



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Stephen Follansbee, M.D.
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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

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HEALTH SERVICE BOARD

REGULAR MEETING MINUTES **DRAFT**

Thursday, June 9, 2022, 1:00 pm
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

Watch at 1:00 pm on June 16, 2022 (via [SFGovTV schedule](#))

Click the link to join the meeting - <https://bit.ly/3GL7n8F>

Public Comment Call-In: 415-655-0001 / Access Code: 2481 641 8533

Providing Public Comment:

Dial **415-655-0001** and then enter access code **2481 641 8533** then #

1. **Press #** again to enter the meeting as an ATTENDEE
2. 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.
3. When Public Comment is called, dial * then **3** to be added to the speaker line.
4. 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.
5. To withdraw your question, press * then **3**. – you will hear: “You have lowered your hand.”
6. When the system message says “Your line has been unmuted” - **THIS IS YOUR TIME TO SPEAK.**
7. 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.
8. 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.”
9. Participants who wish to speak on 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 comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 pm on Wednesday, June 8th** 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:** 1:03 pm

2. **ROLL CALL:**

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

3. **RESOLUTION ALLOWING TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT CODE SECTION 54953(e): (Action)**

The Health Service Board Resolution Findings to Allow Teleconference Meetings Under California Government Code Section 54953(e) is available on the SFHSS webpage <https://bit.ly/3xtSpPW>

Commissioner Scott moved to approve the Health Service Board Resolution Findings to Allow Teleconference Meetings. Commissioner Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

ACTION: The Health Service Board unanimously approved the Health Service Board Resolution Findings to Allow Teleconference Meetings.

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:

Herbert Weiner: Commented on mental health in the workplace and express the need to expand the Employee Assistance Program to recruit graduate students in psychology, social work, and counseling.

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

The April 28, 2022, HSB Strategic Planning Special Meeting Minutes and the May 12, 2022, HSB Regular Meeting Minutes are available on the SFHSS webpages <https://bit.ly/3Og43oz> and <https://bit.ly/3xJe4VM>

Commissioner Scott moved to approve the April 28, 2022, HSB Strategic Planning Special Meeting Minutes and the May 12, 2022, HSB Regular Meeting Minutes. Commissioner Hao seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

ACTION: The Health Service Board unanimously approved the April 28, 2022, HSB Strategic Planning Special Meeting Minutes and the May 12, 2022, HSB Regular Meeting Minutes.

6. PRESIDENT'S REPORT: (Discussion)

President Follansbee did not present a written or verbal report this month.

PUBLIC COMMENT: None

7. ELECTION OF HEALTH SERVICE BOARD OFFICERS (PRESIDENT AND VICE PRESIDENT) FOR THE FISCAL YEAR 2022-2023: (Action)

The Nominations for the Election of the Health Service Board Officers for the Fiscal Year 2022-2023 are available on the SFHSS webpage <https://bit.ly/3xMyu09>

Randy Scott, Governance Committee Chair deferred to President Follansbee to provide support for the agenda item. President Follansbee proposed Commissioner Randy Scott for President and Commissioner Mary Hao for Vice President.

President Follansbee moved to approve the nominations for Health Service Board Officers for the Fiscal Year 2022-2023. Commissioner Zvanski seconded the motion.

Commissioner Zvanski noted this year's nominations are both appointed commissioners and this does not change the Health Service Board's traditional practice for the officer positions represented by appointed and elected Commissioners going forward. President Follansbee also noted the precedent for the Board Vice President to move to the role of President, and although this is not the case this year, the motion does not change the Health Service Board's traditional practice either.

President Follansbee thanked everyone for the support during the last two years as Board President and welcomed the newly appointed Officers.

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved Commissioner Randy Scott as the Health Service Board President and Commissioner Mary Hao as the Health Service Board Vice President for the fiscal year 2022-2023.

