



**HEALTH SERVICE BOARD**  
CITY & COUNTY OF SAN FRANCISCO

**Mary Hao**  
President

**Claire Zvanski**  
Vice President

**Jack Cremen**  
Commissioner

**Supervisor Matt Dorsey**  
**District 6**  
Commissioner

**Art Howard**  
Commissioner

**Gregg Sass**  
Commissioner

**Fiona Wilson, MD**  
Commissioner

**Abbie Yant, MA, RN**  
Executive Director  
Health Service System

**Holly Lopez**  
Executive Secretary

TEL (628) 652-4646  
<http://www.sfhss.org/>

**HEALTH SERVICE BOARD**

**REGULAR MEETING MINUTES DRAFT**

Thursday, January 9, 2025, 1:00 p.m.  
City Hall, Room 416  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

## Remote Meeting Access

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

**Watch** at 1:00 p.m. on January 9, 2025 (via [SFGovTV schedule](#))

**Click the link to join the meeting** – [January 9, 2025 HSB Regular Meeting WebEx link](#)

**Public Comment Call-In: 415-655-0001 / Access Code: 2663 641 5839 Webinar Password: 1145**

### Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2663 641 5839#, then # again
2. Press \*3 to enter the Public Comment queue, and you will hear the prompt, “You have raised your hand to ask a question; please wait to speak until the host calls on you.” When the system message says, “Your line has been unmuted,” - **THIS IS YOUR TIME TO SPEAK.**
3. You will be muted when your time to speak has expired.

### Watching the meeting on WebEx

1. Join via hyperlink [January 9, 2025 HSB Regular Meeting WebEx link](#)
2. Webinar Password: 1145
3. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
4. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say “Welcome Caller,” you can begin speaking.
5. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

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

### Best Practices when Calling in for Public Comment:

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

## Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, [health.service.board@sfgov.org](mailto:health.service.board@sfgov.org), and **received by 5 p.m. on Wednesday, January 8, 2025**, before the meeting. Members can also call 628-652-4646 with any questions.

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

1145 MARKET STREET 3<sup>RD</sup> FLOOR, SAN FRANCISCO, CA 94103

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

2. **ROLL CALL:**

President Mary Hao- Present  
Vice President, Claire Zvanski- Present  
Commissioner John Cremen- Present  
Supervisor Matt Dorsey- Excused  
Commissioner Art Howard- Excused  
Commissioner Gregg Sass- Present  
Commissioner Fiona Wilson, MD.- Present

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

**PUBLIC COMMENT:**

Sarah Cole, retired fire fighter: Expressed her frustration and concern regarding the new health plan, Blue Shield, which no longer allows her and her husband to use East-West Services, an acupuncture clinic they have attended for over 11 years. She explained that under their previous plans, including United Healthcare, the clinic was covered. However, with Blue Shield subcontracting acupuncture and chiropractic services to American Specialty Health, East-West Services is no longer an option because they do not work with American Specialty Health or accept Medicare.

Ella Lam: Raised concerns about the Kaiser Senior Advantage plan offered through the San Francisco Health Service System (SFHSS). She noted that many friends and relatives enrolled in the regular Kaiser Senior Advantage plan automatically receive Over-The-Counter (OTC) benefits, which have been available since January 2023. These benefits provide monthly allowances for OTC items, a valuable feature for seniors, especially as many prescription drugs have transitioned to OTC status. However, when she enrolled her husband, a MUNI retiree, in the SFHSS Kaiser Senior Advantage plan, she discovered that this benefit is not included. Ella urged the Board to consider including OTC benefits in the SFHSS health plan for seniors during the upcoming Open Enrollment period, emphasizing the importance and usefulness of this feature.

