



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Mary Hao
Vice President

Karen Breslin
Commissioner

Chris Canning
Commissioner

Supervisor Matt Dorsey
District 6
Commissioner

Stephen Follansbee, M.D
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, May 9, 2024, 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. 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.

Watch at 1:00 p.m. on May 9, 2024 (via [SFGovTV schedule](#))

Click the link to join the meeting – [May 9, 2024, HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2661 309 4155 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2661 309 4155, then #
2. Enter Webinar Password: 1145 then press #
3. 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.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [April 11, 2024 HSB Regular Meeting WebEx link](#)
2. **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.
3. 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.
4. 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, and **received by 5 p.m. on Wednesday, May 8, 2024**, 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 particular agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

The Health Service Board meeting recording is available on the [May 9, 2024, HSB Meeting webpage](#). Recorded archives of regular board meetings are available on the [SFGovTV Health Service Board meeting webpage](#).

1. **CALL TO ORDER:** 1:09 p.m.

2. **ROLL CALL:**

Vice President Mary Hao- Present
Commissioner Karen Breslin- Present
Commissioner Chris Canning- Excused
Supervisor Matt Dorsey- Present
Commissioner Stephen Follansbee, MD- Present
Commissioner Claire Zvanski- Excused

Vice President Announcements

Vice President Hao announced the sad news that President Randy Scott passed away on April 24, and Executive Director Yant Director's Report pays tribute to his service with the Health Service Board.

Vice President Hao announced that agenda item nine is postponed to the June Health Service Board meeting. The fuller attendance, including the new Controller-appointed seat and two newly elected members, will consider and review the agenda item.

3. **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:

Dennis Kruger, Retired and Active Firefighters and Spouses: Asked if the dental benefits could be rolled over to the following year. He noted that if a \$1200 allowance is not used, it can be rolled over to the next year. Dennis Kruger added that he will personally miss President Scott.

Fred Sanchez, President of Protect Our Benefits: Expressed his feelings for the loss of President Scott. President Scott was always approachable and professional and had institutional knowledge that cannot be replaced. The search for his replacement is going to be extremely difficult.

President Scott is devastating news. He was always approachable. Randy Scott was professional. He had institutional knowledge that cannot be replaced. President Scott was extremely fair, charismatic, and a wonderful person. We're all deeply saddened.

Anonymous: The speaker greatly mourned the loss of Commissioner Scott. He was a gentleman, and he was fair-minded and a good parliamentarian. He will be difficult to replace.

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

[See pdf of April 11, 2024, Health Service Board Regular Meeting Minutes Draft](#)

Supervisor Dorsey moved to approve April 11, 2024, Health Service Board Regular Meeting Minutes. Commissioner Follansbee seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Hao, Dorsey, and Follansbee

Noes: None

1145 MARKET STREET 3RD FLOOR, SAN FRANCISCO, CA 94103

ACTION: The Health Service Board unanimously approved the April 11, 2024, Health Service Board Regular Meeting Minutes.

5. PRESIDENT'S REPORT: (Discussion)

Vice President Hao reminded the Board that Commissioner Breslin's term ends this month and presented a resolution in recognition of Commissioner Breslin's last meeting as a Commissioner.

Commissioner Breslin said she's had the privilege of working with excellent people here, making the job easier. She couldn't believe she'd been on this Board for 23 years; it's been quite a journey with many changes. Having Abbie as our Executive Director has been great, and Commissioner Follansbee has been wonderful. Commissioner Breslin thanked Board Secretary Holly Lopez and everyone who has been so helpful. She appreciated Rey Guillen, who has always been reliable and quick to respond. Commissioner Breslin said although we're missing a few people today, she enjoyed all the support they have given her.

Commissioner Breslin shared her last remarks about fiduciary responsibilities as a board member. She emphasized the trustees are fiduciaries of the Trust. Trustees don't have constituents in the usual sense of the word, and they have beneficiaries. Trustees can make the general good of the entire population their highest priority. They must act for the sole benefit of their beneficiaries. So she would like any new Board members to remember knowing this responsibility.