8. DIRECTOR'S REPORT: (Discussion)

The June 9, 2022, Director's Report is available on the SFHSS webpage <https://bit.ly/3zA3j9z>

Abbie Yant, SFHSS Executive Director presented the following items:

- COVID-19 Update
- Strategic Planning Process
 - Additional Future State Education: June 9, 2022
- Racial Equity Action Planning
- DEVA-Dependent Eligibility Verification Audit
- Black Out Period Notice
- Public Safety Mental Health and Substance Use Disorder Treatment
- Division Reports
 - Personnel
 - New HR Consultant and City Attorney
 - Retirements
 - Operations Updates
 - Finance and Budget
 - Contracts
 - Well-Being

Executive Director stated the blackout period will end today assuming the final rates and benefits package agenda items.

Executive Director Yant recognized two staff retirements during June. Kathy Frierson worked with the Health Service System for 22 years, starting as a Benefits Analyst, processing claims, and quickly moved to the Member Services team as Senior Benefits Analyst and she is a treasured colleague and Supervisor who will be greatly missed. On behalf of the department, Executive Director Yant thanked Kathy for her dedication and years of Service to the City and County of San Francisco and wished Kathy a happy, healthy, joyful retirement and the very best in all pursuits. Don Jue started working for the Health Service System in 2008 and began his career with the San Francisco Police Department, he has helped thousands of our members with benefits, is known for his willingness to go the extra mile and is a cherished member of the team. Executive Director Yant wished Don Jue a happy, healthy, and wonderful retirement and the best in all his future endeavors.

Executive Director announced that Deputy City Attorney Erik Rapoport has accepted a position as the Deputy Director, Retirement Services for the San Francisco Employee Retirement System where he will lead the department's Human Resources, Information Technology, and Client Services and this will be his last Board meeting. Erik Rapoport has been the General Counsel for the Health Service System since 2005, and guided the Board through fiduciary responsibilities, counseled on the Brown Act, HIPAA, the cafeteria plan compliance, and everything between our Employee Assistance Programs to dispute resolutions. Executive Director Yant said it has been an honor to work with Erik and thanked him for 17 years of outstanding counsel and support for the Health Service System, and looks forward to having him as a new partner at San Francisco Employees' Retirement System (SFERS). Deputy City Attorney, Jennifer Donnellan has stepped in on behalf of Erik several times and will serve as the Health Service Board's General Counsel to provide continued excellent counsel and care. President Follansbee thanked Erik Rapoport for his constant availability and expertise and looked forward to working with Jennifer Donnellan. Commission Scott thanked Erik Rapoport for being the stalwart colleague in a number of issues facing the governance committee and said he will miss his sense of humor, goodwill, and most of

the integrity as a counsel to the Health Service Board. Commissioner Hao recognized Erik Rapoport's encyclopedic brain and very dry wit that have made for a great combination when seeking advice. Commissioner Hao thanked Erik Rapoport for all his work with the Board. Commissioner Zvanski congratulated Erik Rapoport for his role and thanked him for the very good counsel over the years. Commissioner Breslin thanked Erik Rapoport for his prompt response in all Board matters.

Commissioner Zvanski asked if there were any changes with the Employee Assistance Program (EAP). Executive Director said the department is continuing to improve and extend services with the limited staff and are working closely with the Public Safety Departments. Commissioner Zvanski expressed a desire to enhance Employee Assistance Program staffing needs. Executive Director Yant said there are two staff currently and one vacant position with recruitment underway.

PUBLIC COMMENT: None

9. SFHSS FINANCIAL REPORT AS OF APRIL 30, 2022: (Discussion)

SFHSS Financial Reporting as of April 30, 2022 Memo and Presentation are available on the SFHSS webpage <https://bit.ly/3aPh2Pv> and <https://bit.ly/3zwnhC9>

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

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

No discussion for this agenda item.

