specified</li><li>• Employer reimburses <u>all</u> expenses that count towards amount</li></ul>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: Retain \$3,000 max and <b>remove employer coverage requirement</b></li><li>• <u>Out-of-Network</u>: Not specified</li></ul>
<b>4. Prescription Drug Deductible</b>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: \$300 max</li><li>• <u>Out-of-Network</u>: Not specified</li></ul>	No change
<b>5. Prescription Drug Coverage</b>	<ul style="list-style-type: none"><li>• Plan must provide drug coverage, including coverage of brand-name drugs.</li></ul>	No change



# MINIMUM STANDARDS

BENEFIT REQUIREMENT	CURRENT STANDARD (2022)	EFFECTIVE JAN 1, 2023
<b>6. Coinsurance Percentages</b>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: 80% / 20%</li><li>• <u>Out-of-Network</u>: 50% / 50%</li></ul>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: 60% / 40%</li><li>• <u>Out-of-Network</u>: 50% / 50%</li></ul>
<b>7. Copayment for Primary Care Provider Visits</b>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: \$50 max / visit</li><li>• <u>Out-of-Network</u>: Not specified</li></ul>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: ↑ to \$60 max / visit</li><li>• <u>Out-of-Network</u>: Not specified</li></ul>



# MINIMUM STANDARDS

BENEFIT REQUIREMENT	CURRENT STANDARD (2022)	EFFECTIVE JAN 1, 2023
<b>8. Preventive &amp; Wellness Services</b>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: Provided at no cost, per ACA rules.</li><li>• <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements.</li></ul>	No change
<b>9. Pre/Post-natal Care</b>	<ul style="list-style-type: none"><li>• <u>In-Network</u>: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules.</li><li>• <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements.</li></ul>	No change



# MINIMUM STANDARDS

BENEFIT REQUIREMENT	CURRENT STANDARD (2022)	EFFECTIVE JAN 1, 2023
<b>10. Ambulatory Patient Services (Outpatient Care)</b>	<ul style="list-style-type: none"><li>• When coinsurance is applied See Benefit Requirement #6</li><li>• When copayments are applied for these services:</li><li>• Primary Care Provider: See Benefit Requirement #7</li><li>• Specialty visits: Not specified</li></ul>	No change
<b>11. Hospitalization</b>	<ul style="list-style-type: none"><li>• When coinsurance is applied See Benefit Requirement #6</li><li>• When copayments are applied for these services: Not specified</li></ul>	No change



# MINIMUM STANDARDS

BENEFIT REQUIREMENT	CURRENT STANDARD (2022)	EFFECTIVE JAN 1, 2023
<b>12. Mental Health &amp; Substance Use Disorder Services, Including Behavioral Health</b> <hr/>	<ul style="list-style-type: none"><li>• When coinsurance is applied See Benefit Requirement #6</li></ul>	No change
<b>13. Rehabilitative &amp; Habilitative Services</b> <hr/>	<ul style="list-style-type: none"><li>• When copayments are applied for these services: Not specified</li></ul>	
<b>14. Laboratory Services</b>		



# MINIMUM STANDARDS

BENEFIT REQUIREMENT	CURRENT STANDARD (2022)	EFFECTIVE JAN 1, 2023
<b>15. Emergency Room Services &amp; Ambulance</b>	Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.	No change
<b>16. Other Services</b>	The full set of covered benefits is based on the ACA list of Essential Health Benefits in conjunction with the <u>Covered California EHB Benchmark plan</u> .	No change



## COMPLIANCE = ALL OR NOTHING

An employer plan is compliant with the minimum standards if it is:

- A bronze or silver health plan that satisfies all minimum standards.

**OR**

- A gold or platinum health plan where the employer covers 100 percent of both the plan premium and medical services deductible; and the plan covers all required covered services standards (5, 8-16).



# IF YOU HAVE QUESTIONS

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# Question & Answer Session

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# Thank you for attending the webinar!

**Feel free to contact:**

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