A Study of Healthcare Access among In-Home Supportive Services Providers

A Report for the San Francisco Human Services Agency

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Executive Summary

For over a decade, the San Francisco Human Services Agency (HSA) has funded healthcare coverage for In-Home Supportive Services (IHSS) providers through Healthy Workers and Liberty Dental. To encourage IHSS providers to use this coverage if it is needed, premium costs are heavily subsidized and eligibility criteria are minimal. Based on high enrollment rates, IHSS providers appear to welcome and rely upon this healthcare coverage. However, approaching changes under the Affordable Care Act (ACA) are expected to significantly expand affordable healthcare options in 2014 and may make this HSA-funded coverage less critical for IHSS providers. Accordingly, this study was conducted to explore current healthcare access among IHSS providers and assess how the ACA changes may improve or change healthcare options for these individuals.

This study utilized both existing data from HSA databases and new data generated through a mailed survey and phone interviews with IHSS providers to better understand current and future enrollment choices.

Findings suggest that:

- The majority (71%) of eligible IHSS providers have accepted at least some HSA-funded coverage;
- These individuals do not tend to have other healthcare options (few are currently enrolled in other healthcare plans or have declined healthcare coverage in the past);
- The majority of providers will likely be eligible for federally-funded assistance with healthcare coverage under the ACA; and
- There may be significant confusion about Healthy Workers and Liberty Dental enrollment among IHSS providers that leads to underutilization of coverage and may complicate the transition to an ACA environment.

Based on these findings, HSA may wish to implement the following recommendations to improve the agency's return on its investment in healthcare coverage for IHSS providers:

1) Identify HSA goals related to IHSS provider healthcare coverage. Possible goals may be to:
   - Increase utilization of current coverage;
   - Help IHSS providers identify coverage best suited for individual needs;
   - Streamline city's administration of boutique healthcare programs;
   - Further subsidize healthcare coverage for IHSS providers eligible for premium assistance; or
   - Keep as many IHSS providers as possible within the city's system of care

2) Use detailed language when contacting IHSS providers regarding Healthy Workers to increase responsiveness to HSA communications or directives (e.g., refer to "Healthy Workers, the medical coverage you receive through your work as an IHSS provider");

3) Develop a proactive communication plan that uses collaboration with relevant agencies to coordinate messaging efforts surrounding healthcare coverage options; and

4) Review the enrollment process for IHSS providers to ensure that the purpose of enrollment forms and optional nature of coverage is clear.

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I. Introduction

The San Francisco Human Services Agency (HSA) currently funds heavily-subsidized healthcare coverage to independent providers[1] in the In-Home Supportive Services (IHSS) program. This study is intended to help HSA better understand issues related to healthcare access among these IHSS providers and anticipate how implementation of key provisions of the Patient Protection and Affordable Care Act (ACA) in 2014 may improve healthcare options for these individuals. Accordingly, this study aims to answer the following questions:

1) What is the current range of insurance options available to and accessed by IHSS providers?
2) How will the range of insurance options change with the implementation of the ACA?

This report also contains findings identified in the course of this study that may be relevant as HSA considers possible courses of action related to IHSS provider healthcare coverage.

II. Background

In-Home Supportive Services (IHSS) Program

The IHSS program is a Medi-Cal benefit that pays for non-medical, home-based care for disabled and elderly individuals at risk of institutionalization. County social workers assess applicant need and determine the amount of care necessary to help Medi-Cal clients remain safely living at home. Though IHSS provider wages are typically paid entirely by Medi-Cal, most caregivers are hired and supervised by Medi-Cal clients and can be family members or friends of the client. In San Francisco, 63% of providers are related to their client. IHSS providers may serve multiple clients and typically receive close to minimum wage. In San Francisco, the hourly wage for IHSS providers is $11.54.

Healthcare coverage for San Francisco IHSS providers

In response to advocacy by the San Francisco IHSS Public Authority and the IHSS provider union (SEIU United Healthcare Workers – West), the San Francisco Board of Supervisors agreed to provide medical coverage to IHSS providers beginning in March 1999. The program is called "Healthy Workers" and is operated by San Francisco Health Plan, a licensed community health plan that also serves clients of the Healthy Families, Healthy Kids, and Medi-Cal programs. Services are provided by primary care physicians and specialists affiliated with the clinics of San Francisco Department of Public Health. IHSS providers are offered the option to enroll in Healthy Workers after working for two consecutive months with at least 25 hours of work in one month and pay a premium of $3 per month for the coverage.[2] The only additional costs are for prescription medications. Family members cannot be added to this coverage.

The San Francisco Board of Supervisors also agreed to fund dental coverage for IHSS providers, which began in January 2000. Services are provided through a private insurance company, Liberty Dental. IHSS providers become eligible for this coverage after working at least 25 hours per month for six consecutive months and pay a premium that ranges from $1-3 per month based on how many dependents a

[1] A small percentage of providers serve as contract providers through the IHSS Consortium; these individuals receive healthcare coverage through that organization and thus are not within the scope of this study. The term "IHSS providers" in this report refers to the independent providers that are hired and supervised directly by Medi-Cal clients, as these individuals are eligible for HSA-funded healthcare coverage.

[2] As a comparison, Los Angeles County requires IHSS providers to work at least 77 hours for two consecutive months and pay a $1 deductible for medical coverage. IHSS providers in San Diego County must work at least 80 hours for three consecutive months and pay a $41 premium for Kaiser coverage or a $5 premium for coverage through a company in Mexico; there is currently a six month waitlist to gain access to San Diego's medical care coverage due to coverage caps.

provider adds to the plan. Enrollees may have to pay out-of-pocket expenses for some services. The cost of funding this healthcare coverage is a part of HSA's annual budget. HSA pays a monthly premium of $347 for each Healthy Workers enrollee and a monthly premium of $22[3] for each Liberty Dental enrollee. This healthcare coverage cost $52 million in the 2012 – 2013 fiscal year.[4]

Management of IHSS provider enrollment in this healthcare coverage is performed by the IHSS Public Authority, which provides support services for IHSS providers. Upon becoming eligible for benefits, IHSS providers are sent a notification letter and enrollment forms for HSA-funded healthcare coverage. Healthcare premiums are then deducted automatically from the IHSS provider's check. The organization receives approximately 550 to 600 calls per month from IHSS providers and reports many of these calls are related to healthcare coverage.

Healthcare Reform

The Patient Protection and Affordable Care Act (ACA) of 2010 put into place a series of staggered reforms intended to comprehensively expand affordable healthcare coverage, some of which have been completed. The following are two large-scale reforms scheduled for implementation in 2014 that may significantly impact IHSS providers in California:

> *Expansion of Medicaid*: California has elected to expand Medi-Cal (its Medicaid program), which is an optional provision of the ACA and will be funded primarily by the federal government. This expansion will extend eligibility to nonelderly adults, including those without children, and increase the income limit to 138%[5] of the federal poverty limit (FPL). Approximately 1.4 million Californians are expected to be newly eligible for Medi-Cal in January 2014,[6] and, due in part to simplification of the application process, additional enrollment is also expected from individuals that are currently eligible but not enrolled. This new application process will determine Medi-Cal eligibility using federal income tax guidelines for Modified Adjusted Gross Income[7] and household size and will eliminate the asset test for nonelderly, nondisabled applicants.[8] Approximately 35,000 to 40,000 San Francisco residents are expected to be newly eligible.
>
> *Health insurance exchange and premium assistance:* The ACA requires that states have health insurance exchanges through which individuals without employer-sponsored coverage or access to another government program may purchase healthcare coverage. California's exchange will be called "Covered California." Through the exchange, individuals below 400% FPL will be eligible for premium assistance in the form of sliding scale federal tax credits.[9] These credits can be immediately applied to health plan costs at the time of enrollment and will be paid directly to the health plan by Covered California. Those with incomes up to 250% FPL may also qualify for cost-sharing assistance (e.g., lower copays). Open enrollment will begin October 1, 2013 and end March 31, 2014. If insurance is not purchased by March 31, consumers will have to wait until the next year to purchase coverage.

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[3] May vary slightly depending on how many dependents are added to a provider's plan.

[4] Cost breakdown: Healthy Workers: $46.8 million; Liberty Dental $2.9 million; and administrative costs: $1.9 million

[5] While the limit is technically 133% FPL, the ACA sets a standard 5% income disregard to bring the threshold to 138% FPL

[6] Lucia L, Jacobs K, Watson G, Dietz M, & Roby D (UCLA Center for Health Policy Research). 2013. Medi-Cal Expansion under the Affordable Care Act: Significant Increase in Coverage with Minimal Cost to the State. UC Berkeley Center for Labor Research and Education.

[7] Modified Adjusted Gross Income (MAGI) is adjusted gross income under federal income tax, in addition to any foreign income or tax-exempt interest, for all individuals claimed on a single tax return.

[8] Seniors and persons with disabilities will still be subject to the asset limit ($2,000 individuals and $3,000 for couples).

[9] For a visual representation of the eligibility criteria for the multiple types of assistance available under the ACA, please see Appendix A. For information about premium assistance through tax credit subsidies, please see Appendix B.

III. Methodology

IHSS provider data was obtained from the IHSS database, CMIPS II, for IHSS providers active for six consecutive months between October 2012 and March 2013.[10] This time window was selected to help build an accurate profile of consistently active IHSS providers and captured 16,322 of the 18,593 IHSS providers enrolled as IHSS providers in March 2013. Medi-Cal enrollment data for April 2013 was obtained from the CalWIN database and matched to IHSS provider data.

Data for this study also came from outreach to randomized samples of current IHSS providers. First, a mail survey was sent to 1,850 IHSS providers enrolled in Healthy Workers to gather information about family size, household income, and healthcare coverage options. The survey contained seven questions and was sent in Cantonese, English, Russian, and Spanish. Survey respondents were offered the option to enter a raffle for a $100 Safeway gift card, and a total of 859 usable responses were received (response rate of 46%).[11] Response was mostly proportional by language with Cantonese-speaking IHSS providers overrepresented by 12% and English- and Russian-speaking providers underrepresented by 3% and 8% respectively. A copy of the survey is included as Appendix C.

Additionally, phone interviews were conducted with 20 English-speaking IHSS providers currently enrolled in Healthy Workers to elicit qualitative information about provider choices and experiences related to healthcare coverage. Interviews were structured around ten questions and lasted from 10 to 15 minutes. Participants were offered a $20 Safeway gift card as compensation for their time. A copy of the interview questions with summarized responses is included as Appendix D.

[10] At the time this study began in May 2013, the most recent complete data available was from March 2013.
[11] Ten surveys were deemed unusable (4 providers sent in multiple responses that contained inconsistent information, while another 2 contained an inadequate level of response with only one question answered).

