



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Randolph Scott
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Claire Zvanski
Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

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HEALTH SERVICE BOARD

REGULAR MEETING MINUTES **DRAFT**

Thursday, April 11, 2024, 1:00 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

Remote Meeting Access

The Health Service Board welcomes public participation during public comment periods. There will be an opportunity for the general public to comment at the beginning of the meeting and on each discussion or action item on the agenda. Each comment is limited to 3 minutes. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

Watch at 1:00 p.m. on April 11, 2024 (via [SFGovTV schedule](#))

Click the link to join the meeting – [April 11, 2024, HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2660 446 9747 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2660 446 9747, then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to enter the Public Comment queue, and you will hear the prompt, "You have raised your hand to ask a question; please wait to speak until the host calls on you." When the system message says, "Your line has been unmuted," - **THIS IS YOUR TIME TO SPEAK.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [April 11, 2024 HSB Regular Meeting WebEx link](#)
2. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
3. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say "Welcome Caller," you can begin speaking.
4. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

Members of the public are encouraged to state their name clearly, although you may remain anonymous. You will hear an audible warning when you have 30 seconds remaining. When your 3 minutes have ended, you will be placed back on mute.

Best Practices when Calling in for Public Comment:

- Call from a quiet location
- Speak slowly and clearly
- Turn down any televisions or radios around you
- Address the Commission as a whole; do not address individual Commissioners

Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 p.m. on Wednesday, April 10, 2024**, before the meeting. Members can also call 628-652-4646 with any questions.

All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the body of your email, indicate the meeting date and the particular agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

The Health Service Board meeting recording is available on the [April 11, 2024, HSB Meeting webpage](#). Recorded archives of regular board meetings are available on the [SFGovTV Health Service Board meeting webpage](#).

1. **CALL TO ORDER:** 1:06 p.m.

2. **ROLL CALL:**

President Randy Scott- Present
Vice President Mary Hao- Present, arrived at 1:20 p.m.
Commissioner Karen Breslin- Present
Commissioner Chris Canning- Present
Supervisor Matt Dorsey- Present
Commissioner Stephen Follansbee, MD- Present
Commissioner Claire Zvanski- Absent

3. **GENERAL PUBLIC COMMENT – An opportunity for members of the public to comment on any matter within the Board’s jurisdiction that is not on the agenda, including requesting that the Board place a matter on a future agenda.**

PUBLIC COMMENT: None

4. **APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)**

[See the pdf of the March 5, 2024, Health Service Board Governance Committee Meeting Minutes](#)
[See the pdf of the March 14, 2024, Health Service Board Regular Meeting Minutes](#)

Vice President Hao submitted minor formatting and grammar edits for the March 5, 2024, Governance Committee Meeting minutes for the Board Secretary to incorporate into the final version. Commissioner Canning moved to approve the March 5, 2024, Health Service Board Governance Committee Meeting Minutes with edits and the March 14, 2024, Health Service Board Regular Meeting Minutes. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Canning, Dorsey, Follansbee, and Scott

Noes: None

Absent for vote: Hao

ACTION: The Health Service Board unanimously approved the March 5, 2024, Health Service Board Governance Committee Meeting Minutes and the March 14, 2024, Health Service Board Regular Meeting Minutes.

5. **PRESIDENT’S REPORT: (Discussion)**

President Scott reminded the Board that Commissioner Canning’s term ends in May and presented a resolution in recognition of Commission Chris Canning’s last meeting as a Commissioner.

Commissioner Canning expressed his gratitude for the opportunity to serve alongside the Board members. He shared his emotions and the gratitude he received from his colleagues. He highlighted the positive work done by the Health Service System and expressed his optimism about the direction the department is heading. Supervisor Dorsey thanked Commissioner Canning

for his mentorship, friends, and professionalism and appreciated his insights and public service. Commissioner Follansbee acknowledged Commissioner Canning's professional responsibilities and appreciated his consistent preparedness and dedication during discussions of important issues. He praised Commissioner Canning's commitment as a critical factor in the Board's success and expressed gratitude for his contributions to the team's achievements. Vice President Hao expressed how much Commissioner Canning will be missed and thanked him for his valuable perspective on the Board's discussions. She highlighted Commissioner Canning's contributions during closed sessions, noting his insights were always enlightening and greatly appreciated by everyone involved.

