



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Stephen Follansbee, M.D.
President

Chris Canning
Vice President

Connie Chan
Supervisor (District 1)
Commissioner

Karen Breslin
Commissioner

Mary Hao
Commissioner

Randy Scott
Commissioner

Claire Zvanski
Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

TEL (628) 652-4646
FAX (628) 652-4703
<http://www.sfhss.org/>

HEALTH SERVICE BOARD

MEETING MINUTES

Thursday, June 10, 2021

REGULAR MEETING AT

1:00pm

VIRTUAL PRESENTATION BY SFGOV TV

Due to the COVID-19 health emergency and to protect our Board Members, SFHSS staff, and members of the public, the Board's Meeting Room (Room 416) is closed.

Remote Meeting Access

Watch at 1:00 pm on June 10, 2021 (via SFGovTV) - <https://sfgovtv.org/hsbLIVE>

Click the link to join the meeting - <https://bit.ly/3tdT1Gc>

Public Comment Call-In: 415-655-0001 / **Access Code:** 187 003 9306

Providing Public Comment:

1. Dial **415-655-0001** and then enter access code **187 003 9306** then **#**
2. **Press #** again to enter the meeting as an ATTENDEE
3. You will hear a beep when you join the meeting as a participant.
 - a. Stop and LISTEN
 - b. Wait for Public Comment to be announced.
4. When Public Comment is called, dial * then **3** to be added to the speaker line.
5. You will then hear "You have raised your hand to ask a question, please wait to speak until the host calls on you." Callers will hear silence when waiting for their turn to speak.
6. To withdraw your question, press * then **3**. – you will hear: "You have lowered your hand."
7. When the system message says "Your line has been unmuted" - **THIS IS YOUR TIME TO SPEAK.**
8. When the President or Commission Secretary states "Welcome Caller," you are encouraged to state your name clearly. As soon as you speak, you will have **3 minutes** to provide your comments.
9. Once your 3 minutes have expired, you will be moved out of the speaker line and back as a participant in the meeting. You will hear "Your line has been muted."
10. Participants who wish to speak during other public comment periods can stay on the meeting line and listen for the next public comment opportunity.

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 comment expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 pm on Wednesday, June 9th** before the meeting. Members can also call 628-652-4646 with any questions.

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

1. **CALL TO ORDER: 1:01 pm**

2. **ROLL CALL:**

President Stephen Follansbee, M.D.-present
Vice President Chris Canning-present
Supervisor Connie Chan- excused
Commissioner Karen Breslin-present
Commissioner Mary Hao-present
Commissioner Randy Scott-present
Commissioner Claire Zvanski-present

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

The Health Service System meeting minutes are available on the SFHSS website at <https://bit.ly/3h8nJf6> HSB Regular Meeting Minutes from May 13, 2021.

President Follansbee affirmed the following meeting minutes HSB Regular Meeting Minutes from May 13, 2021. Commissioner Scott and Commissioner Breslin submitted small edits to the Board Secretary. Commissioner Breslin moved to accept the meeting meetings as distributed for the HSB Regular Meeting Minutes from May 13, 2021. Commissioner Scott seconded the motion.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved the HSB Regular Meeting Minutes from May 13, 2021.

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

PUBLIC COMMENT: None

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

Presented by President Follansbee

DOCUMENTS ATTACHED: None

PUBLIC COMMENT: No presentation so no public comment.

6. **ELECTION OF HEALTH SERVICE BOARD OFFICERS (PRESIDENT AND VICE PRESIDENT) FOR THE FISCAL YEAR 2021-2022: (Action)**

Randy Scott, Governance Committee Chair

Governance Committee Chair, Randy Scott stated the election of the Health Service Board Officers, outlined in the Terms of reference and Policies, is conducted annually in June. Chair Scott nominated Stephen Follansbee to serve a second year as President and nominated Chris Canning to serve a second year as Vice President. Commissioner Breslin seconded the nomination. There were no other nominations made.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously re-elected Commissioner Stephen Follansbee as President and re-elected Commissioner Chris Canning as Vice President for the Health Service Board.

