City & County of San Francisco
HEALTH SERVICE BOARD
1145 Market Street ✦ Suite 300 ✦ San Francisco, CA 94103

Revised Minutes

Regular Meeting

Thursday, January 11, 2018

1:30 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
Commissioner Sharon Ferrigno
Commissioner Stephen Follansbee, M.D.
Commissioner Gregg Sass
Supervisor Jeff Sheehy

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 1:34 pm.

- ☐ 01112018-01 Action item

Approval (with possible modifications) of the minutes of the meetings set forth below:

- Special closed session of December 14, 2017;
- Special meeting of December 14, 2017

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting: Draft minutes.

- Commissioner Breslin moved to approve the minutes of the special closed session and special meeting of December 14, 2017.
- Commissioner Ferrigno seconded the motion.

Public comments: Dennis Kruger, representative for active, retired firefighters and spouses, stated that he made inaccurate statements at the last meeting regarding the cost of hearing aids and cataract surgery. He apologized and stated that he will return during rates and benefits with additional information.

Action: Motion was moved and seconded by the Board to approve the special closed session minutes and special meeting minutes of December 14, 2017.

Motion passed 7-0.

□ 01112018-02 Discussion item

General public comment on matters within the Board's jurisdiction not appearing on today's agenda

- Gail Bloom, retired City employee, reported on a billing issue that she had been unable to resolve with UnitedHealthcare on payments to Sutter Health for medical services received in November by her dependent daughter. Ms. Bloom provided a copy of the bill to the Board, which included a past due reminder. She said that UHC did not recognize Sutter as a preferred provider and was treating its services as out-of-network. She had been told by Sutter that her bill had been submitted several times but the issue remained unresolved. She contacted HSS for assistance and was told to either write the department or contact the Board directly.
- President Scott asked that Acting Executive Director Griggs to assist Ms. Bloom with her billing issue.
- Ms. Bloom reported on a second issue regarding her prescription coverage. At her doctor's recommendation, she tried the website GoodRx for a tier 3 drug since it was not available through her drug store. Her prescription should have cost $45 for a three-month supply; however through the GoodRx website, prices ranged from $11.22 to $36. She had been using this website for a while and found it curious that the insurance coverage through HSS did not compete very

well against a random website. She provided a comparison of the cost of her medication through GoodRx to various pharmacies, such as CVS, Safeway, HealthWarehouse, Rite-Aid, Target and more.

- Acting Executive Director Griggs stated that he would conduct research with the HSS Operations Manager to review pharmacy costs.
- Richard Rothman, retired city employee, reported on a recent negative experience in Kaiser Permanente's emergency department, which was overcrowded and understaffed. Mr. Rothman encountered a nurse who was extremely "nasty" but not wearing a name tag, so he was unable to report her behavior to Kaiser.
- Mr. Rothman also reported that he receives prescriptions by mail. He called for clarification when Kaiser told him to visit the pharmacy in order to renew a generic prescription. He was on the telephone for over an hour during two separate calls before learning that the dosage of one of his medications was changing. He thought this information could have been communicated in an email instead of spending an hour on the telephone. Additionally, he could not have picked up his medication as originally instructed because his doctor needed to approve it first. He stated that Kaiser should be held accountable for its treatment of members. He noted, however, that Kaiser's other nursing staff had been great.

□ 01112018-03 Discussion item President's Report (President Scott)

- Update on HSS Executive Director search

Documents provided to Board prior to meeting: None.

- President Scott reported on the Board's action taken in closed session immediately prior to this regular meeting, and its efforts to hire a new Executive Director for the Health Service System. Before he disclosed the special meeting results, President Scott extended commendations to HSS employees.