IV. San Francisco IHSS providers

The data below describes the 16,322 San Francisco IHSS providers that were consistently active between October 2012 and March 2013.[12] Demographic data and work information from this time indicates that:

- The most common languages spoken by IHSS providers are Cantonese (39%), English (27%), and Russian (14%);
- IHSS providers are most frequently between the ages of 43 and 64 (67%);
- The majority of IHSS providers are female (68%);
- The majority of IHSS providers live in San Francisco (84%), and the most common residential zip codes are Ingelside-Excelsior, Visitacion Valley, Bayview-Hunter's Point, and Mission-Bernal Heights;
- Most IHSS providers are related to their client (63%) with the most common relationship being an adult child caring for a parent (37% of providers);
- The majority (85%) work less than 40 hours per week as an IHSS provider, and 71% work less than 30 hours per week as an IHSS provider, which is the ACA threshold at which employers must provide healthcare coverage for employees;[13] and
- Most individuals make less than $2,000 per month from IHSS employment (87%).

Of the 859 IHSS providers that responded to the mailed survey:

- Most have household income below $2,000 per month (62%);
- A significant portion (34%) reported other work in addition to IHSS employment; and
- The majority live with family members (75%).

Please see Appendix E for more complete data.

[12] The trends described here are consistent with biannual reports prepared by HSA staff on the entire IHSS workforce.
[13] This coverage requirement will apply to employers with 50 or more employees. Medi-Cal clients are typically considered the employer of IHSS providers, though it is unclear if this definition will be used under the ACA guidelines.

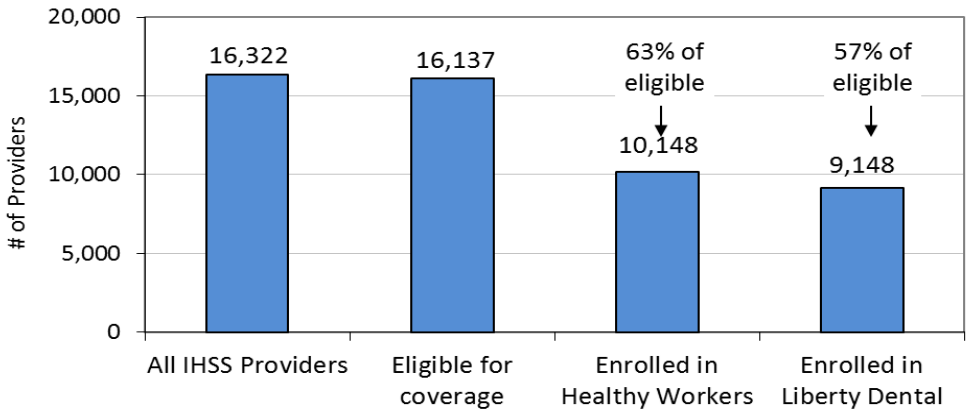
V. Findings: Current healthcare coverage of San Francisco IHSS providers

This section explores the healthcare options currently available to IHSS providers and analyzes key findings related to access choices made by IHSS providers.

The majority of IHSS providers are eligible for HSA-funded healthcare coverage but not all access these options.

The chart below shows that almost all active IHSS providers are likely eligible for coverage through Healthy Workers and Liberty Dental.[14] However, not all eligible individuals enroll in the available coverage: approximately 63% of eligible IHSS providers are enrolled in Healthy Workers and 57% of eligible IHSS providers are enrolled in Liberty Dental.[15]

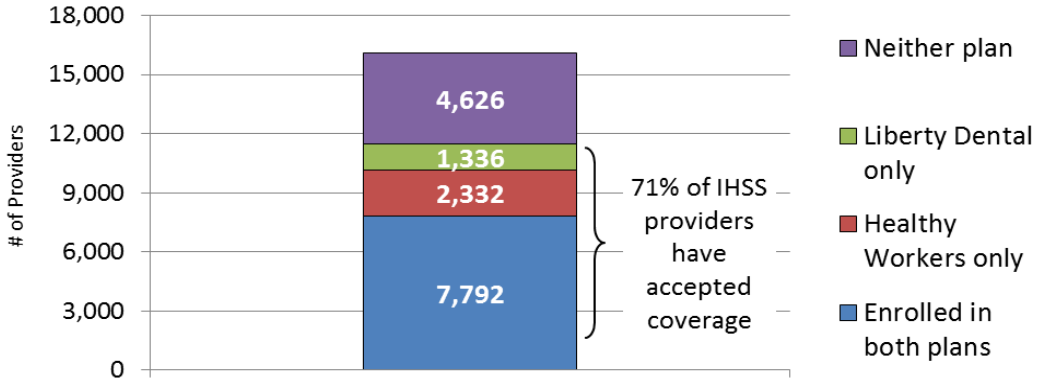
Most IHSS Providers are Eligible for Coverage But Not All Coverage is Accepted



Source: CMIPS II

However, it is important to note that further analysis of IHSS provider enrollment in the San Francisco healthcare coverage options reveals that a higher number of IHSS providers have accepted coverage than is evident when simply reviewing enrollment by program. Of IHSS providers eligible for coverage, 71% have either Healthy Workers, Liberty Dental or both.

Majority of Eligible IHSS Providers Have At Least Some HSA-Funded Healthcare



Source: CMIPS II

[14] Eligibility was calculated by multiplying the average weekly hours by 4.3 to obtain an average monthly hours estimate and comparing this number to the eligibility requirement of 25 hours of work per month. Given that IHSS providers can work less than 25 hours if they meet the work threshold the next month, this estimate is slightly low.

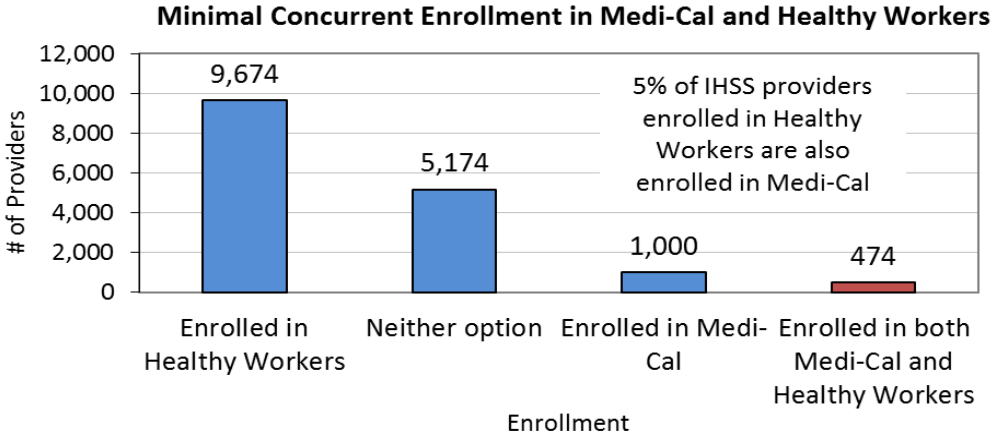
[15] Because this study uses data for IHSS providers active for six consecutive months, it does not capture the providers who may have missed a month of work or more recently began work. As of March 2013, the total number of IHSS providers enrolled in Healthy Workers was 11,257 and Liberty Dental was 9,682.

Enrollment decisions may be influenced by age and medical needs. IHSS providers age 59 to 64 have the highest enrollment rate (76% enrolled), which may be caused in part by increasing age-related health concerns and lack of other coverage options. Enrollment rates begin declining at age 65, possibly due to enrollment in Medi-Cal and Medicare, and are lowest for IHSS providers above age 80 (11%) and between age 72 and 79 (33%). At the other end of the age spectrum, individuals below age 27 are also less likely to enroll in Healthy Workers (42% enrolled). These younger individuals may have alternate coverage options through a parent's insurance or school enrollment or may not have significant health concerns and, consequently, may not view healthcare coverage as worth the expense.[16]

Though this study did not interview IHSS providers that have chosen not to enroll in Healthy Workers, the interviewees that reported regular use of Healthy Workers coverage tended to be between 47 and 59 years of age and described health conditions that required standing medical appointments. Three of the four interviewees under age 35 had not used the coverage, explaining they had not yet been sick enough to merit an appointment with a medical provider.

The occurrence of concurrent Healthy Workers and Medi-Cal enrollment is minimal.

There is no restriction that prevents Medi-Cal enrollment if an individual has coverage through another program.[17] As shown in the chart below, a small portion (5%) of IHSS providers enrolled in Healthy Workers also have coverage through Medi-Cal. The majority of IHSS providers (59%) have Healthy Workers and are not enrolled in Medi-Cal coverage.



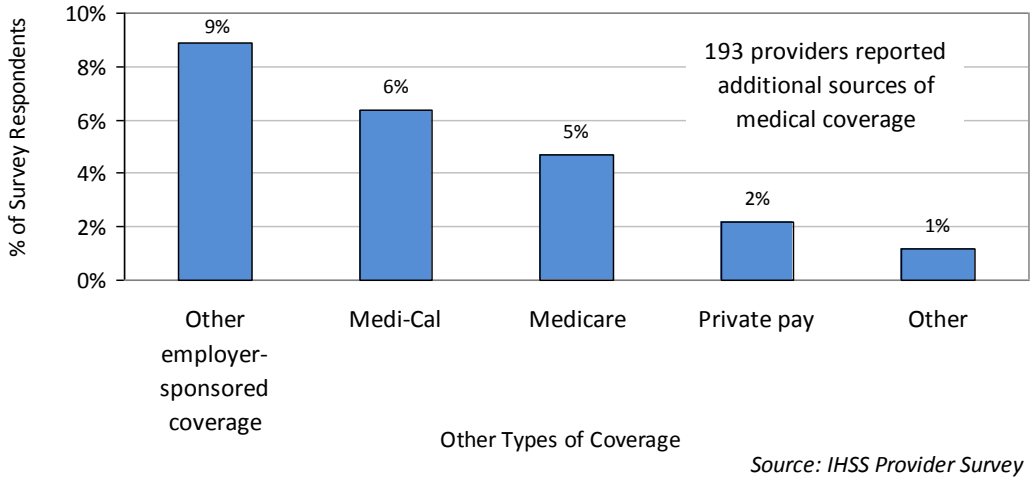
Source: CalWIN & CMIPS

[16] Please see Appendix F for detailed information about age and Healthy Workers enrollment.
[17] However, Medi-Cal is the payer of last resort and only covers what the first plan does not pay.

The majority of IHSS providers do not report concurrent enrollment in other types of healthcare coverage.

Twenty-three percent of survey respondents reported concurrent enrollment in other types of healthcare coverage. As shown below, the most common form of other current healthcare coverage reported by IHSS providers is other employer-sponsored coverage, which most commonly comes from a spouse's employment or the IHSS provider's other current employment. Notably, only 5% of survey respondents reported enrollment in Medicare, though 12% were age 65 or older.