Supervisor Dorsey moved to approve the resolution recognizing Commissioner Breslin as a member of the Health Service Board. Commissioner Follansbee seconded the motion.

PUBLIC COMMENT:

Fred Sanchez, President of Protect Our Benefits: He thanked Chris Canning for his service and wished him a well-deserved vacation. Karen Breslin, who served for 21 years, strongly advocated for the membership, especially for early retirees who often face significant rate increases and lack representation. Her re-election was always assured due to her relentless advocacy and deep understanding of her fiduciary responsibilities. Although she is no longer on the Board, she will continue to counsel members and remain a presence in our work.

Gregg Sass, Retiree, and Former Health Service Board member: Expressed his enjoyment working with Commissioner Breslin during his term from 2013 to 2018 and with Randy Scott. He recalled when the Board brought on the SFHSS Executive Director, Abbie Yant, that was an active and fun period. He recalled that the United Healthcare contract was established during their terms on the Board, which initially generated considerable controversy. Many members expressed concerns and worries about the changes, but ultimately, the transition was successful and well-received, highlighting the careful consideration and effective management involved in such decisions. He thanked Commissioner Breslin for her service.

VOTE:

Ayes: Breslin, Hao, Dorsey, and Follansbee

Noes: None

ACTION: The Health Service Board unanimously approved the resolution recognizing Commissioner Karen Breslin's work as a member of the Health Service Board.

6. **DIRECTOR'S REPORT: (Discussion)**

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

Abbie Yant, SFHSS Executive Director, presented the following items:

- Honoring Health Service Board President Randy Scott
- California Department of Healthcare Access and Information (HCAI)
- Healthcare Affordability Board and Advisory Committee
- May is Mental Health Awareness Month
- SFHSS Lease Agreement
- Equity and Inclusion Update
- Blackout Period Notice November 9, 2023, through June 2024
- Welcoming New Staff
- Health Service Board 2024 Election
- 2024 Dependent Eligibility Verification Audit (DEVA)
- All Staff Retreat
- Divisional Updates

Commissioner Follansbee commended Executive Director Yant and Human Resources for the decreasing vacancy rate; it's fantastic and beneficial for both membership and staff morale. The existing staff have been heroic in managing demands despite many unfilled positions and deserve a lot of credit. Commissioner Follansbee congratulated the work on the dependent eligibility verification audit (DEVA.) The fact that over 10% of the 2100 audits identified individuals needing dependency reviews highlights its success and the importance of continuing this effort. He thanked everyone for their work on this project and thanked the staff and the vendor involved. Executive Director Yant clarified that we are handling the DEVA process internally, without an outside vendor. SFHSS Operations Manager Olga Stavinskaya and her team have done a marvelous job, successfully managing it directly for the second time.

Commissioner Follansbee said he received his 2024 election ballot and congratulated all three candidates. They have big shoes to fill after Commissioner Canning and Commissioner Breslin, and their inspiring statements focus on maintaining the quality of our services. He wished Commissioner Canning and Breslin all the best, and he urged everyone to vote.

Commissioner Follansbee expressed his concern about the frequent postponements and cancellations of meetings due to inadequate Board representation, which have severely disrupted the Board's business and are not serving the membership well. Commissioner Follansbee asked that the Board address this issue within the Health Service System to prevent future interruptions. Executive Director Yant said it's essential to integrate this into our usual practice. We've learned a lot, and she expressed her gratitude for the ongoing effort while the Board navigates changes. Executive Director Yant agreed to review the Board's rules, especially regarding succession planning, which should be addressed soon.

Supervisor Dorsey expressed his condolences to Randy Scott's family and those who knew him. As a relatively new Board member, he admired his leadership qualities. Supervisor Dorsey plans to do an in-memoriam for him as a member of the Board of Supervisors. We're trying to reach out to his family and will respect their wishes. If anyone has stories or appropriate mentions for the in-memoriam, please email me at matt.dorsey@sfgov.org. We often adjourn in memory of those who have served our City exceptionally. Commissioner Follansbee also shared that Randy Scott's strengths are indescribable, and his guidance, advice, honesty, and stewardship have improved both him and the Board. Commissioner Follansbee extended his condolences to his wife, who

relied on him for her health needs, and his family and friends. We miss him greatly.