7. DIRECTOR'S REPORT: (Discussion)

The Director's Report and Presentation is available on the SFHSS website at <https://bit.ly/3xVvawY> and <https://bit.ly/2T7fzvp>

Executive Director Yant presented the following items in her Director's Report:

- COVID-19 Update
- Reminder: Vendor Black Out Period-Extended
- Racial Equity Action Planning
- Sutter Health Lawsuits
- Blue Cross Blue Shield Settlement Notice
- Follow up from Health Plans
 - Delta Dental
 - Blue Shield of California-Infertility Services Website
- Legislative Report
- Divisional Reports
 - Personnel
 - Operations: Enterprise Systems and Analytics (ESA) and Communications
 - Finance and Contracts
 - Well-Being

Executive Director Yant said SFHSS leadership is meeting with Delta Dental weekly to gain clarity on several questions and issues brought before the Board. Executive Director Yant shared two updates from Delta Dental, 1. A dentist cannot contract solely for Premier Network. As of 2014 and going forward, all newly contracted providers with Delta Dental contract as both Premier and PPO Providers. 2. The discount difference between PPO only and PPO/Premier varies by provider type, service, and geography, and for SFHSS, the PPO contracted fees provide an average discount of 28% off submitted fees; while Premier contracted fees provide an average discount of 14% off submitted fees. Executive Director Yant shared SFHSS will continue to work with Delta Dental to understand the nuances of the network, develop regular reports on provider and member satisfaction scores, and SmileWay utilization and communication plans.

Commissioner Breslin stated her disappointment that at the last meeting Delta Dental reported inaccurate information and noted the structure is complicated for dentists. Commissioner Breslin recalled in May 2019 the Board approved a rate increase for the out-of-pocket deductible and wondered if that was the best for members. Commissioner Breslin requested more information on the dental deductible changes and assigning benefits for out-of-network providers. Commissioner Breslin thanked Executive Director Yant for the updates.

President Follansbee re-iterated the remarkable 80% vaccination rate for the City and County of San Francisco and thanked Executive Director Yant and SFHSS staff for the support for supplying members with accurate and accessible information as well as the Mayor Breed, the Mayor's Office, Dr. Grant Colfax, Director of Public Health and the Department of Public Health for the management and guidance through the pandemic.

PUBLIC COMMENT: None

8. HSS FINANCIAL REPORTING AS OF APRIL 30, 2021: (Discussion)

The HSS Financial Reporting of April 30, 2021, memo and presentation is available on the SFHSS website at <https://bit.ly/3qrPhQD> and <https://bit.ly/3dfQNjA>

Larry Loo, Chief Financial Officer presented the following items:

- Executive Summary
- Employee Benefit Trust Fund (Trust Fund)
- United Health Care PPO
- Blue Shield Access+ Flex Funded Plan
- Blue Shield Trio Flex Funded Plan
- Delta Dental PPO (Actives Only) Self-Funded Plan
- Other Trust Fund Notes
- General Fund Administrative Budget

Commissioner Scott asked for the projected year-end balance expenses for the Health Sustainability Fund. Chief Financial Officer, Larry Loo said the expenses are a bit below what was budgeted, and those funds are typically requested for certain initiatives, although this year some initiatives were not able to be carried out due to the pandemic. President Follansbee asked if those initiatives carry forward into the next year and if so, will the balance diminish appropriately to fund specific initiatives. Larry Loo confirmed that many initiatives can carry into the next fiscal year and are factored into the Health Sustainability Fund budget requests.

PUBLIC COMMENT: None

9. SFHSS REVISED FY 2021-2022 AND FY 2022-23 PROPOSED GENERAL FUND ADMINISTRATION BUDGET: (Discussion)

The SFHSS Revised FY 2021-2022 and FY 2022-23 Proposed General Fund administration Budget memo and presentation is available on the SFHSS website at <https://bit.ly/3gWZnpH> and <https://bit.ly/3w3B7qo>

Larry Loo, Chief Financial Officer presented the following items:

- SFHSS General Fund Administration Budget Process Recap
- Summary: Expenditures and Revenues
 - Restored 24/7 EAP funding
 - Increase staffing attrition to fund job classification
 - Reduced Inter-department services: DHR Workers Comp

Commissioner Hao noted it's always good to get good news from the Mayor's Office. Commissioner Scott asked if these revisions require any action from the Board. Executive Director Yant stated the budget has already been submitted and the presentation is intended to update the Board on the Mayor's revision. Commissioner Breslin pointed out the Board cannot take action on an item that wasn't posted as an action item. Erik Rapoport, City Attorney, agreed with Executive Director Yant that no action is needed and confirmed Commissioner Breslin's remarks that no action can be taken.