Most commonly reported concurrent medical coverage is from other employment



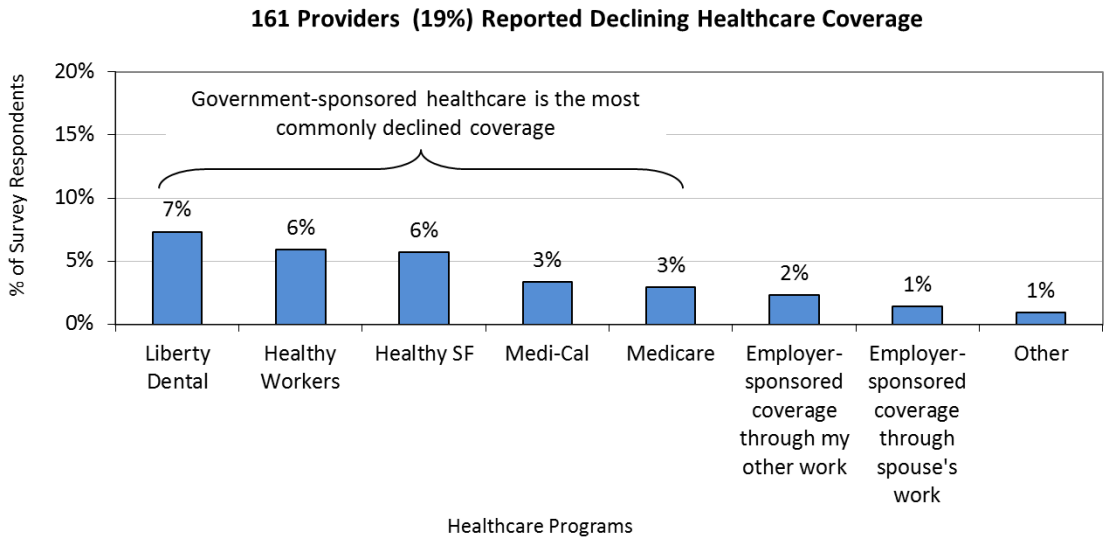
Source: IHSS Provider Survey

Interviews with IHSS providers also found few had concurrent coverage; those that did tended to be older and enrolled in Medicare or have children and be enrolled in Medi-Cal. All but one of the 20 interviewed providers noted that they had no other coverage at the time Healthy Workers was offered. Most explained that they accepted the coverage because it was their only option and they needed to have healthcare coverage for either regular use or in case of emergency.

While the majority of IHSS providers do not report declining coverage, the most commonly declined coverage was government-sponsored healthcare coverage.

Out of 852 survey respondents, 161 (19%) individuals indicated having made a decision to decline healthcare coverage. This response may include coverage that was declined initially but accepted at a later date. The total number of declined coverage options reported was 255, as some respondents reported turning down multiple coverage options.

As indicated in the following chart, government healthcare options made up the majority of declined coverage. Additionally, HSA-funded programs for IHSS providers were the most commonly declined options. This data suggests two relevant pieces of information: first, IHSS providers may not be frequently offered healthcare coverage, especially coverage through private plans; and, second, IHSS providers do not appear to always accept subsidized coverage intended to be affordable for low-income populations.



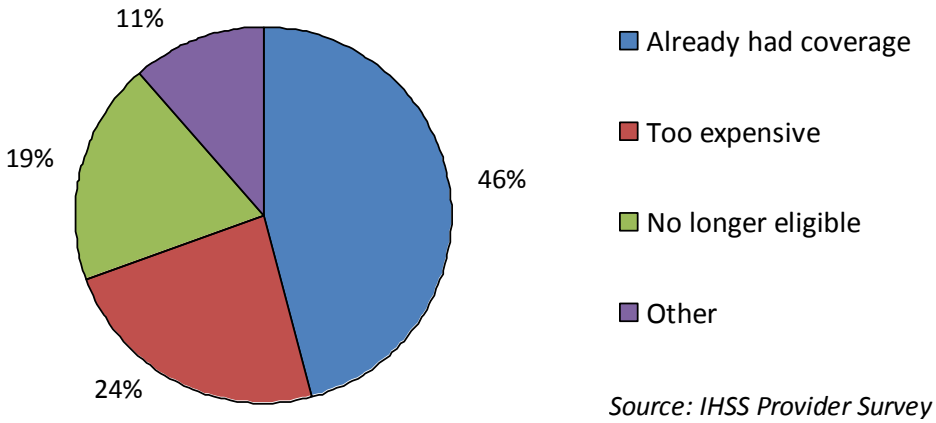
Source: IHSS Provider Survey

This trend was echoed in provider interviews. Only interviewee reported declining coverage, which was offered through her work as an IHSS provider in San Mateo County. She declined because she had already enrolled in Healthy Workers. The rest of the interviewed IHSS providers could not recall ever turning down offered insurance.

Coverage was most typically declined because the provider already had coverage at the time it was offered.

Of the 98 survey respondents who provided an explanation for why they declined coverage, the most common answer was that they already had coverage. Notably, the majority of coverage declined for this reason was government-sponsored healthcare, which supports the possibility that consumers do not always accept additional low-cost or free healthcare coverage if they already have coverage.

Coverage Most Often Declined Because Provider Already Had Coverage



Source: IHSS Provider Survey

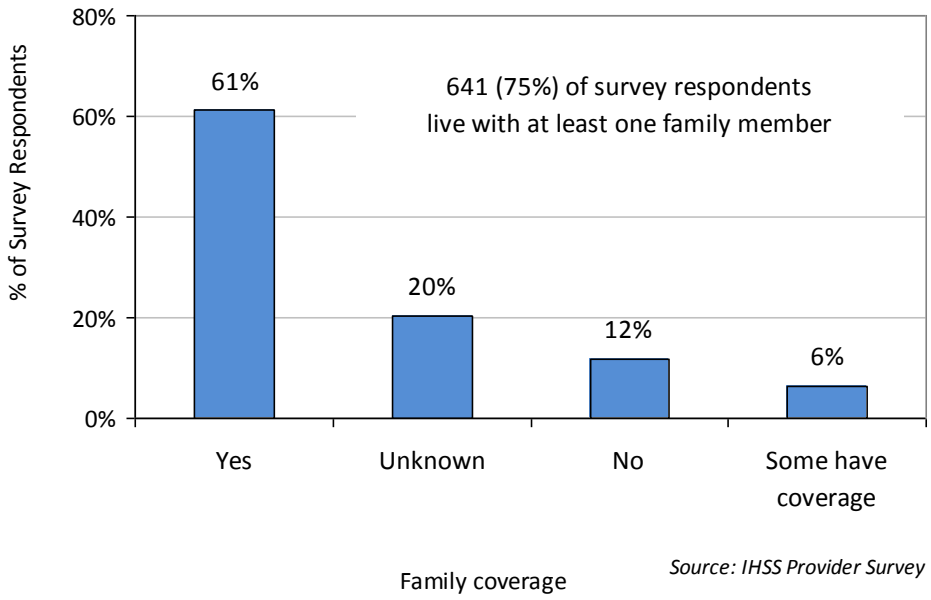
Additionally, of the respondents that declined coverage due to its cost, 39% reported declining HSA-funded coverage, which has monthly premiums of $3 or less. This data again suggests that coverage that seems low-cost may not actually feel affordable to a portion of IHSS providers or that the out-of-pocket costs associated with coverage like Liberty Dental may be too high for these individuals.

The family members of IHSS providers tend to have healthcare coverage.

Survey respondents were asked to report on family coverage in order to assess incentive to change coverage. Because IHSS providers are unable to add family members to their Healthy Workers coverage, those whose family members lack coverage may be more inclined to transition into a new coverage option under healthcare reform.

The majority (61%) of survey respondents living with family reported that their family members have healthcare coverage, so this issue may not be a strong impetus for most IHSS providers to change coverage. However, as indicated by the chart below, at least 18% of IHSS providers indicated that at least one family member lacks healthcare coverage. Family coverage is unknown for 20% of IHSS provider households that include family because responses were missing or inconsistent (e.g., the respondent indicated living with one family member but then indicated that "some" family members in the household had coverage). This cumulative group of IHSS providers represents a significant portion of the IHSS workforce that may be more open to changing coverage if eligible for new options under ACA.

Most Family Members Have Healthcare Coverage



Source: IHSS Provider Survey

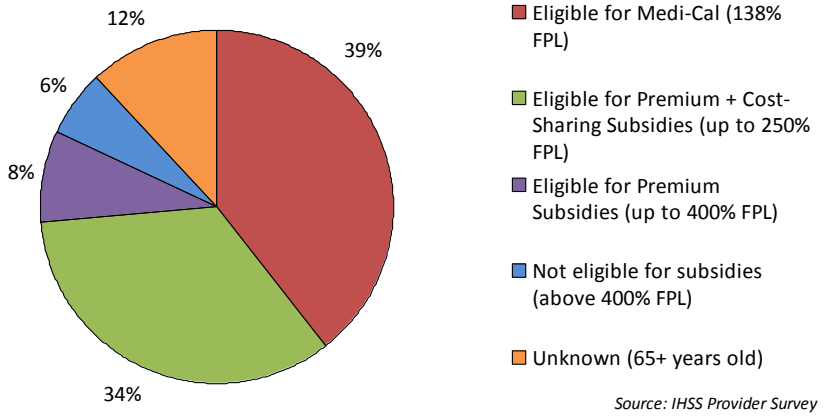
VI. Findings: Future healthcare coverage of San Francisco IHSS providers

This section explores the healthcare options that are likely to be available to IHSS providers after the ACA provisions are implemented in January 2014. Eligibility for new coverage is estimated irrespective of Healthy Workers enrollment, although the health insurance exchange and subsidies will only be available to those without employer-based coverage. At this point, it is unclear what entity will be considered the employer of IHSS providers under ACA guidelines or if Healthy Workers will be considered employment-based coverage.

Based on household size and income data, the majority of IHSS providers will likely be eligible for Medi-Cal (39%) or subsidized healthcare coverage (50%) in 2014.

Using reported household income and household size from the IHSS provider survey and FPL guidelines for 2013, it is likely that 81% of IHSS providers will be eligible for government assistance with healthcare coverage after the ACA provisions are implemented in 2014. As shown in the chart below, more IHSS providers will be eligible for premium assistance (42%) than Medi-Cal (39%). Because it is unclear if asset limits will remain in place for seniors and individuals eligible for Medicare will be unable to use the exchange, eligibility for surveyed IHSS providers age 65 or above (12%) is unknown. However, the majority of these individuals meet the eligibility criteria for federally-subsidized coverage.[18]

Based on Household Size and Income Alone, the Majority of IHSS Providers Will be Eligible for Federally-Subsidized Healthcare Coverage in 2014



Source: IHSS Provider Survey

The following three possible sources of bias could make this projection overestimate eligibility:

- *Skewed response.* Data could be biased by a skewed response from individuals without other work who had more time to send in the survey or lower-income individuals for whom the raffle gift card is a larger incentive. Additionally, those with high additional income may have been reluctant to return the survey and share this information with HSA for fear of a negative repercussion (e.g., loss of benefits). While review of IHSS income of the total survey sample and those who responded indicates a proportionate response from all income levels, it is impossible to know the other work tendencies or household income of individuals who did not respond to the survey.
- *Accuracy of reported household income*. Analysis of reported and IHSS income data for survey respondents who live alone and have no other work (and therefore should report similar income to IHSS data) suggests that respondents provide relatively accurate data with a slight tendency