Commissioner Follansbee moved to approve the resolution recognizing Commissioner Canning as a member of the Health Service Board. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Canning, Dorsey, Follansbee, Hao, Scott

Noes: None

ACTION: The Health Service Board unanimously approved the resolution recognizing Commissioner Chris Canning's work as a member of the Health Service Board.

6. DIRECTOR'S REPORT: (Discussion)

[See pdf of April 11, 2024, Director's Report](#)

Abbie Yant, SFHSS Executive Director, presented the following items:

- Blackout Notice Period November 9, 2023, through June 2024
- Medicare RFP Update
- Health Service Board 2024 Election
- 2024 Dependent Eligibility Verification Audit (DEVA) Pilot Update
- SFHSS Lease Agreement
- Equity and Inclusion Update
- Artificial Intelligence
- Healthcare Affordability Board and Advisory Committee
- Administrative Updates: HSB Email Outcome Report
- Divisional Reports
 - Human Resources Personnel
 - Operations
 - Enterprise Systems and Analytics
 - Member Services
 - Communications
 - Finance and Budget
 - Contracts
 - Well-Being

Executive Director Yant welcomed two new staff members: John Trotman has joined SFHSS as a Benefits Supervisor, and Stephanie Recinos is a Benefits Technician. On behalf of the Board, President Scott thanked John and Stephanie for being willing to commit a portion of their career to the service of the Health Service System. He welcomed them to their roles and hoped they would find professional growth and public service opportunities.

President Scott asked what DEVA stands for. Executive Director Yant said DEVA is the Dependent Eligibility Verification Audit. President Scott said this is a periodic audit looking at eligible and ineligible dependents enrolled in our health plans across all employer groups, and we are doing this as a matter of fiduciary responsibility and good practice for cost-effective operation.

Executive Director Yant stated that the California State Healthcare Affordability Board (HCAB) had recommended a 3% healthcare cost spending target to reference the 2025 total cost of care. Healthcare industry leaders are presenting arguments for a higher target. The HCAB must approve the target by June 1, 2024. The HCAB and the Advisory Committee continue to discuss and hear concerns about the many factors that drive up healthcare costs, including new pharmaceuticals. The HCAB must also approve the penalty process. Commissioner Follansbee appreciated the update and emphasized the Strategic Plan's goal of advancing primary care and the impact that will have on the total cost of care.

PUBLIC COMMENT: None

7. SFHSS FINANCIAL REPORT AS OF FEBRUARY 29, 2024: (Discussion)

[See pdf of SFHSS Financial Report as of February 29, 2024 memo](#)

[See pdf of SFHSS Financial Report as of February 29, 2024 presentation](#)

Iftikhar Hussain, SFHSS Chief Financial Officer, presented the following items:

- SFHSS Financial Report Highlights
 - Employee Benefit Trust Fund
 - Healthcare Sustainability Fund
 - General Fund Administrative Budget
 - Audit Updates

Iftikhar Hussain pointed out that the detailed memo report has been updated to show monthly trends more clearly. The report now includes monthly net changes, revenues, and expenses. President Scott asked what prompted the change from the prior reporting format. Iftikhar Hussain said the prior reporting had a cumulative presentation, making it difficult to see the monthly trends. The new reporting includes revenues, expenses, and the net change. Commissioner Follansbee appreciated the changes so the trends could be identified. Director Yant reiterated this format will continue going forward.

President Scott asked if the annual MGO audit was underway. Iftikhar Hussain said the audit has started, and the Health Service System staff are working with the auditors.

PUBLIC COMMENT: None

8. REVIEW AND APPROVE SFHSS ANNUAL REPORT 2023: (Action)

[See pdf of the SFHSS Annual Report 2023](#)

[See the pdf of the SFHSS Annual Report 2023 presentation](#)

Abbie Yant, SFHSS Executive Director, presented the following items:

- Who We Are and 2023-25 Strategic Goals
- Overview
- Premium Rate Increase
- 2023 by the Numbers

Commissioner Follansbee thanked staff for the scope and depth of the report and was impressed by the clarity. He noted the three main healthcare cost drivers included worsening health of the workforce and wondered if this referred to the healthcare workforce. Executive Director Yant said the workforce is our members. Executive Director Yant explained that the aging workforce trend is actual overall, but there is data from the Great Resignation period in San Francisco. Many people retired or left their jobs during this time, impacting the workforce age distribution. She said government employers tend to have older workers, and San Francisco's population is slightly older than average, which has significant financial implications. She also noted that chronic conditions are appearing earlier and more frequently among this aging population, leading to increased healthcare costs.