- On behalf of the Board, President Scott commended Pamela Levin, HSS Chief Financial Officer, for her hard work and efforts during the course of the HSS Director transition and the implementation of the City's financial system. He thanked her for her leadership, professionalism and dedication to HSS during this period of transition.
- Ms. Levin thanked President Scott and commended the finance staff on their good work.
- President Scott commended Mitchell Griggs, HSS Chief Operating Officer and Acting Executive Director, for his dedication and hard work during this transitional period. He noted that Mr. Griggs maintained all of the administrative and operational functions of both positions as well as new benefit offerings and innovation. He thanked Mr. Griggs for his leadership and guidance.
- President Scott commended Laini Scott, Board Secretary, for her hard work during this transition period.
- President Scott also commended the entire HSS staff for its teamwork and professionalism during the transition.
- The Health Service Board retained Heather Renschler of Ralph Andersen & Associates to assist in the selection of the Health Service System Executive Director. President Scott thanked Ms. Renschler, who was unable to attend this meeting, for her professionalism, thoroughness and diligence during the selection process.
- President Scott thanked the Health Service Board members for their active participation in the HSS Executive Director hiring process, which involved several special meetings. He expressed appreciation for the Board's discretion, cooperation and support during the process. He stated that 53 applications had been received for the HSS Executive Director position. The Board conducted screening interviews, first stage interviews with finalists and then final interviews.

- President Scott also recognized the following Department of Human Resources staff for their assistance in the Board's search for an Executive Director for the Health Service System: Micki Callahan (Executive Director), Chanda Ikeda and Christina Brusaca. He noted that Ms. Brusaca and Ms. Ikeda provided detailed staff work in organizing the member outreach meetings and assisted the executive search firm in a variety of ways during the process.
- President Scott announced that with a warm welcome, it was his distinct duty and privilege to introduce Abbie Yant as the new Executive Director of the Health Service System, effective February 12, 2018. He stated that she was an experienced health professional and that he was overwhelmed by the variety of articles she had authored and interviews that she participated in on a wide range of healthcare and health service issues.
- Ms. Yant's current role is Vice President of Mission and Advocacy Community Health Services at St. Francis Hospital in San Francisco, where she has been employed for nearly 18 years. Prior to her current position, she was employed for 10 years by the City's Department of Health.
- See Executive Director announcement at: http://www.myhss.org/events/Director.html
- Also, see the Appendix of these minutes for a historical timeline of the appointment of HSS Executive Directors since the passage of Prop C in 2004.
- President Scott asked Ms. Yant to address the Board.
- Ms. Yant thanked President Scott and the Health Service Board commissioners. She stated that she had offered her resignation at the hospital that morning. She acknowledged her husband, Larry, and son, Robbie, who were in the audience, and described herself as a wife and mom who liked to work a lot. She stated that she was looking forward to working with the Board in providing valuable

benefits to all city employees and retirees, as well as working with all of the stakeholders.

- Commissioner Follansbee thanked President Scott for his leadership throughout the long and touch search process. He stated that, while Ms. Yant comes across as very nice, his experience with her at St. Luke's showed him that she can be tough. He noted that HSS's interests will be well represented by Ms. Yant.
- Commissioner Sass welcomed Ms. Yant, stating that HSS was very lucky to appoint as Executive Director. He stated that he had known her for many years and that it had been a privilege to work with her on the Charity Care Committee when he was employed at the Department of Public Health.
- Commissioner Breslin also thanked President Scott for all of his work during the search process. She thanked Acting Executive Director Griggs for his great customer service provided to members, stating that she had received many good reports.
- At President Scott's direction, the historical timeline for the Board's appointments to the HSS Executive Director position is attached as an appendix to these minutes. The timeline begins in 2005 after HSS became an independent department no longer under DHR with the passage of Prop C in November 2004.

Public comments: Claire Zvanski welcomed Ms. Yant on behalf of RECCSF. She thanked President Scott and the Board for participating in the search process. She also thanked HSS staff for their hard work, stating that they have always been exceptional in every way.

□ 01112018-04 Discussion item Director's Report (Acting Executive Director Griggs)

- HSS Personnel
- Operations, Enterprise Systems & Analytics, Finance/Contracting, Communications, Well-Being/EAP
- Meetings with Key Departments
- Other additional updates

Documents provided to Board prior to meeting:

1. Director's report;
2. Reports from Operations, Enterprise Systems & Analytics, Communications, Finance/ Contracting, Well-Being and Employee Assistance Program.

