

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

**Request for Information (RFI) for
Expert Opinion, Care Coordination, and Musculoskeletal Services
for the San Francisco Health Service System
(RFPQ#HSS2018.07)**

Addendum 1

November 13, 2018

This Addendum is being issued to modify the requirements in the above-referenced Request for Information (RFI) and to respond to questions and comments received by or before 5:00 PM (PT) on November 7, 2018. Please review the terms of the RFI and this Addendum carefully. If there are any inconsistencies between the RFI and the terms of this Addendum, then the terms of this Addendum shall prevail. Section references below are to the RFI and are provided for convenience of reference only.

A. Modifications to Request for Information:

1. The link to the Strategic Plan has been updated by SFHSS. The Strategic Plan may be found on the Health Service Board Meeting page for October 2018:

http://www.sfhss.org/health_service_board/regular_meeting_101118.html

Alternatively, Respondents may go to the SFHSS webpage at <http://www.myhss.org/> or <http://www.sfhss.org/>, select “Board” on the landing page http://www.sfhss.org/health_service_board/, and select “October 2018” in the left-hand column.

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B. Questions & Answers

Please note that SFHSS recently completed our annual Open Enrollment process in October. Some of the reporting provided below may vary from month to month and from plan year 2018 (PY2018) to plan year 2019 (PY2019).

	Question	Answer	
1.	What are the total number of subscribers and dependents in each plan?	UnitedHealthcare (UHC) City Health Plan PPO	Subscribers: 1,825 Dependents: 936
		UHC Medicare Advantage	Subscribers: 12,133 Dependents: 3,269
		Blue Shield of California (BSC) Trio HMO	Subscribers: 7,580 Dependents: 6,542
		BSC Access+ HMO	Subscribers: 9,918 Dependents: 12,215
		Kaiser HMO and Medicare Advantage	non-Medicare Subscribers: 27,032 non-Medicare Dependents: 26,450 Medicare Subscribers: 10,309 Medicare Dependents: 2,575
		Waived	6,377
2.	What percentage of employees and retirees are eligible for benefits?	99.9% of employees and 99.9% of retirees.	
3.	Which chronic conditions are most prevalent across the total SFHSS member population?	Diabetes, musculoskeletal, cardiac-related, cancer/neoplasm.	
4.	Which health risks are most prevalent across the SFHSS active employee population?	Aging workforce, obesity-related conditions, conditions related to tobacco use.	
5.	What are SFHSS top cost drivers for non-Medicare Members enrolled in Blue Shield Access+ and/or Blue Shield Trio HMO plans?	Cardio vascular diseases (including cardiac dysrhythmia, and cardiomyopathy, which is the highest for non-Medicare retiree population in these plans), smoking-related health issues, arthritis/osteoarthritis, unspecified aftercare, septicemia, neoplasm.	
6.	What are SFHSS top cost drivers for non-Medicare Members enrolled in UHC plans?	Musculoskeletal conditions, neoplasms, circulatory system, mental health. Mental Health and Cardiovascular Complications are the most common drivers of health care spend increases for Active and non-Medicare retirees in the UHC City Health Plan PPO in recent years.	
7.	What are SFHSS top cost drivers for Members enrolled in Kaiser plans?	Orthopedic claims including joint replacement, chronic conditions, birth-related claims.	

8.	What data can SFHSS provide on monthly call volume and inbound call analysis?	<p>SFHSS analyzes inbound calls and tracks inbound call volume across approximately 150 categories and subcategories. As necessary, SFHSS shares this data with vendors to target our outreach and Member communication. As an example, between PY2017 and the current plan year (PY2018, to-date), we received the highest call volumes in the categories related to benefits eligibility, open enrollment, payments / refunds / deductions, non-payroll deductions, and retirees / retirement benefits.</p> <p>Further information will be provided at subsequent phases of the RFI and procurement process as necessary to evaluate Respondents. For more detailed information on SFHSS monthly call statistics please visit the Health Service Board webpage (http://sfhss.org/health_service_board/) and SFHSS recommends that interest vendors review the call statistics contained within the SFHSS Directors Report at each regular meeting of the Board.</p>
9.	What are the total number of eligible employees and eligible retirees?	<p>Active Employees: 44,529</p> <p>non-Medicare Retirees: 7,899</p> <p>Medicare Retirees: 23,848</p>
10.	What kind of outreach and engagement has SFHSS performed in the past for high-cost drivers and the most prevalent conditions?	<p>SFHSS has engaged members both independently and in coordination with our health plans and benefit partners to address high-cost drivers, prevalent conditions, and health risks.</p> <p>Some examples (available on the SFHSS website) include, the Diabetes Prevention Program, expanding (in)fertility benefits and coverage, physical activity campaigns, cardiovascular health campaigns and tracking, tobacco cessation support, and healthy eating campaigns and resources.</p> <p>Many such programs are driven through our comprehensive SFHSS Well-being program (http://www.myhss.org/well-being/).</p>