Executive Director Yant acknowledged Ryan Close and Jessica Shih for the amount of work to complete the report and working with last-minute changes she asked the team to include. Commissioner Canning complimented the Executive Director and the staff for creating a digestible report, showing progress, and describing the tremendous work done by the team.

President Scott noted in his closing remarks that the Board commits itself to supporting the staff in the work on the strategic plan goals.

Vice President Hao moved to approve the SFHSS Annual Report 2023. Commissioner Follansbee seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Canning, Dorsey, Follansbee, Hao, Scott

Noes: None

ACTION: The Health Service Board unanimously approved the SFHSS Annual Report 2023.

RATES AND BENEFITS

9. PRESENTATION OF THE 2024 RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2025: (Discussion)

[See pdf of the 2024 Rates and Benefits Calendar for the Plan Year 2025](#)

SFHSS Executive Director Abbie Yant outlined changes to the rates and benefits calendar, mentioning plans to discuss the Medicare Advantage Plan at the May 9th meeting, with a backup date of May 23 if needed. She explained that the two May meetings allow for robust discussions during the rates and benefits season for several years without needing a special meeting. The May 23rd meeting will not be canceled and is expected to have a full agenda. President Scott reiterated that the Board will conduct two meetings in May.

PUBLIC COMMENT: None

10. REVIEW AND APPROVE SELF-FUNDED AND FLEX-FUNDED HEALTH PLANS 2025 STABILIZATION RESERVE ACTIONS: (Action)

[See the pdf of the Self-Funded and Flex-Funded Health Plans 2025 Plan Year Rate Stabilization Actions](#)

Mike Clarke presented the following items:

- Recommendations for HSB Action
- Introduction—Health Plan Reserves Background
- Three Reserves for SFHSS Self-Funded/Flex-Funded Plans
- BSC HMO and UHC EPO Plans
- Rate Stabilization Calculation Introduction
- 2023 Experience Assessment, Expected Versus Actual
- BSC HMO and UHC EPO Plans 2023 Plan Year Reconciliation
- Today's Recommendation—BSC HMO and UHC EPO Plans
- BSC and UHC Non-Medicare PPO Plan
- 2023 Experience Assessment, Expected Versus Actual
- Non-Medicare PPO Plan 2023 Plan Year Reconciliation
- Today's Recommendation—BSC and UHC Non-Medicare PPO Plan
- Health Net CanopyCare HMO Plan
- 2023 Experience Assessment, Expected Versus Actual
- Health Net CanopyCare HMO Plan 2023 Plan Year Reconciliation
- Today's Recommendation—Health Net CanopyCare HMO Plan
- Delta Dental Active Dental PPO Plan
- Impact of Historical Experience on Rate Stabilization Reserve
- 2023 Experience Assessment, Expected Versus Actual
- Active Dental PPO Plan 2023 Plan Year Reconciliation
- Today's Recommendation—Active Dental PPO Plan
- Recommendations for HSB Action

Mike Clarke introduced his colleague Grace Wu, an Aon actuarial team member supporting all rates and benefits work for the Health Service Board. President Scott welcomed Grace Wu and appreciated her active support.

Commissioner Follansbee moved to approve the recommended actions for the self-funded and flex-funded medical plans and the Self-Funded Active Dental PPO Plan. Commissioner Canning seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Canning, Dorsey, Follansbee, Hao, Scott

Noes: None

ACTION: The Health Service Board unanimously approved the following:

Self-Funded and Flex-Funded Medical Plans: In congruence with the Stabilization Fund Policy, approve the use of one-third of the December 31, 2023, stabilization fund balances in the plan year 2025 plan rates to apply proportionately between active employees and early retirees as follows:

1. **BSC HMO and UHC EPO plans: apply a deficit amount of \$9,027,000 (or one-third of \$27,081,000) towards buy-up of rates across all rating tiers for the plan year 2025;**
2. **BSC and UHC Non-Medicare PPO plan: apply a surplus amount of \$2,020,000 (or one-third of \$6,061,000) towards buy-down of rates across all rating tiers for plan year 2025 and**
3. **Health Net CanopyCare HMO plan: apply a surplus amount of \$332,000 (or one-third of \$996,000) towards buy-down of rates across all rating tiers for plan year 2025.**

Self-Funded Active Dental PPO Plan:

1. Amend the HSB-approved Self-Funded Plans' Stabilization Policy (Stabilization Policy) on a one-time basis for the Delta Dental active employee PPO plan; and
2. Approve use of two-thirds of the December 31, 2023, stabilization reserve surplus, or \$6,012,000 (two-thirds of \$9,018,000), to be applied towards buy-down across all rating tiers for the Delta Dental active employee PPO plan for plan year 2025.

11. REVIEW AND APPROVE ACTIVE EMPLOYEE 2025 DENTAL PLANS RATES (SELF-FUNDED DELTA DENTAL PPO PLAN, FULLY INSURED DELTACARE USA AND UNITEDHEALTHCARE HMO PLANS):(Action)

[See pdf of the Active Employee 2025 Dental Plans Rates \(Self-Funded Delta Dental PPO Plan, Fully Insured DeltaCare USA, and UnitedHealthcare HMO Plans\)](#)

Mike Clarke, Aon presented the following items:

- Health Plan Funding
- Health Plan Rate Setting Process for Next Plan Year
- Active Employee 2025 Dental Plans Rates — Renewal Summary
- PPO — Impact of Historical Experience on Rate Stabilization Reserve
- Recommendation for HSB Action
- Active Employee 2025 Dental Plans Rates — Rating Details: Self-Funded Plan: Delta Dental Active Employee PPO
- Delta Dental of California- Overview — Active Employee 2025 Dental PPO Plan Rates
- Delta Dental of California- Active Employee Dental PPO — 2025 Projected Rates
- Active Employee 2025 Dental Plans Rates — Rating Details 15 4 Fully Insured Plans: DeltaCare USA Dental HMO UnitedHealthcare (UHC) Dental HMO
- Fully Insured Dental Plans — 2025 Rates
- Active Employee Fully Insured 2025 Dental HMO Plans Rates
- Recommendation for HSB Action

Commissioner Follansbee asked why the two HMO plans had no change in rates, but the PPO plan had a 6% rate change. Mike Clarke said Delta Dental's DeltaCare HMO plan is a three-year established commitment from 2024 through 2026, so next year, 2025, will be the second year in that three-year commitment. United Healthcare's dental HMO renewal is an annual review. He said the plan's rates have remained consistent for several years due to its managed nature as an HMO with a smaller network of providers. Mike Clarke said the actuarial team reviewed the Delta Dental PPO actual claim increase per employee per month, and the 1.7% increase in claims was attributed to increases in preventive care utilization. The overall rate increase of 6% is due to less rating buy-down for the 2025 plan year versus 2024 for the active employee Delta Dental PPO plan—though that 2025 rating buy-down remains sizable given two-thirds of the \$9 million stabilization reserve (or \$6 million) is being applied in 2025 rates, and \$2 million of this \$9 million comes from the Contingency Reserve action in April to convert the Contingency Reserve to zero on dental.

Commissioner Canning moved to approve active employee 2025 Dental Plans Rates. Vice President Hao seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Canning, Dorsey, Follansbee, Hao, Scott

Noes: None

ACTION: The Health Service Board unanimously approved the 2025 Active Employee Dental Plan Rating/Administrative Fee Actions:

- 1. Delta Dental Active Employee PPO rating actions: nominal increase in per employee per month administrative fee (\$0.12 PEPM increase to \$4.82 PEPM) and a 6.0% increase in self-funded total cost rates from 2024 to 2025.**
- 2. DeltaCare USA Fully Insured Dental HMO Plan rating action: no change in insured rates from 2024 to 2025.**
- 3. UnitedHealthcare (UHC) Insured Dental HMO Plan rating action: no change in insured rates from 2024 to 2025.**