Anonymous: The speaker expressed frustration with the transition from United Healthcare to Blue Shield, citing difficulties in understanding the process. Her husband, who is on Medicare and pays for Parts B, C, and D, has dependents (herself and their young son) who are covered through the city's non-Medicare benefits. She noted that she and her son have not yet received their Blue Shield cards, requiring her to call to confirm their coverage. She also mentioned that the transition to United Healthcare in the past was similarly unexpected and wished that the current transition had been made clearer and easier for beneficiaries and dependents to navigate.

Anonymous: The speaker expressed significant concerns about the transition to Blue Shield, which was promised to be seamless but has not been. While they received their Blue Shield card, it was sent to an outdated address, causing further inconvenience. They urged immediate action to correct the issues, highlighting the life-threatening impact on plan beneficiaries and expressing frustration with what they see as a failure to deliver on promises.

Gail Bloom, retiree: Expressed confusion and frustration regarding the wellness benefit described in the plan's benefit summaries. The summary lists in-network and out-of-network costs for wellness health programs, including basic gym access through Silver Sneakers. After contacting the Health Service System, Blue Shield, and Silver Sneakers, she was advised to recruit a vendor in her county (Marin County), which currently has no in-network facilities. Instead, she was told to use facilities in San Pablo or Richmond, which involve bridge tolls and significant traffic, making the benefit impractical for her.

**4. VOTE ON WHETHER TO HOLD CLOSED SESSION FOR MEMBER APPEAL (Action):**

President Hao stated this member appeal is a continuation from last month.

Commissioner Wilson moved to hold a closed session for the member appeal. Vice President Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Hao, Sass, Wilson, and Zvanski Noes: None

ACTION: The Health Service Board unanimously approved holding a closed session for the member appeal.

**Enter in Closed Session at 1:55 p.m.**

**Closed session under California Constitution Article I, Section 1; the Confidentiality of Medical Information Act, California Civil Code §§ 56 et seq; and the Health Insurance Portability and Accountability Act, 42 U.S.C. §§ 1320d**

**5. CLOSED SESSION FOR MEMBER APPEAL (Action):**

ACTION:

**RECONVENE IN OPEN SESSION**

**Reconvene in Open Session 1:55 pm**

**Roll Call:**

President Mary Hao- Present  
Vice President Zvanski- Present  
Commissioner Cremen- Present  
Commissioner Sass- Present  
Commissioner Wilson- Present

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

Vice President Zvanski moved not to disclose any information held in closed session. Commissioner Wilson seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Hao, Sass, Wilson, and Zvanski Noes: None

**ACTION: The Health Service Board unanimously approved to not disclose any discussion held in closed session.**

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

Vice President Zvanski moved to not report on any action taken in closed session. Commissioner Wilson seconded the motion.

**PUBLIC COMMENT:**

Anonymous: The speaker questioned why the public hearing does not include a discussion or interaction for attendees, either in the room or listening, to better understand what was discussed.

**VOTE:** Ayes: Cremen, Hao, Sass, Wilson, and Zvanski      Noes: None

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

**REGULAR BOARD MEETING MATTERS**

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

[See the pdf of the December 6, 2024 Health Service Board Governance Committee Meeting Minutes Draft to be Approved](#)

[See the pdf of the December 12, 2024, Health Service Board Regular Meeting Minutes Draft to be Approved](#)

Commissioner Sass moved to approve the December 6, 2024, Health Service Board Governance Committee Meeting Minutes Draft to be Approved and the December 12, 2024, Health Service Board Regular Meeting Minutes Draft to be Approved. Commissioner Cremen seconded the motion.

**PUBLIC COMMENT:** None

**VOTE:** Ayes: Cremen, Hao, Sass, Wilson, and Zvanski      Noes: None

**ACTION: The Health Service Board Unanimously approved the December 6, 2024 Health Service Board Governance Committee Meeting Minutes and the December 12, 2024, Health Service Board Regular Meeting Minutes.**

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

President Hao provided two key updates. First, the job posting for the recruitment of a new Executive Director to succeed Abbie Yant is now live on the City’s jobs website and the website of the Executive Recruitment firm, Berkeley Search Consultant. The recruitment brochure is also available, and they look forward to receiving applications. Second, with Abbie Yant’s retirement approaching in March, President Hao emphasized the importance of ensuring continuity in leadership. To address this, the Board will hold a closed session during the February Regular Board Meeting to discuss any acting or interim placement for her role upon her retirement.