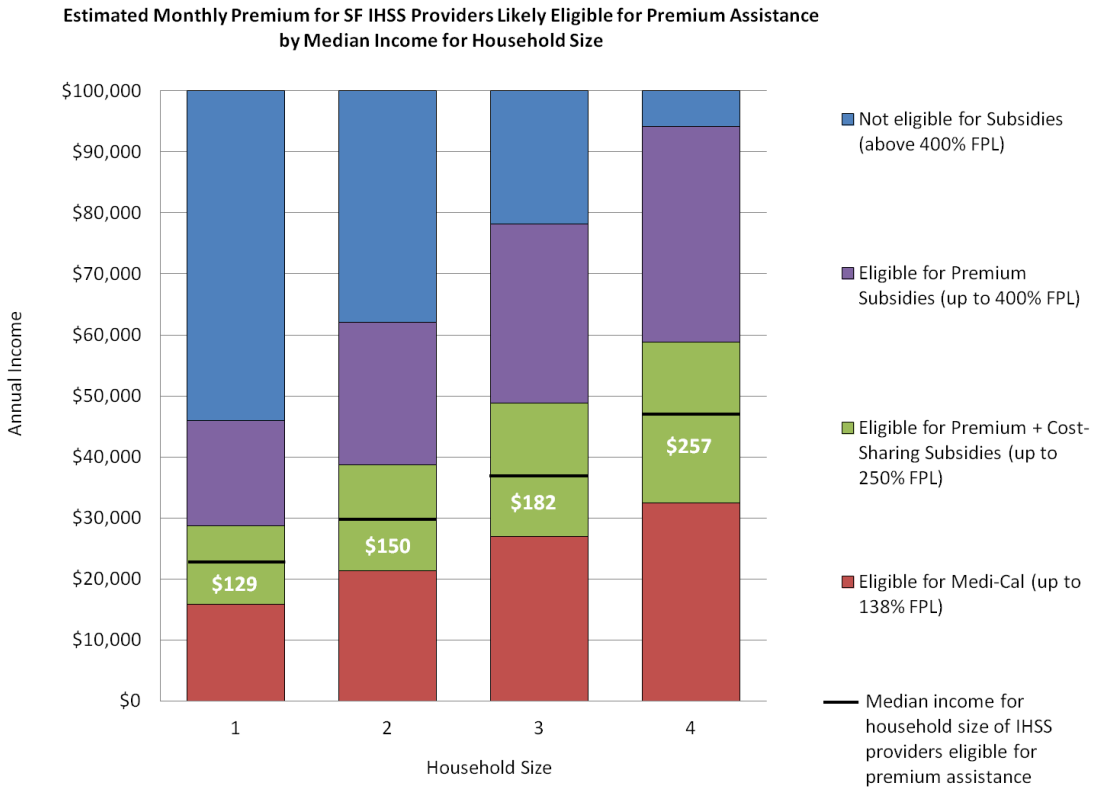
[18] If individuals age 65 and above are included in the estimate, projected eligibility becomes: Medi-Cal -- 43%; premium and cost-sharing subsidies -- 40%; premium assistance -- 10%; and no assistance -- 8%.

to report lower income than suggested by IHSS records.[19] The above projection may slightly overestimate Medi-Cal eligibility and slightly underestimate both eligibility and overall eligibility for assistance.[20] However, the overall percentage eligible for assistance under ACA is likely a reasonable estimation.

- *Accuracy of household size calculation*. Based on federal tax rules regarding dependents, the above projection includes spouse, children under 19 and older dependent parents living with IHSS providers as part of the household. It is possible that physically dependent parents may not qualify as financially dependent on a provider for tax purposes. However, using household size calculated without dependent parents does not significantly change the above projection.

Based on household size and income, IHSS providers projected to be eligible for premium assistance are likely to be responsible for $129 to $257 of monthly premiums.

The chart below depicts the premium rate for the median income by household size for IHSS providers projected to be eligible for premium assistance subsidies. For example, the median annual income for single household survey respondents was $23,748. At this income level, a single consumer would be responsible for $129 of a monthly premium (and also be eligible for cost-sharing subsidies). For more information on premium ranges by income level and IHSS provider income, please view Appendix B.



It should be noted that the above projection estimates the premium cost for the silver-level or medium

[19] The majority of survey respondents who live alone and reported no other work provided estimates within ± $1,000 of their monthly IHSS income, which may be due to a recent or temporary change in work hours and should not significantly affect the overall estimate of eligibility for some type of assistance.

[20] A projection using IHSS data instead of reported income as a test to see how possible under/over reporting may impact the projection found that the percentage eligible for some type of assistance increases slightly but the type of assistance changes slightly (decrease in Medi-Cal eligibility and increase in subsidy eligibility).

cost coverage option. Because the premium assistance rate will be fixed regardless of the specific plan chosen by an individual, it is possible that IHSS providers could pay more or less than this amount. More information about this possible variation is available in Appendix B.

The majority of interviewed IHSS providers would switch healthcare coverage dependent on the costs and benefits of the new coverage.

Though the majority of IHSS providers interviewed for this study reported being satisfied with their current coverage, most would be open to switching coverage depending on the cost and benefits of the new option. Some of these individuals reported not using their Healthy Workers coverage because of hassles associated with the public health system (e.g., waiting up to three months for an appointment, frequent delays when medical providers run behind schedule, etc).

Key priorities for interviewees included cost, proximity, and increased flexibility to both select medical providers outside of the public hospital system and obtain prescriptions at more locations. IHSS providers tended to be open to the idea of Medi-Cal and interested in coverage more similar to their prior private coverage – as long as it would be affordable. This information suggests that IHSS providers may be interested in the new options under the ACA and may be likely to switch to Medi-Cal if eligible.[21]

However, it should be noted that even with subsidies, the cost of private coverage through the exchange will be significantly higher for IHSS providers than their current $3 per month cost of Healthy Workers coverage. While some individuals may decide the benefits of private coverage are worth the higher premium cost and addition of additional costs (e.g., copays), others may determine that the cost increase is prohibitive and prefer to stay in Healthy Workers.

[21] The main reason given by the five IHSS providers who would not change coverage if given the option was that they would not want to reestablish their medical history and prescriptions with another office.

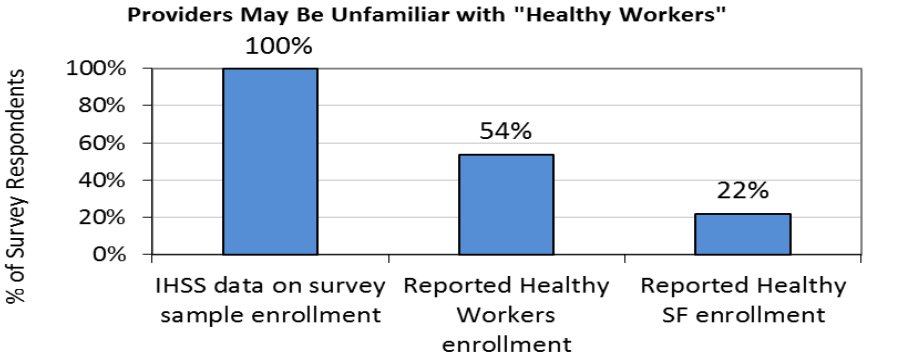
VII. Other findings

This section contains additional and unanticipated findings that developed in the course of this study that may be relevant for current and future IHSS provider healthcare coverage.

IHSS providers may be unfamiliar with the "Healthy Workers" program name.

All of the individuals sent the IHSS provider survey are listed as currently enrolled in Healthy Workers.[22] However, as shown in the chart below, only 54% of survey respondents indicated current enrollment in Healthy Workers.

It is possible that respondents confused Healthy Workers and Healthy San Francisco, which have similar names and are both provided through San Francisco Health Plan. As shown in the chart below, 22% of surveyed IHSS providers did not report enrollment in Healthy Workers but did indicate current enrollment in Healthy San Francisco, which is a program intended for individuals without other healthcare coverage that IHSS providers should not be able to enroll in.[23] IHSS providers may also remember their coverage as the plan that provides the services, San Francisco Health Plan, and may have selected Healthy San Francisco as the survey option that sounded the most like their coverage.



Source: CMIPS II & IHSS Provider Survey

Such lack of clarity was also common in the provider interviews. Over half of the interviewees did not initially mention their Healthy Workers coverage by name, instead referring to their coverage as "the San Francisco coverage" or "the IHSS coverage." Some called their coverage Healthy San Francisco but agreed it was actually Healthy Workers when asked if it was the coverage available through IHSS employment.

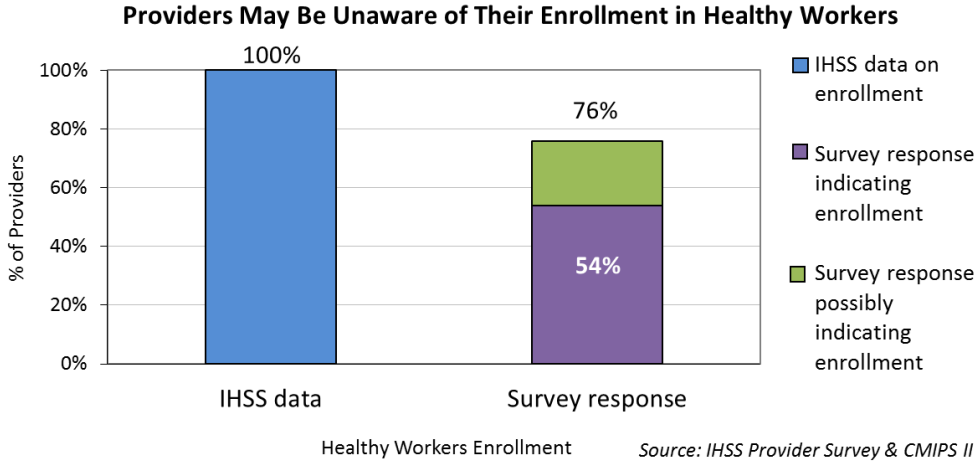
Importance: Providers may not respond to communications about Healthy Workers if they are unfamiliar with the name of their coverage. A higher level of detail, such as noting that Healthy Workers is the coverage for IHSS providers, may be important for HSA communications with IHSS providers about this coverage. Such confusion is likely to be aggravated by the complexity of potential ACA choices, and HSA will need to develop a marketing strategy – with clear goals – to complement the ACA communications that will be disseminated in September.

[22] Healthy Workers and Liberty Dental enrollment data from June 2013 was reviewed to confirm that enrollment had not changed significantly between time of the enrollment data used to identify the survey sample (March 2013) and time the survey went out (June 2013). Enrollment data did not change for any survey respondents between these times.

[23] Given that San Francisco Health Plan provides benefits for both of these programs, it is unlikely that there are many cases of dual enrollment or that this many IHSS providers are also enrolled in Healthy San Francisco.

IHSS providers may be unaware of their current enrollment in Healthy Workers and Liberty Dental.