12. REVIEW AND APPROVE RETIREE FULLY INSURED 2025 DENTAL PLANS RATES AND CONTRIBUTIONS (DELTA DENTAL PPO PLAN, DELTACARE USA HMO PLAN, UNITEDHEALTHCARE [UHC] HMO PLAN): (Action)

[See pdf of the Retiree Fully Insured 2025 Dental Plans Rates and Contributions \(Delta Dental PPO Plan, DeltaCare USA HMO Plan, UnitedHealthcare \[UHC\] HMO Plan\)](#)

Mike Clarke, Aon presented the following items:

- Recommendation Summary
- Rate Setting Methodology Preface
- Health Plan Rate Setting Process for the Next Plan Year
- Current (2024) Retiree Dental Plans Monthly Rates
- Delta Dental 2025 Retiree PPO Plan Renewal
- DeltaCare USA 2025 Retiree HMO Plan Renewal
- UHC Dental 2025 Retiree HMO Plan Renewal
- Recommendation for HSB Action

Commissioner Breslin expressed her dissatisfaction with the current dental plan, citing a 2% cost increase without any corresponding increase in benefits. She pointed out specific costs for single individuals and families under the plan, expressing frustration at the lack of value for their cost. She also noted issues with Delta Dental, including dentists discontinuing participation due to reimbursement rates. Commissioner Breslin mentioned other dental plans like MetLife, Cigna, Aetna, Emeritus, Guardian, Principal, and Carrington and was curious about their availability and quality in comparison to Delta Dental's plan. Executive Director Yant stated that each year, staff considers (including dental plans) insurance plans that would benefit from a Request for Information or Proposals. In the fall of 2023, HSS staff, upon their internal review, did not recommend a dental RFP because the other carriers' networks are smaller than would meet the needs of our members. Delta Dental has provided rate increases to their dentists.

Executive Director Yant emphasized the unique nature of dental plans compared to traditional insurance models, highlighting the challenges in terminology. Mike Clarke agreed and said from a pure plan design standpoint that \$1,250 is the maximum annual benefit, but it excludes the cost of diagnostic and preventive services. For instance, cleaning doesn't accumulate towards that \$1,250 annual benefit maximum, while services like dentures, implants, fillings, and things like that would accumulate towards the \$1,250. Executive Director Yant said the Communications Division works to educate members on their benefits, which is particularly valuable for retirees who benefit from discounts on major dental procedures. Executive Director Yant said the dental industry is in flux, with CMS discussing including dental as a Medicare benefit sometime in the future.

Commissioner Follansbee said there needs to be a shift in perspective from viewing dental coverage as insurance to understanding it as a benefit, varying based on enrollment levels like

HMO or PPO. He shared his experience with a dentist overcharging due to overcoding a procedure and stressed the need for members to be vigilant about understanding and questioning dental procedures and costs.

PUBLIC COMMENT:

Dennis Kruger, Retired and Active Firefighters and Spouses, expressed his desire to include dental care in healthcare. He expressed concern about the rising cost of retiree dental care and requested next year, there be an option for tiers of cost, much like the vision plan.

Vice President Hao moved to approve the retiree renewal rates and contributions. Supervisor Dorsey seconded the motion.

VOTE:

Ayes: Canning, Dorsey, Follansbee, Hao, Scott

Noes: Breslin

ACTION: The Health Service Board approved the following renewal rates:

- **Delta Dental Retiree PPO plan: Insured rate increase of 2.0% from 2024 to 2025.**
- **DeltaCare USA HMO plan: Insured plan rates remain the same from 2024 to 2025.**
- **UnitedHealthcare (UHC) HMO plan: Insured plan rates remain the same from 2024 to 2025.**

RECESS: 2:55-3:07 p.m.