11.	Describe the SFHSS employee engagement strategy with respect to wellbeing and benefits?	SFHSS has a multifaceted employee engagement strategy with respect to health benefits, well-being activities, and preventative services, including interactive campaigns across all City Departments (including smart phone applications and activity tracking), onsite classes and trainings, onsite and online information sessions, and health benefit and open enrollment events and clinics. This outreach is coupled with print and electronic communications directly from SFHSS, our vendors and partners, or through the SFHSS website (a new Drupal version will go-live in January 2019), as well as through embedded SFHSS Well-being “Champions” within City Departments promoting services, campaigns and activities and increasing employee engagement. (http://www.myhss.org/well-being/well-beingatwork/champion.html).
12.	How do pre-Medicare and post-Medicare retirees provide payment for benefits?	Pre-Medicare and post-Medicare retirees contribute to their benefits from pension benefits and/or through direct payment. Several contribution models govern payments for benefits for pre-Medicare and post-Medicare retirees depending on number of years of qualified service and date of hire. For example, please see the variations in contribution for retirees following the passage of Proposition B on June 3, 2008. http://mission.sfgov.org/document_center_documents/DC1879.pdf .
13.	What percentage of retirees are charged directly or pay directly (e.g. not through pension deduction) for part or all of the cost of their benefits?	Approximately 1.0% of retirees contribute to their benefits through direct payment (or direct deposit from their bank account) for either all or part of their benefit contribution. About 99% of retirees have their entire benefit contribution deducted from their pension or have no individual contribution.

14.	<p>What is the average number of years of service for active employees across the four participating employers?</p> <p>Is there a high turnover rate at the City?</p> <p>What is the current rehire/new hire rate?</p>	<p>The average years of services for employees across the four participating employers are as follows:</p> <ul style="list-style-type: none"> - City and County of San Francisco (CCSF): 11 years; - San Francisco Community College District (SFCCD): 12 years; - San Francisco Unified School District (SFUSD): 10 years; - Superior Court of California - County of San Francisco (Courts): 13 years. <p>These numbers are greater than the median tenure of local government employees nationwide (6.9 years) as reported by the Bureau of Labor Statistics in January 2018 (https://www.bls.gov/news.release/tenure.nr0.htm).</p> <p>Regarding new hires, while hiring trends vary, in the past ten (10) months, the City has added approximately 1,400 new employees. However, it should be noted that certain participating employers (SFCCD and SFUSD) increase hiring each summer in preparation for the Fall semester/new school year.</p> <p>Turnover and rehire/new-hire rates are maintained through the Department of Human Resources (DHR) and may be made available to select vendor partners.</p>
15.	<p>What is the current human resource information system (HRIS) or human resource management system (HRMS)?</p> <p>What is the system of record of SFHSS Member demographic information?</p> <p>What is the current payroll system for City employees?</p>	<p>Peoplesoft version 9.2, Human Capital Management (HCM) 9.2.</p>
16.	<p>What musculoskeletal claims trends have SFHSS experienced over the last two to three years?</p>	<p>Musculoskeletal (MSK) claims continue to be consistently within SFHSS' Top 10 episode groups. Patients with MSK disorders comprise 21% of the total number of patients in other episode groups in 2017. The number of patients with these disorders in 2016 increased by 19% over 2015 but remained more consistent with a 1% increase in the total number of patients in 2017.</p>
17.	<p>What cardiology claim trends have SFHSS experienced over the last two to three years?</p>	<p>SFHSS has experienced an over 45% increase in cardio patients from PY2015 to PY2016 but a decrease of 2% from PY2016 to PY2017.</p>