- Mitchell Griggs, HSS Acting Executive Director and Chief Operating Officer, reported on the Director's report with management updates, posted on the myhss.org website.
- Mr. Griggs thanked the Board for the opportunity to serve as acting Executive Director during its search for the position. He stated that it had been a challenging and educational experience. He thanked Pamela Levin and Marina Coleridge for their support. Ms. Levin provided expertise in financial matters and Ms. Coleridge handled some of the department's operational matters at his request. He also thanked HSS staff.
- Mr. Griggs stated that year-end reporting on IRS Forms 1099 and 1095 were required again this year as part of the Affordable Care Act that is still in effect. The IRS delayed this year's deadline to March 2; however, HSS intends to have all forms distributed by January 31, 2018.
- President Scott asked that the cost of distributing the forms to members be reported to the Board. He stated that the employers would bear the administrative costs of providing this information and that it should be noted.
- Mr. Griggs stated that he did not have the exact number but would report the costs of the initial programming two years ago, as well as distribution of the forms, and provide a comparison to this year's process at next month's meeting.
- Mr. Griggs also reported that HSS's strategic plan and annual report were being revised and reformatted. He stated that the annual report would be completed for the Board's review at its February meeting. HSS's strategic plan had been postponed until

March to allow the new Executive Director to provide input.

Public comments: None.

□	01112018-05	Discussion item	HSS Financial Reporting as of October 31, 2017 (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 CFO, reported on the HSS Trust Fund and General Fund Administration Budget for the period July 1, 2017 through October 31, 2017, as well as fiscal year-end projections through June 30, 2018. (See financial update memorandum.)
- On June 30, 2017, the trust fund balance was $72.5M. Based on activity through October 31, 2017, the projected fund balance is $70.9M as of June 30, 2018. This is an increase of $3.6M from last month's report and is due to a combination of continued unfavorable claims experience in the City Plan that is offset by favorable claims experience in Blue Shield's flex-funded plan and Delta Dental's self-funded plan.
- No performance guarantees or pharmacy rebates have been received so far this fiscal year.
- A $15,000 reimbursement under the adoption and surrogacy plan will be paid out later this month.
- The amount of forfeitures related to unused flexible spending accounts will not be known until June.
- Based on the financial results for the first quarter of FY 2017-18, HSS's general fund administration budget is projected to end the year on budget.

Public comments: None.

□	01122017-06	Discussion item	Review of Health Service System FY 2018-19 and FY 2019-20 Budget instructions (Pamela Levin)

Documents provided to Board prior to meeting: Budget Memorandum.

- Pamela Levin reported on the budget instructions for the HSS General Fund Administration Budget for FY 2018-19 and FY 2019-20, which were released in early December by the Mayor's Office. Ms. Levin will present the General Fund and the Health Sustainability ($3.00 PMPM) budgets at the February Board meeting.
- The City's projected deficit for FY 2018-19 is $88.2M and $173.4M for FY 2019-20. This projection is primarily driven by increases in wages, employer pension contributions and rising health costs.
- City departments were required to submit ongoing reductions. Therefore, HSS must propose reductions and/or revenues equal to 2.5% of the general fund support for FY 2018-19 and FY 2019-20 or a cumulative 5% savings for the two-year period.
- The reduction for HSS for FY 2018-19 is $84,000 and an additional $84,000 for FY 2019-20.
- Departments were also instructed to maintain the current level of budgeted and funded FTE counts and consider long-term savings and cost avoidance initiatives.
- Departments' proposed budgets should also reflect the five vision areas set forth in the citywide strategic planning process and participate in the City's talent development programs. See budget memorandum.
- Ms. Levin will present HSS's proposed FY 2018-19 and FY 2019-20 General Fund Administration and Healthcare Sustainability budgets at the Board's February 8, 2018 meeting. The Healthcare Sustainability fund is not approved by the Board of Supervisors; however, HSS presents it during the budget cycle.