As shown in the chart below, IHSS data for survey respondents indicates that 100% are enrolled in Healthy Workers but only 54% indicated enrollment. Given the possible unfamiliarity with the Healthy Workers program name, it may be the case that the respondents who indicated enrollment in Healthy San Francisco and not Healthy Workers were attempting to indicate their Healthy Workers coverage. When these responses are interpreted as Healthy Workers, it appears that 76% indicated enrollment in Healthy Workers – leaving almost a quarter of IHSS providers who appear to be unaware of their current healthcare coverage.[24]

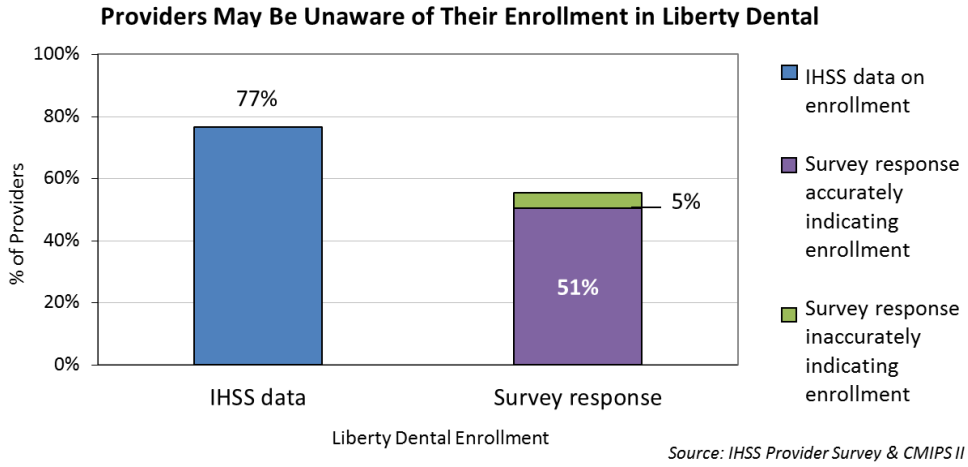


This apparent confusion was most common among Cantonese-speaking survey respondents. Half (50%) of the returned surveys in Cantonese indicated enrollment in Healthy Workers, and an additional 20% instead indicated sole enrollment in Healthy San Francisco.[25]

As shown in the chart below, survey response regarding Liberty Dental enrollment implies a similar lack of awareness. IHSS data indicates that 78% of survey respondents are enrolled in Liberty Dental but only 51% of survey respondents accurately indicated this coverage, suggesting the remaining enrollees (27% of respondents) are unaware that they are currently enrolled in Liberty Dental. Moreover, 5% of survey respondents inaccurately indicated enrollment in Liberty Dental when IHSS records do not show coverage.

[24] Only 17 (2%) of survey respondents skipped this question entirely, making it unlikely that the low Healthy Workers response is due to incomplete survey submission.

[25] These response rates may be due to variations in the Cantonese translation of these program names. Healthy Workers was translated literally as "Healthy Employee Plan," while Healthy San Francisco was translated literally as "San Francisco Healthy Plan." Regardless, only 70% of respondents provided responses that possibly indicate enrollment in Healthy Workers. Comparatively, 86% of Engligh-, Russian-, and Spanish-speaking survey respondents reported enrollment in Healthy Workers or Healthy San Francisco. Spanish-speaking survey respondents had the highest response rate indicating enrollment in Healthy San Francisco (31%).



Review of survey data regarding declined coverage suggests that workers may be unaware that they have accepted healthcare coverage. Again, all survey respondents are listed as enrolled in Healthy Workers. However, eight percent (8%) of respondents did not indicate Healthy Workers or Healthy San Francisco when asked about current enrollment and also indicated that they have never been offered and turned down coverage through either program.

Importance: If survey results accurately reflect the percentage of IHSS providers unaware of their current healthcare coverage, HSA appears to be paying between approximately $845,000 and $1,620,000 per month for medical coverage and $40,000 per month for dental coverage that will definitely not be used. Moreover, IHSS providers unaware of their enrollment are not using or benefiting from the coverage and also may not terminate enrollment if they become enrolled in other coverage.

IHSS providers may be unaware that enrollment is optional.

A notable trend in provider interviews was the perception that the healthcare coverage was an automatic part of IHSS work or union membership that not be declined. Despite efforts by the IHSS Public Authority to make the eligibility notification letters easy to read, the elective nature of healthcare coverage could possibly be more clear; the letter does not explicitly state that enrollment is optional and contains bolded directives that may confuse IHSS providers (e.g., "Be sure to send the completed form to IHSS Public Authority by using the envelope they provide to you"). Please see Appendix G for a copy of the letter.

Importance: If IHSS providers believe coverage is mandatory, they may enroll though they do not actually need or plan to use the coverage – which would lead to unnecessary and significant cost to HSA.

IHSS providers may have difficulty obtaining linguistically-appropriate information.

The IHSS Public Authority is responsible for supporting IHSS providers and responding to questions about enrollment in HSA-funded healthcare coverage. The organization operates a detailed website and can provide assistance in multiple languages over the phone and in person. However, the website is only available in English, which may significantly impede communication of information to IHSS providers.

Importance: Offering translated information more visibly may improve IHSS provider awareness of healthcare coverage options. Moreover, HSA has committed to providing translation services for San Francisco residents when needed.[26]

[26] HSA requires that languages spoken by 4% or more of a population be translated. Languages spoken by IHSS providers that meet or exceed this threshold are Cantonese, English, Russian, and Spanish.

VIII. Recommendations

This study has found that a significant percentage of IHSS providers may be unaware of or confused about their Healthy Workers and Liberty Dental enrollment. These individuals are likely not utilizing this valuable healthcare coverage, which is costly for HSA to provide. Moreover, most IHSS providers will likely be eligible for some form of federal assistance with healthcare coverage under the ACA in 2014.

Based on this information, the following recommendations are intended to help HSA make better use of its investment in the healthcare coverage it provides to IHSS providers and support utilization of healthcare benefits by IHSS providers:

Recommendation 1: Identify HSA goals related to healthcare coverage for IHSS providers.

Depending on HSA's priorities related to healthcare coverage for IHSS providers, findings from this study suggest at least five goals around which to organize strategic action. The following options are not necessary mutually exclusive:

- **Goal**: *Make better use of current coverage by increasing IHSS provider utilization of benefits.*

  Increasing utilization of benefits may help justify the cost of funding this coverage, as HSA is arguably not currently maximizing the potential of this budget expenditure. HSA may wish to communicate with IHSS providers enrolled in Healthy Workers to increase awareness of coverage and promote utilization of the benefits. Providing contact information for multilingual staff at IHSS Public Authority or San Francisco Health Plan may be especially helpful so that IHSS providers can easily obtain answers to their questions and learn about coverage. Including brief information about how to use benefits (e.g., contact the provider listed on the membership card) and a summary of the low/no cost nature of this coverage may also support utilization.

- **Goal**: *Encourage IHSS providers to access the healthcare coverage option most appropriate for individual needs and preferences.*

  This study found that the lack of flexibility, as well as the public hospital setting of Healthy Workers, prevents some individuals from utilizing HSA-funded coverage. IHSS providers may be more likely to use benefits and receive regular medical attention if enrolled in Medi-Cal or a private plan, which offer more options and are more flexibility. At the same time, some IHSS providers are satisfied with their current coverage or have minimal health concerns and may not need or desire different coverage. Communicating with IHSS providers to share information about the programs may help individuals understand the difference between their options and make enrollment choices that best suited to their individual needs.

- **Goal***: Streamline city's administration of healthcare coverage by shifting as many enrollees as possible into federally-subsidized coverage plans.*

  Administration of boutique healthcare coverage like Healthy Workers and Healthy San Francisco is relatively complex and burdensome. While San Francisco has previously taken on this challenge in order to ensure its residents have access to medical care, the new coverage options under ACA are likely reduce the need for HSA-funded coverage; in the very least, over one third of IHSS providers will likely be eligible for Medi-Cal, and it is possible that half of IHSS providers will be eligible for premium assistance (depending on who is considered the employer under ACA). HSA may wish to

take the opportunity offered by new coverage options under healthcare reform to reduce enrollment in its healthcare programs.

HSA may wish to take a soft or more direct approach to bring about this type of shift. For example, the agency could decide to limit Healthy Workers enrollment to those ineligible for Medi-Cal and require currently-enrolled individuals to transition to Medi-Cal if eligible. Alternately, given that a significant portion of IHSS providers may be unaware of their current HSA-sponsored coverage, the agency may wish to simply send IHSS providers a letter that notes their enrollment in HSA-funded coverage, shares information about new coverage options under ACA, and reminds these individuals to notify the IHSS Public Authority if they no longer wish to be enrolled in (and pay a monthly premium for) Healthy Workers or Liberty Dental.

- **Goal***: Subsidize healthcare coverage costs for IHSS providers eligible for premium assistance.*

  Though subsidies will help make healthcare coverage through private plans more affordable, premiums for this type of coverage will remain significantly more expensive than the $3 premium for Healthy Workers. Additionally, this coverage will come with copayments and other costs that IHSS providers do not incur through Healthy Workers. Despite cost-sharing subsidies for individuals up to 250% FPL and ACA requirements that premiums not represent more than 9.5% of income, this type of coverage would be a significant cost increase for IHSS providers and may be perceived as unaffordable to individuals. HSA may wish to consider advocating for San Francisco to further subsidize this coverage for IHSS providers to make it even more affordable. However, this type of policy would likely need to be a part of a larger city-wide conversation about which populations are given priority for this type of assistance.

- **Goal***: Keep as many IHSS providers as possible within the City's system of care.*

  IHSS providers are only permitted to use their Healthy Workers coverage at clinics operated by the San Francisco Department of Public Health. Use of these medical facilities by these consumers provides the City's system of care with a significant portion of revenue. If IHSS providers transition to Medi-Cal, they may choose to access these same clinics or they may decide to use their benefits elsewhere. Consequently, it may not be in the City's best interest for IHSS providers to enroll in new ACA coverage options, and HSA may wish to pursue strategies to keep IHSS providers in Healthy Workers.

Recommendation 2: Use detailed and linguistically-appropriate language when communicating with IHSS providers regarding Healthy Workers coverage.

A significant portion of IHSS providers are unfamiliar with the program name "Healthy Workers." Using detailed or unambiguous language may help IHSS providers remember their coverage is called Healthy Workers and increase responsiveness to HSA communication or directives (e.g., "the Healthy Workers medical coverage you receive as an IHSS provider/through San Francisco Health Plan"). Given that only 50% of Cantonese-speaking survey respondents indicated enrollment in Healthy Workers, it may be especially beneficial to compose clear messaging with consistent translations for these IHSS providers.

Recommendation 3: Develop a proactive communication plan to coordinate messaging efforts.

After identifying its goals related to healthcare coverage for IHSS providers and especially if HSA plans to contact IHSS providers regarding new coverage options under ACA, HSA should strongly consider developing a proactive communication plan to synchronize messaging across the local agencies that have regular contact with IHSS providers (e.g., HSA, IHSS Public Authority, and IHSS provider union). In addition to promoting consistency of information heard by providers, this collaboration may offer additional avenues for dissemination of information and significantly reduce confusion surrounding current and future coverage options.

Clear and thoughtful communication about healthcare coverage for IHSS providers will likely be especially important once communications about ACA-related coverage hit the airwaves in September. Coordination with other HSA program staff that will be implementing the Medi-Cal expansion may help ensure that these efforts related to IHSS provider coverage complement ACA messaging. Additionally, given that this study found that some monolingual groups appear to have less clarity regarding enrollment, it may be beneficial to devise specific outreach strategies for these individuals and ensure messaging is consistent with ACA translations.

Coordination with the IHSS Public Authority will be a critical part of this plan. Call volume to the organization will likely increase as a result of any communications regarding healthcare coverage. Given that the IHSS Public Authority typically hires temporary staff[27] to help respond to increased IHSS provider inquiries during open enrollment, HSA may wish to consider how to support the IHSS Public Authority in the time after communications are disseminated.