**PUBLIC COMMENT:**

Fred Sanchez: Noted that the public might want to know who is being considered and have an opportunity to provide input or raise concerns about potential candidates for the interim director. He emphasized that making this decision in a closed session could exclude valuable perspectives from

the public.

Anonymous: The speaker questioned the purpose of holding a public hearing on an item that is discussed behind closed doors, excluding public access. They suggested that such items should not be included on the agenda if they are not open to public participation or observation.

Anonymous: The speaker requested information on the criteria for selecting the new Executive Director of the Health Service System. They emphasized that the public, particularly beneficiaries of the system, have a right to know the standards being used in the selection process, as this information is valuable and relevant to them.

## **10. DIRECTOR'S REPORT: (Discussion)**

[See the pdf of the January 9, 2024 Director's Report](#)

Abbie Yant, SFHSS Executive Director presented the following items:

- WELCOMING NEW STAFF
- Welcome New Staff
- Annual Audit and Compliance Report 2024 and Audit Plan for 2025
- Life/Disability Request for Proposal RFP Update
- Black-out Notice Reminder
- SFHSS Executive Director Retirement
- Health Service Board 2025 Election
- Health Equity, Diversity, and Cultural Heritage Celebrations
- Healthcare Affordability Board and Advisory Committee
- Divisional Reports
  - Human Resources Personnel
  - Operations
    - Enterprise Systems and Analytics
    - Member Services
    - Communications
  - Finance and Budget
    - Contracts
  - Well-Being

No comments or questions from the Board.

PUBLIC COMMENT: None

## **11. SFHSS FINANCIAL REPORT AS OF NOVEMBER 30, 2024: (Discussion)**

[See the pdf of the SFHSS Financial Report as of November 30, 2024, memo](#)

[See the pdf of the SFHSS Financial Report as of November 30, 2024 presentation](#)

Yuriy Gologorsky, SFHSS Principal Administrative Analyst, and Iftikhar Hussain, SFHSS Chief Financial Officer presented the following items:

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

President Hao asked if the anticipated pharmacy rebates for this year are higher or lower than usual. Yuriy Gologorsky explained that pharmacy rebates apply to self-insured and self-funded plans and are typically received quarterly. The rebates are based on pharmacy claims and

negotiated agreements between vendors and the Health Service System (HSS). He noted that the process is consistent and that HSS shares in the pharmacy rebates, which are determined by these negotiated terms.

PUBLIC COMMENT: None

**12. MAYOR'S BUDGET INSTRUCTIONS FOR THE SFHSS GENERAL FUND BUDGET FOR FISCAL YEAR 2024-2025 AND FISCAL YEAR 2025-2026: (Discussion)**

[See the pdf of the Mayor's Budget Instructions for the SFHSS General Fund Administration Budget for the Fiscal Year 2026-2027](#)

In accordance with the adopted Budget Approval Process legislation (Administrative Code Section 3.3) most departments need to hold one public meeting for public input on its departmental budget priorities after the Mayor issues budget instructions in December, and one hearing at least 15 days later and no later than February 14, 2025 to solicit public input on their budget submissions. Links to the dates of these hearings and department budget submissions shall be posted on the SF Controller's Office webpage.