PUBLIC COMMENT: None

7. SFHSS FINANCIAL REPORT AS OF MARCH 31, 2024: (Discussion)

[See pdf of the SFHSS Financial Report as of March 31, 2024 memo](#)

[See pdf of the SFHSS Financial Report as of March 31, 2024 presentation](#)

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

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

Commissioner Breslin requested clarification on why the dental claims were higher than the prior year but lower than planned. Iftikhar Hussain said that with the rate-setting process, the finance team makes a projection of the dental claims. The projection was higher than last year's experience because we knew the utilization was low last year. Although we saw an increase in utilization from the prior year, it was not as high as we hoped.

PUBLIC COMMENT: None

RATES AND BENEFITS

8. PRESENTATION OF THE 2024 RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2025: (Discussion)

[See pdf of the May 9, 2024 Rates and Benefits Calendar for Plan Year 2025](#)

Abbie Yant, SFHSS Executive Director, said the rates and benefits calendar in the packet notes that the May 23rd meeting is canceled due to a lack of quorum. The next regular meeting is on June 13. Due to current Board issues, a special meeting may need to be called. Executive Director Yant said the Board Secretary will poll the membership of the Board to select a special meeting date.

PUBLIC COMMENT: None

9. SFHSS STAFF RECOMMENDATION ON THE REQUEST FOR PROPOSAL FOR MEDICARE PLAN MAPD (MEDICARE ADVANTAGE PRESCRIPTION DRUG) PPO FOR THE 2025 PLAN YEAR: (Action)-Tabled to June Meeting

Presented by Abbie Yant, SFHSS Executive Director, and Michael Visconti, SFHSS Contract Manager

DOCUMENTS ATTACHED: SFHSS Staff Recommendation for MAPD PPO RFP

PUBLIC COMMENT:

10. HEALTH PLANS 2025 MEDICAL/RX PLANS RATES SUMMARY - ACTIVE EMPLOYEES/EARLY RETIREES: (DISCUSSION)

[See pdf of the Health Plans 2025 Medical/Rx Plans Rates Summary - Active Employees/Early Retirees presentation](#)

Mike Clarke, Aon presented the following items:

- Health Plan 2025 Rate Summary
- Membership Distribution by Plan
- Projected Monthly Rates — 2025 Plan Year
- For Comparison — 2024 Plan Year Monthly Rates

Commissioner Breslin noted that early retirees with dependents face high contribution costs, around \$21,000 annually, which is unaffordable for some members. She said that Blue Shield Access+ is now less expensive than the PPO plan, and the speaker pointed out that Blue Shield of California's dominance is reducing options for members and thus decreasing competition for members. Commissioner Breslin expressed concern that there is less competition among health plans and asked when the last request for proposal (RFP) was conducted for actives and early retirees. Executive Director Yant said the request for proposal cadence is every three to five years, with the last request for proposal in 2020 resulting in adding the HealthNet Canopy Care option, which is slowly growing. Executive Director Yant stated that the healthcare market has consolidated at the national level, and that's part of the issue, which is that healthcare consolidation, vertical integration, and horizontal integration are driving higher healthcare costs everywhere.

Commissioner Breslin asked how the negotiation process challenges the costs and charges. Executive Director Yant said the costs are visible and discussed, particularly with the self-funded plans. Mike Clarke said the discussion with Blue Shield involved adjusting the large claim pooling level for the Blue Shield HMO plans. It is currently set at \$1 million per individual, but the fee for large claim pooling at this level has increased significantly in recent years. The recommendation is to increase the large claim pooling threshold to \$1,250,000, which would lower the fee. This fee reduction is expected to more than offset the additional claims costs for amounts between \$1,000,000 and \$1,250,000, resulting in overall projected lower costs by altering the insurance mechanism for large claims. Commissioner Breslin said the annual contributions for retirees increased last year by \$200 and \$134 per month for 2025.

