



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Minutes

Regular Meeting

Thursday, August 11, 2016

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 Randy Scott
 Vice President Wilfredo Lim
 Commissioner Karen Breslin
 Supervisor Mark Farrell, excused
 Commissioner Sharon Ferrigno, arrived 1:10 pm
 Commissioner Stephen Follansbee, M.D.
 Commissioner Gregg Sass

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.

□ 08112016-01 Action item [Approval \(with possible modifications\) of the minutes of the meetings set forth below:](#)

- Regular meeting of June 9, 2016
- Special meeting of June 21, 2016

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting:
Draft minutes.

- President Scott commended the Board Secretary on the minutes of the special meeting held on June 21, 2016, given the

volume of public comment and the complexity of some of the proposals considered by the Board.

- Commissioner Follansbee moved to approve the regular meeting minutes of June 9, 2016 and the special meeting minutes of June 21, 2016.
- Commissioner Lim seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of June 9, 2016 and the special meeting minutes of June 21, 2016.

Motion passed 5-0.

- 08112016-02 Discussion item [General public comment on matters within the Board's jurisdiction not appearing on today's agenda](#)

- Sylvia Alvarez-Lynch, active City employee, requested that the Board instruct Director Dodd to mail the health plan coverage options available to active members during this year's open enrollment. She stated that last year, active employees were provided a one-page letter informing them that no member guides would be mailed for open enrollment. Instead, they were instructed to go online or visit the HSS offices during work hours if they wanted a member guide. In her 28 years of employment with the CCSF, this had never been done. Ms. Alvarez-Lynch provided copies of her emails to the Board last year objecting to this new practice and asked that the Board Secretary distribute them to the Board members. She stated that while she has access to a computer through her job, there are other City employees who do not have the same computer access through their jobs, such as street sweepers, transit operators, bus drivers, laborers and other blue collar trades. She also expressed disappointment that there are fewer available healthcare options each year. When she began employment with the City, there were at least six competitive health plan options. She noted that Napa County currently offers

10 healthcare options to its employees while HSS retirees will only have two healthcare choices for 2017.

Public comments: None.

- 08112016-03 Discussion item [President's Report](#) (President Scott)

Documents provided to Board prior to meeting:
None.

- President Scott stated that he would reserve his comments to a later agenda item.

Public comments: None.

- 08112016-04 Discussion item [Director's Report](#) (Director Dodd)

- HSS Personnel
- Operations, Data Analytics, Communications, Finance, Contracts
- Meetings with Key Departments
- Other additional updates

Documents provided to Board prior to meeting:

1. Director's report;
 2. Reports from Operations, Data Analytics, Communications, Finance and Contracts;
 3. Annual Health Service Board meeting schedule.
- Catherine Dodd, HSS Executive Director, reported on her Director's Report, which may be viewed in its entirety on the myhss.org website. She stated that the previous two months since the last meeting had been extremely busy.
 - Director Dodd introduced two new HSS employees who were in attendance:
 - Michael Visconti, Contracts Manager, recently joined HSS. He is a San Francisco native and came to HSS from the San Francisco Airport where he worked on contracts. He has an undergraduate degree from UCLA in economics and legal training from

American University in Washington, D.C.

- Lee Hagy was hired to fill the research assistant position. He comes to HSS from Washington, D.C. where he served as the human resources policy advisor for the Office of the Deputy Mayor. He also served under three different mayors in Washington, D.C. He obtained a J.D. and MBA from Hofstra University in New York.
- President Scott welcomed Messrs. Visconti and Hagy to HSS on behalf of the Health Service Board and wished them profound success in their career endeavors.
- Director Dodd also stated that Wellness had hired two interns, Amanda Renteria and Nga Le, public health students in a special DHR classification. Ms. Le is responsible for conducting an evaluation of the Wellness Program and working with statistics. Ms. Renteria is responsible for assisting with the program itself. Neither intern attended this meeting.
- Mitchell Griggs, HSS Chief Operating Officer and Deputy Director, has been consumed with making preparations for implementing voluntary benefits for the first time. HSS will offer eight voluntary benefits to all CCSF and court employees for selection. Mr. Griggs was asked to come forward and list the benefits to be offered to employees.
- Mr. Griggs stated that some of the voluntary benefits to be offered for the 2017 plan year will be supplemental life insurance, short-term disability, accident insurance, critical illness. An update listing all of the voluntary benefits to be offered will be presented at the next Board meeting.
- Employee Benefits Specialists (“EBS”), currently the administrator of MEA benefits, will administer the voluntary benefits as well.