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

- HSS Budget Overview
- Mayor's Priorities
- CCSF Fiscal Outlook –Major Assumptions in Forecast
- Mayor's Budget Instructions to Departments
- Budget Calendar
- Opportunity for Public Input

Commissioner Wilson acknowledged that the budget instructions from Mayor Breed make sense but noted that, as of 27 hours ago, there is a new mayor. Commissioner Wilson wondered if new instructions might be issued based on the new mayor's priorities, referencing the content of the acceptance speech the previous day. Executive Director Yant shared updates from a Department Head meeting, emphasizing that the new mayor, Mayor Lurie has made budget priorities a key focus. Mayor Lurie announced an immediate hiring freeze, though many details are still unclear, and urged department heads to curb spending and improve efficiencies. Executive Director Yant highlighted Mayor Lurie's effort to foster collaboration among departments through a structured approach, which could be beneficial despite the challenges such coordination often brings. The Budget Director, currently on maternity leave, attended the meeting alongside her temporary replacement, ensuring continuity in the Mayor's Budget Office. Yant acknowledged that the upcoming austere budget environment will be stressful and challenging and expressed confidence that the team's strong working relationship with the Mayor's Budget Office and prior experience in constrained situations will help them navigate through it.

PUBLIC COMMENT: None

**13. APPROVE RESOLUTION ORDERING HEALTH SERVICE BOARD 2025 ELECTION FOR ONE EXPIRING TERM SEAT AND AUTHORIZING STAFF TO INITIATE AND PROCEED WITH THE ELECTION: (Action)**

[See the pdf of the HSB 2025 Election Overview Presentation](#)

[See the pdf of the HSB 2025 Election Fact Sheet for Members](#)

[See the pdf of the HSB 2025 Election Resolution, Notices Nominee Forms Schedule and Nominee Form](#)



Holly Lopez, Board Secretary presented an overview of the Health Service Board 2025 election. The Board did not have any questions or discussion on this item.

President Hao moved to approve the staff's recommendation to order the 2025 Health Service Board election for one seat expiring on May 15, 2025, that we set the dates for the election, authorize the Health Service System staff to initiate the election and authorize the staff to proceed with the election. Vice President Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Hao, Sass, Wilson, and Zvanski                      Noes: None

**ACTION: The Health Service Board unanimously approved the resolution to order the 2025 Health Service Board election for one seat expiring on May 15, 2025, that we set the dates for the election, authorize the Health Service System staff to initiate the election, and authorize the staff to proceed with the election.**

**BREAK: 2:33- 2:44 p.m.**

**Roll Call:**

- President Mary Hao- Present
- Vice President Zvanski- Present
- Commissioner Cremen- Present
- Commissioner Sass- Present
- Commissioner Wilson- Present

**RATES AND BENEFITS**

**14. PRESENTATION OF THE RATES AND BENEFITS ANNUAL PROCESS AND CALENDAR FOR THE PLAN YEAR 2025: (Discussion)**

[See the pdf of the HSB Rates and Benefits Annual Process and Cycle](#)

[See the pdf of the HSB Rates and Benefits Calendar for the Plan Year 2026](#)

Mike Clarke, Aon – Lead Actuary presented the following items:

- Duties and Responsibilities
- Rates and Benefits Cycle Timeline
- SFHSS Annual Benefit Contracts Market Evaluation and Assessment
- R&B Process Starts With Reserve Approvals
- Funding Types for SFHSS Health Benefits
- Health Plan Cost and Utilization Experience Reviews
- Industry Resources
- Rate Setting Methodology (detailed presentation follows)
- Rates and Benefit Rates and Contributions Proposals
- HSB Package of R&B After Final Approval

The Board did not have any questions or comments.

PUBLIC COMMENT: None



**15. BOARD EDUCATION: NON-MEDICARE HEALTH PLAN RATE SETTING METHODOLOGY: (Discussion)**

[See the pdf of the Board Education: Non-Medicare Health Plan Rate Setting Methodology](#)

Mike Clarke, Aon – Lead Actuary presented the following items:

- Non-Medicare Health Plan Rate Setting Methodology— Introduction
- Non-Medicare Health Plan Rating Methodology
- Self-Funded Plan Total Rates — Calculation Methodology
- Self-Funded Plan Total Rates — Step 1-5
- Allocating Projection Period Costs Into Plan/Tier Rates
- Segmenting Total Cost Rates Into Employer and Member Contributions — Active Employees
- Segmenting Total Cost Rates Into Employer and Member Contributions—Retirees
- Historical Context — Health Plan Rate Relationships
- Current State—Health Plan Rate Relationships

Commissioner Wilson praised the [glossary link](#) embedded within the presentation document, describing it as fantastic and suggesting that it should be required reading for Board members, especially when considering elections and their responsibilities on the Board.