PUBLIC COMMENT: None

10. SFHSS REVISED FY 2022-2023 AND FY 2023-24 PROPOSED GENERAL FUND ADMINISTRATION BUDGET: (Discussion)

The SFHSS Revised FY 2022-2023 and FY 2023-2024 Proposed General Fund Administrative Budget Memo and Presentation are available on the SFHSS webpages <https://bit.ly/3mM6hjQ> and <https://bit.ly/3Qklox1>

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

- Budget Process Overview
- Key Change in Revised General Fund Administrative Budget
- Revised General Fund Budget

President Follansbee expressed his disappointment with the Mayor's Office's decision to not approve the \$440,00 request for additional mental health services for first responders. President Follansbee asked if the Mayor's Office provided a rationale and what options the department has at this point. Director Yant said she felt the same disappointment and has reached out to public safety departments impacted by this decision currently, the Police budget is intact with their behavioral health unit, and the Fire Department is working to get a behavioral health unit approved through an addback with the Board of Supervisor's as stated in the Memorandum of Understanding (MOU). The Sheriff's Department believed they could identify funds for pilot programs that would set the wheels in motion for establishing a track record and a program that may be fundable next year. Executive Director Yant said this process has been remarkably good

for the department relationship building and how the departments work together to highlight the importance of these services. The Mayor's Office said they have put a lot of funding directly into the Police and Fire departments directly. Commissioner Zvanski asked if the Board of Supervisors will make any changes or can add support for these departments. Executive Director Yant said the Fire Department is confident the addback for their department will be supported by the Board of Supervisors. Commissioner Zvanski asked if the money will go to Fire Department directly. Executive Director Yant said the money goes to the individual department, not the Health Service System. Executive Director Yant explained that the money can be found in individual departments and it's possible to identify money within departments to add the services no matter what department it is in. Commissioner Scott asked if other departments have first responder staff. Executive Director Yant said the Department of Emergency Management (DEM) includes 911 Dispatchers and has access to the Cordico product but their utilization was limited, so there is an opportunity to improve with DEM. Commissioner Scott hoped HSS would keep this request at the forefront of the next budget cycle and said the Health Service System needs to support all first responders.

PUBLIC COMMENT:

Fred Sanchez, Protect Our Benefits: Expressed his gratitude to Executive Director Yant for working on mental health issues, thanked Commissioner Scott for thinking of all first responders like emergency services staff, and applauded the willingness to facilitate unique issues that are important to public safety.

RATES AND BENEFITS

11. PRESENTATION ON THE 2022 RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2023 (Discussion)

The 2022 Rates and Benefits Calendar Schedule for Plan Year 2023 is available on the SFHSS webpage <https://bit.ly/3tWjJ8P>

Abbie Yant, SFHSS Executive Director said the final rates and benefits agenda items are presented today and upon approval, the rates and benefits calendar will conclude.

PUBLIC COMMENT: None

12. HEALTH PLAN 2023 RATE SUMMARY—MEDICARE RETIREE AND KAISER MULTI-REGION RETIREE HEALTH PLANS: (Discussion)

The Health Plan 2023 Rate Summary Medicare Retiree and Kaiser Multi-Region Retiree Health Plans presentation is available on the SFHSS webpage <https://bit.ly/3O3Js6K>

Mike Clarke, Aon presented the following items:

- Overview
- SFHSS Medicare Plans — Current Covered Lives
- SFHSS Medicare Plans — Linkage to Strategic Plan
- SFHSS Medicare Plans — 2023 Renewal Overview
- Projected 2023 Medicare Plan Monthly Rates

Commissioner Zvanski said she heard Medicare Advantage Prescription Drug Contracting (MAPD) plans have been incentivized to cut services to keep their costs low and wanted what internal monitoring is done to access full services are provided and if members have expressed

services have been cut. Executive Director Yant said the Health Service System meets with plans for regular utilization reviews.. Executive Director Yant urged the Board to refer any member concern to the Member Services for any specific questions. President Follansbee thanked Executive Director Yant for overseeing the services we do contract and her insistence on providing the highest level of care.