ROLL CALL:

President Randy Scott- Present
Vice President Mary Hao- Present
Commissioner Karen Breslin- Present
Commissioner Chris Canning- Present
Supervisor Matt Dorsey- Present
Commissioner Stephen Follansbee, MD- Present

13. REVIEW 2024 PLAN YEAR HEALTH VALUE INITIATIVE (HVI) BENCHMARKING STUDY: (Discussion)

[See the pdf of the 2024 Plan Year Health Value Initiative \(HVI\) Benchmarking Study](#)

Mike Clarke, Aon presented the following items:

- Aon Health Value Initiative (HVI)
- Aon HVI Benchmarking for SFHSS-Executive Summary
- Aon Health Value Initiative (HVI) Benchmarks
- 2024 Annual Health Plan Costs Per Employee
- 2024 Health Plan Financial Purchasing Efficiency
- Detailed Profile — 2024 Costs and Demographics

Commissioner Hao asked if the public sector database in the study is nationwide. Mike Clarke said yes, as it primarily pertains to regions outside of California. However, Aon does have a few public sector organizations within California in the public sector database. During the November 2023 HSB education session, we discussed the differences in health plan coverage between California and other areas. Specifically, actuarial values for public sector plans in California tend to be higher compared to those in other parts of the country. This perspective primarily focused on the public sector across the United States, excluding California. In November, we also conducted

specific analyses on the 10-County Survey employers and their benefit programs, finding that SFHSS aligns more closely with the plan designs of other 10-County employers in California.

PUBLIC COMMENT: None

14. REVIEW KAISER PERMANENTE HMO PLANS 2023 EXPERIENCE: (Discussion) [See the pdf of the Kaiser Permanente HMO Plans 2023 Experience](#)

Mike Clarke, Aon presented the following items:

- Kaiser Permanente HMO Plans 2023 Experience-Introduction
- Kaiser HMO Plans 2023 Experience — Insights
 - Active/Early Retiree Medical and Prescription Drug Claims
 - Active Employees: Top Diagnostic SFHSS Spend Categories
 - Early Retirees: Top Diagnostic SFHSS Spend Categories
 - Inpatient Admission Categories (per 1,000 Plan Members)
 - Outpatient Visit Categories (per 1,000 Plan Members)
 - Outpatient Care Drill-Down — Telehealth Visits (per 1,000 Members)
 - Health Status/Immunization/Preventive Care Rates by Population

Commissioner Follansbee found a comparison intriguing, noting that while the highest spending in prescription medications is on anti-infective drugs, none of the top categories for medical expenditures are related to infections. He assumed the high cost of HIV drugs contributes to this category. He also mentioned that the anti-inflammatory category covers musculoskeletal issues, but mental health drugs like antipsychotics and antidepressants are not included in any of the prescription categories despite their rising costs. Mike Clarke said mental and behavioral categories weren't in the top five in previous years, and this change is likely due to increased demand. Kaiser is expanding its capacity to address members' mental and behavioral health needs.

Commissioner Follansbee noted a particular category of the Top Diagnostic SFHSS Spend Categories (slide 9). He was surprised that "symptoms/signs" was a category under the highest medical spend diagnosis because it's not a medical code he has seen before. Shaughn Knoell, Kaiser Permanente Vice President of Underwriting, said this is a question about coding, and he understood that something labeled as a symptom or sign would also include a Clinical Practice Guideline recommendation of outpatient or inpatient procedure along with a diagnostic code. Commissioner Follansbee offered an example of a colonoscopy that would fall under symptoms and signs because it's an outpatient procedure. Shaughn Knoell said that is correct. He added that the outpatient care would be a procedure code, and on the inpatient side, there would be diagnostic-related codes.

PUBLIC COMMENT: None

15. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES: (Discussion)

Kaiser Permanente: Denise Rodriguez shared a new partnership with Town Hall Ventures called Habitat Health that provides low-income members comprehensive care focusing on their social health. Participants must be enrolled in the CMS Program called PACE. Centers will open up in California, starting with Sacramento and Los Angeles. Commissioner Follansbee asked what percentage would be Kaiser members. Denise Rodriguez said there isn't membership data yet.

She said when participants sign up for PACE, they're no longer Kaiser Permanente members but part of the PACE program.

Denise Rodriguez also said Senior Executive Account Manager Debbie McConathy, who has worked on the SFHSS account for five years, has decided to relocate to Kaiser's Southern California team. Kaiser is actively recruiting, anticipates the lengthy transition, and will keep the Board informed of changes.

Commissioner Follansbee appreciated the presence of all the plan representatives at the meeting and acknowledged the value they bring through the services provided. He thanked everyone for their contributions on behalf of the Board.

PUBLIC COMMENT: None

GOVERNANCE COMMITTEE

The Committee Chair will give a brief update on matters discussed and/or recommendations made in this committee. The committee reviews, develops, and oversees governance policies and practices of the Health Service Board.