- Director Dodd stated that to be allowed life insurance coverage without requiring a physical exam is a one-time plus for CCSF employees.
- While Stephanie Fisher, HSS Wellness Manager, was scheduled to address the Board on specific Wellness activities later on the agenda, Director Dodd reported briefly on the Wellness program, “Get Fit on Route 66.” This program replaced the Shape-Up Walking challenge of previous years and is scheduled to run August 15 through September 25, 2016. Director Dodd encouraged Board members to sign up.
- Open Enrollment will occur October 1-31, 2016 and will be held on the first floor of 1145 Market Street in the Wellness Center.
- Retirees with Medicare will be mailed a retiree guide and a letter of current coverage. Similar to last year, all other members will receive a booklet and letter of current coverage. Because of numerous pages of rates and benefits, members will need to go online to view applicable information or call HSS to request the mailing of a hard copy guide. This practice will save HSS hundreds of thousands of dollars as the cost of mailing the full guides is approximately \$5 each.
- Director Dodd reported on HSS’ meeting with Kaiser Permanente on its utilization report and highlighted the following:
 - The average HSS member’s age in the Kaiser system is 47.6, which is 5.7 years older than Kaiser’s regional average subscriber age.
 - The average age for HSS families enrolled in Kaiser is 37.4 or three years older than its regional average.
 - HSS’ average family size is two. Kaiser’s regional average family size is 1.9.

- 23.6% of HSS members have chronic conditions and use 61.4% of premium dollars.
- President Scott asked whether a written executive summary was included in the Kaiser document so that it could be shared with the Board and HSS members.
- Director Dodd responded that a written summary of highlights was not provided in her report but she would request that Kaiser to do so in the future.
- Kaiser Permanente has scheduled advance care planning workshops at HSS on September 15, 2016 from 12:00-1:00 pm, 1:00-2:00 pm and 5:15-6:15 pm. A counselor and notary will be available to assist members in completing their advance care directives two weeks following this workshop.
- Blue Shield will also roll out an advance care planning program for HSS members and others throughout the country. Information about the program will be sent to Blue Shield members close to Thanksgiving.
- Director Dodd reported on HSS' branding and web development projects currently underway. The branding development project was accelerated to meet Blue Shield's and UnitedHealthcare's printing deadlines this month since the HSS logo will be placed on the back of member cards.
- Director Dodd noted that part of the branding project was to reconsider the HSS logo. Since HSS serves four employers (SF Unified School District, City College of SF, Superior Court and City and County of San Francisco), the decision was made to remove "City and County of San Francisco" from the HSS logo. Included in the Director's report were samples of the new HSS logo with and without the tagline "Affordable, Quality Benefits & Well-being." Samples of other City department logos were also attached in her report.

- Director Dodd noted that HSS receives calls daily from individuals who confuse it with the Health Department. HSS wanted to create a logo that would differentiate it from the Health Department.
- Commissioner Breslin asked about the cost of the branding and web development contracts. She expressed concern regarding the expense of changing letterhead and all HSS materials containing its logo.
- Pamela Levin, HSS Chief Financial Officer, reported that the amount of each contract was under \$10,000.
- Director Dodd stated that these projects were in last year's budget approved by the Board. She also noted that since HSS communicates largely online and does not print excessive amounts of paper, the expenditure would be minimal to change the logo on printed supplies.
- Commissioner Breslin questioned the need to change the logo at this time and stated that it should at least state "San Francisco Employees Health Service System" to avoid confusion. Otherwise, it looks more like the Health Department.
- Director Dodd stated that HSS serves more than just CCSF employees and that the purpose of including the tagline below the new HSS logo was for clarification.
- President Scott asked if the logo would come back to the Board for approval at a later stage in development. He also asked for confirmation that the new logo would be added to all HSS print material and website.
- Director Dodd stated that the logo was completed first and that it would not be further developed. She confirmed that the new logo would be added to all HSS print material and website. However, she noted that the web strategy was a completely different contract that will move from HTML to a new approach called Drupal (currently in use by several other City departments).

- Commissioner Follansbee suggested that HSS report during the year on the impact of the new logo and whether it alleviated the confusion of the department's identity as anticipated.
- Commission Ferrigno arrived during this agenda item.

Public comments: Claire Zvanski, RECCSF representative and Vice President of SEIU 1021 retirees, stated that the issue of branding started while she was still an active CCSF employee. She always felt that it took away from the idea of public employees and public agencies serving the public. Branding makes CCSF look like other private entities. She thanked Commissioner Breslin for her feedback and suggested that the HSS logo include the phrase "serving employees and retirees" to distinguish it from Healthy San Francisco or any other CCSF department. She stated that HSS was losing its identity as serving a distinct and unique group.

Commissioner Breslin asked for confirmation that HSS would have a sufficient amount of member guides on hand during the upcoming Open Enrollment.