President Hao asked for a brief explanation of how the actuarial calculation for retiree contributions under Prop E works, specifically for retirees plus two dependents. Mike Clarke explained that the calculation involves deducting from the Retiree Only total cost rate (a) the 10-County Amount and (b) the difference between the Retiree Only tier total cost rate and Active Employee Only tier total cost rate--with half of the remaining amount allocated to employer contribution for both the Retiree Only tier and Retiree Plus –One Dependent tier. For the Retiree –Plus –Two –Or –More Dependents tier, the employer contribution is the same as for the Retiree –Plus –One tier, meaning the city does not provide any additional contribution for a second or more dependents. President Hao also clarified that employees hired on or after January 9, 2009, gain access to the City’s plans starting at five years, with employer contributions starting at ten years and full contributions available at 20 years, which Mike Clarke confirmed.

PUBLIC COMMENT: None

**16. APPROVE THE JUNE 30, 2024 INCURRED BUT NOT REPORTED (IBNR) RESERVE AND CONTINGENCY RESERVE AMOUNTS FOR SELF-FUNDED AND FLEX-FUNDED HEALTH PLANS (Action):**

[See the pdf of the Incurred But Not Reported \(IBNR\) Reserve and Contingency Reserve Amounts as of June 30, 2024](#)

Mike Clarke, Aon – Lead Actuary presented the following items:

- Introduction — Incurred But Not Reported (IBNR) and Contingency Reserves
- Background — Three Reserves for SFHSS Self-Funded and Flex-Funded Health Plans
- Health Plans Holding IBNR and Contingency Reserves
- Recent SFHSS Contingency Reserve Developments
- IBNR Reserves as of June 30, 2024
- Contingency Reserves as of June 30, 2024
- Today’s Recommendation

The Board did not have any questions or discussion on this item.

Commissioner Sass moved to the approve the IBNR and 95<sup>th</sup> percentile confidence level Contingency Reserve amounts as of June 30, 2024 as presented in the material. Commissioner Cremen seconded the motion.

VOTE: Ayes: Cremen, Hao, Sass, Wilson, and Zvanski                      Noes: None

PUBLIC COMMENT: None

**ACTION: The Health Service Board unanimously approved the IBNR and 95<sup>th</sup> percentile confidence level Contingency Reserve amounts as of June 30, 2024, the following SFHSS self-funded and flex-funded health plans:**

- **Flex-funded non-Medicare medical/Rx HMO plans administered by Blue Shield of California (BSC) (Access+ and Trio) and self-funded medical/Rx EPO plans administered by UnitedHealthcare— UHC for active employees and early retirees (UHC EPO plans for non-Medicare covered lives of retired “split families” where at least one family member is covered in the UHC Medicare Advantage MAPD plan—now administered by BSC in 2025);**
- **Flex-funded non-Medicare medical/Rx HMO plan administered by Health Net (CanopyCare) for active employees and early retirees;**
- **Self-funded non-Medicare medical/Rx PPO plan administered by BSC for active employees and early retirees (and UHC for non-Medicare “split family” retiree PPO plan covered lives where at least one family member is covered in the UHC Medicare Advantage MAPD plan—now administered by BSC in 2025); and**
- **Self-funded dental PPO plan administered by Delta Dental of California (Delta Dental) for active employees (IBNR reserves only).**
- **Changes in Contingency reserves will be a component of December 31, 2024, stabilization reserve calculations in early 2025.**