PUBLIC COMMENT: None

13. REVIEW AND APPROVE KAISER PERMANENTE MULTI-REGION RETIREE HMO PLANS FULLY INSURED 2023 RATES AND CONTRIBUTIONS: (Action)

The Kaiser Permanent Multi-Region Retiree HMO Plans Fully Insured 2023 Rates and Contributions presentation are available on the SFHSS webpage <https://bit.ly/3tzUFE7>

Mike Clarke, Aon presented the following items:

- Introduction
- Recommendation Summary
- Aon Commentary on Kaiser Retiree HMO Multi-Region 2023 Rates
- Aon Commentary on Kaiser Retiree HMO Multi-Region 2023 Rates
- 2023 Kaiser Multi-State Region Monthly Rate Cards- 2023 vs. 2022 Rates Comparison
- 2023 Kaiser Monthly Rate Card- Washington State Region Rates and Contributions
- Kaiser Medicare Retiree Monthly Premiums & Contributions-2023 vs. 2022-Washington State Region
- 2023 Kaiser Monthly Rate Card- Northwest Region Rates and Contributions
- Kaiser Medicare Retiree Monthly Premiums & Contributions-2023 vs. 2022-Northwest Region
- 2023 Kaiser Monthly Rate Card- Hawaii Region Rates and Contributions
- Kaiser Medicare Retiree Monthly Premiums & Contributions- 2023 vs. 2022-Hawaii Region
- Recommendation

President Follansbee thanked Mike Clarke for the comprehensive review and proposal and was pleased to see the rates in Hawaii coming down which is good news for members. Mike Clarke said national cost trends are generally 6-7% so if rates are coming in 5% or less that would be less than national trend. Mike Clarke also said rate trends for Medicare plans depend on things like CMS Star rating and what's happened with experience in the plans. Executive Director Yant noted that the Health Service System closely monitors experience with both Kaiser and United Healthcare. President Follansbee asked what the Star ratings are for Kaiser and United Healthcare. Mike Clarke said Kaiser Permanente Senior Advantage (KPSA) plans are 5-star in all regions and United Healthcare is now a 5-star rated plan for the Medicare Advantage PPO.

Commissioner Zvanski moved to approve the Kaiser Permanent Multi-Region Retiree HMO Plans Fully Insured 2023 Rates and Contributions. Commissioner Scott seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

ACTION: The Health Service Board unanimously approved the Kaiser Permanent Multi-Region Retiree HMO Plans Fully Insured 2023 Rates and Contributions.

Break: 2:31-2:45pm

ROLL CALL:

President Stephen Follansbee, M.D-Present
Vice President Chris Canning-Excused
Commissioner Karen Breslin-Present
Supervisor Connie Chan-Excused
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 2023 RATES AND CONTRIBUTIONS: (Action)

The Kaiser Permanente Senior Advantage (California) Fully Insured Medicare Retiree 2023 Rates and Contributions are available on the SFHSS webpage <https://bit.ly/3MQ0ap7>

Mike Clarke, Aon presented the following items:

- Staff Recommendation
- Introduction
- Aon Commentary on KPSA 2023 Rates (Monthly Basis)
- Aon Commentary on KPSA 2023 Rates- KPSA Medicare Plan Rate Derivation for 2023
- Proposed 2023 KPSA Monthly Rate Card
- KPSA Monthly Premiums and Contributions
- Recommendation

Commissioner Hao moved to approve the Kaiser Permanente Senior Advantage (California) Fully Insured Medicare Retiree 2023 Rates and Contributions. Commissioner Zvanski seconded the motion.