Sylvia Alvarez-Lynch again addressed the Board. She stated that last year's Open Enrollment was the first time that she did not receive an active member benefit guide. When she requested a benefit guide from HSS, however, it arrived two weeks after the end of Open Enrollment. She again requested that benefit guides be sent to active employees during this year's Open Enrollment.

President Scott asked Mitchell Griggs, HSS Deputy Director and COO, for his recollection of last year's supply of member benefit guides during Open Enrollment.

Mr. Griggs reported that the initial Open Enrollment material sent to all members includes a booklet detailing specific new plan year changes, the rates, plans offered and any other updates. A letter also accompanies the booklet, which indicates the member's current plan, current rate, union affiliation and the rates for the other plans offered for the following year.

The benefit guide is a larger book that is distributed to new hires. It includes regular employment and new hire information.

Mr. Griggs noted that HSS did not run out of either the member booklets or benefit guides during Open Enrollment last year.

Director Dodd clarified that the booklets containing information are required by law (i.e., changes from the previous plan year) and will be mailed out around September 20, 2016. The member guides contain more extensive information and are approximately 48 pages in length. Retiree benefit guides will be mailed only to members 65 years and older, as well as members turning 65 during this plan year. Active employees will not automatically be mailed benefit guides. However, a benefit guide may be requested by calling HSS or stopping by the office.

- 08112016-06 re-ordered Discussion item [HSS Financial Reporting as of May 31, 2016](#) (Pamela Levin)

Documents provided to Board prior to meeting:

1. Financial update memo;
2. Report for the Trust Fund;
3. Report for the General Fund Administration Budget.
 - Pamela Levin, HSS Deputy Director and CFO, reported on HSS' employee benefit trust fund and the general fund administration budget through May 2016, as well as the fiscal year-end projections through June 30, 2016.
 - The projected balance in the trust fund is \$69.4M, which is \$2.4M less than the amount reported in June. This decrease is attributed to unfavorable claims experience in the Blue Shield flex-funded plan.
 - There were no other significant line items in the trust fund.
 - The year-end projection for the general fund administration budget is \$400,000.

- Ms. Levin reported that HSS was able to navigate its way through the 2016-17 and 2017-18 budget requests with a \$5,000 reduction. HSS did not lose any staff and is not required to keep vacant positions. There were also no cuts to HSS contracts.
- Director Dodd thanked the retiree organizations for their support during the budget process.
- The KPMG audit was underway. The financial statements will be issued in October and presented at the Board's regular meeting in December. No material findings are anticipated.

Public comments: Claire Zvanski, RECCSF and SEIU West Bay retirees' representative, reiterated support for HSS staff and commended Ms. Levin on the best budget results that she could recall from her recent time on the Board. She stated that the retirees will continue to acknowledge and support HSS.

President Scott stated that in the last five years, HSS has returned over \$100M in savings to the City, so nothing should be taken from the administrative expenses necessary to run the System.

Ms. Levin also noted that HSS did not need to transfer forfeiture revenues to the general fund this year, so approximately \$165,000 has been retained.

- 08112016-07 Discussion item [Update on Blue Shield of California/CAL Index Opt Out Letter to HSS Members](#) (Director Dodd and Paul Brown, Blue Shield of California)

Documents provided to Board prior to meeting:
Opt out letter.

- Director Dodd reported that Blue Shield of California had returned to update the Board on its process of collecting member data via Cal INDEX, an independent organization co-founded by but not a part of Blue Shield. The Board expressed prior concern regarding the requirement that Blue Shield members must opt out of Cal INDEX's collection of their medical information as opposed to allowing members to opt into participating in the program.

- Paul Brown, Blue Shield representative, referenced the letter intended to be mailed to approximately 19,600 members enrolled in the Blue Shield plan. The letter was scheduled to be mailed over several weeks (at Blue Shield's expense) to give Cal INDEX staff the bandwidth to answer the anticipated influx of calls.
- Commissioner Follansbee expressed appreciation for Blue Shield's and Cal INDEX's hard work in generating the letter. However, he felt that it glossed over the many concerns previously expressed by the Board, including the fact that the collection of member data continued to not be voluntary. While Cal INDEX's website does state that members will not have the opportunity to find out the data collected, it could have been highlighted better in the letter, which he deemed to have fallen short.
- Commissioner Breslin concurred with Commissioner Follansbee's comments and asked if future participation would be on an opt-in basis, which was most important to her.
- Mr. Brown acknowledged the Board's complaint from the very beginning that Blue Shield members did not have a choice in automatic enrollment into Cal INDEX. He confirmed that the process will not be modified and that members will need to opt out if they do not wish to participate.
- President Scott stated that he had asked Director Dodd to invite a representative from Cal INDEX to the Board's November Forum for a robust discussion on what it is doing, what it intends to do and how it will move forward.
- Commissioner Sass asked if it was necessary for members to opt out annually or whether one-time action was sufficient.
- Mr. Brown stated that any member who had opted out of Cal INDEX would retain that status until he or she chose to opt back in.