Another important factor in this plan will likely be the open enrollment periods for both HSA-funded coverage and Covered California. IHSS providers are allowed to make changes to their Healthy Workers and Liberty Dental enrollment during November and December. HSA may wish to use this opportunity to educate IHSS providers about ACA coverage options, as open enrollment for Covered California will occur from October 2013 to March 2014 and eligible individuals may wish to change coverage (should HSA not be deemed the "employer" under ACA guidelines). Additionally, given that individuals will likely be exposed to marketing about ACA coverage throughout this time period, HSA and the IHSS Public Authority may wish to determine a plan in advance for how to respond to out-of-season requests to change enrollment.

Recommendation 4: Review and possibly revise the enrollment process for IHSS providers newly eligible for Healthy Workers and Liberty Dental.

Study findings suggest that IHSS providers may be enrolling in HSA-funded healthcare coverage without realizing the meaning of enrollment forms or understanding that the coverage is optional. It may be helpful to review the process by which IHSS providers enroll in coverage, including the literature these individuals receive to ensure it is clear that the forms are related to healthcare coverage and that the coverage is not mandatory.

This action may be especially worthwhile given that provider need for coverage in the future will likely decrease after the Medi-Cal expansion. Communications to eligible IHSS providers should clearly explain that coverage is optional to prevent concurrent enrollment with other healthcare coverage and reduce the occurrence of unused HSA-funded healthcare coverage.

[27] The IHSS Public Authority usually hires one full-time temporary employee for two weeks to manage increased call volume during open enrollment.

IX. Conclusion

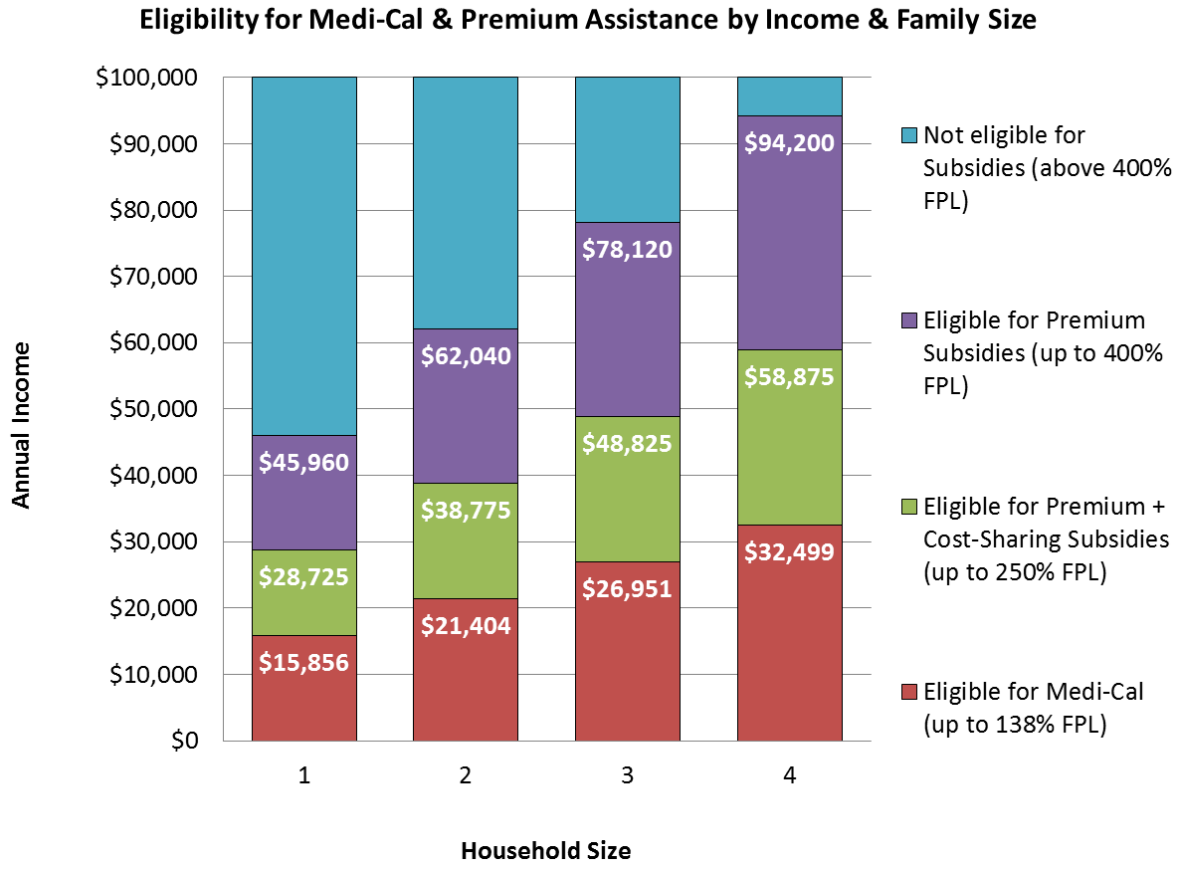
Quantitative and qualitative analysis suggests that IHSS providers do not currently tend to have alternate healthcare coverage options and that the medical and dental coverage offered by San Francisco HSA is an important source of healthcare for most of these individuals. However, at the same time, it appears that a significant portion of those enrolled in Healthy Workers and Liberty Dental are unaware of their coverage and do not utilize their benefits. Moreover, healthcare options for these individuals are likely to significantly expand in 2014 due to the Medi-Cal expansion and premium assistance through tax credit subsidies established by the ACA.

In light of this information, HSA would likely benefit from both rearticulating its goals regarding healthcare coverage for IHSS providers and developing a strategy to support these priorities. HSA may wish to focus on improving the "brand awareness" of Healthy Workers and proactively promote utilization of existing coverage through Healthy Workers and Liberty Dental in order to make the most of existing coverage. Conversely, the agency may wish to encourage IHSS providers to enroll in new coverage options in order to shift the cost of providing healthcare. However, regardless of the specific goal, this study suggests that a carefully crafted, purposeful strategy regarding IHSS provider healthcare coverage has the potential to both significantly maximize the use of funding currently allotted to Healthy Workers and Liberty Dental coverage, as well as improve IHSS provider access of healthcare coverage.

Appendix A

Eligibility for Assistance under the Affordable Care Act

The chart below provides a visual depiction of eligibility by income and household size for the multiples types of assistance available for consumers under the Affordable Care Act. For example, a two-person household with annual income of $25,000 will likely be eligible for both premium and cost-sharing subsidies.



Appendix B

Affordable Care Act Tax Credit Subsidies

Premium assistance through immediate tax credit subsidies is intended to ensure that consumers do not spend more than a set percentage of their income on healthcare premiums. As shown in the table below, consumers with lower income will be expected to pay a smaller percentage of their income towards premium costs:

Maximum 2014 premium costs through Covered California[28]		
Consumer income level	Percentage of income	Portion of monthly premium cost
150% FPL	4%	$57
200% FPL	6.3%	$121
250% FPL	8.05%	$193
400% FPL	9.5%	$364

Premium assistance rates will be based on the difference between the premium of a silver-level (medium-tier plan) and a consumer's maximum portion of the monthly premium.[29] This assistance amount will not change if a consumer selects a plan with a higher or lower premium; accordingly, consumers may pay a little more or less than the maximum monthly amount if they select a higher- or lower- tier plan.[30] For example, the monthly premium for the silver-level HMO plan with the Chinese Community Health Plan would cost an individual at 100% FPL only $10 per month because the premium assistance rate is based on the cost of the second-lowest silver level plan, which happens to be Anthem EPO.[31]

The chart[32] on the next page provides a visual representation of maximum monthly premium contributions for various household sizes and income levels:

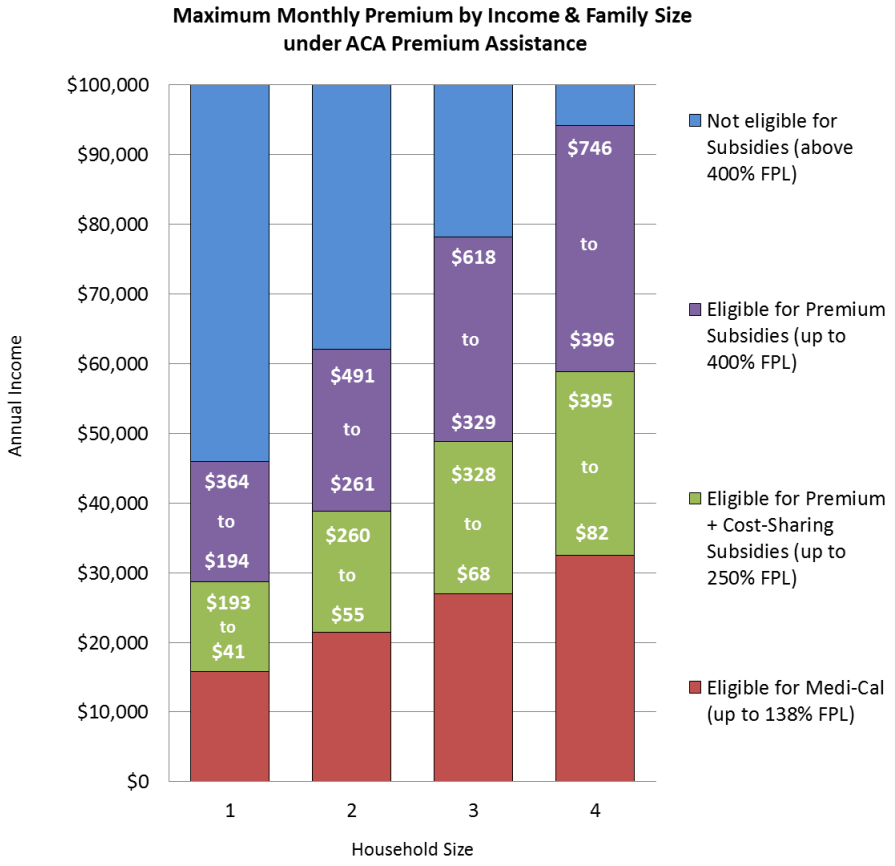
[28] Based on: Covered California. (2013). *Health Insurance Companies and Plan Rates for 2014.* Available online at http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet-8-6-13.pdf.

[29] All plans must offer the same benefits, but consumers will have a choice of plans from the low-tier bronze plan (lowest premium but highest deductible and service costs) to high-tier platinum plan (highest premium but lowest deductible and service costs) with silver and gold options in the middle. There will be multiple options at each tier, and premium assistance rates will be based on the cost of the second-least expensive silver plan in the local area.

