Welcome to the HCAO Minimum Standards Webinar! August 26, 2020

Check out our handouts while you wait.

We will begin soon.
Webinar Housekeeping

• This webinar is being recorded

• This presentation and slides will be posted on our website soon

• A copy of the slides and handouts have been sent out via email prior to this event

• See the handouts in GoToWebinar to access this presentation and more information
Ask Us Questions

• You should see a control panel like this on the right side of your screen

• The panel should minimize automatically when you aren’t using it. To minimize or re-open, click the orange arrow.

• Use the “Questions” box to ask your questions during the presentation.
Getting Answers to Your Questions

• For questions asked in the Questions Box
  • Staff will be working on answering your questions and will share the answer with the entire group

• We may not have enough information to provide an accurate answer, so we may ask you to contact us to discuss directly

• Our presenters will answer some select questions live today

• Any questions that are not answered today will be answered via email. We have your contact information and will be reaching out to you!
Background Information

• Office of Labor Standards Enforcement (OLSE) enforces laws that apply to City contractors and lessees (e.g., Health Care Accountability Ordinance) and laws that apply to all employers in San Francisco (e.g., minimum wage, paid sick leave).

• Department of Public Health (DPH) sets the HCAO Minimum Standards
Presenters and Staff

• Health Care Accountability Ordinance (HCAO)
  Shinji Sakai-Egi, OLSE

• HCAO Minimum Standards
  Patrick Chang, DPH

• Moderator
  Beverly Popek, OLSE

• HCAO Minimum Standards Questions & Answer Box
  Max Gara, DPH
Health Care Accountability Ordinance (HCAO)

Shinji Sakai-Egi
Compliance Officer
Office of Labor Standards Enforcement (OLSE)
HCAO

Covered Employer:

• For-profit and non-profit – 20 or more employees globally

• with a City contract or lease

• includes subcontractors and subtenants
HCAO

Covered Employee:
• Anyone who works at least 20 hours a week or more on a City Contract for services.

• Examples are non-construction workers such as administrative staff and project managers.

Keep in Mind:
• A worker is covered if they are performing work anywhere in the US

• Work hours that fluctuate from week to week are Covered Employees if the average number of hours per week during applicable month is 20 hours or more.

YouTube HCAO Overview Video: tinyurl.com.sfhcao
HCAO Requirements 1/3

Employer must choose **one option**

Option 1

- Offer each covered employee a compliant health plan at no charge to the employee - no later than the first of the month after 30 days.

- It’s best to have the San Francisco Department of Public Health review the health insurance plan to confirm that it meets the HCAO minimum standards.
HCAO Requirements – 2/3

Option 2

Pay $5.60 per employee per hour to SF General Hospital

• Rate adjusted every July 1
• Fee goes to SF General Hospital – not a benefit or $ for worker (this is NOT Healthy San Francisco)
HCAO Requirements – 3/3

Option 3

Pay an additional $5.60 per hour directly to employee. Only available to employees **NOT** working in SF, SFO, or San Bruno Jail.
Voluntary Compliance Program

Why Participate?
• Ensure that your company is compliant with MCO & HCAO – material conditions of your contract/lease
• No MCO & HCAO Liquated Damages (LD) Penalties will be accessed
• HCAO Fees are reduced 50%

When should I participate?
• When there are inconsistencies with your firm’s policies with the MCO and/or HCAO
• Act now to prevent the mounting expenses to long-standing non-compliance

How do I participate in the voluntary compliance program?
• Call us at (415) 554-7903
Other Compliance Requirements

- Posters and Forms
- All posters, forms, more information on our website: www.sfgov.org/olse
Contact OLSE

Office of Labor Standard Enforcement – MCO HCAO
San Francisco City Hall
1 Dr. Carlton B. Goodlett Place, Room 430
San Francisco, CA  94102
Phone: (415) 554-7903
Fax:    (415) 554-6291
Email: mco@sfgov.org, hcao@sfgov.org, fco@sfgov.org, salaryhistory@sfgov.org
Website: www.sfgov.org/olse

MCO
http://sfgov.org/olse/minimum-compensation-ordinance-mco

HCAO
http://sfgov.org/olse/health-care-accountability-ordinance-hcao
Department Roles

**Minimum Standards**
- Updates Minimum Standards
- Reviews health plan compliance

**Enforcement**
- Audits employers
- Responds to worker complaints
- Negotiates settlements
- Coordinates payment plans
July 1, 2001

Employers provide health insurance that meets the Minimum Standards or pay a fee to DPH

City & County of SF contractors & lease holders

A compliant health plan must meet all of the standards, and they are reviewed/updated at least every 2 years

The Health Commission has sole authority to revise the Minimum Standards
MINIMUM STANDARDS

JAN 1, 2021 – DEC 31, 2022

- Employer Contribution
- Employee Cost-Sharing
- Covered Services
All gold and platinum plans are automatically deemed compliant if the plan satisfies the minimum standards for:

- **EMPLOYER CONTRIBUTION = 1, 3**
- **EMPLOYEE COST-SHARING = 2, 4, 6, 7**
- **COVERED SERVICES = 5, 8-16**
## MINIMUM STANDARDS (2021-2022)

<table>
<thead>
<tr>
<th>#</th>
<th>BENEFIT REQUIREMENT</th>
<th>CURRENT</th>
<th>EFFECTIVE JAN 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PREMIUM CONTRIBUTION&lt;sup&gt;^&lt;/sup&gt;</td>
<td>Employer pays 100%</td>
<td>No change</td>
</tr>
<tr>
<td>2</td>
<td>ANNUAL OOP MAXIMUM</td>
<td>• In-Network: $7,800 max</td>
<td>In-Network: ↑ to $8,200 max</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Out-of-Network: Not specified</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>REGULAR (MEDICAL SERVICES) DEDUCTIBLE&lt;sup&gt;^&lt;/sup&gt;</td>
<td>• In-Network: $2,000 max</td>
<td>In-Network: ↑ to $3,000 max</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Out-of-Network: Not specified</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employer reimburses all expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>that count towards amount&lt;sup&gt;#&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<sup>^</sup> Indicates the Minimum Standards that must be satisfied for gold and platinum plans to be compliant

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# BENEFIT REQUIREMENT | STANDARD | EFFECTIVE JAN 1, 2021
---|---|---
4 | PRESCRIPTION DRUG DEDUCTIBLE | • In-Network: $200 max  
• Out-of-Network: Not specified | In-Network: ↑ to $300 max

5 | PRESCRIPTION DRUG COVERAGE\(^a\) | Plan must provide drug coverage, including coverage of brand-name drugs. | No change

\(^a\) Indicates the Minimum Standards that must be satisfied for gold and platinum plans to be compliant
# BENEFIT REQUIREMENT | STANDARD | EFFECTIVE JAN 1, 2021
--- | --- | ---
6 COINSURANCE PERCENTAGES | • In-Network: 80% / 20%  
• Out-of-Network: 50% / 50% | No change

7 COPayment FOR PRIMARY CARE PROVIDER VISITS | • In-Network: $45 max / visit  
• Out-of-Network: Not specified | In-Network: ↑ to $50 max / visit

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<tr>
<td>8</td>
<td>PREVENTIVE &amp; WELLNESS SERVICES* ^</td>
<td>• In-Network: Provided at no cost, per ACA rules.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Out-of-Network: Subject to the plan’s out-of-network fee requirements.</td>
</tr>
<tr>
<td>9</td>
<td>PRE/POST-NATAL CARE* ^</td>
<td>• In-Network: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Out-of-Network: Subject to the plan’s out-of-network fee requirements.</td>
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<tbody>
<tr>
<td>10</td>
<td>AMBULATORY PATIENT SERVICES (OUTPATIENT CARE)* ^</td>
<td>• When coinsurance is applied See Benefit Requirement #6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• When copayments are applied for these services:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Primary Care Provider: See Benefit Requirement #7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Specialty visits: Not specified</td>
</tr>
<tr>
<td>11</td>
<td>HOSPITALIZATION* ^</td>
<td>• When coinsurance is applied See Benefit Requirement #6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• When copayments are applied for these services: Not specified</td>
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## BENEFIT REQUIREMENT

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<td>12</td>
<td>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER SERVICES, INCLUDING BEHAVIORAL HEALTH* ^</td>
</tr>
<tr>
<td></td>
<td>- When coinsurance is applied See Benefit Requirement #6</td>
</tr>
<tr>
<td>13</td>
<td>REHABILITATIVE &amp; HABILITATIVE SERVICES* ^</td>
</tr>
<tr>
<td></td>
<td>- When copayments are applied for these services: Not specified</td>
</tr>
<tr>
<td>14</td>
<td>LABORATORY SERVICES* ^</td>
</tr>
</tbody>
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<tr>
<td>15</td>
<td>EMERGENCY ROOM SERVICES &amp; AMBULANCE*</td>
<td>Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.</td>
</tr>
<tr>
<td>16</td>
<td>OTHER SERVICES* ^</td>
<td>The full set of covered benefits is based on the ACA list of Essential Health Benefits in conjunction with the <a href="https://www.coveredca.com/">Covered California EHB Benchmark plan</a>.</td>
</tr>
</tbody>
</table>

^ Indicates the Minimum Standards that must be satisfied for gold and platinum plans to be compliant.
A bronze or silver health plan must satisfy all minimum standards in order to be compliant.

A gold or platinum health plan must satisfy all minimum standards for employer contributions and required covered services in order to be compliant.
CONTACT INFORMATION

Patrick Chang
patrick.chang@sfdph.org
(415) 554-2925
Questions and Answers

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Or contact us directly at:

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hcao@sfgov.org

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