Public comments: Claire Zvanski, RECCSF and SEIU West Bay retirees' representative, stated that the letter was confusing. She noted that the purpose of the letter was to inform Blue Shield members of their right to choose and how to opt out of having their information shared. However, the middle section asked, "Why join Cal INDEX?" She suggested that the letter be reworked as she saw the potential for confusion among active and retired members.

- 08112016-08 Discussion item [Update on HSS Adoption and Surrogacy Benefit Plans \(Mitchell Griggs\)](#)

Documents provided to Board prior to meeting:
Plan documents.

- Mitchell Griggs, HSS Deputy Director and Chief Operating Officer, reported that after the Board's approval in April of an adoption and surrogacy benefit of up to \$15,000, it was HSS' responsibility to develop a plan document for employees who may claim the benefit.
- The purpose of this discussion was to answer questions and receive input from the Board. The Adoption and Surrogacy Assistance Plan will be brought back for Board approval at next month's meeting.
- Developing the plan document was a collaborative effort. Mr. Griggs commended Michael Visconti, HSS Contracts Manager, for his superior work on the plan as well as Pamela Levin, HSS CFO. This document not only reflected benefits offered by large employers but also outlined qualified IRS expenses since the adoption benefit is exempt from personal income tax.
- Mr. Griggs outlined the provisions in the plan document establishing the terms, conditions and requirements for the reimbursement of qualified expenses, effective January 1, 2017.
- President Scott made several suggestions regarding the layout of the document for easier reading, such as adding titles by the first and second paragraphs in section 3 (Qualified Expenses – "Adoption and

Surrogacy”) and including a conditional sentence under “Ineligible Expenses” clarifying that the list provided was not exhaustive.

- Commissioner Follansbee suggested clarifying that a surrogate must be U.S. based (i.e., citizenship, visa) since HSS will not pay for expenses incurred outside the United States.
- Director Dodd suggested using the term “documented resident” to address the legal status issue.
- Commissioner Lim asked if this new benefit was limited to active employees and excluded retirees.
- Mr. Griggs responded that the original presentation to the Board specified the benefit as \$15,000 per active employee. He noted, however, that there was nothing precluding extending the benefit to retirees.
- Commissioner Breslin inquired whether an age limit had been set for surrogacy. She stated that retirees should be included in the benefit since some members have younger partners. She suggested, however, that an age limit be established.
- Commissioner Follansbee asked if age factored into any of the other large employer benefit packages reviewed by Mr. Griggs.
- Mr. Griggs confirmed that no age limit had been set for the proposed surrogacy benefit. None of the large employer benefit packages reviewed by HSS contained age limitations.
- Director Dodd noted that the surrogacy plan presented at a PBGH meeting the prior day included an age limit. She suggested that the participation of retirees and inclusion of an age limit to either or both surrogacy and adoption be included in the Board’s decision next month.
- Commissioner Sass asked to be reminded of the source of funding for this benefit.

- Mr. Griggs stated that the adoption and surrogacy benefit would be funded from vendor performance guarantees or penalties. He confirmed with Pamela Levin, HSS CFO, that \$500,000 in performance guarantees had been received for FY 2015-16, which would allow 34 claims in the first year.
- Commissioner Sass stated that extending the benefit to retirees could potentially exhaust the funds set aside.
- Commissioner Follansbee asked for clarification of the \$15,000 one-time benefit per one adoption or surrogacy and whether a married couple would be allowed two adoptions or one adoption and one surrogacy as active CCSF employees.
- Mr. Griggs confirmed that the policy allowed one benefit per family and that the City Attorney's office had reviewed the proposed plan.
- Pamela Levin reported that the performance guarantees previously mentioned by Mr. Griggs were received in FY 2015-16 from Blue Shield. She stated that the funds available would cover 33.33 claims rather than 34, which should be sufficient for at least the first year or longer. She suggested that once a full year of benefits had been in effect that HSS report back to the Board on the volume and average amount expended.

Public comments: Claire Zvanski, RECCSF and SEIU West Bay retirees' representative, requested that retirees be included in the adoption and surrogacy benefit as many retirees and early retirees have younger spouses. She suggested clarification regarding the age of the surrogate or member since there have been situations where a grandmother has agreed to become a surrogate for a daughter and bear a grandchild. She also suggested that as the Board considers age limits, to keep an open mind to the definition of family units. She noted that the cost of surrogacy can be very expensive—well over \$150,000 to \$200,000.

