



City & County of San Francisco

# HEALTH SERVICE BOARD

1145 Market Street ♦ Suite 300 ♦ San Francisco, CA 94103

## Minutes

### Regular Meeting

Thursday, November 13, 2014

1:00 PM

City Hall, Room 416  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94103

□ Call to order

□ Pledge of allegiance

□ Roll call      President Jean S. Fraser  
                         Vice President Randy Scott  
                         Commissioner Karen Breslin  
                         Supervisor Mark Farrell, excused  
                         Commissioner Sharon Ferrigno, excused  
                         Commissioner Wilfredo Lim  
                         Commissioner Jordan Shlain, M.D., excused

This Health Service Board meeting was recorded live by SFGovTV. Links to videotaped meetings and related materials are posted on the myhss.org website.

This meeting was called to order at 1:03 pm.

□ 11132014-01    Action item      Approval (with possible modifications) of the minutes of the meeting set forth below:

- Regular meeting of September 11, 2014

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting:  
Draft minutes.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of September 11, 2014.

Motion passed 4-0.

- 11132014-02 Discussion item General public comment on matters within the Board's jurisdiction not appearing on today's agenda  
Public comments: None.

- 11132014-03 Discussion item President's Report (President Fraser)
  - President Fraser announced her resignation from the Health Service Board, effective December 31, 2014, due to the pressures of work and family obligations. She will make goodbye remarks at the next meeting.
  - Commissioner Breslin responded that President Fraser has been a great asset to the Board and will be missed.

Documents provided to Board prior to meeting: None.

Public comments: None.

- 11132014-04 Action item Approval of Commissioner Randy Scott as replacement Governance Committee member (President Fraser)

Documents provided to Board prior to meeting: None.

- President Fraser stated that she has not been able to participate in the Governance Committee as a consequence of work and family obligations. Because the Governance Committee is on a tight timeline, she recommended Commissioner Randy Scott as her replacement on the Committee.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve Commissioner Randy Scott to replace Commissioner Jean Fraser as a member of the Governance Committee.

Motion passed 4-0.

□ 11132014-05 Discussion item Director's Report (Director Dodd)

- HSS Personnel
- Finance, Operations, Data Analytics, Communications, Wellness/EAP, Vendor Contracts
- Meetings with Key Departments
- Initial Open Enrollment report for 2015 plan year (Mitchell Griggs)
- Kaiser Integrated Care Management summary report
- BOS Transparency Resolution update
- Other additional updates

Documents provided to Board prior to meeting:

1. Director's report;
  2. Reports from Operations, Data Analytics, Communications, Wellness and Employee Assistance Program;
  3. Letter from Health Service Board President to PPSD and eMerge regarding HSS access to PeopleSoft during payroll processing throughout Open Enrollment;
  4. Report on Kaiser's Integrated Care Management;
  5. Board of Supervisors' Transparency Resolution adopted in July 2014.
- Catherine Dodd, HSS Director, presented her Director's report, as well as several items not included in her written report.
  - HSS offices were broken into through a window two weeks ago. A television screen was stolen and the projector in the large conference room was broken; however, no computers were stolen. HSS is looking into installing alarms on office windows, since the City does not carry insurance on break-ins and the building management does not assume responsibility for such incidents.
  - HSS was notified by Kaiser that the California Nurses Association is expected to take labor actions against Kaiser's facilities. Kaiser has made assurances that there will be no

interruption in patient care resulting from action taken by the California Nurses Association.

- HSS also submitted priorities to the State Legislative Committee for increased transparency, similar to those of last year, which included implementing wellness programs.
- Director Dodd acknowledged new HSS staff and introduced Karina Yip, a new member of the Finance Team. She also announced the anticipated arrival of Xochil Barajas, who will soon join Member Services as a Benefits Technician.
- Mitchell Griggs, HSS Member Services Manager, was called on by Director Dodd to present an initial update of HSS' Open Enrollment, which was conducted from October 1-31, 2014. Director Dodd stated that this year's Open Enrollment was the busiest since her arrival in 2010.
- Mr. Griggs reported that Open Enrollment was conducted for the first time in the HSS Wellness Center on the first floor of 1145 Market Street and was quite successful. He also reported the following:
  - As of this meeting, 95% of Open Enrollment applications had been processed with City College and San Francisco Unified School District applications remaining. A total of 7,473 applications were received during Open Enrollment.
  - Approximately 10,300 members were either spoken with over the phone or seen in person during Open Enrollment.
  - The inbound calls (approximately 6,700) increased 3% over last year.
  - Member Services' goals were met with the lowest call average speed to answer in five years. The call abandonment rate was less than 1%.
  - Eight (8) offsite Open Enrollment events were held from October 1-16.