16. VOTE ON WHETHER TO HOLD CLOSED SESSION TO REVIEW AND APPROVE 2023 ANNUAL EMPLOYEE PERFORMANCE EVALUATION REPORT: (Action)

Commissioner Canning moved to hold a closed session to review and approve the 2023 Annual Employee Performance Evaluation report. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Canning, Dorsey, Follansbee, Hao, Scott

Noes: None

ACTION: The Health Service Board unanimously approved holding a closed session to review and approve the 2023 Annual Employee Performance Evaluation report.

CONVENE IN CLOSED SESSION

GOVERNMENT CODE SECTION 54957 (B)(1) AND SAN FRANCISCO ADMINISTRATIVE CODE 67.10(B): PUBLIC EMPLOYEE PERFORMANCE EVALUATION

17. REVIEW AND APPROVE 2023 ANNUAL EMPLOYEE PERFORMANCE EVALUATION: (Action)

Presented by Governance Committee Chair Hao

EMPLOYEE AND POSITION: Abbie Yant, SFHSS Executive Director

DOCUMENTS ATTACHED: HSB 2023 Annual Employee Performance Evaluation

ACTION:

RECONVENE FROM CLOSED SESSION

The Board Secretary announced that the City Hall's internet was disconnected, which prevented the Board from taking public comments on agenda items 18 or 19. President Scott stated that the Board voted not to disclose any discussion held in closed session, and it passed unanimously.

18. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR DISCUSSION HELD IN THE CLOSED SESSION: (San Francisco Administrative Code Section 67.12(a)) (Action):

Commissioner Follansbee moved not to disclose any or all discussions held in the closed session. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved not to disclose any or all discussions held in the closed session.

19. POSSIBLE REPORT ON ACTION TAKEN IN THE CLOSED SESSION (Government Code Section 54957.1 and San Francisco Administrative Code Section 67.12(b)) (Action):

Commissioner Follansbee moved to not report on action taken in the closed session.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved not to report on action take in closed session.

REGULAR BOARD MEETING MATTERS

20. ADJOURNMENT: 4:19 p.m.

Summary of Health Service Board Rules Regarding Public Comment

1. There will be an opportunity for general public comment at the beginning of the meeting, and there will be an opportunity to comment on each discussion or action item on the agenda. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
2. A member of the public has up to three (3) minutes to make pertinent public comments.
3. Public Comment can be given in-person, remotely, or written.
4. Members may submit their comments by email to health.service.board@sfgov.org by 5 pm the day before the meeting start time. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the subject line of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.
5. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

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 City and County of San Francisco agencies exist to conduct the people's business. This ordinance ensures 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>.

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 and committee meetings. The Chair of the meeting may order the removal of any person(s) violating this rule from the meeting room. 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 outlined in Chapter 67A of the San Francisco Administrative Code.

Disability Access and Accommodation

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 p.m. on the second Thursday of each month. The closest accessible BART station is Civic Center, which is three blocks from City Hall. Accessible MUNI lines serving this location are #42 Downtown Loop, the #71 Haight/Noriega, the F Line to Market and Van Ness, and the Metro stations at Van Ness and Market and 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. To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Holly Lopez at 628-652-4646 at least 48 hours before the meeting, except for Monday meetings, for which the deadline is 4:00 p.m. the previous Friday.

City Hall Room 416 is wheelchair accessible. This meeting will be broadcast and captioned on SFGovTV. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Making a request to participate remotely no later than one (1) hour prior to the start of the meeting helps ensure the availability of the meeting link. Sign Language Interpretation is also available upon request. If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of 4 business hours prior to the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request an accommodation, contact Holly Lopez, holly.lopez@sfgov.org, 628-652-4646.

To access the meeting remotely as an accommodation, please use the [April 11, 2024 HSB Regular Meeting WebEx link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of remote public comment.

Sensitivity to Chemical-based Products

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.

Location of Materials

If any materials related to an item on this agenda have been distributed to the Health Service Board after the 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 Holly Lopez at 628-652-4646 or email holly.lopez@sfgov.org. The following email has been established to contact all members of the Health Service Board: health.service.board@sfgov.org. Health Service Board telephone number: 628-652-4646

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.