□ Meeting Break

Recess from 2:20 to 2:30 pm

□ 08112016-10
re-ordered

Discussion item

Presentation of HSS Engagement Survey Results

(Lynn Ware, PhD., Integral Talent Systems)

Documents provided to Board prior to meeting:
Engagement survey summary report.

- Director Dodd reported that this item concluded a request made by the Governance and Board, and that she thought the survey went well.
- President Scott thanked the HSS staff members who actively participated in the process. He stated that it was profoundly important that the employees' voices be heard, and he hoped that the management team would take the results seriously and begin to engage in the processes that will follow.
- Dr. Lynn Ware, CEO of Integral Talent Systems ("ITS"), thanked HSS for the opportunity to present the results of its employee engagement survey. She also introduced Megan Little, Project Manager, who assisted with the survey.
- Dr. Ware stated that the purpose of the survey was to look for ways to improve the overall engagement of HSS staff. Employee engagement is defined as people's willingness to go the extra mile to serve an organization, their intent to stay with the organization as well as the person's emotional feeling of belonging and pride to work with the organization.
- The survey was conducted over a two-week period, June 6-17, 2016. Forty-nine (49) items were presented with a 1-5 rating, which included a double rating scale measuring effectiveness and importance.
- Forty-three (43) out of 48 employees responded to the survey, resulting in a 90% response rate. This indicated that employees trusted the organization enough to respond to the questions.

- Six scales were measured:
 - Employee engagement – 63.25% favorable
 - Fit – 72.11 % favorable
 - Team – 55.33% favorable
 - Valuing – 51.93% favorable
 - Growth – 46.00 favorable
- The following themes were identified through the survey:
 - HSS employees are committed to the mission and goals of the department;
 - Employees recognize the value of their work and care about the results of the organization;
 - Employees are well placed in their jobs;
 - Employees expressed a desire for more and different types of recognition for good performance to better understand their value to the department;
 - Employees requested more development and opportunity for growth;
 - Employees would like improvement in communication between teams and management.
- ITS will meet with the HSS management team to assist with action planning and communicating the survey results.
- Ms. Ware recommended that HSS prioritize and plan for at least two department-wide initiatives, and no more than three in a year's time, in order to focus on a few key results prioritized by employees through the survey.
- The areas of suggested development are:
 - Valuing and recognizing employees
 - Career and employee development
 - Collaboration across teams

- The results should be communicated through newsletters, staff meetings, email, etc.
- This survey should act as a benchmark, and hopefully, improvement will be seen during the next measurement of results through re-administration of the engagement survey in 2017.

Public comments: Herbert Weiner, retired City employee and someone who had experienced bullying in the workplace, asked if there was a way to survey that issue because it is very important as it relates to employee morale.

- 08112016-05 re-ordered Discussion item

[HSS Well-being Program Updates](#) (Stephanie Fisher)

Documents provided to Board prior to meeting:

1. Report on Colorful Choices for employees and retirees; and
2. Semi-annual Wellness Center report.
 - Stephanie Fisher, HSS Wellness Manager, presented an update on the HSS Well-being programs.
 - The Colorful Choices report presented the 2016 employee results on the healthy eating campaign, which was a compilation of both the online challenge and also champion-driven activities at work sites. This issue was identified during the wellbeing assessment in 2014 and 2015.
 - Ms. Fisher invited the Board to review her 20-page handout on the Colorful Choices Nutrition Challenge and stated that the challenge was a good way to get data as well as encourage people to make a commitment to change.
 - Ms. Fisher reported on the upcoming challenge, “Get Fit on Route 66,” which will begin August 15, 2016. This challenge is about physical activity. She attempted to make improvements on what was learned from the Colorful Choices campaign.
 - One hundred (100) champions have been trained in 11 different trainings to roll out “Move More Feel Better,” which is a physical

activity campaign. Wellness has begun to conduct two-hour offsite training sessions, which is a big change.

- Wellness has also partnered with Kaiser Permanente on a diabetes prevention program, a targeted intervention. Recruitment for this program is complete. The first group was recruited in late September 2015. They will complete the yearlong program in September 2016. The last site was recruited in July 2016 and will be completed in July 2017.
- The marketing of EAP services has been expanded beyond one-on-one counseling to make sure that managers and supervisors are aware of prevention and engagement activities that can be conducted onsite.
- The exercise classes are growing to such an extent that the first official cap on class size was recently introduced, and unfortunately, people were turned away.
- Wellness has been struggling with seminar attendance and needs to continue to look for creative approaches on how to provide health education.
- Wellness continues to support the RECCSF meetings with various health and wellness activities and has opened up the Colorful Choices and Get Fit on Route 66 challenges to the retirees.
- President Scott commended Ms. Fisher on her work and persistence as well as enthusiasm over the past two-year period. He stated that the Wellness Program was a leap of faith and that Ms. Fisher and her team have brought a great deal of skill, understanding and effort to the program and that the results are beginning to show.