- As a result of the letter to eMerge and PPSD from the Health Service Board requesting HSS access to PeopleSoft during payroll processing, Mr. Griggs and Director Dodd met with both departments on September 26 to discuss allowing HSS additional time in the PeopleSoft system.
- On October 10, 2014, HSS was granted access to PeopleSoft on Wednesdays from noon to 5:00 pm during payroll processing on October 15, October 29 and November 12, which added approximately three hours of processing time on those days or a total of nine hours, taking into account the Member Services staff's lunch hour (12-2 pm). During that time, HSS was able to process approximately 400 applications.
- Commissioner Scott expressed appreciation to Director Dodd and Mr. Griggs for their patience with the situation but also stated that PeopleSoft's access issue is a continued irritation. Last year HSS was not allowed access to PeopleSoft during payroll processing; this year HSS was allowed access a half day. Commissioner Scott asked if HSS' half day access will be expanded.
- Mr. Griggs stated that beginning January 2015, HSS will continue to be allowed half-day access to PeopleSoft on Wednesdays during payroll processing since Open Enrollment proved not to interfere with the system.
- Commissioner Scott asked that the Board President write a note of thanks to eMerge and PPSD for their consideration this year and commitment next year, with the hope that in the ensuing years HSS will have full access to the PeopleSoft system during payroll processing.
- President Fraser commended Mr. Griggs for Member Services' extraordinary results, and asked if an analysis had been made to determine the root cause for members' requests for assistance.

- Mr. Griggs responded that the number one question asked by members was whether action needed to be taken if there were no changes to their current enrollment. The second most asked question was whether the member's fax had been received.
- Director Dodd stated that many more member applications were dropped off than in the past.
- Commissioner Scott congratulated Mr. Griggs on his good work.
- President Fraser thanked Mr. Griggs and HSS staff for all of their hard work during Open Enrollment.
- Director Dodd also reported on her written summary of Kaiser's Integrated Care Management ("ICM") fees, noting that HSS and Kaiser met regularly over the last year to discuss Kaiser's efforts in the transparency of its "uncodable services." Commissioner Scott also attended many of these meetings.
- Commissioner Scott commended Kaiser's representatives for their detailed work in providing more clarity into Kaiser's ICM services and fees.
- In response to the Board of Supervisors' Transparency Resolution adopted in July 2014, Director Dodd has begun meeting with vendors on how they plan to comply or attempt to comply with certain parts of the resolution. To date, Director Dodd has met with Vision Service Plan and UnitedHealthcare. She has meetings scheduled with Blue Shield and Kaiser in November and December.
- President Fraser commended Director Dodd on her participation in the two-day session on Mental Health Parity at the Kennedy home in Hyannis Port, MA, stating the need for more research and education on mental health issues.
- Director Dodd also asked Stephanie Fisher, HSS Wellness Manager, to report on the flu shot clinics held at various offsite locations during Open Enrollment. She noted that the

flu shots began three or four years ago with just two or three sites.

- Ms. Fisher reported that in addition to the well-being assessment and citywide wellness initiative being launched during Open Enrollment, 19 flu shot clinics had also been scheduled during that time. Statistics for 17 of the 19 clinics were available. Approximately 2,700 members had received vaccinations, which exceeded last year's number. HSS hoped to cross the 3,000 threshold at the last flu clinic on November 17, 2014. The final numbers will be presented at the December Board meeting.
- Ms. Fisher thanked Margaret O'Sullivan for her efforts in coordinating the flu shot clinics.
- See the Director's Report and management team updates on myhss.org.

Public comments: Claire Zvanski, RECCSF representative, stated that mental health is an extremely important issue for retirees because depression is a significant concern in the aging community. She expressed appreciation for Director Dodd's visit to Hetch Hetchy during Open Enrollment to meet with members. Ms. Zvanski also commended Margaret O'Sullivan (HSS Wellness Plan Coordinator) for organizing the flu shots at the retiree health fair in October, which was a huge success. She expects nearly 100 members will receive flu shots next year.