18.	What hysterectomy claim trends have SFHSS experienced over the last two to three years?	SFHSS has experienced an over 50% increase in hysterectomy claimants between 2015 and 2016.
19.	What oncology claim trends have SFHSS experienced over the last two to three years?	SFHSS has experienced an over 30% increase in oncology patients from 2015 to 2016, but a decrease of 3% from 2016 to 2017.
20.	What transplant data can SFHSS provide at this time?	SFHSS is unable to provide transplant data at this time however such data may be made available on a deidentified basis for applicable vendor partners.
21.	How many FEINs are reported for ACA purposes?	Four (4). CCSF, SFCCD, SFUSD, and Courts. At this time, ACA and IRS reporting is outside the scope of this RFI as it is performed either in-house or in coordination with our actuarial consultant.
22.	How many 1095-C forms were generated for PY2017?	SFHSS generated 55,000 1095-C forms for PY2017.
23.	What data does SFHSS currently receive/utilize from health plans? What type of data does SFHSS maintain to enable your Department, and vendor partners, to assess Member needs and health trends?	SFHSS receives detailed deidentified Member claims data from Kaiser, Blue Shield of California and UnitedHealthcare. Our partner IBM (f.k.a. Truven Health Analytics) performs quality assurance on the claims data and loads the data into the All-Payer Claims Database. Data includes Medical (including Medicare Advantage), Rx, Mental Health, provider, eligibility, and applicable survey data. SFHSS has a dedicated Enterprise Systems and Analytics division leveraging our All-Payer Claims Database thereby allowing SFHSS to measure utilization and the effectiveness of projects and partnerships, including, but not limited to, mental health, disease prevention, early detection, chronic condition management, smoking cessation, ACO effectiveness and monitoring trends in health care spend.
24.	What geographic data can SFHSS provide as to its active member population, non-Medicare retiree population, and/or Medicare retiree population?	SFHSS issues an annual demographics report and as needed, provides snapshots of demographic data to vendors. Please refer to page 9 of the 2018 demographics report, available at http://www.myhss.org/downloads/finance/demographics2018.pdf .
25.	What were per-member-per-year (PMPY) medical claims and pharmacy claims for the past three years (and trend)?	SFHSS cannot provide this level of detail at this time, however please refer to our most recent Annual Report for overarching and noteworthy health benefit trends http://www.myhss.org/downloads/finance/HSS_AR_2017.pdf .

26.	With respect to member navigations, does SFHSS has a preference between using a vendor's interface or an API integration?	SFHSS does not have a pre-defined preference.
27.	How does SFHSS manage health plan invoicing and reconciliation?	SFHSS administers invoicing and reconciliation through the SFHSS Finance division. Currently, invoicing and reconciliation is outside the scope of this RFI.
28.	What would be the term of an agreement resulting from the RFI or a subsequent RFP?	SFHSS has not set a defined term for each service area. However, as a point of reference, similar procurement processes resulted in a term of one (1) year to three (3) years, with one or more options to renew the agreement for up to five (5) years. However, due to the nature of the services we provide our Members, SFHSS is uniquely positioned to engage certain vendors for upwards of ten (10) years prior to requiring a subsequent competitive procurement or reevaluation of the service.
29.	What is the proposed procurement timeline, effective date of an agreement, and go-live date for services?	<p>SFHSS would look to implement services prior to the start of January 2020.</p> <p>However, as certain services would apply to Open Enrollment, and other services may necessitate a pilot program during 2019, agreements may be executed, and services may go-live within the next six (6) to twelve (12) months.</p> <p>More complex service lines, and those requiring integration with health plans may be implemented prior to 2021.</p>
30.	<p>Will SFHSS accept per-employee*-per-month (PEPM) and fee-for-service pricing models?</p> <p>[or per-member (PMPM) or per-subscriber (PSPM)]</p>	<p>SFHSS will traditionally self-bill on a per-employee-per-month (PEPM) basis with periodic reconciliation based on our eligibility data (quarterly or annual reconciliation).</p> <p>For administrative or analytic support services, SFHSS may bill on a fee-for-service basis.</p> <p>However, SFHSS has considered, and implemented, alternative pricing models for services in addition to reporting and tracking of utilization and performance guarantees with fees at risk.</p> <p>While not required, multiple or alternative pricing options, if available for a single service, are appreciated, and Respondents are invited to provide them.</p>
31.	Can supporting documents be attached to the RFI response?	<p>Supporting documentation will be considered part of the page limit.</p> <p>However, vendors are welcome to provide URLs/links to their company webpage and any publicly available content.</p>