President Follansbee reminded the Board that the Kaiser Permanente rates are provided prior to the CMS Medicare funding notification each year, so there is always a subsequent true-up which is shown in the presentation. This happens each year and is not a unique situation. Commissioner Scott asked if utilization suppression was considered in terms of looking towards next year's reconciliation. Mike Clarke said it's his understanding after talking to Kaiser underwriters that the projected rates reflect the expected utilization level for 2023 that is commensurate to pre-pandemic times. Mike Clarke couldn't confirm how much of the prior rate decreases were tied directly to pandemic suppression, but he sensed that some elements contributed to the 11% decrease from 2021 to 2022, which was very significant and certainly not sustainable. Mike Clarke said the rates before the Board today are the lowest he's seen in the last 10 years of tracking SFHSS rates from Kaiser Permanente for the Senior Advantage plan in the California region. Mike Clarke said the Kaiser model of working with members, working with patients, the integrated care model does play out in the rates. For example, the Kaiser rates are lower than the UHC national Medicare Advantage PPO plan which does not have a level of management as seen with the Kaiser HMO. President Follansbee said the utilization reports indicate members are beginning to return for routine visits and health screenings, but we are still below pre-pandemic levels. President Follansbee urged members to stay safe and catch up on healthcare and preventive care appointments. Commissioner Breslin noted there still seems to be a long wait time for

appointments, particularly for specialists, primary care, and dental. President Follansbee said integrated health systems do help address some of these issues and we need to continue to hold our health plan partners accountable to deliver care with less wait time.

PUBLIC COMMENT: None

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

ACTION: The Health Service Board unanimously approved Kaiser Permanente Senior Advantage (California) Fully Insured Medicare Retiree 2023 Rates and Contributions.

15. REVIEW AND APPROVE UNITEDHEALTHCARE (UHC) MEDICARE ADVANTAGE PPO FULLY INSURED MEDICARE RETIREE 2023 RATES AND CONTRIBUTIONS: (Action)

The United Healthcare (UHC) Medicare Advantage PPO Fully Insured Medicare Retiree 2023 Rates and Contributions are available on the SFHSS webpage <https://bit.ly/3NRGB0V>

Mike Clarke, Aon presented the following items:

- Staff Recommendation
- Introduction
- Aon Commentary on UHC MAPD 2023 Rates
- Proposed 2023 UHC MAPD Plan Monthly Rate Card
- Retiree Medical Contributions in Rate Card
- Proposed 2023 UHC MAPD Plan Monthly Rate Card
- UHC MAPD Plan Monthly Rates and Contributions
- Recommendation

Commissioner Scott asked what prompted United Healthcare (UHC) to request a new vendor for the Silver Sneaker program. Monica Inocencio, United Healthcare Retiree Solutions, said during the pandemic UHC wanted to enhance the fitness benefits. This resulted in UHC moving to Renew Active, a United Healthcare-owned fitness program because it gives more flexibility to the members. Commissioner Breslin asked if members will need a new card for the program. Monica Inocencio said United Healthcare will send a notification and instructions for the new program and members can use their United Healthcare card, so a new card is not needed. Commissioner Zvanski commented that retirees enjoy Silver Sneakers and want the same services to continue. Monica Inocencio said members will have the same service and an even greater choice of fitness centers.

Commissioner Scott moved to approve UHC Medicare Advantage PPO Fully Insured Medicare Retiree 2023 Rates and Contributions. Commissioner Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

ACTION: The Health Service Board unanimously approved the United Healthcare (UHC) Medicare Advantage PPO Fully Insured Medicare Retiree 2023 Rates and Contributions.

16. REVIEW AND APPROVE CHANGE IN NON-MEDICARE PLANS ADMINISTRATOR TO UNITEDHEALTHCARE FOR NON-MEDICARE SPLIT FAMILY LIVES WHERE ONE OR MORE FAMILY COVERED LIFE IS MEDICARE AND ENROLLED IN UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO: (Action)

The Change in Non-Medicare Plans Administrator to UnitedHealthcare for Non-Medicare Split Family Lives Where One or More Family Covered Life is Medicare and Enrolled in UnitedHealthcare Medicare Advantage PPO is available on the SFHSS webpage <https://bit.ly/3OeER1G>

Rey Guillen, SFHSS COO, and Mitchell Griggs, SFHSS COO presented the following items:

- Staff Recommendation
- Current State
- History of Non-Medicare Split Family Covered Life Administration with Split Carriers
- Rationale for Recommended Change
- Projected Impact
- Member Transition Support
- Recommendation for Health Service Board Action