Ms. Zvanski commended HSS staff for their good work during Open Enrollment. She stated that HSS needs to impress upon eMerge that changes must be made to the system to allow benefits to function more independently noting that it has been many years since eMerge was introduced and HSS still does not have the full access needed.

Dennis Kruger, active and retired firefighters' representative, stated that he hoped for more transparency in Kaiser's ICM fees next year. He asked that the Board continue to pursue answers from Kaiser if it is not fully satisfied with the information presented so far.

Mr. Kruger also said that he was sorry to hear of President Fraser's departure from the Board. He suggested that the Mayor appoint Claire Zvanski to the Health Service Board.

- 11132014-06 Discussion item **Presentation of Audited Financial Statements for Fiscal Year 2013-2014** (KPMG/Pamela Levin)

Documents provided to Board prior to meeting:

1. Audited Financial Statements for Fiscal Year 2013-2014;
2. Presentation of Audit Results prepared by KPMG LLP;
3. Financial Statement – June 30, 2014 and 2013.
  - Pamela Levin, HSS Chief Financial Officer, introduced Jamie Cavin, KPMG Senior Manager, who presented the 2014 audit results for the HSS Trust Fund.
  - Ms. Cavin reported that KPMG'S audit was performed in accordance with Generally Accepted Audit Standards and Government Auditing Standards, resulting in "clean" audit findings.
  - Two reports were issued at the end of KPMG's audit:
    - Independent Auditor's Report on the financial statements, which issued an unmodified or clean opinion; and
    - Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards, which reported a clean audit (no deficiencies or instances of non-compliance).
  - Commissioner Scott asked about KPMG's limited view regarding internal controls on page 20 of the audit statement, stating that KPMG reported having no opinion on the effectiveness of internal controls.
  - Ms. Cavin responded that such an opinion is not required under the Government Auditing Standards for organizations similar to HSS.

KPMG performs an overall evaluation of key processes to determine risk in the audit and analysis of controls and procedures; however, a separate report is not issued.

- President Fraser congratulated the Finance Team on a clean audit noting that many years ago, HSS did not receive such clean audits. This is a testament to the good work of the staff. She also commended Pamela Levin, HSS Chief Financial Officer, on the clean audit results.
- Pamela Levin, HSS Chief Financial Officer and reported the following:
  - HSS produces the financial statements reviewed by the independent auditors, and these statements are available online.
  - The Trust Fund ended FY 2013-14 with a balance of \$92.8M in net assets, which was an increase of \$15.5M in last year's balance of \$77.3M as of June 30, 2013. HSS and Aon Hewitt have identified \$77M in obligations and reserves against the \$92.8M, which leaves a balance of \$15.8M not obligated within the reserves. The reserve levels will be reevaluated by the Board and Aon Hewitt in February 2015. See financial statement memo.
  - President Fraser asked about the \$2.8M increase in administrative savings in the \$2.05 budget in the Trust Fund and whether allocation of those funds must go through the regular City budget process (page 2 of memo).
  - Ms. Levin responded that approval of allocations from the Trust Fund are outside the City's budgeting process and the Board of Supervisors' responsibilities. HSS collects \$2.05 per member per month for the Trust Fund. Ms. Levin noted some of the items funded out of the Trust Fund are the Wellness initiatives, communications with members, which includes all of Open Enrollment, updating the HSS website as well as expenses incurred to reduce healthcare costs. The salaries for the Wellness Plan Coordinator and Communications Manager

are also paid out of the Trust Fund; however, those positions go through the budget process. The Health Service Board approves allocations from the Trust Fund.

- HSS will be working with the Governance Committee to determine approval authorizations on certain contract amounts.
- Commissioner Scott inquired about the general principle in allocating funds from the Trust Fund in terms of understanding the budgeting process to meet Commissioners' fiduciary responsibilities.
- Erik Rapoport, Deputy City Attorney, responded that allowances from the Trust Fund are included in Charter Section A8.423. He confirmed Ms. Levin's summary of the allocations allowed from the Trust Fund and that the general standard is the Board's review of each specific case.

Public comments: None.