PUBLIC COMMENT: None

RATES AND BENEFITS MATTERS

10. PRESENTATION ON THE 2021 RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2022: (Discussion)

The 2021 Rates and Benefits Calendar for the Plan Year 2022 is available on the SFHSS website at <https://bit.ly/3zZl8vr>

Executive Director Yant shared the latest iteration of the Rates and Benefits calendar and said after all Board approvals the full rates and benefits package will be introduced to the Board of Supervisors by Supervisor Chan, heard at Committee on July 14th, 2021, and then read by the full Board of Supervisors on July 20th and 27th, 2021.

Commissioner Scott asked Executive Director Yant if she anticipates any concerns as the package moves to the Board of Supervisors. Executive Director Yant said there are no anticipated concerns. Commissioner Zvanski asked if Supervisor Chan or her staff needed any support with this process. Executive Director Yant said Supervisor Chan is well versed in the content and has an experienced team.

PUBLIC COMMENT: None

11. HEALTH PLAN 2022 RATE SUMMARY—MEDICARE RETIREE AND KAISER MULTI-REGION RETIREE HEALTH PLANS: (Discussion)

The Health Plan 2022 Rate Summary Medicare Retiree and Kaiser Multi-Region Retiree Health Plans presentation is available on the SFHSS website at <https://bit.ly/3xSI3sG>

Mike Clarke, Aon presented the following items:

- Overview-Today's Medical Medicare Plan 2022 Renewals
- Medicare Plans-Covered Lives
- Medicare Advantage Plans-Background
- SFHSS Medicare Plans-Linkage to Strategic Plan
- SFHSS Medicare Plans-2022 Renewal Overview
- Projected 2022 Medicare Plan Monthly Rates

Commissioner Breslin asked for the number of retirees and the number of dependents in the Kaiser multi-region non-Medicare retiree HMO plans. Mike Clarke said there are 44 retirees and 20 dependents for the total of 64 covered lives in the non-Medicare multi-region Kaiser plans. Commissioner Zvanski asked why 50 retirees received less than the full City Contribution. Mike Clarke said the 50 retirees were those who became employed on or after January 10, 2009 and have since retired—therefore they receive only a partial City Contribution towards their retiree health plan coverage.

PUBLIC COMMENT: None.

12. REVIEW AND APPROVE UNITEDHEALTHCARE (UHC) MEDICARE ADVANTAGE PPO FULLY INSURED MEDICARE RETIREE 2022 RATES AND CONTRIBUTIONS: (Action)

The UHC Medicare Advantage PPO Fully Insured Medicare Retiree 2022 Rates and Contributions are available on the SFHSS website at <https://bit.ly/3wZKRTA>

Mike Clarke, Aon presented the following items:

- Staff Recommendation
- Introduction
- Aon Commentary on UHC MAPD 2022 Rates
- Proposed 2022 UHC MAPD Plan Monthly Rate Card
- Retiree Medical Contributions Rate Card
- 2022 UHC MAPD Plan Monthly Rate Card
- Staff Recommendation

President Follansbee thanked Mike Clarke for the thorough rate cards and explanations. Commission Breslin asked why split family enrollment is not available in the 2022 plan year for non-Medicare Health Net Canopy Care. Executive Director Yant explained this year will focus on setting up Health Net as a new provider. Executive Director said split family requires large programming needs and the administrative considerations will be addressed in the following year and will hopefully be improved from the results of the Medicare RFP. Commissioner Breslin was pleased to see an increase in post-discharge meal benefit utilization.

Commissioner Scott moved to approve the UnitedHealthcare Medicare Advantage PPO Fully Insured Medicare Retiree 2022 Rates and Contributions. Commissioner Hao seconded the motion.

PUBLIC COMMENT: None.

ACTION: The Health Service Board unanimously approved the UnitedHealthcare Medicare Advantage PPO Fully Insured Medicare Retiree 2022 Rates and Contributions.