Public comments: Claire Zvanski, RECCSF representative, stated that the Wellness program has been wonderful for members and that the retirees appreciate Margaret O'Sullivan's involvement. The program has had very positive results for retirees because the worst thing they can

do is basically sit all day and not move a lot. She also expressed support for EAP. She stated the importance of supervisors passing along information to employees, noting that some supervisors did not see the value of some of the opportunities presented to employees. She stated that a little more education with management and middle management was necessary to let them know that accessing EAP services is a plus and can lead to greater production and improved morale. She stated that suppressing employees was not the answer.

□ 08112016-09 Action item

Approval of Revisions to Health Service System Membership Rules (Mitchell Griggs)

Staff Recommendation: Approve updates.

Documents provided to Board prior to meeting:
Summary of changes and draft Membership Rules.

- Mitchell Griggs, HSS Chief Operating Officer, presented proposed Membership Rules changes, effective January 1, 2017.
- Section H was revised to add Section 6 (page 21) allowing Medicare eligible retirees or dependents to change plans if no MAPD is available under their pre-Medicare enrollment. This change reflects operational policy. See page 6.
- Section K was revised to clarify that Medicare enrolled members are required to be enrolled in a MAPD. This change reflects changes in Medicare plan options (i.e., operational policy for members who do not maintain Medicare enrollment). See pages 24 and 25.
- Appendix A was revised to update the calendar for the coverage periods of the plan year.
- Commissioner Sass moved to approve the revisions to the Membership Rules for the 2017 plan year.
- Commissioner Lim seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the proposed revisions to the HSS Membership rules for the 2017 plan year.

Motion passed 6-0.

- 08112016-11 Discussion item [Update on Aetna Life and Disability Utilization](#) (Karen Hill, Aetna)

Documents provided to Board prior to meeting:
Aetna annual report on City & County Utilization.

- Karen Hill, Aetna Insurance Group Account executive, reported that she had met previously with Director Dodd and Mr. Griggs to review the outcomes of the long term disability and life insurance plan that Aetna manages for CCSF.
- Aetna's long term disability plan covers a total of 23,131 employees in two unions. (See page 4 for list of unions.)
 - Plan one contains a 60% benefit of \$5,000 monthly with a 180-day elimination period.
 - Plan two contains a 66-2/3% benefit of \$7,500 monthly with a 90-day elimination period.
- CCSF had a higher percentage of claims than Aetna Peer and Aetna Book of Business in several categories: Musculoskeletal (7%), neoplasm (9%) and injury poisoning (7%).
- CCSF had a lower percentage of claims than Aetna Peer and Aetna Book of Business for mental disorders (17%).
- See page 7 of report for top diagnoses and average duration of days from January 1, 2015 through December 31, 2015.
- The highest percentage of claims were in the age range of 50-59 (62.2% were females).
- Aetna conducts a satisfactory survey of 100% of CCSF's claimants at midpoint and the end of a claim. The results showed an 80% rating of excellent, very good or good.

- Long term disability data lags, resulting in a different outcome since the claims come in later or at the end of the year.
- The most common reason for denial is non-compliance, which generally means that the claimant did not respond to the requested information needed to make a decision. Sometimes non-compliance can result when a person does not take prescribed medication. This is something Aetna can check through pharmacy records and could cause a claim to be denied.
- A significant amount of claims were related to cancer. Director Dodd asked her to research whether any of the cancers were related to smoking. Ms. Hill stated that in a review of all active claims, none of the cancer claims were related to smoking.
- The highest percentage of cancer claims were related to breast, prostate and colon cancers. See page 16 for a breakdown of claims by cause.
- Commissioner Follansbee stated that the percentages of claims totaled 44% (instead of 100%) and asked what was missing.
- Ms. Hill stated that Aetna was looking into that data as Director Dodd had asked the same question.
- President Scott stated that he appreciated the section, "Value Added," which included funeral planning, a care advocacy program and legal and estate services.
- Ms. Hill reported that she was working with Mr. Griggs and EBS on a communications campaign to highlight the value added services to be offered effective January 1, 2016.

Public comments: Claire Zvanski, retiree representative, asked if there would be any coordination with the retirement system that handles disability benefits as it seemed to be valuable information for retirement as well.

- 08112016-12 Action item **Appointment of Health Service Board Committee Chairs and Members for Fiscal Year 2016-2017**
(President Scott)

Documents provided to Board prior to meeting:
None.