- 11132014-07 Discussion item [HSS Financial Reporting as of September 30, 2014](#) (Pamela Levin)

Documents provided to Board prior to meeting:

1. Financial update memo;
  2. Report for the General Administrative Fund;
  3. Report for the Trust Fund;
  4. Finance and Contracting activities update.
- Pamela Levin, HSS Chief Financial Officer, provided a summary of revenues and expenses of the HSS Trust Fund and General Fund Administrative budget through September 30, 2014.
  - An \$11.7M decrease in the Trust Fund's net assets is projected based on three months' activity through September 2014. The Trust Fund's net assets were \$92.8M on June 30, 2014 and are projected to decrease to \$81.1M by fiscal year-end.
  - The current projection for the General Fund Administrative budget is a balance of \$50,000 for year-end.

- Final instructions resulting from the passage of Prop B (adjusting transportation funding for population growth) will create a \$20M shortfall in the General Fund. HSS has not yet been issued guidelines from the Mayor's Office on cuts to its budget.
- Commissioner Lim asked the dollar amount of the 1.5% reduction due to Prop B.
- Ms. Levin estimated the amount to be approximately \$46,000.

Public comments: None.

□ Meeting Break

Recess from 2:30 to 2:40 pm.

□ 11132014-08 Action item

Review results of 2014 Health Service Board Performance Evaluation and approve recommendations to the Board (Committee Chair Breslin)

Documents provided to Board prior to meeting: 2014 Health Service Board Performance Evaluation Survey results.

- Committee Chair Breslin reported on the Governance Committee meeting held on October 29, 2014, at which the results of the Board's self-evaluation were reviewed by Cortex consultant Tom Iannucci. Nine recommendations were made by Cortex for the Board's consideration going forward.
- Commissioner Scott, also a Governance Committee member, stated that the nine recommendations contain several multilayer issues. It is the committee's intent to review the details supporting one or more of the suggested next steps and return to the full Board for further discussion.
- Committee Chair Breslin noted that some of the responses on the evaluation repeated unresolved issues from the Board's last evaluation two years ago, such as education for Board members. She suggested that going forward, the Governance Committee look at these issues more closely and hold more meetings.
- Commissioner Lim asked if a timeline for the nine recommendations had been determined.

- Committee Chair Breslin suggested that the Governance Committee determine how the recommendations should be calendared and create a forward agenda to address each issue.

Public comments: Claire Zvanski spoke as a former member of the Health Service Board, asserting one of her concerns was related to the HSS budget. Board education has been impacted because of a lack of resources for new or existing members to attend conferences to enhance fiduciary training. There are a number of things that have not occurred on the Board for 10 to 15 years due to budget constraints. She noted that some of those items may be paid from the Trust Fund if the entire membership is impacted.

Action: Motion was moved and seconded by the Board to approve the recommendations resulting from the Board's self-evaluation with a follow-up for implementation.

Motion passed 4-0.

- 11132014-09 Action item

#### Approve timeline for Executive Director's 2014 Evaluation (Committee Chair Breslin)

Documents provided to Board prior to meeting: Executive Director Performance Evaluation Questionnaire.

- Committee Chair Breslin reported that the Governance Committee discussed the timeline for the Director's performance evaluation, which had not been completed since 2010.
- The Governance Committee's recommendation was to consider the period January 2013 to present for evaluating HSS' Director. Written comments from current Board members would be accepted from the same time period. The Board would also solicit information from the Executive Director for the preceding time period for consideration.
- The Executive Director's performance evaluation survey will be distributed to the Board as soon as possible. The previous survey instrument will be used.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the timeline of the Executive Director's performance evaluation for the period January 2013 to the present and solicit material from the Director for the period 2011 to present.

Motion passed 4-0.

- 11132014-10 Discussion item [Risk Scores Report](#) (Aon Hewitt)

Documents provided to Board prior to meeting:  
Reports (2) prepared by Aon Hewitt.

- Anil Kochhar, Aon Hewitt actuary, reported that on December 11, 2012, risk score analysis was presented to the Health Service Board for Kaiser Foundation Health Plan, Blue Shield of California and UnitedHealthcare. At that time, the results were based on a scoring of the pharmaceutical utilization for members covered under the respective plans. It was the first attempt to analyze the risk metrics for the three plans.
- Commissioner Scott stated that it would have been profoundly helpful if the materials provided to the Board contained information on why the risk score analysis was undertaken and the implications of the results.
- Director Dodd responded that HSS has been pushed by one of the ACOs to base its rates on risk scores. She noted that based on just the diagnostic analysis, pharmacy analysis, age and the URLs in Aon's document, there was a huge difference between Kaiser and Blue Shield. She also stated that a white paper had been produced to accompany Aon Hewitt's report, which may be viewed on [myhss.org](http://myhss.org).