32.	Will a one or two-page cover letter and/or a brief transmittal email be counted against the 10-pages-per-service area limit?	No.
33.	Can SFHSS provide further guidance on Section 3.3. (Format) and the 10-page limit per service area?	<p>Pursuant to Section 3.3., each of the following is considered a service area: Sec. 2.1.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.2.6, 2.2.7 and 2.3.1.</p> <p>SFHSS understands that several of these services lines may overlap, as one could very easily provide a service under 2.2.1 (Expert Opinion and Second Opinion Services) that also supports subsection 2.2.3 (Provider Selection and Passive Direction/Steerage), subsection 2.2.4 (Health Improvement) and a form of Telephonic and/or Mobile Support (subsection 2.2.6).</p> <p>However as these are not independent services, or not commonly provided independently, we would recommend that the Respondent err on the side of caution with respect to the page limits to ensure complete, thorough, and focused review by SFHSS and the City.</p>
34.	<p>Can SFHSS provide one or more examples of the 10-page limit per service area pursuant to Section 3.3. (Format)?</p> <p>(Example 1)</p>	<p>SFHSS' expert opinion partner, Best Doctors, Inc., provides SFHSS Members with several of the services described under subsection 2.1.1 (Expert Opinion and Second Opinion Services). While the first bullet point in 2.1.1 would be covered by the service line Interconsultation®, and the third bullet point in 2.1.1 would be covered by Critical Care Support®, as these services both fall under 2.1.1, the page limit would be ten (10) pages.</p> <p>However, if our partner Best Doctors also provides a wholly independent service for say, medical procedure cost transparency (under subsection 2.2.2), and wished to present that line of service to SFHSS separately, Best Doctors would submit two (2) responses to this RFI, each up to ten (10) pages, the first in response to 2.1.1 (Expert Opinion and Second Opinion Services), and clearly designated and transmitted under separate cover to SFHSS, and the second in response to subsection 2.2.2 (Benefits Program Navigation, Care Coordination, Navigation and Advocacy).</p>
35.	Can SFHSS provide one or more examples of the 10-page limit per service area pursuant to Section 3.3. (Format)? (Example 2)	If a Respondent has a single line of service that serves subsections 2.2.1 (Consumer Engagement), 2.2.3 (Provider Selection), and 2.2.5 (Clinical Guidance) and cannot be, or would not logically be provided separately, the response would be limited to ten (10) pages.

36.	May a vendor respond to more than one subsection/service within the RFI?	Yes, SFHSS will consider responses to more than one subsection or service within this RFI by the same Respondent. However, if submitted separately, each should be a specific, defined and/or stand-alone service provided by the Respondent and the page limitations would apply.
37.	Can SFHSS provide an NDA for purposes of this RFI or a subsequent RFP?	SFHSS routinely enters into nondisclosure agreements and business associate agreements (HIPAA) with vendor partners after selection. At this time, pursuant to RFI subsection 3.5.1, if a Respondent wishes to provide confidential information or sensitive business information within its response, please designate such information as CONFIDENTIAL or withhold such information and include a statement that it will be provided at a subsequent phase in the procurement process. Respondents who choose to withhold sensitive business information at this stage will not be prejudiced in anyway as this is a preliminary Request for Information (RFI) and not, for example, a Request for Quotes or a Request for Bids.
38.	Please describe the local business enterprise requirements for the City.	Absent a waiver, the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code (the "LBE Ordinance") apply SFHSS contracts. For further information, please go to http://sfgov.org/cmd/ .
39.	Has SFHSS identified any specific performance measures or success metrics for any of the service areas in the RFI?	Not at this stage in the process. However, SFHSS monitors vendor performance across several key performance categories, including, but not limited to, participation/engagement metrics, customer service ratings (as evaluated through surveys distributed to the Member population), account management (as evaluated by SFHSS leadership), and with respect to reporting and or integration with SFHSS or the All-Payer Claims Database (APCD), accuracy and timeliness of reporting.
40.	Would SFHSS consider navigating Members to high-value out-of-network providers or Centers of Excellence with significant negotiated discounts?	In conjunction with the SFHSS Strategic Plan, SFHSS will actively explore centers of excellence, direct contracting and bundled payments, as well as other alternative payment models.
41.	Would vendors have access to the fifty-plus SFHSS staff members?	Pursuant to City requirement, SFHSS staff members report directly to SFHSS management and executive leadership. However, vendors will have a direct SFHSS liaison and point-of-contact for all services and partnerships, such as our Communications Manager, Chief Operating Officer, and/or Member Services Manager, or a Senior Project Manager who will have access to our staff and department resources.