 - President Scott recommended the following Committee Chair and member appointments for Fiscal Year 2016-17:
 - Governance Committee:
Karen Breslin, Chair
Stephen E. Follansbee, M.D.
Randy Scott
 - Finance and Budget Committee:
Gregg Sass , Chair
Sharon Ferrigno
Wilfredo Lim
 - Commissioner Breslin moved to approve the recommendations.
 - Commissioner Lim seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Health Service Board’s Committee appointments as presented.

Motion passed 6-0.

- 08112016-13 Discussion item **Update on the New City Plan and Kaiser Permanente Medicare Retiree Benefits Educational Sessions**
(Mitchell Griggs and UHC Representative)

Documents provided to Board prior to meeting:
Schedule of sessions.

 - President Scott opted to wait until this item to make a comment rather than during the President’s Report. On June 21, 2016, the Board voted by a majority to undertake a new plan for Medicare retirees. At that time, President Scott clarified to UHC, the new vendor partner, that a high degree of visibility was expected in terms of reporting to the Board at each meeting through and following Open Enrollment.

- There will be a wide ranging series of retiree educational meetings regarding this new plan and President Scott strongly encouraged members of the Board to find time in their schedules to attend one or two of these meetings to hear the details at the ground level. He noted that HSS is again planning to visit Tuolumne this year during Open Enrollment and that if it works into his schedule, he may go as well.
- HSS has received a very clear commitment from UHC that it will respond to all questions and President Scott encouraged members to come forward with inquiries.
- Mitchell Griggs, HSS Chief Operating Officer, reported that HSS has been working with UHC since the Board's decision to add its new plan for Medicare retirees for 2017. Kaiser Permanente has also been included in the meetings of implementation for the educational sessions.
- Mr. Griggs introduced Shannon Haas, UHC account executive for Medicare Groups, to present an update on implementation of the new plan and the expected migration from the original self-funded City Plan COB and Blue Shield Medicare members.
- Ms. Haas stated that the focus of this presentation was on the retiree communications and educational meetings regarding implementation of the new plan.
- The announcement of plan changes and the enrollment materials will be sent to retirees in September. HSS has targeted sending the retiree benefit guide by the last week in September. UHC will mail its 2017 plan guide a few days later to all Medicare eligible City Plan and Blue Shield members, as well as any member turning 65 in the 2017 plan year.
- In December (following Open Enrollment and CMS approval), retirees may expect to receive confirmation of enrollment, ID cards and UHC's welcome packet.

- The retiree educational meetings will be held beginning in late September through the third week in October. UHC will mail meeting invitations on September 12, which will include the dates and times for all meetings.
- UHC's call center will be ready to start answering questions regarding the 2017 plan year as of September 6, 2016. UHC intends to highlight 2017 changes on its website this month.
- UHC is partnering with Kaiser Permanente to host 18 in-person meetings and five teleconferences to help retirees understand the new plan and answer questions. A reservation line will be managed by UHC to ensure available seating for those who want to attend and will address any special accommodation needs. UHC's messaging on the reservation line will be generic so that Kaiser members may also call in. UHC intends to track the meetings, attendance and any issues that arise and report back to the Board.
- See page 5 for a calendar of scheduled meetings. Two updates were added after the calendar was published for the Board:
 - October 12, 2016 – RECCSF Health Fair (10:00 am to 12:00 pm)
 - October 19, 2016 – One South Van Ness Avenue Health Fair (9:00 am to 4:00 pm)
- A UHC service account manager ("SAM") will be onsite at HSS during the first week of January and longer if needed.
- Ms. Haas stated that the two most common questions expected are, "Does my provider accept the plan?" and "Are my prescriptions covered?" She stated that for the provider questions, UHC compares its list of providers who have historically accepted the plan. If the member's provider is not on the list, UHC will contact the provider to educate him or her on the plan and how to accept it. Once

the research is complete, UHC will contact the member with the outcome.

- President Scott stated that provider access was the subject of a meeting between Director Dodd, UHC and Brown & Toland representatives, Commissioner Breslin and himself. More explicitly, the question was asked whether Brown & Toland physicians would participate in this new plan. A commitment was made that UHC and Brown & Toland would meet at least monthly (and more frequently, if necessary) to ensure that every Brown & Toland provider had a clear understanding of the plan provisions, reimbursement, changes, etc. He requested a report from UHC on that process as well.
- Regarding prescription questions, Ms. Haas stated that UHC will compare the member's list against its formulary drug list and explain coverage and their benefits. UHC will also assist with contacting the member's doctor for a new prescription, if necessary.
- UHC is also creating a one-page template for pre-enrollment and post enrollment questions.
- Commissioner Breslin stated that at one of the meetings she attended, it was reported that a member would not be reimbursed for seeing a doctor who does not take Medicare, which is the same in the current City Plan. However, that information was not accurate because in the current City Plan, a member will be reimbursed at the Medicare level as long as the doctor is licensed.
- Ms. Haas stated that UHC was conducting extensive research on the question. There were currently four members in City Plan seeing non-Medicare providers and UHC was reviewing each case individually.
- Commissioner Breslin asked if a member with only Medicare Part B would be ineligible for the new plan.