Public comments: None.

- 11132014-11 Discussion item [UHC \(City Plan\) Audit Follow-up](#) (Aon Hewitt)

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt.

- Todd Hall and Ann Fulton, Aon Hewitt representatives, presented a review and follow-up to UnitedHealthcare's audit presented at the Health Service Board's August 14, 2014 meeting. At that time,

questions were asked about Aon Hewitt's audit methodology and extrapolation of information.

- See Aon Hewitt's report, which included UHC's plan evaluation methodology, claim audit process, audit stratification, extrapolation and audit samples.
- The following changes have been made from the August 14, 2014 presentation:
  - Three errors were removed based on additional information provided by UHC;
  - An out-of-sample error of \$9.59 was removed;
  - A targeted out-of-sample overpayment of \$7,864.38 was removed; and
  - A targeted out-of-sample underpayment of \$86,481.25 was removed.
- Since all of the above-mentioned errors were either targeted or out-of-sample, they are not included in Aon Hewitt's statistical results. Therefore, the results presented during the August 14, 2014 meeting are the final results (see page 9 of report).
- A summary of key audit findings were presented during the last Board meeting (see page 10 of the report).
- UHC agreed to seven of the eleven claim errors identified in the claim audit and two of the four targeted audit errors.
- Renee Marcus, Senior Response Consultant on the external audit team of UnitedHealthcare, highlighted the 11 errors identified in Aon Hewitt's statistical audit; UHC agreed to seven of them (see page 11 of report).
- Overpayments were \$2,174, which have all been recovered.
- Four underpayments totaling \$247.60 have been reimbursed correctly.
- Aon Hewitt cited four errors out of a total of 20 claims in the targeted audits. UHC agreed to two of them.

- See pages 11 and 12 of Aon Hewitt's report for error findings and decisions.
- President Fraser asked for clarification on whether UHC performed a financial analysis if it disagreed with the auditors.
- Ms. Marcus confirmed that if UHC did not agree to the error, an impact analysis was not run.
- President Fraser responded that for the future such information should be provided to the Board since HSS holds the financial risk. She also suggested that when similar audits are conducted, a written corrective action plan be provided to help determine if the errors are occurring year to year.
- Ms. Marcus stated that UHC's external audit team prepared a report in response to Aon Hewitt's, which detailed each error step-by-step and UHC's position, but it was not included in the packet to the Board. However, the information is available if the Board would like to review it.
- Director Dodd stated that UHC's audit response was distributed to the Board last month.
- President Fraser stated that from a process standpoint, Aon Hewitt presented preliminary findings and wrote a corrective action plan based on preliminary findings. However, the final report is based on the preliminary.
- Commissioner Lim stated that the Board needs to have the corrective action plan included in the final report.

Public comments: None.

□ 11132014-12 Action item

**Approval of All Payer Claims Database Vendor**  
(Marina Coleridge/David Flores, HSS)

Documents provided to Board prior to meeting:  
Report prepared by HSS.

- Marina Coleridge, HSS Data Analytics Manager and David Flores, HSS Contracts Manager, addressed the Board regarding approval of the All Payer Claims Database (“APCD”) vendor selection through the RFP process.
- Ms. Coleridge presented the background and history for the APCD, which is a large scale database that systematically collects medical claims, pharmaceutical claims, dental claims, eligibility data and provider data.
- HSS has maintained a consistent objective for enhanced reporting and informatics dating back to 2010.
- In January 2014, HSS presented its recommendation to the Board on the \$2.05 Trust Fund budget, which included the claims database, followed by a blackout notice for the APCD RFP in February 2014.
- In March of 2014, HSS submitted a comprehensive RFP for an APCD to 13 vendors for the development, implementation and maintenance of an All-Payer Claims Database for HSS health plans. At the conclusion of the RFP process in June 2014, HSS awarded notice of intent to negotiate with Truven Health Analytics.
- All data will be completely de-identified and remain confidential. Claims data will be updated quarterly and wellness assessment data will be updated annually.
- Mr. Flores reported that HSS is recommending Health Service Board approval in order to enter into a contract with Truven Health Analytics for the period February 1, 2015 through June 30, 2018 in an amount not to exceed \$632,500. He noted that through negotiations, HSS was able to lower the cost of this project for the first year by approximately \$15,000 to \$20,000 over the amount originally anticipated.