Commissioner Scott said the administration of the split families has been an intricate problem for the past 5-7 years, even before the Board made the split family administration decision in 2017 and was surprised to hear that administration needs had not been solved. Commissioner Scott commended Mitchell Griggs for his diligence and Executive Director Yant for her leadership and ability to propose the new implementation as it's long overdue. President Follansbee understood the new implementation will cause a provider and cost change for members and asked for more details of those changes. Rey Guillen, SFHSS COO said the extent of the cost increase will depend on the family composition. Rey Guillen said the change will affect non-Medicare retirees and dependents enrolled now in Blue Shield Access+ and Trio plans who are in families with one or more Medicare family member enrolled in the UHC Medicare Advantage PPO plan (e.g., "Split Families").

Rey Guillen explained there are four families in the Blue Shield Access Plus plan today where the proposed UHC Broad Network EPO (Exclusive Provider Organization) plan is not available, so those families will need to be mapped to the UHC non-Medicare PPO Plan. For those individuals who have a non-Medicare retiree with a Medicare family member, they will have an increase in cost in terms of the premium. For those members where it's the opposite, where the retiree is the Medicare member their premium cost would go down, but we've got to keep in mind that they will be going from an HMO plan to a PPO plan where depending on the utilization of services they could have an increase in cost based again on the coinsurance and deductibles. The Health Service System will work with the four families to support their transition.

Rey Guillen said there are currently 24 families in the Blue Shield Trio plan today where the proposed UHC Doctors Plan EPO is not available, due to service areas. In that case, those individuals will need to be mapped from the Trio plan to the UHC Broad Network EPO and again it depends on the family composition in terms of what their costs would be but in general if they're a retiree and one dependent, the incremental difference would be around \$39 a month to about \$102 a month if they have multiple dependents under their plan.

Rey Guillen said the final group is 279 Blue Shield Trio members who will have access to the UHC Doctor's Plan but again there's a 52% provider match. When we talk about provider match we're talking about providers visited in the 2021 year and it doesn't necessarily correspond to 52% of the enrollment. However, we're not exactly sure that a number of those 279 would be affected because again some of these doctors were only seen by one to two SFHSS members during that year. But for the folks whose doctors do not match, they have a choice. The retiree can change their providers and be mapped over to the UHC Doctor's Plan with no increase in their cost or they can make the election to change to the broad network EPO plan and continue to have access to those providers. The increment difference would be between \$39 and \$102 per month, dependent on the family composition.

Commissioner Breslin asked if the UHC PPO plan is the same plan that used to be called the "City Plan" and if the PPO plans are higher cost than the Medicare Advantage Plans. Rey Guillen said in 2017 when the Blue Shield PPO plan was transitioned over to United Healthcare two plans were created, UHC Medicare Advantage PPO for those Medicare-eligible individuals and the UHC PPO non-Medicare plan for their non-Medicare family members. Mitchell Griggs said the United Healthcare Companion plan PPO is identical to the Blue Shield PPO plan being currently administered. Commissioner Breslin asked if it will be very expensive. Mitchell Griggs said it's a more expensive plan in general. Commissioner Breslin asked if everyone that has this choice will pay a lot more. Mitchell Griggs said is the same choice they've had.

Commissioner Scott asked if there have been discussions with UHC to see if additional contracting can lessen the disruption. Mike Clarke said the Broad EPO Plan network is managed by United Healthcare, so they could outreach to disrupted providers. For the Doctor's Plan, UHC is leveraging the CanopyCare network which is the same network used for the HealthNet HMO. This network is generally only available in the Bay Area and surrounding areas. We learned about CanopyCare's affiliation with both HealthNet and United Healthcare during the non-Medicare RFP process that took place in late 2020, and early 2021. Mike Clarke noted that the primary reason for the provider disruption between Blue Shield's Trio Plan to UHC's Doctor's Plan is due to the composition of the narrow network available through UHC which is Canopy Care. Mike Clarke concluded that the UHC Broad Network EPO is most similar to the Blue Shield of California Access Plus plan while the UHC Doctor's Plan is most similar to the Blue Shield of California Trio Plan.