## REGULAR BOARD MEETING MATTERS

### **17. BLUE SHIELD MEDICARE ADVANTAGE PPO TRANSITION UPDATE: (Discussion)**

[See pdf of the Blue Shield Medicare Advantage PPO Transition Update](#)

[See pdf of the BSC Plan Guide distributed at the meeting](#)

Presented by Olga Stavinskaya-Velasquez, SFHSS Operations Manager and Charles Lee, Blue Shield of California, Senior Manager -Group Retiree presented the following items:

- Administrative Plan Implementation Progress
- Successful Transition
- HSS Call Metrics – December 2024
- Blue Shield MAPD-PPO Transition Dashboard
- BSC Call Metrics – December 2024
- Blue Shield Member Experience – ID Cards & Welcome Kits
- Addressing Member Concerns
- Blue Shield Medicare Programs & Care
- Looking Ahead

Commissioner Sass inquired about the billing address on Blue Shield ID cards, noting that his card references Blue Shield of California and wondering if the address would differ for residents in other states, like Arizona. Charles Lee explained that while the card displays the California address for in-state providers, providers outside California submit claims to their local Blue plans (e.g., in Arizona), which then redirects those claims to Blue Shield of California. Commissioner Sass clarified that this means Blue Shield of California still manages the program, and Charles Lee confirmed. When asked if this process causes delays, Charles Lee assured that there is no impact on members, as service level agreements ensure timely claims processing without delays.

Vice President Zvanski raised a concern about whether providers are experiencing delays in reimbursement, noting that while there may be no direct issue for members, unresolved provider issues could ultimately affect members. Charles Lee assured that no issues are anticipated for providers, as claims are processed through the association in a timely manner and forwarded to Blue Shield of California in accordance with service level agreements to ensure appropriate handling.

Commissioner Sass inquired about the status of the pharmacy transition, noting that while it was marked as "on track," the target date was January 1, and the month was already underway. Charles Lee confirmed that the pharmacy transition was completed as of January 1, with new partnerships, such as Amazon for home delivery services, in place. He explained that the focus now is on addressing any potential post-implementation issues. Commissioner Sass raised a concern about members being informed of these changes, noting that details like the Amazon partnership were not widely known. Charles Lee clarified that this information was included in the welcome kit and that all members, outside of the Health Service System (HSS), had been reissued updated ID cards with the new pharmacy details. Commissioner Sass sought clarification on the difference between "completed" and "on track" in the reporting.

Commissioner Cremen referenced a member's earlier comment about difficulties with the transition to Blue Shield and issues accessing East-West Services for acupuncture. Charles Lee confirmed familiarity with the situation, noting that he had spoken with the member, gathered additional details, and committed to further investigating the issue. He assured that they would follow up with the member directly.

Commissioner Cremen inquired about the potential return of the Silver Sneakers program. Charles Lee confirmed that they are working to enhance the program, focusing on addressing gaps in coverage and increasing the number of contracted facilities. He acknowledged receiving feedback from members, including vocal concerns, and emphasized their efforts to prioritize areas needing improvement. Commissioner Cremen asked about a list of participating facilities. Charles Lee explained that they do not have a finalized list yet, as some facilities may no longer accept members. This triggers efforts to collaborate with gyms to expand the program's coverage.

#### PUBLIC COMMENT:

Karen Breslin: Shared a letter from a member describing their frustrating experience with Blue Shield and the Health Service System (HSS). The member recounted how, despite calling Blue Shield and their spine doctor's office ahead of time to confirm their insurance coverage for an important appointment, they were informed upon arrival that the doctor's office could not proceed due to a lack of formal approval from Blue Shield, which could take 7-14 days. After multiple attempts to contact both Blue Shield and HSS, facing long wait times and unhelpful recordings, the member finally reached out to a former HSS contact, Karen Breslin, who helped resolve the issue. However, the appointment had to be rescheduled for a week later, leaving the member in pain. Karen Breslin noted retirees are often directed to Blue Shield, leaving them unsure of how to

escalate complaints when Blue Shield fails to resolve issues.