PUBLIC COMMENT: None

11. REVIEW AND APPROVE HEALTH NET CANOPYCARE MEDICAL/RX FLEX-FUNDED NON-MEDICARE HMO PLAN 2025 RATES AND CONTRIBUTIONS: (ACTION)

[See pdf of the Health Net CanopyCare Medical/Rx Flex-Funded Non-Medicare HMO Plan 2025 Rates and Contributions](#)

Mike Clarke, Aon presented the following items:

- Rate Setting Methodology Preface
- Health Net CanopyCare 2025 HMO Plan Rating — Renewal Summary
- 2025 Monthly Rate Cards for Health Net CanopyCare HMO Plan
- Recommendation for HSB Action

Vice President Hao asked what circumstances would cause the capitation fee to decrease. Mike Clarke said the plan was implemented in 2022, so last year's renewal for plan year 2024 had the

first information on membership composition and experience. The demographic makeup of the members in the plan is changing due to ongoing growth. This change is partly due because the relatively smaller population size influencing these dynamics, resulting in a decrease in capitation. Mike Clarke sees this decrease not only as a result of how the plan manages costs but also as a consequence of the evolving population, with more SFHSS members choosing the plan.

Commissioner Follansbee wondered how the total projected plan cost was the same as last year when the fee for service claims saw a 38% increase and pharmacy went 15%. Mike Clarke said he questioned this as well because projecting the future this accurately is nearly impossible. Several factors are at play. Initially, the capitation amount was very high because HealthNet modeled the population as if it were the average SFHSS population, including average active employees and early retirees. Early on, low enrollment meant the population tended to be healthier and lower risk. We've seen fluctuations in the capitation number over the first few renewals. It increased in 2024 but was still lower than in 2022. Mike Clarke said he doesn't expect significant demographic shifts in future renewals now that HealthNet CanopyCare has gained a foothold. The capitation element should be more stable from year to year. Although the 15% increase in pharmacy costs is concerning, it aligns with the current 12% to 14% trend, driven by categories like diabetic and weight loss drugs where utilization is increasing significantly (GLP-1 medications.) The elevated levels of mental health care delivery, which fall outside the capitation environment, are more about added services than cost concerns. Administrative fees increased by 7% from what was proposed in the Request for Proposal (RFP) due to lower enrollment than was initially expected. Despite increases over the past two and a half years, enrollment is still lower than anticipated. This first renewal outside the initial three-year lock-in required adjustments to the administrative fees to reflect actual participation levels.

Commissioner Follansbee moved to approve the 2025 Health Net CanopyCare HMO Plan rate cards as presented. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Hao, Dorsey, and Follansbee

Noes: None

ACTION: The Health Service Board unanimously approved the 2025 Health Net CanopyCare HMO Plan rates cards as presented.

RECESS: 2:25-2:46 p.m.

ROLL CALL:

Vice President Mary Hao- Present
Commissioner Karen Breslin- Present
Commissioner Chris Canning- Excused
Supervisor Matt Dorsey- Present
Commissioner Stephen Follansbee, MD- Present
Commissioner Zvanski-Excused

12. REVIEW AND APPROVE NON-MEDICARE BLUE SHIELD OF CALIFORNIA FLEX-FUNDED HMO AND UNITEDHEALTHCARE SELF-FUNDED EPO MEDICAL/RX PLANS 2025 RATES AND CONTRIBUTIONS: (ACTION)

[See pdf of the Non-Medicare Blue Shield of California Flex-Funded HMO and UnitedHealthcare Self-Funded EPO Medical/Rx Plans 2025 Rates and Contributions](#)

Mike Clarke, Aon presented the following information:

- Rate Setting Methodology Preface
- Blue Shield of California (BSC) HMO / UnitedHealthcare (UHC) EPO Plans 2025 Rating — Renewal Summary
- 2025 Monthly Rate Cards for BSC Access+ HMO / UHC Select EPO and BSC Trio HMO / UHC Doctors EPO Plans
 - Active Employees (93/93/83 and 100/96/83 contribution strategies)
 - Early Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action