13. REVIEW AND APPROVE KAISER PERMANENTE MULTI-REGION RETIREE HMO PLANS FULLY INSURED 2022 RATES AND CONTRIBUTIONS: (Action)

The Kaiser Permanente Multi-Region Retiree HMO Plans Fully Insured 2022 Rates and Contributions are available on the SFHSS website at <https://bit.ly/3h8JJqc>

Mike Clarke, Aon presented the following items:

- Introduction
- Recommendation Summary
- Aon Commentary on Kaiser 2022 Rates
- Retiree Medical Contributions Rate Cards
- 2022 Kaiser Monthly Rate Card-Washington Rates and Contributions
- Kaiser Medicare Retiree Monthly Premiums & Contributions-2022 vs. 2021-Washington Region
- 2022 Kaiser Monthly Rate Card-Northwest Rates and Contributions
- Kaiser Medicare Retiree Monthly Premiums & Contributions-2022 vs. 2021-Northwest Region
- 2022 Kaiser Monthly Rate Card-Hawaii Rates and Contributions
- Kaiser Medicare Retiree Monthly Premiums & Contributions-2022 vs. 2021-Hawaii Region
- Recommendation

President Follansbee thanked Mike Clarke for the rate card presentation. Commissioner Breslin asked what contributes to the high cost in the Washington region. Mike Clarke said it is based on the regional cost experience of the plan in Washington state. Mike Clarke also said Kaiser Washington evolved from the acquisition of an organization called Group Health Cooperative about 2 years ago and some of the cost basis results from how GHC was structured. Mike Clarke stated there are 9 early retirees enrolled in the Kaiser Washington non-Medicare plan: 7 retirees in the single tier, 2 retirees are in the +1 tier (4 covered lives), so a total of 11 covered lives total. Executive Director Yant pointed out members in Washington State have a choice between Kaiser and UnitedHealthcare.

Commissioner Scott moved to approve the Kaiser Permanente Multi-Region Retiree HMO Plans Fully Insured 2022 Rates and Contributions as presented. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved the Kaiser Permanente Multi-Region Retiree HMO Plans Fully Insured 2022 Rates and Contributions.

Break: 2:53-3:05pm

President Stephen Follansbee, M.D.-present
Vice President Chris Canning-present
Supervisor Connie Chan-excused
Commissioner Karen Breslin-present
Commissioner Mary Hao-present
Commissioner Randy Scott-present
Commissioner Claire Zvanski-present

14. REVIEW AND APPROVE KAISER PERMANENTE SENIOR ADVANTAGE (CALIFORNIA) FULLY INSURED MEDICARE RETIREE 2022 RATES AND CONTRIBUTIONS: (Action)

The Kaiser Permanente Senior Advantage (California) Fully Insured Medicare Retiree 2022 Rates and Contributions are available on the SFHSS website at <https://bit.ly/2TiuFhN>

Mike Clarke, Aon presented the following items:

- Introduction
- Aon Commentary on KPSA 2022 Rates (Monthly Basis)
- Aon Commentary on KPSA 2022 Rates
- Proposed 2022 KPSA Monthly Rate Card
- KPSA Monthly Premiums and Contributions 2022 vs. 2021
- Recommendation

Commissioner Zvanski expressed appreciation for the rate reduction and the services Kaiser provides to members. President Follansbee asked if the chiropractic enhanced benefit is in the Medicare Advantage plan and if the benefit is already included in the rate card. Mike Clarke, Aon, confirmed the cost add-ons are included in the full premium. Mike Clarke said Kaiser uses a specific underwriting approach for the chiropractic benefit in the build-up to the Medicare Advantage rate. Commissioner Breslin asked for further clarification on the rating system. Kao Chao, Kaiser Permanente Manager of Underwriting, explained that Kaiser treats the chiropractic benefit as a community rate, and then takes specific SFHSS enrollment and takes the billed rates

from the community rate as a starting place. President Follansbee asked if there is a certain number of sessions included in the rate and what is the referral process for members. Kao Chao stated the SFHSS benefit plan has a \$15 copay with a 30-visit annual limit and is based on self-referral. Mike Clarke confirmed that both KPSA and United Healthcare MAPD chiropractor plans have a \$15 copay with 30 annual visits.

Commissioner Scott thanked Kaiser for the rate reduction and moved to approve the Kaiser Permanente Senior Advantage (California) Fully Insured Medicare Retiree 2022 Rates and Contributions. Vice President Canning seconded the motion.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved the Kaiser Permanente Senior Advantage (California) Fully Insured Medicare Retiree 2022 Rates and Contributions.