Maureen O'Shay, retired Adult Probation Department: Expressed frustration she had not received her medical card or confirmation of her transfer to Blue Shield. After repeatedly trying to contact HSS during business hours and only reaching voicemail without any return calls, she resorted to contacting the Mayor's Office. This led to follow-up calls from the San Francisco Retirement System and, eventually, a message from HSS stating her card would arrive on December 16<sup>th</sup>. Additionally, she emphasized that HSS should be answering phones during business hours, which she believes should be from 9:00 a.m. to 5:00 p.m. at a minimum.

Fred Sanchez, Protect Our Benefits: Expressed concerns for members including delays in chemotherapy authorizations, rejections at pharmacies, prolonged pain for members waiting for necessary care, delays in receiving their membership card, not receiving a welcome packet, and errors in address updates. He called for improvements in processes, particularly for urgent medical needs.

David Flynn: Shared his perspective on the high costs of mental health care. He noted that a night in a mental hospital costs about \$3,000, and an ambulance ride can cost \$5,000, which disproportionately affects people with psychiatric disabilities who are often disadvantaged and uninsured. He also mentioned feeling burdened by paying to be under surveillance and asked the audience to consider these challenges faced by individuals like him.

Anonymous: Expressed frustration about long hold times, frequent disconnections (more often with HSS) and being referred back and forth between the two organizations. They noted not receiving corrected letter about needing to go through a Blue Shield doctor. Additionally, the speaker highlighted a problem with their acupuncturist, who does not accept Blue Shield or work with its subcontractor, ASH. They expressed dissatisfaction with the new program compared to their previous experience with United Healthcare.

## **18. SFHSS STRATEGIC PLAN 2023-2025 ANNUAL PROGRESS REPORT TO HEALTH SERVICE BOARD: (Discussion)**

[See the pdf of the SFHSS Strategic Plan 2023-2025 Annual Progress Report to HSB](#)

[See the pdf of the SFHSS Strategic Plan 2023-2025 Business Initiative Report Jan 2025](#)

Leticia Harris, SFHSS Senior Health Program Planner and Racial Equity Lead, Iftikhar Hussain, Chief Financial Officer, Carrie Beshears, Well-Being Manager, and Olga Stavinskaya-Velasquez, Operations Manager presented the following items:

- SFHSS Strategic Planning Development Milestones
- Leading with Equity Approach
- Goal 1: Foster equity through intentional organizational culture, accessibility, inclusion, and belonging including Office of Racial Equity Peer Learning Cohorts (PLC), Office of Racial Equity Sponsored Employee Trainings, and San Francisco Performance Program
- Goal 2: Advance primary care practice and member engagement to ensure the right care, at the right time and place including Advance Primary Care Milestones, APC Implementing and Planning Phase II and Phase III
- Goal 3: Provide affordable and sustainable healthcare and high-quality well-being services through value-driven decisions and program design including Affordability and Sustainability SFHSS Cost vs. Benchmarks
- Goal 4: Support the mental health and well-being of our membership by reducing stigma and addressing barriers to care in partnership with key stakeholders including Mental Health Vendor Summit, Enhancing Retiree Well-Being, and Well-Being Annual Mental Health Campaign
- Goal 5: Optimize service to maintain and advance exceptional member and stakeholder engagement including 2024 Member Satisfaction Survey, Completed Standard Operating

Procedures (SOP) and Trainings in 2024, Member Services Staff Open Enrollment Training Satisfaction Survey, and SFHSS Call Center Quality Assurance: Call Evaluations

- SFHSS Strategy Execution For the Road Ahead

President Hao asked about the goals of the training undertaken by the staff and how it would impact their operations. Leticia Harris explained that the training aims to foster equity within the organization, ensuring all Divisions participate and align with intentional organizational culture, accessibility, inclusion, and belonging. Two Divisions, including the Administrative and Wellbeing/EAP teams, have participated so far, with plans to rotate the training across all Divisions. SFHSS is working around training scheduling barriers including the necessity of our Member Services team (the largest proportion of employees) to staff the call center across work hours. The training focuses on Implicit Bias as a pre-requisite to future trainings including Communication Across Cultures. This aligns with the Office of Racial Equity's Phase 1 goals, which emphasize improving organizational culture and investing in our most valuable resource, our staff. This internal focus is intended to reflect the ideology that the way we treat one another is a reflection of how we treat our members.