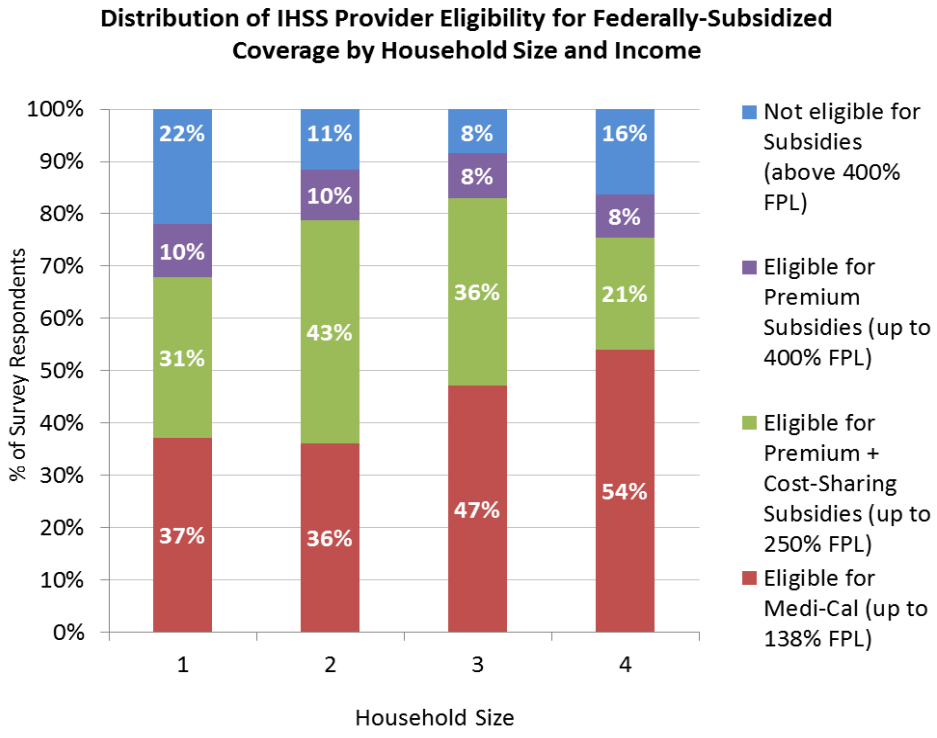
[30] For example, a person with income at 150% FPL that selects a plan with a monthly premium of $250 will pay $57 and the federal government will cover the remaining $193. If the same consumer selects a plan with a lower monthly premium, the federal government will still pay $193 and the consumer will pay less than $57. Similarly, if the same consumer selects a plan with higher premiums, the consumer will pay more than $57.

[31] Based on: Covered California. (2013). *Health Insurance Companies and Plan Rates for 2014.* Available online at http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet-8-6-13.pdf.

[32] Based on: California Association of Health Plans. (2013). *The Affordable Care Act: Understanding Subsidies*. Available online at http://www.calhealthplans.org/pdfs/ACAUnderstandingSubsidies052313.pdf



The chart below shows the distribution of IHSS provider eligibility for assistance based on household size and income as reported through the mailed survey. The majority of survey respondents reported income at or below 250% FPL, which means they will be eligible for Medi-Cal or receive cost-sharing subsidies in addition to premium assistance.



Appendix C

IHSS Provider Mail Survey

Healthcare Access Survey for In-Home Supportive Services Providers

This survey will help the San Francisco Human Services Agency assess how the Affordable Care Act (also known as "Obamacare") may improve or change healthcare access for IHSS providers. The information is for research purposes only and will be kept confidential. In appreciation for your time, we invite you to return the enclosed raffle entry form to enter a raffle for a $100 Safeway gift card. Please contact Rose Johns at Rose.Johns@sfgov.org or (415) 557-5239 with any questions. If you prefer, you can answer the survey and enter the raffle online at: http://www.surveymonkey.com/s/IHSSProviderSurvey.

1. **What family members do you live with? Leave blank if not applicable.**
   - ☐ Spouse
   - ☐ Children under age 19 → How many? _____
   - ☐ Older parent who depends on me → How many? _____

2. **What is your approximate monthly household income (including any spousal income)?**
   _____

3. **Do you have other paid employment in addition to IHSS?**
   ☐ Yes ☐ No

4. **How do you currently receive healthcare coverage? Please check all that apply.**
   - ☐ Healthy Workers
   - ☐ Healthy San Francisco
   - ☐ Medi-Cal
   - ☐ Liberty Dental through IHSS
   - ☐ Medicare
   - ☐ Out-of-pocket/private pay
   - ☐ I do not have health care coverage
   - ☐ Other. Please explain: _____
   - ☐ Other employer-sponsored coverage
     - · Please specify provider: _____
     - · How are you eligible for this coverage?
       - ☐ Spouse's current or prior employment
       - ☐ My other current employment
       - ☐ My prior employment
       - ☐ My parent's employment

5. **Does the family that you live with have healthcare coverage? Leave blank if not applicable.**
   ☐ Yes ☐ No ☐ Some but not all have coverage

6. **Have you been offered coverage through any of the following programs and turned it down?**

Healthy Workers	☐ Yes	☐ No	☐ Unsure
Healthy San Francisco	☐ Yes	☐ No	☐ Unsure
Medi-Cal	☐ Yes	☐ No	☐ Unsure
Liberty Dental through IHSS	☐ Yes	☐ No	☐ Unsure
Medicare	☐ Yes	☐ No	☐ Unsure
Employer-sponsored coverage			
through my other work	☐ Yes	☐ No	☐ Unsure
through my spouse's work	☐ Yes	☐ No	☐ Unsure
through my parent's work	☐ Yes	☐ No	☐ Unsure
Other	☐ Yes	☐ No	☐ Unsure

   · If "Yes" to Other, please specify: _____

7. **If "Yes" to any options in Question #6, why did you decline the healthcare coverage?**
   - ☐ No longer eligible
   - ☐ Too expensive
   - ☐ Already had other coverage
   - ☐ Other
     - · Please explain: _____

Please use the enclosed pre-stamped envelope to return survey and raffle entry to
Rose Johns, D202
San Francisco Human Services Agency
P.O. Box 7988
San Francisco, CA 94120-7988

Appendix D

IHSS Provider Phone Interviews: Question Guide with Summary of Responses

Healthcare access
1. What healthcare programs are you currently enrolled in?
All interviewed providers were enrolled in Healthy Workers, though one insisted he was not and another said she was unsure. The majority did not initially say "Healthy Workers" but explained they had something like the "IHSS coverage" or "San Francisco coverage" with at least a third of interviewees also calling the coverage "Healthy San Francisco." Additional coverage mentioned included Medi-Cal (2) and Medicare (1), as well as out-of-pocket payment to see a preferred primary care doctor or dentist (2).
2. Can you tell me about your decision to enroll in _____/the healthcare programs you mentioned?
Nineteen of the twenty interviewees reported that they did not have coverage or any other options at the time Healthy Workers was offered. Many seemed to think this question was self-explanatory (e.g., "What do you mean? I didn't have anything else. I needed coverage."). While some providers enrolled in order to have coverage just in case they needed it, while others had more consistent current healthcare needs driving enrollment. Twenty percent of interviewees seemed to believe the coverage was required or an automatic part of being an IHSS provider and in the IHSS provider union. A few providers also mentioned that the enrollment process was easy and the coverage was affordable as components of their decision to enroll.
3. When do you use your healthcare coverage?
Providers offered a range of responses to this question, especially with regard to the medical coverage through Healthy Workers. Most commonly (9 interviewees), providers tend to use coverage for regular checkups (mostly biannual at the instruction of their primary care doctor). However, some providers (6) reported not having used their coverage at all, giving reasons that included not being sick enough to need medical attention and not wanting to deal with the busy public hospital/clinics. Some interviewees indicated that they would probably start using the coverage once per year or so but had not yet gotten around to setting up an appointment. The remaining providers (5) indicated infrequent use of coverage, such as only visiting a medical provider when ill. Providers with Liberty Dental tended to report using it at least once per year for a cleaning.
4. Can you describe a time when you used your healthcare coverage?
This question was asked to gain a sense of how providers use and experience their Healthy Workers and/or Liberty Dental coverage. Similar experiences shared by providers included a one to three month wait time to see a medical provider for a routine appointment. Once providers were established with a medical provider, they tended to be set up with their next appointments in advance when visiting the doctor's office for a checkup. Most reported pleasant interactions with office staff and approved of their medical provider's skill level and rapport with clients.

5. *[IF THE PERSON LIVES OUTSIDE OF SF]* I believe you live outside of San Francisco. Is that correct? Do you think that impacts your usage of Healthy Workers?
Most of the interviewees resided in San Francisco. Those living outside of the city (3) agreed they might use coverage more if they lived closer to their medical providers but did not report having much trouble using the coverage. One provider noted that she lives in San Francisco part time to care for her client and thus is not that far from her healthcare coverage, though her main residence is outside of the city.
6. Are you satisfied with your coverage?
The majority of providers (13) reported being satisfied with their medical coverage through Healthy Workers. A shared feeling was that medical providers were knowledgeable and friendly. One interviewee noted that she often sees medical residents or new doctors and finds these medical providers to be "less jaded" and more interested in her situation than experienced medical professionals. A key frustration for providers was the lack of flexibility to receive care at locations other than San Francisco General Hospital (SFGH) and obtain prescriptions at other locations. At SFGH, interviewees reported having to wait at least an hour in line to drop off or pick up prescriptions and two cited instances in which they had to go off of their medication for a few days due to pharmacy delays. Providers also would appreciate coverage that would allow quicker access to medical providers. A few providers wish they could use their benefits outside of the city, and one provider suggested San Francisco coordinate public hospitals in other counties so that he could receive medical care when visiting his father in another part of the state. Most interviewees enrolled in Liberty Dental also reported satisfaction with the coverage and were very happy to have the benefits. However, a few providers reported concern that some dentists in the Liberty Dental plan try to take advantage of customers by pushing costly services that another dentist said are unnecessary (e.g., an extensive, deep teeth clean for extra money) or claiming that consumers owe direct payment for services that the dental plan says should be completely covered. One interviewed provider suggested that the dental plan could do a better job of communicating with consumers about their benefits and covered services.
7. If you had the option, would you consider changing your coverage and enrolling in a different healthcare program?
The majority of interviewees would be open to switching coverage if it were "better" than Healthy Workers. Commonly cited priorities included proximity, affordability, prescription drug access, and more flexibility to select medical providers. Of the providers (5) who said they would not change coverage, the main explanation was that they had a relationship with a medical provider or clinic and would not want to reestablish their medical history and prescriptions with another office.
8a. Have you ever been offered the option to enroll in a healthcare program and decided not to enroll?
Only one interviewee reported declining coverage. She works as an IHSS provider in San Mateo County and was offered their version of Healthy Workers.
8b. *[Ask if Yes to Question 8]* Why did you decide not to take the coverage and enroll in the program?
She was already enrolled in Healthy Workers.