- Commissioner Sass asked if balances in the Healthcare Sustainability Fund could be utilized to cover HSS expenses in the Administrative budget to prevent significant cuts by the Mayor's Office.
- Ms. Levin stated that revenues in the Healthcare Sustainability Fund were paid by all four employers and should benefit each of them.
- Ms. Levin intends to present HSS's budget to the Mayor's Office with the caveat that the new Executive Director will have had a short time at the department and hopes there will be some leeway to make adjustments.
- President Scott stated that both budgets will be presented to the full Board as a committee of the whole at next month's meeting, and that Commissioner Sass will preside over that part of the meeting as Chair of the Budget and Finance Committee.

Public comments: None.

RATES AND BENEFITS

☐ 01112018-07 Discussion item

Presentation of 2018 Rates and Benefits calendar for Plan Year 2019 (Acting Executive Director Griggs)

Documents provided to Board prior to meeting: 2018 Rates and Benefits meeting schedule for 2019 plan year.

- Acting Director Griggs reviewed the Rates and Benefits calendar for the 2019 plan year by month. See calendar.
- In response to President Scott's request, Erik Rapoport, Deputy City Attorney, reported that once the blackout notice is implemented at a regular meeting, Health Service Board commissioners are prohibited from communicating with vendors and/or potential vendors during the rates and benefits process, except during Board or committee meetings. (Health Service Board Service Provider Policy, paragraphs 10-17).

Public comments: None.

□	Meeting Break		Recess from 2:38 to 2:47 pm
□	01112018-08	Discussion item	Review fund status for the Incurred But Not Reported (IBNR) reserves for UHC and Blue Shield (Aon Hewitt) Documents provided to Board prior to meeting: Aon Hewitt report. ▪ Mike Clarke, Aon Hewitt actuary, reported on the Incurred But Not Reported ("IBNR") reserves for HSS's self-funded or flex-funded plans as required by current policy. ▪ An IBNR reserve is an estimate of the unpaid claims liability for services incurred but not paid by a specific date. ▪ Aon Hewitt's calculations were based on an incurred through date of June 30, 2017. The reserves will reset again as of June 30, 2018. ▪ The IBNR reserves are currently fully funded for the following plans: o UnitedHealthcare ("UHC") City Plan – self funded ▪ Blue Shield of California – flex-funded ▪ Delta Dental of California – self funded Public comments: None.
□	01112018-09	Discussion item	Review fund status for Contingency Reserves (Aon Hewitt) Documents provided to Board prior to meeting: Aon Hewitt report. ▪ Mike Clarke, Aon Hewitt actuary, reported that the contingency reserve protects against shortfalls in funding estimates in each self-funded/flex-funded plan: o UHC City Plan o Delta Dental of California PPO Plan o Blue Shield of California flex-funded plan ▪ Aon Hewitt recommended the following contingency reserves as of June 30, 2017: o UHC City Plan: $5.5M o Delta Dental of California PPO Plan: $3.1M

- Blue Shield of California: $13.3M

- The contingency reserve is fully funded in all three plans.
- The Stabilization Reserve will be presented next month.

Public comments: None.

REGULAR MATTERS

☐	01112018-10	Discussion item	Update on Blue Shield's Trio HMO implementation and Provider Partners (Blue Shield representative)

Documents provided to Board prior to meeting: Blue Shield report.

- Jeanette Mone, Blue Shield of California account manager, provided an update on Blue Shield's Trio implementation and provider partners.
- As of January 1, 2018, 14,500 HSS members were enrolled in Blue Shield's Trio plan, which is equivalent to $13.5M in savings for 2018.
- Sixty-two percent (62%) of all HSS members were using Trio providers (22,500) and 42% of those members elected to enroll in Trio.
- Blue Shield inadvertently auto enrolled 31 members in Meritage Medical Network into Trio who should have remained in Access+. Those members have since been moved back to Access+. Meritage Medical Network is divided into three divisions: one in Marin County and two in Sonoma County.
- Ms. Mone announced a big change regarding member access to Sutter facilities through the Trio Plan. Initially, Sutter hospitals and facilities were inaccessible through Trio. However, after the HSS enrollment numbers came in, Sutter came back to the table, which resulted in Blue Shield adding a variety of Sutter facilities to the Trio network effective January 1, 2018. These facilities include ambulatory surgical centers for outpatient services in San Francisco, Alameda and Contra Costa County. She noted that Alta Bates and Eden Medical Center were also

among the medical facilities added. See page 3 of report for additional Sutter facilities.