REGULAR BOARD MEETING MATTERS

15. APPROVAL OF THE JUNE 2021 ADDENDUM TO PLAN YEAR 2021 SFHSS MEMBER RULES AND SECTION 125 CAFETERIA PLAN TO: (I) ALLOW EMPLOYEES EARNING \$130,000, OR LESS, TO INCREASE THEIR DEPENDENT CARE FSA DEDUCTIONS TO \$10,500; AND (II) ALLOW ALL EMPLOYEES TO CARRY OVER UN-SPENT HEALTH CARE FSA FUNDS TO PLAN YEAR 2022: (Action)

The Report on Dependent Care Flexible Spending Accounts (DCFSA) and Cafeteria Plan Compliance and June 2021 Addendum to Plan Year 2021 SFHSS Member Rules and Section 125 Cafeteria Plan is available on the SFHSS website at <https://bit.ly/2UIFR7D>

Mitchell Griggs, Chief Operating Officer:

- Addendum to the Plan Year 2021 SFHSS Section 125 Cafeteria Plans and Member Rules
- Dependent Care Flexible Spending Accounts (DCFSA) and Cafeteria Plan Compliance
- Background
- Cafeteria Plan Non-Discrimination Testing
- Cafeteria Plan Compliance
- Recommended Solution

Mitchell Griggs, COO began the presentation with the Dependent Care Flexible Spending Account (DCFSA) report and recommended solution. Commissioner Scott asked how many members will be impacted if the change occurs and how will members be impacted if there is no change. Mitchell Griggs, COO, said there are roughly 900 members enrolled in dependent care flexible spending, roughly 500 of those members make \$130,000 or less and roughly 422 members make more than \$130,000. Commissioner Zvanski wondered if one earner group would receive more allocation and it's possible to remove any unequal distribution. Mitchell Griggs explained that federal regulations dictate the allocation options, and the IRS non-discrimination regulation requires that employees earning \$130,000 or less annually must have an average annual contribution that is at least 55% of the average annual contribution amount of employees earning over \$130,000 enrolled in an employer's DCFSA plan. President Follansbee asked if the IRS non-discrimination testing compliance is based on the number of members enrolled. Mitchell Griggs

said is not based on the number of members enrolled. Mitchell Griggs explained that non-discrimination compliance is met when members earning \$130,000 or less average contribution is at least 55% of the annual contribution amount of employees enrolled who earn over \$130,000 and failing the compliance results in an IRS mandated reduction of the elected amount for all enrolled employees earning over \$130,000. Having employees earning \$130,000 or less, put more money in their enrollments would be the best way to ensure compliance. President Follansbee asked if the IRS recognizes the regional cost of living/salary needs. Mitchell Griggs said the \$130,000 gross earnings level is applied nationwide, with no regional exceptions or adjustments. Mitchell Griggs said a communication campaign will go out to those members earning \$130,000 or less so they understand the enrollment options. President Follansbee asked when members are notified if their contributions must change to stay within compliance. Mitchell Griggs said the change election is par to the W-2 reporting and in past years, SFHSS has mailed the member a letter, then manually changed the contribution in the payroll system, all of which has been done before the W-2 forms are sent. Commissioner Hao asked if the election reduction will occur for all members this year. Mitchell Griggs said that it is possible no reduction or less reduction will occur if SFHSS allowed two maximum elections for DCFSA plans, allowing members earning \$130,000 or less to contribute up to \$10,5000 and members earning over \$130,000 to keep a \$5,000 contribution limit.

Mitchell Griggs continued the presentation with the Addendum to the SFHSS Plan Year 2021 Section 125 Cafeteria Plan and Member Rules. Mitchell Griggs thanked Executive Director Yant Larry Loo, CFO for ensuring the proposed changes met all accounting needs. Commissioner Scott asked how many members are enrolled in the Flexible Spending Accounts (FSAs). Mitchell Griggs said between 3800 to 4000 members are enrolled in FSAs. Commissioner Zvanski requested clarification on the DCFSA and the FSA. Mitchell Griggs stated the DCFSA specifically covers childcare and FSA covers a variety of health care expenses like copays and deductibles. Commissioner Zvanski asked if FSAs cover premiums. Mitchell Griggs confirmed FSAs do not cover premium costs.

Commissioner Scott moved to approve the June 2021 Addendum to Plan Year 2021 SFHSS Member Rules and Section 125 Cafeteria Plan. Commissioner Hao seconded the motion.