9. What did you do before you had your current coverage? Did you have other coverage? What did you do if you got sick?
Some providers reported a significant period of time (up to 3 years) without healthcare coverage prior to enrollment in Healthy Workers. For the most part, these individuals did not receive medical attention during that time unless they experienced an emergency. In such situations, they tried to go to public hospitals and pay on a sliding scale or requested assistance paying high medical bills.
Household information
10a. Do you live with any family members? Who do you live with?
Most providers live with family but not all are likely part of a tax filing unit (e.g., a sister).
10b. *[Ask if Yes to Question 10a]* Do these family members have healthcare coverage?
Most family members had coverage.
10c. *[Ask if answer to Question 10b is Yes]* What healthcare programs are your family members enrolled in?
Most commonly, family members were enrolled in Medi-Cal (children and older parents). Some providers lived with a parent with retirement benefits.
10d. *[Ask if answer to Question 10a is No]* What do your family members do if they have a medical problem?
Family members tended to follow the same behavior patterns as providers did prior to Healthy Workers enrollment. When urgently ill, they would seek care at public hospitals but generally not see a medical provider otherwise.
11. Can you give me an estimation of your approximate monthly household income? (including spousal income if married)
For the most part, these responses matched the income variation from surveys. The majority provided estimates within ±$1,000 of their IHSS income data, and most of this variation is likely due to personal circumstances mentioned during interviews (e.g., recent reduction in work hours, spousal income, etc).
12a. Do you have other paid employment in addition to IHSS?
Two of the 20 interviewees reported currently having other work in addition to IHSS. One provider noted she had recently lost her part-time work.
12b. *[Ask if Yes to Question 12a]* What kind of other work do you do?
These providers provided in-home care through other organizations (e.g., private home care or another county's IHSS).
12c. *[Ask if Yes to Question 12a]* Does this other employment provide most of your household income? (Or: About how many hours per week do you spend at your other job?)
For one provider with other current work, her other employment provides the majority of her work. However, she works two other jobs so no single job provides the majority of her income.

Appendix E

IHSS Provider Demographic and Work Information

The following tables are based on data from CMIPS II for IHSS providers consistently active between October 2012 and March 2013:

IHSS Provider Primary Language, March 2013		
	#	%
Cantonese	6,289	39%
English	4,353	27%
Russian	2,314	14%
Spanish	1,067	7%
Other	817	5%
Unknown*	498	3%
Tagalog	491	3%
Vietnamese	263	2%
Mandarin	230	1%
Total	16,322	100%

*Due to a recent database shift to CMIPS II, some language information is unavailable.

IHSS Provider Gender, March 2013		
	#	%
Female	11,099	68%
Male	5,220	32%
Total	16,319	100%

IHSS Provider Age, March 2013		
	#	%
19 to 26	764	4.7%
27 to 34	1,164	7.1%
35 to 42	1,730	10.6%
43 to 50	3,279	20.1%
51 to 58	4,586	28.1%
59 to 64	3,064	18.8%
65 to 71	1,276	7.8%
72 to 79	359	2.2%
80 or above	100	0.6%
Total	16,322	100.0%
Mean	51	.
Median	53	.

IHSS Provider Zip Code, March 2013		
	#	%
94112	1,973	12%
94134	1,340	8%
94124	1,143	7%
94122	1,122	7%
94121	1,044	6%
94116	1,015	6%
94133	780	5%
94110	750	5%
94132	560	3%
94102	551	3%
94109	510	3%
94115	478	3%
94118	445	3%
94103	431	3%
94108	409	3%
94015	300	2%
94014	280	2%
94107	236	1%
94080	193	1%
94127	153	1%
94066	148	1%
94117	141	1%
94131	138	1%
94114	94	1%
The following zip codes are each home to less than 1% of IHSS providers: 94030, 94044, 94111, 94404, 94806, 94158, 94010, 94105, 94565, 94401, 94521, 94130, 94541, 94403, 94591, 94140, 94578, 94607, 94605, 94801, 94520, 94598, 94509, 94577, 94601, 94188, 94579, 94590, 94804, 94142, 94596, 94606, 94903, and 94501.		

IHSS Provider San Francisco Residency, March 2013		
	#	%
San Francisco resident	13,631	84%
Lives outside of San Francisco	2,691	16%
Total	16,322	100

IHSS Provider-Client Relationship, March 2013		
	#	%
Relative caregiver	**10,295**	**63.1%**
Adult Child	6,061	37.1%
Other Relative	3,155	19.3%
Parent of Adult Child	191	1.2%
Parent of Minor Child	425	2.6%
Spouse	463	2.8%
Non-relative caregiver	**6,022**	**36.9%**
Friend	1,219	7.5%
Housemate	26	0.2%
Live-in Provider	23	0.1%
Neighbor	30	0.2%
Other	4,716	28.9%
Grand total	**16,317**	**100%**

IHSS Provider Hours per Week, March 2013		
	#	%
0 to 9	1,660	10%
10 to 19	5,611	34%
20 to 29	4,261	26%
30 to 39	2,267	14%
40 to 49	1,183	7%
50 to 59	603	4%
60 to 69	435	3%
70 to 79	179	1%
80+	123	1%
Total	16,322	100%
Mean	26.5	.
Median	21.6	.
Min	0.5	.
Max	156.9	.

Monthly IHSS Income, March 2013		
	#	%
Below $500	2,070	13%
$500 to $999	6,104	37%
$1,000 to $1,499	4,053	25%
$1,500 to $1,999	2,034	12%
$2,000 to $2,499	1,037	6%
$2,500 to $2,999	485	3%
$3,000 to $3,499	355	2%
$3,500 to $3,999	124	1%
$4,000+	60	0%
Total	16,322	100%
Mean	$1,184	.
Median	$999	.

The following tables are based on the mailed survey:

IHSS Provider Household Income			
	#	%	Cumulative %
Below $500	13	1.6%	1.6%
$500 to $999	84	10.5%	12.2%
$1,000 to $1,499	125	15.7%	27.9%
$1,500 to $1,999	149	18.7%	46.6%
$2,000 to $2,499	126	15.8%	62.4%
$2,500 to $2,999	91	11.4%	73.8%
$3,000 to $3,499	67	8.4%	82.2%
$3,500 to $3,999	18	2.3%	84.4%
$4,000 to $4,449	40	5.0%	89.5%
$4,500 to $4,999	9	1.1%	90.6%
$5,000 to $5,499	14	1.8%	92.4%
$5,500 to $5,999	4	0.5%	92.9%
$6,000 to $6,499	2	0.3%	93.1%
$6,500 to $6,999	1	0.1%	93.2%
$7,000+	54	6.8%	100.0%
Total	797	100%	

*62 survey respondents (7%) did not provide income data

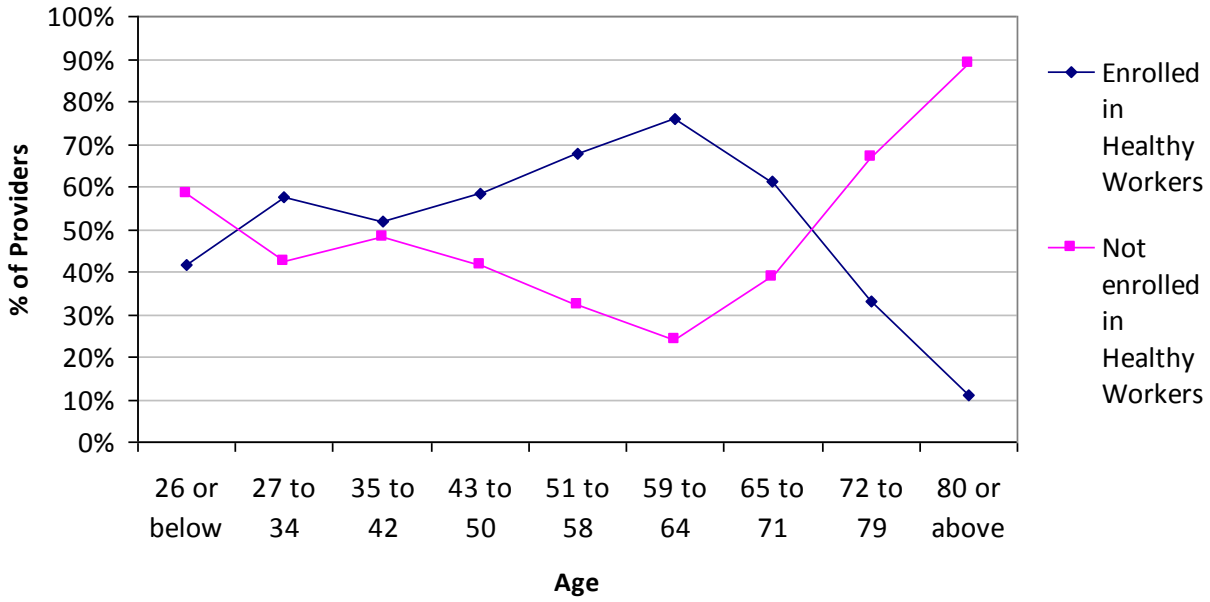
IHSS Provider Other Work		
	#	%
Unknown	27	3%
No other employment	539	63%
Has other employment	293	34%
Total	859	100%

IHSS Provider Household Size		
	#	%
1	218	25%
2	435	51%
3	106	12%
4	61	7%
5	34	4%
6	5	1%
Total	859	100

Appendix F

IHSS Provider Age and Healthy Workers Enrollment

Healthy Workers Enrollment is Highest Among Providers Age 59 to 64



Source: CMIPS II

IHSS Provider Age & Healthy Workers Enrollment Rates, March 2013			
	Enrolled in Healthy Workers	Not enrolled in Healthy Workers	Total
26 or below	42%	58%	100%
27 to 34	58%	42%	100%
35 to 42	52%	48%	100%
43 to 50	58%	42%	100%
51 to 58	68%	32%	100%
59 to 64	76%	24%	100%
65 to 71	61%	39%	100%
72 to 79	33%	67%	100%
80 or above	11%	89%	100%
Total	62%	38%	100

Appendix G

Eligibility Notification Letter for IHSS Providers

IHSS
In-Home Supportive Services
Public Authority

HEALTH AND DENTAL BENEFITS FOR IHSS WORKERS

Dear IHSS Home Care Worker:

HEALTH COVERAGE: The IHSS Public Authority with United Healthcare Workers – West (SEIU), City Departments and the San Francisco Health Plan designed special health coverage for IHSS independent providers called **HEALTHYWORKERS.** You are eligible to enroll in this health plan for individual coverage when:

- You have been working as an IHSS independent provider for at least 2 months; and
- The state computer system shows that you were authorized and paid to work 25 hours or more in of those months.

If both of these requirements are met, you may apply by filling out the Enrollment Form/Request for Health Coverage that the San Francisco Health Plan (SFHP) will send to you. **Be sure to send the completed form to IHSS Public Authority by using the envelope they provide to you.** If you do not receive the enrollment form, call the Public Authority at the number below.

If the enrollment form is received by the Authority before the 12th of the month, your health coverage will start on the 1st day of the following month. **Before you use the medical plan, you must have your HEALTHYWORKERS I.D. card,** sent to you by the SFHP. For a small monthly premium deduction from your check, you will be covered for preventive care and more. Also, there will be minimal co-payment for eye exams and glasses, drugs, counseling and emergency care.

For details about **HEALTHYWORKERS** benefits, please call the **SFHP at (415)547-7800 or 1-800-288-5555.** The IHSS Public Authority can assist you with information about eligibility and enrollment by calling **(415) 243-4464, for Spanish and Russian, please call (415) 243-4477.**

DENTAL COVERAGE: You and your dependent(s) will be eligible for dental coverage after you have worked 6 consecutive months for at least 25 hours per month. **Liberty Dental Plan** will provide you with detailed information and send you the enrollment form. If your enrollment form is received by the Authority by the 12th of the month, you will have dental coverage by the 1st day of the following month

Sincerely,

Donna Calame
Executive Director

11/2008