Executive Director Yant affirmed that, in partnership with United Healthcare, these retirees and their dependents will receive proactive outreach as a critical component of supporting transition before open enrollment. Executive Director Yant expressed her confidence in United Healthcare as seen in their recent track record as we moved the PPO population from one carrier to another this year. Executive Director Yant noted that if there are cases in which a member is in the middle of treatment such as cancer therapy, where continuity of care becomes the overriding concern, then we can address that as well. President Follansbee said individual cases might be complicated but felt reassured that flexibility exists for individual cases. Executive Director Yant pointed out that Member Services is well equipped to work with members and this transition will not be unusual for them. Executive Director Yant reiterated the disruption will impact a small portion of our members and we'll work with speed, care, and compassion.

Commissioner Zvanski asked if this change will affect any out-of-state members. Rey Guillen said this disruption will only affect the California Plans, those members in Blue Shield Access Plus, and Blue Shield Trio plan; those members out of state were already enrolled in the United Healthcare Medicare PPO plan so there is no disruption for those members.

Commissioner Scott thanked everyone for the presentation noting the clarity and assurance to members that as we approach implementation, there will be outreach, consultation, and review of individual cases. Commissioner Scott reiterated the larger risks of outlying complications and mistakes that could be costly for not only the care delivered but also from a fiduciary standpoint and thus urged the Board to move forward with the change.

Commissioner Scott moved to approve the Change in Non-Medicare Plans Administrator to UnitedHealthcare for Non-Medicare Split Family Lives Where One or More Family Covered Life is Medicare and Enrolled in UnitedHealthcare Medicare Advantage PPO. Commissioner Zvanski seconded the motion.

PUBLIC COMMENT:

VOTE:

Aye: Follansbee, Breslin, Hao, Scott, Zvanski

Noes: None

Excused: Supervisor Chan, Canning

ACTION: The Health Service Board unanimously approved the Change in Non-Medicare Plans Administrator to UnitedHealthcare for Non-Medicare Split Family Lives Where One or More Family Covered Life is Medicare and Enrolled in UnitedHealthcare Medicare Advantage PPO.

REGULAR BOARD MEETING MATTERS

17. BOARD EDUCATION: RETIREE HEALTH CARE (Discussion)

The Kaiser Permanente Northern California-Geriatrics Overview and Strategy and the Aging and Aging Well in the 21st Century presentations are available on the SFHSS webpage <https://bit.ly/3OaLrpR> and <https://bit.ly/3HlvbQv>

Executive Director Yant reminded the Board this education topic will inform the Strategic Planning Process.

Dr. Michael Mason Kaiser Permanente Regional Medical Director of Geriatrics, Continuing Care & Complex Needs presented the following items:

- Patient Story
- Why we need to get it right now
- Older Adult Population Growth
- Geriatrics – A Specialty with Legacy
- What is Geriatrics?
- Relationship Among Geriatric Syndromes And Outcomes
- Geriatric Trends
- Geriatrics Strategy | Summary
- The Geriatric Patient Journey
- Care Coordination for the Geriatric Patient and Family

President Follansbee asked what the optimal way is to engage/coordinate homebound care and the optimal way to phase in the services. Dr. Mason said data are used to guide this decision and

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then implement proactive outreach and modeling, even before a patient needs care. Dr. Mason said the data in the integrated electronic medical record are used to determine who is at the highest risk and then initiate proactive modeling like sending messages to primary care providers saying their patient is at high risk for a problem and then providing the services they need. This approach is used throughout that care spectrum, including those who are healthy, thinking about how to share health education, whether it's push through your app, through health education, or your primary care doctor, so that you don't have to ask. Dr. Mason said Kaiser Permanente developed these care management programs that are embedded in the primary care modules where a nurse case manager, pharmacist, and social worker, will all connect with a patient who is at high risk and help to modify them. Once they get them under control they back off but the patient never leaves their primary care provider. For people who end up needing to stay at home, and they can't get into their primary care doctor, developing teams of physicians, nurse practitioners, and social workers who will work with them in a living or nursing home and when there is advanced home care, like hospice. Commissioner Scott asked if there are any other regions like Oregon, Washington, or Hawaii areas that are paralleling this type of capability. Dr. Mason said his focused control is in Northern California. Dr. Mason said his colleagues in Mid-Atlantic, Northwest-Washington, Colorado, and Hawaii, are all going in the same direction with their assessments and understanding of the current needs.