42.	What role is SFHSS taking to impact the community's overall health and how does this fit into your strategy moving forward?	<p>SFHSS currently administers non-pension benefits for active and retired employees of CCSF, SFUSD, SFCCD, the Courts, as well as their covered dependents (RFI Sec. 1.2.3).</p> <p>The City and County of San Francisco targets community health and wellbeing through several programs and departments outside of SFHSS, including, but not limited to, The San Francisco Human Services Agency or HSA (www.sfhsa.org), the Department of Public Health or DPH (www.sfdph.org) and the San Francisco Health Plan (www.sfhp.org).</p>
43.	How can an SFHSS Member find an in-network local provider?	Directly through the Member's health plan or health plan website (with or without assistance from SFHSS Member Services) and/or through Best Doctors, Inc. (Find a Best Doctor™).
44.	How does SFHSS/City manage COBRA coverage?	COBRA services are outside the scope of the RFI and provided by an outside vendor.
45.	Which SFHSS plans are self-funded?	UnitedHealthcare PPO for Actives, Early Retirees and Medicare-eligible Members who are not enrolled in Medicare, Blue Shield of California Access+ HMO plan, Blue Shield California Trio HMO plan, and Delta Dental PPO for Active Employees.
46.	Could a participating employer (Courts, USD, CCD) opt-out of a service selected by SFHSS?	No. However, not all employees have access to the same benefits (such as FSA or dental) and those services can be provided by a participating employer separately.
47.	Will the services in the RFI apply to active members, non-Medicare retirees, Medicare retirees and dependents across all health plans?	Yes. However, SFHSS may release a pilot program for one or more services addressing a specific cohort. With the success of a pilot program, the service could be expanded to the entire Member population.
48.	What is the current utilization for expert opinion and/or second opinion services?	Utilization for second opinion services for PY2017 was presented to the Health Service Board in April of 2018. This report is publicly available at http://www.sfhss.org/health_service_board/regular_meeting_041218.html .

49.	<p>What is the current utilization for care coordination and musculoskeletal services vendors?</p> <p>What is the current utilization of musculoskeletal resources provided by SFHSS?</p> <p>Does SFHSS have a content library for musculoskeletal services and resources?</p>	<p>SFHSS does not partner with an independent provider of care coordination services (RFI Sections 2.2.1 through 2.1.8) or musculoskeletal condition and care management services (RFI Sections 2.3.1 and 2.3.2).</p> <p>As such, no utilization data is available.</p> <p>Furthermore, SFHSS does not have a current content library specifically for musculoskeletal care coordination and/or support.</p>
50.	<p>What are the current service lines provided to SFHSS through its medical expert opinion vendor?</p> <p>What was the effective date of that agreement and what is or was the term?</p>	<p>SFHSS has partnered with Best Doctors, Inc. to provide specialized medical information services, commonly referred to under the umbrella of expert opinion or medical second opinion services, since November 1, 2016. The current term of the agreement, as amended, extends through December 31, 2019 (the end of the 2019 plan year).</p> <p>Under this agreement, Best Doctors provides the SFHSS Member population with the following principle lines of service: Interconsultation®, Critical Care Support®, Ask the Expert™, Find a Best Doctor™, as well as the following additional lines of service: Ask the Expert, Treatment Decision Support, Onward Behavioral Health, Oncology Insight with Watson, Medical Records eSummary and supporting analytics. For additional information, please refer to the presentations to the Health Service Board and our partner’s website: https://bestdoctors.com/for-individuals/how-it-works/.</p>
51.	<p>Does the current service lines provided to SFHSS through its medical expert opinion vendor extend to mental health?</p>	<p>No.</p>
52.	<p>Does SFHSS have a preference as to the location and delivery model for musculoskeletal support services?</p>	<p>SFHSS will consider on-site, remote (e.g. at an off-site facility), online (desktop platform/dashboard), mobile (smart phone application), or a service that incorporates one or more of these methods.</p>