- Ms. Haas stated that UHC was implementing a second group number for members with Part B only. Therefore, members will have two options: the regular plan with Medicare A and B or the Medicare B-only MAPD PPO plan.
- This change took place approximately a month ago.
- President Scott stated that as HSS staff works to implement the new plan, issues will arise which will be addressed serially. New information will arise at each meeting and will be presented in the materials so that no one will be surprised.
- Commissioner Breslin also asked about the 801 providers to be educated by UHC on the new plan as reported at the June 21, 2016 meeting.
- Ms. Haas stated that UHC was conducting a mailing outreach to those providers as well as a phone outreach.
- Commissioner Follansbee asked about the template and whether the member should complete it if they had a question.
- Ms. Haas stated that the intent of the template was for HSS' use. However, hard copies would be available at the educational meetings to address questions in case a retiree could not stay until the end. UHC would then follow up with the member.
- Commissioner Follansbee suggested that the diagnosis or reason for the prescription also be included on the template. If a member was given a drug for a non-covered or non-licensed reason, then that would be a reason for denial.
- Ms. Haas stated that HSS staff would receive training in September on the use of the template.
- Commissioner Breslin asked about the number of retirees without Medicare A and B. She stated that there were some "old timers" who were in that category but was unsure of

the exact count. She assumed that they would stay in their current plan.

- Ms. Haas stated there were approximately 114 Medicare B-only members.
- Mr. Griggs responded that retirees without Medicare A and B would remain in their current plan whether it is Blue Shield or City Plan. Those members were grandfathered into their plans.
- There are 18 retirees with Medicare A only who were grandfathered and will stay in the self-funded PPO City Plan. There are two (2) Blue Shield retirees who will stay in Blue Shield.
- Commissioner Lim asked if those retirees without Medicare A and B would be notified that their coverage will not change and they have the option to remain in their current plan.
- Mr. Griggs stated that HSS will take the extra step and work with those retired members (especially enrolled in Blue Shield) to ensure that they understand that nothing will change for them.
- Commissioner Lim thanked Director Dodd and Mr. Griggs for their work on this new plan. He stated that many questions were clarified from the previous meeting.

Public comments: Claire Zvanski, RECCSF and SEIU West Bay Retirees' representative, stated that she would include this information in the retiree newsletter as well as send an email blast to all members informing them of their options. She stated that there are different rumors upsetting the retirees. She stated that many members who attend the retiree health fair do not have computers or emails, so the newsletter is extremely critical. She thanked everyone on all sides for their assistance in helping retirees understand and feel comfortable about their options.

Ms. Zvanski also reported that some Blue Shield members referred to specialists were told that the provider will not accept Medicare, so special considerations may need to be addressed. She also

noted that the message to all Kaiser retirees is that nothing will change for them and that Kaiser is also an option.

Cindy Green, Kaiser Account Executive, thanked HSS for allowing the collaboration with UHC, stating that it had been an enlightening and unique process.

Director Dodd stated that the MACRA regulations had not yet been finalized. MACRA is designed to reimburse for quality, so there is an incentive fund for physicians who meet a certain quality standard. She conducted a literature search after reviewing Commissioner Breslin's email and there have been no articles projecting that physicians will leave Medicare due to MACRA. It will likely not be implemented until the middle of next year at the earliest.

Director Dodd stated that an update on MACRA could be presented at the Board's November Forum if the Board had an interest.

President Scott stated that a MACRA presentation at the November Forum would be useful.

- 08112016-14 Discussion item [Report on network and health plan issues \(if any\)](#)
(Respective plan representatives)
Public comments: None.

- 08112016-15 Discussion item [Opportunity to place items on future agendas](#)
 - President Scott stated that if any of the commissioners have any items of interest for the Board's educational forum in November to contact Director Dodd.Public comments: Herbert Weiner, retired City employee, stated that he is currently satisfied with City Plan PPO but expressed concern about the rates and copays increasing in the future. He would like to see the copays and premiums remain at the present standard. He stated that it is important to monitor UHC's performance.

- 08112016-16 Discussion item [Opportunity for the public to comment on any matters within the Board's jurisdiction](#)
Public comments: None.

- 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 as designated on the agenda.

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.

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.

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) in violation of 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 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) 554-0662 or email at laini.scott@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: (415) 554-0662