President Hao asked how progress would be measured from the trainings. Harris outlined that external equity trainings include pre- and post-evaluations provided by Be the Change Consulting and Department of Human Resources (DHR), which summarize feedback and provide actionable insights. Staff training, such as the customer-service centered all-staff retreat training from DHR, also generate individual and divisional level results to help translate learning into practical workplace applications. This ensures that the training has a tangible impact rather than becoming theoretical.

President Hao asked how the Implicit Bias training translates into everyday duties, such as how staff interact with members who call, and how its effectiveness can be measured. Leticia Harris responded that the Office of Racial Equity is hosting an assessment forum in January to address how internal organizational culture learnings can be applied to external health equity work with members. Leticia Harris noted that this forum would provide insights and strategies, that could be reported on for the future, as this is a topic of interest across many City and County departments.

President Hao asked Carrie Beshears if the release of two videos featuring Department Heads led to an increase in employees seeking assistance through the Employee Assistance Program (EAP) or other behavioral health services. Carrie explained that EAP tracks both calls and cases, with calls sometimes addressing needs beyond EAP, like financial support. While there was a decrease in referrals to clinicians, the case-to-call ratio increased year over year, indicating that more people who called were successfully connected to EAP services. Carrie Beshears noted the challenge of determining if the videos directly prompted calls or if employees became aware of the service for potential future use, as there isn't a direct one-to-one correlation between the videos and immediate calls to EAP.

**PUBLIC COMMENT:**

Anonymous: Suggested that the cure for depression involves stepping away from technology, leaving the cubicle, removing ear pods, and engaging in conversation with someone random.

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

No update from plan representatives.

PUBLIC COMMENT: None

**20. ADJOURNMENT:** 4:43 p.m.



## Health Service Board and Health Service System Website: <http://www.sfhss.org>

### Summary of Health Service Board Rules Regarding Public Comment

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

### Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils, and other 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>.

### 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 outlined in Chapter 67A of the San Francisco Administrative Code.

### Disability Access and Accommodation

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 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 Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex. Accessible seating for persons with disabilities (including those using wheelchairs) will be available. To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Holly Lopez, at 628-652-4646 at least 48 hours before the meeting, except for Monday meetings, for which the deadline is 4:00 pm the previous Friday.

City Hall Room 416 is wheelchair accessible. There are elevators and accessible restrooms located on every floor. **Wheelchair-accessible entrances are located on Van Ness Avenue and Grove Street. Please note the wheelchair lift at the Goodlett Place/Polk Street is temporarily not available.** After multiple repairs that were followed by additional breakdowns, the wheelchair lift at the Goodlett/Polk entrance is being replaced for improved operation and reliability. We anticipate having a functioning lift after the completion of construction in May 2025.

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

To access the meeting remotely as an accommodation, please use [January 9, 2025 HSB Regular Meeting WebEx link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of remote public comment.

### Sensitivity to Chemical-based Products

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

### Location of Materials

If any materials related to an item on this agenda have been distributed to the Health Service Board after the distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Holly Lopez at 628-652-4646 or email [holly.lopez@sfgov.org](mailto:holly.lopez@sfgov.org). The following email has been established to contact all members of the Health Service Board: [health.service.board@sfgov.org](mailto:health.service.board@sfgov.org).

### Lobbyist Registration and Reporting Requirements

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

**Chat GPT Generative AI was used to summarize and clarify discussion points in the meeting minutes.**