PUBLIC COMMENT:

1. Robin Hansen, an SFO employee, requested the Board approve agenda item number 15.
2. Luis (last name unknown), Department of Building Inspection employee, IFPTE Local 21 member, requested the Board approve agenda item 15, thanked the Board and Supervisor Chan for listening to members and bringing a recommended solution, and encouraged communication campaigns to inform members of the DCFSA option.
3. Natalie Hoffmeister, an SFO employee, and IFPTE Local 21 member requested the Board approve agenda item 15, thanked the Board and Supervisor Chan for listening to members and bringing a recommended solution, and encouraged communication campaigns to inform members of the DCFSA option.
4. Nicolas Bear, Engineer at Public Works Hydraulics section and IFPTE Local 21 member, requested the Board approve agenda item 15, thanked the Board and Supervisor Chan for listening to members and bringing a recommended solution, and encouraged communication campaigns to inform members of the DCFSA option.

WRITTEN PUBLIC COMMENT SUBMISSION SUMMARIES:

1. Laura Stonehill, an SFMTA employee, requested the Board approve agenda item number 15.
2. Belle Mun Kwan Chiew, SFO employee requested the Board approve agenda item number 15

3. Emily Wallace, IFPTE Local 21 Member, and labor representative submitted public comment on behalf of Robin Hansen, an SFO employee who requested the Board approve agenda item 15.

ACTION: The board unanimously approved the June 2021 Addendum to Plan Year 2021 SFHSS Member Rules and Section 125 Cafeteria Plan.

16. SFHSS MEDICARE EVALUATION AND PLANNED RELEASE OF MEDICARE ADVANTAGE PLAN REQUEST FOR PROPOSALS (RFP): (Discussion)

The SFHSS Medicare Evaluation and Planned Release of Medicare Advantage Plan Request for Proposals (RFP) presentation is available on the SFHSS website at <https://bit.ly/3gYNL5A>

Mike Clarke and Anne Thompson, Aon, presented the following items:

- SFHSS Medicare Plans Discussion-Purpose
- SFHSS Medicare Plans Discussion-Current State
- SFHSS Medicare Plans Discussion-Prior Discussions
- SFHSS Medicare Plans Discussion-Linking Medicare Plans to SFHSS Strategic Goals
- SFHSS Medicare Plans Discussion-Pathways and Considerations
 - Group vs. Individual Plans-Benefits and Risks
 - Group vs. Individual Plans-Alignment with Strategic Goals
 - Medicare Advantage (MA) vs. Medicare Supplement/COB with Rx
 - Medicare Advantage (MA) vs. Medicare Supplement/COB with Rx-Alignment with Strategic Goals
 - Conclusion
- SFHSS Medicare Plans Discussion-Current Offering
- SFHSS Medicare Plans Discussion-Future State Offering
- SFHSS Plan to Issue a Medicare Advantage Plan RFP-Purpose
- SFHSS Plan to Issue a Medicare Advantage Plan RFP-Plan
- RFP Goals (Draft) – Four Pillars
- RFP Objectives (Draft)
- Next Steps

Staff presented the evaluation of the SFHSS Medicare Plan products and sought input regarding the goals and objectives of the September release of the RFP for Medicare Advantage (MA) plans (excluding Kaiser.) President Follansbee asked why Kaiser would remain an active plan provider and be excluded from the RFP. Anne Thompson, Aon said there are two reasons, 1. A change in the Kaiser plan would be 100% disruptive to Kaiser Medicare Retirees if the plan were eliminated and 2. Kaiser can support split-family member coverage. Commissioner Scott pointed out that Kaiser plan is one of the few Medicare Advantage plans in the nation with a five-star rating and in some ways upholds the objectives of the RFP. President Follansbee asked how many other MA plans in the nation have five-star ratings, including those in Hawaii and Alaska. Mike Clarke said there are an array of national plans, including Centene Health Net Organization that we hope would participate in the RFP process. Mike Clarke shared that part of the rationale Kaiser earns a five-star rating on the Kaiser Permanente Senior Advantage (KPSA) platform is because the group model nature allows members to have a very close association with their physicians, and thus Kaiser can capture a maximum amount of data on plan participants and health risks to maximize reimbursement from CMS. Mike Clarke also noted UnitedHealthcare's four and a half star rating for their national PPO platform, however in a PPO environment it's difficult for UnitedHealthcare to closely align the physician into the member experience. Commissioner Zvanski asked what measure will be in place to meet our goals to improve options for split