Commissioner Follansbee appreciated the effort to reduce some of the fixed costs of the plan, including the recommendation for a \$1.25 million large claim pooling level. With healthcare costs rising, it seemed it wouldn't take much to reach the \$1 million to \$1.25 million range and a total of \$3.6 million. He asked what numbers were used in the actuarial analysis to arrive at the \$3.6 million potential savings. Mike Clarke said the figure he referenced was on slide 16, showing 49 individuals exceeding \$500,000 in 2022, reduced to 37 in 2023. We examined the last three years of large claim data, excluding 2020, due to pandemic influences. Mike Clarke said he had tracked this data since 2013 when flex-funding began with the \$1 million attachment point for Access+ and continued with Trio in 2018. For the \$3.6 million estimate, he looked at claims over \$1 million for the last three years, noting that 2022 was an extreme year for large claims. In 2022, the additional cost would have been under \$100,000, while the other two years showed multi-million savings, averaging out to \$3.6 million. Blue Shield also presented options at \$1.5 million, \$1.75 million, and \$2 million. The \$1.25 million option made the most financial sense and minimized the risk of taking on excess risk to lower fees. Mike Clarke recommended the smallest increase in the large claim pooling level among the alternatives presented by Blue Shield.

Commissioner Breslin asked how rates for retirees would change if the Medicare Advantage MAPD PPO plan Request for Proposal Staff Recommendation was approved. Mike Clarke said the rates remain the same because the cost difference between the incumbent and other options for the non-Medicare population is minimal. With only 2% of the covered population administered by United Healthcare, this has no impact on the proposed rates for approval for the 2025 plans. Vice President Hao said the only difference would be the health plan carrier. Mike Clarke said that is correct. The projected cost difference for non-Medicare split-family lives, currently administered by United Healthcare, is minimal and affects only 2% of the population. Therefore, he did not recommend changing the rates being presented today, even if a different plan administrator is chosen.

Commissioner Follansbee said Blue Shield of California changed its pharmacy service delivery from a single pharmacy benefit manager contract to five separate contracts, including specialty drugs. This change is projected to save money, though it was announced last fall and isn't even a year old. Commissioner Follansbee asked if these rates account for the anticipated savings from using these five independent providers. Mike Clarke confirmed the rates do account for the anticipated savings. The change will take effect on January 1, 2025, coinciding with the new plan year. Blue Shield included these projections in their renewal information, influencing the

underwriting. The primary impact is an increase in pharmacy rebates and a slight reduction in the prescription drug trend. Both factors are reflected in the pharmacy component of the overall projection and recommendation.

Commissioner Follansbee moved to approve the rate cards for the Blue Shield of California Access+ HMO, United HealthCare Select EPO, and the Blue Shield of California Trio HMO/ UnitedHealthcare Doctors EPO plans as presented.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Hao, Dorsey, and Follansbee

Noes: None

ACTION: The Health Service Board unanimously approved the rate cards for the Blue Shield of California Access+ HMO, United HealthCare Select EPO, and the Blue Shield of California Trio HMO/ UnitedHealthcare Doctors EPO plans as presented.

13. REVIEW AND APPROVE NON-MEDICARE BLUE SHIELD OF CALIFORNIA AND UNITEDHEALTHCARE SELF-FUNDED PPO MEDICAL/RX PLANS 2025 RATES AND CONTRIBUTIONS: (ACTION)

[See pdf of the Non-Medicare Blue Shield of California and UnitedHealthcare Self-Funded PPO Medical/Rx Plans 2025 Rates and Contributions](#)

Mike Clarke, Aon presented the following information:

- Rate Setting Methodology Preface
- 2025 Non-Medicare PPO Plans Rating — Renewal Summary
- 2025 Monthly Rate Cards for Non-Medicare PPO and Non-Medicare PPO— Choice Not Available Plans
 - Active Employees (93/93/83 and 100/96/83 contribution strategies)
 - Early Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action