- The APCD project is divided into two phases. The first phase is a five-month period in which the actual APCD database is implemented and developed. The cost of that phase is \$85,000 and is well below the forecasted budget. The service and license fees total approximately the remaining balance for a three and a half year term beginning February 1, 2015 and ending June 30, 2018.
- Upon Board approval, HSS will continue the procurement process.
- Commissioner Breslin asked where the funds for this project would be disbursed.
- Pamela Levin, HSS CFO, responded that the funds for the APCD will be paid out of the Trust Fund, which has a balance of approximately \$1M. The ongoing costs of this contract are built into the ongoing revenues from the \$2.05 per member per month.
- Commissioner Scott stated that he was not previously made aware of the criteria to be used in selecting the APCD vendor and requested that information as an addendum to this meeting. He also requested information on Truven Health Analytics' history, a company profile on its experiences working with large employers and the panelists who made the selection.
- Commissioner Scott stated that the information requested may be provided subsequent to this meeting. He requested, however, that in the future, additional information be made a part of projects of this scope and importance.
- President Fraser stated it is not her experience that contracts brought to City commissions for approval typically include information relating to the RFP process. She asked Commissioner Scott to confirm his request that future contracts of this magnitude provide the information he requested.
- Commissioner Scott confirmed his request for additional information on all future contracts of this magnitude.

- Ms. Levin responded that this the first time that such a large contract had been presented to the Board, noting that some information may be provided to the Board and other information may not.
- Commissioner Scott stated that he was not asking for actual bids but upon conclusion of a project of this nature, would like information on the panel and the criteria used for making their selection.
- Ms. Levin stated that she would be happy to provide the requested information in the future.

Public comments: Bob Muscat, Chair of the Public Employee Committee, urged the Board to approve the APCD vendor today and sees it as a big step forward. He also expressed appreciation to HSS staff for their hard work in bringing this matter to a conclusion.

Action: Motion was moved and seconded by the Board to approve the APCD vendor contract with Truven Health Analytics and that the Health Service Board be regularly informed of the process schedule and other major milestones in project development and execution.

Motion passed 4-0.

- 11132014-13 Discussion item [Report on the 2014 SEIU Collective Bargaining Agreement language allowing Health Service System participation in meetings with SEIU and the Department of Human Resources regarding healthcare quality and costs](#) (Erik Rapoport, Deputy City Attorney)

Documents provided to Board prior to meeting: 2014 SEIU Collective Bargaining Agreement, paragraphs 473-477.

- Erik Rapoport, Deputy City Attorney, reported on SEIU Local 1021's MOU language, which Commissioner Scott inquired about at a previous Board meeting. The language states that the City and SEIU "form and jointly petition HSS to participate in a joint labor-management committee" to promote certain healthcare policy priorities in a joint commitment to raise quality and lower costs.

- Paragraph 477 of SEIU's MOU recommends that the committee be comprised of four union appointees and four City appointees, two of which may be HSS appointees.
- Mr. Rapoport then asked Director Dodd to report on any updates.
- Director Dodd stated that the committee is supposed to be petitioning DHR to petition meeting with HSS. To date, no meeting has taken place. As was done last year, HSS intends to participate in the Joint Labor-Management Wellness Committee, which includes all of labor and not just SEIU Local 1021. While HSS has participated willingly in the past, there is no obligation to do so.
- Commissioner Breslin asked if the meetings would take place with only SEIU Local 1021 and whether the sessions would be open to the public.
- Mr. Rapoport responded that he was unsure if DHR's meetings with labor would be open to the public but he would inquire.
- Commissioner Breslin expressed concern about meeting with one union, in light of the Sunshine Ordinance and stated that the Charter says benefits are to be applied without favor.
- Director Dodd stated that she informed the Joint Labor Management Committee on Wellness that she would not bring information to them before being reviewed by the Health Service Board.
- Commissioner Scott thanked Mr. Rapoport for following up on his request for additional information and raised a broader question regarding staff resources and time to participate in these kinds of processes. He also stated concurrence with Commissioner Breslin in terms of appearance since there is a wide-ranging number of members supported by the System.
- Mr. Rapoport stated that HSS' participation in the meetings is discretionary.