- Ms. Mone noted that HSS's risk has increased. Its Medicare risk score was very high and continues to rise. Additionally, it was higher compared to Blue Shield's book of business.
- HSS's risk for non-Medicare retirees and active employees has also increased.
- Ms. Mone reported that HSS's medical trend was 1.3% compared to the national trend of 7.5%. She noted that medical trend is the inflation for medical deliveries (i.e., improvements in medicine, technology, costs of healthcare, higher litigation rates). She stated that the reason HSS's trend rate was so low was due to the good things being done.
- In response to Commissioner Follansbee's inquiry, Ms. Mone stated that the 1.3% medical trend was midyear year 2016 to midyear 2017 and was not due to the "labeling" of Trio. She noted, however, that since 62% of HSS members were utilizing Trio providers, Trio could be considered a factor.
- Commissioner Lim asked how the average age of early retirees was determined (i.e., age 60 versus 48). He questioned the age of 48 for an early retiree, stating that there were more incentives for City employees to retire at age 60.
- Ms. Mone stated that the age reported on early retirees was driven by dependents, which brings down the age in the early retiree category.
- President Scott requested a clearer explanation of Blue Shield's methodology for arriving at the early retiree age and the reason why it was done in that manner.
- Commissioner Sass asked if other employer groups were participating in Blue Shield's Trio plan besides CCSF, such as CalPERS. He expressed doubt that Sutter would come back

to the table if CCSF were the only employer group in Trio.

- Ms. Mone stated that CalPERS was not in the Trio plan although it had a similar version. She confirmed that Sutter returned to the table because of CCSF's enrollment in Trio.

Public comments: None.

□ 01112018-11 Discussion item Update on Best Doctors (second opinion vendor)
(Best Doctors' representative)

Documents provided to Board prior to meeting:
Best Doctors - 2017 Q3 report.

- Nancy Oh, Best Doctors Account Manager, presented Best Doctors' 3rd quarter utilization report. Best Doctors' initial utilization report was presented in May 2017 and covered the first two months of activity.
- Ms. Oh reported on Best Doctors' acquisition of Teledoc, noting that she had received numerous inquiries on whether the program was available to all HSS members. Teledoc is a telemedicine service utilizing video and phone visits and is available to members enrolled in Blue Shield of California. Ms. Oh clarified that the communications to HSS members regarding Teledoc were sent by Blue Shield and not Best Doctors. She stated that Blue Shield members could initiate a second opinion service through Best Doctors. She also noted that Best Doctors continued to be available to all HSS members as a second opinion vendor.
- Ms. Oh presented a general overview of the first three quarters of Best Doctors' services from January 1 through September 30, 2017. During that time, a total of 509 cases were opened and 413 cases were closed. Forty-four percent (44%) of the 413 closed cases had adjustments in diagnoses. Eighty-seven (87) of the closed cases had changes in treatment plans. There were a total of 731 member contacts.
- The report also included three case studies on Best Doctors' impact.