53.	<p>Does SFHSS currently have a prescription drug or mental health carve out?</p> <p>If not, will SFHSS study either option for PY2020 or PY2021?</p>	<p>No, SFHSS does not currently carve-out prescription drug coverage or mental health coverage for our Member population, however, SFHSS will review the applicability of such carve-outs as part of the Strategic Plan for PY2020-PY2022.</p> <p>Please note, however, that mental health coverage for Members enrolled in Blue Shield of California Access+ HMO plan or Trio HMO plan are provided mental health services through Magellan Healthcare, and prescription drug coverage for Members enrolled in United Healthcare (UHC) City Health Plan PPO is provided through Optum, while Members enrolled with Blue Shield of California utilize the CVS/Caremark network for prescription drugs.</p>
54.	<p>Does SFHSS have any active partnership with one or more Centers of Excellence (COE) or a narrow network (other than the Blue Shield of California Trio HMO plan)?</p>	<p>No, not for PY2018 or PY2019, however SFHSS may explore COEs and additional narrow network options as part of the Strategic Plan for PY2020 and PY2021.</p>
55.	<p>Other than vendors / companies listed in RFI Sec. 1.2.5, would a Respondent to the RFI be required to integrate with other SFHSS vendors?</p>	<p>No. Section 1.2.5 (SFHSS Plans and Partners) lists benefit providers. However, SFHSS Operations and Enterprise Systems and Analytics currently leverage our partnerships with vendors such as IBM (fka Truven Analytics) for claims reporting and analytics, as well as WORKTERRA (EBS) for voluntary benefits administration.</p>
56.	<p>Does SFHSS have a current claims advocacy or cost transparency partner?</p>	<p>No.</p>
57.	<p>What Accountable Care Organization (ACO) collaborations are currently in place for SFHSS through Blue Shield of California Access+?</p>	<p>Brown and Toland; Hill Physicians (includes Hill Physician Medical Group, UCSF, and Dignity Health).</p>
58.	<p>Does SFHSS have any current vendor partners or use any software for benefit enrollment?</p>	<p>SFHSS has partnered with WORKTERRA (EBS) for voluntary benefits enrollment since 2012. SFHSS has also begun rolling out self-service e-benefits for PY2019.</p>
59.	<p>Does SFHSS have any minimum standards or required components for a coaching platform?</p>	<p>No. At this stage in the RFI process, SFHSS is most interesting in methods and strategies for Member engagement.</p>

60.	Would a vendor under Sec. 2.2 (Care Coordination) be expected to establish clinical pathways and standard practices with local providers?	SFHSS and our health plans and partners seek to improve the continuity and coordination of care for our Members including through the implementation of focused clinical guidelines and protocols. While the services detailed in Sec. 2.2 are primarily Member-facing, SFHSS would leverage information obtained through the coordination of care for our members in negotiations with our health plans and partners to improve service to our Members.
61.	<p>What incentives does SFHSS provide for Members to select high-value health care and/or engage in healthy behaviors or activities?</p> <p>Beyond plan design, does SFHSS channel members into top performing physicians and high-value providers?</p>	SFHSS is actively exploring both active and passive, and positive and negative incentives, for incentivizing our Members to select high-value health care.
62.	Does SFHSS distinguish between the completion of an activity by a Member and the 'engagement' of a Member?	At the individual level, with respect to well-being activities, 'engagement' may be marked by repeat attendance at events and sustained participation in campaigns and initiatives, as well as returning to participate in annual events, wellness campaigns, and challenges year-after-year. At the Department level, the SFHSS Well-being@Work program creates a culture of well-being and department- and/or division-wide engagement in health behaviors and activities year-round through Wellness Champions and Department Leads.
63.	Has SFHSS utilized AI decision support?	No. However SFHSS is exploring its applications with our Member population for PY2020-PY2022.