families. Executive Director Yant thanked Commissioner Zvanski for asking this to be included in the RFP process. Mike Clarke said this question can be addressed by asking each bidder how they would provide seamless integration of coverage for non-Medicare family members. Commissioner Breslin shared member's appreciation for a PPO plan option, especially regarding not needing a referral from a primary care physician. Commissioner Breslin also expressed a need to ensure the PPO plan covers areas such as Hawaii, Washington, and Oregon. President Follansbee asked if the RFP process could request new plans include solutions for split families. Executive Director Yant confirmed new PPO plans can bid in this RFP. Commissioner Zvanski expressed uncertainty on how the Board can influence the RFP process since Commissioners are not on the evaluation panel. Executive Director Yant explained the goals and objectives are primary to an RFP process so Board input will drive the goals and objectives. Vice President Canning expressed the value of member input and wondered if member input is available. Executive Director Yant said SFHSS has data from past member input sessions and recalled a request for comprehensive care for out-of-California members. Executive Director Yant agreed member's voice is always important and SFHSS could consider any upcoming opportunities for further member input. Commissioner Scott requested that each goal (Pillar found on page 22 of the presentation) link directly to the Strategic Plan.

PUBLIC COMMENT: None

17. VOTE ON WHETHER TO CANCEL THE JULY 2021 HEALTH SERVICE BOARD REGULAR MEETING: (Action)

President Follansbee noted the historical precedent to cancel the July Health Service Board regular meeting and the item calls for a vote to cancel again this year. Commissioner Zvanski noted the need for staff to prepare for Open Enrollment and the discussed RFP.

Commissioner Zvanski motioned to cancel the meeting of the July 2021 Health Service Board Regular meeting. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

ACTION: The board unanimously approved to cancel the July 2021 Health Service Board Regular Meeting.

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

Denise Rodriguez, Kaiser Permanente- Shared Kaiser Permanente will join the national effort to vaccinate 70% of adults by July 4th and will launch a variety of initiatives to encourage vaccine confidence and receive the vaccine. Denise Rodriguez also shared Kaiser Permanente's contributions to fund grant programs and community-based organizations to promote vaccine confidence as well as Kaiser's continued member communications, particularly to address any concerns on vaccine hesitancy. President Follansbee thanked Kaiser for its success in vaccinating 1200 people who are homebound and the continued use of mobile vaccine efforts.

Commissioner Breslin asked if dentists are under one contract or two separate contracts, one for the PPO network and one for the Premier network. Commissioner Breslin also requested more information on the dental assigning benefits for out-of-network providers. Sharen Stanek-Lowe, National Account Manager, and Valerie Layne, Vice President of National and Special Accounts, 1145 MARKET STREET 3RD FLOOR, SAN FRANCISCO, CA 94102

responded. Valerie Layne stated dentists are under one contract that has two different sets of fees, the Premier set fee, and the PPO set fee. Valerie Layne said Delta Dental's goal is to provide the best access for members, so Delta Dental continues to expand the PPO network as well as keep the Premier network, and there is no intention to eliminate the Premier network. Valerie Layne confirmed that dentists who contract with Delta Dental are automatically enrolled in both the PPO and Premier plans and that some dentists are Premier only dentists. Commissioner Breslin asked how a member would know if their dentist is in the Premier or PPO network. Valerie Layne said dentists know if they are participating in one or both networks and a member can ask the dentist what network they participate in before scheduling or receiving any dental service. Commissioner Scott asked if the dentist's office will know the member enrollment status. Valerie Layne said the Delta Dental systems automatically recognize the dentist network contract and assigns reimbursement automatically, for example, if a member is enrolled in a PPO plan, the dental office and Delta Dental systems will recognize the member is in the PPO plan, and the dentist will be reimbursed on the PPO level. Commissioner Breslin urged Delta Dental to produce more clarity on the options for dentist participation in the PPO or Premier Executive Director Yant re-iterated that SFHSS is meeting with Delta Dental weekly to clarify a number of issues and any new questions raised today will be addressed in a future Director's Report.

PUBLIC COMMENT: None

19. ADJOURNMENT: 5:05 pm

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

Summary of Health Service Board Rules Regarding Public Comment

1. A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
2. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
3. Members may submit their comments by email to health.service.board@sfgov.org by 5 pm the day before the meeting start time. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the subject line of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

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, 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.

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 distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Holly Lopez at 628-652-4646 or email holly.lopez@sfgov.org. The following email has been established to contact all members of the Health Service Board: health.service.board@sfgov.org. Health Service Board telephone number: 628-652-4646

Lobbyist Registration and Reporting Requirements

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