- President Scott asked whether Blue Shield, Kaiser Permanente and UnitedHealthcare had made referrals to Best Doctors during this period.
- Ms. Oh stated that Best Doctors had started conversations with HSS benefit partners to look at opportunities for plan referrals; however, only UHC was successful in implementing a referral program to Best Doctors in which 19 referrals were made to the second opinion service. See page 14 of report for benefit partner referrals.
- In response to Commissioner Breslin's inquiry about why Blue Shield made zero referrals to Best Doctors, Ms. Oh stated that Blue Shield had no capability to make referrals to Best Doctors through Access+. However, discussions were taking place for Blue Shield to refer members in the Trio Plan to Best Doctors going forward.
- Commissioner Follansbee stated that this report was different than the one presented after two months of utilization. While this report's focus was on member satisfaction in the three cases presented, he noted that no reference was made to cost savings or additional costs, which caused concern in the initial cases. He asked if Best Doctors had abandoned cost savings, noting that a fair amount of money was being spent on this second opinion vendor.
- Ms. Oh stated that Best Doctors had not moved away from looking at potential and projected cost savings for cases and that those savings were included in a supplemental report titled "Clinical Impact Summary," which contained aggregate de-identified data as well as clinical information. She noted, however, that it was not available for public viewing. She stated that part of Best Doctors' contract with HSS was to project and calculate savings for each case.
- President Scott requested an interim report on cost savings, stating that an aggregate summary of cost savings resulting from Best

Doctors' services was essential as the Board contemplated its contract renewal.

- Commissioner Follansbee stated that cost methodology was very important, and not just the projected cost of one perfect inter-consultation with one member, but the ultimate cost.
- Commissioner Follansbee also questioned slide 2 of the report under "Clinical Impact," which indicated a 44% change in diagnosis and an 87% change in treatment. He expressed concern about how the term "change" was used and asked if a refinement or actual change was made, noting that there was a difference between the two terms. He stated that "refinement" meant a nuance had been added to the review but it was not actually a change. He added that an 87% change in treatment would put every health plan partner on notice that they were missing the boat.
- Commissioner Follansbee questioned the results of the case study on slide 7, as well as the recommendations made during the medical consultation
- Commissioner Sass stated that he considered the overriding reason for adding this service was to give members peace of mind in accessing a second opinion for serious diagnoses and that cost was secondary. He expressed concern about the number of telephone calls to Best Doctors from members who were redirected back to HSS or a provider. He asked for the percentage of Best Doctors' calls accessing the second opinion service. He did not see the value in recording misdirected calls referred back, stating those calls should not have been counted as Best Doctors' contacts.
- Commissioner Breslin noted that Best Doctors' services were not free and that HSS was paying $1.40 per member per month, which adds over $1M annually to the rates. She asked how Best Doctors' diagnoses are better than another doctors' diagnoses. She stated that obtaining a second opinion is currently available to members as well as

face-to-face visits. She considered Best Doctors a duplication of services and noted that many of the best doctors are located in the Bay Area.

- Ms. Oh stated that Best Doctors' focus was twofold—virtual access to physicians, which eliminates geographic limitations, as well as access to specialists on the clinical edge of research and knowledge.
- Acting Director Griggs stated that HSS will review Best Doctors' savings and cost reporting as part of its performance guarantees. HSS will also review the report to clarify some of the issues raised by Commissioner Follansbee. He noted that HSS members felt that the second opinion service gave them peace of mind and confidence that they were receiving more or different information from another source.

Public comments: Marina Coleridge, HSS Enterprise Systems and Analytics Manager, commented as a member of the Health Service System and not an employee. She reported on her recent firsthand experience with Best Doctors' second opinion service after receiving a serious diagnosis. Her case with Best Doctors resulted in an hour long telephone call with a cardiology specialist at the Cleveland Clinic. They discussed risk factors and the definition of "success," which had not been previously discussed with her Kaiser physician. Ms. Coleridge stated that her experience with Best Doctors gave her peace of mind, and she had the procedure performed. It was costly; however, as a result, she hoped to continue as a productive and effective CCSF employee. She stated that the service provided by Best Doctors meant the world to her.

Diane Urlich, retired City employee, reported on her Best Doctors' experience, which was also related to cardiology. She stated that as Kaiser member, she was limited to seeing another Kaiser doctor. Best Doctors' second opinion services resulted in a medication change that she was more satisfied with. Ms. Urlich considered it a valuable service.