Joseph V. Agostini, M.D. Chief Medical Officer for UnitedHealthcare Retiree Solutions presented the following items:

- Aging in self-portrait
- U.S. Population: 65 years and older
- Aging Trends in the U.S.
- Chronic condition prevalence: Medicare population
- Disability and physical functioning in Medicare-aged adults
- Addressing the needs of the aging population: The Geriatric "5 Ms"
- What matters most: Defining patient priorities and goals of care
- Independence at home: 2021 survey, age 50+ respondents
- Maintaining independence at home: examples
- Social determinants of health and social prescribing
- Whole person approach to care in the Medicare population
- Prevention and well-being with digital support
- Mental health
- Resilience and resourcefulness tools
- Engaging people to promote wellbeing: Videos
- Engaging in mindfulness and self-guided support

Executive Director Yant asked where do you see the role of skilled nursing facilitating in the future. Dr. Agostini said the whole realm of post-acute care where skilled nursing facilities and rehabilitation facilities provide much-needed services for people who need intensive care and rehabilitation. We have seen a shift to doing more and more in the home, with some of the services provided in a skilled nursing facility can be we can probably get equivalent services in the home through physical therapy, occupational therapy, and achieve the same or better outcomes while someone is in their own home. Dr. Agostini said it's certainly a balancing act that we're always going to need inpatient type facilities but we want to use them wisely, efficiently, because again back to people want to be at home so if you can provide more of that care at home. Dr. Mason agreed much more care is preferred at home and more care is diverted into the home. Dr. Mason said although the data reports 10,000 people are hitting 65 years old every day and

projections through 2035 indicate the percentage of people going into nursing homes is decreasing. Dr. Mason said skilled nursing environments are seeing much frailer and sicker people-with infections, big problems, and multi-complexity of medical problems-and the prediction is this trend will continue.

President Follansbee said many services need to be orchestrated with support from family, a family of choice, biological families, etc., and wondered how health plans can help facilitate this sort of engagement. Dr. Agostini said health plans can help people navigate people through the healthcare system and United Healthcare identifies the highest risk people and then assign a navigator- some to identify a family or caregiver to specifically help the patient, anticipate their needs, plan what the care journey whether a nursing facility, rehab, home care, outlines to guide and complement any education. Dr. Agostini believed this care coordination and navigation is an opportunity worth investing in.

Commissioner Zvanski called attention to isolation and depression in this aging population and urged primary care teams to address this as a mental health need and wondered what can be done to promote more social and mobile activities.

PUBLIC COMMENT:

Herbert Wiener: Expressed gratitude for the presentation and attention and compassion to the geriatric population.

18. VOTE ON WHETHER TO CANCEL THE JULY 2022 HEALTH SERVICE BOARD REGULAR MEETING: (Action)

Abbie Yant, Executive Director of Health Service System recommended the Health Service Board cancel the July 2022 Health Service Board Regular Meeting.

Commissioner Scott moved to cancel the July 2022 Health Service Board Regular Meeting. Commissioner Hao seconded the motion.

PUBLIC COMMENT: None

ACTION: The Health Service Board unanimously approved canceling the July 2022 Health Service Board Regular Meeting.

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

No reports or updates from contracted Health Plan Representatives so no public comment.

PUBLIC COMMENT: None

20. ADJOURNMENT: 4:48 pm

Health Service Board and Health Service System Website: <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, 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.

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.