- President Fraser expressed support in involving labor in such issues and recommended other unions to participate as well.

Public comments: Rebecca Rhine, Municipal Executives' Association representative, stated that in 2012 the other unions negotiated the Joint Labor-Management Committee on Health and Wellness. That committee has met on multiple occasions and continues to meet with the participation of many of the unions throughout the City. She stated that the Committee looks forward to a continued collaboration with the Health Service Board as they move forward to try to protect benefits and contain costs while keeping their promises to active employees and retirees.

- 11132014-14 Discussion item [Follow-up report from UnitedHealthcare on urgent care facilities](#) (UnitedHealthcare representatives)

Documents provided to Board prior to meeting: UnitedHealthcare report.

- This follow-up item was continued from the November 13, 2014 Health Service Board meeting.
- Jennifer Magoon, UnitedHealthcare account manager, reported that UHC has implemented new processes with its customer service center regarding urgent care center searches made by its representatives.
- Ms. Magoon was also joined by Michelle Vollrath, Vice President of Account Management and Erica Burson, Business Manager of UHC's Chico Service Center.
- Ms. Burson reported that UHC implemented new processes at its Chico Service Center the previous week and testing immediately commenced. One instance of human error was determined. UHC will continue its training with a focus on one-on-one coaching.
- Commissioner Breslin responded that she made several phone calls again and several other members as well. She suggested eliminating one of the telephone numbers on the back of the member identification card to avoid confusion. She stated that the nurse

health line was the best number to call but it is not listed on the back of member ID cards. On one call, she was referred to an emergency room. In another instance, she could not move beyond the prompt to go to another category. She stated the telephone number 888-887-4114 worked on several occasions. She asked that UHC return again next month to report on its progress in resolving its referrals to urgent care centers.

- Director Dodd responded that the Board can give HSS the information to be printed on the back of UHC's ID cards, which will be sent to members in January.

Public comments: None.

- 11132014-15 Discussion item [Report on network and health plan issues \(if any\)](#)  
(Respective plan representatives)

- Cindy Striegel, Kaiser Permanente representative, introduced Kate Kessler, a new team member on HSS' account. Ms. Kessler is Area Vice President for Public Sector Accounts within Strategic Accounts. She will join Cindy Green on UHC's team.

Public comments: None.

- 11132014-16 Discussion item [Opportunity to place items on future agendas](#)

Public comments: None.

- 11132014-17 Discussion item [Opportunity for the public to comment on any matters within the Board's jurisdiction](#)

Public comments: Claire Zvanski, RECCSF representative, encouraged Blue Shield 65-Plus retirees to check their Open Enrollment materials to make sure they are not inadvertently enrolled in the COB plan instead of 65-Plus.

Ms. Zvanski also stated that the Retirement Board has held several retreats through Cortex. She suggested that the Health Service Board retain Cortex and recognize their expertise regarding evaluations and retreats.

Ms. Zvanski stated that she was sorry President Fraser would be stepping down from the Board as she was looking forward to future meetings under her direction. She also welcomed Rosemary Passantino back from medical leave.

- Adjourn: 4:15 pm

## Summary of Health Service Board Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance, but may remain anonymous if so desired.
- A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction at the designated time at the end of the meeting.

**Health Service Board and Health Service System Web Site: <http://www.myhss.org>**

### Disability Access

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

Accessible seating for persons with disabilities (including those using wheelchairs) will be available.

The following services are available upon request:

- American Sign Language interpreters will be available upon request.
- A sound enhancement system will be available upon request at the meeting.
- Minutes of the meeting or hearing are available in alternative formats.

If you require the use of any of these services, please contact Health Service Board Secretary, Laini K. Scott, at (415) 554-1722 or by email at [laini.scott@sfgov.org](mailto:laini.scott@sfgov.org) at least 72 hours prior to the meeting.

In order to assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

### Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils and other agencies of the City and County of San Francisco exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, visit the Sunshine Ordinance Task Force website at <http://www.sfgov.org/sunshine>.

### Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### Summary of Health Service Board Rules Regarding Cell Phones and Pagers

- The ringing and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at Health Service Board meetings and its committee meetings.
- The chair of the meeting may order the removal from the meeting room of any person(s) in violation of this rule.
- The chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule.

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Laini K. Scott at (415) 554-1722 or email at [laini.scott@sfgov.org](mailto:laini.scott@sfgov.org).