□ 01112018-12 Discussion item **Presentation of Q3 Express Dashboard** (Marina Coleridge)

Documents provided to Board prior to meeting: SFHSS Q3 express dashboard report.

- Marina Coleridge, HSS Enterprise Systems & Analytics Manger, reported on Q3 of HSS's express dashboard, which reviewed performance across all three health plans (Blue Shield, UnitedHealthcare and Kaiser Permanente). The presentation included dashboards for non-Medicare members (active and early retirees) and Medicare retirees.
- The express dashboard was first presented in August 2017.
- Ms. Coleridge reported that the numbers for Q3 were relatively consistent for non-Medicare members' medical and pharmacy spend from the previous period. She stated that thigh claims costs were also consistent over the last few dashboards.
- Costs per employee per year increased in 2017 and trended up approximately 1.7%.
- Commissioner Follansbee asked for clarification under high cost claimants on slide 2 of the presentation, stating that the three components did not total correctly.
- Ms. Coleridge stated that she would recalculate the numbers and confirm at the next Board meeting.
- Under cost and utilization trends, Kaiser Permanente was the only plan significantly below the western norm. Ms. Coleridge stated that the western norm, which is available through HSS's APCD, was compiled by reviewing PPO data. She stated that it was not an ideal norm because it was somewhat of a misrepresentation and she struggled to find a proper benchmark to see how the plans were performing. Ms. Coleridge stated that she was looking at other modifications to create the norm for HSS members in the dashboard. However, a decision would need to be made regarding spending budget dollars.

- The dashboard included plan performance, as well as risk scores and premium contributions based on medical premiums. See the report for chronic condition prevalence, quality markers and well care and preventive visits.
- The dashboard also tracked preventive screenings by plan to determine whether members were taking advantage of the screenings available to them.
- The Medicare section of the report was presented in 12 rolling months. Further analysis was necessary as some of the healthier Blue Shield Medicare retirees had enrolled in UHC's Medicare Advantage PPO, which increased the risk score as some of the sicker members remained in Blue Shield. City Plan's risk score spiked from 315 to 497 by the end of December 2016.
- Commissioner Follansbee commended Ms. Coleridge on the express dashboard. He inquired into the preventive rates, stating that he had been taken aback by how low they were. He asked if an anecdote should have been included because the health plans should not be compared to each other. He noted that the populations are different, particularly in the pre-Medicare populations.
- Ms. Coleridge stated that she would review the data and try to incorporate a HEDIS measure.
- Mike Clarke, Aon Hewitt actuary, stated that the data was reported across plan years. Therefore, one member could be represented in multiple columns. He stated that adding the sum of high cost claimants on slide 2 led him to believe that 58 individuals may have been listed in multiple columns across two plan years.

Public comments: None.

□ 01112018-13 Discussion item **Report on network and health plan issues (if any)**
(Respective plan representatives)

- Kate Kessler, Kaiser Permanente Area Vice President, reminded everyone that the flu season was in full force and encouraged members to get flu shots.

- Commissioner Follansbee asked about the protocols Kaiser had in place for dispensing flu medication. In the past, Kaiser's practice was to call in a prescription to the pharmacy if a patient had been diagnosed with influenza over the phone within 48 hours. He also asked whether flu medications were in short supply, which had been reported.
- Ms. Kessler stated that she, too, had seen various reports about the low supply of flu medications. She was unsure if Kaiser was releasing prescriptions over the phone without a visit but would find out and report back to the Board.
- Cindy Striegel, Kaiser Permanente representative, stated that each of Kaiser's medicals centers was addressing the flu issue in an appropriate way, depending on volume. She stated that some urgent care centers and emergency departments were setting up separate locations for patients with flu symptoms to be seen in order to keep them away from patients with non-contagious conditions. She noted that when it was appropriate, flu medications had been prescribed as the result of a phone call. Ms. Striegel had not received notice that Kaiser's supply of flu medication had been exhausted, but it was limited. She stated in recent days, other providers were out of flu medication and were sending non-members to Kaiser emergency rooms.
- Commissioner Breslin stated that she continued to receive complaints from members about harassing phone calls from UnitedHealthcare. She noted that a new mailer had just been received, as well as another letter asking her to call. When she called UHC, no one could determine where the mailer originated. She asked that UHC return and report to the Board on the cost of its member outreach.
- Shannon Haas, UHC representative, stated that she would be happy to make a presentation to the Board on its member outreach.