Commissioner Breslin asked if a member moves out of state, does the member only have Choice Not Available. Mike Clarke said that is correct. Commissioner Breslin asked if a state doesn't have Blue Shield of California or United Healthcare what options members have. Mike Clarke said outside of Blue Shield and Kaiser HMO service areas in California, particularly in rural areas, Access+/Trio and Kaiser HMOs are unavailable. To address this, the plan was designed several years ago to offer a lower contribution for the PPO plan for those without access to these HMO options. Commissioner Breslin asked what facilities she would use if she lived out of state. Mike Clarke said both Blue Shield and United Healthcare use national networks. Blue Shield of California, for instance, remains the administrator but uses Blue Card for national PPO access. So, if he lives in New Mexico, he can access any provider in the Blue Cross Blue Shield network because they collaborate with Blue Shield of California to provide national network access. Commissioner Breslin asked if United Healthcare is more prevalent in other states. Mike Clarke said United Healthcare is the same, part of a national network provider.

Commissioner Follansbee moved to approve the Non-Medicare PPO Plan and Non-Medicare PPO Plan—Choice Not Available 2025 plan year monthly rate cards as presented. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Breslin, Hao, Dorsey, and Follansbee

Noes: None

ACTION: The Health Service Board unanimously approved the Non-Medicare PPO Plan and Non-Medicare PPO Plan—Choice Not Available 2025 plan year monthly rate cards as presented.

14. SFHSS 2023 RISK SCORE REPORT: (DISCUSSION)

[See pdf of SFHSS 2023 Risk Score Report](#)

[See pdf of SFHSS 2023 Risk Score Report presentation](#)

Rin Coleridge, SFHSS Director of Enterprise Systems and Analytics, presented the following items:

- SFHSS 2023 Risk Scores Executive Summary
- Commercial Plan Performance
- Member Cost Distribution by Risk Category – Actives & Non-Medicare
- Member Cost Distribution by Risk Category – Medicare Retirees
- Social Determinants of Health (SDOH) and Health Equity
- SFHSS Top % Risk Contributors Trended by Race & Ethnicity
- Closing Statement

Commissioner Breslin asked what the risk contribution from musculoskeletal disorders is within the white population of members. Rin Coleridge referred to slide eight and said that in 2023, the white population had a 17% risk score contribution from musculoskeletal disorders.

Commissioner Follansbee found the annual report fascinating and consistent and was interested in effectively targeting efforts. He wondered about the percentage of neoplasms influenced by early screening, noting that not all can be screened. He recalled considering a vendor for musculoskeletal self-care programs but wasn't sure that was pursued. Commissioner Follansbee wondered how SFHSS could better target diseases like cardiovascular and neurological disorders, given the limited screening options, to reduce crisis cases and improve cost efficiency. Rin Coleridge said there is potential for early interventions based on clinical data as a strategic approach to delaying disease onset, particularly cancer. Rin Coleridge acknowledged the limitation of relying on claims data, emphasizing the importance of partnerships with health plans. Successful collaborations and ongoing efforts have been made to gain insights from these plans, driven by Executive Director Yant and HSS leadership. Executive Director Yant emphasized the need to provide the Board with a comprehensive report on the measurement plan and the metrics being tracked. She said SFHSS relies on health plans for data and has performance guarantees in place for health plans. SFHSS also follows guidelines from the US Prevention Taskforce and various organizations. Executive Director Yant highlighted the complexity of managing numerous measures and the importance of focusing efforts to achieve systematic improvement. She said the team will present the measurement plan to the Board this year, emphasizing collaboration with health plans, especially on high-cost, high-claim conditions.

PUBLIC COMMENT: None

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

There were no updates from contracted health plan representatives.

PUBLIC COMMENT: None

16. ADJOURNMENT: 3:37 p.m.

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.
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 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.
5. 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.

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. 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 628-652-4646.

To access the meeting remotely as an accommodation, please use [May 9, 2024 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. 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.

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

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