- President Scott asked that UHC's presentation be coordinated through Acting Director Griggs or Executive Director Yant.

Public comments: None.

□ 01112018-14 Discussion item Opportunity to place items on future agendas

- Commissioner Breslin stated that UHC's Medicare Advantage PPO copay is $35, which is $10 more than Blue Shield's and $25 more than Kaiser's. She requested that UHC return next month to address why its copays are higher than the other medical providers, since it can afford to send out so many mailers.
- Shannon Haas, UHC representative, responded that the renewal cycle had just begun and that she had intended to bring a number of items to Acting Director Griggs' attention. She stated that she would recommend making changes in areas where complaints had been received and that UHC could price a lower copay into the renewal.
- Commissioner Breslin also sked why UHC's copay for physical therapy was more than acupuncture and chiropractic services, especially since physical therapy is covered by Medicare.

Public comments: None.

□ 01112018-15 Discussion item Opportunity for the public to comment on any matters within the Board's jurisdiction

Public comments: Claire Zvanski, RECCSF representative, stated that similar to Ms. Bloom's prior public comment, there were a number of retirees with unresolved Sutter bills that were several years old. These members had been sent to collections for $20 or $25 and although their bills had since been paid, were still unable to resolve the issue. Members contacted UHC and Blue Shield, and ultimately Sutter, however, Sutter appeared unwilling to adjust some of its billing practices to clear up these accounts, which resulted in collections. Ms. Zvanski asked for assistance in mitigating the issue.

President Scott stated that it was time to begin conversations with the health plans with Sutter affiliations in order to unravel these issues.

- Adjourn: 4:34 pm

HISTORICAL TIMELINE*
HSS APPOINTMENTS
FOR EXECUTIVE DIRECTOR

Prior to HSS's independence, the department was part of the Department of Human Resources (DHR), which should have some historical records on individuals who held similar responsibilities for this position; however, at a different level within the DHR structure. For this reason, there is no information in the HSS historical files to expand on the prior qualifications established before the creation of HSS in late 2004*. (Heather Renschler, Ralph Andersen & Associates)*

June 2005 - Bart Duncan was the first HSS ED appointed by the Board after HSS became an independent department with the passage of Prop C in November 2004.

March 20, 2006 - Laini Scott joined HSS as Board Secretary (recruited by Director Duncan).

September 10, 2009 – HSB Regular Meeting: Scott Heldfond, Board President, announced receipt of Bart Duncan's resignation letter, effective October 2, 2009. Prior to Bart's resignation, HSS's COO and CFO had unexpectedly resigned. President Heldfond announced that the Board would work to fill HSS's three vacant executive positions.

September 14, 2009 – Special closed session to address filling HSS Executive Director position.

October 2, 2009 – Bart Duncan's resignation effective date. He met briefly with Catherine Dodd prior to his departure.

October 5, 2009 – Catherine Dodd accepted Interim HSS Executive Director position.

October 8, 2009 – HSB Regular Meeting: President Heldfond announced Catherine Dodd's acceptance of HSS Interim Director position, effective October 5, 2009. This was Catherine's first meeting as Interim HSS Director.

January 10, 2010 – HSB Regular Meeting: President Heldfond announced that Catherine Dodd had accepted the permanent position of Executive Director of the Health Service System.

January 11, 2018 – HSB announced appointment of Abbie Yant as HSS Executive Director at regular Health Service Board meeting.

February 12, 2018 – Abbie Yant's first day as SFHSS Executive Director.

*This timeline was included in the HSS Executive Director search materials as an identifier of key milestones in the selection process of previous executive directors.

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